

The Perception and Reported Impact of the Patient Protection and Affordable Care Act on
Participation in Health Care and Health Maintenance by
Caucasian Males

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Abstract

The United States has been dealing with a healthcare crisis of millions of individuals being uninsured. The government's response to this crisis has been the enactment of the Patient Protection and Affordable Care Act 2010 (ACA). The law provides patients healthcare protections, along with annual and preventive healthcare services. This law has also expanded Medicaid insurance eligibility for the first time ever to qualifying males. The current investigation examines the impact of the ACA, 2010, on perception about health care, as well as participation in healthcare services among Caucasian males compared to prior years. A short warm up survey and a Q methodology was utilized to gain quantitative and qualitative results. Quantum analysis identified three main viewpoints. *Maintainers* have chronic illnesses and participate in both annual and preventive healthcare services. *Obligiers* do not have any type of chronic illness, participate in healthcare services, but are highly concerned with the cost of healthcare. *Immortals* do not have any health concerns, value good healthcare coverage, but have many reasons not to participate in healthcare services. The general opinion of the participants was that participation in annual checkups and preventive health care was important to their health. They also felt strongly that participating in preventive care will detect medical problems and illnesses earlier. The majority of the participants reported that the ACA has not been a determining factor to visit their doctor for a check-up.

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Chapter 1

A national crisis has been occurring with millions of individuals and families not being able to afford health care. Individuals without insurance coverage avoid participating in health care, which results in a delay in care, including emergency room visits, hospitalizations, or expensive treatments that might have resolved earlier had they been addressed (Mundinger, Thomas, Smolowitz, & Honig, 2004). The government's response was The Patient Protection and Affordable Care Act (ACA), commonly known as Obamacare, which became law on March 23, 2010, and is attempting to ameliorate the financial burden thought to prevent so many individuals from participating in health care (Abraham, 2014). Decreasing this barrier is the first step in providing annual and preventive care to individuals. Diminishing the financial burden of health insurance coverage, in, theory, has the potential to improve the health of many individuals and the health of the nation.

Statement of the Problem

The ACA addresses the millions of individuals in the United States living underinsured, without insurance, or those who do not have access to health care coverage. In 2011, the U.S. Census Bureau data reported that 48.6 million individuals were without health insurance (U.S. Census Bureau, 2011). The ACA law is providing both previously and newly insured individuals access to health care, annual examinations, and preventive services. When fully implemented, "the law will result in health insurance coverage for about 94% of the American population, reducing the uninsured by 31 million people, and increasing Medicaid enrollment by 15 million beneficiaries" (Rosenbaum, 2011, p. 130). Once the financial barrier for participating in health care services has been reduced the

question remains whether individuals will begin to participate in annual exams and preventative services, thereby improving their health outcomes?

Previous research was conducted on uninsured individuals, racial/ethnic disparities, health care disparities, health care barriers, health care avoidance, health care access, preventive care, and the use of emergency department and hospitalizations by the uninsured. To date, the impact of the ACA on an individual's participation in their annual or preventive health services has yet to be determined.

Purpose of the Study

This study attempted to determine the impact of the ACA, 2010, on participation and maintenance of health care services compared to prior years.

1. Since the inception of the ACA, 2010, the number of individuals participating in annual and preventive healthcare services will be higher compared with prior years.
2. Acquiring annual and preventive health care coverage relative to the ACA, 2010 law will facilitate change in behaviors that will be beneficial to health outcomes.

Exploratory Aims

The researcher will explore the modifying factors that are influencing the participants' participation in annual and preventive health care services. The researcher will also survey each participant to identify if there have been any behavior changes since the inception of the ACA, 2010 law.

Significance of the Study

Prior to the ACA, many individuals were not covered for 100% of the cost of annual and preventive care appointments or procedures. The ACA has changed this, and

insurance companies are now required to cover these appointments, screenings, and procedures at no cost to individuals. This coverage includes copays, deductibles, or co-insurance charges (hhs.gov, 2010). Men are less likely to participate in annual and preventive care procedures. Sandman, Simantov, and An (2000) found that “many men fail to get routine checkups, preventive care, or health counseling, and they often ignore symptoms or delay seeking medical attention when sick or in pain” (para. 1). They also found that it is crucial to remove the financial barriers and expand the access to affordable health coverage for men to take responsibility for their own health (Sandman et al.). Since the ACA has eliminated the cost and created more affordable health care coverage, will this impact the participation rate and the behaviors of Caucasian males in regards to annual and preventive health care services?

Definitions of Terms

Access- is the opportunity an individual has to reach and obtain health care services in situations of perceived need for care. (Penchansky & Thomas, 1981).

Annual health care – routine medical examination services that are recommended and offered by primary care providers on a yearly basis (www.who.int, 2016).

Preventive care – services that are provided to prevent illnesses from occurring or detecting illnesses at an earlier stage (Post, 2013).

Health disparities – the differences that exist between an individual’s ability to participate in, or gain access to, healthcare facilities and their services (www.healthypeople.gov).

Health equity – the absence of healthcare disparities among social groups that are from different socioeconomic classes (Braveman, 2014).

Underinsured – an individual who has inadequate health insurance coverage (dictionary.com, 2016).

Uninsured – an individual that is without health insurance coverage (merriam-webster, 2016).

Summary

The study will explore if the enactment of the ACA that eliminated the cost of annual and preventive health care services has had an impact on the behavior of Caucasian males participating in health care services. The changes in the health care coverage laws have the potential to encourage individuals to change their behaviors regarding health care participation. Will the changes in the law be enough to impact usage and behaviors?

The literature review in Chapter 2 will discuss the research that has been conducted regarding the health care crisis that is occurring in the United States, the cost of health care as well as the importance of health care coverage. It will also discuss the history of health care as well as the changes that have been occurring since the enactment of the ACA, in 2010.

Chapter 2

Literature Review

Health Care Crisis

The number of uninsured individuals in the United States is staggering. A national crisis has been occurring with millions of individuals and families not able to afford or obtain health insurance coverage. In 2010, there were approximately 81 million adults (44%) from the ages of 19-64 who were uninsured or underinsured (Schoen, Doty, Robertson, & Collins, 2011). Many factors have lead or contributed to the health care crisis of individual's being uninsured or underinsured in the United States. Insurance premiums, along with health care costs, continue to increase on an annual basis. The weakened economy has decreased the number of individuals who are offered employer-sponsored health care insurance. Fewer workers are offered employer-sponsored health insurance, especially in jobs paying a lower wage (America's Uninsured Crisis, 2009). Many uninsured individuals are from working families with low to moderate incomes. About 70% of the uninsured are from families with one or more full-time workers (asma.org, 2008). There is a higher chance of being uninsured when in a low-income family, a young adult, or from a minority population (The Case for Universal Healthcare, 2008). Lack of insurance takes a significant toll on individuals who are uninsured.

The type of employment available to individuals has also been a contributor to the decrease in health care insurance coverage. In the past, there were more industrial and manufacturing jobs that were higher paying and offered health insurance benefits. The types of jobs that are now available in the United States have shifted to lower paying, service jobs which include retail or wholesale jobs and do not offer health insurance

coverage. Individuals who are retiring at an earlier age are also being affected. Many employers that once offered early retiree health insurance benefits are not able to do so, leaving these individuals uninsured until they qualify for Medicare health insurance benefits (Ochalla, 2015). The number of employers offering health insurance benefits to their employees continues to decrease, creating more uninsured individuals in the United States. When individuals do not have health insurance, their health can be affected. High rates of uninsured individuals have poor quality of care and higher amounts of chronic conditions, which contribute to poor health outcomes and high costs of health care (Morrissey, 2012). Individuals avoid getting the medical and preventive care they need to identify, treat, or prevent illnesses.

Cost of Health Insurance Coverage and Medical Care

The cost of health insurance coverage in the United States is a major problem and is expensive for both individuals and employers to purchase. Many of the uninsured individuals have full time jobs, but health insurance coverage is not offered for them to purchase in their work place, or it is too costly (Stephens & Ledlow, 2010). When individuals are not offered employer-sponsored health insurance coverage, or enrolled in Medicaid or Medicare, they have the option to purchase nongroup health insurance. This type of health insurance has very high premiums and many times individuals are denied coverage due to a preexisting condition (America's Uninsured Crisis, 2009). Purchasing health insurance can be very costly and is a major barrier for many individuals. In 2015, 46% of uninsured adults said the main reason they were uninsured was because it was too expensive (Key Facts about the Uninsured Population, 2016). About three quarters of the uninsured workers, 71%, were either not offered health care benefits at their job or were

self-employed (Key Facts about the Uninsured Population). Some individuals who are offered health care benefits remain uninsured due to the expensive and unaffordable premiums.

Health care premiums between the years of 2006 and 2016 have increased by 58%; the employee's share of premiums has increased over 78% (Key Facts about the Uninsured Population, 2016). Employee wages and salaries have not kept up with the increase cost of health care that has occurred over the past 10 years. Van Loon, Borkin, and Steffen (2002) found "82 percent of participants in their study lived in households with annual incomes of less than \$25,000" (p. 19). Notaro et al. (2011) found that "this population is unable to seek medical care due, in part, to the decrease in employment-based health insurance and the increase in the cost of health care" (p. 501). Due to the cost of medical care, individuals avoid preventative care which would prevent disease.

Most uninsured individuals do not want to create large medical bills that they cannot afford and are unable to pay. Van Loon et al. (2002) found "an estimated 30 to 55 percent forego care, postpone care, or cannot get care when they need it" (p. 17). In their study, they also found that cost often prevented participants from seeking medical care. When asked, the participants in the study reported their health as good, but had many illnesses that were not treated due to cost. They also reported going without their prescription medication due to cost. Most of the individuals in the research reported that they would weigh the cost-benefit analysis before participating in medical care. These individuals would decide if their illness or health problems were serious enough to spend the money for professional health care services at a doctor's office or hospital. If they decided their health problem was not serious enough to spend the money, they would rely

on home remedies, family members, or friends to help them. They reportedly shared medication or participated in home remedies instead of going to the doctor or hospital.

The high cost of medical care increases the chance that uninsured individuals will avoid or delay medical care. At the same time, the high cost of preventive care also deters uninsured individuals from participating or delaying care until the problem becomes too large or complex (Stephens & Ledlow, 2010). Spleen, Lengerich, Camacho, and Vanderpool (2014) found that “approximately 36% of adults under the age of 45 years are uninsured” (p. 86). Due to the high cost of medical care and preventive care uninsured individuals are more likely to delay needed care than insured individuals.

Health Costs of Not Participating

Being an uninsured individual in the United States is one of the many risk factors that can contribute to poor health. Stephens and Ledlow (2010) found that lack of health insurance influences the uninsured behavior, making them less likely to obtain screenings or preventative care. Uninsured individuals are less likely to participate in health care services, including annual and preventive screening services. The uninsured receive less recommended screenings and preventive care than insured individuals. In 2014, 27% of uninsured individuals reported that they participated in a preventive doctor visit compared to 47% of individuals newly insured in 2014, and 65% of adults who had insurance before 2014 (Key Facts about the Uninsured Population, 2014). According to asma.org (2008) “uninsured, non-elderly adults are 50% less likely to have received preventative care such as pap smears, mammograms, blood pressure checks, sigmoidoscopies, cholesterol screening, and prostate exams when compared to the insured” (para. 7). Holden, Chen, and Dagher (2015) research

found that “uninsured African American and Hispanic populations fare better than uninsured whites in preventive service utilization” (p. 13). Many of these preventive care and medical screening tests will detect if there is a medical problem that needs treatment. Hargraves and Hadley (2003) found the uninsured are less likely to benefit from early detection of medical problems and lack of insurance ultimately affects a person’s health.

Establishing a Regular Place for Health Care

One of the main reasons that individuals do not participate in annual and preventive care is lack of a primary care physician. Uninsured patients have fewer visits to the primary care physician’s office (Eisert et al., 2009). Many of these individuals do not have access to a doctor to participate in annual office visits or checkups. Establishing a regular location to receive medical care can be very important for individuals to actively participate in annual doctor visits and preventive health care screenings (Eisert et al.).

There are many reasons why individuals do not participate in regular doctor office visits. Kangovi, Barg, Carter, Long, Shannon, and Grande (2013) found that patients felt that ambulatory care offices were not accessible, they had to wait too long to get an appointment, they were required to pay a copay, and the hours of services were limited. Having access and resources to visit an ambulatory clinic or physician’s office plays a major role in patients getting screenings and preventive care. When individuals participate in the health promotion programs they are healthier. Uninsured individuals are more likely not to have a designated primary care physician office or primary care clinic to receive health care due to the fact that they have a difficult time gaining access (Wang,

Shi, Nie, & Zhu, 2013). Stephens and Ledlow (2010) found that when patients have primary care physicians, there is a decreased utilization of emergency room and urgent care facilities. Many of their health care needs can be met in a doctor's office or ambulatory care clinic setting.

Being an established patient in a health care clinic, having access to a primary care doctor, or health care provider, are important links to annual care, preventive services, and better health outcomes. In 2012-2013, more than one-quarter (27%) of Black adults and two-fifths (43%) of Hispanics adults reported not having a usual source of care, compared with just over one-fifth (21%) of White adults (Hayes, Riley, Radley, & McCarthy, 2015). Primary health care systems are associated with lower spending, reduced health disparities, and higher quality of care (Hofer, Abraham, & Moscovice, 2011). When individuals have a difficult time accessing or finding a designated primary care office for care, the emergency department becomes their primary source of care. Lack of continuity of care with a primary care doctor for the uninsured is a serious problem with controlling their chronic illnesses. Annual and routine doctor office visits are a way that many chronic illnesses can be monitored and controlled. According to Eisert et al. (2009), "it is well documented that insurance coverage and continuity of care influence health status. Continuity of insurance coverage also has an impact on access to care for those receiving services within a safety net healthcare system" (p. 122). Without health insurance coverage, many individuals will not have a usual place to go for medical care or any type of continuity of care with a health care provider.

Emergency Room Usage

Individuals with complex medical problems and no regular place to participate in health care are more likely to use the emergency room and be admitted to the hospital. Currently, Medicaid beneficiaries are more than twice as likely to have a greater number of emergency department visits as insured individuals. Medicaid beneficiaries have a tendency to overuse emergency departments as a regular place to receive medical care, and will continue to overuse this venue for acute care if Medicaid beneficiaries do not find an office to receive health care on a regular basis (Cheung, Wiler, Lowe, & Ginde, 2012). Adults with Medicaid insurance accounted for a disproportionately large increase in the overall number of emergency department visits from 1997 to 2007. A majority of these emergency department visits could have potentially taken place in the primary care provider's office (Capp, Rooks, Wiler, Zane, & Ginde, 2013). Without annual or routine health and preventive care, uninsured individuals do not go for treatment until a medical crisis is occurring. Capp et al., demonstrated there is an association between the type of health insurance and having access issues as reasons for emergency department use, particularly for adults with Medicaid. Being uninsured increases an individual's use of the emergency room for routine, chronic, or acute care when their illnesses are more complicated or complex to treat.

Individuals who are not able to maintain health care coverage are also at greater risk of using the emergency department, and being admitted to the hospital for medical treatment. Having continuous health insurance is associated with a lower probability of going to the emergency department, greater use of physician and preventive services, higher self-reported health status and lower mortality (Lines,

Urato, Halpern, & Subramanian, 2014). Uninsured individuals use the emergency room two times more often than insured individuals (Stephens & Ledlow, 2010). Research demonstrates how important preventative care can be to keep individuals healthy and out of the emergency room and hospital. Bartlett and Steele (2004) found that uninsured individuals do not seek help until they are critically ill. The practice of using the emergency room as a doctor's office is expensive and will not appropriately treat all of the patients' long term or chronic illness problems.

Uninsured individuals tend to use emergency rooms or urgent care facilities instead of ambulatory care physicians' offices for care. Stephens and Ledlow (2010) found uninsured individuals wait to seek medical care until they are extremely ill, and the medical problem becomes too large or complex to treat in an outpatient setting. Americans with chronic diseases without insurance, add to the overuse and abuse of the emergency room. Visits to the emergency room or urgent care facility are more affordable to the uninsured because they do not have to pay a copay (Kangovi et al., 2013). They also prefer to use the emergency room because it is more accessible, always open and available twenty-four hours a day. The patients also feel that the emergency room physicians were more competent (Kangovi et al.). With the delay of treatment and the severity of their illnesses these individuals are often admitted to the hospital. When the uninsured are admitted to the hospital it causes them to lose productivity at work which also complicates their financial issues at home (Stephens & Ledlow). When individuals are frequently hospitalized, they lose their income due to calling off and missing work. Emergency room, urgent care visits, and hospital admissions are very costly for the hospital both monetarily and use of resources (Kangovi et al.). If urgent

care and emergency room visits can be avoided, a large number of medical care resources can be decreased and disbursed to more appropriate places for medical care. Eisert et al. (2009) reported that newly insured individuals have begun to reduce the number of emergency room and urgent care visits compared to when they were uninsured. They are using ambulatory care doctors for check-ups instead of the emergency room or urgent care facilities. This will not only decrease the cost of medical care, but also increase the chance that medical problems will be detected earlier.

Insurance Status

Insurance status can have an impact on an individual's access and level of health care services. The uninsured are more likely to be diagnosed at a later stage of disease (Eisert et al., 2009). Lack of insurance has been associated with higher in-hospital morbidity and mortality rates for adults who have suffered a stroke or a myocardial infarction (Berry, 2012). Lack of health insurance takes a huge toll on the uninsured, causing thousands of avoidable deaths every year an estimate between 20,000 to 45,000 (Obamacarefacts.com, 2016). They also suffer from poorly managed chronic conditions, undetected or untreated cancer, and untried life-saving medical procedures (Davis, 2003). Many uninsured individuals postpone a test or surgical procedure until their condition becomes too acute, or they put off treatment until it is too late to be treated. According to Eisert et al., "it is well established that lack of health insurance has a negative impact on access to medical services and subsequently, health status" (p. 122). The uninsured are more likely to be diagnosed with a disease at a later stage (Eisert et al.).

Chronic Health Conditions

Patients without health insurance and that suffer from chronic health conditions were more likely to have a major decline in their overall health (Berry, 2012). The overall health of individuals can be improved by participation in annual and preventive health care services. Many individuals suffer from chronic diseases, illnesses, or injuries. Preventable chronic conditions cause seven out of 10 American deaths each year, and account for 75% of health care spending (Loeppke, 2008). Adults with acute or chronic conditions suffer more harmful effects if they are uninsured. According to the American Public Health Association, “the five most costly and preventable chronic conditions cost the U.S. nearly \$347 billion—30% of total health spending—in 2010” (para. 3). They are displayed in Table 1.

Table 1. *Cost of Medical Care for Chronic Conditions*

Chronic Condition	Health Care Costs	Lost Productivity Costs
Heart Conditions	Over \$107 billion	Nearly \$95 billion
Cancer	Nearly \$82 billion	Nearly \$135 billion
Chronic Obstructive Pulmonary Disease (COPD)/ Asthma	Nearly \$64 billion	Over \$14 billion
Diabetes	Over \$51 billion	\$ 69 billion
Hypertension	Nearly \$ 43 billion	\$ 25 billion

(https://www.apha.org/~media/files/pdf/factsheets/chronicdiseasefact_final.as

hx)

Many, if not most, of these medical conditions could be avoided or significantly delayed if the choice was made to participate in preventive care. Preventive care is especially important for the health of future generations given its direct impact on health (Johnson & Fitzgerald, 2014). Many individuals are aware and concerned that there are so many acute and chronic health conditions occurring in the United States. Over two-thirds of adults agree that there should be more emphasis placed on preventing chronic diseases and 84% agree that prevention should be funded by the U.S. health care system (cdc.gov, 2009).

Preventive Care

For many years, the health care system focused on treatment and repair, with little focus on prevention and promoting the health of people (Loeppke, 2008). The main focus was treating the problem after it occurred. Currently, in the United States, there is an increased focus on disease prevention and health promotion, which highlights the need to identify factors associated with the use of preventive services (healthypeople.gov, 2014). Effective use of preventive services is a key factor to improving the health of individuals. The main goal of healthcare is to preserve the health of individuals, to restore an individual's health, and minimize health problems (America's Uninsured Crisis, 2009). These goals are known as prevention in healthcare; there are three types of prevention: primary, secondary, and tertiary.

Primary prevention is health care providers' attempt to prevent a disease or illness from occurring (Institute for Work & Health, 2015). Reducing the incidence of the disease or illness is the goal. Primary prevention is achieved by preventing exposure to the hazards that can cause illness, disease, and unsafe behaviors or unhealthy hazards.

Secondary prevention attempts to reduce the impact of a disease, illness, or injury that has already occurred. To accomplish this secondary prevention, measures are taken to detect and treat a disease, illness, or injury as soon as possible to slow or stop the progress (Institute for Work & Health, 2015). Secondary prevention programs that are implemented are developed to prevent any re-injuries or reoccurrences of diseases or illnesses while attempting to return individuals to their original state of health and prevent long-term damage or problems.

Tertiary prevention is used to decrease the impact of an ongoing disease, illness, or injury that has long lasting consequences (Institute for Work & Health, 2015). Tertiary prevention is used to manage long-term, often, complex health problems and injuries that will attempt to improve the individual's ability to function. It will also attempt to improve the patient's quality of life and life expectancy.

Preventive care is medical care that includes check-ups, screenings, and patient counseling services. These services are used to prevent illnesses, diseases, and any other types of health problems. Treatments are more likely to work when illnesses are detected earlier. If everyone in the United States received the recommended preventive care, over 100,000 lives could be saved every year (cdc.gov, 2015). Preventive care and healthy lifestyle choices are important activities that patients should participate in on an annual and regular basis. Weight control, staying physically active, eating the right foods, and not smoking are a few examples of healthy lifestyle choices that can help improve a person's health (What You Can Do to Stay Healthy, n.d.).

According to the 2012 National Health Interview Survey ([NHIS] cdc.gov, 2012), nearly half (117 million) of the adults in the U.S. have at least one of the 10 chronic

conditions (i.e., hypertension, coronary heart disease, stroke, diabetes, cancer, arthritis, hepatitis, kidney failure, chronic asthma, or chronic obstructive pulmonary disease (COPD)). Furthermore, one in four adults have multiple chronic health conditions (cdc.gov, 2016). The prevalence of multiple chronic conditions (MCC) varied among adults. According to Ward, Schiller, & Goodman, (2014), “The prevalence of MCC was higher among non-Hispanic white adults, non-Hispanic black adults, and non-Hispanic adults of other races than among non-Hispanic Asian adults and Hispanic adults. The percentage of adults with MCC (both 2 and ≥ 3) increased with age” (para. 6). Chronic diseases and conditions are the leading causes of death in the United States. They can be very costly, can be prevented, and, potentially eliminated with proper health care that include prevention and annual care. With proper participation in health care, chronic conditions and an individual’s quality of life can be improved and health care costs can be decreased (CDC Prevention Checklist, 2015). To manage a chronic health condition, an individual must participate in health screenings, regular physician check-ups that include monitoring and coordinating treatment that will include patient education.

Access to Health Care

Health care access can be complex for many individuals to achieve. Access to health care for an individual is the ability to obtain appropriate health care services in a situation in which they need medical care (Penchansky & Thomas, 1981). There are five dimensions of accessibility that must occur for individuals to have access to health care services. They include (a) approachability, (b) acceptability, (c) availability and accommodation, (d) affordability, and (e), appropriateness (Penchansky & Thomas;

Levesque, Harris, & Russell, 2013). Each of the five dimensions plays an important role in an individual's participation in health care services.

Approachability is the first dimension and indicates when an individual has medical needs, and is able to identify that medical services do exist, can be reached, and will have some effect on the individual's health (Levesque et al., 2013). Acceptability has to do with the individual's cultural and social factors that will affect the ability to participate in health care services. Culture or beliefs may not allow the individual to access certain types of health care services. The availability and accommodation dimensions include health services that can be accessed, both physically, and in a timely fashion (Levesque et al.). The availability factor includes services that exist and are available in the community. Accommodation includes the ability to provide unrestricted access to services when the individual needs health care services. Affordability determines if the individual will need the financial resources and has time to spend to participate in health care services (Levesque et al.). Many individuals will not seek health care if the services will create a financial strain on themselves or family. Appropriateness of health care services is the last dimension that affects an individual's access to health care (Levesque et al.). The health care services should fit the client's needs, be timely, include the correct type of treatment, and consist of high quality of care.

Along with individual compatibility with the five dimensions, individuals must also possess the five abilities that interact with the five dimensions. They are: (a) ability to perceive, (b) ability to seek, (c) ability to reach, (d) ability to pay, and (e) ability to engage (Levesque et al., 2013). The combination of the five dimensions and five abilities will create the opportunities for an individual to have their health care needs met.

Health Care Disparities

Healthy People 2020 was launched in December, 2010, by the Department of Health and Human Services. There are four main goals that Healthy People 2020 would like to achieve:

- Attain high-quality, longer lives free of preventive disease, disability, injury, and premature death;
- Achieve health equality, eliminate disparities, and improve the health of all groups;
- Create social and physical environments that promote good health for all; and
- Promote quality of life, healthy development, and healthy behaviors across all life stages (healthypeople.gov, 2016, para. 5).

Along with Healthy People 2020, the Racial and Ethnic Approaches to Community Health (REACH, 2016) has also focused on eliminating racial and ethnic disparities that exist in health care and its treatment. Disparities in the treatment and quality among racial and ethnic groups can result from differences in the access to medical care (Lee, 2015). Health disparities have existed for many years for many individuals and groups.

The term, health disparities, has generally been used to reference health and health care differences among racial/ethnic groups (LaVeist & Pierre, 2014). Racial/ethnic disparities in health have been well described, with data showing that members of minority groups suffer disproportionately from infant mortality rates, cardiovascular diseases, diabetes, asthma, and cancer (Betancourt, Green, Carrillo, & Ananeh-Firempong, 2003). According to Lee (2015), “these inequalities have been found to be important determinants of health disparities and differences in access to health care,

preventive health services, positive treatment outcomes, and other inequalities” (para. 2). Health disparities can occur due to racial/ethnic and cultural beliefs. Health care treatments and interventions should focus on addressing the individual cultural beliefs. Creating culturally sensitive treatments will encourage patients to engage in and participate in their own health care needs (Chen, Mullins, Novak, & Thomas, 2016).

Racial/Ethnic

Discrimination in health care does exist, but varies significantly among race and ethnic groups. When discrimination occurs, individuals report poorer quality of care and unmet health care needs (Benjamin & Whitman, 2014). Discrimination in the health care setting, according to Benjamin and Whitman (2014), “has been linked with numerous poor health and health care utilization outcomes, and it has been suggested as a potential determinant of health disparities” (p. 410). The ACA not only enacted a comprehensive health reform, but it also addressed health disparities (Austin, 2015; Koh, Graham, & Glied 2011). It offers a comprehensive commitment to addressing disparities related to insurance coverage, population health, and data collection (Dovidio et al., 2008).

Healthy People 2020 has a goal to eliminate health disparities by focusing specifically on race and ethnicity. Racial/ethnic groups are expected to become the majority in the U.S. population. By the year 2040, the Bureau of USC National Population Projections predicts that almost half of the population in the United States will identify themselves as a minority (2014 National Population Projections). The number of minorities will greatly impact the health care system. The change in the demographics of the population will require some new strategies and approaches for health care providers to participate in to provide care. Health care providers will need to recognize the different

economic, cultural, and psychosocial factors that will affect the health care needs of the minority population (Williams et al., 2015). Increasing the number of minorities working in the health care field will be beneficial to providing medical care to the increasing minority population.

There is an important strategy to expand the minority workforce in an effort to better address racial/ethnic disparities in health and health care (LaVeist & Pierre, 2014). A more diverse health and health care workforce may reduce some diversity problems, and also help to achieve health equality (Moy & Freeman, 2014). Research shows that racial/ethnic minority patients are more likely to report lower quality in their overall interaction with their health care providers. Their lower, quality-of-care scores were reported for reduced consultation time, diminished trust, less respect for providers, and poorer communication (LaVeist & Pierre). Organizations should take advantage of the new opportunities in an effort to reduce health disparities through workforce diversity which can decrease one of the many barriers to health care access.

Health Care Barriers and Avoidance

People with poorer health experience more access barriers, even after controlling for insurance and other measures (Wang et al., 2013). Some of the barriers that have been identified are limited availability of primary care physicians, clinics not open at convenient times, and transportation issues (Cheung et al., 2012). Other barriers to health care that exist for individuals are the social determinants of health (SDH), which are the conditions in which people live, work, and play. The SDH influences an individual's social and economic opportunities, which impact health care access and outcomes (LaVeist & Pierre, 2014). Social determinants of health still prevent many groups from

reaping the full benefits of advancements. Racism, poverty, unsafe neighborhoods, and lack of education are some of the SDHs that create health inequality through the effects of elevated stress levels, higher rate of uninsured patients, and less healthy foods (Leong & Roberts, 2013). They not only influence access to health care, but determine the health and rate of illness within communities. Historically, improvements in living environments have ushered in higher levels of good health (Leong & Roberts). Improvements in an individual's living environment will decrease the negative effects, health care avoidance, and barriers that are created by the social determinants of health.

Many individuals have a tendency to avoid seeking medical care, even if they think it may be necessary. Individuals who live in rural areas were 1.7 times more likely to report avoidance, in comparison to respondents residing in a metropolitan area (Spleen et al., 2014). Avoidance of medical care has been defined as keeping away from something that is thought to cause mental or physical distress. Avoidance can also occur as a result of barriers, which can be defined as factors that limit access to, or, ease of obtaining quality health care (Taber, Leyva, & Persoskie, 2014). The researchers identified three categories for medical care avoidance: (a) the individuals received unfavorable evaluations when seeking medical care, (b) participants reported low perceived need to seek medical care, and (c) many participants reported the traditional barriers to medical care, such as high cost, no health insurance, and time constraints (Taber et al.). Deductibles and co-payments discourage the use of health care. The trend toward higher deductibles, copayments, and coinsurance puts even the insured adults, especially those with low or moderate income, at risk of forgoing needed care due to cost (Hayes et al., 2015). Out-of-pocket payments have a negative effect on the utilization of

preventive services, such as blood pressure screening, pap smears, and mammograms (Hayes et al.). When out-of-pocket expenses become too costly for an individual, participation in health and preventive care will decrease.

History of Health Care

Throughout history many Presidents have attempted to make changes and reform the health care system in the United States. History indicates that as far back as Harry Truman's presidency, he recommended, to Congress, a proposal for universal health insurance coverage (Taylor, Burr & Forman, 2014). The health care system was broken before the Patient Protection and ACA. Over 48 million individuals were either uninsured or underinsured. Up to 129 million Americans also had the potential to be discriminated against due to pre-existing conditions like heart disease, diabetes, cancer, or even pregnancy (whitehouse.gov, 2015). This was true of individuals who had once been healthy, then developed an illness. They were labeled with a pre-existing condition which would make them ineligible for some health insurance companies, as well as not being able to afford their current insurance due to the price hike after their medical diagnosis (Patient Protection and Affordable Care Act [ACA], 2010). Many individuals were afraid to change, or look for new jobs, for fear of non-coverage by a new health insurance plan.

Health insurance, before the ACA, was an individual health insurance market but created many insecurities regarding health care coverage. If an illness or injury occurred that was too costly for the insurance company to cover, the insurance company would drop the insurance coverage, or raise the premium drastically, creating unaffordable health insurance coverage (Patient Protection and ACA, 2010). With the ACA, this insecurity is changing and insurance companies are no longer permitted to drop the

person's coverage due to an illness (Patient Protection and ACA). The ACA has benefited all insured Americans with the changes that have occurred in the law.

Before the ACA, the government and states had a partnership to provide Medicaid coverage to individuals in their states. All 50 states participate in the Medicaid program. For an individual to be eligible for Medicaid prior to the ACA, the individual had to be in a low-income bracket, make less than 133% of the federal poverty level, and fall into one of the following categories. The categories included children under 19, pregnant women, adults with dependent children, people with disabilities, and the elderly (Medicaid.gov, 2016). Childless adults were not eligible to receive Medicaid coverage prior to the ACA.

The Patient Protection and ACA, 2010, expanded Medicaid within the states that chose to participate in the program. All low-income Americans, under the age of 65, are now eligible to participate (Patient Protection and ACA). This was a huge milestone in healthcare reform. To qualify, the family income must be at or below 138% of the federal poverty level guidelines which is \$16,242 for one person, and \$60,625 for a family of four (2016 Federal Poverty Level). If an individual or family does not qualify for free coverage, they can qualify for a federal subsidy to purchase health care coverage through the Marketplace. If their income is between 100% and 400% of the federal poverty level, which is \$47,080 for one, and \$97,000 for a family of four, they can purchase health care at more affordable rates (2016 Federal Poverty Level).

Affordable Care Act 2010

The Patient Protection and ACA, 2010, were signed into law on March 23, 2010, by President Barack Obama. These two pieces of legislation represent a historic advancement in social policy that will dramatically change Americans' access to health

care, and it also represents a monumental legislative achievement (Morrissey, 2012). On September 23, 2010, the ACA law required that insurance policies cover preventive services without charging a copayment, co-insurance, or a deductible to the individual participating in the service (Obamacarefacts.com, 2016). The caveat is that the individual must have the services performed by the network provider. There are 15 covered preventive services for adults, 22 for women, including pregnant women, and 26 for children.

The main goal of the ACA is to promote universal health care coverage by two mechanisms. In 2014, the two mechanisms through which the ACA coverage was expanded went into effect. The first expansion of Medicaid eligibility occurred in states that opted to participate. The expansion offered coverage to all individuals with a family income of less than 138% of the federal poverty level (FPL), (Abraham, 2014). The second mechanism of expansion is through the introduction of subsidized private insurance that is available from newly created Marketplace insurance exchanges (Abraham, 2014). These two mechanisms serve to decrease the number of uninsured individuals in the United States.

The ACA, 2010, will also benefit individuals that earn between 100% and 400% of the federal poverty level, who do not have access to affordable employer-sponsored insurance. These individuals will be eligible for premium assistance credits based on a sliding scale, however, they will still incur some out-of-pocket expenses (Abraham, 2014). Uninsured individuals with higher incomes may not regard coverage as affordable or worth the cost. Insurance on the exchanges will likely cost more than the tax penalty for being uninsured, potentially leading to continued non-coverage and intermittent

coverage (Lines et al., 2014). The cost of the ACA coverage will continue to be a concern for many individuals. Even if the United States achieves broad compliance with the health insurance requirements, many individuals will still experience gaps in their coverage because of paperwork requirements, changing eligibility, inability to pay, and simple lack of knowledge (Lines et al.). Many of the potential beneficiaries remain uninformed concerning the benefits of the ACA and remain skeptical that the bill will help them.

The uninsured population is the primary focus of many of the ACA reform measures. This population's knowledge of, and willingness to participate in, the benefits of the ACA will likely influence the success of the act, and ultimately affect health care access and health outcomes (Petraney, & Christiansen, 2014). With the Health and Human Services' Action Plan to reduce racial and ethnic disparities, and the opportunities that are provided by the ACA, the nation can move closer to becoming a nation free of health care disparities (Koh et al., 2011).

