Central NY Focus Groups 2019

Barriers & Solutions to Accessing Healthcare in Central New York

Key Findings and Recommendations

TABLE OF CONTENTS

Report on Central NY Focus Groups 2019

New York State has made considerable headway in reducing the number of uninsured people in the state, including in western and central New York. According to an analysis by the Health Foundation for Western & Central New York's (HFWCNY) counties like Tompkins and Cortland which had an uninsured rate estimated at 13.2% now have uninsured rates of 3.5% in Tompkins and 6.3% in Cortland ([2019](#)). Even so, in a recent HFWCNY report titled: [Reaching the Five Percent: A Profile of Western and](#) [Central New Yorkers Without Health Coverage](#), hundreds of thousands of people are still uninsured despite being eligible: *over 150,000 uninsured in western and central New York had income that may have made them eligible for assistance, and over 95,000 of them met the income standards for free or very low-cost coverage through Medicaid.*
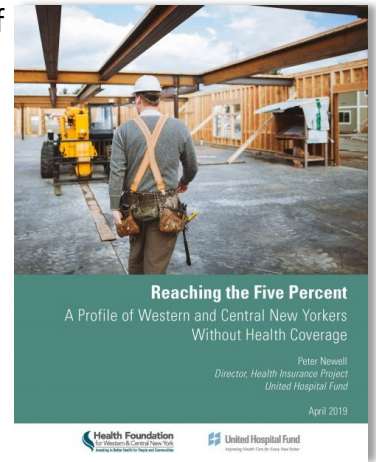
However, in this report, supported by HFWCNY, NY StateWide Senior Action Council found that reducing gaps in health insurance coverage is only the first step in reducing barriers to good, affordable health care. After conducting ten focus groups across eight counties in central NY and retrieving individual health access evaluations from 111 participants, NY StateWide identified important insights into the issues and injustices central NY residents face when seeking care. We believe the findings from this report speak to the experiences of many residents in central NY. Participants in all groups consistently identified barriers, that not only impeded with their ability to access care, but illustrated a lack of agency and choice in receiving excellent care.

Key findings from the focus groups include:

1) Insurance does not equal Health Care

2) The cost of services and medication was a major concern, mentioned in every focus group across eight counties.

3) The lack of medical services, providers, reliable transportation and a decreasing number of physicians in rural communities leaves residents vulnerable and isolated from receiving care.

4) The need to improve communications and transparency to increase accessibility and decrease barriers to learning about resources.

5) All counties suggested the need for a system change, including passing into law options such as Single Payer, Medicare for All and Universal Health Care.

The purpose of this report is to uplift the voices of central NY residents and share their opinions and perspectives to help inform community-centered solutions to accessing good health care. As residents, health care professionals, legislators and advocates are searching for a solution to improving our health system, the experiences and recommendations of directly impacted communities must be acknowledged with intention. This report gives context and direction to further guide our work and community-centered initiatives in 2020 and beyond.

Report on Central NY Focus Groups 2019

This section gives an overview of how the nine focus groups were conducted on August 27, 2019 in eight counties across central NY and an additional focus group in partnership with ARISE Independent Living Center on November 19, 2019 that focused on the disability community.

Discussion Groups

August 2019 Focus Group

NY StateWide Senior Action Council reached out to its members, network of service providers and partners in the eight appointed counties informing them of the event and encouraging them to recommend participants for the focus groups. In addition, we utilized social media to recruit participants in hard to reach areas sending out messages through text apps and targeted Facebook ads. We also alerted local media inviting them to attend our focus groups. Of particular help was the Physicians for a National Health Plan's Central New York Chapter.

We identified centralized locations in the main city of each county where the focus groups were to be held in the interest of encouraging participation from every central New York county covered in the Health Foundation's report. (See Appendix B to see additional logistics of each focus group.)

The discussion groups typically lasted 3.5 hours from 8:30 am – 12:00 pm. The first hour participants listened to a presentation by Peter Newell, author of the Reaching the Five Percent: A Profile of Western and Central New Yorkers Without Health Coverage.

Following the presentation, each county held separate meetings to share their experiences with the health care system in their communities. Participants were encouraged to share their ideas, hopes, and visions for an ideal health care system. Each group was led by a seasoned facilitator with many years of experience in various fields of human services. (See Appendix A for detailed group notes)

Following the group conversation, participants completed an individual evaluation of their health coverage experiences and what they think needs to be done in their counties. (See Appendix C for additional details on the individual evaluations)

Each participant received a $25 stipend for their time input into this process.

November 2019 Focus Group

Understanding the important role played by people with disabilities as consumers and as advocates, we partnered with ARISE Independent Living Center in Syracuse to listen to their experience in relations to the report. ARISE's services overlap with four counties which this initiative will operate – Onondaga, Oswego, Madison, and Cayuga.

Following the format of the August focus group, María Alvarez, Executive Director of StateWide, gave the presentation originally made by Peter Newell and led the focus group. Ms. Alvarez was assisted by Ursula Rozum of the Physicians for a National Health Plan.
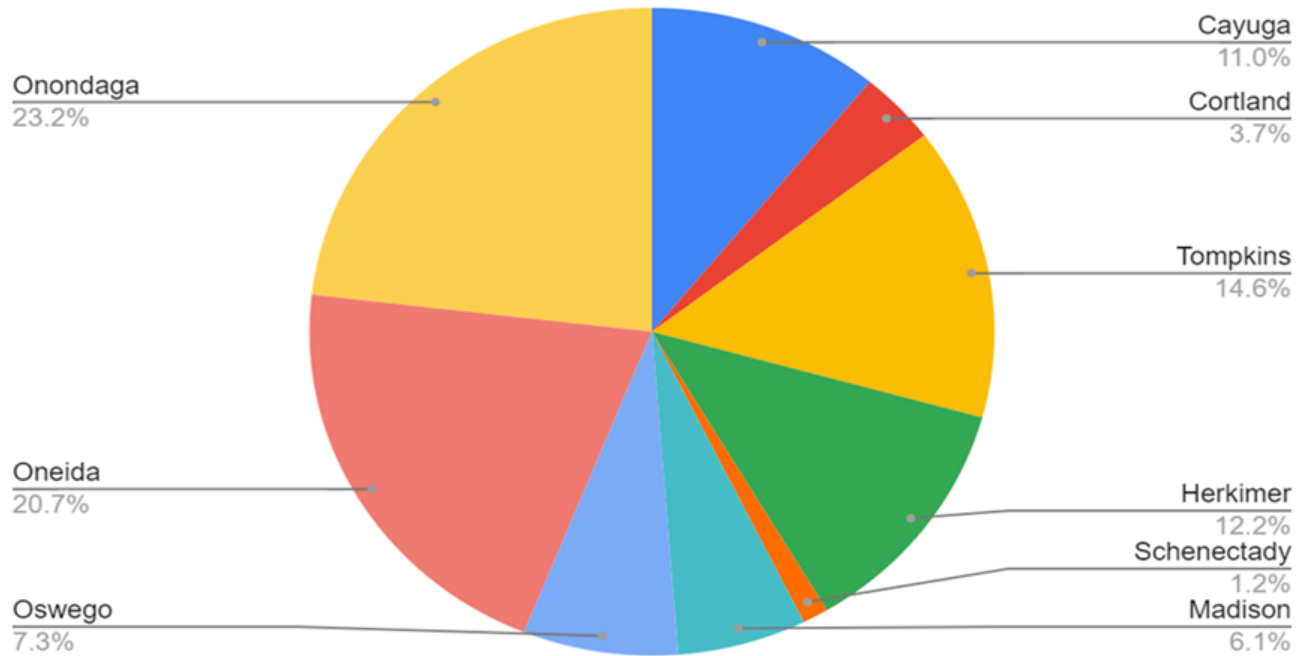
Data Analysis