Myths and Misunderstandings

There have been many myths and misunderstandings regarding the Patient Protection and ACA. Many individuals believe that the ACA and Obamacare are two different health care plans (Petraney & Christainsen, 2014). They are, indeed, the same health care plan that went into effect in 2010. The three biggest myths are that the ACA will eliminate all other health care plans, will drive up the costs of health insurance for less coverage, and that everyone has to change insurance plans as a result of the ACA (Ochalla, 2015). The ACA is not eliminating all other health care plans; it is actually doing the opposite. The number of health care plans now available to individuals in the

U.S. continues to rise annually (Ochalla, 2015). Individuals with private insurance will continue to keep their health care plans. There are many different companies and plans for these individuals to choose from for coverage. A second myth is that the new law is driving up costs for health insurance for less coverage (Ochalla, 2015). Health insurance coverage costs are rising, but the ACA is expanding coverage. The law requires many patient protection policies and many healthcare services to be included in plans that were never covered in the past (Ochalla, 2015). Health insurance companies had all of the control of what they did or did not pay for, but the ACA has changed this by mandating them to pay for many important healthcare services. A third myth is that everyone has to change insurance plans as a result of the ACA (Ochalla, 2015). Individuals who have their own insurance are not required to make any changes. The ACA insurance plans are for individuals who are uninsured and qualify to purchase Marketplace insurance coverage.

Improving Quality, Lowering Costs, and Increasing Access to Affordable Care

The ACA is improving quality of healthcare, while lowering the cost of coverage for many Americans. All medical plans are required to cover preventive care services. This mandate began with private insurance companies throughout the past few years (Obamacarefacts.com, 2016). Medicaid and Medicare patients have also begun to receive these benefits. There are over 50 preventive services available depending on age and gender (5 Health Insurance Marketplace Tips, 2016). These services are provided free of charge without a deductible, co-pay, or coinsurance.

One of the main goals of the ACA is to provide individuals access to affordable health care coverage. The ACA achieves this by providing access to the uninsured, and

extending coverage for young adults and early retirees. The Medicaid expansion provides access for males and many other individuals who did not qualify in the past. Each state decides if it will participate in the expansion (ObamaCare Medicaid Expansion, 2016). Since the passing of the ACA, parents can keep their children on their health insurance plan until they are 26 years of age (ObamaCare Medicaid Expansion). This policy is a departure from previous legislation, which mandated that children who did not attend any type of school after high school or once they graduated from college, were no longer covered under their parents' health insurance (kff.org, 2013). Individuals who retired early in the past either went without health care coverage or paid large premiums to purchase health insurance. This insurance gap occurred for early retirees, from the ages of 55 to 65, before they qualified for Medicare coverage. Retirees who retire early are now permitted to purchase health insurance through the Marketplace exchange for themselves, their spouses, and dependents (healthcare.gov, 2016).

States Participating in Medicaid Expansion

The expansion of the Medicaid program is a joint effort between the states and the government. It will provide health coverage to more low income families. The federal government will cover 100 % of the costs of the Medicaid expansion until 2020; at that time, they will cover 90 % of the cost (ObamaCare Medicaid Expansion, 2016).

There are currently 31 states, plus the District of Columbia, that are expanding Medicaid. The states include Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Hawaii, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Montana, Minnesota, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Ohio, Oregon,

Pennsylvania, Rhode Island, Vermont, Washington, and West Virginia. With the expansion in these states, there will be over 8,230,000 newly insured individuals. There are currently 19 states that have not yet expanded Medicaid; they include Alabama, Florida, Georgia, Idaho, Kansas, Maine, Mississippi, Missouri, Nebraska, North Carolina, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Wisconsin, and Wyoming. The states not expanding will leave over 6,248,000 still without health insurance coverage (A 50-State Look at Medicaid Expansion, 2016).

Coverage of the Affordable Care Act

The law requires nearly all United States citizens to have health insurance. If an individual can afford the insurance, but chooses not to buy it, they must pay a fee called the individual shared responsibility payment (5 Health Insurance Marketplace Tips, 2016). The fee, or penalty, will be assessed on the individual's federal tax return. The fee is determined in two different ways: by percentage of income or by person. The percentage of income calculation is 2.5% of the household income, with the maximum being the total yearly premium for the national average price of a Bronze health insurance plan sold through the Marketplace. The other penalty is \$695 per adult or \$347.50 per child under 18; the maximum penalty is \$2,085 per year (5 Health Insurance Marketplace Tips). The fee will be calculated both ways, and the individual/family will be required to pay whichever is higher. Individuals will only pay for the months that they do not have health insurance coverage (if a person is not covered for 4 months of the year they must pay 4/12 of the fee, not the total annual fee). The fee only applies to uninsured individuals in the home. Some individuals can qualify for an exemption and will not be required to pay the fee for not participating. These exemptions include; low income/ no

filing requirement for federal income taxes, unaffordable coverage options (more than 8% of the household income or MAGI –modified adjusted gross income), from a federally recognized Indian tribe, incarceration, religious conscience, Health Care Sharing Ministry, living abroad, not lawfully present – undocumented immigrant and not legally a U.S. citizen, short term coverage gap exemption, or a hardship exemption (short term and hardship exemptions are only for a short period of time usually 60 days) (Obamacarefacts.com, 2016).

If an individual does not have insurance through their job, Medicare, Medicaid, or any other source that will provide health care coverage, they will qualify for the Marketplace insurance coverage. The price of the Marketplace insurance is based on an individual's income. Most people qualify for some form of discount; about eight in 10 received financial assistance to lower their monthly premiums (ObamaCare Medicaid Expansion, 2016). The private insurance companies that participate in the Marketplace have insurance plans that vary in price and features. All plans are required to cover the essential health benefits, pre-existing conditions (including pregnancy), and preventive care (Obamacarefacts.com, 2016). Individuals can apply for this insurance in four different ways: in-person, online, by telephone, or by paper application (5 Health Insurance Marketplace Tips, 2016).

The number of uninsured individuals continues to decline since the ACA law went into effect for the Medicaid expansion and Marketplace insurance plans. In 2013, 42 million Americans were uninsured and had no form of health care coverage (Smith & Medalia, 2014). In 2014, that number dropped significantly to 33 million individuals

(Hayes et al., 2015). In 2015, around 20 million individuals were insured due in large measure to the implementation of the ACA.

Preventive Care and New Law Benefits

Preventive care and wellness benefits are now mandated for most insured individuals and include adults, pregnant women, and children. The Marketplace insurance plans, and other insurance plans, are required to cover preventive services and wellness benefits without charging the subscriber a copayment, coinsurance, or a part of the yearly deductible, if it has not been met. The preventive services and wellness benefits are free if they are delivered by a doctor or a provider in the participants' insurance plans' network. See Appendix B for preventive care services and wellness benefits now mandated by the ACA (healthcare.gov, 2016).

Many Americans have benefitted from the ACA. Since the first open enrollment period, on October 1, 2013, more than 8 million people have signed up for coverage through the Health Insurance Marketplace (healthcare.gov, 2016). This does not include the more than 3 million young adults who have also qualified for coverage from their parent's health insurance plans, or the millions who will qualify from the Medicaid expansion.

The ACA is a better value because it provides stronger consumer protection, and other cost saving measures. Consumer protection, in the past, did not exist. Insurance companies were able to cancel an individual's coverage because s/he became ill, or made a mistake on their insurance application. Under the ACA regulations insurance companies are not able to discriminate when someone is diagnosed with an illness or has a pre-existing condition. Also, in the past, many insurance companies set a lifetime health

care spending limit; they are no longer permitted to set these limits (Patient Protection and ACA, 2010).

Health insurance companies are now required to spend at least 80 cents of every dollar of insurance premiums on health care, or improvements to patient care. If they do not follow this guideline, they are required to refund the participants. Around 77.8 million consumers saved \$3.4 billion dollars, up front, on their premiums, as insurance companies began to operate more efficiently, compared to 2011 (hhs.gov, 2014). The new law requires health insurance plans to cover the recommended preventive care services for no fee. When individuals take part in annual and preventive care services, health care providers are able to identify a problem earlier, or before they happen (Koh & Sebelius, 2010). Identifying health problems earlier, or before they happen, will create healthier individuals, healthier communities, and save health care dollars.

As of 2014, the ACA also required insurance plans to cover the 10 essential health benefits for their members. These services include: preventive wellness visits and chronic disease management; maternity and newborn care; mental and behavioral health treatment; services and devices to help people with injuries, disabilities, chronic conditions; lab tests; pediatric care; prescription drugs; outpatient care, emergency room services, and hospitalizations (healthcare.gov, 2016).

The funding for Community Health Centers has been increased throughout the country. The funding will go for operations, expansion, and construction of old and new health centers. There are around 1,200 health centers that manage around 9,000 health care delivery sites. The health centers provide primary care services and serve more than 21 million patients a year (hhs.gov, 2013). The health centers also help uninsured

individuals gain access to health insurance through the Marketplace. The law has provided many different health insurance plans and options through the Marketplace. During the first open enrollment, many individuals payed an average premium of \$69 per month, after tax credits, and more pay less than \$50 per month for their insurance (5 Health Insurance Marketplace Tips, 2016). The ACA is providing health care that is reasonably priced for individuals and affordable to purchase.

Affordable Care Act Focus and Goals

Despite the focus and goals of the ACA and Patient Protection Programs, 23 million people will still be without insurance coverage (Notaro et al., 2011). The U.S. government has recognized that individuals are without insurance coverage or underinsured in the country. As a result, the ACA seeks to increase health insurance coverage by expanding Medicaid eligibility.

The uninsured or underinsured group represents the ACA's target population for coverage expansion. In order for the ACA to be effective, it will be important to understand what the group of uninsured patients know and understand about the ACA and their overall opinions regarding the bill (Petranj & Christiansen, 2014). According to the authors Beland, Rocco, and Wadden (2015), "their success hinges critically on several institutional vulnerabilities that vary across three major reform streams within the ACA: health insurance exchanges (or Marketplaces, as they are currently known), the proposed expansion in Medicaid coverage, and, finally, regulatory reform" (pp. 720-721). This expansion includes non-elderly adults without dependent children, who have not previously been eligible in most states for Medicaid coverage.

The ACA expands coverage for all Americans who participate in the program, and also provides added coverage for all individuals who are privately insured. The expansion of coverage is predicted, by 2019, to increase the number of annual primary care visits from 15.07 million to 24.26 million. With this expansion, ACA also predicts that, between 4,307 and 6,940 additional primary care physicians would be needed to accommodate the increase in care (Hofer et al., 2011). The increased number of visits will place a huge burden on the healthcare industry. With the increase in number of individuals enrolling in the ACA insurance, there is a shortage of primary care physicians (How the Affordable Care Act Will Affect Provider Reimbursement, 2015). These shortages are creating barriers to making appointments, and attending timely, primary care physician appointments. Some of the barriers identified were: unable to get through on the telephone, unable to get an appointment soon enough, waiting too long in the physician's office, offices not open when patients needed to be seen, and no transportation to get patients to the appointment. Each of these five barriers to timely primary care was more common in adults with Medicaid compared to individuals with private insurance (Cheung et al., 2012).

Males and Health Care

Males, born in 2009, are expected to die five years sooner than women born at the same time (Murphy-Law et al., 2011). Women are more likely, than men, to use health care services and participate in health care screenings (Watts, 2016). Data from the Summary Health Statistics for U.S. Adults: National Interview Survey, 2010 suggested that men die more frequently than women from chronic disease (Schiller et al., 2012). One reason is that males do not have a usual place to receive health care therefore they do

not participate in preventive health care services. According to Heidelbaugh and Tortorello (2012), “nearly one-third of men report not having a primary care physician” (p. 964). Males are also less likely to go to the doctor due to their traditional beliefs that they should not ask for help, be self-reliant, and brave (Himmelstein & Sanchez, 2014). Iliades (2011), found that

many men go to the doctor only when they feel sick or have a medical emergency — and that’s not nearly as often as they should. Regularly scheduled medical care is a big part of preventing cancer, high blood pressure, heart disease and diabetes. (para. 3)

These beliefs turn into a delay in health care treatment which many times turn into a medical crisis.

When men are healthy, they should continue to visit a health care provider on a regular basis for health screening. Annual and preventive health care provider visits screen for medical issues, assess risks for future illnesses, update vaccinations, encourage patients to participate in a healthy lifestyle, develop a relationship with the provider, and have a regular place for health care (medlineplus.gov, 2016). A physical examination usually includes vital signs, weight, blood work, and other tests, depending on the individual’s age. The information that is gathered in the physical exam will allow the doctor or health care provider to determine how the body is performing (Holland, 2013). During the examination, health care providers have the opportunity to discuss other preventive tests or procedures the individual should participate in to avoid or prevent future illnesses.

The ACA has increased health insurance coverage that includes annual and preventive care for individuals in the United States. According to Austin (2015), “not a single racial or ethnic group was excluded. Whites and all other groups increased their health insurance coverage” (p. 3). The ACA has provided millions of Americans insurance coverage that provides them with access to health care treatments. The ACA has been a huge step in providing men with the coverage they need to address health concerns and participate in annual and preventive care. An estimated 41.3 million uninsured individuals are now eligible for health insurance coverage due to the ACA and the majority of them are adult men (Heidelbaugh, 2016). The ACA has the potential to eliminate multiple barriers that males have had to overcome for health care services.

Conclusion

The health care crisis in the United States has had an impact on the health care participation rates of males in our nation. The high cost of both, insurance coverage and medical care has resulted in males avoiding and delaying health care for both acute and chronic health conditions. The ACA set a goal to reduce health care crisis by eliminating many of the barriers that exist for many individuals regarding health insurance coverage and usage. The ACA is expected to contribute to reducing disparities in access to care, targeted interventions, and assistance that must be given to those who have poorer health status.

Individuals who do not have health insurance coverage, especially males, often avoid preventive and annual health care services. Healthy People 2020 and ACA are increasing the focus on primary prevention. Chronic conditions are usually not monitored and left untreated. There is a substantial percentage of individuals in the United States

suffering from chronic health conditions that go untreated. It should be each individual's goal to establish themselves with a primary care office and participate in annual health care. The introduction of the ACA can have a positive impact on individuals increasing their usage of primary care physician office visits on a regular basis and decreasing their usage of the emergency department.

The Patient Protection and ACA have significantly decreased the number of uninsured individuals within the United States, many of them males. Preventive care and screenings are included in the protection part of the law. Insurance companies required to cover these essential services will make the difference in many individuals' lives. This part of the ACA improves health care services and insurance coverage for both newly and previously insured individuals.

The ACA law has eliminated the health care participation barriers that included lack of insurance coverage and cost for health care services. These changes may encourage males to take advantage of the free preventive and annual health care services that are now available through their health insurance coverage. The reform of the ACA is going to be a challenge for the whole country, especially health care providers, but, in the end, will be worth the effort.

Chapter 3 includes a brief explanation and history of Q methodology used in the study. It also includes the rationale for selecting this methodology and description of the steps used for the current research are also explained. Also included is an explanation of the concourse development that will be used for the Q sort, an overview of facilitator training, and the Q sort process.

Chapter 3

Methodology

The United States health care crisis has been addressed by the enactment of the Patient Protection and Affordable Care Act 2010. The law has provided both patient protection laws and affordable health care coverage for millions of individuals that includes annual and preventive health care services at no additional cost.

Individuals in the past have not participated in annual and preventive care services due to cost, this barrier also existed for Caucasian males. The study examined the impact of the ACA, 2010 law on participation rates of annual and preventive health care services of Caucasian males. It also explored if the participants had any behavior changes that will benefit their health. Understanding the participants' point of view regarding their participation in health care services requires a methodology that involves a more personal interaction.

Q Methodology: A Mixed Methods Approach

Q methodology combines both qualitative and quantitative methods to explore the views of the individuals directly engaged in a topic. The qualitative methods of Q methodology allow the participant to express their own opinions while the quantitative methods of Q methodology use factor analysis to provide insights into opinion formation that can generate a testable hypothesis (Valenta & Wigger, 1997). This approach enables an examination of data in terms of the individual's own pattern of responses instead of the pattern that emerges among people. Q studies explore the correlations between the person and the whole aspect of the person (Coogan & Herrington, 2011). Q methodology identifies a range of different opinions regarding the research topic explored. Participants

are asked to make decisions on what is significant to them. This decision-making process is known as Q sort. Q methodology made its first appearance in 1935 and was developed by William Stephenson (Watts & Stenner, 2012). He was a British physicist and practitioner of psychometrics who specialized in factor analysis.

The research methodology took place in four stages:

- Stage 1- Included collecting responses from a survey called Health Care and Health Insurance Participation Survey on Survey Monkey to develop a concourse of questions;
- Stage 2- Involved looking at the results from the online survey and developing the set of concourse statements to be sorted by the participants;
- Stage 3- Required participants to sort the statements within a continuum of preferences; and
- Stage 4- Involved data analysis and interpretation of the Q sort process completed by the participants

Concourse Development

One step of the Q methodology was developing the concourse. The concourse is a collection of ideas and viewpoints that have been collected from a questionnaire. The questionnaire responses were collected using Survey Monkey and identified a variety of opinion statements regarding health care, preventive care, health insurance coverage, and usage. Survey Monkey is an online survey collection system with a database that was used to gather opinions and insight (Appendix B contains Health Care and Health Insurance Participation Survey- questions regarding the individuals' insurance status including their previous and current usage of health care services).

Statements from the concourse were selected to form a Q sample. The Q sample was narrowed down to form a Q set of statements. The Q sort participants were asked to force sort the statements into agree or positive, disagree or negative, and neutral or undecided in relation to their health care coverage, usage, and participation of health care services.

The concourse developed into a group of statements called the Q sample. The researcher created statements that were uniform and consistent. Once the statements were included in the Q sample, the researcher edited the statements to determine if they were bias free, grammatically correct, and similar in length. The goal of the Q set was to produce a group of statements that represented a variety of opinions about health care participation, usage, annual and preventive care, and health insurance cost and coverage.

Watts and Stenner (2012) believed that the size for the Q sort should be decided by the subject matter; however, the average number of items used is between 40 and 80 items. The researcher selected 40 statements from the concourse statements to develop the Q sort statements. Brown (1980) suggested that researchers use of a 9-point (-4 to +4) distribution for Q sets of 40 items or less. The researcher must also determine the slope of the distribution. The kurtosis of the distribution is influenced by the participants' knowledge and understanding of the research subject. According to Watts and Stenner (2002),

a flattened, or platykurtic, distribution of this type clearly offers greater opportunity to make fine-grained discriminations at extremes of the distribution (where feelings run high), a strategy that allows us to

maximize the advantages of our participants' excellent topic knowledge.
(p. 80)

This distribution was chosen due to the topic of health care coverage, preventive health care services, and usage that affects all individuals on some level. See Appendix F for Q sort template. Each statement was printed on a separate note card - the recommended size of a card is approximately 5-6 cm long and 2-3 cm deep (Watts & Stenner 2012). Each card was coded with a unique identification number. A blank distribution template was provided for the participants to make their decisions about the placement of the statements ranging from disagree, to neutral, to agree. Tables 2, 3, and 4 contain the statements developed by the researcher for the Q sort study.

Table 2. *Positive Statements for Q sort*

<u>Statements</u>
1. I value good healthcare coverage.
2. It is important to my health to participate in annual checkups.
3. It is important to my health to participate in preventive healthcare.
4. I participate in healthcare services to stay healthy.
5. I participate in healthcare services to avoid chronic health conditions.
6. I participate in healthcare services to be around longer for my family.
7. I participate in healthcare services so I can live a longer life.
8. Participating in preventive healthcare treatments will prevent illnesses from occurring.
9. Participating in preventive care will detect medical problems.
10. Participating in preventive care will detect illnesses earlier.
11. My insurance plan offers preventive healthcare services at no additional annual cost.
12. My employer provides a cashback incentive for participating in annual preventive care.
13. My health insurance plan provides a health insurance premium incentive for participating in annual preventive care.

Table 3. *Neutral Statements for Q sort*

<u>Statements</u>
14. I participate in preventive care due to a family history of chronic illnesses.
15. I participate in healthcare services to prevent long-term health problems.
16. I participate in healthcare services because I have a chronic illness.
17. I participate in healthcare services to prevent minor or acute illnesses.
18. The government should provide all Americans health insurance coverage free of charge.
19. I am too busy to participate in doctor office visits.
20. I am too busy to participate in preventive healthcare services.
21. I would like a larger number of healthcare providers that accept my health insurance coverage.
22. I would participate in healthcare services if the wait time was shorter in the provider's office.
23. I would participate in healthcare services if I had a regular place to go for medical care.
24. I would participate in healthcare services if insurance plans were easier to understand.
25. I only visit a healthcare provider when extremely ill.
26. I have a regular healthcare provider for healthcare services.
27. I only go to the emergency room when I need healthcare services.

Table 4. *Negative Statements for Q sort*

Statements
28. Health insurance premiums are too expensive.
29. The cost of office visit co-pay is too expensive.
30. Healthcare treatment deductibles are too expensive.
31. Doctor appointments are too difficult to schedule.
32. Annual doctor appointments can be too lengthy and take too much time.
33. Routine doctor appointments can be too lengthy and take too much time.
34. Healthcare provider appointments require me to take time off work and use vacation time.
35. Healthcare provider appointments require me to take off work and lose income.
36. Participating in annual physicals can be a stressful situation.
37. Participating in preventive healthcare services can be scary.
38. Participating in preventive healthcare services may cause pain or discomfort.
39. I am afraid to participate in preventive care due to the procedures being uncomfortable or painful.
40. I am afraid to participate in annual physicals because the doctor might find something medically wrong.

Sample Selection/Participants

According to Watts and Stenner (2012), the number of Q set items has been established “somewhere between 40 and 80” (p. 61). The researcher used 40 statements that were the most relevant and reoccurring themes from the survey questionnaire that formed the Q set.

The current study had two different sets of participants: (1) individuals who participated in the online survey to develop the concourse, and (2) individuals who performed the Q-sort exercise and were interviewed by a facilitator.

Facilitator Training

The researcher and an additional facilitator performed the Q sort exercises with the participants to prevent any biases from occurring. The facilitators provided the approval certificate from the Youngstown State University Institutional Review Board (IRB). The researcher and facilitator participated in a training session to review the expectations and Q sort procedures.

The following information was emphasized to participants:

1. The facilitator will begin each session with a brief explanation of the purpose of the Q Sort activity and the warm up questions. See Appendix E for the warm up questionnaire. The research is being conducted to explore the participation rates of individuals regarding annual or preventive health care services as well as if participants have changed their health care participation behavior since the enactment of ACA.
2. Everyone will be reminded that their participation in the Q sort is voluntary and anonymous. There are minimal risks to the individuals for participating in the research and are free to stop participating in the research if they become uncomfortable.
3. Each participant will be asked to sign an informed consent form.

4. Each participant will be asked to give permission to be audio recorded during the session. If the participant declines to be audio recorded, then notes will be taken by the facilitator during the session.
 5. Each participant will begin by completing the Warm Up questionnaire (Appendix E.)
 6. Each participant will be given an explanation of the two-step process of the Q sort. In the first step, the participant will sort the 40 sentence cards into three piles: agree/participate, disagree/do not participate, or neutral/have no feelings about either way.
 7. The second step of the Q sort process will entail a distribution template being placed in front of each participant. They will be asked to divide each of their piles and place them on the template in the appropriate section. Each participant should begin placing the agree/participate cards, and then disagree/do not participate cards, and then neutral cards on the template.
 8. The participants will be encouraged to talk while they conduct the sorting process.
- The materials needed for the facilitator to conduct the Q sort will be the consent form, written instructions, 40 statements cards, and distribution template.

Q Sort Process

The researcher recruited 15 individuals to participate in the Q sort and interview process. The participants were recruited by placing flyers at the Midlothian Free Health Clinic on Wick and at Youngstown State University in the department of Health and Human Services. The Q sort process was completed at an agreed upon public location. Each session lasted about an hour. The sessions were audio recorded and transcribed by a

professional transcriptionist. The participants were offered a \$ 25 gift card for taking the time to participate in the Q sort process. The researcher also provided a written summary of the events that occurred throughout the Q sort process.

Summary

In Chapter 3, the usage of Q Methodology was discussed to help the researcher obtain a deeper understanding of the thoughts and opinions of the participants. The Q sort process collected large amounts of data for the researcher to analyze. This data were coded, analyzed, and evaluated for common themes among the participants. The results of the research will be discussed in Chapter 4.

Chapter 4

Results

The purpose of this study is to determine the impact of the Patient Protection and Affordable Care Act 2010 on participation and maintenance of health care services compared to prior years. The investigation explored the modifying factors that are influencing the participants' participation in annual and preventive health care services as well as if behavior changes have occurred since the enactment of the ACA in 2010. These additional research aims are explored in the study:

1. Since the inception of the ACA, 2010, the number of individuals participating in annual and preventive healthcare services will be higher compared with prior years.
2. Acquiring annual and preventive health care coverage, relative to the ACA, 2010 law, will facilitate change in behaviors that will be beneficial to health outcomes.

This chapter discusses the results of a factor analysis after the completion of 15 participants, Q sorting 40 statements. Each participant was audio recorded throughout each sort by trained facilitators to provide the qualitative data. PQ Method 2.35 for Windows was used to run the statistical analysis. The Q methodological software package provides numerous output files for analysis. Data are entered from each Q sort in the way it was collected by statement numbers. The program computes intercorrelations among the Q sorts creating a factor analysis using the Centroid or Principal Component method. The analysis step produces reports on factor loadings, statement factor scores, and consensus statements across the factors (Schmolck, 2014).

The PQ Method 2.35 package for Windows, with the software package based off FORTRAN-77 code that is maintained by Peter Schmolck, was used on a personal computer. The analysis was done in the program after entering the statements, the sorts, and viewing the results. The first step in the program is STATES, which involved entering the Q sort statements in the assigned order that they were numbered in the study. The second step is QENTER; this involved entering the coded numbers assigned to each statement as they were placed in each participant's Q sort. An oriented principal component analysis (OPCA) or principal component analysis (PCA) produced a correlation matrix between the sorts, an unrotated factor matrix between the sorts, and eigenvalues for eight factors. The third step, a QVARIMAX, was used to rotate the factors. The last step, a QANALYZE, used the statement file, raw data file, and factor loading file to produce a report in a listing file (Schmolck, 2014).

The chapter contains seven sections (1) Correlation Matrix, (2) Eigenvalues, (3) Varimax Rotation, (4) Q sort Statements with Corresponding Rank, (5) Factor Arrays, (6) Qualitative Analysis of Perspectives, and (7) Summary.

Correlation Matrix

A "correlation matrix is created through the intercorrelation of each Q sort with every other sort" (Watts & Stenner, 2012, p. 97). Q methodology will measure the degree of the relationship between two Q sorts and will measure the similarities or differences. A correlation in research occurs when there is a statistical relationship between two variables. A correlation is measured with a maximum value of positive or negative one (+1 or -1) and can range from + 1 or - 1 to 0. If a correlation is 0, the two variables share no information, but if the measurement is between +1 or - 1, information is shared (Correlation, 2006).

When the correlation coefficient is between 0.5 and 1.0 the variables are considered to be highly correlated, 0.3 and 0.5 indicate moderate correlation, >0.3 indicates a low correlation (Pearson Product Moment Correlation, 2013). The purpose of the correlation matrix in a Q sort is to identify similarities, or differences, in the views and opinions of the participants.

Table 5. Provides the correlation matrix analysis between the 15 Q sorts. Participants are coded as follows: the first four numbers are the day they performed the sort, the next two numbers are their age, and the last number is what number participant they were in their age that performed the sort.

Table 5.
Correlation Matrix: Between Respondents

SORTS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
0225391(1)	1.00	0.17	0.40	0.21	0.38	0.29	0.24	0.49	0.10	0.21	0.24	0.22	0.16	0.25	0.13
0220502(2)	0.17	1.00	0.26	0.63	0.52	0.54	0.46	0.13	0.27	0.68	0.20	0.60	0.26	0.48	0.48
0220222(3)	0.40	0.26	1.00	0.35	0.57	0.47	0.52	0.29	0.41	0.35	0.42	0.47	0.50	0.60	0.32
0209461(4)	0.21	0.63	0.35	1.00	0.49	0.68	0.48	0.30	0.38	0.76	0.18	0.49	0.27	0.42	0.30
0213271(5)	0.38	0.52	0.57	0.49	1.00	0.58	0.64	0.42	0.19	0.52	0.30	0.58	0.40	0.59	0.41
0213221(6)	0.29	0.54	0.47	0.68	0.58	1.00	0.64	0.36	0.38	0.56	0.31	0.69	0.43	0.67	0.60
0212351(7)	0.24	0.46	0.52	0.48	0.64	0.64	1.00	0.42	0.14	0.48	0.58	0.49	0.38	0.80	0.48
0212191(8)	0.49	0.13	0.29	0.30	0.42	0.36	0.42	1.00	0.12	0.23	0.17	0.09	0.27	0.49	0.24
0212501(9)	0.10	0.27	0.41	0.38	0.19	0.38	0.14	0.12	1.00	0.27	0.09	0.36	0.42	0.28	0.33
0219231(10)	0.21	0.68	0.35	0.76	0.52	0.56	0.48	0.23	0.27	1.00	0.15	0.50	0.04	0.47	0.29
0219581(11)	0.24	0.20	0.42	0.18	0.30	0.31	0.58	0.17	0.09	0.15	1.00	0.20	0.12	0.49	0.16
0222611(12)	0.22	0.60	0.47	0.49	0.58	0.69	0.49	0.09	0.36	0.50	0.20	1.00	0.38	0.53	0.65
0223521(13)	0.16	0.26	0.05	0.27	0.40	0.43	0.38	0.27	0.42	0.04	0.12	0.38	1.00	0.29	0.55
0222201(14)	0.25	0.48	0.60	0.42	0.59	0.67	0.80	0.49	0.28	0.47	0.49	0.53	0.29	1.00	0.52
0220511(15)	0.13	0.48	0.32	0.30	0.41	0.60	0.48	0.24	0.33	0.29	0.16	0.65	0.55	0.52	1.00

The results of Table 5 reveal many moderate-to-high correlations between the participants as indicated by R of 30 or higher ($r \geq .30$). The results also reveal that there are low correlations or disparities between the participants' responses ($r < .30$). A perfect correlation between the participants and their own responses is 1.0.

The Q analysis method used was the Principal Component Analysis (PCA). This method is used to explain the maximum amount of variance with the fewest number of

principal components. Watts and Stenner (2012) discussed that PCA “will resolve itself in a single, mathematically best solution” (p. 99). Table 6 (below) reveals eigenvalues ranging from the highest level of 6.6502 to the lowest level of 0.4945. The PCA that was run indicated that 64 percent of the variance responses could be identified in three factors.

Table 6.
Eigenvalues

Factors	1	2	3	4	5	6	7	8
Eigenvalues	6.6502	1.5985	1.3262	1.0989	0.9507	0.7449	0.6273	0.4945
% expl.Var.	44	11	9	7	6	5	4	3

Q methodology does not have a firm rule on how many factors should be used in an analysis. The eigenvalues provide a guideline to determine the number of factors. The Kaiser-Guttman criterion uses eigenvalues greater than 1.0 to determine the number of factors extracted (Watts & Stenner, 2012). Extracting factors 1, 2, and 3 included 13 of 15 participants’ viewpoints. The three factors exceeded the accepted 1.0 cutoff with the eigenvalues of 6.65, 1.59, and 1.32. The fourth factor eigenvalue was 1.09; this value is at or about 1.0 and is considered a weak factor. An eigenvalue, this close to the cut off value, is not considered stable and not recommended for inclusion (Field, 2009). Therefore, a three-factor model was determined to be appropriate to explain the perspectives and views of the participants in the sort.

The three factors have been named from their viewpoints and opinions regarding healthcare participation and usage. The three factors include Maintainers ($n = 3$, 20%), Obligers ($n = 7$, 46.7%), and Immortals ($n = 3$, 20%). Factor 1, Maintainers, are participants who have chronic illnesses and take maintaining their health very seriously. Factor 2, Obligers, are individuals who feel obliged to participate in healthcare services

but are highly concerned with the cost of healthcare and would like it for free. Factor 3, Immortals, are individuals who do not have any current health concerns, they value good healthcare coverage but have many reasons for not participating.

Varimax Rotation

The varimax rotation method is a preferable choice to analyze the majority of the participant viewpoints. Watts and Stenner (2012) explained that the rotation process involves the “physical movement or rotation of the factors, and their viewpoints, about a central axis point” (p.122). “Each and every position, or combination of spatial coordinates, within this space represents a unique and meaningful viewpoint,” according to Watts and Stenner (2012, p.115). The rotation output provides the highlighted factor that each participant aligned most strongly. In Table 7, an “X” represents which factor each participant’s responses connected with most significantly.

Table 7.
Factor Matrix with an X Indicating a Defining Sort

QSORT	1 (Maintainers)	2 (Obligers)	3 (Immortals)
1 0225391	0.0477	0.6395X	0.0109
2 0220502	0.7910X	0.1106	0.2720
3 0220222	0.3208	0.6516X	0.1301
4 0209461	0.8107X	0.1879	0.1928
5 0213271	0.4638	0.5773X	0.2951
6 0213221	0.5726	0.4107	0.4977
7 0212351	0.3878	0.6967X	0.2885
8 0212191	0.0011	0.6847X	0.1502
9 0212501	0.2510	0.0211	0.5746X
10 0129231	0.9020X	0.1906	-0.0001
11 0219581	0.0838	0.6690X	0.0033
12 0222611	0.5840	0.2063	0.5468
13 0223521	-0.0427	0.1517	0.8670X
14 0222201	0.3891	0.6861X	0.3247
15 0220511	0.2665	0.1991	0.7693X
% expl.Var.	24	23	1

Based on the matrix in Table 7, 3 factors result in 13 out of 15 participants matched with a factor. Two participants, 0213221 and 0222611, did not align significantly with any factor. The potential reason for these two participants not aligning with one of the three factors will be discussed below.

Listed below are the demographics and characteristics of the Q sort participants:

Factor 1: Maintainers

Maintainers ($n = 3$, 20%) have chronic illnesses and participate in both annual and preventive healthcare services.

- 0219231, is a single 23-year-old, lives with parents, and is on parents' insurance coverage. He views his overall health as good, indicates that the ACA had *no effect on him*, indicates that in the long run the ACA *will make things better*. He also indicates that the ACA has *not changed* the likelihood that he goes to the doctor for a checkup.
- 0209461, is a married 46-year-old, lives with family, and is on employer-sponsored insurance coverage. He views his overall health as good, indicates that the ACA *has helped him*, and indicates in the long run the ACA *will make things better*. He also indicates that the ACA has *increased* the likelihood that he goes to the doctor for a checkup.
- 0220502, is a married 50-year-old, lives with family, and is on employer-sponsored insurance coverage. He views his overall health as very good, indicates that the ACA *has hurt him*, indicates that in the long run the ACA *will not change things*. He also indicates that the ACA *has not changed* the likelihood that he goes to the doctor for a checkup.

Factor 2: Obligers

Obligers ($n = 7$, 46.7%) do not have any type of chronic illness, participate in healthcare services but are highly concerned with the cost of healthcare.

- 0212191, is a single 19-year-old, lives with parents, and is on his parents' insurance coverage. He views his overall health as good, indicates that the ACA had *no effect on him*, indicates that in the long run the ACA *will not change things*. He also indicates that the ACA *has not changed* the likelihood that he goes to the doctor for a checkup.
- 0222201, is a single 20-year-old, lives with parents, and is on his parents' insurance coverage. He views his overall health as excellent, indicates that the ACA *has helped him*, and indicates that in the long run the ACA will *make things better*. He also indicates that the ACA *has not changed* the likelihood that he goes to the doctor for a checkup.
- 0220222, is a single 22-year-old, lives with parents, and is on his parents' insurance coverage. He views his overall health as excellent, indicates that the ACA *has hurt him*, and indicates that in the long run the ACA will *make things worse*. He also indicates that the ACA *has decreased* the likelihood that he goes to the doctor for a checkup.
- 0213271, is a single 27-year-old, lives alone, and is on employer-sponsored insurance coverage. He views his overall health as excellent, indicates that the ACA had *no effect on him*, indicates that in the long run the ACA in long run will *make things better*. He also indicates that the ACA *has not changed* the likelihood that he goes to the doctor for a checkup.

- 0212351, is a single 35-year-old, lives with significant other, and is on Medicaid insurance coverage. He views overall health as very good, indicates that the ACA has *helped him*, indicates in the long run the ACA will *make things better*. He also indicates that the ACA has *increased* the likelihood that he goes to the doctor for a checkup.
- 0225391, is a divorced 39-year-old, lives with his children, and is on Medicaid insurance coverage. He views overall health as very good, indicates the ACA had *no effect on him*, indicates in long run the ACA *will not change things*. He also indicates that the ACA has *not changed* the likelihood that he goes to the doctor for a checkup.
- 0219581, is a married 58-year-old, lives with his family, and is on employer-sponsored insurance coverage. He views his overall health as good, indicates the ACA had *no effect on him*, indicates in long run the ACA *will not change things*. He also indicates that the ACA has *not changed* the likelihood that he goes to the doctor for a checkup.

Factor 3: Immortals

Immortals ($n = 3$, 20%) do not have any health concerns, value good healthcare coverage but have many reasons not to participate in healthcare services.

- 0212501, is a married 50-year-old, lives with family, and is on employer-sponsored insurance coverage. He views his overall health as very good, indicates the ACA had *no effect on him*, and indicates in long run the ACA *will not change things*. He also indicates that the ACA has *not changed* the likelihood that he goes to the doctor for a checkup.

- 0220511, is a married 51-year-old, lives with family, and is on employer-sponsored insurance coverage. He views his overall health as excellent, indicates that the ACA has *helped him*, and indicates in long run the ACA *will make things better*. He also indicates that the ACA has *not changed* the likelihood that he goes to the doctor for a checkup.
- 0223521, is a married 52-year-old, lives with family, and is on Marketplace insurance coverage. He views overall health as excellent, indicates that the ACA has *helped him*, indicates in long run the ACA *will make things better*. He also indicates that the ACA has *not changed* the likelihood that he goes to the doctor for a checkup.

Unfactored

These individuals ($n = 2$, 13%) did not fall into one of the three factors.

- 0213221, is a single 22-year-old, lives with parents, and is on parents' insurance coverage. He views his overall health as very good, indicates that the ACA had *no effect on him*, indicates in long run the ACA *will not change things*. He also indicates that the ACA has *not changed* the likelihood that he goes to the doctor for a checkup.
- 0222611, is a married 61-year-old, lives with wife, and is on employer-sponsored insurance coverage. He views his overall health as very good, indicates that the ACA had *no effect on him*, indicates in long run the ACA *will make things better*. He also indicates that the ACA has *not changed* the likelihood that he goes to the doctor for a checkup.

The potential reason that participant 0213221 did not align significantly within one of the three factors is that he was unsure and had many questions regarding the meaning of an insurance premium and copay. He mentioned, “I don’t even know what my premium is.” He was also unsure if his insurance plan provides a health insurance premium incentive for participating in annual preventive care. He reportedly does not participate in annual check-ups but does have a chronic health condition – asthma. The participants in the study who identified themselves as having chronic health conditions did participate in annual check-ups. His lack of participation in annual checkups and lack of knowledge could have led him to potentially placing the Q statement cards in inappropriate spaces. This, in turn, would have kept him from lining up with one of the three main factors.

Participant 0222611 was the oldest participant at the age of 61. He felt many of the cards did not apply to him. He stated, “they would have applied when I was younger. For example, I’m not too busy. I don’t have to miss work anymore. I’m able to schedule my appointments around work.” He had a different motivation to start going to the doctor; he mentioned, “I started going to the doctors annually because I was getting up there in years.” There were no Q statement questions that were included for his reason to participate in annual and preventive care due to “getting up there in age.” His age as well as his motivation for participating in healthcare could have been the reasons he did not fall into one of the three factors.

Q Sort Statements with Corresponding Ranks

An alternate way of looking at the PCA was to examine the Q statements and corresponding rank in each factor. Table 8 contains factor scores for 17 statements for Factor 1, Maintainers, which are rotated based on Z-scores.

Table 8.

Factor Scores for Factor 1 (>1.0) Maintainers

No.	Statement	Z-SCORES
3	I participate in healthcare services because I have a chronic illness.	1.898
2	I participate in healthcare services to prevent long-term health problems.	1.444
35	Participating in preventive healthcare treatments will prevent illnesses from occurring.	1.348
32	I participate in healthcare services to avoid chronic health conditions.	1.328
37	Participating in preventive care will detect illnesses earlier.	1.232
29	It is important to my health to participate in annual checkups.	1.226
34	I participate in healthcare services so I can live a longer life	1.121
5	The government should provide all Americans health insurance coverage free of charge.	1.056
30	It is important to my health to participate in preventative healthcare	1.055
16	The cost of office visit co-pay is too expensive.	-1.132
6	I am too busy to participate in doctor office visits.	-1.267
24	Participating in preventive healthcare services can be scary	-1.318
12	I only visit a healthcare provider when extremely ill.	-1.408
18	Doctor appointments are too difficult to schedule.	-1.425
20	Routine doctor appointments can be too lengthy and take too much time.	-1.444
22	Healthcare provider appointments require me to take off work and use vacation time.	-1.519
19	Annual doctor appointments can be too lengthy and take too much time.	-1.555

The z-scores in Table 8 indicate the relationship between the Q sort statements and the participants in Factor 1, Maintainers. They identify how much each factor agrees or disagrees with the statement. The Maintainers range from high agree 1.898 to high disagree – 1.555. As indicated in Table 8, the Maintainers' strongest positive endorsements were the statements "I participate in healthcare services because I have a chronic illness." and "I participate in healthcare services to prevent long-term health

problems." They also strongly disagreed with the statements "healthcare provider appointments require me to take off work and use vacation time", and "annual doctor appointments can be too lengthy and take too much time." These are the participants that do have chronic illnesses. The complete results for the information on Table 8 are provided in Appendix H.

Likewise, Table 9 provides the factor Z-scores for 15 statements from the Factor 2, Obligers.

Table 9.
Factor Scores for Factor 2 (>1.0) Obligers

No.	Statement	Z-SCORES
28	I value good healthcare coverage.	2.028
8	I would like a larger number of healthcare providers that accept my health insurance coverage.	1.804
5	The government should provide all Americans health insurance coverage free of charge.	1.648
33	I participate in healthcare services to be around longer for my family.	1.249
30	It is important to my health to participate in preventative healthcare.	1.092
37	Participating in preventive care will detect illnesses earlier.	1.068
2	I participate in healthcare services to prevent long-term health problems.	0.972
22	Healthcare provider appointments require me to take off work and lose income.	-1.034
25	Participating in preventive healthcare services may cause pain or discomfort.	-1.078
21	Healthcare provider appointments require me to take time off work and use vacation time.	-1.283
6	I am too busy to participate in doctor office visits.	-1.300
23	Participating in annual physicals can be a stressful situation.	-1.494
26	I am afraid to participate in preventive care due to the procedures being uncomfortable or painful.	-1.530
27	I am afraid to participate in annual physicals because the doctor might find something medically wrong.	-1.568
3	I participate in healthcare services because I have a chronic illness.	-1.821

The z-scores in Table 9 indicate the relationship between the Q sort statements and the participants in Factor 2, Obligers. It identifies how much each factor agrees or disagrees with the statement. The Obligers z-scores range from high agree 2.028 to high disagree – 1.821. As indicated by Table 9, the Obligers’ strongest positive endorsements were the statements “I value good healthcare coverage”, “I would like a larger number of healthcare providers that accept my health insurance coverage”, and “The government should provide all Americans health insurance coverage free of charge.” They also strongly disagreed with the statements “I am afraid to participate in annual physicals because the doctor might find something medically wrong” and “I participate in healthcare services because I have a chronic illness.” The complete results for the information on Table 9 are provided in Appendix H. Lastly, Table 10 provides the factor Z-scores for 13 statements from the Factor 3, Immortals’ analysis.

Table 10.
Factor Scores for Factor 3(>1.0) Immortals

No.	Statement	Z-SCORES
34	I participate in healthcare services so I can live a longer life.	2.107
33	I participate in healthcare services to be around longer for my family.	2.001
2	I participate in healthcare services to prevent long-term health problems.	1.686
31	I participate in healthcare services to stay healthy.	1.457
36	Participating in preventive care will detect medical problems.	1.446
13	I have a regular healthcare provider for healthcare services.	1.415
37	Participating in preventive care will detect illnesses earlier.	1.104
28	I value good healthcare coverage.	1.066
30	It is important to my health to participate in preventive healthcare.	1.059
10	I would participate in healthcare services if I had a regular place to go for medical care.	-1.026
40	My health insurance plan provides a health insurance premium incentive for participating in annual preventive care.	-1.408
3	I participate in healthcare services because I have a chronic illness.	-1.934
14	I only go to the emergency room when I need healthcare services.	-2.039

The z-scores in Table 10 indicate the relationship between the Q sort statements and the participants in Factor 3, Immortals. It identifies how much each factor agrees or disagrees with the statement. The Immortals range from high agree 2.107 to high disagree – 2.039. As indicated by Table 9, the Obligers’ strongest positive endorsements were the statements “I participate in healthcare services so I can live a longer life” and “I participate in healthcare services to be around longer for my family.” They also strongly disagreed with the statements “I participate in healthcare services because I have a chronic illness” and “I only go to the emergency room when I need healthcare services.” The complete results for the information on Table 10 are provided in Appendix H.

Factor Characteristics

In Table 11, the Factors 1, 2, and 3 had (3+7+3) 13 participants who produced results from the study. The reliability of the 3 factors were Factor 1- 0.923, Factor 2- 0.966, and Factor 3- 0.923, which are all considered to be good. The S.E. z-scores are Factor 1- 0.277, Factor 2- 0.186, and Factor 3- 0.277, and are considered acceptable.

Table 11.
Factor Characteristics

Characteristic:	Factor 1	Factor 2	Factor 3
No. of Defining Variables	3	7	3
Average Rel. Coef.	0.800	0.800	0.800
Composite Reliability	0.923	0.966	0.923
S.E. of Factor Z-Scores	0.277	0.186	0.277

Note. Diagonal Entries are S.E. Within Factors

The reliability estimates for all three factors, presented in Table 11, exceed the recommended level of $\alpha > .75$ (Field, 2009). As indicated in Table 12, the standard errors for differences in factor z-scores were 0.392 for Factor 1, 0.263 for Factor 2, and 0.392 for Factor 3.

Table 12.

Standard Errors for Differences in Factor Z-Scores

Factors	1	2	3
1	-	0.334	0.392
2	0.334	-	0.334
3	0.392	0.334	-

Table 12 indicates the level of unexplained variance between the three factors. While the factors are strong, and the reliabilities reported in Table 11 are high, the sorts did not distinguish the three perspectives without some overlap. This is best seen in Table 13, which provides the Consensus Statements. These statements do not distinguish the differences or similarities between any of the factors.

Table 13.

Consensus Statements -- Those That Do Not Distinguish Between ANY Pair of Factors.

No. Statement	Factors					
	1		2		3	
	Q-SV	Z-SCR	Q-SV	Z-SCR	Q-SV	Z-SCR
2 I participate in healthcare services to prevent long-term health problems.	5	1.44	3	0.97	5	1.69
9* I would participate in healthcare services if the wait time was shorter in the provider's office.	-1	-0.39	0	0.07	0	-0.25
18 Doctor appointments are too difficult to schedule	-4	-1.42	-1	-0.62	-2	-0.74
21* Healthcare provider appointments require me to take time off work and lose income.	-2	-0.84	-3	-1.28	-3	-0.82
24 Participating in preventive healthcare services can be scary.	-3	-1.32	-1	-0.51	-1	-0.41
30* It is important to my health to participate in preventive healthcare.	2	1.05	4	1.09	2	1.06
36* Participating in preventive care will detect medical problems.	2	0.95	3	0.88	4	1.45
37* Participating in preventive care will detect illnesses.	4	1.23	3	1.07	3	1.10
38* My insurance plan offers preventive healthcare services at no additional annual cost.	1	0.09	2	0.63	2	0.73
39* My employer provides a cashback incentive for participating in annual preventive care.	0	-0.01	-1	-0.22	-2	-0.74

Note. All listed statements are non-significant at $P > .01$, and those flagged with an * are also non-significant at $P > .05$.

Factor Arrays

This Q methodology identified a group of participants who shared a similar perspective regarding healthcare and healthcare usage. Factor arrays create a unique Q sort for each factor. “A factor array is simply a best-possible estimate of the factor’s viewpoint”, according to Watts and Stenner, (2010, p.143). Watts and Stenner (2010) also believed “the main goal of a factor array is to provide a best possible estimate of the relevant factor, and in so doing, to give a sense of what its 100% or perfectly loading Q sort might actually look like” (p.141). Three common viewpoints remained, and each factor array represents one of the three unique Q sorts.

Figure 1. Details a Model Sort for Those Participants Who Loaded Significantly on Factor 1, Maintainers (have chronic illnesses and participate in both annual and preventive healthcare services).

Strongly Disagree		Disagree				Neutral			Agree		Strongly Agree	
-6	-5	-4	-3	-2	-1	0	1	2	3	4	5	6
19	20	12	6	7	9	1	8	4	5	32	2	3
	22	18	16	21	14	10	28	13	29	37	35	
			24	26	15	11	31	30	34			
				27	23	17	33	36				
					25	39	38					
						40						

Figure 2. Details a Model Sort for Those Participants Who Loaded Significantly on Factor 2, Obligers (do not have any type of chronic illness, participate in healthcare services but are highly concerned with the cost of healthcare).

Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree				
-6	-5	-4	-3	-2	-1	0	1	2	3	4	5	6
3	26	6	21	1	14	9	4	15	2	30	5	28
	27	23	22	7	18	10	11	17	36	33	8	
			25	19	24	12	31	29	37			
				20	39	13	34	38				
					40	16	35					
						32						

Figure 3. Details a Model Sort for Those Participants Who Loaded Significantly on Factor 3, Immortals (do not have any health concerns, value good healthcare coverage but have many reasons not to participate in healthcare services).

Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree				
-6	-5	-4	-3	-2	-1	0	1	2	3	4	5	6
14	3	10	4	11	5	9	7	1	13	31	2	34
	40	35	21	18	8	15	12	6	28	36	33	
			27	32	16	20	17	30	37			
				39	19	22	23	38				
					24	25	29					
						26						

Qualitative Analysis of Perspectives

The next part of the Q methodology design is to analyze the audio recordings and information obtained while the participants completed their individual sorts. The three

factor arrays are unique Q sorts for the factors and will be explored for common differences and similarities between the factors. The Qualitative information obtained is open to interpretation by both the researcher and the reader. The complete transcripts from the audio recordings are in Appendix L.

The general opinion of the participants was that participation in annual checkups (statement 29) and preventive healthcare was important to their health (statement 30). They also felt strongly that participating in preventive care will detect medical problems (statement 36) and illnesses earlier (statement 37). The participants disagreed that they would participate in health care services if the wait time was shorter in the provider's office (statement 9). They also disagreed that healthcare provider appointments require them to take off work or use vacation time (statement 21) and that participating in preventive healthcare services can be scary (statement 24).

Factor 1: Maintainers. The Maintainers are the participants who have chronic illnesses (statement 3). These individuals take their chronic illnesses seriously and participate in healthcare on a regular basis. They participate in healthcare services to prevent long-term health problems (statement 2) and participate in preventive healthcare treatments to prevent illnesses from occurring (statement 35). On the distribution, statements 2 and 35 are ranked at a +5. Participant 0219231 commented, "so having diabetes it is really important for me to constantly get checkups and be on top of my health." Participating in healthcare to avoid chronic conditions (statement 32) and participating in preventive care will detect illnesses earlier and are ranked at +4 by this factor. Participant 0219231 offered, "you know some things are hereditary so you have to look out for that" and Participant 0220502 confirmed, "I had my colonoscopy this year."

The individuals in this factor also felt that participating in annual checkups is important (statement 29). Participant 0220502 said, “we go to the Family Health Clinic for checkups” and “I do go to my pulmonologist and get my PFT’s twice a year. I also get my maintenance drugs renewed.”

Statement 34 ranks at +3, I participate in healthcare services so I can live longer; 0209461 stated, “I participate in healthcare because I want to be around for my daughter” and 0219231 stated, “you catch the illness earlier you know you’ll live longer, you’ll live a healthier life.” Factor 1 also ranked statement 5 at a +3, they would like to see the government provide all Americans health insurance coverage free of charge. Each of the factor 1 participants have a regular healthcare provider (statement 13), and 0209461 stated that, “having a regular place for care is key for me, when I become ill, I call my doctor and get the care I need.”

The highest ranked “disagree” with statement for factor 1 was statement 19, at -6, annual doctor appointments can be too lengthy and take too much time, and statement 20, at -5, routine doctor visits can be too lengthy and take too much time. Participant 0209461 noted, “I don’t think that really, doesn’t bother me too much.” The participants in this group value participating in healthcare and do not mind waiting to see the doctor for appointments. 0219231 stated, “I don’t really have a problem with the wait time so it’s not really an issue for me.” The individuals in factor 1 visit the doctor on a regular basis due to their chronic health conditions.

They have no problems making doctor appointments (statement 18) and disagree (-4) that they only visit a healthcare provider when extremely ill (statement 12). Participant 0219231 stated, “I would say it’s the opposite, I’m usually not extremely ill

which is because I do so often or at least I hope so.” They also disagree (-3) that they are too busy to participate in doctor office visits (statement 6), that the cost of an office visit co-pay is too expensive (statement 16), and participating in healthcare services can be scary (statement 24). A -2 disagreement is that they are afraid to participate in annual physicals because the doctor might find something medically wrong (statement 27); 0219231 said, “I think that’s the whole point.”

The Maintainers are individuals with chronic conditions who are participating in annual and preventive healthcare services because they are very important to them. Their Q sort results have identified how important their health is to each of them. They see the value in maintaining their healthcare to control their chronic health conditions.

Factor 2: Obligers. In factor 2, individuals value good healthcare coverage (statement 28) and rate its importance as a +6. They also strongly believe that the government should provide all Americans health insurance coverage for free (statement 5), and they would like a larger number of healthcare providers to accept their health insurance coverage (statement 8). These two statements were ranked at +5. Participant 0222201 felt everyone should be covered, “like Canada, yeah like their universal healthcare coverage. Why not I want people to be healthy.” While 0212351 would like a larger number of healthcare providers that accept his health care “because there aren’t that many.” The Obligers felt that it is important to their health to participate in preventive healthcare (statement 30) as well as wanting to be around longer for their families (statement 33). Participant 0225391 added, “I know I should participate in healthcare services to stay healthy and be around longer for my family.” Participant 0218581 said, “I participate because I’m told to, so I can be around longer for my

family.” Participating in preventive care will detect medical problems (statement 36), detect illnesses earlier (statement 36), and prevent long-term health problems. These were all ranked at a +3. “I know for me that I participate in healthcare services to prevent minor and acute illnesses” according to 0212351. Participant 0213271 stated, “I agree that participating in preventive care will detect illnesses earlier.”

This factor contained individuals who are looking at their family’s history of chronic illnesses which is motivating them to participate in healthcare (statement 1). “I do have a family history of chronic illnesses so preventive care is important” according to 0225391. The obligors were the factor that were the most concerned about the costs of medical care. They identified and ranked (+2) that health insurance premiums are too expensive (statement 15) and healthcare treatment deductibles are too expensive (statement 17). According to 0220222, “yeah it’s just really expensive and it keeps getting more expensive every year and the list of providers keeps getting smaller every year so it’s tough.” Participant 0219581 also believed, “it’s too expensive.” Participant 0213271 said, “yes, definitely, I think healthcare treatment deductibles are too expensive.”

The participants in this factor are free of any chronic conditions and they disagreed (at -6) with I participate in healthcare services because I have chronic illness (statement 3). Participant 0212191 mentioned, “I don’t have a chronic illness, so that one I disagree the most with.” Participant 0212351 also disagreed “because I don’t have a chronic illness.” Ranked at -5, is statement 26, “I am afraid to participate in preventive care due to the procedures being painful” and statement 27, “I am afraid to participate in annual physicals because the doctor might find something wrong.” Participant 0222201

stated, “I am not afraid to go participate in office visits because the doctor might find something wrong. So no, that’s why I go.” They disagree (at -4) that they are too busy to participate in doctor office visits (statement 6) and that participating in annual physicals can be a stressful situation (statement 23). “I guess I do disagree that I am too busy to participate in doctor visits” stated 0213271. This group does not have to take time off from work, use vacation time, or lose income when they participate in healthcare provider appointments (statement 21 and 22). Participant 0225391 mentioned, “I do not have to take off work to go to the doctor.” Participant 0219581 also stated, “I’m not working so I don’t need to worry about that.” They have no problem with the length and wait time that it takes for either annual or routine doctor appointments (statement 19 and 20). Participant 0212191 said, “Mmm, no because they’re worth the wait”, and 0225391 also mentioned, “I don’t have any complaints about the wait time at the doctors.”

The Obligers are the individuals that do not have chronic conditions but are aware that they could encounter health problems if they do not participate in healthcare services. Their largest concern is the cost of healthcare. They are willing to take time out of their days to participate in healthcare services and do not mind waiting at the doctor’s office. The Obligers are willing to meet the expectations that their family and society place on them regarding healthcare, but internally they struggle with the cost of healthcare services.

Factor 3- Immortals. In factor 3, the individuals ranked statement 34 at +6, I participate in healthcare services so I can live a longer life. The also ranked statement 33, I participate in healthcare services to be around longer for my family at +5. These individuals value being around longer for their families and living longer healthier lives. I

participate in healthcare services to prevent long-term health problems (statement 2) also ranked at +5 for this group. 0212501 stated, "I participate but I should go more often." They also believe that by participating in preventive care illnesses will be detected earlier (statement 37) and by participating in healthcare services they will stay healthy (statement 31). Participant 0220511 stated, "I know by going to the doctor I am taking care of myself and keeping healthy." Factor 3 individuals rate statement 28, I value good healthcare coverage and statement 13, I have a regular healthcare provider for healthcare services at a +3. Participant 0220511 stated, "I am lucky enough that I have good insurance." Participant 0212501 offered, "Well, I do have a regular place to go for medical care and they take good care of me."

The factor 3 participants totally disagreed with only going to the emergency room when they needed healthcare services as statement 14 was ranked at -6. They are all fortunate enough not to suffer from a chronic illness (statement 3). They are unaware if their health insurance plan provides a health insurance premium incentive for participating in annual preventive care (statement 40). Participant 0212501 remarked, "I don't remember anyone saying we get a health insurance incentive for participating. I know they don't give me cashback." The Immortals disagree (-4) that participating in preventive healthcare treatments will prevent illnesses from occurring (statement 35). Participant 0212501 mentioned, "I should get preventive care done but I don't", and Participant 0223521 added, "My insurance company called me to remind me to get my preventive care because it's free, I should but I probably won't." Factor 3 also disagreed that they participate in healthcare services to prevent minor or acute illnesses (statement 4) and that they participate in healthcare services to avoid chronic health conditions

(statement 32). Participant 0223521 declared, “I don’t go because I’m too busy, let’s see I feel good, you never know what they’re going to find.” Participant 0212501 stated, “I should but I don’t go as often as I should.”

The Immortals are the individuals who are fortunate enough not to have any chronic health conditions. They value good healthcare coverage and would like to be around longer for their families. They have access to medical care but do not participate on a regular basis due to the fact that they are “too busy” or “feel good.” They have the mentality, “if it’s not broke don’t fix it.” Their healthcare behaviors, or lack of behavior, distinguish them as Immortals, meaning they believe they will live forever.

Warm-up Survey Responses

As indicated above, the responses to the warm-up questions were not different across the three factors. Prior to conducting the following analysis, a Cronbach’s α was completed, and indicated a good level of reliability ($\alpha = .853$) across items 4, 5, and 6.

Initially, participant responses regarding insurance coverage and their group membership were examined. As illustrated in Table 14, there is no consistent pattern regarding participants’ insurance coverage within each factor. The age range for the participants was 19 -61 years of age.

Table 14. *Insurance Coverage by Group Membership*

	Employer sponsored	Medicaid	Market Place	Parents Insurance
UnFactored	1	0	0	1
Maintainers	2	0	0	1
Obligors	2	2	0	3
Immortals	2	0	1	0

Note: A Pearson’s Chi Squared Analysis reveals that these differences in responses are not statistically significant $\chi^2 (9) = 8.653, p = .470$.

Likewise, there was not a consistent pattern found within each factor regarding the participants reported health (Table 15.)

Table 15. *Participants Reported Health by Group Membership*

	Excellent	Very Good	Good
UnFactored	0	2	0
Maintainers	2	1	0
Obligiers	2	2	3
Immortals	0	1	2

Note: A Pearson’s Chi Squared Analysis reveals that these differences in responses are not statistically significant $\chi^2 (9) = 8.095, p = .231$.

Opinions regarding the impact of the ACA on their life were also not consistent within each factor (Table 16).

Table 16. *Responses Regarding the Impact of the ACA by Group Membership*

	Hurt	No Effect	Helped
UnFactored	0	2	0
Maintainers	1	1	1
Obligiers	1	4	2
Immortals	0	1	2

Note. A Pearson’s Chi Squared Analysis reveals that these differences in responses are not statistically significant $\chi^2 (9) = 4.571, p = .600$.

As indicated in Table 16, two participants from two different factors indicated that the impact of the ACA has made healthcare “worse.” Both participants indicate ACA made healthcare “worse” due to the higher costs of premiums.

Participants were also asked what their opinions were about the long-term impact of the ACA on their healthcare situation. These results are presented in Table 17.

Table 17. *Long Term Impact of the ACA by Group Membership*

	Worse	Not much change	Better
UnFactored	0	1	1
Maintainers	0	1	2
Obligiers	1	3	3
Immortals	0	1	2

Note. A Pearson's Chi Squared Analysis reveals that these differences in responses are not statistically significant $\chi^2 (9) = 1.622, p = .951$.

As seen in Table 17, these responses were also varied within each of the factors. An interesting finding was that one person felt that the ACA would make their healthcare situation worse.

Participants were asked how the healthcare act was likely to impact their going to the doctor for check-ups. These results are presented in Table 18.

Table 18. *Impact of ACA on Participation in Doctor Appointments*

	Less likely to go	No change	More likely to go
UnFactored	0	2	0
Maintainers	0	2	1
Obligiers	1	5	1
Immortals	0	3	0

Note. A Pearson's Chi Squared Analysis reveals that these differences in responses are not statistically significant $\chi^2 (9) = 3.095, p = .797$.

As seen above, the answers varied within each factor, with the exception of the Immortals. Most participants responded that the ACA would not change the likelihood that they would go to the doctor for a check-up. The complete Pearson Chi- squared results are located in Appendix K.

Summary

Chapter 4 discussed the analysis of data from the mixed method research approach known as Q Methodology. The Q Methodology approach explored a variety of viewpoints to determine the impact of the Patient Protection and Affordable Care Act

2010 on participation and maintenance of health care services. Three factors were identified and 13 out of 15 participants fell into one of the three factors. The varimax rotation method analyzed the participants' viewpoints and placed them into a factor that represented their unique and meaningful viewpoints. The three factors have been named from their viewpoints and opinions regarding healthcare participation and usage. The three factors include Maintainers, Obligers, and Immortals. Factor 1, Maintainers, are participants who have chronic illnesses and take maintaining their health very seriously. Factor 2, Obligers, are individuals who feel obliged to participate in healthcare services but are highly concerned with the cost of healthcare. Factor 3, Immortals, are individuals who do not have any current health concerns; they value good healthcare coverage, but have many reasons for not participating. Each of the factors has a variety of viewpoints that have been identified in the Q sort data and are producing some very interesting research findings.

Chapter 5 will include a discussion of the findings and how these findings align with the existing research, the limitations to the study, recommendations for future research, and a conclusion.

Chapter 5

Discussion

The purpose of this study was to determine the impact of the ACA, 2010, on participation and maintenance of health care services compared to prior years. The research explored:

1. Since the inception of the ACA, 2010, the number of individuals participating in annual and preventive healthcare services will be higher compared with prior years.
2. Acquiring annual and preventive health care coverage relative to the ACA, 2010 law will facilitate change in behaviors that will be beneficial to health outcomes.

Modifying factors that influenced the participants' participation in annual and preventive health care were also explored. The responses varied from the participants and revealed some interesting findings among the group. While the ACA has eliminated the cost, and created more affordable health care coverage from the responses, it appears as if eliminating the cost may not be enough. The researcher surveyed each participant to determine if there has been any type of healthcare participation behavior change since the enactment of the ACA.

The scope of the study was a purposive sample of 15 Caucasian male participants that completed a 40-question Q sort and a review of an audio recorded interview while participants sorted the cards. The study explored the participants' thoughts, opinions, and habits regarding their participation in healthcare services. The study further explored the participants' insurance status, how the individuals viewed their overall health, if they felt

the ACA law has had any effect on them, and if the new health care law has affected their health care situation or their likelihood of going to the doctor for a checkup.

This chapter will include a discussion of the findings and how these findings align with the existing research, limitations of the research, recommendations for future research, and a conclusion.

Discussion of the Findings

The research identified three different viewpoints and perspectives to participation and usage of healthcare services. The Factor 1 participants were labeled the *Maintainers* ($n = 3, 20\%$). The Maintainers are individuals who suffered from chronic health conditions and viewed participation in health care services a priority to maintain their overall health. Participants in Factor 2 were labeled the *Obligiers* ($n = 7, 46.7\%$). The Obligiers viewed participation in health care as important and were willing to participate, but were concerned about the cost and convenience of health care services and would like it for free. Factor 3 participants were labeled the *Immortals* ($n = 3, 20\%$). The Immortals do not have any current health concerns, and valued good health care coverage, but had multiple reasons not to participate regularly in health care services. Two of the participants did not fit into any of these factors.

All the participants in the study had some form of insurance coverage; seven had employer-sponsored ($n = 7, 46.7\%$), five were covered under their parents' insurance ($n = 5, 33.3\%$), two had Medicaid coverage ($n = 2, 13.3\%$), and one had the ACA Marketplace exchange insurance ($n = 1, 6.7\%$). The study explored the following research aims:

Research Aim 1

1. Since the inception of the ACA, 2010, the number of individuals participating in annual and preventive healthcare services will be higher compared with prior years.

The current study explored if the participation rate of annual and preventive health care has increased among the participants compared to prior years. The Maintainers already participated in annual and preventive care before the inception of the ACA. When asked why he had changed his participation, participant 0219231 stated, “I know that people with preexisting conditions can you know, they don’t have to worry about healthcare under the Affordable Care Act, which I think is a good thing. Since I have diabetes myself, so yeah, I think it’s better than not so but I haven’t personally changed really.” Participant 0209461 mentioned, “No, I still go the same amount. I go for annual and preventive care because of my chronic illness.” The last Maintainer, participant 0220502, was also asked if his participation changed, and he mentioned, “I don’t think so not for me. They say our insurance rates have changed but my participation has not.” The ACA has not affected the participation rate of the three individuals in the Maintainers’ group. They were committed to participating in annual and preventive healthcare before the ACA and continue to be just as committed after the inception of the ACA due to their chronic health conditions.

The study participants from the Obligers reported mixed responses. Most of the participants’ participation in annual and preventive healthcare stayed the same since the inception of the ACA. When participant 0222201 was asked if his healthcare participation had changed since the ACA he stated, “I don’t think so.” Participant

0225391 was asked about the ACA and stated, “No that hasn’t affected me myself.”

Participant 0213271 stated, “I think the Affordable Care Act don’t really affect me at least not at this moment because throughout this time I basically had insurance through employer or school if you call it. So, it doesn’t really affect me. I feel like it’s an excuse that I will use but to now think about it I have a lot of free time I could have gone.”

Participant 0212351 has increased his participation because he obtained insurance through the ACA that he did not have before. The researcher discussed, “so what I’m hearing is that Affordable Care Act has really helped to increase a lot of your healthcare accessibility.” Participant 0212351 said, “oh it’s night and day, it’s night and day.” He added, “so a year ago or no a few years ago this would have been. Oh my God this would have been completely different. Um, this would probably be flipped.” On the other hand, participant 0220222 has decreased his participation in healthcare due to the ACA. He stated, “just from my parents’ perspective owning a business it’s been a lot. It’s become a lot more expensive. Like I said we rarely go to the doctors anymore. We had to change our insurance too. Um a lot of occasions we can’t afford cause it’s too expensive.” These two participants were on both ends of the spectrum; one has been helped significantly, and the other has been hurt by the ACA.

The study discovered that the ACA has affected the Obligers’ participation in annual and preventive care. These individuals are concerned with the cost of the insurance coverage, but sometimes have an internal struggle because they know participating in annual and preventive healthcare is important to their health. The Obligers would like the increased convenience of more providers accepting their health insurance coverage.

The study participants referred to as the Immortals indicated that they have not changed their participation in annual and health care services. Participant 0212501 was asked if his participation in health care has changed since the ACA, and he stated, “as far as participating no but I have to pay a heck of a lot for it.” Participant 0220511 explained, “mine personally have not. We had a preventative care clause in our healthcare insurance before it came out so I still got the free annual checkups which I used.” The responses indicate that the Immortals have not changed their participation in annual and preventive care since the inception of the ACA.

The current research findings demonstrate that, since the inception of the ACA, within this group of participants, there has not been an increase in the number of individuals participating in annual and preventive health care services. Most participants in the study seem to be content with the amount of participation or nonparticipation that they are involved with regarding annual and preventive healthcare services, and the ACA, currently, has not made a big difference in their health care decisions.

Research Aim 2

2. Acquiring annual and preventive health care coverage relative to the ACA, 2010 law will facilitate change in behaviors that will be beneficial to health outcomes.

There were no significant changes in the reported behavior of the participants regarding healthcare and no significant position expressed regarding the ACA or its impact. Chi-square analysis indicated that the responses did not differ across factor-group membership (i.e., Maintainers, Obligers, Immortals or Unfactored) regarding their responses.