Following each focus group, facilitators collected and shared notes and personal evaluations from each discussion group. Next, the StateWide team conducted an analysis to understand the qualitative data and identify key themes and findings across all focus groups. This supports the interconnectedness of access and barriers to health care across central NY. These themes and key findings will inform recommendations and next steps to drive greater education, resources and access to health care in our communities.
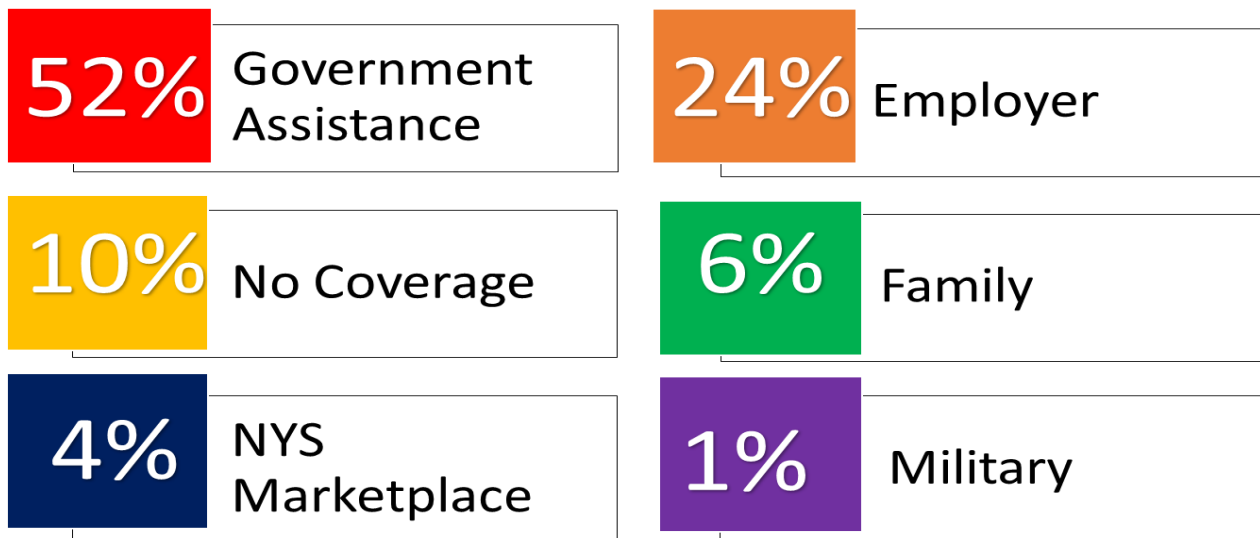
These demographics represent the self-reported information of 111 participants across eight counties and ten focus groups:

PARTICIPANTS BY COUNTY:

Cayuga
11.0%

Cortland
3.7%

Onondaga
23.2%

Tompkins
14.6%

Oneida
20.7%

Herkimer
12.2%

Schenectady
1.2%

Madison
6.1%

Oswego
7.3%

HOW DO YOU GET INSURANCE?

52% Government Assistance

24% Employer

10% No Coverage

6% Family

4% NYS Marketplace

1% Military

HOW SATISFIED ARE YOU WITH YOUR HEALTHCARE?

13%
Very Dissatisfied

5%
Dissatisfied

8%
Somewhat Dissatisfied

9%
Satisfied

32%
Very Satisfied

33%
Somewhat Satisfied
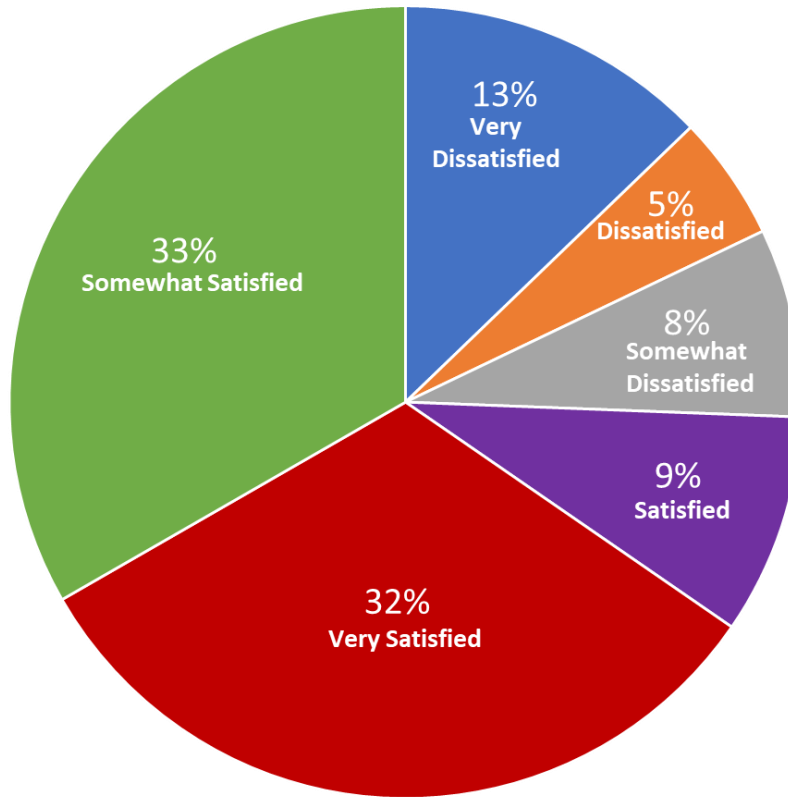
DIFFICULTIES RECEIVING MEDICAL OR HEALTH CARE WHEN NEEDED?

YES 67% NO 33%
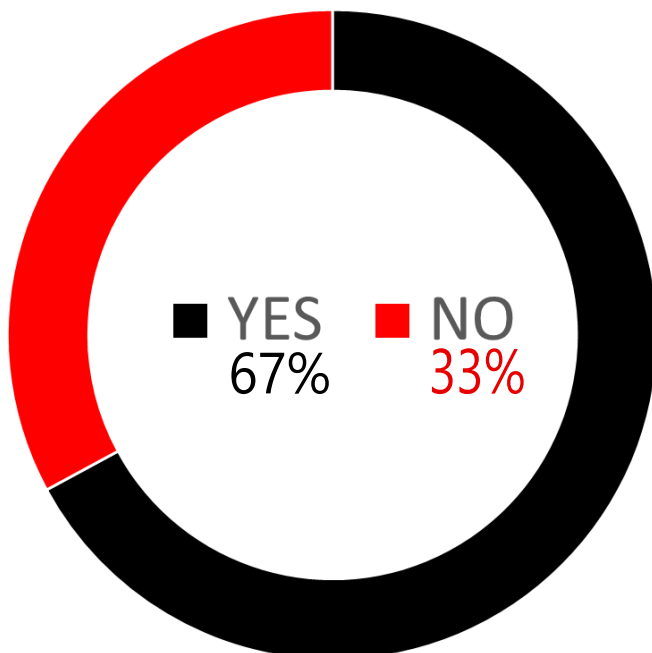
HAVE THERE BEEN ANY TIMES IN THE PAST 3 YEARS WHEN YOU OR A FAMILY MEMBER WERE WITHOUT COVERAGE?