Specifically, participants were asked if their behavior had changed due to the ACA. One participant, identified as a Maintainers (0219231), stated, “I haven’t changed my behavior personally. I don’t know if things behind I’m sure things behind the scene have changed a lot.”

The three Maintainers varied on their opinions regarding the impact the ACA on their life, with one indicating that there was no effect, one responding that it helped him, and one sharing that ACA has hurt him. The participants were also asked their opinion on what they felt the long-term impact of the ACA would be on their healthcare situation. One of the Maintainers indicated that there would not be much change, and the other two thought it would make their healthcare situations better. The last question asked if the ACA has impacted their participation in doctor appointments. Two of the Maintainers said that there would be no change, and one answered that he was more likely to go to the doctor.

The study participants from the Obligers also varied in their responses in regards to behavioral changes due to the ACA with beneficial health outcomes. Participant 0212191 was asked by the researcher, “any changes in your behavior since the enactment of the Patient Protection or Affordable Care Law?” He said, “No not really. It’s pretty much the same.” Participant 0219581 responded, “no, no it’s no different. I don’t think it will even when we change it again.” Participant 0212351 has benefited and changed his behavior since the ACA, and also had beneficial health outcomes. He stated, “Yeah, it’s important to be healthy and do that kind of preventative care and just stay in touch with your doctor, so like there’s nothing new that they’re surprised about but, I also realized the only reason I had the ability to do that is because of the Affordable Care Act.”

The Obligers included seven participants who varied in their opinions regarding the impact of the ACA on their life. Four (26.7%) of the Obligers felt there was no effect two (13.3 %) felt it helped them, and one (6.7%) felt it hurt him. The Obligers' opinions regarding the long-term impact of the ACA also varied: three (20%) felt there would not be much change, three (20%) felt it would be better, and one (6.7%) felt their healthcare situation would be worse. The impact of the ACA on participation in doctor appointments varied as well: five (33.3%) indicated they would not change, one (6.7%) said they were more likely to go, and one said they were less likely to go. The Obligers varied greatly regarding the changes and health benefits that have occurred for each of them from acquiring annual and preventive healthcare coverage relative to the ACA.

The Immortals had three (20%) participants, and their responses varied regarding the impact of the ACA. Two (13.3%) of the Immortals felt it helped them, while one (6.7%) felt it had no effect on their life. Participant 0220511 was asked if the ACA will facilitate any behavior change, and he stated, "for my family it made a difference for 2 reasons 1) My daughter being able to be under my insurance even though she's over 21, and also the a some of the caps that came off I believe was part of that with my wife's healthcare bills that was a blessing for me because that could have been a problem so those aren't really me personally but for my family it did, which then obviously does impact me because they all are on my insurance but other than that because I was a person who was lucky enough to have insurance it wasn't like I had nothing now I have something and my life has changed." The researcher asked Participant 0223521, "sure so the Affordable Care Act really hasn't made you change your behavior then for the most part?" He stated, "I can't say Lynda, that's a really long answer for me uh but no. The

short answer-that's alright-is no, I mean you know regardless of employer provided care I still won't go until I have to."

When asked the warm-up question, one (6.7%) of the Immortals responded that he felt the long-term impact of the ACA would not change much for him, while two (13.3%) of the Immortals indicated that it would make things better. All three (20%) of them responded that the ACA would not impact their participation in doctor appointments.

The *Unfactored* participants were also asked the same questions the researcher asked the other participants, "and now a lot of the research is looking to see before and after the Affordable Care Act do you think that it's changed your behavior?" Participant 0222611 stated, "it hasn't changed for me. I started going to the doctor annually because I was getting up there in years." Both Unfactored participants responded that there was no effect on them from the enactment of the ACA ($n = 2, 13.3\%$). They did not agree on the long-term impact of the ACA; one felt it would make things better, and the other felt there would be no impact. Both responded that the ACA would not impact their participation in doctor appointments.

The study participants varied on their responses regarding if the ACA law has facilitated change in their behavior and improved their health outcomes. More research should be conducted to determine the impact of the ACA on their health care participation and health outcomes. As indicated below, the research should seek to understand if more education can make a difference in participation. Based on responses, it is not clear that the participants understand that their annual and preventive health care is now covered 100% due to the ACA law. They seem unaware that there are no copays, deductibles, and coinsurances charged for them to participate in the health care services.

Also, it is not clear that all participants understand the long-term benefits of annual and preventive checkups, as well as the benefits of healthy lifestyle changes.

Current Findings and Existing Research

The participants of the current study had a variety of viewpoints and opinions regarding their usage and participation in health care services. As indicated above, the Maintainers are the participants who currently have a chronic health condition. The 2012 National Health Interview Survey ([NHIS] cdc.gov, 2012), revealed that nearly half (117 million) of the adults in the U.S. have at least one of the 10 chronic conditions (i.e., hypertension, coronary heart disease, stroke, diabetes, cancer, arthritis, hepatitis, kidney failure, chronic asthma, or chronic obstructive pulmonary disease. Furthermore, one in four adults have multiple chronic health conditions (cdc.gov, 2016). The current statements, in the current study, relate to the Maintainers healthcare practices and opinions.

- Statement 3- I participate in preventive healthcare services because I have a chronic illness.
- Statement 32- I participate in healthcare services to avoid chronic health conditions.

The current study identified that the study participants do participate in preventive and annual healthcare services due to their current medical condition of having a chronic illness. The study participants believe that participating in healthcare services will help them avoid more chronic health conditions. Of the 15 participants in the study, four of them reported having a chronic health condition.

The literature also identifies that the overall health of individuals can be improved by participation in annual and preventive health care services. Many individuals suffer from chronic diseases, illnesses, or injuries. Preventable chronic conditions cause seven out of 10 American deaths each year, and account for 75% of health care spending (Loeppke, 2008). Adults with acute or chronic conditions suffer more harmful effects if they are uninsured. According to the American Public Health Association, “the five most costly and preventable chronic conditions cost the U.S. nearly \$347 billion—30% of total health spending—in 2010” (para. 3).

- Statement 12- I only visit a health care provider when I am extremely ill.

The Maintainers disagreed with the statement above, indicating that they do visit their health care providers before they become extremely ill. Their responses aligned with the literature that participating in health care services will improve their overall health.

- Statement 34- I participate in healthcare services so I can live a longer life.
- Statement 35- Participating in preventive healthcare treatments will prevent illnesses from occurring.

The Maintainers’ responses also align with the literature that chronic health conditions are preventable if they participate in annual and preventive health care services.

The literature revealed that many individuals are aware of, and concerned, that there are so many acute and chronic health conditions occurring in the United States. Over two-thirds of adults surveyed indicated that they agree that there should be more emphasis placed on preventing chronic diseases, and 84% agree that prevention should be funded by the U.S. health care system (cdc.gov, 2009).

- Statement 2- I participate in healthcare services to prevent long-term health problems.
- Statement 5- The government should provide all Americans health insurance coverage free of charge.

The Maintainers felt strongly that participating would prevent long-term health problems as stated above. They also would like to see the government providing health insurance coverage to all Americans as noted in statement 5 above.

The current literature reveals with proper participation in health care, chronic conditions and an individual's quality of life can be improved, and health care costs can be decreased (CDC Prevention Checklist, 2015). To manage a chronic health condition, an individual must participate in health screenings, regular physician check-ups that include monitoring, and coordinating treatment that will include patient education.

- Statement 36- Participating in preventive care will detect medical problems.
- Statement 37- Participating in preventive care will detect illnesses earlier.

The Maintainers in the current study agree with the existent research, indicating that they felt strongly about the statements above. Participating in health care regularly was very important to these participants.

The current literature states that there are many reasons why individuals do not participate in regular doctor office visits. Kangovi et al. (2013) found that patients felt that ambulatory care offices were not accessible, they had to wait too long to get an appointment, they were required to pay a copay, and the hours of services were limited.

- Statement 6- I am too busy to participate in doctor office visits.

- Statement 7- I am too busy to participate in preventive healthcare services.
- Statement 16- The cost of office visit co-pay is too expensive.
- Statement 18- Doctor appointments are too difficult to schedule.

The Maintainers did not agree with the current literature. They do not believe that any of the statements above are good enough reasons not to participate in annual and preventive care. They view their health too important to make excuses not to participate in healthcare services. They also disagreed with the literature, they do not have a problem scheduling their doctor appointments.

Unlike the Maintainers, the Obligers are individuals who feel obliged to participate in healthcare services, but are highly concerned with the cost of health care. Recent literature discusses how purchasing health insurance can be very costly and is a major barrier for many individuals. In 2015, 46% of uninsured adults said the main reason they were uninsured was because it was too expensive (Key Facts about the Uninsured Population, 2014). About three quarters of the uninsured workers, 71%, were either not offered health care benefits at their job or were self-employed (Key Facts about the Uninsured Population). Some individuals who are offered health care benefits remain uninsured due to the expensive and unaffordable premiums. These two statements were rated high within the current study for the Obligers.

- Statement 15- Healthcare insurance premiums are too expensive.
- Statement 28- I value good healthcare coverage.

The Obligers agree that the costs of health care insurance premiums are too expensive, but despite the cost of health care services, they value good health care

coverage and participate in care. They expressed the same concerns as the literature that cost is a huge concern.

The literature reveals a trend toward higher deductibles and copayments, and coinsurance puts even the insured adults, especially those with low or moderate income, at risk of forgoing needed care due to cost (Hayes et al., 2015). Out-of-pocket payments have a negative effect on the utilization of preventive services, such as blood pressure screening, pap smears, and mammograms (Hayes et al.). The statements below were identified as concerns for the Obligers.

- Statement 16- The cost of office visit co-pay is too expensive.
- Statement 17- Healthcare treatment deductibles are too expensive.
- Statement 36- Participating in preventive care will detect medical problems.
- Statement 37- Participating in preventive care will detect illnesses earlier.

The Obligers are very concerned with the cost of copays and deductibles. They also know the importance of participating in preventive care to detect medical problems and illnesses earlier. The literature states that individuals do not go because of cost but this group in the current study does go despite the cost because they know the importance of participating. However, these individuals lack some knowledge regarding the ACA law, currently insurance companies are not permitted to charge a copay or deductible for annual and preventive healthcare services.

The literature identified that Van Loon et al. (2002) found “an estimated 30 to 55 percent forego care, postpone care, or cannot get care when they need it” (p. 17). In their study, they also found that cost often prevented participants from seeking medical care.

When asked, the participants in the study reported their health as good, but had many illnesses that were not treated due to cost. Most of the individuals in the research reported that they would weigh the cost-benefit analysis before participating in medical care.

- Statement 29- It is important to my health to participate in annual checkups.

The Obligers are willing to pay the money to participate in office visits which is opposite of what the literature is stating. As the literature states, the current study participants also weigh the cost-benefit of participating, but feel strongly about participating in annual checkups and their importance to their health.

The current literature discusses how the high cost of preventive care also deters uninsured individuals from participating or delaying care until the problem becomes too large or complex (Stephens & Ledlow, 2010).

- Statement 30- It is important to my health to participate in preventive healthcare.
- Statement 12- I only visit a healthcare provider when extremely ill.

The Obligers participate in preventive care because it is now covered under the ACA and there are no out-of-pocket expenses for the services. They totally disagree with the extant literature that they only visit health care providers when they are extremely ill.

The literature revealed that the cost of the ACA coverage will continue to be a concern for many individuals. Even if the United States achieves broad compliance with the health insurance requirements, many individuals will still experience gaps in their coverage because of paperwork requirements, changing eligibility, inability to pay, and simple lack of knowledge (Lines et al., 2014). Many of the potential beneficiaries remain

uninformed concerning the benefits of the ACA and remain skeptical that the bill will help them. The Obligers in the current study identified ranked these statements very high.

- Statement 5- The government should provide all Americans health insurance coverage free of charge.
- Statement 38- My insurance plan offers preventive healthcare services at no additional cost.

The participants identified, throughout the study, that they agree that the government should provide some form of health insurance coverage to all Americans. They believe, “Health care for all. A right not a privilege” (Democratic National Convention Health Care, 2009). They were also aware that preventive healthcare services are offered to them free of charge for no extra cost which has encouraged them to participate health care.

The Immortals are unique from the Maintainers and the Obligers. These are individuals who do not have any current health concerns, they value good health care coverage, but have many reasons for not participating. These individuals are also all in their 50s.

The literature discussed that being an established patient in a health care clinic, and having access to a primary care doctor, or health care provider, are important links to annual care, preventive services, and better health outcomes. In 2012-2013, more than one-quarter (27%) of Black adults, and two-fifths (43%) of Hispanics adults reported not having a usual source of care, compared with just over one-fifth (21%) of White adults (Hayes et al., 2015). The current study participants agreed with the literature.

- Statement 13- I have a regular healthcare provider for healthcare services.

- Statement 33- I participate in healthcare to be around longer for my family.
- Statement 34- I participate in healthcare services so I can live a longer life.

The *Immortals* agreed that they have a regular health care provider. They also agreed that participating in health care was important for better health outcomes to be around longer for their families and live a longer life but do not participate on a regular basis.

The literature identified that without annual or routine health and preventive care, uninsured individuals do not go for treatment until a medical crisis is occurring (Capp et al., 2013).

- Statement 36- Participating in preventive care will detect medical problems.
- Statement 37- Participating in preventive care will detect illnesses earlier.

The *Immortals* agree that participating in preventive care will detect medical problems and illnesses earlier before a medical crisis can occur.

The literature states avoidance of medical care as keeping away from something that is thought to cause mental or physical distress. Avoidance can also occur as a result of barriers, which can be defined as factors that limit access to, or, ease of obtaining quality health care (Taber, Leyva, & Persoskie, 2014). The researchers identified three categories for medical care avoidance: (a) the individuals received unfavorable evaluations when seeking medical care, (b) participants reported low perceived need to seek medical care, and (c) many participants reported the traditional barriers to medical

care, such as high cost, no health insurance, and time constraints (Taber et al.). The Immortals did agree with statement 6 that they are too busy to visit the doctor.

- Statement 6- I am too busy to participate in doctor office visits.

The Immortals have indicated that they do have a regular place for care but do not participate like they should. They also do not go to the emergency room when they need healthcare services, they go to their doctor first. They disagreed with these two statements:

- Statement 10- I would participate in healthcare services if I had a regular place to go for medical care.
- Statement 14- I only go to the emergency room when I need healthcare services.

The literature stated that in 2014, 27% of uninsured individuals reported that they participated in a preventive doctor visit compared to 47% of individuals newly insured in 2014, and 65% of adults who had insurance before 2014 (Key Facts about the Uninsured Population, 2014). The Immortals indicated that even though they have insurance, they do not participate in health care treatments and that they do not believe that participation will prevent illnesses from occurring. Therefore, they disagree with the statements below:

- Statement 32- I participate in healthcare services to avoid chronic health conditions.
- Statement 35- Participating in preventive healthcare treatments will prevent illnesses from occurring.

Limitations of the Study

The study was designed to identify and explore each individual's beliefs and their participation in healthcare services. Q methodology was used in this study; it is a respected but a misunderstood research methodology. While providing a systematic way of measuring subjectivity, it is sometimes regarded as a strictly qualitative research method. The Q method provides the researcher the ability to capture and describe differing views and consensus of the participants on an issue. It also provides the ability to study a limited number of responses to a concourse of statements produced from a larger sample in more depth, and examine the effects of specific situational circumstances through a cross-sectional analysis of results. As with any research study, there are limitations to this study.

Q methodology uses small sample sizes which can be a limitation. The goal of this study, using Q methodology, was not to generalize back to the population, but to generalize to the discourse about the topic that was studied. As indicated above, the Q sort benefits from the development of a concourse of statements that are produced from a larger sample of participants. For the current investigation, the responses of 84 participants supported the development of the concourse utilized in this investigation. Therefore, the 15 sorting participants responded to the discourse produced by the larger concourse group, providing some new insights on the perspectives of these participants.

Q sorting the cards can be a time consuming and confusing process for the participants. Both the method and the instructions must be explained to the participants because the process was unfamiliar to them. One participant was unfamiliar or confused by some of the wording on the Q sort questions. He lacked the knowledge to understand

what some of the questions meant and potentially placed them incorrectly on the Q sort diagram. This, in turn, created a validity issue for his completed Q sort survey. The results of the Q sort isolated his responses out as not fitting into one of the named perspective groups.

There is a potential limitation to the research findings if some of the participants did not feel comfortable enough to express their true feelings and beliefs about their participation, or nonparticipation, in annual and preventive health care services. Every effort was made to make the participants comfortable to share their perspectives. Because of the novelty of Q sort, it was unlikely that the participants biased their sorts. The results indicated that the sort reliability was exceptionally high for this small sample.

Recommendations for Future Research

The current study provided results that identified that there can be many reasons that individuals do and do not participate in annual and preventive health care. The current investigation focused on Caucasian males, but multiple races can be researched to compare similarities and differences in their health care usage and participation.

Research can be done to explore how the different factors will impact the individual's health care usage, and can include their demographics, psycho-social, structural variables, and cues to action. The demographics that can be explored can include age, gender, race, and ethnicity. The psycho-social variables that can be explored include social class, cultural differences, and family and peer pressure to participate in healthcare. The structural variables can include knowledge about diseases or illnesses, and prior experiences with the illnesses or diseases. The researcher can also look at the participants' cues to action. What type of guidance have they had from others to

participate in health care services, and have media advertisements or television coverage influenced their reason for participating in healthcare services?

A longitudinal study should also be conducted regarding the impact of the ACA on the usage of annual and preventive health care services as well as the overall health of individuals. It would also be informative to study the impact of direct instruction on the ACA, and how its provisions work in regards to health maintenance. If non-participants were provided with focused information about the benefits of participation and the 100% coverage of this type of care, would that have an impact on changing behavior?

Conclusion

The current study identified some interesting findings regarding the participants' participation in annual and preventive care as well as their perception of how they believe the ACA has impacted their health care coverage and health care participation. The study uncovered some unexpected findings.

Participants did not understand the difference between annual and preventive care. Education is needed about annual and preventive health care as well as healthy lifestyle choices. Some were unaware that there is more to prevention than just going to the doctor for a checkup or getting a colonoscopy. Prevention also includes participating in a healthy lifestyle. The literature identifies that preventive care is medical care that includes check-ups, screenings, and patient counseling services (cdc.gov, 2015). These services are used to prevent illnesses, diseases, and any other types of health problems. Treatments are more likely to work when illnesses are detected earlier. If everyone in the United States received the recommended preventive care, over 100,000 lives could be saved every year (cdc.gov, 2015).

Preventive care and healthy lifestyle choices are important activities that patients should participate in, on an annual and regular basis. Weight control, staying physically active, eating the right foods, and not smoking are a few examples of healthy lifestyle choices that can help improve a person's health (publications.U.S.A.gov). The main goal of health care is to preserve the health of individuals, to restore an individual's health, and minimize health problems (America's Uninsured Crisis, 2009). The individuals in the study would benefit from some education regarding annual and preventive health care services.

The Patient Protection and Affordable Care Act (ACA) was poorly marketed by the media and the government. In the media, it had different names: Patient Protection and Affordable Care Act, PPACA, Affordable Care Act, Obamacare, and the ACA. The use of different names confused many individuals, and education about the ACA is definitely needed. Many of the participants of the study were unaware that preventive care and wellness services are now free of charge thanks to the new law. As indicated above, the results of the current investigation, both at the concourse stage and the sort stage, strongly suggest that individuals, including those who work in health care, lack understanding on the many fronts of health care and healthy living. More effective educational initiatives, similar to the "don't drink and drive" or the "savethefood.org" campaigns, are needed for health care. Unfortunately, the ACA has suffered from political posturing, and the mixed information broadcasted at the public has not only created confusion, but it has also fostered distrust.

The literature identifies that the ACA has increased health insurance coverage that includes annual and preventive care for individuals in the United States (Patient

Protection and ACA, 2010). The ACA has provided millions of Americans insurance coverage that provides them with access to health care treatments. The ACA has been a huge step in providing men with the coverage they need to address health concerns and participate in annual and preventive care. An estimated 41.3 million uninsured individuals are now eligible for health insurance coverage due to the ACA, and the majority of them are adult men (Heidelbaugh, 2016). Many individuals did and still do not realize that the ACA has helped them in some way; educating these individuals is key to getting them to participate in the annual, preventive, and healthy lifestyle changes to improve their health outcomes.

The ACA is not a perfect law or health care plan and has been controversial. The current administration is attempting to repeal and replace the law. The 115th Congress has drafted a new bill: H.R. 1628 – American Health Care Act of 2017 or AHCA. The draft of the bill was examined by the Congressional Budget Office. They determined that the bill will not cover as many as 14 million individuals in the first year and will also expose older members of the individual insurance market to higher premiums that are unaffordable. The bill would also make changes to the Medicaid program and subsidies that help families afford individual market insurance coverage. The bill also failed to address the high cost of health care and how to control it. The bill was supposed to be voted upon on March 24, 2017, but did not have the support it needed to pass to repeal and replace the ACA or Obamacare. The repeal and replacement of the ACA and the H.R. 1628 AHCA bill are currently postponed. At this time, only the future knows what the fate will be for the health care system and the Patient Protection and Affordable Care Act.

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APPENDICES

Appendix A

This is the list of preventive services and wellness benefits that are required to be provided to adults due to the enactment of the ACA.

Preventive care benefits for adults

All Marketplace health plans and many other plans must cover the following list of preventive services without charging you a copayment or coinsurance. This is true even if you have not met your yearly deductible.

IMPORTANT These services are free only when delivered by a doctor or other provider in your plan's network.

1. Abdominal aortic aneurysm one-time screening for men of specified ages who have ever smoked
2. Alcohol misuse screening and counseling
3. Aspirin use to prevent cardiovascular disease for men and women of certain ages
4. Blood pressure screening
5. Cholesterol screening for adults of certain ages or at higher risk
6. Colorectal cancer screening for adults over 50
7. Depression screening
8. Diabetes (Type 2) screening for adults with high blood pressure
9. Diet counseling for adults at higher risk for chronic disease
10. Hepatitis B screening for people at high risk, including people from countries with 2% or more Hepatitis B prevalence, and U.S.-born people not vaccinated as infants and with at least one parent born in a region with 8% or more Hepatitis B prevalence.
11. Hepatitis C screening for adults at increased risk, and one time for everyone born 1945 – 1965
12. HIV screening for everyone ages 15 to 65, and other ages at increased risk
13. Immunization vaccines for adults — doses, recommended ages, and recommended populations vary:

- Diphtheria
 - Hepatitis A
 - Hepatitis B
 - Herpes Zoster
 - Human Papillomavirus (HPV)
 - Influenza (flu shot)
 - Measles
 - Meningococcal
 - Mumps
 - Pertussis
 - Pneumococcal
 - Rubella
 - Tetanus
 - Varicella (Chickenpox)
14. Lung cancer screening for adults 55 - 80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years
 15. Obesity screening and counseling
 16. Sexually transmitted infection (STI) prevention counseling for adults at higher risk
 17. Syphilis screening for adults at higher risk
 18. Tobacco Use screening for all adults and cessation interventions for tobacco users.

(healthcare.gov, 2016)

Appendix B

Healthcare and Health Insurance Participation Survey

My name is Lynda Ricciardi. I am currently a student at Youngstown State University working on my research for my dissertation. Past studies have shown that uninsured individuals do not participate in annual or preventive care on a regular basis and have a tendency to use the emergency room more often requiring admissions to the hospital. This study will explore the participation rate of uninsured, insured, and newly insured individuals and their usage of annual, preventive care, and other healthcare services. This study may help show the link between insurance coverage, participation in annual care, preventive care, emergency room usage, hospital admissions and overall health.

I would appreciate your participation in this survey; it will take you around 10-15 minutes to complete. Participation is voluntary and you may quit the survey at any time. You will not be harmed by participating in this study. Your identity will not be collected. Participants must be 18 years and older. Submission of this survey implies your consent.

If you have questions concerning this research, please feel free to contact me at (330)727-2862 or Imricciardi@ysu.edu. You may also contact Dr. Karen Larwin at (330)941-2231 or khlarwin@ysu.edu. If you have any questions about your rights as a participant in this research project, you may contact the Office of Research at Youngstown State University at (330-941-2377) or YSUIRB@ysu.edu.

Thank you for your participation!

Sincerely,
Lynda Ricciardi

* 1. What is your gender?

- Female
- Male

* 2. What is your age?

- 18-26
- 27-35
- 36-45
- 46-55
- 56-65

65 or older

* 3. What is your race/ethnicity?

African American

Asian

Caucasian/Non-Hispanic

Hispanic

Native American or Alaskan Native

Other

* 4. What is your relationship status?

Single, never married

Married or domestic partnership

Widowed

Divorced

Separated

* 5. What is the highest level of education you have completed?

Some high school, no diploma

High school graduate, diploma or the equivalent (Example: GED)

Trade/technical/vocational training

Some college, no degree

Associated degree

Bachelor's degree

Master's degree

Doctoral degree

* 6. What is your annual income?

Less than 20,000

21,000 - 40,000

41,000 - 60,000

61,000 - 99,000

100,000 & above

Prefer not to answer

* 7. What is your current health insurance coverage status?

Uninsured

Enrolled in employer insurance coverage

Enrolled in Medicaid or Medicare

Purchasing Healthcare.gov insurance (Affordable Care Act Insurance)

Purchasing Cobra insurance plan

Purchase own private insurance (Do not qualify for Obamacare/ACA Insurance)

* 8. During the past 3 years, did you try to purchase health insurance directly that is not from your employer, union, or government program?

Yes

No

Prefer not to answer

Don't know

* 9. Have you looked into purchasing health insurance coverage through Healthcare.gov or the insurance market place in your state?

- Yes
- No
- Prefer not to answer
- Don't know

* 10. In regard to your health insurance or health care coverage, how does it compare to a year ago? Is it...

- Better
- Worse
- About the same
- Prefer not to answer
- Don't know

* 11. In the past year, were health promotion programs made available to you by your employer? Examples of health promotion programs include education about weight management, smoking cessation, screening for high blood pressure, high cholesterol, or other health risks, and onsite fitness facilities or discounted gym membership?

- Yes
- No
- Prefer not to answer
- Don't know

* 12. How often did you participate in any of these activities in the past year? Would you say...

- Never
- Once
- A few times

- Monthly
- Weekly
- Daily
- Prefer not to answer
- Don't know

* 13. About how long has it been since you last saw or talked to a doctor or other health care professional about your own health? Include doctors seen while a patient in a hospital.

- Never
- 6 months or less
- More than 6 months, but not more than 1 year ago
- More than 1 year, but not more than 2 years ago
- More than 2 years, but not more than 5 years ago
- More than 5 years ago
- Prefer not to answer
- Don't know

* 14. How satisfied are you with the health care you received in the past 12 months?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied
- You have not had health care coverage in the past 12 months
- Prefer not to answer

Don't know

* 15. How worried are you about not being able to pay medical costs for normal health care?

Very worried

Moderately worried

Not too worried

Not worried at all

Prefer not to answer

Don't know

* 16. Compared to 12 months ago, would you say your health is better, worse, or about the same?

Better

Worse

About the same

Prefer not to answer

Don't know

* 17. During the past 12 months, have you ever had your blood pressure checked by a doctor, nurse, or other health professional?

Yes

No

Prefer not to answer

Don't know

* 18. Have you ever been told by a doctor or health professional that you had hypertension, also called high blood pressure?

Yes

- No
- Prefer not to answer
- Don't know

* 19. Were you told at two or more visits that you had hypertension, also called high blood pressure?

- Yes
- No
- Prefer not to answer
- Don't know
- Not applicable

* 20. During the past 12 months, have you had hypertension, also called high blood pressure?

- Yes
- No
- Prefer not to answer
- Don't know

* 21. Was any medication ever prescribed by a doctor for your high blood pressure?

- Yes
- No
- Prefer not to answer
- Don't know
- Not applicable

* 22. Are you now taking any medication prescribed by a doctor for your high blood pressure?

- Yes

- No
- Prefer not to answer
- Don't know
- Not applicable

* 23. If you have hypertension or high blood pressure, how long have you had it?

* 24. During the past 12 months, have you had your cholesterol checked by a doctor, nurse, or other health professional?

- Yes
- No
- Prefer not to answer
- Don't know

* 25. Have you ever been told by a doctor or other health professional that you had high cholesterol?

- Yes
- No
- Prefer not to answer
- Don't know

* 26. During the past 12 months, have you had high cholesterol?

- Yes
- No
- Prefer not to answer
- Don't know

* 27. Was any medication ever prescribed by a doctor to help lower your cholesterol?

- Yes
- No
- Prefer not to answer
- Don't know

* 28. Are you now taking any medication prescribed by a doctor to lower your cholesterol?

- Yes
- No
- Prefer not to answer
- Don't know

* 29. Have you ever been told by a doctor or other health professional that you have the following: prediabetes, impaired fasting glucose, impaired glucose tolerance, borderline diabetes, or high blood sugar?

- Yes
- No
- Prefer not to answer
- Don't know

* 30. Have you had a fasting test for high blood sugar or diabetes during the past 12 months?

- Yes
- No
- Prefer not to answer
- Don't know

* 31. If you have been told you had diabetes or sugar diabetes at what age were you diagnosed?

* 32. Are you now taking insulin?

- Yes
- No
- Prefer not to answer
- Don't know
- Not applicable

* 33. Are you now taking diabetes pills to lower your blood sugar? These are sometimes called oral agents or oral hypoglycemic agents.

- Yes
- No
- Prefer not to answer
- Don't know

* 34. Have you ever been told by a doctor or other health professional that you had cancer or a malignancy of any kind?

- Yes
- No
- Prefer not to answer
- Don't know

* 35. What kind of cancer was it?

- Bladder
- Blood
- Bone
- Brain
- Breast

- Cervix
- Colon
- Esophagus
- Gallbladder
- Kidney
- Larynx-windpipe
- Leukemia
- Liver
- Lung
- Lymphoma
- Melanoma
- Mouth/tongue/lip
- Ovary
- Pancreas
- Prostate
- Rectum
- Skin (non-melanoma)
- Skin (don't know what kind)
- Soft tissue (muscle or fat)
- Stomach
- Testis

- Throat- pharynx
- Thyroid
- Uterus
- Other
- Prefer not to answer
- Don't know
- Not applicable

* 36. How old were you when your cancer (listed above) was first diagnosed?

* 37. During the past 12 months, how many times have you seen a doctor or other health professional about your own health at a doctor's office, clinic, or some other place? Do not include times you were hospitalized overnight, visits to hospital emergency rooms, home visits, dental visits, or telephone calls.

- None
- 1
- 2-3
- 4-5
- 6-7
- 8-9
- 10-12
- 13-15
- 16 or more
- Refused
- Don't know

* 38. Is there a place that you usually go to when you are sick or need advice about your health?

- Yes
- There is no place I go
- There is more than one place that I go
- Prefer not to answer
- Don't know

* 39. What kind of place is it- a clinic, doctor's office, emergency room, or some other place?

- Clinic or health center
- Doctor's office or HMO
- Hospital emergency room
- Hospital outpatient department
- Some other place
- I do not go to one place most often
- Prefer not to answer
- Don't know

* 40. Do you go to the same place you usually go when you need routine or preventive care, such as a physical examination or check up?

- Yes
- No
- Prefer not to answer
- Don't know

* 41. What kind of place do you usually go to when you need routine of preventive care, such as a physical examination or a checkup?

- I do not get preventive care anywhere
- Clinic or health center
- Doctor's office or HMO
- Hospital emergency room
- Hospital outpatient department
- Some other place
- I do not go to one place most often
- Prefer not to answer
- Don't know

* 42. At any time in the past 12 months did you change the place(s) to which you usually go for health care?

- Yes
- No
- Prefer not to answer
- Don't know

* 43. Was this change for a reason related to health insurance?

- Yes
- No
- Prefer not to answer
- Don't know
- Not applicable. I answered 'no' above.

* 44. During the past 12 months, did you have any trouble finding a general doctor or provider who would see you?

- Yes
- No
- Prefer not to answer
- Don't know

* 45. Were you able to find a general doctor or provider who could see you?

- Yes
- No
- Prefer not to answer
- Don't know

* 46. During the past 12 months, were you told by a doctor's office or clinic that they would not accept you as a new patient?

- Yes
- No
- Prefer not to answer
- Don't know

* 47. During the past 12 months, were you told by a doctor's office or clinic that they did not accept your healthcare coverage?

- Yes
- No
- Prefer not to answer
- Don't know

* 48. Have you delayed getting medical care for the following reason in the past 12 months? You couldn't get through on the telephone...

- Yes

- No
- Prefer not to answer
- Don't know

* 49. Have you delayed getting medical care for the following reason in the past 12 months? You couldn't get an appointment soon enough...

- Yes
- No
- Prefer not to answer
- Don't know

* 50. Have you delayed getting medical care for the following reason in the past 12 months? Once you got there, you had to wait too long to see the doctor...

- Yes
- No
- Prefer not to answer
- Don't know

* 51. Have you delayed getting medical care for the following reason in the past 12 months? The clinic/doctor's office wasn't open when you could get there?

- Yes
- No
- Prefer not to answer
- Don't know

* 52. Have you delayed getting medical care for the following reason in the past 12 months? You didn't have transportation...

- Yes

- No
- Prefer not to answer
- Don't know

* 53. During the past 12 months, was there any time when you needed follow-up care but did not get it because you could not afford it?

- Yes
- No
- Prefer not to answer
- Don't know

* 54. In the past 12 months, have you seen or talked to a general doctor who treats a variety of illnesses (a doctor in general practice, family medicine, or internal medicine)?

- Yes
- No
- Prefer not to answer
- Don't know

* 55. If you get sick or have an accident, how worried are you that you will not be able to pay your medical bills? Are you...

- Very worried
- Somewhat worried
- Not at all worried
- Prefer not to answer
- Don't know

* 56. During the past 12 months, how many times have you gone to the hospital emergency room about your own health (This includes emergency room visits that result in a hospital admission)?

- 0
- 1
- 2-3
- 4-5
- 6-7
- 8-9
- 10-12
- 13-15
- 16 or more
- Prefer not to answer
- Don't know

* 57. Did your last emergency room visit result in a hospital admission?

- Yes
- No
- Prefer not to answer
- Don't know
- Not applicable. I answered 'no' above.

* 58. Thinking about your last emergency room visit, did you go to the emergency room either at night or on the weekend?

- Yes
- No
- Prefer not to answer

- Don't know
- Have never gone to emergency room

* 59. Does this apply to your last emergency room visit: You did not have another place to go?

- Yes
- No
- Prefer not to answer
- Don't know
- I have never gone to the emergency room

* 60. Does this apply to your last emergency room visit: Your doctor's office or clinic was not open?

- Yes
- No
- Prefer not to answer
- Don't know
- I have never gone to the emergency room

* 61. Does this apply to your last emergency room visit: Your health provider advised you to go?

- Yes
- No
- Prefer not to answer
- Don't know
- I have never gone to the emergency room

* 62. Does this apply to your last emergency room visit: The problem was too serious for the doctor's office or clinic?

- Yes
- No
- Prefer not to answer
- Don't know
- I have never gone to the emergency room

* 63. Does this apply to your last emergency room visit: Only a hospital could help you?