YES 46% NO 54%

Report on Central NY Focus Groups 2019
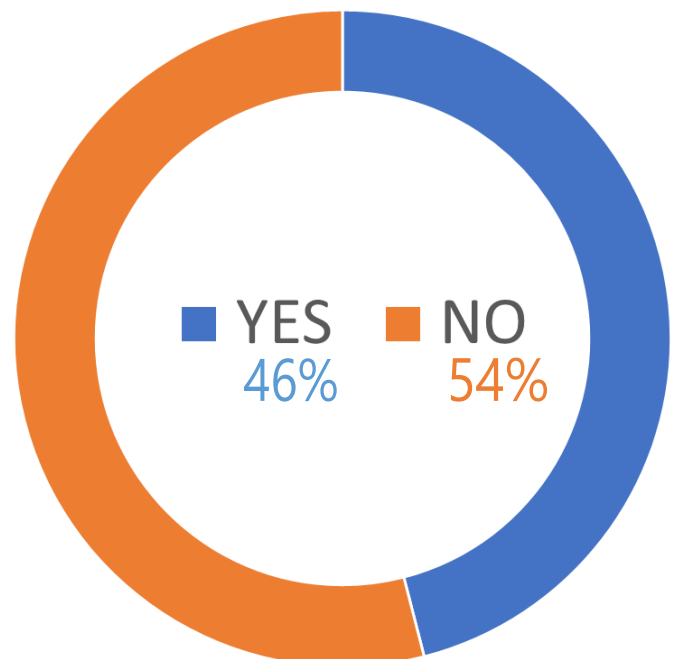
As a whole, the group of stakeholders that participated in the 10 focus groups across central New York included a cross section of people of different circumstances, walks of life, and motivations for wanting to participate in the focus groups and become a part of a movement to improve healthcare in their communities.

- ☑ Women
- ☑ Men
- ☑ Physicians
- ☑ Farmers
- ☑ Rural
- ☑ Urban
- ☑ Suburban
- ☑ Families
- ☑ Educators
- ☑ People with Disabilities
- ☑ Social Services Workers
- ☑ Elected Officials Offices
     (not representing an elected official)

- ☑ Caregivers
- ☑ Senior Citizens
- ☑ Privately Insured
- ☑ Publicly Insured (Medicaid)
- ☑ Medicare Beneficiairies
- ☑ Tri-Care Beneficiaries (Veterans)
- ☑ Uninsirued
- ☑ Immigrants
- ☑ Truck Drivers
- ☑ Unemployed
- ☑ Retirees (not necessarily 65 years of age)
- ☑ Market Exchange Health Care Clients
- ☑ Civic Activist

Oswego County Focus Group Photo (Left to right): Virginia Bough, Catherine Bucher, Mike Falonga, Marcus Harazin, Bob Sinacore, Lori Lyon, Stephanie Parrott and Mary Vanouse.
Source: *Oswego County Today*

Report on Central NY Focus Groups 2019

Qualitative analysis revealed five overarching themes across the focus groups.
Findings across all groups consistently underscored challenging experiences and barriers
that hindered community member's ability to access health services. The five key findings include:

① Insurance does not equal Health Care.

② The cost of services and medication was a major concern, mentioned in every focus group across eight counties.

③ The lack of medical services, providers, reliable transportation and a decreasing number of physicians in rural communities leaves residents vulnerable and isolated from receiving care.

④ The need to improve communications and transparency to increase accessibility and decrease barriers to learning about resources.

⑤ All counties suggested the need for a system change, including passing into law options such as Single Payer, Medicare for All and Universal Health Care.

Key Finding #1: Insurance does not equal Health Care.

- Throughout the focus groups participants made a distinction between health care and health insurance.

- Factors such as high costs, stigma, access to providers and complexity of the system can deter access to health care, despite access to insurance.

- Additionally, because of the shortage of physicians, in and out of network coverage, etc., even if people have insurance they may not be able to receive care.

Key Finding #2: Cost was a major concern, mentioned in every focus group across eight counties.

- The discussion in all groups started with the cost of medications. While the Affordable Care Act (ACA) has done much to eliminate the donut hole, co-pays and high costs are still an issue. Even older people with a Medicare Part D drug plan still face high costs.

- High costs of healthcare and of out of pocket expenses are reasons cited as a major barrier to health coverage including: Seasonal and unemployed workers not getting coverage; Workers, although entitled to insurance not buying coverage; Out-of-work people not buying COBRA; and Beneficiaries not filling prescription drugs. Additionally, many believe the Market Exchange plans are expensive and do not provide adequate coverage, deterring many people from signing up – and often having no choice but going to the emergency room for care.

- One participant pointed out that the medication may be covered, but things such as syringes and other devices needed to administer the med may not be covered. Under her current plan she has a $2,000 co-pay.

Key Finding #3: The lack of medical services, providers, a decreasing number of physicians and reliable transportation in rural communities leaves residents vulnerable & isolated from receiving care.

- In rural Cayuga County, the group cited a less than ideal medical services set-up with: Complex medical cases sent out of the county for services; Only one hospital (Auburn Community Hospital); Only place that accepts Medicaid and there is a wait and lots of turnover; People being forced to use the Emergency Room as a backup.

- Focus group participants mentioned that there is a decreasing number of physicians who stay in the area. For local residents, this turnover means that it is hard to establish a relationship with a physician; there are younger, less-experienced doctors and nurse practitioners in the area; lower income for the physicians which can result in lower care; and even less providers who are willing to take Medicaid.

- In Herkimer County, there was a discussion on the possibility of expanding the availability of paramedics to make home visits – particularly in the rural/North Country portion of the county where the nearest urgent care center could be 50 miles away. It was noted that people often show up at the firehouse to have the paramedic (if available and not out on a call) check out an injury or sudden condition, as a screening to help them determine if they needed to travel to seek medical attention.

- The lack of not transportation, especially in rural areas, makes it difficult for people to make it to appointments with doctors, specialists or hospitals outside of their immediate areas. In rural areas like Moravia in Cayuga County, there is only one bus to/from Auburn that serves primarily for commuters who work at the correctional facility. This makes doctor's appointment outside of Moravia inaccessible by public transit.

- Re: specialist shortages, participants considered how telemedicine could help fill the gaps.

Key Finding #4: The need to improve transparency and communications to increase accessibility and decrease barriers to learning about resources.

- New plans have not addressed Deaf Access communications. Hospitals will not hire ASL interpreters. They insist on Video Remote Interpreters (VRI) which makes it difficult for deaf patients with visual issues to communicate with health professionals. Most deaf people prefer live interpreters.

- Focus groups suggested introducing and improving digital communications including chat messenger and creating easier to use web resources to help find and navigate affordable, comprehensive, insurance and health care. They also echoed the frustrations of using automated phone systems.

- Many participants felt that systems are too complex and ever evolving -- adding that plans need to have the information upfront and should not take a call to find out what the insurance actually covers. There needs to be increased communication and awareness about what is "out there."

Key Finding #5: All counties suggested the need for a system change, including passing into law options such as Single Payer, Medicare for All and Universal Health Care.

- All counties suggested the need for passing into law options such as Single Payer, Medicare for All and Universal Health Care

- There is a stigma attached to programs such as Medicaid and other government programs and subsidies. And in some cases providers will limit the number or not accept patients who are Medicare or Medicaid or Tricare beneficiaries. However, participants mentioned that rate setting should be equalized so there is not significant loss for providers who accept Medicaid and Medicare versus commercial insurance or private pay.

- 19-35 year olds are the highest uninsured and also burdened with high student loan debt. "First time jobs" for young people are often part-time, low paying and/or without health insurance. Additionally, participants mentioned that some providers only want to treat people with insurance or who can afford to pay privately.

- A participant who is a psychiatrist stated that healthcare is so expensive because systems like Bassett must hire people to figure out the coordination part. He went on to mention that even though it could cost trillions for single payer, costs for treatments will go down because we are already paying that money.

- Participants signaled that if everyone has coverage demand for services will increase and that unless the current system is expanded providers will not be available. They expressed interest in resolving the primary physician shortage by improving incentives to practice – particularly discussing loan forgiveness for medical school or making education free.

Across the focus groups there was aligned-agreement that in order to **break down barriers to health care**, *the following action would need to be taken:*

- Develop additional outreach and education campaigns that support beginning extensive conversation about health insurance, resources, access to coverage, how each proposed health and legislative plans would work, etc.

    - Recruit and train community residents who will spread the information speaking at meetings, tabling at events, and recruiting others to join the group.

    - Spread the message among elected officials, friends & family, Immigrant /Refugee community, Libraries, Healthcare providers, Local hospitals, Churches and interfaith network, State fair and county fairs, Farmers markets and more.

    - Develop materials (in several languages) which address the common myths and misinformation. For example: Exploring/ exposing myths about Single Payer or Medicare for All.

    - Communicate with user-friendly, accessible language.

- Prioritize improving healthcare and access in communities, led with cultural competency and inclusion of disabled communities.

    - A belief echoed by all focus groups, was that the goal, regardless of the scheme, should be to create a system that covers everyone with access to care.

    - Generate more data on local health conditions and needs.

    - Create community report cards on health care for elected officials and keep the pressure on policy makers to make change.

    - Inclusion of deaf and disabled individuals at every step. Institute training for hospital and health and social service providers on preventing bias towards people with disabilities regarding attitudinal and cultural issues.

    - Streamline and make online interface and resources more user-friendly (larger fonts, application spaces easy to fill in). Make the application process less complicated.

    - Open local insurance offices to overcome the digital and physical barriers.

- To overview what the focus groups recommended to achieve an ideal health care system, the Cortlandt County focus group laid it out succinctly: (1) comprehensive health care insurance that covers everyone at affordable prices, (2) an emphasis on preventive care, (3) long term care that emphasizes home care and not institutional care, (4) expand the number of doctors and other health care providers, (5) place an emphasis on primary care, (6) equitable reimbursement across medical specialties, (7) must include dental and vision care and (8) more policy education for the public so that they understand the system.

APPENDIX

A. Group Discussion Questions

B. Focus Group Logistics

C. Individual Evaluation Questions

D. Press Coverage

Q1: How does the 5% report and the discussion in the opening plenary session compare to your experience and/or that of people you know in the community?

1) The high cost health care and of out of pocket costs are reasons cited for:

   - Seasonal and unemployed workers not getting coverage;

   - For workers, although entitled to insurance not buying coverage;

   - Out-of-work people not buying COBRA;

   - Beneficiaries not filling prescription drugs

2) There is a stigma attached to using entitlement programs such as Mediciaid and other government programs and subsidies.

3) Some providers will limit the number or not accept patients who are Medicare or Medicaid or Tricare beneficiaries.

4) There is a severe physician shortage – especially specialists – in all parts of CNY, predominantly rural areas, but also in urban areas.

5) There is a severe shortage of Mental Health professionals in CNY – some insurance companies use 3rd party providers, making it difficult for patients to understand how to access the service.

6) The Market Exchange plans are expensive do not provide adequate coverage, leading many people not to sign up – and just go to the emergency room for care.

7) People do not receive or are misinformed about health insurance and available programs.

8) Long Term Care can be expensive and not presented as an option during presentations (nor income pooled trusts).

9) There are areas with large international pockets (students, seasonal workers, migrant workers) who have no insurance.

10) Many people who get services from free clinics are employed.

11) Cost of living is high, leaving individuals/families with little disposable income.

12) 19-35 year olds are the highest uninsured and also burdened with high student loan debt.

13) "First time jobs" for young people often part-time, low paying and without health insurance.

Q2: What are the barriers that people you know are experiencing in getting the health care that they may need?

1) Medication may be covered, but syringes and other devices needed to administer may not be covered. Under her current plan she has a $2,000 co-pay. She will change plans during the fall Open Enrollment period which will cut her co-pay dramatically.

2) In rural Cayuga County, the group cited a less than ideal medical services set-up with:

   - Complex medical cases sent out of the county for services.

   - There is only one hospital (Auburn Community Hospital).

   - There is only place that accepts Medicaid and there is a wait and lots of turnover.

   - People forced to use the Emergency Room as a backup.

3) Decrease in the number of physicians who will stay in the area.

   - Turnover means it is hard to establish a relationship with a physician.

   - Younger, less-experienced doctors and nurse practitioners in area.

   - Lower income = lower care

   - People too proud to take Medicaid or are just over the limit and there is no help.

   - Judgmental staff at the doctor's office participant with Medicaid hated to get needed services.

4) Transportation - not enough public transportation lines in urban areas or reliable cars for people or transportation in rural areas make it difficult for people with disabilities of low income to make it to their appointments to doctors, specialists or hospitals outside of their immediate areas.

5) Fear of deportation (undocumented, and some documented residents).

6) "Public charge" discussions creating anxiety and scaring people.

7) Gaps in coverage – no eyeglasses, dental care or vision is included in insurance leading to gaps in health coverage. (continued on next page)

Q2: What are the barriers that people you know are experiencing in getting the health care that they may need?

8) A participant who is a psychiatrist stated that health care is so expensive because systems like Bassett must hire people to figure out the coordination part. He went on to mention that even though costs $X trillion for single payer, costs for treatments will go down because we are already paying that money.

9) The system has gotten increasingly complicated. Some people do not understand the paperwork and develop anxiety, high blood pressure when they are scheduled to go to the doctor.

10) Providers only want to treat people with insurance or who can afford to pay privately.

11) Provider billing errors and consumers are not aware of recourse.

12) Needs to adjust poverty level thresholds.

13) Consumers need to learn their rights: navigating the system, negotiating medical bills, access to effective and knowledgeable advocates.

14) High Co-pays and deductibles; Fear of scams and fraud.

15) Other expenses such as moving to another apt. prevented paying health insurance premiums.

16) Monthly spend downs required to meet Medicaid eligibility sometimes cannot be met and people get bumped off Medicaid and lose critical care.

17) Paying $600-$700 a month for coverage is more than some mortgages and it is difficult to pay out of pocket (this was a comment from a woman with a diabetic son who needs insurance but cannot afford the premiums).

18) Problems getting insurance companies to approve needed medication or treatment delayed care.

19) A woman who works as a case manager in area hospital in Oswego County—has had trouble finding doctors for clients being discharged.