- Yes
- No
- Prefer not to answer
- Don't know
- I have never gone to the emergency room

* 64. Does this apply to your last emergency room visit: The emergency room is the closest provider?

- Yes
- No
- Prefer not to answer
- Don't know
- I have never gone to the emergency room

* 65. Does this apply to your last emergency room visit: You get the best care at the emergency room?

- Yes
- No
- Prefer not to answer

Don't know

* 66. During the past 12 months, have you had a flu shot? (A flu shot injected in the arm)

Yes

No

Prefer not to answer

Don't know

* 67. What year did you have your most recent flu shot? (Please enter the year)

* 68. Have you ever had a pneumonia shot?

Yes

No

Prefer not to answer

Don't know

* 69. Females only: Have you had a well woman examination during the past 12 months?

Yes

No

Prefer not to answer

Don't know

Males- Please answer not applicable

* 70. Have you had a mammogram during the past 12 months?

Yes

No

Prefer not to answer

Don't know

* 71. During the past 12 months, have you had any test done for colon cancer? (Colon cancer tests include blood stool tests, colonoscopy, and sigmoidoscopy).

Yes

No

Prefer not to answer

Don't know

* 72. What, if anything would you change regarding your healthcare coverage?

* 73. Is there anything you feel you could do to improve your health?

* 74. What motivates you to participate in routine, annual, or preventive healthcare?

* 75. Does anything prevent you from participating in routine, annual, or preventive healthcare?

* 76. Are there any other comments you would like to make regarding your health or healthcare coverage?

The survey monkey questions were adapted from the 2015 NHIS Questionnaire - Sample Adult

Thank You!

Appendix C

Q Sort Facilitator Instructions

1. Explain that the purpose of this activity is to give the participant the opportunity to react to some statements that were developed from an online survey regarding health insurance and healthcare participation. The researcher is conducting the study to determine:
 - The impact of the Patient Protection and Affordable Care Act (ACA) on Caucasian males' participation in annual and preventive health care services.
 - If there were any behavior changes that have occurred since the enactment in the ACA law.
2. Participation in the Q Sort research sorting activity is strictly voluntary and anonymous. If the participant feels uncomfortable during the Q sort process they may stop at any time. There is minimal risk to the participant.
3. Ask for permission from participant to audio record the session. If participant does not give permission, then take hand written notes.
4. Obtain consent form from each participant- on form check the permission to audio record or not box.
5. Explain that a Q sort activity is a two-step process.

Step 1: First the participant will be given a stack of 40 cards with statements that are related to the research questions. They will be asked to sort the cards into three groups: (1) statements that they feel positive about or agree with, (2) statements they feel negative about or disagree with and, (3) statements that they feel indifferent or neutral about.

Remind them that there are no right or wrong answers and no requirement to make the groups an equal number.

Participants are encouraged to talk about their thought process as they complete the first step.

Step 2: Placing the cards on the provided distribution. It should be emphasized that the placement of the cards is a continuum starting with the far right or the cards that they most agree with or positive about but to a lesser degree. A negative ranking or placement may not indicate disagreement with the question. Cards that are placed in a column have equal value and there is no relevance to where they place the cards in the column.

Encourage participants during the sorting process to talk out loud about their thought process as they are sorting. Why did they place a card in a certain column?

Begin with the stack of positive or agree statements. Spread the cards out in front of the participant on the table and the participant should begin placing them in the forced distribution. (When the participant finishes this sort, draw a line on the distribution chart to indicate where the positive statements were grouped). Next ask the participants to look at the stack of negative or disagree with statements. Place them on the left side of the distribution (Draw a line on the distribution chart where the negative statements were grouped).

Finally, have participant place the remaining cards on the distribution chart.

Determine if the appropriate number of cards is in each column. Let the participants know they are free to move and make changes at this time.

Once the Q sort is complete, flip cards over, take a photo and record the numbers on the distribution chart.

Conduct the post sort interview.

At the conclusion ask “Were there any cards that were difficult to place? Why?”

Try to get the participants to talk about their participation or lack of participation in annual health and preventive health care services. Also try to get participants to talk about any changes in their behavior since the enactment of the Patient Protection and Affordable Care Act law.

Record entire Q sort, if unable to do so take good notes throughout the sorting process.

Appendix D

Informed Consent

Dear Sir:

I am Lynda Ricciardi a student from Youngstown State University. I am conducting a study to investigate the reasons that males do or do not participate in annual and preventive health care services. In this study you will be asked to participate in a short questionnaire and complete an activity that involves placing 40 cards containing questions that involve health care and its usage in a particular pattern. I will need to collect information that describes you such as your age and health insurance status. This information will be kept confidential and will be looked at by myself and my dissertation chair when we analyze the information you provided. You will meet with me for 1 session and your participation should take about 60 minutes of your time.

You may be at risk of harm because of this research. The harm could include emotional or psychological. The survey and card activity will ask about your usage in health care and preventive health care services and you may have negative emotional feelings when completing the activities in the study. The likelihood that you will be harmed is minimized because I will make sure you are free to discontinue the study at any time if you become uncomfortable.

The benefits to you from being in this study are that you will contemplate participating in annual and preventive health care services if you do not already do so.

Your privacy is important and I will handle all information collected from you in a confidential manner. I will report the results of the project in a way that will not identify you. I do plan to present the results of the study to my dissertation committee and by publishing my dissertation.

You do not have to be in this study. If you don't want to, you can say no without losing any benefits that you are entitled to. If you agree, you can stop participating at any time. If you wish to withdraw just tell me or the contact person listed below.

If you have any questions about this research project please contact Dr. Karen Larwin at YSU (330-941-2231) or khlarwin@ysu.edu. If you have questions about your rights as a participant in a research project, you may contact the Office of Research at YSU (330-941-2377) or at YSUIRB@ysu.edu

I understand the study described above and have been given a copy of this consent document. I am 18 years of age or older and I agree to participate.

_____ Signature of Participant & Date

_____ I agree to have my interview recorded.

_____ I do not agree to have my interview recorded

_____ Signature of Participant & Date

Appendix E

Warm up Questionnaire

1. Participants age _____

2. Participants insurance status:

____ Employer-sponsored

____ Private – Cobra

____ Medicaid

____ Market place – Affordable Care Act

____ Parents insurance (up to age 26)

____ Uninsured

3. How would you evaluate your overall health? Would you say:

____ Excellent - In good physical health.

(No significant illnesses or disabilities. Only routine medical care such as annual checkups required).

____ Very Good - Mildly physically impaired.

(You only have minor illnesses and/or disabilities which might benefit from medical treatment or corrective measures).

____ Good - Moderately physically impaired.

(You have one or more diseases or disabilities which are either painful or which require substantial medical treatment).

____ Fair - Severely physically impaired.

(You have one or more illnesses or disabilities which are either severely painful or life threatening, or which require extensive medical treatment).

____ Poor – Totally physically impaired.

(You require full-time medical assistance or nursing care to maintain vital bodily functions).

4. As you know a number of provisions of the Affordable Care Act (Obamacare) healthcare law have already gone into effect. So far, have they helped you, not had an effect on you, or has it hurt you?

they have helped me

they have had no effect on me

they have hurt me

5. In the long run, how do you think the healthcare law affects your healthcare situation?

Make things better

Not much change

Make things worse

6. How do you think the healthcare law has affected the likelihood that you go to the doctor for a checkup?

No change

I'm less likely to go

I'm more likely to go

7. Do you have any questions or concerns before we begin?

Appendix F

Q sort template

1 card	2 cards	2 cards	3 cards	4 cards	5 cards	6 cards	5 cards	4 cards	3 cards	2 cards	2 cards	1 card

Appendix G.

Unrotated Factor Matrix with Eigenvalues

Factors	1	2	3	4	5	6	7	8
SORTS								
1 0225391	0.4173	0.4871	-0.0027	0.5326	0.0909	0.3232	0.3509	-0.1984
2 0220502	0.7019	-0.3741	-0.2816	-0.0310	-0.1755	0.0745	0.1975	-0.0817
3 0220222	0.6564	0.3270	-0.0810	-0.0762	0.5366	0.1991	-0.1922	0.1361
4 0209461	0.7217	-0.2899	-0.3533	0.2258	-0.0131	-0.2853	0.0954	0.0265
5 0213271	0.7838	0.1382	-0.0446	0.0718	-0.1191	0.2127	0.0123	0.4963
6 0213221	0.8528	-0.1241	0.0398	-0.0003	-0.0443	-0.0463	-0.0640	-0.1401
7 0212351	0.8036	0.2707	0.0015	-0.3047	-0.2073	-0.1485	-0.0354	0.0845
8 0212191	0.4830	0.4895	0.1363	0.4976	-0.2442	-0.2230	-0.2692	-0.0953
9 0212501	0.4536	-0.3220	0.2901	0.1909	0.6545	-0.3060	0.0026	-0.0102
10 0129231	0.6868	-0.2530	-0.5606	0.1403	-0.0417	-0.0930	-0.0258	-0.0253
11 0219581	0.4542	0.4974	-0.0304	-0.5037	0.1147	-0.2176	0.4097	-0.1271
12 0222611	0.7621	-0.3124	0.0649	-0.1324	0.0721	0.3933	0.0102	-0.0357
13 0223521	0.4883	-0.2000	0.7057	0.1182	-0.1908	-0.1619	0.2655	0.2104
14 0222201	0.8158	0.2474	0.0285	-0.2298	-0.0423	-0.1042	-0.2787	-0.0868
15 0220511	0.6651	-0.2628	0.4370	-0.1330	-0.1347	0.2309	-0.1562	-0.2778
Eigenvalues	6.6502	1.5985	1.3262	1.0989	0.9507	0.7449	0.6273	0.4945
% expl.Var.	44	11	9	7	6	5	4	3

Appendix H.

Cumulative Communalities Matrix

Factors 1 Thru ...

SORTS	1	2	3	4	5	6	7	8
1 0225391	0.1742	0.4114	0.4114	0.6950	0.7033	0.8078	0.9309	0.9702
2 0220502	0.4926	0.6326	0.7118	0.7128	0.7436	0.7491	0.7882	0.7948
3 0220222	0.4309	0.5378	0.5444	0.5502	0.8382	0.8778	0.9147	0.9332
4 0209461	0.5208	0.6049	0.7297	0.7807	0.7808	0.8622	0.8713	0.8720
5 0213271	0.6144	0.6335	0.6354	0.6406	0.6548	0.7000	0.7002	0.9464
6 0213221	0.7273	0.7427	0.7442	0.7442	0.7462	0.7483	0.7524	0.7721
7 0212351	0.6458	0.7191	0.7191	0.8119	0.8549	0.8769	0.8782	0.8853
8 0212191	0.2332	0.4729	0.4914	0.7391	0.7987	0.8484	0.9209	0.9300
9 0212501	0.2058	0.3095	0.3936	0.4301	0.8584	0.9521	0.9521	0.9522
10 0129231	0.4717	0.5357	0.8499	0.8696	0.8714	0.8800	0.8807	0.8813
11 0219581	0.2063	0.4537	0.4546	0.7083	0.7215	0.7689	0.9367	0.9528
12 0222611	0.5808	0.6784	0.6826	0.7001	0.7053	0.8600	0.8601	0.8614
13 0223521	0.2384	0.2785	0.7765	0.7905	0.8269	0.8531	0.9236	0.9679
14 0222201	0.6656	0.7268	0.7276	0.7804	0.7822	0.7931	0.8707	0.8783
15 0220511	0.4424	0.5114	0.7024	0.7201	0.7383	0.7916	0.8160	0.8931
cum% expl.Var.	44	55	64	71	77	82	87	90

Appendix I.

Factor Scores: Q statements and corresponding rank for each factor

Factor Scores -- For Factor 1

No. Statement	No.	Z-SCORES
3 I participate in healthcare services because I have	3	1.898
2 I participate in healthcare services to prevent lon	2	1.444
35 Participating in preventive healthcare treatments wil	35	1.348
32 I participate in healthcare services to avoid chronic	32	1.328
37 Participating in preventive care will detect illnes	37	1.232
29 It is important to my health to participate in annua	29	1.226
34 I participate in healthcare services so I can live a	34	1.121
5 The government should provide all Americans health	5	1.056
30 It is important to my health to participate in preve	30	1.055
36 Participating in preventive care will detect medical	36	0.954
13 I have a regular healthcare provider for healthcare	13	0.935
4 I participate in healthcare services to prevent min	4	0.919
33 I participate in healthcare services to be around lon	33	0.904
31 I participate in healthcare services to stay healthy.	31	0.768
28 I value good healthcare coverage.	28	0.379
8 I would like a larger number of healthcare provider	8	0.293
38 My insurance plan offers preventive healthcare serv	38	0.086
40 My health insurance plan provides a health insuranc	40	0.000
39 My employer provides a cashback incentive for parti	39	-0.010
1 I participate in preventive care due to a family hi	1	-0.040
10 I would participate in healthcare services if I had	10	-0.086
11 I would participate in healthcare services if insur	11	-0.182
17 Healthcare treatment deductibles are too expensive.	17	-0.283
25 Participating in preventive healthcare services m	25	-0.368
23 Participating in annual physicals can be a stress	23	-0.389
9 I would participate in healthcare services if the w	9	-0.393
15 Health insurance premiums are too expensive.	15	-0.485
14 I only go to the emergency room when I need healthc	14	-0.611
26 I am afraid to participate in preventive care due	26	-0.661
27 I am afraid to participate in annual physicals be	27	-0.661
21 Healthcare provider appointments require me to ta	21	-0.839
7 I am too busy to participate in preventive healthca	7	-0.868
16 The cost of office visit co-pay is too expensive.	16	-1.132
6 I am too busy to participate in doctor office visit	6	-1.267
24 Participating in preventive healthcare services c	24	-1.318
12 I only visit a healthcare provider when extremely i	12	-1.408
18 Doctor appointments are too difficult to schedule.	18	-1.425
20 Routine doctor appointments can be too lengthy an	20	-1.444
22 Healthcare provider appointments require me to ta	22	-1.519
19 Annual doctor appointments can be too lengthy and	19	-1.555

Factor Scores -- For Factor 2

No. Statement	No.	Z-SCORES
28 I value good healthcare coverage.	28	2.028
8 I would like a larger number of healthcare provider	8	1.804
5 The government should provide all Americans health	5	1.648
33 I participate in healthcare services to be around lon	33	1.249
30 It is important to my health to participate in preve	30	1.092
37 Participating in preventive care will detect illnes	37	1.068
2 I participate in healthcare services to prevent lon	2	0.972
36 Participating in preventive care will detect medical	36	0.884
15 Health insurance premiums are too expensive.	15	0.826
17 Healthcare treatment deductibles are too expensive.	17	0.757
29 It is important to my health to participate in annua	29	0.654
38 My insurance plan offers preventive healthcare serv	38	0.627
35 Participating in preventive healthcare treatments wil	35	0.577
34 I participate in healthcare services so I can live a	34	0.509
4 I participate in healthcare services to prevent min	4	0.457
31 I participate in healthcare services to stay healthy.	31	0.446
11 I would participate in healthcare services if insur	11	0.420
16 The cost of office visit co-pay is too expensive.	16	0.256
12 I only visit a healthcare provider when extremely i	12	0.130
32 I participate in healthcare services to avoid chronic	32	0.089
10 I would participate in healthcare services if I had	10	0.070
9 I would participate in healthcare services if the w	9	0.069
13 I have a regular healthcare provider for healthcare	13	0.037
40 My health insurance plan provides a health insuranc	40	-0.206
39 My employer provides a cashback incentive for parti	39	-0.223
24 Participating in preventive healthcare services c	24	-0.514
14 I only go to the emergency room when I need healthc	14	-0.537
18 Doctor appointments are too difficult to schedule.	18	-0.621
20 Routine doctor appointments can be too lengthy an	20	-0.814
7 I am too busy to participate in preventive healthca	7	-0.848
19 Annual doctor appointments can be too lengthy and	19	-0.884
1 I participate in preventive care due to a family hi	1	-0.913
22 Healthcare provider appointments require me to ta	22	-1.034
25 Participating in preventive healthcare services m	25	-1.078
21 Healthcare provider appointments require me to ta	21	-1.283
6 I am too busy to participate in doctor office visit	6	-1.300
23 Participating in annual physicals can be a stress	23	-1.494
26 I am afraid to participate in preventive care due	26	-1.530
27 I am afraid to participate in annual physicals be	27	-1.568
3 I participate in healthcare services because I have	3	-1.821

Factor Scores -- For Factor 3

No. Statement	No.	Z-SCORES
34 I participate in healthcare services so I can live a	34	2.107
33 I participate in healthcare services to be around lon	33	2.001
2 I participate in healthcare services to prevent lon	2	1.686
31 I participate in healthcare services to stay healthy.	31	1.457
36 Participating in preventive care will detect medical	36	1.446
13 I have a regular healthcare provider for healthcare	13	1.415
37 Participating in preventive care will detect illnes	37	1.104
28 I value good healthcare coverage.	28	1.066
30 It is important to my health to participate in preve	30	1.059
38 My insurance plan offers preventive healthcare serv	38	0.728
6 I am too busy to participate in doctor office visit	6	0.631
1 I participate in preventive care due to a family hi	1	0.409
7 I am too busy to participate in preventive healthca	7	0.297
17 Healthcare treatment deductibles are too expensive.	17	0.267
23 Participating in annual physicals can be a stress	23	0.102
29 It is important to my health to participate in annua	29	0.075
12 I only visit a healthcare provider when extremely i	12	-0.090
20 Routine doctor appointments can be too lengthy an	20	-0.113
26 I am afraid to participate in preventive care due	26	-0.124
25 Participating in preventive healthcare services m	25	-0.180
22 Healthcare provider appointments require me to ta	22	-0.187
9 I would participate in healthcare services if the w	9	-0.255
15 Health insurance premiums are too expensive.	15	-0.335
19 Annual doctor appointments can be too lengthy and	19	-0.342
5 The government should provide all Americans health	5	-0.389
24 Participating in preventive healthcare services c	24	-0.405
8 I would like a larger number of healthcare provider	8	-0.458
16 The cost of office visit co-pay is too expensive.	16	-0.533
32 I participate in healthcare services to avoid chronic	32	-0.613
11 I would participate in healthcare services if insur	11	-0.657
18 Doctor appointments are too difficult to schedule.	18	-0.737
39 My employer provides a cashback incentive for parti	39	-0.740
27 I am afraid to participate in annual physicals be	27	-0.746
4 I participate in healthcare services to prevent min	4	-0.811
21 Healthcare provider appointments require me to ta	21	-0.819
35 Participating in preventive healthcare treatments wil	35	-0.910
10 I would participate in healthcare services if I had	10	-1.026
40 My health insurance plan provides a health insuranc	40	-1.408
3 I participate in healthcare services because I have	3	-1.934
14 I only go to the emergency room when I need healthc	14	-2.039

Appendix J.

Distinguishing Statements for Factor 1, 2, and 3

The distinguishing statements define the major opinions of each factors viewpoint. The table identifies the value of each viewpoint as well as similarities and differences between the factors. The Tables 13, 14, and 15 identify the statements that each factor ranked either higher or lower compared to the other factors.

Table 13.

Distinguishing Statements for Factor 1

($P < .05$; Asterisk (*) Indicates Significance at $P < .01$)

Both the Factor Q-Sort Value (Q-SV) and the Z-Score (Z-SCR) are Shown.

No. Statement	Factors					
	1		2		3	
	Q-SV	Z-SCR	Q-SV	Z-SCR	Q-SV	Z-SCR
3 I participate in healthcare services because I have a chronic condition.	6	1.90*	-6	-1.82	-5	-1.93
35 Participating in preventive healthcare treatments will Prevent illnesses from occurring.	5	1.35	1	0.58	-4	-0.91
32 I participate in healthcare services to avoid chronic health conditions.	4	1.33*	0	0.09	-2	-0.61
24 Participating in preventive healthcare services can be scary.	-3	-1.32	-1	-0.51	-1	-0.41
12 I only visit a healthcare provider when extremely ill.	-4	-1.41*	0	0.13	1	-0.09
19 Annual doctor appointments can be too lengthy and take too much time.	-6	-1.55	-2	-0.88	-1	-0.34

Table 14.
Distinguishing Statements for Factor 2

(P < .05 ; Asterisk (*) Indicates Significance at P < .01)

Both the Factor Q-Sort Value (Q-SV) and the Z-Score (Z-SCR) are Shown.

No. Statement	Factors					
	1		2		3	
	Q-SV	Z-SCR	Q-SV	Z-SCR	Q-SV	Z-SCR
28 I value good healthcare coverage.	1	0.38	6	2.03*	3	1.07
8 I would like a larger number of healthcare providers that accept my health insurance.	1	0.29	5	1.80*	-1	-0.46
15 Health insurance premiums are too expensive.	-1	-0.49	2	0.83*	0	-0.33
35 Participating in preventive healthcare treatments will prevent illnesses from occurring.	5	1.35	1	0.58	-4	-0.91
16 The cost of office visit co-pay is too expensive.	-3	-1.13	0	0.26	-1	-0.53
32 I participate in healthcare services to avoid chronic health conditions.	4	1.33	0	0.09	-2	-0.61
13 I have a regular healthcare provider for healthcare services.	2	0.93	0	0.04*	3	1.42
1 I participate in preventive care due to a family history of chronic illnesses.	0	-0.04	-2	-0.91*	2	0.41
25 Participating in preventive healthcare services may cause pain or discomfort.	-1	-0.37	-3	-1.08	0	-0.18
23 Participating in annual physicals can be a stressful situation.	-1	-0.39	-4	-1.49*	1	0.10
26 I am afraid to participate in preventive care due to the procedures being uncomfortable or painful.	-2	-0.66	-5	-1.53*	0	-0.12
27 I am afraid to participate in annual physicals because the doctor might find something medically wrong.	-2	-0.66	-5	-1.57	-3	-0.75

Table 15.

Distinguishing Statements for Factor 3

(P < .05 ; Asterisk (*) Indicates Significance at P < .01)

Both the Factor Q-Sort Value (Q-SV) and the Z-Score (Z-SCR) are Shown.

No. Statement	Factors					
	1		2		3	
	Q-SV	Z-SCR	Q-SV	Z-SCR	Q-SV	Z-SCR
34 I participate in healthcare services so I can live a longer life.	3	1.12	1	0.51	6	2.11
33 I participate in healthcare services to be around longer for my family.	1	0.90	4	1.25	5	2.00
6 I am too busy to participate in doctor office visits.	-3	-1.27	-4	-1.30	2	0.63*
7 I am too busy to participate in preventive healthcare services.	-2	-0.87	-2	-0.85	1	0.30*
20 Routine doctor appointments can be too lengthy and take too much time.	-5	-1.44	-2	-0.81	0	-0.11
22 Healthcare provider appointments require me to take off work and lose income.	-5	-1.52	-3	-1.03	0	-0.19
5 The government should provide all Americans health insurance coverage free of charge.	3	1.06	5	1.65	-1	-.39*
32 I participate in healthcare services to avoid chronic health conditions.	4	1.33	0	0.09	-2	-.061
4 I participate in healthcare services to prevent minor or acute illnesses.	2	0.92	1	0.46	-3	-0.81*
35 Participating in preventive healthcare treatments will prevent illnesses from occurring.	5	1.35	1	0.58	-4	-0.91*
10 I would participate in healthcare services if I had a regular place to go for medical care.	0	-0.09	0	0.07	-4	-1.03
40 My health insurance plan provides a health insurance premium incentive for participating in annual preventive care.	0	0.00	-1	-0.21	-5	-1.41*
14 I only go to the emergency room when I need healthcare services.	-1	-0.61	-1	-0.54	-6	-2.04*

Appendix K.

Warm up Questionnaire Survey Results Complete statistical data

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Factor * 2. Insurance status	15	100.0%	0	0.0%	15	100.0%
Factor * 3. How participant views their health	15	100.0%	0	0.0%	15	100.0%
Factor * 4. ACA provisions	15	100.0%	0	0.0%	15	100.0%
Factor * 5. In the long run will ACA	15	100.0%	0	0.0%	15	100.0%
Factor * 6. How healthcare law has affected checkup?	15	100.0%	0	0.0%	15	100.0%

Factor * 2. Insurance status

Crosstab

Count

		2. Insurance status				Total
		Employer	Medicaid	Market-Place	Parents Insurance	
Factor	Unfactored	1	0	0	1	2
	Maintainers	2	0	0	1	3
	Obligors	2	2	0	3	7
	Immortals	2	0	1	0	3
Total		7	2	1	5	15

Chi-Square Tests

	Value	df	Asymptotic Significance (2- sided)
Pearson Chi-Square	8.653 ^a	9	.470
Likelihood Ratio	9.615	9	.383
Linear-by-Linear Association	.072	1	.788
N of Valid Cases	15		

a. 16 cells (100.0%) have expected count less than 5. The minimum expected count is .13.

Factor * 3. How participant views their health

Crosstab

Count

		3. How participant views their health			Total
		Excellent	Very Good	Good	
Factor	Unfactored	0	2	0	2
	Maintainers	2	1	0	3
	Obligiers	2	2	3	7
	Immortals	0	1	2	3
Total		4	6	5	15

Chi-Square Tests

Chi-Square Tests

	Value	df	Asymptotic Significance (2- sided)
Pearson Chi-Square	8.095 ^a	6	.231
Likelihood Ratio	9.812	6	.133
Linear-by-Linear Association	2.206	1	.137
N of Valid Cases	15		

a. 12 cells (100.0%) have expected count less than 5. The minimum expected count is .53.

Factor * 4. ACA provisions

Crosstab

Count

		4. ACA provisions			Total
		Hurt Me	No Effect	Helped	
Factor	Unfactored	0	2	0	2
	Maintainers	1	1	1	3
	Obligors	1	4	2	7
	Immortals	0	1	2	3
Total		2	8	5	15

	Value	df	Asymptotic Significance (2- sided)
Pearson Chi-Square	4.571 ^a	6	.600
Likelihood Ratio	5.313	6	.504
Linear-by-Linear Association	1.326	1	.250
N of Valid Cases	15		

a. 12 cells (100.0%) have expected count less than 5. The minimum expected count is .27.

Factor * 5. In the long run will ACA

Crosstab

Count

		5. In the long run will ACA			Total
		Make Worse	No much change	Make things better	
Factor	Unfactored	0	1	1	2
	Maintainers	0	1	2	3
	Obligiers	1	3	3	7
	Immortals	0	1	2	3
Total		1	6	8	15

Chi-Square Tests

	Value	df	Asymptotic Significance (2- sided)
Pearson Chi-Square	1.622 ^a	6	.951
Likelihood Ratio	1.999	6	.920
Linear-by-Linear Association	.003	1	.954
N of Valid Cases	15		

a. 12 cells (100.0%) have expected count less than 5. The minimum expected count is .13.

Factor * 6. How healthcare law has affected checkup?

Crosstab

Count

		6. How healthcare law has affected checkup?			Total
		Less likely to go	No change	More likely to go	
Factor	Unfactored	0	2	0	2
	Maintainers	0	2	1	3
	Obligers	1	5	1	7
	Immortals	0	3	0	3
Total		1	12	2	15

ONEWAY Age BY Factor /MISSING ANALYSIS.

Oneway

Notes

Output Created		15-MAR-2017 14:26:21
Comments		
Input	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	15
Missing Value Handling	Definition of Missing	User-defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on cases with no missing data for any variable in the analysis.
Syntax	ONEWAY Age BY Factor /MISSING ANALYSIS.	
Resources	Processor Time	00:00:00.00
	Elapsed Time	00:00:00.01

ANOVA

Age

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	840.452	3	280.151	1.308	.321
Within Groups	2356.881	11	214.262		
Total	3197.333	14			

Appendix L.

Participant Q sort Interviews

Participant 0212191

Participate in care. That's going to be, ok.

My insurance provides a health insurance premium for participating in- My does not do that.

I am afraid to participate in annual physicals because the doctor might find something wrong. Nah

I am afraid to participate in annual care due to reducing the-

I only go to the emergency room when I need healthcare. Yeah. You can read- Right

Doctor appointments aren't too difficult to schedule. Yeah. Sometimes. I guess it can be here then because sometimes they are and sometimes there not.

I am too busy to participate in doctor-sometimes.

The cost of an office visits co-pay is-Oh I don't really know that because my parents take care of that for me.

Healthcare service can be scary. I do agree because some people don't really know what their going into.

Healthcare provider appointments require me to take time off work. I guess sometimes they do and sometimes they don't.

Health insurance premiums are too expensive. Well I guess it depends on which ones you get.

Annual doctor appointments can be too lengthy and take too much time. Mmm, no because they're worth the wait. Sometimes actually long.

Routine doctor appointments can be too lengthy. Mmm. I participate in healthcare service Mmm. I only visit healthcare providers when extremely ill.

Healthcare provider appointments provide me to take off work and lose income.

Participating in annual physicals can be a stress.

I would participate in healthcare services

My insurance plan offers healthcare services. I'm not real sure on that one.

I participate in healthcare so I – I almost lost it there.

Healthcare treatments are. Healthcare services

I participate in healthcare services if the wait time was shorter and
I participate in healthcare services to prevent-I agree with that.

I value good healthcare coverage.

I participate in healthcare due to a family history

I participate in healthcare services to be.

I participate in healthcare treatments will prevent illnesses from occurring.

I participate in healthcare services to stay healthy. Um trying to think where I should put that one.

I participate in healthcare services because I have a chronic illness, no, I don't.

I participate in healthcare services to prevent long-term. I would say sometimes I do and sometimes I don't.

I participate in healthcare to prevent illness. Sometimes, sometimes I don't.

I have participate in healthcare service to avoid chronic illness. Hmm. I have a

Ok. Ok, alright. So what we are going to do we are going to take these and then I'm going to put these that way. These are all your neutral.

Ok, here are all these. Ok, you are going to still lay them out and you are going to put them, how many are there 1, 2, 3, 8, 9, 10, 11, 12 Ok oh yeah 17 there and what you're going to do is like you're going to put in like what one you think positively the most that you really agree with over here-Ok- and so that would be 1-OK-and then the next positive there's like 2 and then you-So from pretty much this would be most this would be like this way a little bit least-so you are going to end up going with disagree with these-Ok-but right now we're going to work so we're probably going to work on with these blocks right in here. Alright.

I participate in healthcare services, yes, sometimes.

And then I could put 1 underneath that one equally. Uha.

I only visit a healthcare provider when extremely-2

That's important too.

Ok. Now you go to 4. It's tricky huh? Yeah I'm trying to figure out like which ones are the most.

Ok this one gets 5, yeah. Either way I have to go. Ok right now you are going to go to the disagree and you're gonna which one you disagree with the most-Ok-So now we're going to be doing this starting over here.

You said this one would be like the most like I disagree with. Yeah. Ok.

You can like read them and talk out loud a little bit. Right. With how I am I kind of like look at them and arrange them and then. Yeah you can rearrange them when all done. Right. For how I am when I test I have to actually read in mind and I'm quiet when I do it. It's weird. No I know what you mean for me to concentrate sometimes I have to read it twice or 3 times. Oh I'm pretty sure I read the cards like 4 times over and over and over. This can be-Oh there you go.

I'm going to have to rearrange these. You know. I'm sure. 1, 2, 2, 3 Yeah with how-Ok. That's the last of. Yeah I had less disagrees. Now ok now you will do neutral. So go ahead-So I finish what I had left-Yeah and you finish filling that in. Yep. I'm going to try-Oh boy I had more than I actually thought I had. Alright. Yep. I'm just going to do it this way and go through all. So you want to finish here with 3 more cards. Yeah. So I will go there.

My insurance premiums are too expensive. Yeah

My insurance plan offers preventive care service at no cost? yes

Ok. Yep you got it right. And this one will be 6 so that means the last one should be actually right here. Right.

Ok so now you're free to look at this and if there is anything you want to change-OK- and if you do change something say why. I knew I had one that I wanted to change I just have to find were I put it.

Healthcare services-

I think it's this one I wanted to switch. Cause this one. Yeah this one I wanted to switch. I don't have a chronic illness, so that one I disagree the most with. Yeah. I think that's the only one I wanted to change.

Were there any cards that were difficult to place and why? Well they're all kind of equal in a way honestly. Like thinking about healthcare stuff in general is kind of a bit crazy so it's hard to place anything anywhere. Like the ones I agreed with were pretty easy but when it came down to the disagrees some of them are more than others some are just like about minimum but you still disagree with them.

Ok, and then how do you feel about your participation in your annual like health and preventative care? I probably should participate more into it but I really don't. See if I'm sick or something like that I really it's usually just a common cold or something like that and my dad usually says walk it off that's literally what he says.

Ok, and let's see. Any changes in your behavior since the enactment of the Patient Protection or Affordable Care Law? No not really. It's pretty much the same. My parents are the ones that really deal with that stuff so. I really don't pay attention to it that much I guess you could say.

Alright. Do you have any questions? No not really. My pretty much thing is it is what it is so. Ok, well thank you for participating. Yeah. Alright.

Participant 0213221

So it is important to my health to participate in annual checkups. Certainly just cause I you know if anything is going wrong the doctor has a keener eye than I would maybe seeing something or hearing symptoms.

I participate in preventative care due to a family history of chronic illness. I haven't really ever thought of this but you know now that I do that is something that I certainly would want to get looked over for because my family does have a histories of chronic illnesses like diabetes and such.

Doctor appointments are too difficult to schedule. No. I can call them and they'll be glad to take my money and copay at any time.

I participate in healthcare services to prevent minor or acute illnesses. Not really from what I can see, no not really, kind of neutral.

I participate in healthcare services to avoid chronic health conditions. Again, yeah I do go and get checkups so that they can catch some um you know like factors that would eventually lead to chronic health conditions.

I'm afraid to participate in preventative care due to the procedures being uncomfortable or painful. Naw, I wouldn't say that. It's worth the short-term pain.

It is important to my health to participate in preventative healthcare. Yes. Preventative is the future.

Health insurance premiums are too expensive. In as a premium it's like what you pay to just go as in a premium. I would say disagree cause I've been blessed with good insurance with my mother. I've never had to pay money before I get the services.

The government should provide all Americans, yes. Free of charge. I would like a - actually. I'm kind of on the fence about that because there needs to be at least some form of payment but it should be affordable for everybody. Everybody should have healthcare and the poorest of people I think should have free of charge, like pro bono in a sense.

I would like a large number of healthcare providers that accept my health insurance coverage.

Certainly. To be able to choose wherever I want to go.

Healthcare treatment deductibles are too expensive. What is a deductible? It is like now ours went up to \$4000 so before they pay. Okay. So they pay up to a certain amount and you have to cover the rest and the deductible is what they'll pay up too. No it's what we have to pay first before they pay so. Okay so like a deductible would typically be like okay you have to pay \$500 and we'll cover the \$2000. Yeah, yeah. And they only usually make us pay a percentage of it but we have to meet \$4000 before they'll pay for everything. Okay, okay. Okay, and I have never had an extensive treatment to where like I needed to pay a large deductible most of its just like copays and things like that so I'll say negative on that I'm not in terrible health. Yeah.

Healthcare provider appointments require me to take off work and lose income. No because I have a pretty flexible schedule.

I participate in health care services because I have a chronic illness. No.

I only go to the emergency room when I need healthcare services. No, just for emergencies only.

My health insurance plan provides a health insurance premium incentive for participating in annual preventive care. Um if I have no clue then I just put it in neutral. Yes. Your mom would know. My mom would know. Yeah, just a boy still.

I'm afraid to participate in annual physicals because the doctor might find something medically wrong. No. I would like to know if there is something wrong so I can fix it.

Participating in preventative care would detect illnesses early. Yes. I do agree.

Participating in preventative care will detect medical problems. Yes.

I value good healthcare coverage. Yes.

I participate in healthcare services to stay healthy. Yes.

I participate in healthcare services to prevent long-term health problems. Yes.

I only visit a healthcare provider when extremely ill. Um I'd say neither here nor there. Kind of depends on you know what extremely ill is cause you could be extremely ill with a sickness or just pain or something like that that is signifying hey let's get this checked out.

Participating in annual physicals can be a stressful situation. No.

I have a regular healthcare provider for healthcare services. Yes.

Participating in preventative healthcare treatments will prevent illnesses from occurring. Yes.

I participate in healthcare services so I can live a longer life. Yes and a healthier life.

I participate in healthcare services to be around longer for my family. Certainly.

Um my insurance plan offers preventative healthcare services at no additional cost. I'm not sure if they do that and that would be like you know gym membership or something like that. Or even just an annual physical or blood work. Okay. I'm really not sure. They probably, I mean you guys have Coresource right? Not anymore. Okay, well whatever that it was at the hospital that's the insurance I have. Yeah they just changed it. So okay.

My employer provides a cashback incentive for participating in annual preventive care. I am unsure of that.

Participating in preventative healthcare services can be scary. No, not for me at least.

I would participate in healthcare services if I had a regular place to go for medical care. That doesn't apply to me but I mean if I didn't have a regular place to go I would participate if I did.

Healthcare provider appointments require me to take time off work or use vacation time. No.

Routine doctor appointments can be too lengthy and take too much time. At times but I don't agree with that being a reason not to go.

Annual doctor appointments can be too lengthy and take too much time. False, again, not a reason not to go to the doctor.

I would participate in healthcare services if the wait time was shorter in the provider's office. Um, neither here nor there but yeah I always want to get in and out.

The cost of office visit co-pay is too expensive. Disagree. I don't ever pay a copay. If I do it's typically not out of my price range.

Um I am too busy to participate in doctor office visits. False.

I would participate in healthcare services if insurance plans were easier to understand. Um I still participate but it would be very nice if things were easier to understand. So I'm kind of neutral on that one.

Participating in preventative healthcare services may cause pain or discomfort. Certainly I mean everything kind of can depending on what your pain tolerance is.

I am too busy to participate in preventative healthcare services. No.

Ok. What we'll do yeah it ends up taking the whole table by the time we have them all spread out but it's fun.

Yeah I like it.

Something different. You can kind of see where I'm getting. So we'll start with the agree. So you can move them you know what I'm saying when you put them out. These are your agree ones right now. And you'll put 1 card on the first tier. We'll have to move it around a little and then 2 cards the ones you agree with are positive towards the 2nd and work your way. Ok. Ok. I don't know how many you have how many positives you have. Yeah and you can move them around all you want and before we record them

we will let you move them around again too. And if you want to add any comments you know comments while you're struggling over them that would be fine too.

I participate in healthcare services to help me evaluate good healthcare coverage.
Participating in preventive care will detect medical problems.

So like, I participate in healthcare services to stay healthy. I kind of would also like if I could I would group that with to stay around longer with my family and to live a longer life because if you stay healthy I think these other two are kind of implied with that in a sense you know.

So this is your most positive. Ok, gotcha. Yeah then you'll go 2 here and then 2.

Um, that's my most positive one.

You can go like that. I know it gets confusing.

I know that. Yeah.

Some of them are really close.

Yeah.

I participate in healthcare services

Yeah we'll be moving a bunch but. Yeah. Alright. Looks good so far. Ok. Move them down a little bit and then we'll let you do the negative or disagree.

So the negative?

You're gonna go from the one you-Right-but opposite you're working the opposite and then we have a few questions.

Do the same stuff? Okay, ok. So this would be the least.

Exactly.

So doctor appointments are too difficult to schedule.

So what's an insurance premium again?

How much you have, that's monthly how much you have to pay, a premium.

Oh okay.

Deductibles how much you have to.

Can I put that one in the neutral pile?

Sure.

Because I don't even know what my premium is? So I don't really feel that would qualify then so there.

Not yet anyway.

Yeah, not yet, next year. Give me a year and I will be.

We probably need one more middle row don't we. We run out of room on the table. Ok. Alright now the neutral ones.

So then I need 4, 5.

Yeah.

So you can put the ones more positive or negative. Yeah. It's kind of hard I know they're in the neutral zone.

Now if you would like to read them over and you can make changes on any of the ones you want. Yeah.

So these are the ones I disagree with the most and these are the ones I agree with?

Yeah.

Okay.

And while you're looking are there any that you had trouble placing and why? Were there any ones that were difficult to place?

Well it would be like the ones with the premiums and deductibles and things like that cause whenever I do get any of that billing my mom covers it thank God. She's a wonderful woman. Um, but I will be within the next year or two be taking on all of that responsibility once I get my job after I get my degree so.

Yeah, just to clarify like the wait time in the providers office I put that on the disagree end because I disagree with time being a factor in going to see a doctor at least for me. I mean, yeah

No one wants to sit there for 2 hours but if you were there I mean your health is more important than the time you spend getting the services you need and sometimes doctors get backed up and I guess it's just a way of life I guess.

So with preventive and annual care you do participate or you do not?

Preventative care I'd say I mean I try to exercise and stay active and eat healthy. I'd like to think I eat a lot healthier than the average people do and I like to cook a lot so I'm not eating out as much and I try to cook with healthier ingredients. So I'd say that I would consider eating healthy and you know the moderate exercise that I do is preventative healthcare.

Sure. Do you go for an annual checkup?

I don't think I really do but I don't see why I shouldn't actually but you know the last time I was there was I was there recently so I didn't really need an annual checkup. I went for asthma and that was like the change of the seasons and I needed to get an inhaler and everything so.

I think I'm good I'm set on my selections.

You're good on those and then how about since it's a little bit it's also about the Patient Protection and Affordable Care Act a lot of people do or don't know about it. Do you know if anything has changed?

Well not that I'm aware of like price wise or anything all I know is that I have never had a problem scheduling a visit. I've never you know had my mom say hey you know we can't afford to pay this bill um and personally on my end like I you know once I do start paying my own insurance I wouldn't mind paying a little bit more in order for people less fortunate to have to be able to go to the hospital you know. I think everybody should be kind of be okay with that and you know and I noticed a lot of people that I talk to its you know are in the healthcare granted but the middle class people are you know less defensive of that than you know that those in the upper echelon because and I find that just funny you know we want to help each other out but you know I don't want to just throw all the blame on the race and just make a generalization but they seem to be the ones that want to fight and argue this and it's like just pay a little bit more and people can get the services they need. You know our country is only strong as our weakest links and if our weakest links don't get healthcare then what does that say about us that we're not willing to help them out you know.

Exactly. Are there any other questions or comments that you have.

No, no, other than that I just don't feel like I've been very effective but I do see that people who do need help are getting it cause I'm giving it to them while they're in the hospital you know I'm getting I'm helping out those who are benefiting from it and that's okay with me.

Ok.

Participant 0222201

And it will be spread out almost the whole table eventually but right now just sort them into agree, neutral, and disagree. Alright. And there's no right or wrong answer so. Ok, ok. I like that. It's opinion. Right, it's your opinion right so.

I mean it couldn't hurt so. Well I don't have it but if I did I would or you're not allow- Yeah you can do it whatever. Are you allow to clarify or? Yeah. But I don't but I do have to have no but I don't. Oh boy this is going to be a fun hour. Oh boy.

Routine doctor appointments

So this is under the condition that I don't? Right yeah. Ok. Yeah. But I do so it's a neutral.

That's not to factor in there. That can always be changed I guess. I don't know.

What is a, what would you define as a minor or acute illness? Like what would fall under that category? Like a minor ear infection or a cold. Yeah. Yeah. Chronic would be like high blood pressure, diabetes, yeah. Not yet.

I'll save that one for later.

Ok what would the like that's a really big question so. Everybody should be covered for free. At the cost of what? Like is it just like. Like from our taxes. Ok. So the taxes should take care of it? Like Canada, yeah like their universal healthcare coverage. Why not I want people to be healthy.

So you can spread those agrees out and you are going to make this fun little design here. Alright. With the most important you agree with. It's 1, 2, 2, 3, 4, 5. I don't know how many, depends how many obviously how far we go over and then when you are done with those we will work our way from the negative or disagree and then the neutral ones will be in the middle. And it goes 1 this is most then 2nd then 3rd, then 4th, then 5th. Sure. Ok. Or there are pretty, you know a lot of times people say these are real close so they are weighted the same. I don't know if it would be easier if I go like this. Ok so the most

important thing. Yeah. Yeah. And your thoughts if you have any. Ok so this is the most important concern or? To you, yeah. To me. Ok. Or is it scaled by what you think should be changed the most like some you can change and some are a statement. It doesn't matter? You are thinking too deep. I apologize. That's okay. Nobody has asked us that. I'm a critical thinker. Critical thinker, yeah. I would think probably to you since we are talking about your healthcare usage. Good question though.

So would I be saying by ranking that one? Participating in preventive healthcare services may cause pain or discomfort. That you agree that it will cause pain or discomfort. Oh no not always. Ok. So that would have gone in the neutral but it could. But some people are afraid that's why they don't go. I'm not. So that's why they don't go, you know that's why they don't go. So should this just go in the neutral? That's fine if you want to switch it. Ok we're going to put it.

Ok. I think I have them. Alright, are you going to lay them out for me? Ok. 1. Alright, so we'll put that there. And then you can look at these after too. We're going to make. Yeah. Then you'll put 2 and then you can read them as you go along too and if you change your mind. Yeah and then it's 2. There's 2 2's and then you'll put 3. 4. We may have to move them over cause it takes the whole table. Then there's 5. I don't know how many cards you picked. And 5 yeah.

Ok, that will do. Alright. And you can check them when we're done if you want to look at them one last time and move them around. Ok. Alright. So now you're going to do the opposite thinking. The ones that you. I disagree with. Right. So you're going to start with. That's why we got a long table. So you are going to start the same design but left to right was 1 and then 2. Put that down. So the ones I disagree with? Mmm

Ok. You're good with that one. Ok. Alright. So how do we. Yeah. Find me another table. No we'll do it in the middle. You'll do 4 there then 5 and then 6 finish out this and it'll make 6. Right, that should be. And obviously you will be doing the one you most neutrally agree with. Right. This one has 6, 5, and 4. Ok. This is here. Yeah. Ok. This one has 5 and this one. 6 this is the 6th one. So I have to move. Ok. There we go.

So double check. As you're looking at them I want you think about were any of them hard to place and why. If you want to talk out loud about that. Ok. So let's start down here. Alright. And you can move them too if you find that you. Ok.

Yep that needs to be there.

You can say it. You value good healthcare coverage. Ok. That's your most important. Ok. I value good healthcare coverage. That's always good. Yes. Wait should I rephrase. No you can just say a little bit. Ok. Yeah. I'm sorry.

I value good healthcare coverage. I do.

I would like a larger number of healthcare providers that accept m health insurance coverage. Yeah, why not.

It is important to my health to participate in preventive healthcare. Yes. I can put this up here.

Participating in preventive healthcare treatments will prevent illnesses from. Yes it will.

Participating in preventive care will detect illnesses earlier. Yeah. A high percentage of that.

The government should provide all Americans health insurance. Yeah, why not.

Participating in preventive care will detect medical problems. Yes.

I would participate in healthcare services if insurance plans were easier to understand. Yeah. I would do anything that was easy to understand, anything complicated.

I have a regular healthcare provider for healthcare services. Yeah, that's like a doctor I go too. Yeah.

It is important to my health to participate in annual checkups. Yes.

I participate in healthcare services to prevent minor. Yes I do.

I participate in healthcare services to stay healthy. Yes I do.

I think this is the most important.

I participate in healthcare services. Yes. Wants to be around longer for my family. Yeah that is going to stay there.

I participate in healthcare services to prevent long-term health problems. You know, I can deal with.

Put the family one here.

I participate in healthcare services to prevent minor or acute illnesses. Yes

I participate in healthcare services to prevent long-term health problems. Yes.

Chronic health problems. Yes.

That is more important for me right now.

The cost of office visit co-pays is too expensive. I mean it could be cheaper. In a perfect world I don't probably have to like pay less though and that's not good.

I participate in healthcare services so I can live a longer life. I take it day by day. So those are the more. I am not afraid to go participate in office visits because the doctor might find something wrong. So no that's why I go.

I participate in healthcare services to avoid chronic health conditions. I don't.

I only go to the emergency room when I need healthcare services. I go but that's not the only reason like why I go to the doctor. Like that would be like right like you went and used it as a doctor's office. No.

I am afraid to participate in preventive care due to the procedures being uncomfortable or painful. No really.

I am too busy to participate in doctor office visits. No.

Participating in annual physicals can be a stressful situation. No

I participate in preventive care due to a family history of chronic illnesses. Not yet.

I only visit a healthcare provider when extremely ill. No. Like you don't go for your regular checkups. No. I go for the checkups.

Healthcare provider appointments require me to take off work and lose income. I haven't run into that yet. I'm sure it does to other people.

I am too busy to participate in preventive healthcare services. No.

I would participate in healthcare services if I had a regular place to go for medical care. I do.

Annual doctor appointments can be too lengthy and take too much time. They can. Ok. So and then my insurance plan offers preventive healthcare.

Ok so then my neutral ones are. Probably mostly here. Yeah. I think you did those. I did these. Ok.

I would participate in healthcare services if the wait time was shorter in the provider's office. I kind of need to go so.

Routine doctor appointments can be too lengthy and take too much time. They can but they can't. They are super busy.

My employer provides a cashback incentive for participating in-I don't know that one.

Healthcare treatment deductibles are too expensive. I mean they can always be cheaper like but if you are taking the money somewhere it's being put somewhere else or vice versa.

Health insurance premiums are too expensive. Again, that's like relative. I don't.

Doctor appointments are too difficult to schedule. I mean they can be but you gotta do it. I don't usually call them.

My insurance plan offers preventive healthcare services at no additional annual cost. I don't know.

My health insurance plan provides a health insurance premium incentive for participating in annual preventive care. I don't know.

Participating in preventive healthcare services may cause pain or discomfort. It could.

Participating in preventive healthcare services can be scary. It can be.

Healthcare provider appointments require me to take off work and use vacation time. Not yet.

Ok. Ok. Alright.

Just a few more questions. Alright. Yeah.

I'm looking at before and after the Affordable Care Act went and you probably don't even know what year it went in effect. 2010. Right. Ok. So have your behaviors or your healthcare, what you've done with your annual or preventive care changed since the enactment of it? I don't think so. It might have. Like I've never had to switch doctors or anything. Um something happened with the dentist but we still go to him. Is that? No not really. Dentistry isn't covered under yeah, that's a different thing. There's been a lot more debates on CNN over it so there's that. So that has changed the stuff on TV. But in my own personal life no. And probably still being 20 and in college you were allowed to stay on your parents but now it's up to 26 so eventually it probably will affect you. Yes.

I do like that because I don't have to worry about all the complicated. And then you don't have pre-existing conditions yet so that won't affect. Right. So. But. Ok.

Do you have any other questions for us? No. Alright. Good luck with this. Well thank you. You're getting your doctorate right? Yeah.

Participant 0212351

I'm going to put this by you. Ok

So would you like me to read these out loud and then. Yeah I suppose. I mean. Ok. Um.

I have a regular healthcare provider for healthcare services. I agree and that is positive cause now I'm not sick ever and get to go to the doctors.

I participate in healthcare services to be around for longer for my family. I agree. So after you sort these then we're going to do another sort where what's most important what's least just so you have an idea of what's going on. Ok.

I participate in healthcare services to have a longer life. Agree.

I would participate in healthcare services to stay healthy. Agree

I am too busy to participate in preventive healthcare services. That's difficult because I am really busy but I do schedule. My doctors all kind of like work with my schedule so I would say not anymore. So I.

I would participate in healthcare services if the wait time was shorter in the provider's office. That's neutral. Wait time does not play a role really.

I only go to the emergency room when I need healthcare services. I only go to the emergency room when I need healthcare services. I don't know cause it depends on how you like take the question. If this would mean only meaning like I never go to my PCP because I only go to my emergency room care like I never go there or it could mean healthcare services could mean like general stuff so I'm going to go with disagree.

I would participate in healthcare services if I had a regular a regular place to go for medical care. I do have a regular place so disagree.

The government should provide all Americans healthcare insurance coverage free of charge. That I agree with.

I am too busy to participate in doctor office visits. That, I disagree with.

Annual doctor visits can be too lengthy and take too much time. Disagree even though it's true.

I only visit a healthcare provider when extremely ill. Not sure anymore.

I would participate in healthcare services if insurance plans were easier to understand. I'm going with neutral on that one.

Routine doctor appointments can be too lengthy and take too much time. Disagree.

Healthcare treatment deductibles are too expensive. That I agree with even though I really haven't had any ever.

I would like a larger number of healthcare providers that accept my health care.

Yes I agree with that because there aren't that many.

I participate in healthcare services to prevent long-term health problems. Yes.

I participate in preventative care due to a family history of chronic illness. It's not really something that motivates me to do anything even though it's true so I'm going to go with neutral on that one.

Participating in preventive healthcare treatments will prevent illnesses from occurring. That is true.

My employer provides a cashback incentive for participating in annual preventive care. They do, I just found that out though like 3 days ago.

Participating in preventive care will detect medical problems. I agree with.

My insurance plan offers preventive healthcare services at no additional annual cost. That is true.

Participating in preventative care will detect illnesses earlier. Yes.

I value good healthcare coverage. Yes I do.

I participate in healthcare services to avoid chronic health conditions. I'll go with neutral cause I don't know I only go in there but I do understand that it is helpful.

My health insurance plan provides a health insurance premium incentive for participating.

They do.

It is important to my health to participate in preventative healthcare. Yes.

It is important to my health to participate in annual checkups. That's true.

I participate in healthcare services to prevent minor or acute illnesses. Yes cause I hate them.

I participate in healthcare services because I have a chronic illness. That I disagree with because I don't have a chronic illness.

Doctor appointments are too difficult to schedule. That is not true once you have one.

Participating in annual physicals can be a stressful. No I disagree with that.

Healthcare provider appointments require me to take time off work and use vacation time. That is not true.

Healthcare provider appointments require me to take time off work and lose income. Not true.

I am afraid to participate in preventive care due to the procedures being uncomfortable or painful. I have no problem with pain. That came off wrong just saying after what I've been through the last year I have no issues.

Participating in preventive healthcare services may cause pain or discomfort. That is true cause it has and it does.

I am afraid to participate in annual physicals because my doctor may find something medically wrong.

The cost of office visit co-pays is too expensive. Um can that be like a collective answer or does it have to be like right now? Cause it was like when I didn't have insurance and now that I do it's not. So I'm just going to table it. Yeah. I'm just going to put it right there in the middle.

Participating in preventive healthcare services can be scary. I'm sure it can.

Health insurance premiums are too expensive. That I do agree with.

Alright so what we'll do now we're going to take these for the time being your just going to start with the agree or positive statements and this is called this is the Q-sort part right here also so you're going to lay those out and look at those and then you're going to

put the one that you most agree with or you feel is positive and then 1 there, 2 here. You're going to make this little diagram according to how strongly you feel. Only 1 card can go there. Yeah. 2 there yep 2 there, yep 3, 4, 5, 6. Ok. You might need eventually you'll need more room. Yeah. Probably. Yeah. And As you, you could talk it out and you'll get to look at all of them. Yeah when we get the whole group all 40 if you want to change any. You may have to move some when you. You're supposed to talk out loud. I am. They can't hear you. Oh ok. Your brains thinking.

So it's difficult because I have to like put them here and basically like putting them like as I see them as they come up. Gotcha. So like after these 5 that's where that goes and then as I move through I might switch-Sure-them around so. So you're looking at the diagram and kind of placing them where you think as opposed to finding the most positive one. Ok.

Yes, I know that for me I participate in healthcare services to prevent minor or acute illness that would be towards mostly agree-Sure-but where that would fall-You don't that yet-that would be with these other ones. I can tell you that this would go here.

You have a lot of them. Sorry. That's alright.

Um. Actually I have 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 What 14 different things out like this? 13. 13. Mmm, It's hard to just like see that and like. Yes.

I know the one thing that I'm trying to find right now is just the idea of cost just because that is something that like so right now the way I'm established is through the market place because before that I never had insurance and I do have a Medicaid plan which has been really beneficial for me but if I didn't have that and I may lose that for one of two reasons because of the repeal without the replacement which is I'm saying but then also because of my stipend at Kent State I'm right on that cost of making too much money and so if that happens then I go back to having no insurance so cost and access are two usually important things.

I put the part about being busy over on the other side to least agree with because I tend not to make excuses for not going whereas before because when I was paying out of pocket like I would go to the doctor and it would be \$50 per thing so if I had three things wrong with me it would be \$150 and if I didn't have that money up front they wouldn't even let me talk to the doctor about it. Well with these cards you want to we're gonna fill it in to this do you know what I'm saying as far as. Yeah, You don't have to do. These ones-We have the negative ones that will fill in this end does that make sense. Yes. Ok. So I don't know how many cards you have there so we, we'll figure it out though. I have 2, 4, 6, 8, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22. Ok so we should go to. So almost the whole you know almost you'll go 6 and just leave 1. Yeah. And there's no right or wrong answer. You can move them around as much as you want and as little as you want

until we do the final you know what I mean we'll do the final thing at the end and then we'll.

I think this is the hard part getting them where you like. This is what takes yeah so long.

There's a lot of them that are similar-Yes- like stay healthy, live a longer life. Yeah they're close. Right, so I'm sure there's a reason for that.

Did I count wrong? You'll have 1, 2, 2 2's maybe there's where your there's 2, 2 2's. 3, 2, 2, 1, Okay.

So can one of these be shorter? Yeah your last one has to be. Yeah. Ok.

I put that one there now because it's for me but I agree that that's true. That's weird to move something from here to here from over here. Um.

Ok and then it'll be good to look away from it and then we'll do the negative ones and then you can always yeah you might want to, oh that's the negative. So you're going to go from the least the one you least or disagree with. So you should have 1, 2, 3, 4, 5 you'll go into almost the 6th card, you'll go into the 5 and maybe 1 card into that.

So what are your thinking? Nothing, or will you talk after?

This is from the first experience what I did was sort of done based on like in terms like what is not important to me or what doesn't really affect me has to do with like my own anxieties or fears because I'd rather you know go through that and work through that and be done with it than prevent that from stopping me from getting something done so like that's not important to me and the same thing is having to do with my own schedule because yeah I'm super busy for my doctor's since I'd say since I got insurance have been accommodating. So like I can go to my PT person as needed and I can pop in at 9 a.m. if I can, I can pop in at 4 or it doesn't matter as long as I show up and then in terms of access and when I go they just don't really apply to me because now like because I have insurance I don't have to worry about when I go to the hospital and then hoping that the hospital has that where you don't have to pay a whole lot to go.

So what I'm hearing is that Affordable Care Act has really helped to increase a lot of your healthcare accessibility. Oh it's night and day, it's night and day. Like for example I only go for healthcare services well that used to be the case because my doctor beforehand my PCP was \$50 per thing and the facility treated me was horrible. When you would walk in or I would walk in and I would you know before I had time to sit down and the room would be full, they would call me up in front of everyone. They go since you don't have insurance we need all of your money up front. So how many things does the doctor have to see you for today? Which is interesting because after I got insurance

and I was still going to them for like 1 or 2 more visits and they said that they never said that and I was like I have the receipts to prove it but you can tell me whatever you want to make yourself feel better for being that way. So for me it's just a matter of like these things that don't really apply to me since I now have insurance. So a year ago or no a few years ago this would have been. Oh my God this would have been completely different. Um, this would probably be flipped. So like this has to deal with like when I would go like I said like yeah it would have been true but it's not true anymore. I would have participated but only in extreme cases. Like the one time this is in my undergrad I had a severe sinus infection and I didn't have insurance so I was like well I'm not going to spend the you know \$1500 bucks to go plus the medicine because I was working as a tutor which was minimum wage, 7 something an hour, and that was right when they were launching the Affordable Care Act and so all of the university's and employers like cut the hours down to below 20 just to be safe they were like 21 no more than 21 hours a week and so you know minimum wage and 21 hours a week plus a student there wasn't much money to go around there. And it got so bad I got infections in both ears and then I got vertigo and so I couldn't even stand up for a week. They were like why didn't you come sooner, gee I wonder. And then dealing with time, time is the most I think is the most applicable to me in this situation I think.

Um there's 1 more. I'll throw this one here. Sorry. That's ok. Alright now your, I guess you can take a look at your neutral, neither agree or disagree. So I have to add one here. Right 4 will go in 1 column and then 1 will go hopefully. So I'm going to add I participate in healthcare services to avoid chronic health conditions because I would say that it would be more on the agree side and that's simply because since getting insurance I mean I got a dermatologist now who removes, I had milia cyst, I never even knew what those were so like I thought it was something serious and he said no it's a milia cyst so I'll take it out and he did and he was like they do come back but there nothing to be worried about and so like when I had a mole he removed a mole and had it biopsied which I had had since I was a kid and just never had thought to go and get it removed and then one day actually Cameron was like your mole is all different colors and I was like what, is it now, terrified. So and then with these I participate in healthcare services if the wait time was shorter. Wait has not ever been an issue even when I have a lot of time to wait. The worst is the dentist and even then like I have work that I do in the office so it's not like I don't mind the wait, it's actually kind of peaceful and productive. Um I do think the plans can be very cumbersome for most people but I've never had a problem reading it. Um co-pay, I don't really have a co-pay anymore. My surgery that I got in December was \$29,000 plus some other stuff and I think out of pocket it was \$200. So I would much rather have \$200 then nothing or like have that full thing. You know. Exactly. So.

So what you can do you can look at them and make sure there is nothing you want to switch. I think everything looks. Ok.

You talked about it a little bit but were there any cards that were really difficult to place and why? Um there were a couple on this side the agree side. It is difficult to kind of put where like the government, like the belief that I have of the government providing healthcare coverage for everyone um free of charge versus the fact that like I do want to be around longer for my family, right because that is the reason why I got into preventative care and started like going more and things like that because I was able to and I started understanding the importance of it but I also realized that if something were to happen and I didn't have insurance then that wouldn't matter because of that reason so I think that was challenging to kind of figure out cause on the one hand yeah it's important to be healthy and do that kind of preventative care and just stay in touch with your doctor so like there's nothing new that they're surprised about but I also realized the only reason I had the ability to do that is because of the Affordable Care Act and had I not been forced into it cause I never signed up for it like I wasn't going to and then they were like if you don't sign up by this time we're going to sign something up for you so I was like great you pick and that's what they picked Buckeye Community Health and it's not accepted widely here but the people that I do have it through have been wonderful and I appreciate that every day and then so like but so I realized like that was why it's 1 is because if it wasn't for that I would not have been able to like get my back surgery and get the physical therapy that I had recently and all that stuff so, so that was difficult. And then I think in this middle part here where we're sort of at the agree or disagree it's from a perspective now of I have health insurance so these things if I would have taken this in 2009 and 2010 very different responses very different answers because this stuff would have mattered more because when I lived in Chicago I didn't have a regular PCP. I didn't have anything and it wasn't until I was like walking to the train it was snowy and I slipped and I like just jacked up my knee. I ended up finding a doctor in downtown Chicago and they saw me because they were taking new patients cause I didn't have insurance. I went in there and they helped me, was a very nice lady, and then I got a bill for like \$750 and it was like what am I going to do with that so it was very different, it's very night and day I think since having insurance and I think a lot of people like myself and my family have benefited from it too so. And then for the disagree I think everything kind of is grouped in terms of like what having access now versus not having access before so like again if I didn't have health insurance then this would have probably been over here somewhere on the agree side. So I think the hardest challenge here was trying to think from the perspective of me right now as opposed to me 3 or 4 years ago and most of my adult life because I never had health insurance until, well my dad dropped like back the law was much much earlier then 27, I think it was like 24 or something like that so I had his insurance until I was 23, 24 and then from that time until 30, 34, 35 I didn't have anything, well no probably 32, so it was a good chunk of time with no insurance and it was horrible.

Ok. Very good. Do you have anything to say or any questions? No. I mean do you have any questions? No. Ok.

Participant 0220222

Eventually it will be spread out almost all over the table-yeah, yeah

Yes, since we're self-employed it's a premiums are very expensive for us. So we rarely go you know to the doctor's office or anything like that. Yeah, we don't um provide insurance for any of our employees. We only have like 2 people working for us besides me so yeah its tuff for how high the premiums are. Yeah. The only nice thing is they can stay on their coverage to like 26 that's the only nice thing.

Ok, ok

We'll start with the agree so you are going to spread these out and look at them and if you have any thoughts same thing-Ok-and then you are going to start from I don't know if it's 1 card, and then 2 and then 2 the most positive are the one you agree with the most and work your way over-Ok-to wherever. I don't know how many cards you have but it will get to a certain point and then we will go to the disagree or negative. Ok.

My 1, your 1, uhha, is too expensive okay. Should I mark down the? No not yet. Ok. Cause you could after your done you could look at them all and then we'll mark down the for you. You just have to sort them. How's that. Ok. You have 2 next. Do you want me to go like this or would you rather just or are you okay? Sometimes when in the middle you get people get confused. We found that sometimes this is the hard part because there close you know some are really important. I agree with yeah.

Those ones are definitely my biggies. You're biggest. Ok. Yeah. Sorry. No your fine.

All these look like there probably equally. I don't know. You can move these a little bit closer. Sorry. Everything's quiet. You have to put that in. Crank up the volume she has to transcribe them so. Sometimes they are hard cause there-. This one this- okay some are close uhha. Yeah put those 3 right yeah right 1, 2 however yeah 3, 4, 5, alright so now we'll put the opposite so the least will start down here yeah disagree with. I don't know we could. That way you don't have to move as much physically. There we go. And then when you get to the neutral we'll do the center part. And when you most disagree with-okay-we'll start over here. Yeah I think it's easier when you spread them out that way you can kind of look at them.

Should I start over here? Sure. Ok. You may need more room but yeah. It gets pretty spread out.

Yeah. Ok, so this will be row the row of 6 and this is the row of 5 yeah so. Ok, then these are your neutral ones. Start over here start over here. Most positive or agree with here to least negative. This row. Yeah 3 here and then 2 there. OK.

So when you look you can relook at them but are there any cards that were hard to place while you were looking over them and why? Probably the last couple ones I put down. The ones I probably put in neutral are probably the ones I was. Um like this one doesn't really apply to me-Ok so someone-So-Yeah-Uh.

Is there anything you want to change over while looking at them or you think there pretty well? I mean the waiting time was important I think a biggie for me. I normally don't have to wait too long or sometimes I have to wait long it just kind of depends so it's like kind of. There are a couple of questions on that still. Ok. Yeah. Yeah.

So do you participate in annual care? What's that? Do you participate in annual care? Do you? Mmm. Ok. And then preventive care also? Mmm. What was that one? I'm afraid to participate in annual physicals cause of a problem yeah. I'm kind of borderline there maybe. Yeah.

Ok so you know how things have to do with obviously looking at before and after the Affordable Care Act find the way you behave or participate has it changed anything since the Affordable Car. I know you were young when it first came out but. Just from my parents perspective owning a business it's been a lot. It's become a lot more expensive. Like I said we rarely go to the doctors anymore. We had to change our insurance too. Um a lot of occasions we can't afford cause it's too expensive. I think my brother went to like CVS a couple of weeks ago to get like cream for his face and it was like \$600. Yeah so I mean the little things like that. Obviously you need it. You never know what's going to happen. Yeah it's just really expensive and it keeps getting more expensive every year and the list of providers keeps getting smaller and smaller every year so it's tough. Um the only nice thing is the pre-existing conditions part of it and I think the a you can stay on your parents plan up until you are 26 is the nice things of it but it's very expensive if you are self-employed or you don't have adequate coverage.

Is there anything else or any questions you have for us before we? No, I feel pretty strongly about these 3 definitely I agree with the most for sure. I think premiums definitely were the 1 thing, um also the coverage providers very few. We have a Anthem.

Alright I'm gonna thank you and stop. Yeah. No problem.

Participant 0219231

Ok, so as you are separating these cards if you want to think out loud a little you can but if you don't some people and then what we'll do after you separate them we are going to divide them up by most important to least important and work our way in and make this little scale but you don't have to do that yet- Ok.

Ok so, Participating in preventative care will detect illnesses earlier. I definitely agree with that.

Um. I participate in healthcare services to prevent long-term health problems. I would definitely agree with that as well definitely.

Participating in preventive care will detect medical problems. I would agree with that providing that being the only way to detect them um before something major happens.

I participate in healthcare services to be around longer for my family. I would agree with that.

Healthcare treatment deductibles are too expensive. I don't know, I guess I would say I neither agree nor disagree with that one. I guess when I get my own healthcare insurance I'd know a little more about that but being on my mom's I don't know too much about that or I don't see it too much.

My insurance plan offers preventive healthcare services at no additional annual cost. It's ok most people your age don't know. Right. We're finding it's yeah. I would say neutral. Yeah. Neutral on that.

I participate in healthcare services to live a longer life. I agree with that.

I participate in healthcare services to avoid chronic health conditions. Yes

Um, I can always go to this side.

I participate in healthcare services to stay healthy. Yes.

I participate in healthcare services to prevent minor or acute illnesses. I would say so yeah. That goes along with more chronic issues.

The government should provide all Americans health insurance coverage free of charge. I'm kind of the belief that yeah that would be a good thing yeah. I agree. So that in agree.

It is important to my health to participate in annual checkups. I would say yes. I've been getting blood work done pretty regularly lately. So.

I would participate in health care services if I had a regular place to go for medical care. Well I do so I guess put that in agree.

It is important to my health to participate in preventive healthcare. Agree.

I value good healthcare coverage. I definitely agree with that.

Participating in preventive healthcare treatments will prevent illnesses from occurring. To an extent I would say yes, yeah so you can catch certain things and prevent other illnesses from occurring.

I would participate in healthcare services if insurance plans were easier to understand. Well I would say neither agree nor disagree with that.

I only visit a healthcare provider when extremely ill. I disagree with that.

Health insurance premiums are too expensive. I don't agree or disagree with that really kind of thing. Yeah, I don't know too much about that I'll be honest but uh.

The cost of office visit co-pay is too expensive. I don't think it's too expensive. I think it's like \$20 or \$30 usually for the office visit. I know when I went to the ER it was a little bit more it was like \$200 that was a little bit of a shock. I will put that one in disagree. Office visit co-pay is not too expensive.

Healthcare provider appointments require me to take time off work and use vacation time. Um they haven't yet. Um I will probably go with neither agree or disagree with that one. I can usually work around it.