20) An area doctor refused to treat one of the participants because she had too many chronic conditions that he could manage and said he was at the limit.

21) Some doctors refuse if a patient has a history with opioids or were incarcerated.

22) Networks dictate which provider to go to.

23) Employer plans are too expensive, high deductibles.

24) Military plans drop children at age 21 or upon college graduation.

25) Child care expenses too high and not considered a deduction on NYSOH plans.

26) System too complex and ever evolving Medicare has too many options and rules are complex.

27) Self-employment documentation hard to gather/ proof of income.

28) Multiple layers of billing costs – insurance pays one rate, as does Medicare/Medicaid, while individuals without insurance pay a higher rate.

29) Healthcare system driven by fear.

30) Shortage of Mental Health Providers.

31) Shortage of equipment for people with disabilities which fit properly for all bodies.

32) Training to work with all patients – attitudinal barrier & bias.

33) Medical staff is uncomfortable and display impatience with patients with disabilities.

34) There is a stigma attached to mixed gender patients and assistants.

35) Doctors and providers speak "through" the patients, to their assistants.

36) Can't get coverage without an address – houseless person can't enroll: housing & healthcare.

37) Hospitals will not hire ASL interpreters. They insist on Video Remote Interpreters (VRI) which makes it difficult for deaf patients with visual issues to communicate with health professionals.

38) New plans don't address Deaf Access communications.

Q3: How would you describe the ideal health care system?

Cayuga County:

1) Dental coverage would be included.

2) It would be all inclusive except for cosmetic surgery. Divided whether ideal insurance should include chiropractic care, alternative medicine and massage.

3) Everyone needs to buy in.

4) There should be one level of care for everyone. Everyone should have access to care for consistency and quality.

5) Doctors should accept all insurances.

6) Preventive care should be covered. *Facilitator noted that ACA covers most preventive care.*

7) No more high deductibles which price people with insurance out of getting care.

8) Need insurance parity for mental health and coverage for substance abuse.

9) Grandparents need coverage for health care for the grandkids they are raising. Work with the school district.

10) The fair hearing process for Medicaid needs to be consistent from county to county.

Cortland County:

The gist of what all counties reported was put succinctly by the Cortlandt County focus group:

1) The goal, regardless of the scheme, is to create a system that covers everyone with access to care. Throughout the morning participants made a distinction between health care and health insurance.

2) Because of the shortage of physicians, in and out of network coverage, etc., even if people have insurance today, they may not be able to receive care.

3) We need more support for the education of physicians in particular, medical education should be free. If everyone has coverage demand will increase and unless the current system is expanded providers will not be available.

4) The components of an ideal health care system would include: (1) comprehensive health care insurance that covers everyone at affordable prices,(2) an emphasis on preventive care, (3) long term care that emphasizes home care and not institutional care, (4) expand the number of doctors and other health care providers, (5) place an emphasis on primary care, (6) equitable reimbursement across medical specialties, (7) must include dental and vision care and (8) more policy education for the public so that they understand the system (opposite of what happened with the rollout of the ACA)

5) The group spent some time on a discussion of the importance of dental care, how it is overlooked as a major contributor to other health problems.

6) One participant pointed out that a number of health care professions came to Cortland for a week to provide free health care. Over 2,000 people came. Many, who had insurance, came to get free eye glasses and, especially, dental care.

7) All counties suggested the need for passing into law options such as:

   • Single Payer

   • Medicare for All

   • Universal Health Care

Herkimer County:

1) Some supported doing away w/ health insurance co.'s and supporting a state or a federal single payer plan.

2) Reduce barriers to care for those who have insurance – but find the deductibles and other out of pocket costs unbearable.

3) Make it easy to sign up for the Exchange when someone only receives health insurance through seasonal work and employer insurance, going without insurance for half the year.

4) Resolve/address geographic imbalance/inequity in access to care.

5) Need for long term care coverage.

6) Want to see out of pocket costs reduced or eliminated and dental, vision, hearing and long term care added.

7) Provide more assistance/financial support for incomes between $30-50,000 to get premium relief.

8) Physician shortage:

   • Participants expressed interest in resolving the primary physician shortage by improving incentives to practice in Herkimer – particularly discussed loan forgiveness for medical school costs.

   • Expressed concern for how the local county owned hospital could compete with other regions' larger/well-endowed hospitals to attract physicians to the community.

Report on Central NY Focus Groups 2019

Q3: How would you describe the ideal health care system?

Onondaga County/ Group 1:

1) Everybody could access doctors / hospitals automatically: no enrollment and no payment
2) Affordable to all
3) Caring doctors
4) Standards complete services
5) Simplified Coding system
6) Good provider / consumer communications
7) Preventive services
8) Preventing abusive practices : "gaming the system"
   - Regulation / recourse for complaint
   - Fee for service Medicaid
9) Not for profit making enterprise
10) Transparency in prices for services
    - Cost comparison – uniformity in prices between providers
11) Diversity - cultural competency
    - Language; Ethnicity; Age; Culture
    - Body image; Sexuality
12) Sharing of electronic records – in a secure environment
13) Affordable software and measures for all providers regardless of size.

Onondaga County/ Group 2:

1) Access available to all when needed
2) Mental health should be included
3) No waiting time for procedures
4) Vision / Hearing Coverage
5) Leave the decision to the doctors
6) Birth to Death Coverage
7) Access to alternative / wholistic Western methods
8) No prior authorization
9) Safe staffing in hospitals
10) No tie to employment / income / citizenship
11) Gender orientation coverage / no discrimination
12) Health care should be non-profit
13) Need FP / PCP & Mental Health
14) Focus on Preventive Care
15) Health education in schools
16) Mandatory vaccinations
17) More services and support for DBL / Seniors to remain in the community and self-independent

18) Medical / Health education to focus on wellness and prevention
19) Emphasis on Public Administration and Nutrition
20) Doctor reimbursement should be based on what patients need, not on time spent

Onondaga County / ARISE:

1) Chat messenger for communications
2) Accessibility – not just use of phone
3) Many people cannot use phone – not automated – real people to speak on the phones
4) Healthcare decisions should be between patients & provider – not dictated by insurance plan.
5) Equal standards of care: cover everyone equally
6) Equipment, doctors, medical supplies & medications should be the best options for the patient's condition, not what is covered by the insurance plan;
7) No co-pays
8) Dental & Physical therapy should be covered
9) Access guaranteed to life saving care.

Tompkins County

1) Single payer
2) Reduce costs individuals/families pay for health care; Reduce drug costs
3) Drug companies and insurance companies are for-profit businesses; eliminate profit motive
4) Eliminate campaign financing and lobbying by drug companies and insurance companies
5) Prevent insurance companies "right" to deny paying for physician prescribed testing and treatment
6) Increase number of primary care providers; many medical issues are minor if treated on time
7) Offset doctor/medical professional student loan debt
8) US healthcare system, costs and outcomes should be equal to other 1st world counties
9) Focus on prevention and mobility/activity
10) Value and pay for treatment provided by healthcare professionals other than physicians, including physical therapy, occupational therapy
11) Allow people to take health insurance with them when they leave a job without having to pay full cost COBRAs

Q3: How would you describe the ideal health care system?

Herkimer County (cont.)