I would like a larger number of healthcare providers that accept my health insurance coverage. I would agree with that definitely. There's not enough uh not enough of that.

I would participate in healthcare services if the wait time was shorter or if the wait time was shorter sorry in the provider's office. I usually don't have a problem with the wait time. I'll put that in neutral. I don't really agree or disagree with that.

Routine doctor appointments can be too lengthy and take too much time. I disagree with that. They are usually very fast.

My health insurance plan provides a health insurance premium incentive for participating in annual preventive care. I think it does right well yeah it does so yeah so I agree with that.

I am too busy to participate in preventive healthcare services. That is not true so disagree with that.

I am too busy to participate in preventive healthcare services. That is not true disagree with that.

I am too busy to participate in doctor office visits. I disagree with that.

I only go to the emergency room when I need healthcare services. I think the only time you go to an emergency room is when there is an emergency so I would say I agree with that.

I am afraid to participate in preventive care due to the procedures being uncomfortable or painful. I disagree with that. I don't think I've found it to ever be too uncomfortable or painful.

I am afraid to participate in annual physicals because the doctor might find something medically wrong. I disagree with that. I think that's the whole point.

Participating in annual physicals can be a stressful situation. Um I don't know it can be kind of stressful I guess. I will put that one in neutral I think because you know I guess there is the chance you can find something you didn't know about and that can be kind of stressful but ultimately it's a good thing to find out rather than not knowing.

Participating in preventive healthcare services may cause pain or discomfort. I mean I guess it could for some people. I think it could it depends what it is. I'll go with neutral on that one.

Doctor appointments are too difficult to schedule. I disagree with that. I haven't really had to do that myself but I think it would be fairly simple.

Participating in preventive healthcare services can be scary. I disagree with that.

I have a regular healthcare provider for healthcare services. I agree with that. I do.

I participate in preventive care due to a family history of chronic illnesses. I guess you would say that. Yeah. I agree with that.

My employer provides a cashback incentive for participating in annual preventive care. Um to be honest I'm not sure if mine does. Yeah. I'll go with neutral on that one. I don't think they do but.

Healthcare provider appointments require me to take off work and lose income. I disagree with that. Yeah. I've never had to do that. Um yeah and I don't think even if I had to take a couple of hours off work it wouldn't go against um they are usually people at work are usually fine with that as long as you get your work done.

Annual healthcare appointments can be too lengthy and take too much time. I disagree with that. They are usually very quick.

I participate in healthcare services because I have a chronic illness and I do so I do participate in that.

Ok so what we'll do you are going to do look at all these and then well just the agree ones and we will take these out of our way ok and yeah that's good the way they are laid out so that's perfect and what you'll do is that the one you agree with or is most positive or put it and then 1 card there and then 2 cards will be there next 2 important to you and you are going to work your way this way and then 2, 3 I don't know how many you have but and then after you do the positives we'll do the negatives and ones you don't agree with we'll part away so we'll end up having this little scale thing it spreads out ok gotcha yeah and then before we finish we'll you can look at all of them again and see if you want to change any ok but as you look at them too and are having a hard time you can talk why-Ok.

It's tuff. It's hard yeah. Tuff. Yeah I'm going to like put this off to the side cause I would say I at least think it's not the most important I think cause it's kind of like the more obvious one um going to the emergency room for healthcare services.

This is the harder part I think where you have to decide the ones you have to agree with the most.

Well I'm yeah I would definitely say so I think I'm going to say I participate in healthcare services because I have a chronic illness um is probably the most agreeable one. Right yeah so having diabetes is really important for me to constantly get checkups and be on top of my health.

I think I can kind of go with that. I would say participating in preventive healthcare treatments will help prevent other illnesses from occurring. I would put that right next to that as um one of the most agreeable.

Here is another one that-yeah so I would put that next to I would participate in the healthcare services to prevent long-term health problems to prevent other long-term health problems I should say.

So yeah then I'll say it's important to participate in or important in my health to participate in preventive healthcare and to participate in annual checkups. That's a good time to find if there might be any issues that you didn't know about so um yeah so it's important to get checked continuously.

I mean. Ok. Um. I would say yeah participating in preventive care would detect illnesses and medical problems. Oh sorry.

That's alright. Ok yeah. Ok that's good. Yeah and the next one-You've done that before. Ok. Cause you don't get confused.

Yeah and then I participate in healthcare services to avoid chronic health conditions and then also minor acute illnesses.

Ok I would say next I participate in healthcare services to stay healthy and to also live a longer life. That's kind of self-explanatory I think. You catch the illnesses earlier you know you'll live longer you'll live a healthier life.

I mean I don't know the government providing Americans with health insurance coverage free of charge. I mean I would like to put that one at front but I don't know it's like the other ones are more personal based so I kind of put those ahead but of course I would love to see free health insurance coverage cause then you know you wouldn't have to ever worry about affording something or you know basically yeah not being able to afford coverage and that being the reason why you can't be healthy that just seems crazy to me. So I'll just put that one up there next.

I would say I definitely value good healthcare coverage.

I participate in healthcare services to be around longer for my family and yeah.

And yeah I have a regular healthcare provider for healthcare services. Definitely important to have.

And I would say I participate in preventive care due to a family history of chronic illnesses. You know some things are hereditary so you have to look out for that.

I would like a larger number of healthcare providers that accept my health insurance coverage. It would be nice if you didn't have to worry about being covered um no matter where you went.

And then I mean I do participate in healthcare services. I do have a regular place to go for medical care. That that's important.

And then my health insurance plan provides health insurance premiums incentives for participating in annual preventive care. I think that's also important and then I only go to the emergency room when I need healthcare services. So that's kind of obvious so.

Ok. Now you get to do the opposite direction. Yeah. Which ones you disagree with the most. Okay. Over here. So you start-yeah yep ok. Start-I think there should be less of these. Right. Yeah. So. Ok. This is the hard part. Yeah you have 20 over here. Ok. Alright.

I would definitely say I most disagree that annual doctor appointments can be too lengthy and take too much time. Yeah. I don't know. I can't ever say that they've ever really messed with my schedule.

And to go with that I would say healthcare provider appointments they do not require me to take time off work and lose income um cause usually can get a little bit of time off work and as long I'm getting my work done it won't go against me.

And I would say to go with that as well routine doctor appointments can be too lengthy and take too much time. I disagree with that because they're usually pretty quick.

And I am not too busy to participate in doctor office visits you know you can always carve out a little bit of time um for your health I think it's important.

And I don't only visit a healthcare provider when extremely ill. I would say it's more the opposite I'm usually not extremely ill which is because I go so often at least I hope so.

3 cards ok ok

Ok, yeah I'm not too busy to participate in preventive health services.

I don't really think participating in preventive health services can be scary. I don't really think it's that scary.

I don't really think doctor office or doctor appointments are too difficult to schedule.

Yeah I am not afraid to participate in preventive care due to procedures being uncomfortable or painful. That really has never been an issue.

I have to say I'm not really afraid to participate in annual physicals because the doctor might find something. I mean there is always a chance that you know something could be found but I think it's a better thing than not to find out earlier.

And the cost of office visit co-pays too expensive. I don't really think that it's that expensive but it would be nice if they didn't cost anything.

Ok. We are on neutral. Now these. Yep. Whichever wherever yeah. Ok. Because they are neutral. Ok. Do we need one more row here? Yeah one more row. This will be 6, 4. Yeah. Ok.

I would say I more so disagree that I would participate in healthcare services if the wait time was shorter in a providers office. I don't really have a problem with the wait time so it's not really an issue for me. It would be nice if it was faster I guess I mean but it's not like it's extremely short or I mean extremely long sorry so nothing that you can't really handle. Maybe I'm just a patient guy. I don't know.

I think I'll save this one for-

And then I'll say participating in annual physicals can be a stressful situation. It is usually not that stressful but I mean it can be I guess but if you are worried about something being found or something that wrong with you or feel like something might be wrong.

And then participating in preventive healthcare services may cause pain or discomfort. I would say I more so disagree with that than agree. I really don't think it causes much pain or discomfort at all if any.

And then healthcare provider appointments require me to take time off work and use vacation time. It may require me to take a little time off work but like I said if you know you are getting your work done it is usually not a problem you know it doesn't affect your work that much.

And then I would say health treatment deductibles are too expensive. I want to say I totally agree with that but it could cost nothing I guess potentially but um the fact from costing nothing it's really not that unreasonable.

Ok. Health insurance premiums are too expensive. I can't say I know too much about it to be honest. Um because I haven't gotten on my own insurance yet but I've heard it can be really expensive.

And then I would say I would participate in healthcare services if insurance plans were easier to understand. They are kind of confusing from what I have seen but again I haven't gone on my plan.

I don't know if it's. I'm not sure if my employer provides a cashback incentive for participating in annual preventive care. I don't believe they do but again I'm not really sure on that one. I haven't opted in the insurance plan at work so.

And then my insurance plan offers preventive healthcare services at no additional annual cost. I'm not I don't think there is an additional cost. But again I'm not sure. I don't really look at that so.

Ok if you want to look them over and see if you want to move any and while looking were there any that were hard to place and why. Right. So let's see.

I would say that the ones I had as most agreeable especially like the first 5 or 6 or so were all related to personal health personal illness which I thought were really important to me. Let's see.

Yeah ok so yeah I was looking for the government should provide all Americans with health insurance coverage free of charge yeah I think that would be great as long as the value that you are getting the type of healthcare you get doesn't lower so yeah so I probably would have put that higher if I you know didn't value personal health so much I would say so yeah some of the other ones I thought were more important to my health to be healthy long-term. And then a lot of the ones in the middle I just some of them I didn't know enough about I would say as far as health insurance coverage, you know the cost and what employers offer exactly if I looked into it so a lot of those I wasn't sure on so kind of just put them in the middle. I was just kind of neutral on them because I just don't know enough about it. Yeah. The ones that I disagreed with most were pretty easier for the most part so I put I thought because you know doctor visits don't really take too long. I wouldn't say I was never too busy to participate in like preventive care to go visit the doctor or anything like that. Cause I mean your health should be you know a priority for you. I think most like all work places are really flexible about that kind of thing because they know how important it is especially if they want to keep you keep you there for a while so yeah I would say that's about it. Yeah I think they are all pretty good.

Ok. Good. Ok now this is a tough one. Do you know if you have changed your behavior in any way since the Affordable Care Act or Obama Care or Patient Protection? It's all the same. They are all 3 the same names has occurred. I yeah. I haven't changed my behavior personally. I don't know if things behind, I'm sure things behind the scene have changed a lot. So I know you know millions of Americans that didn't have health insurance coverage you know got it through the Affordable Care Act so I think that's probably a good thing you know and I know that people with preexisting conditions can you know, they don't have to worry about healthcare under the Affordable Care Act, which I think is a good thing. Since I have diabetes myself, so, yeah I think it's better than not so but I haven't personally changed really.

Do you have any questions? No, No I think I'm good. Thank you. Yep.

Participant 0212501

Alright so you can talk. No you don't want to talk. What do you want me to say? Your thoughts. Am I supposed to read these out loud? Yeah you can. Yeah.

I participate in preventive care due to a family history of chronic illnesses. No I get scared to death about chronic family illnesses. Don't you want to know so you know what you are putting it on?

I drive my doctor crazy cause I keep thinking I'm going to be the next one to go like that.

So do you agree with that or disagree? I agree because you need to have the healthcare but it that's what bugs me and scares the hell out of me.

Office visit co-pay is too expensive. No it's not.

I participate in healthcare, oh wait, no that's the wrong one.

I will participate in healthcare services if insurance plans were easier to understand.

I would participate in healthcare services if the wait time was shorter in a provider's office. I don't have any problem with that.

Annual doctor appointments can be too lengthy and take too much time. No. I guess it's because I have a decent doctor. Ok.

Doctor appointments are too difficult to schedule. Well they are 6 months ahead. I have to sneak it in the morning.

Healthcare provider appointments require me to take time off work and use vacation time. No.

Routine doctor appointments can be too lengthy and take too much time. I already saw that one. No

Healthcare provider appointments require me to take off time. No

I am too busy to participate in doctor office visits. I'm a little busy but not that busy.

I only visit a healthcare provider when extremely well. Well that's kind of true there.

I would participate in healthcare services if I had a regular place to go for medical care. Well I do have a regular place to go for medical care and they take good care of me.

I participate in healthcare services because I have a chronic illness. No.

No I don't need to go to the emergency room. I hate going to the emergency room. No

Participating in annual physicals can be a stressful situation. Yeah because they're going to tell me I'm dying.

I am afraid to participate in annual physicals because the doctor might find something medically wrong. Yeah that's true. I'm afraid but I do go.

My employer provides a cashback incentive. No. Ok

I am afraid to participate in preventive care due to procedures being uncomfortable or painful. No.

Participating in preventive care will detect medical problems. Yeah it's true.

Participating in preventive care will detect illness earlier. Well that's the same thing. Yeah

My health insurance plan provides a healthcare insurance premium incentive for. I don't think there's anything for wellness checks. I don't think so. I don't think.

I participate in healthcare services to prevent minor or acute illnesses. Again, I don't go very often for just physicals only because they don't pay for them. So I'll leave that there.

My insurance plan offers preventive yeah they don't provide. No I don't think. You know I don't really know. They should with the Affordable Care Act its mandatory now. Well maybe it is but I don't but I've never looked into it. I mean I'm sure maybe there is something but I.

I participate in healthcare services to stay healthy. Yeah. I do that because I don't want to die.

Healthcare treatment deductibles are too expensive. Mine went up because of the healthcare act.

Healthcare treatment deductibles are too expensive. Yeah well I think my deductible is \$5000 now. Yeah it went up through the roof and it was \$500 before. We have that HSA card now though. Yeah. I would like to live a longer life.

Health insurance premiums are too expensive. Yes they are.

Participating in preventive healthcare treatments will prevent illness. Yeah, I should get preventive care done but I don't.

I participate in healthcare services to be around longer. Yeah.

I would like a larger number of healthcare providers that accept my-Now I have no problem with providers. I have no problem with that. Ok.

I value good healthcare coverage. Yeah.

I participate in healthcare services to prevent-yeah, but I should go more often.

The government should provide all Americans healthcare insurance coverage free of charge. Well that would be nice but I don't think it will ever happen. I don't think so.

It is important to healthcare to my health to participate in preventive healthcare. It is important but I don't need to go to it.

Participating in preventive healthcare services may cause pain and discomfort. Winers.

I participate in healthcare services to avoid chronic-yeah I should but I don't go as often as I should.

Participating in preventive healthcare services can be scary. No chicken-

So count how many disagrees you have. 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12. Ok and then neutral.

You're stuck, 2, 3, 4, 5, 6, 7, 8. Ok so then you have 20 count them you should have 20 agree. 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, I got 18- 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19 so maybe some of those are stuck over there. Ok. But anyway. Alright. Ok what we'll do-what do you need-you are going to look here and take the agree ones ok ok and you are going to make this chart so you are going to 1 card and the 1 you most agree with so I don't know if you want to spread them out or if you want to look through them and then-in this pile make it here-make this design. It's usually it's about this big it's usually the whole table and then we're go take the negative ones and work it the other direction. So you'll go up to 20 cards this way you know what I'm saying you're gonna go 1 card, 2 cards, 2 cards, 3 cards, OK-OK. And there not here there not in any particular order but I did go. Ok. Ok. Yeah I definitely have a regular healthcare plan. And your definitely going to be able to move them around too you know what I'm saying. And you can talk if you are stuck on something what you're thinking.

2 2's I'm sorry. Just so you yeah. 2 2's-2 2's and a 3 and a 4. Yeah that looks good. I don't know. 2 2's. 1, 2, 2, a 3 right, a 4, a 5, and you probably have to go you can do put 1 up or 2. You said 1, 2, 2, 3, 4, 5 and then 2 extra. Yeah you should have yeah 2, 2 and the 6 alright. Ok so any thoughts about those? Ok basically what I've got here I don't have a problem at the doctor's office. They always take care of me pretty good and a this is all the stuff about you know healthy check and I run to the doctor's when I feel sick and stuff like that and then I get into the healthcare insurance health insurance is too expensive because it is but other than that that's where I'm going with that. Ok. For the most part. I'm going to move these over just a little so you can work on the negative ones or ones you don't agree with. So now you are going to take these disagree or negative ones and work your way backwards from the one you disagree with the most to the one you-maybe I'll put this closer to you and then at the end you can look at all these and see if there is anything you want to move around.

Did you drop something? Oh. Yeah. Definitely I have no pain. They don't hurt me.

Participating in preventive healthcare can be scary. I'm a big boy.

Yes see I have a lot of providers. Everybody in my plan is there you know what I mean. I just don't remember the wellness plan. I'm just clueless. I know it's not a cashback incentive I know that.

2 2's on that side too? Yeah. 3 and a 4 and then I think you have 1 odd one on the

I am never required to take off work I go after work.

Those are my odd ones. This is a-Ok what do we got a 1, 2, 2, a 3, a 4, and an odd ball. I think it goes. Yeah. There. OK. And then your neutral ones so you can look at those. So this will fill up so you'll have 4 right 4 here cause this will be the 6th one. You should have 4, you should have 8 left then. Ok. To fill up the 5.

What you made a face you have to say it out loud we can't. I would participate in healthcare services if I had regular places to go for medical care. That's a joke. There's a thousand doctors and 5 hospitals. We don't live in the middle of the woods. But I don't go regularly especially when I'm feeling good.

This is like the same thing. Yeah some are pretty close some are annual some are preventive care.

Alright. One more here right I think this is the center cause this is 6. Yeah these should be 6 but I have a lot of cards. 2 5's and 2 6's. This should be the 6th one. Ok. Alright. So look at all of them. See if you have any thoughts on or if you have to move any of them. Now these are my I don't know pile right, right so that's okay. Well say it out

loud cause they can't hear. Well I don't have a, I mean I guess there are some things that would hurt. I don't really I mean it's a no pain no gain kind of thing you gotta sometimes it's gonna hurt. You know if I wanted a bad tooth pulled out of my mouth it's gonna cause pain you know what I mean. So this is 6 right? Yeah. This is a definitely disagree because there are all kinds of doctor offices. Alright so let me see.

My employer provides yeah this is one of the ones I don't know about. Oh so you okay. I see what you mean. So like you don't really want to say disagree per se. Yeah because I don't know I don't know if they do. I don't remember them doing it. I mean Boardman doesn't have that insurance. It was much better before the ACA. I want to say I don't remember them saying oh sure go to the doctors at least once a year. I just have never done it you know what I mean. I don't remember anyone saying we get a health insurance incentive for participating. I know they don't give me cashback. You said 2 and 2. Yeah. Alright. Alright. So they all look good where there at? Yeah I'm pretty sure.

So the question is where what you kind of talked about a little bit were any of the cards difficult to place and why? Just the ones that I don't know about my policy so those are kind of difficult because maybe they do but I don't know. Um the other ones that I had never had a problem with my doctor's office being a having a hard time getting in. I have heard people you know having to wait because they are scheduling you know a month in advance or something like that but that's when you go to the ER if it's really bothering you. Um when I call in they always get me in, they take care of me pretty good.

Ok but you said do you or do you not participate in annual care? I do not, you do not. Not the annual care, no. Preventive care? It's more or less when it hurts I run.

So thinking about the Patient Protection and Affordable Care Act has it changed the way you participate in healthcare or not? As far as participating no but I have to pay a heck of a lot for it. I was paying \$76 a pay for 7 of us. I a pay \$184 a pay for 3 of us. Yeah, yeah, it's you know skyrocketed and my deductible went from \$500 to \$4000 which we have an HSA card to pay for. I don't know if I blame that on the medical or the Affordable Care Act or I blame that on my insurance company but I think the insurance companies reacted to the Affordable Care Act poorly where they made more money out of it that way. You know what I mean. Yeah. I don't disagree with the idea of giving everybody insurance and I kind of like the idea of coverage by the government but I think it would be poorly ran like everything else the government gets their hands in. Um I think Canada probably has a better idea but it just takes too long. I don't know. I feel bad because I think for the decades of school that doctors go to they should make some money and a I think the insurance companies make more than the doctors do. Definitely. That's as simple as it is and the hospitals. I mean I get the idea that MRI machines aren't cheap. I get the idea that up the scopes and all that aren't cheap but like what month was

that the sleep study, May, last May. Three thousand for a sleep study. Yeah. He didn't do nothing but watch me sleep. Yeah. 3 grand. Yeah that's a lot of money. Yeah.

Do you have any questions for me? No. I like the survey it's pretty nice but so what do you think is there's a lot of things that the president has taken out of the Affordable Care Act and you know I do like the 26 year old part cause I got to keep my kids around on the insurance but what do you think is going to stick around. Are they going to keep any of it or are they going to repeal it completely or? Well on paper-yeah-well I hope they don't well I hope they replace it-yeah with something-with equal I feel that the 26 year olds and also the pre-existing conditions are very important. Exactly. Yes. That's a big one-Yes-and the preventive care. Cause that happened to us-Are really important-Right-that happened to us once before. Almost every single person probably has some type of pre-existing condition that the insurance company can get-Yes-you for; blood pressure, or a bad pap smear, or anything like that so I'm hoping that they keep the pre-existing and the lifetime limit is another one that's really important-Yes I agree-that was passed when you were you know when they knocked you off. Yeah that's right. But those are the expensive parts so that's probably not. You gotta have. At Clemente's we changed insurance companies all the time and there wasn't such a thing as a they didn't cover pre-existing illnesses. No. Yeah. They were relatively new. Yeah there were diabetics that were basically told too bad and so that is a good part and me with my back pain is no big deal. I don't take anything for it but it is something that would come along with me that if it got worse again it would be a pre-existing illness and they would get me for it you know but they don't they can't do it. The premium would be 3 x higher than it is now. Exactly. Yeah, yeah. You have to have the good with the bad. Right. So I don't mind that you know. And like her mental illness and stuff like that. You know.

So you have no other questions. We're good. Ok. So yep.

Participant 0220511

Alright. So you just need to talk if you want or not. Some people can't talk and think. Ok. I need to read these out loud right. Not necessarily. Ok. Maybe one that is tougher or at least a few that way. Some people did read them all out but then JoAnn's transcribing so she would rather not have to read or type 40 questions. This is the easier part it's when you have to force sides which ones it gets a little tougher so. Mmm.

It's a little warm in here. Yeah maybe the weather they don't have the air on. Right.

Which one was it? I'm afraid to participate in an annual physical because the doctor may find something medically wrong. There's a good reason not to go. Although I know people that would put that way over in the agree pile. These are duplicates. Or they're close. Very yeah. Yeah very close.

Ok so this is interesting. I would participate in healthcare services if I had a regular place to go for medical care. Well if I'm already participating I guess I would say I disagree then. Ok. It struck me as odd. A lot of people don't have a regular place for care. Well if I didn't have I could see me waiting somewhere but I do so it's almost like not applicable. I wouldn't say I disagree with it but I guess I do.

What? Well I'm sitting here thinking participating in preventive healthcare service may cause pain or discomfort. If I was answering this question a month from now after my colonoscopy it might be different from what I would say right now but uh. I'll be an optimistic about what I'm getting myself into.

I only go to the emergency room when I need healthcare services. What else would you go to the emergency room for if you didn't have a healthcare issue? I don't. Or is this like preventative types. Yeah, exactly. They go they use the emergency a lot of people use the emergency room as their doctors office. Ok. Which it probably you have a huge co-pay so you wouldn't do that. Regardless, I was taught you go to your doctor first, an emergency room is an emergency room.

That's scary preventive healthcare again a month from now.

Ok. Alright. We'll take these and then the positive ones you can spread those out and then you can make this little design. Now it's playtime. So now you're going to put the one you most agree with or. Oh this is gonna be fun. Yeah and then you do 2, 2, 3, yeah 4. Most important is 1. There's just 1 most important and there's 2 second most important. Right so that's where it gets a little tricky. Very interesting chart there. A lot of people say there close there. And you can also say while you're doing it if you have any thoughts of why you are struggling with it or not. Some of these are grouped together kind of. Uh I need to move. You said I can move the piles right. I need to put that in the disagree pile. Ok. I don't like this game. You don't like this game. I told you this was the harder part. It's forcing you to make a decision. Yes it is. Ok. 1 huh. I'm hard pressed not to put that one up there it's a tie honestly but. Ok. When this is all said and done I would love to hear what you do with this data I really would cause it's going to be interesting. I'm over thinking this I can tell you that right now. Yeah. Cause there's no wrong answer so what am I worried about. Nope there's not.

I have good healthcare coverage and I have 3 in this pile. It's a 2, 3. It's weird. It's 2, 2, 3. That's alright. You're ok. Ok. No we're on track. That's ok. Now we're on 3's. I'm keeping a lopsided pyramid. Just the 2's are doubled? Great.

I'm thinking about this more. Ok. And at the end we'll let you look at them too once you. Yeah. I'm having a problem. Yeah of course you don't know how many cards I'm was going to pick the . Right.

I almost shouldn't even put that there. Participating in medical healthcare treatments will prevent illnesses from occurring. Ok yeah I guess it could. I'll go with my first. Checkups participating.

Alright I'll go with this for now. You'll go with that for now. Ok I'll just move them down. You're going to work the opposite direction now from the least important or the least. Start here. Yeah. That's why we picked this nice long table. Ok.

So I switch. So this is my disagree pile. Yes. Yeah we'll work both ends and then. And again these. Yeah. One. So your saying least agree the thing I least agree with. Or least important or however. Which ones the absolute least important far right, far left. No far right or far left sorry. Yeah far left right gotcha. Ok. Wow ok this is going to be great. I think you have more cards in that pile.

Oh geez. Which of these do I agree with the least. I feel like I'm voting for the president all over again. Which one do you agree with the least. Or least important to you that's another way of putting it. Do you have a preference on which way I'm building or should I be building the 6 column first or I'm going that way. Oh you're building this way. No you're building. I'm starting at the one again. No you're ok. Sorry. No that's why I asked.

How many piles do I have 1, 2, 3, 4, 5 and 1, 2, 3, 4, 5, 6, 7. Well I've got more piles to go. I should have started on this end cause there going to have to come this way. That's ok. I'm good. I'll get it. There's a method to my madness.

I only go to the emergency room when I need healthcare services. How strongly do I disagree with that?

My 2 pile. This is my 3 pile. 1, 2, 3, 4, there should be a 5. 5 and 6. Ok the one I most agree with. Let's see here. This one kind of goes with that other one. There we go. Finally. Yeah you can still look at them one more time. Yeah. Alright. So this one will end up being 4 more down the middle. 4 on each, these are the. These are the neutral. Yeah. So you can. Just 2 piles of 4. Is that what we're saying or. Yeah. Ok. These are the hard ones. I'm sorry so 4 more down the middle. Yes. So there should be 6 total here and 5 total here cards. And so there equal? Correct. I mean is there a difference between which one I put to the left and which one I put to the right? Agree, disagree. So these neutral ones are the ones that lean the ones that kind of lean toward an agree versus the ones that lean towards a disagree. Ok that's easy now, a piece of cake.

I have to put something on the other pile don't I. Yeah. Oh there's an easy one.

So does it matter where one of these is going to be unbalanced? Right. Well one has 5 one has 6. It is longer. So it doesn't matter which one is unbalanced. No. Oh that's

comical because these are identical. Oh no the middle one has sorry this one has to be this has to be fixed. No one of these. So you might have to switch it. So one has to go over here. Oh these 2 have to live together wherever they go. They have to live together ok. Ok. My employer doesn't have to pay me for me to care about my health. You would be surprised. To each their own. Yeah exactly.

So you can look at them again and while you are looking at them were there any that were difficult to place and why and you can move them too if you like. On the + side picking between I participate picking the 1 one was difficult because the want to live longer and being around longer for my family are pretty much dead equal for me so there kind of the same thing. So if I don't live longer I won't be here for my family but. So that was not an easy one. On the negative side just the concept of which one which one you disagree with the least was probably a hard concept to wrap your head around but in the end it. I don't think there's. Although I found it easy to pick the worst one because I find it absolutely comical that somebody would not go to the doctor out of fear that they would find something medically wrong but it's pathetic but it's true for so many people. It really is. So you would rather just not know. That's kind of a scary idea. And some of these are just my personal situation you know. I'm fortunate I don't have a big chronic illness problem myself. I know by going to the doctor I am taking care of myself and keeping healthy. I mean my family has some cardiac but I don't have most of the risk factors that they did so. For other people that would be a higher driver I would think depending on your family history. And I'm lucky enough that I have very good, I consider my insurance to be very good so. Not everyone would agree. I'm lucky my employer has half decent insurance. It's there when I need it. I'm good with that. So you're good with those. Ok.

So of course I'm looking at the before and after the Affordable Care Act as part of it has your activity or your thought processes changed since the enactment of the Affordable Care Act in any way? Mine personally have not. We had a preventative care clause in our healthcare insurance before it came out so I still got the free annual checkups which I used. For my family it made a difference for 2 reasons 1) My daughter being able to be under my insurance even though she's over 21 and also the a some of the caps that came off I believe was part of that with my wife's healthcare bills that was a blessing for me because that could have been a problem so those aren't really me personally but for my family it did, which then obviously does impact me because they all are on my insurance but other than that because I was a person who was lucky enough to have insurance it wasn't like I had nothing now I have something and my life has changed. You know I am lucky enough that I have good insurance so it wasn't a huge impact to me, me individually. Yeah. Just your pocket. Well for my family and my finances and supporting them it did help but. Sure.

Ok that's all the questions I have for you. Do you have any questions for us? No, no other than when it is all said and done. I mean this is, I can't imagine what you do with

all these cards afterwards and how you are going to turn this into some statistical magic. You know I would be interested in what your final findings turn out to be when you are all done.

Ok, thank you.

Participant 0219581

You know what to do right. Right I know how. Alright, have fun.

Alright. Ok sir. Are you ready? Yep. You are going to do the positives. Alright. The ones you agree with the most. Yeah. Alright I do all that work to have them all separated out and then we take them. Ok. Well I'm definitely worried about the cost of it so. Yeah. So should I go like this? Does that that help you? You're ok. I can do it. Alright. Yeah.

And that would be 1, 2 and go right with that and I'll just put that one right there. Since I don't have an employer I mean I'm just going from what my wife knows as employer so.

You know I think I'm going to change something. You can you can change-

Alright. Ok. Alright any thoughts sir? Not really just about the cost of it. It's too expensive. Yeah that's about it. What are these ones? Negative or disagree. Yeah. Disagree. Ok. That's alright. Move it down a little. Yeah. Ok. This is going to take a while. Yeah you have a lot in that pile.

That's it. Ok. So any things there. What do ya got? Ah not really. I just don't believe in my stage of life I need to worry about the longer life things. Ok those are. A lot of the ones are the neutral ones I have. Cause I. Oh and oh. Yeah well I put one of the works over here. I'm not working so I don't need to worry about that. You better move that way down. Cause a lot of mine are in the middle.

I can believe in this one but I don't care about it.

This is 5 right? Yeah.

5 here right and 6 there so it would be 2 and 2 yeah 2 on each This is 5 right?

I guess. This one goes here. There's no right or wrong answers. This one yeah 6 yeah yeah. So if you want to look them over again and then if there's- Yeah there was one other one I missed I thought something about the the charge on healthcare too and I kind of I didn't see it again. Healthcare service. Maybe this. Yeah. Let's just move. Just move that there. Ok if you want to move. Yeah. Yeah I'm probably going to move

everything back one. Cause I think I'm pretty close to it all. Gotcha. Let's move this back.

So you do or you do not participate in annual care? I know you did just from your answers from when you were talking. No I don't do annual care. But you do preventive? Right, Colonoscopy. I participate because I'm told I have to. So I can be around longer for my family. Not that I care. I don't really care to do it. I do it because I'm supposed too. It's kind of that's what I do. When I have to see the doctor I'm told I have too so I go and see him. I don't really want too and I don't really care too so yeah that's probably how most of mine goes if you really- Down there. You don't really participate where. Yeah. I don't really feel that I really have to cause I'm in the later stages of life so. Alright. My thing is the expense of it. I feel that healthcare can drain you and totally wipe you out of everything you have saved in your life and so I don't want to have to get to my later stages and something happen and then I wipe my family out by getting sick. That's kind of where the whole thing is so.

Alright so have you noticed any changes since the patient protection with your behavior? No, no it's no different. I don't think it will even when we change it again.

Alright do you have any questions or concerns? No it looks good. You're good. Everything looks good? Yep looks good. Thank you. Alright.

Participant 0222611

Technology right. You gotta love it. Right.

This is kind of. Um I wouldn't go to the emergency room for sinuses or something like that. I would only go to the emergency room for an emergency. Right. Ok. So when it says healthcare services is that general? Yeah. There's a lot of people that do-Yeah-so that's where that question does come from. Ah this would be I go anyway not that I disagree but. Oh ok. That is large. The wait time? Yes. Yeah some people have put it there or neutral you know it's a tough one cause some days there long and some days there short depending on. Yeah I agree with that doctors there time is very important and yours is not. I'm not sure yep what St. Elizabeth's healthcare is.

They used too but I used to have to take vacation time but now actually it's working out pretty good. Ok.

Ok, yes, way too expensive.

Ok. Ok. Alright. And then we are going to work from and you we'll have you put them out and then you can move around too and you get to keep these. Oh. Yeah. So you are going to go with the one that is most important to you to the least from the left, from the

right to the left-Ok- and then we'll do the negative one so you'll do one card and then yeah. You can, I think it's easiest if you spread them all out and then everybody does their own little thing but you're going to make that little design. Ok. The most important has to be 1. Right. And you'll get a chance you know to look at them again before we finish the whole interview.

I'm going to put them like this too that way you can look at them too no and that way when you go to look at them. Sometimes we're spread all the way out so. Is that 3 I'm sorry. Is that for there? Yeah. Ok.

This one is 2. Sorry. I know it's weird. There's 1, 2 and 2 and then 3, yeah. There you go. Does that help if I, it's so. Yeah. I'll do the 4 how's that. Ok this. You need one more yeah. Yeah then you'll go to 5. 1, 2, 2. If you want to move any around sometimes when you. And there is no right or wrong answer. So. Right. Some people are like am I picking the wrong ones. It's your personal preference I can't. Like a. It's ok yeah. It usually ends up. Then you take like the ones absolutely the least. No we have those to do. Remember the ones you disagree. Yeah. So you're ok. Yeah. It is confusing. So now you'll I don't know if you want to like get spread out. You're going to start with the least on this side and work your way and then the neutral ones will be in the middle. Does that make sense? Yeah. So I'll move this down so JoAnn can help you with that. So we'll do one card again. The one that you. Ok. So this is the one I disagree with the most. Or isn't it as important to you or however you see it.

Yeah.

This one a 4. That can be a 4 and this can be a 5. Yeah. Just in the middle. Right. 6. Ok.

So as you look them over if you can verbalize or were any of those hard cards difficult to place and if so why? And you can change any of them too as we yeah. On this side not so much on the negative side a couple of them were a little bit because they don't really apply to me. They would have applied when I was younger. For example I'm not too busy. I don't have to miss work anymore. I'm able to schedule my appointments around work. So those were a little bit difficult. Cost obviously that's a factor but doesn't prevent somebody like myself or my family but I can see where it goes. Yeah. Sure. But I think I've got them pretty much where I like them.