- There was a discussion on the possibility of expanding the availability of paramedics to make home visits – particularly in the rural/North Country portion of the county where the nearest urgent care center could be 50 miles away. It was noted that people often show up at the fire house to have the paramedic (if available and not out on a call) check out an injury or sudden condition, as a screening to help them determine if they needed to travel to seek medical attention.

- Specialist shortages—they were interested in raising how telemedicine could help fill the gaps.

- Primary care shortages—they were interested in the expansion of physicians setting up home visit practices, or using technology to communicate with physicians form home rather than travel to a distant medical practice or hospital.

- Rate setting needs to be equalized so there is no significant loss for providers who accept Medicaid and Medicare versus commercial insurance or private pay.

- Rate setting needs to ensure that physician practices in Herkimer can meet their overhead, including liability insurance.

- Expand support for SUNY medical teaching hospitals/medical colleges.

- Hospitals could do more to help those without a primary care provider get a diagnosis and referral to a specialist, even without an admission to the hospital.

- A unique approach in Herkimer has been the hospital recruiting physicians from out of region/state having privileges locally and flying into the area for a limited period each month to see patients in a hospital-based practice setting. How to encourage this model – who pays to recruit in this model?

9) Transportation:

- Provide support for volunteer medical transportation services.

- A different approach by Medicaid in dealing with small NFP volunteer providers so they do not need to meet the same application standards as is uniformly required of all providers.

- Assistance with liability insurance – there was a report that a NFP lost their entire liability coverage because they had a volunteer driver program.

Madison County:

1) Easily accessible.

- No waits. Flexible hours/availability.

- Minimal out of pocket costs

- Compassionate, supportive with guidance and counseling

- Comprehensive view of a patients needs

- Compassionate case mgmt./ care coord.

2) Everyone is treated equally. Single payer healthcare

- No stigma; No insurance networks.

- Adequate compensation to caregivers (example Susan's chiropractor can only accept $5 per visit from AETNA)

2) Telemedicine and remote consulting for people who have difficulty leaving their homes.

- Access for patients when traveling.

3) Cut the red tape and the forms. Universal medical records.

4) All specialties covered - dental, eye, fertility, mental healthcare including behavioral health

Oneida County:

1) Addressing these issues:

- Costs of obtaining qualify medical or healthcare.

- Excessive and often unexpected costs for healthcare.

- Excessive costs in obtaining health insurance coverage (premiums, deductibles, co- payments).

- Costs involved when you must travel a long way to get health care.

- Costs if you miss work to get health care.

- Costs in trying to find assistance and assistants in figuring out the unmanageable paper work involved with the convoluted health care and insurance systems.

- Costs in the physical and mental pain that results in not being able to get the get the treatments and services you need – especially dental, vision, hearing, mental health and especially if cannot get them for loved ones.

Q4: In your opinion, what is needed in this county to attain the ideal health care system?

Cortland County:

We have legislation that has been proposed in NYS. That legislation could be supported (discussed in Newell's presentation). Any system has to be fair. We need to work toward reducing the overhead costs connected to physician practices.

Cayuga County:

1) Transportation should be offered from the rural part of the county – Moravia has one bus to/from Auburn that serves primarily for commuters who work the correctional facility. That wouldn't work for a doctor's appointment.

2) We need more specialists.

3) Telemedicine – explore more uses for its use. (suggested for mental health counseling where transportation or stigma is an issue),

4) Mobile units – like at the village hall during the Lake Ontario floods-to help residents-could be a model for doing outreach for health insurance and related programs.

5) We need to reduce the cost of prescription drugs through generics.

   - Insulin is unaffordable. Skipping it is the experience of one relative of participant.
   - Limits to samples from physicians

Herkimer County:

1) Local health planning needed to resolve lack of access, physician and home care worker shortages.

2) Resolve/address geographic imbalance/inequity in access to care. Different areas of Herkimer have different experiences in accessing services. Particularly a problem related to distance to providers for North Country residents of the County.

3) Need for long term care coverage. Even for those who feel their insurance costs too much, they would be more satisfied if they knew they not only had protection from catastrophic coverage, but long term care as well.

4) There was concern/confusion about the ACA benefit of allowing children up to age 26 to stay on a parents' health insurance – some saw it as helpful, others expressed the need to make sure young people knew how important getting their own insurance is so that they would learn that insurance throughout their lifetime should be a priority. Educate parents that children do not have to stay on their plan – it may be

Herkimer County (cont.)

4) ...a better outcome if the adult child got their own insurance on the Exchange.

5) Provide more assistance/financial support for incomes between $30-50,000 to get premium relief. Perceived as the biggest gap – can't afford premium that is the "affordable plan" and then be faced with a high deductible/out of pocket costs.

Madison County:

1) See previous question.

   - Improve public transportation and funding for transportation.
   - Widely disseminate information to address information/media fragmenttion between print, online, local government - word of mouth is effective but this is not sufficient.

2) Arrange to have more doctors and health care providers in more locations.

   - More satellite offices, better availability of dialysis
   - Greater availability of telemedicine

3) More focus groups to reach the uninsured in Madison County.

4) Make this a community issue and make local politicians pay attention.

5) Secure grant funding for community initiatives (such as dental van or a mammography van).

Oneida County:

1) Streamline the process; make the marketplace process less convoluted.

2) More advertising for navigators. Good to say that it is free service.

3) Single payer

4) Elect people who are not hostile to making health care a human right.

5) Negotiate drug prices.

6) Talk to the office staff (doctors' offices, hospitals, nursing homes) for explanations and information about coverage before services undertaken.

7) Employ knowledgeable and helpful office staff. Might lessen chance of legal actions.

Q4: In your opinion, what is needed in this county to attain the ideal health care system?

Oneida County: (cont.)

1) More "advertising" for how Patients' Assistance Programs help pay for your meds; grants available to help pay some health care costs.

2) Make information available that identifies alternatives for getting meds when plan doesn't cover or if one doesn't have insurance at all. Example: costs of generic drugs at stores like Walmart and Target offer low(er) cost options.

3) Take active role in your health care decisions. Ask questions.

4) Would like to see the age rule removed from Medicare to get closer to single payer.

5) Know where to find Navigators, Counselors, Patient Assistants, Advocates. Identify all sources of help for navigating the healthcare system and insurance application process.

Onondaga County/ Group 1:

1) Develop information, spread the Word.

2) Get the facts: Address people's conceptions and fears.

3) Meet people where they are living.

Onondaga County/ Group 2:

1) More Primary Care Providers

2) More Public Transportation

3) More specialists – e.g. neurologists, mental health

4) Access / equalization for pharmaceutical / drugs

5) High rates of lead

6) Access for nutrition – there are food deserts near the west, south and northsides

7) Lack of dental care for children.

8) PT/OT & proper nutrition for children in schools

9) Provider sensitivity to LGBQ and Mental Health sensitivity training

10) Residence/ group homes / Supportive services for mental health

11) Providers access for Medicaid providers

12) Prenatal care

13) Anti-discrimination programs for culturally diverse populations

14) Acceptance of planned parenthood & services

15) Right to choose

16) Language availability and translation services

17) Cultural Sensitivity

18) Access for everyone without fear of segregation of medical / religious / government.

Onondaga County / ARISE:

1) Design and Enact the Deaf Patients Bill of Rights – modeled after the one just developed in the state of Arkansas.

2) Design and Enact Patients Bill of Rights that guarantees for people with disabilities.