So thinking of annual care and going to the doctor you do participate? Yes. Ok.

And now a lot of the research is looking to see before and after the Affordable Care Act do you think that it's changed your behavior? It hasn't changed for me. I started going to the doctor annually because I was getting up there in years and then actually I do have

a chronic condition that like-Ok-check blood work but I do go for the annual physical simply because I want to be around longer for my family. That's good.

Is there anything else JoAnn you can think of? Ok. We'll write down the numbers in a minute when we're done if you want to double check and make sure everything looks good where you want it to be. This is important having a regular provider so. But probably the key is good healthcare coverage. That actually-it's hard-right yeah-these kind of all could be could be 1's but really the biggest thing is I want to be around so that's. Yeah I think it looks pretty good. Ok.

Do you have any other questions for us? No. Ok.

Participant 0209461

I participate in healthcare services so I can live a longer life, that's why I go to the doctor unless something matches that I go with the positive most important one 6, +6.

Yeah and then you'll find. You might need more room.

Let's see here, I would say this one would be high up too, Participate in healthcare services to avoid chronic health conditions. That would be maybe a +5.

I would say this might be another +5, Participate in healthcare services to stay healthy. I think for now we'll put that there.

Let's see here, I don't think my family wants me around longer so that wouldn't fit. Forget that, now that's not true. Participating in preventative care to detect illness earlier might go to +3 or +4.

I participate in healthcare services to prevent long-term health problems. That would go in +4.

I think the government should provide all Americans health insurance coverage free of charge. I think I may have to flip this out and go to the +6 and move that one. I think this is the most important one and flip it out and may switch it.

So I can live longer healthcare services...I can always put this on in +3, put that one in +5 so I can live longer and this one will go in +4. Do that one.

Let's see here. I participate in healthcare services because I have a chronic illness. So that would be in a +3.

I participate in preventive care due to a family history of chronic illness. Go +3 on that one.

Minor acute.

I would say another important one is participating in preventative healthcare treatments will prevent illness from occurring. Let's see maybe I'll flip this one out and go right here and that one can go to 2 2.

That has to be a big one, preventative care and detecting medical problems. I guess we'll go with that one. Participating in preventative care will detect medical problems so that's got to be somewhere high up. Healthcare preventative care. I guess we can toss it here 2 +2.

At the end you can relook at all of them. Yeah we'll let you rearrange them.

I will throw this one maybe here so I can be around longer for family. I participate in healthcare because I want to be around for my daughter.

Participate in health care services to prevent minor or acute illness. Let's see 2 1 more.

1 more.

And that side is negative where I don't believe in it as much.

Right.

Gotcha, okay.

Not as important.

Ok.

I value good healthcare coverage right there +1.

This would be a good one, It is important to my health to participate in annual checkups +1.

Yeah I would say it's important to my health to participate in preventative healthcare. It seems like I have seen that one before, maybe not. I got one more for that. That's it.

I would like a large number of healthcare providers to accept my health insurance coverage. Yeah it might be higher up. I guess this would be okay to go there. It's nice to have people to pick from.

So now I'm moving in the 0's.

No.

One more, okay. Oh I missed one here.

I have a regular healthcare provider for healthcare services. That's got to be high up. I would have to slide all these down. This would probably be like a 2, so they would have to get all rotated. Or maybe 1, 2, 3 is there room for 3 right here? No, 4. Hm, yeah it's pretty important though. It's got to be right up in here. So I guess I'll just have to shift everything huh if I have to. So this one would go. Having a regular place for care is key for me, when I become ill, I call my doctor and get the care I need.

They're not in particular order so you can just probably move it over 1 and then just have you know what I mean, like move this here, move this here and move this here. Right. You know what I'm saying. So 1, 2, 3, 4, 5 so you have 5 there so you're good.

Yeah. Right I can just, uh, right, and that would be good on this one, and that would be fine there. Okay.

Now when I go to the left of negative, like negative, and then the more severity of negative the further down the spectrum.

Yeah you'll start with the least again.

That's the least right there?

Yeah, the most important and then the least important. So when we get that other pile of negatives you'll do the same the most negative. Does that make sense?

Ok, so these ones here are still positives?

Yeah positives or agree with. So you need 1, 2, 3, 4, 5. Yeah.

Ok. Ok. So I'm in the 0. Ok. That ain't bad.

How many are there?

5, 1, 2, 3 and 6. These are all about the same level I think of, really not that important to me. Just throw them all in there.

Yeah.

There is going to be one left?

No.

6. All done. I get my smarts from her, it's in the genes.

So give him the disagrees. I don't know if you want to switch chairs cause it's so big.

Ok.

You can start in the opposite direction. I would don't you think lay them out like you did with the positives.

Ok.

So the neutrals are at the end so hopefully it ends up.

Disagree.

Yeah so you're going to find the one you most.

Most disagree. The ones I most disagree with. OK.

Put that over there.

Start right there. Ok.

Now we're starting backwards. At the end you'll get to look at all these and decide if you're still ok with where they're at one last time.

We need a big table.

Yep, we needed it.

Did you say I'm going from most disagree to least disagree?

Yeah.

Ok there's a most.

So you're gonna make. That's 6. 2 for the next.

Ok. There's another one so that goes there.

I'm too busy to participate in doctor office visits so that's a 2

Yeah I don't think this really applies. The cost of office visits copays too expensive so that doesn't really affect me. That one there.

2 more for there for the next one.

Ok. This wouldn't really apply to me, Healthcare provider appointments require me to take off work and use vacation time. I don't work so it doesn't really affect me.

Participating in preventive healthcare services can be scary. No too much unless they're doing blood.

Let's see I'm afraid of participating-I'll save that one for later.

You're going to pick 3 now.

I'm picking 3 now.

Routine doctor appointments can be too lengthy and take too much time. I don't think that really, doesn't bother me too much.

Health insurance premiums are too expensive. Not really for me, not yet.

Annual doctor appointments can be too lengthy and take too much time. I don't think so, too bad.

Where we going at now? 4 negative. Ok.

Healthcare provider appointments require me to take off work and lose income. No.

Let's see. Too busy to participate in preventative healthcare services.

I only visit a healthcare provider when extremely ill. Yeah, a hypochondriac.

Let's see, one more. I'm afraid to participate in preventative care due to the procedures being uncomfortable or painful. No not too much.

Ok.

You have the neutral ones.

Oh there it is.

Participating in annual physicals can be a stressful situation. That one will go right there.

I'm afraid to participate in preventative care due to procedures being uncomfortable and painful. That will go to the -1.

I only go to the emergency room when I need healthcare services. No.

My employer provides a cash back incentive for participating in annual preventative care.
-1

I'm afraid to participate in annual physicals because the doctor might find something medically wrong. Throw that there.

I will participate in healthcare services if insurance plans were easier to understand.
That's neutral. Yep.

So now you need to look at them from the least to the one you disagree with the most I guess to the one you disagree with one last time to record your numbers.

Yeah, alright. I'll scoot over so I can see. I don't think I want to change anything.
Looks okay to me.

Do you feel your health care behavior or participation has changed since the enactment of the Affordable Care Act? No, I still go the same amount. I go for annual and preventive care because of my chronic illness. I have noticed that my deductibles are higher which is putting a larger financial burden on me.

Did you have any questions regarding this?

No questions.

Ok. Thank you!

Participant 0225391

You can say it and if you don't. Alright.

Do I have to read them out loud or just go through them and. No not necessarily. If you get stuck on one you can.

Like it says, It is important to my health to participate in annual checkups. I agree with that but I don't necessarily do that so. So you can put you agree with that and we can talk about that after. Right. I do have a family history of chronic illnesses so preventive care is important.

Alright. We are going to take these. Ok. Take the neutral and disagree then you are going to look at those and then you're going to decide which ones are most important agree with and we'll start out with the first one, top 1 and the next 2 that are important to you and um you'll be able to move them at the end and then too so if you decide I don't like where it's at.

Ok, so all these cards like this put them in order like this. Right, Yeah, so we'll go 1 then we'll 2 then 2 more. You are going to go from most important to least. Ok.

This ends up being usually the tougher part cause you're looking at what's more important to me or not.

I participate in healthcare services to prevent long-term health problems. I don't know if doing anything can prevent some health problems.

I do not have to take off work to go to the doctor

I know I should participate in healthcare services to stay healthy and be around longer for my family.

I think I'm going to have to put this in the disagree. Oh sure no problem. Yeah we can trade it.

Healthcare provider. Yeah someone, a doctor that you go to. I don't have any complaints about the wait time at the doctors.

Alright I have an extra one, 1, 2, 3, 4, 5. Oh we're doing it, I'm sorry we're going to start opposite so this is your most important ok so we'll do that one. It doesn't matter yeah if you have and then we'll do those and then yeah. These are in order? Ok. Then it's weird it has 2, 2 2's to fill it's weird. Then this one goes here. Yeah well then it's 2 2's then a 3, yeah that's ok yeah, I know it's weird and then a 4. Ok. Make sure they are in the right order so we don't end up flipping them all around. I know these are all the last row here so. 2 2's. Yeah 3 and then we are building a 4. Them. Alright. I'm sorry. Oh ok. There we go. So you will end up building when you get your other cards. Alright. Now we are going to start at that end. Ok. And then we'll talk about the cards and how you placed them. So we're going to build it from the. Yeah, I know. That's why we needed a big table cause it gets spread out. So you'll do the same thing you did. 1, 2, 2, 3, 4, 5. Ok. Yeah so you end up supposedly put it in the computer. Which you most

disagree with first. Yeah. Ok. Or least important to you. Ok. And then you can look at them all at the end.

That's your first one? Yeah because I mean that has nothing to do with me so.

Ok 2 and we will work on 2 more and then 3. Yeah well that worked out. Ok.

So you'll look at these and then you will have more that you disagree with on this side and then the ones you agree with more and then we'll do 5 cards here and then I believe 6 and then 1 should be left for that. Ok so 5 that I disagree with, 5 that I agree with? Or however you see, yeah. More. Exactly.

Like this. I mean healthcare treatment deductibles are too expensive. I mean I know in some peoples cases they are but that doesn't really affect me. So yeah you are kind of neutral on it so yeah you can put it on either one. Alright 5, 5, 4.

Ok this is your 6 pile. Ok sure. I agree with somewhat. Yeah and then 1 more there and then 1 will go here. One here? Yeah. One here and then one here on this one. There should be 5 on that one. Ok.

Alright so you can if you want to look at all of them but while you are were any of them hard to place and why? Well a lot of the ones I can't really think too much health insurance premiums cause as of right now I don't pay for my health insurance but I do know that's it's hard for some people and then the government should provide all Americans health insurance coverage free of charge. I mean I believe yeah that unless your work does like the people that don't have it but I don't really agree with like forcing people to pay for healthcare that they can't afford.

I mean I know it's important for my health to participate in annual checkups but I don't do it. Are some of the reasons here why you don't or you just. No. You just don't. Well I don't. I had a doctor I went to him and he quit being a doctor and I went to another doctor and she was a nurse practitioner and now she's not so I just kind of gave up on all that. I'm definitely not too big. Well my kids keep me pretty busy right now. But it's not a reason you wouldn't go? No. Gotcha. It looks good right there. Ok.

We talked a little about you going or not going. Mine is looking at a little bit before and after the Affordable Care Act and have your habits or behaviors have changed any since it's release? No that hasn't affected me myself.

Alright. I think that's all we have. Do you have any questions for us? No you're good. Alright. Thank you.

Participant 0213271

Ok so then you talk out loud and make the 3 piles.

Participating in preventive care will detect medical problems. I hope you agree with that as a doctor. Agree.

It is important to my health to participate in annual checkups. I'll agree with that.

Participating in preventive care will detect illness earlier. Agree.

I participate in healthcare services to prevent long-term health problems. Agree

The cost of office visit co-pay is too expensive. I think it's neutral on this one.

Healthcare treatment deductibles are too expensive. I would say agree on that.

I participate in healthcare services to stay healthy. Agree.

I'm too busy to participate in preventive health service. Neutral.

My insurance plan offers preventive healthcare service at no additional annual cost. Agree.

Health insurance premium are too expensive. Neutral on that one.

Healthcare provider appointments require me to take time off work and use vacation time. Agree.

Doctor appointments are too difficult to schedule.

I'm afraid to participate in preventive care due to the procedure being uncomfortable or painful. Disagree.

Participating in preventive healthcare treatment will prevent illness from occurring. Agree.

I'm too busy to participate in doctor office visits. Neutral.

I'm afraid to participate in annual physical because doctor might find something medically wrong. Disagree.

I participate in preventive care due to family history of chronic illness. Disagree.

My employer provide a cashback incentive for participating in annual preventive care. Definitely disagree.

Participating in preventive healthcare service may cause pain or discomfort. Disagree.

Participating in annual physical could be stressful situation. Disagree.

Routine doctor appointment can be too lengthy and take too much time. That's neutral.

My health insurance plan provides a health insurance premium incentive for participating in annual preventive care. That I'm not sure so neutral.

Annual doctor appointment can be too lengthy or take too much time. Disagree.

Healthcare provider appointments require me to take off work and lose income.

I participate in healthcare services because I have a chronic illness.

I will participate in healthcare services if the wait time was shorter in the provider's office. Neutral.

I participate in healthcare services so I could live longer. Agree.

I value good healthcare coverage.

The government should provide all Americans health insurance coverage free of charge. Agree.

Participating in preventive healthcare service could be scary. Disagree.

I would participate in healthcare service if I have a regular place to go for medical care. Agree.

Sorry.

I participate in healthcare service to be around longer for my family. Agree.

I will participate in healthcare service if insurance plans was easier to understand. Agree.

It is important to my health to participate in preventive healthcare. Agree.

I have a regular healthcare provider for healthcare service. I don't have one. Disagree.

I participate in healthcare service to prevent minor or acute illness. Agree.

I only visit healthcare provider when extremely ill. Agree.

I would like a large number of healthcare provider to accept my health insurance coverage. Agree.

I participate in healthcare services to avoid chronic health conditions. Agree.

I only go to the emergency room when I need healthcare service. Disagree. You can put it wherever you want.

Alright so now. You can keep those ones. You can spread those out if you like or however you want to do it and you're gonna if there's anything you could talk through it, you know what I mean, if you're looking at it you're gonna pick the one that you most agree with and work your way down. Ok. Oh wait that's wrong one, this is it. So you're gonna put 1 card in the 1st and then 2. You're going to make this little diagram. So pick the first one that's most agreeable. Yeah that you most agree with. I see. And you'll be able to move them around too. Like if you put it down don't think that's the one that has to stay there.

I would say I participate in healthcare service to prevent long-term health problems. Ok. So we'll put we're gonna make that little. I know we're going to run out of room so we'll put it there what do you think.

So I'm going to go with this one cause I like this one. Yeah I like this one. You like that. The first one I participate in preventive care will detect illness earlier. I most agree with this. So you'll pick your next 2 that you agree with. My next 2.

I participate in healthcare service so I can live-no I'm too young for that I think.

Prevent long-term.

Will detect medical problems. Ok.

And yeah let's make it in healthcare so long-term health. There the same thing right? Pretty close. Like participating in it or I or if you participate in it. Yeah they're close. Alright then 2 more. 2 more? 2 more for the next. Most agreeable ones here. Yeah. When do we start the disagreeing part? After you're done, we'll do all the agrees first then will do the disagree and we're partway.

Yes, definitely, I think healthcare treatment deductibles are too expensive and I want to be around longer for my family. 3 more cards? Yep 3 next one.

A lot of these are very similar to each other. Yeah they are.

Chronic illness, to avoid chronic illness, longer and. I would say this one then cause it's kind of important insurance provides no additional annual cost for preventive service. And then 4. 4.

Let's go with this one. It's important for my health to participate in annual checkups. The government provide insurance free of charge. Prevent acute illness. To stay healthy.

And then 5. 5? Yeah. 5 so are we almost into the neutral range. Yeah.

Health plans. Prevent illness from occurring. Value a good health coverage. What was the last one. I have a regular place to go. Let's go with this. Alright. Ok.

And this will be all. You can put those 3. Yeah. However. Here? If you want. So we'll go back to these after you do the negative. How's that? Ok. Yeah if you need to change them around. Yeah because some of them are similar to each other. Now you are going to go with your disagree. The lowest one. So the one I disagree with the most? Right. We are working our way out to in on both.

I would say I'm afraid to participate in preventive care due to procedure being uncomfortable or painful. So you're not, you're not afraid. Yeah. I would definitely disagree with that. Let's go with this one.

Ok like I said you can move them once you get them all laid out.

Ok now 2. Yep. You got it.

Pain and discomfort, are too difficult to schedule. I don't think so cause we have all the same day appointments. Oh okay.

3 now.

I have a regular healthcare provider for healthcare services.

I only go to the emergency room-

4

Which one. So that's the obvious 5 which I agree with the most basically right? Yeah.

Let's go with these. So you'll have one there. So you'll do your neutral ones you can do them either if you agree you know. You are going to finish out this so you'll have 6 there and 5 there so. 4 here, 4 more there. 4 more here and 3 more here and 6 in the middle. Yeah. So they're pretty.

It's too expensive. Agree or disagree? You're going to go on that side. Ok. Too busy.

My health insurance premium are too expensive. We'll say that.

Too busy to participate, I guess I do disagree that I am too busy to participate in doctor visits.

Routine doctor appointment can be too lengthy and take too much time.

And I will participate in healthcare service if the wait time were shorter in the provider's office.

Alright so if you want to look at them and see if there good where you want to keep them cause then we will record them.

Participating in preventive care will detect illness earlier. Too expensive.

And while you're looking if you want to look and let us know if they were hard to put and why they were hard to put where you chose to put them and why. What do you mean hard to put? To the side if you were yeah why. Sometimes it's hard yeah ok I agree or disagree. Ok. Difficult to decide where to place them is a better way of saying it.

So for this one I only visit a healthcare provider when extremely ill. I mean as a student it's almost-people at my age. Right. We tend to avoid doctors at all cost. Even though we are like, I'm in the department of medical field you know we tend to avoid doctors at all cost. So I think should be like more agreeable but feel like it doesn't apply to me. Ok. Right. This is all about me. This is about you. Right.

We want to hear what you say not what we want to hear. Does that make sense? We want to know about-

So with annual or preventive care then you do or do not participate in it or you? I do not, even though my mom-me a lot. I do not. It feel like if it's something wrong or having physical symptoms right and then we feel like too young for chronic problems for the moment so I do not participate in preventive care I think even though our insurance provide us with free preventive care I just don't go with it.

So while we're on that topic so has the Affordable Care Act changes helped have the changes that have occurred from that helped you decide to go or not go I guess, changed your behavior in any way? No not for me. Cause as through college when I go to Ohio State in college and to Medical school they all provide me with insurance. I think it's mandatory when I first started so it doesn't really change me because a lot of them don't have insurance but I have insurance all this time and I can remember in 8 years I visited the doctor twice in 8 years and that's because and one time because my mom made me go that was in New York City so I think the Affordable Care Act don't really affect me at least not at this moment because throughout this time I basically had insurance through employer or school if you call it. So it doesn't really affect me. Once in particular in med school I feel like being too busy going to primary care. I feel like it's an excuse that I will use but to now think about it I have a lot of free time I could have gone that's why I disagree with it. I could have gone. I definitely could have gone. Even now with clerkship now we should have the time to get doctor appointments. I feel like it's because we didn't want to go it's not because we didn't have time.

Alright, so those look good where they're at for you? Pretty good. Ok.

Do you have any other comments or questions before we stop? No. I mean for me I'm in the medical field I feel like preventable illness that's why I put in the most agreeable one because it detects disease early and we are taught that any time you have an early disease it's most curable stage so maybe it's from the medical side I feel like I most agree with and for the most disagree with its that we always stress the importance of preventive care and protecting like not being uncomfortable cause I know we'll just come in and do a physical and basically just come in draw your blood so I feel like it's not the uncomfortable because we see it all the time so I guess I have an inside like pleasant view to all the medical procedures of the doctor's office so I feel like I can most disagree with that one.

Ok sounds good. I'm going to stop. Thank you.

Participant 0223521

And you can talk if you want too or you don't have too whichever you think or if one of the cards is hard to place you can mention.

Mix them up later on as I think about it.

Yeah and even after you put them out there might be something you want to move at the end. We'll give you like one more chance at the end to sort them.

I got to put something there.

These are good, these are all good reasons.

Ok.

I'm not sure about that. I think. It's not a premium incentive but there free so I guess it's not really a premium.

History of a chronic illness. Give me an example of a chronic illness?

High blood pressure, diabetes, respiratory, asthma, anything like that.

Yes.

Ok. No, I don't have a chronic condition.

Are these the right answers Lynda?

Yes. They're all right. There's no wrong answer. Alright. Ok you're gonna, I don't know, some people lay them out and then.

What do we do?

You're going to put 1 card. You're going to start from the right 1 card here and then 2 cards here then 2, then 3 and work your way. You have quite a few cards so you might almost make it over to here. This is our bell curve. The one you most agree with. Or feel the strongest about.

Alright.

You are going to be ranking them. Everyone does them different ways we've seen. There is no right or wrong and then you can still move them around as you read them over.

This is the harder part obviously trying to decide.

When you say healthcare services, preventive healthcare services or just healthcare services in general?

Just in general. Cause some of them you'll see they have annual which is like your annual checkup and then you'll see preventative which means like your blood work, cholesterol check, your even vital signs, colonoscopy, stuff like that.

Ok, Ok. So now you want me to write you in that order that bell curve.

We'll need another table.

You're right Lynda we are just getting down to that. That's good.

Yeah.

You want us to go like this.

No. You're fine.

And then it is 2 twice. Yeah we end up taking the whole.

You slide those all down. I kind of put them in a

A little bit of an order. Yeah.

1, 2

3 next

3, what is it 4? 4, 5?

Yep.

Is it 5, 6?

5, 6. 5 Yeah. Oh you kind of had them. Yeah read them over.

Can I just discard this card?

To what?

Is it too late?

Where do you want to put it?

To that disagree pile.

Yeah you can.

Give me an example of a chronic health condition again? Chronic means what ongoing?

Yes.

I'm going to disagree with that so that's not going to cure that. I would like it.

Ok. Looks. 1, 2, 2. How come there's 2, 2's? Is that the way it's supposed to be? 1, 2, 2

Yeah.

And then what 3?

You need a 3, 1 since we discarded one.

And then a 4?

Yeah and then a 5. One more. We discarded 2 from that pile and then 6 on that one and back to 5. You're going back down now.

The curve as we go down is it these 6 are more important than these 5? Ok. Ok so that's 1, 2, 3, 4, 5, 1, 2. Ok I think that looks pretty good.

And as we go down it's more?

You can do it that way, that's fine yeah.

This is 5 right?

Yeah.

Is there an advantage to discarding the cards or not?

No. You're going to have to go through those that you disagree with and make. There's not that many though. Do you feel like you're in college again?

Santo they won't let me go out. Ok. Stop.

You can look at them at the end how's that?

I think I'm pretty good. That's a pretty good setup.

Ok so now you're going to take the disagree, yeah which aren't as many thank goodness.

So I disagree more?

Correct with the 1. Yeah you're going to make that correct. That's one that yep. If you had to be, yeah that will be like the -10 working your way in.

I disagree more. Disagree most. Ok.

1, 2, 2, 3

Ok

Yep, 2 2's

Ok.

Ok. And then these are pretty close. Yeah same thing.

Disagree the most and disagree the least?

Yeah.

Ok, I think that's. Ok.

Ok you'll put 2 more there of those. We're finishing out.

Ok.

Then 2 here and then 1 there.

Down here?

Yep. So we should have yep. Alright so now you get to look at it and I'm going to need you to think out loud.

I think it's good.

Were there any cards that were difficult to place and why? You can start with agree or disagree or wherever you.

Can I answer like generally?

Oh yeah. Yeah.

No just from a general perspective sometimes it's difficult to make a decision because there are some questions nature of questions that are somewhat vague. For example the cost of an office visit co-pay is too expensive. Like what is too expensive. Like in other words how it rates to me is a function of what it costs. So this is just a general comment on all the cards.

And yeah if you want to change any before we. Yeah you can change some while you're looking too.

That's right or however you.

Yeah.

Ok. I think that's. I'm getting better. We're getting better. I think I'm done. Ok next question.

Just talking about your participation in or lack of participation in annual preventive care. Any comments about that?

Like why I do or why I don't?

Sure.

I think this pretty much lays it out.

Explains it.

It is something I should be doing. It is free but you get so busy and you're feeling pretty good. Yeah I why not. Maybe we can start a conversation. Do you go Lynda? Do you go every year?

You do.

I do yeah.

How come?

To say healthy and it's free.

My wife told me once they were having free screenings up at the mall and she said you gotta go there and get checked out. I told her, look it's like taking an old car in the shop and they'll find something wrong.

Maybe because I'm a nurse and I've seen all the effects of not going.

Very good. That's a good perspective. Maybe I think I've got to feel good so I.

If it's not broke don't fix it. Is that your mentality? Yeah.

Yeah but if I'm not feeling good I'll go in but yeah maybe you guys still see healthcare as something to go to on a like when your car breaks down you bring it into the shop. Maybe that's my mentality.

Do you not do maintenance on your car though?

I mean. Yeah.

Yeah, yeah that's a good point. I do. I do do maintenance on the cars but I believe I maintain any maintenance on myself. I try to eat healthy, I still work out. So I believe I'm maintaining. There's not much discussion in the family about past medical conditions like who has hypertension or who doesn't. That's something that's not on the radar until something hey you know and all of a sudden it's like what does the insurance cover and all this kicks in.

Crisis mode, crisis medicine.

Yeah.

As with all things I'm sure there's a number of reasons; culture. From different perspectives mine and yours.

Are you good with that?

Yeah.

I have one more question with that talking about that. I'm looking at before and after the Affordable Care Act was enacted.

Ok.

Do you notice any changes with your behavior towards healthcare since it came into effect?

Any changes?

Yes in your behavior of going for preventive care or physicals. I know you mentioned that they called you today so that's good, that your insurance company called you.

My insurance company called me to remind me to get my preventive care because it's free, I should but I probably won't.

But what I mean is why? You personally know what I'm saying, yeah wouldn't you go? Now somebody called you right and told you, you should go because it's free.

For all these same reasons; I don't go because I'm too busy, let's see I feel good, you never know what they're going to find.

Ok.

Also, I think about like his doctor taking care of my uncle because he had cancer and it was untreatable. So is it better not to know and you know it's that argument or better to not know or better to know and stress out over and sometimes you wonder and there's too much information. He did like all that work and went all those places. God rest his soul the old man. So, the outcome was still the same. Right just.

I do understand that's one extreme that's not like something that maybe curable like hypertension somewhat curable like hypertension or something you can treat. Yeah I guess I'm going to have to say Lynda like take a picture of these cards here. But like these are probably like the very good reasons why. The reasons. Although you should have asked more questions like family discussion we talk about careers and families. We don't talk about healthcare so that's maybe part of it to our culture is.

That's for future research studies, yeah that's one of my topics that I will be looking at in the future culture and even race.

I think culture is big, I think it's huge. It's a big deal. This is really big. So yeah I guess I would say that look at these cards they should probably be the reasons why I don't do what I should be doing.

Ok. That's good. So, obviously.

But yeah so I agree with healthcare being important and I see a movement in the right direction.

Sure so the Affordable Care Act really hasn't made you change your behavior then for the most part?

I can't say Lynda, that's a really long answer for me uh but no. The short answer-that's alright-is no, I mean you know regardless of employer provided care I still won't go until I have to.

Yeah.

Well that's all the questions we have.

That's all?

Yeah.

Oh wow.

Do you have any questions for us?

No

Ok that's it thank you.

Participant 0220502

Alright

Alright

You can talk if you want, some people do, some people don't.

Do I have to read these out loud?

No, if you don't want to

When you do, when you, separate them if you want to talk about them that's fine too.

Just put them in columns.

Ya, um, hum.

Because then you'll just spread out the agree ones, right there.

These are similar.

Some are, some will be real similar.

I just do it on my days off, so.

Ya, that's what a lot of people say.

That could be I guess.

I guess maybe we're lucky because we work shifts.

Ya

That we can schedule appointments.

I'm asthmatic, so.

Oh, okay, Is that how you got interested in respiratory?

Uh hum, Ya, I was very sick as a child.

Okay

In and out of the hospitals, I was always strong in the sciences.

Um hum, um hum

So I just kind of fell into it.

Ya

There is always something that draws us to, you know, our profession. I think.

Um hum

Is that my family?

Yes

Ya, it would be like if your father had heart disease?

Sure, ya

I got ya.

It pushes some people to go because their dad had a heart attack or whatever.

Actually they do through, um, what's the thing we do?

Uh, Be Well Within.

Ah, there you go. So there's an incentive for that so that would be an agree.

I already do this so, let's go neutral on this. I don't think so.

Okay, I think I got these sorted.

Alright

I'll take these. So I'll take these for now. So what we'll do is, we are going to make this design with the cards. So the one you agree with the most or feel most passionate about will be one and work your way over and then we'll do negative after that.

Alright

I don't know if it will be easier if you spread the cards out and then do it.

So, where's the most positive.

Far left. Ya, So you'll do one, one card, then we'll put two cards, then two cards.

Oh I see.

I don't know the program.

I got a bunch here.

Ya, a lot of people say they are real close.

I got to lay these out to see where I am at.

Right

This is the harder part, I think, to hone in on what's most important to you and then.

You got a lot of them too.

Positive or the one that means the most to you.

Alright

And you could, we'll move them at the end to. There is no right or wrong answer. So at the end you can relook at everything and say I want to move this or I'm more passionate about this.

Start with 1, then 2 twice, 3, 4, 5 & then six.

Six is the middle one correct

Ya, this is tough here. This is stressful.

Sorting out these cards is stressful; it should be one of your cards.

One of my cards, laugh.

Alright, it was one of about the family, that's important.

Alright, so let's start here.

Spread them out, two more cards.

Ok do three, yes.

Is there two threes or just one, just one and then you'll go to four.

Ok, then five.

I'm going to run out of cards.

That's alright; you can start at the other end.

This should be the last one

Any thoughts on any of those? Any of these cards?

Well, some are similar.

So do you want me to reduce these down, no not yet.

No, you are going to from the left, the least important and work one out to the neutral area. Start with one card.

Are we still doing two, then, two?

Ok, good, you're pretty fast.

Now you'll do the neutral cards. So finish out this row with six and this row with five.

It would be nice for the kids. Oh, because they're away at school. My daughter is in Columbus and my son is in Cincinnati. My daughter is at Ohio Wesleyan. Columbus doesn't have as many doctors on our plan.

I would think Cincinnati would have more doctors. Yes they do.

Look them over were any of them hard to place and why?

Some are similar and some do not apply because I work in the hospital setting. I am not afraid of participating in care because I work in the hospital.

I only go to the emergency room when I need to if there is an emergency.

So you go for annual check-ups and preventive care? Oh yes, I go for both. Oh yes you did say you go. I had my colonoscopy this year. Oh sure, yes and everyone down down there I knew. Yes, I felt uncomfortable at first but then it was good.

Has your participation or thoughts changed before or after the Affordable Care Act?

I don't think so not for me. They say our insurance rates have changed but my participation has not. Mercy has made it easier for us. We go to the Family Medical Center for checkups and when the kids are in town it is so easy to make appointments.

We used to see our family doctor and we would sit there for four hours. It was horrible but now it's easier to get appointments and the healthcare we need.

Speaking of preventative care, I do go to my pulmonologist and get my PFT's twice a year. I also get my maintenance drugs renewed. I know it's important to go regularly.

Do you have any questions?

No, Okay then.

Thank you!



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January 12, 2017

Dr. Karen Larwin, Principal Investigator
Ms. Lynda Ricciardi, Co-investigator
Department of Educational Foundations, Research, Technology & Leadership
UNIVERSITY

RE: HSRC PROTOCOL NUMBER: 078-2017
PROTOCOL TITLE: The Impact of the Patient Protection and Affordable Care Act on
Access to Health Care by Caucasian Males

Dear Dr. Larwin and Ms. Ricciardi:

The full committee of the Institutional Review Board has reviewed the abovementioned protocol and determined that it meets the criteria of an exempt protocol, Category 3.

Any changes in your research activity should be promptly reported to the Institutional Review Board and may not be initiated without IRB approval except where necessary to eliminate hazard to human subjects. Any unanticipated problems involving risks to subjects should also be promptly reported to the IRB.

The IRB would like to extend its best wishes to you in the conduct of this study.

Sincerely,



Michael A. Hripko
Associate Vice President for Research
Authorized Institutional Official

MAH:cc

c: Dr. Charles Vergon, Chair
Department of Educational Foundations, Research, Technology & Leadership



February 7, 2017

Dr. Karen Larwin, Principal Investigator
Ms. Lynda Ricciardi, Co-investigator
Ms. Marla Carano, Co-investigator
Ms. JoAnn DiEugenio, Co-investigator
Department of Educational Foundations, Research, Technology & Leadership
UNIVERSITY

RE: HSRC PROTOCOL NUMBER: 078-2017M (1)
TITLE: The Impact of the Patient Protection and Affordable Care Act on Access
to Health Care by Caucasian Males

Dear Dr. Larwin, et. al.:

The Human Subjects Research Committee has reviewed the modifications you have requested to the above-mentioned protocol. The addition of qualified personnel does not change the risk associated with your project. Therefore, your project continues to meet the condition of minimal risk and is fully approved.

Any other changes in your research activity should be promptly reported to the Institutional Review Board and may not be initiated without IRB approval except where necessary to eliminate hazard to human subjects. Any unanticipated problems involving risks to subjects should also be promptly reported to the IRB.

The IRB would like to extend its best wishes to you in the conduct of this study.

Sincerely,



Michael A. Hripko
Associate Vice President for Research
Authorized Institutional Official

MAH:cc

c: Dr. Charles Vergon, Chair
Department of Educational Foundations, Research, Technology & Leadership



February 7, 2017

Dr. Karen Larwin, Principal Investigator
Ms. Lynda Ricciardi, Co-investigator
Ms. Marla Carano, Co-investigator
Ms. JoAnn DiEugenio, Co-investigator
Department of Educational Foundations, Research, Technology & Leadership
UNIVERSITY

RE: HSRC PROTOCOL NUMBER: 078-2017M (2)
TITLE: The Impact of the Patient Protection and Affordable Care Act on Access
to Health Care by Caucasian Males

Dear Dr. Larwin, et. al.:

The Human Subjects Research Committee has reviewed the modifications you have requested to the above-mentioned protocol. The additional three survey questions do not change the risk associated with your project. Therefore, your project continues to meet the condition of minimal risk and is fully approved.

Any other changes in your research activity should be promptly reported to the Institutional Review Board and may not be initiated without IRB approval except where necessary to eliminate hazard to human subjects. Any unanticipated problems involving risks to subjects should also be promptly reported to the IRB.

The IRB would like to extend its best wishes to you in the conduct of this study.

Sincerely,

Michael A. Hripko
Associate Vice President for Research
Authorized Institutional Official

MAH:cc

c: Dr. Charles Vergon, Chair
Department of Educational Foundations, Research, Technology & Leadership