3) Institute training for hospital & health and social service providers on preventing bias towards people with disabilities regarding attitudinal and cultural issues: better communication.

4) More providers for people with disabilities in the areas of: Mental health; Preventive services; Specialists; Transportation

5) Remove insurance companies.

6) Provide incentives for doctors to serve underserved areas.

7) Create competition because right now there is less service because of few providers.

8) More tele-medicine with chat option

9) Continuity of Care and Communication between providers.

10) Existent distrust of providers who recommend unnecessary and expensive treatments.

11) More care coordinators are needed.

12) Onondaga County has the highest numbers of Multiple Sclerosis cases in the country.

13) Need more Health Homes.

14) Expand Home Care Hours paid by Medicaid.

15) Expand the answering service for patients who need services or during emergency situations past 5PM and on weekends.

16) Increase more transportation services for people with disabilities for medical appointments as well as for activities of daily living.

Q4: In your opinion, what is needed in this county to attain the ideal health care system?

Oswego County:

1) Need more public education about programs that are available to assist people with getting health insurance (should use libraries, senior centers, health librarians, the YMCA).

2) Easier to use web resources to help find affordable comprehensive insurance would be helpful.

3) Need to broaden coverage to include care for:

   - eyes, hearing, nutrition, and dental

4) Need to decrease waiting times for both obtaining coverage and obtaining care.

5) Do more to attract doctors, physicians assistants & nurse practitioners to central NY.

6) Nurse Practitioners can be very helpful especially when they have access to consult with a doctor.

7) Get NYHealth on the Senate agenda. It's very important and will improve coverage in rural areas.

8) In Germany they provide home visits for kids which helps assure they get necessary care early and consistently.

9) More oversight of insurance companies is needed and more consumer protections are needed to make sure that consumers get coverage of needed services in a timely manner.

Tompkins County:

4) Lobby/educate County, State and Federal representatives.

5) Educate fellow citizens.

6) Highlight down side of current system

7) Emphasize who is profiting from current system (drug companies and insurance companies).

8) Provide real examples and real answers, not hypotheticals.

9) Figure out true cost of living including housing, student debt and child care expenses.

10) Figure out total healthcare expenses including premiums and co-pays.

Q5: How do we attain this? (Action Steps)

The groups all agree that in order to pursue their identified goals, they following action steps would need to be taken:

1) We need to have an extensive conversation about health insurance, how each proposed plan would work.

2) Prioritize desired outcomes to improve healthcare in the community.

3) Conduct an outreach and education campaign:

   - Develop materials in several languages which address the common myths & misinformation.

   - Recruit and train community residents who will spread the information speaking at meetings, tabling at events, and recruiting others to join the group.

4) Spread the message among:

   - Elected officials

   - Friends & Family

   - Neighborhoods; Immigrant/Refugee community

   - Information Distributions

   - Professionals; Chambers of Commerce

   - Media Campaign

   - Libraries; Healthcare providers; Local hospitals

   - Churches and interfaith network

   - Pool halls

   - Fire departments

   - State fair and county fairs

   - Farmers markets

5) Public Buy-in

6) Vote for candidates who support single payer.

7) Create report cards for elected officials on healthcare.

8) Educate people on about what to do vs what is said.

9) Pressure on legislators

10) Educate public about details:

   - Advertising & Marketing

   - Expose myths @: Single Payer; Medicare for All

Q5: How do we attain this (Action Steps)?

11) Educate about costs of all systems.

12) Communicate in user-friendly/simple terms.

13) Get grass roots involved.

14) Inclusion of deaf and disabled individuals

15) Include more data about what the local health conditions and needs.

16) Include all cultures.

17) Simplify the system- user-friendly.

18) Open local insurance offices to overcome the digital and physical barriers.

19) Cut out the insurance middleman.

20) More hearings on the NY Health Act

21) Disabilities studies trainings for people working in healthcare access

22) Deaf & Disability cultural competency training

23) Public bus drivers and other personnel working with the public need training on issues dealing with people with disabilities including deaf, hard of hearing, and blind and visually impaired persons.

Q6: What would be the next steps to work toward attaining the ideal health care system?

Each County has agreed to take the following actions to begin their efforts in this initiative.

- Need time to process all this information

- Choose Top 3 things to focus on

- Develop effective communication strategies for multiple target audiences

- Vote

- Educate

- Get the word out through print "Shoppers" in Danby, Brooktondale and other towns, Lifelong Senior Circle, Trumansburg Face book page and other towns' Face book pages.

- Create a website with great navigation.

Focus Group logistics

Cayuga County
Site: Cayuga Chamber of Commerce Auburn, NY
Facilitator: Linda Miller, NYSSAC
Attendance: 9

Cortland County
Site: Pt. Watson Mini Conference Ctr. Cortlandt, NY
Facilitator: William Lane, Human Services Consultant
Attendance: 7

Herkimer County
Site: Catholic Charities of Herkimer County, Illion, NY
Facilitator: Gail Myers, NYSSAC
Attendance: 15

Madison County
Site: Oneida Public Library, Oneida, NY
Facilitator: Ursula Rozum, Physicians for a National Health Plan—CNY
Attendance: 5

Oneida County
Site: Utica Public Library, Utica, NY
Facilitator: Sarah Jane Blake, NYSSAC
Attendance:17

Onondaga County 1
Site: Sheraton Syracuse University Hotel & Conference Center, Syracuse, NY
Facilitator: María Alvarez, NYSSAC
Attendance: 13

Onondaga County 2
Site: Sheraton Syracuse University Hotel & Conference Center, Syracuse, NY
Facilitator: Charles Battaglia, Health Foundation of Western, Central NY
Attendance: 13

Onondaga County 3
Site: Central NY Foundation Center, Syracuse, NY
Facilitator: María Alvarez, NYSSAC
Attendance: 17

Oswego County
Site: Central NY Foundation Center, Syracuse, NY
Facilitator: Marcus Harazin, NYSSAC
Attendance: 6

Tompkins County
Site: Tompkins County Public Library, Ithaca, NY
Facilitator: Teri Reinemann, Finger Lakes Independence Center
Attendance: 9

Report on Central NY Focus Groups 2019

Overview of experience with obtaining health care

- Most of the participants have health insurance but many have had issues with their insurance previously or have issues accessing care currently. For example:

  - "Good. [My] insurance [is] covered by most jobs. When without insurance, as a young SVC worker, [I] found grant fund and catastrophic medicaid to cover"

  - "Have health coverage, but don't always have access to transportation. Or having to wait a long time for appointments"

  - "[With] Medicaid, no doctor/ dentist would take it. Problems with getting needed medications and specialized services. Hostile county medicaid workers"

- People with employer coverage (either through their work or their family's members) are generally satisfied with their insurance. Though some, who are somewhat satisfied/ dissatisfied, expressed that they still have to pay high deductibles/ high premiums.

  - "Cost is too high. deductibles and copays are preventing people from accessing services and medication."

  - "I am very lucky but the premium is high. In reality I'm okay paying it because the benefits are so great. I wish everyone had it, including dental!"

  - "Health insurance now requires higher and high copays and is over changing or confusing filling because of disputes around which health care insurance will cover or won't cover procedures. No vision care service provided."

- Most people without coverage were laid off from their jobs or retired. They are uninsured because insurance costs too much, and they make too much money to get Medicaid

  - "I just retired in July at the age of 63.5 and never imaged when I went to look for health care that costs would be 500+ a month. With my current expenses, this seems impossible."

  - "I have, personally, found obtaining health outside of employment to be very difficult. My parents have always had health insurance through the navy, and I believe my brother has also had difficulty."

  - "Without insurance. Most medical care is not affordable and the medical conditions may escalate to the point of needing attention at the emergency room."

Coverage Satisfaction

- Very satisfied/ satisfied: They are satisfied because they can find providers in network and can afford coverage.

  - Most people who are satisfied have Medicare or employer coverage.

  - If the cost is low, and they have providers in their area that are in net-work then folks are happy.

    ⇒ "I currently have medicaid through Fidelis and have no premiums or copays, and have no had many issues with access to providers"

    ⇒ "Once I found a doctor it has been ok"

    ⇒ "All my doctors take Medicare. I had to investigate which insurance companies covered various physicians before choosing an advantage plan. Costs of medications are much lower now"

- Somewhat satisfied/ somewhat dissatisfied: People feel less satisfied if they can't find providers in network, find the healthcare system/ process confusing/ slow, cost

  - As long as people are getting good coverage, they are still somewhat satisfied but still see cost as a barrier

    ⇒ "Care has been good. After-care billing is complicated and sometimes receive unexpected bill for out-of-network providers."

  - Finding providers that will take insurance/process insurance quickly can be a challenge

    ⇒ "I love my insurance, but it is a problem finding providers that are willing to accept it, and a large turn over rate at offices of healthcare providers."

    ⇒ "Have to find a doctor in network is frustrating and we still have to pay out of pocket. If the bill gets denied, it falls on us."

    ⇒ "It is difficult to have to wait for insurance approval for treatments, drugs and medical equipment when it is needed immediately."

  - People also mentioned they wish they had dental included

    ⇒ "The good: $300 deductible/year, $15 copays good major medical. The Bad: $12/hr of my pay package funds health insurance; no optical dental; must work 1200+ hours for year round coverage. No "opt-out" for different coverage

⇒ (cont. from previous page) for single members or spouses with better work insurance because my spouse is offered insurance through her work and its less than 10% of her gross, she is forced to buy her own thought I have family coverage."

- **Dissatisfied/ Very Dissatisfied**
  - People are most dissatisfied because of cost of insurance, deductibles and copays. Also if they can't find providers in their area.
    - ⇒ "The premiums go up, deductibles go up and now all deductibles must be met before insurance will cover"
    - ⇒ "Multiple specialists, care not coordinated & care is fragmented. Need dental coverage"
    - ⇒ "The actual cost wind up more than I can afford"
    - ⇒ "I can't find a doctor near me for general care. I'm afraid to seek treatment for my depression because I won't know how much it will cost until I get billed after the fact even if I do pay my copay"
    - ⇒ "Cost is too high. deductibles & copays are preventing people from accessing services and medication"

Barriers

- Find providers who will take insurance, specifically finding providers who take Medicaid
  - "Doctors/ dentist wouldn't take Medicaid. Had issues getting medication and specialized services. Dealt with hostile county medicaid workers"
  - "When my son had Medicaid he often couldn't find providers willing to take it"
  - "Finding a doctor in network can be a struggle"

- **Co-pays/ costs**
  - "Medication costs! Increased out of pocket expenses."
  - "copays - they would forego medication spend downs for medicaid - delay in payment processing causes delay in service. clients - they have difficulty w/ transportation & obtaining docs."
  - "Can't afford insurance."
  - "Cost -- I have not taken my medication because it costs $600/mo until my $4000 deductible is met."

- **Gaps in coverage**
  - "Yes, we all have had gaps in coverage and difficulty with transportation."
  - "I want to go to the doctor but can't because they won't let me pay out of pocket, and I won't be able to get insurance until open enrollment because we apparently make too much money."

- **Transportation**
  - "Community transportation (volunteer) is faced with rising insurance costs. Medicaid has not been accessible to date. OF has no public transportation and CTS is about future."

Gaps in Coverage over 3 years

- Mostly a result of people changing or leaving jobs. When people leave jobs they are often without insurance for 1 month or longer. Insurance costs are so high, if job doesn't provide insurance &the person doesn't qualify for Medicaid, insurance isn't affordable
  - "Not in the past 3 yrs, but 5 years ago lost job, but made too much in previous month for insurance through state."
  - "Not covered by job, unable to afford premiums and copays."
  - "3 years ago between jobs, I was relieved of duties & did not have coverage until the new employer plan went into effect. I will be without health insurance as of 9/8/19 as I was laid off."
  - "After changing job, I had to wait a month for new coverage."

Suggestions to Improve Access

- Medicare For All/ Universal Health Care
  - "I do believe if we had a universal plan it would help. If gov't changed/ adopted rules to Medicaid it could be available to all. It would have to be a fee schedule. Medicare also exists, so we have gov't plans that could be adapted."
  - "Medicare For All/single payer to include eyes and dental."
  - "Scrap our present fragmented, complicated, expensive system and go to a single payer, public program that covers everyone, saves money in the long & short run. "Everyone In"
  - "Universal Single Payer"
  - "Programs for the people who are in the in between income levels. Mostly Medicare For All. People to help navigate the healthcare system programs to help with copays for prescription costs."

- "Medicare for All. Single payer is the answer to addressing the great need for medical services."

- "Universal Health Care - the only solution."

- "Universal Health care -- eliminate the struggle! People shouldn't be afraid to get care because of the bills they will incur. Healthcare is a basic human right!!"

- "Medicare for all, they would eliminate most of the back office work. Letting me choose what doctor to see. More openness/ information about what facilities you can go to if nothing else changes."

- **Pass NY Health/ Single Payer**

  - "Pass Single Payer Legislation."

  - "Pass NY Health Care."

  - "1) pass NY Health Act 2) spread awareness of resources like HSC(211), HIICAP, etc. 3) means test to access subsidies should be based on affordability/ after tact income and also take into consideration expendable income."

- **More providers**

  - "Willing to accept medicaid/medicare."

  - "Increase primary care providers, simplify funding streams."

  - "Encourage new doctors to come to central NY. Vote Public Education of People."

- **Lower costs**

  - "Pharmaceutical costs are obscene."

  - "High values can be an issue especially when the individual has a lot of expenses compared to their income, but I don't know how that could be fixed especially if the expenses is for past medical bills."

  - "Remove the open enrollment period, make insurance more affordable."

  - "You have to base not only on income, but what current filed expenses are."

- More transparency/ easy to access information/ better communication

  - "Various plans need to have the information in front. Should not take a call to drill down what they actually cover."

  - "Increase education and community outreach."

  - "Increased communication and awareness about what is "out there".

  - "An easier way to pay for the insurance. Reminders texted and/or emailed about when it is due. Medicare for All for more even coverage oversight or insurance companies and health care facilities."

- "Better advertising to individuals and families (and employers) about CHP/child coverage, and how it may be better for employers not to offer coverage so they could insure with NYSOH. Allow deductions for childcare costs. Allow point-in-time income calculations for job-loss regardless of prior income level."

- "Need to have information on what is covered be able to talk to a person instead of a machine."

- "New phone system. why are not all things covered and why aren't all medications covered?"

- "Streamline and make online interface more user-friendly (larger fonts, application spaces easy to fill in), make the medicaid application process less complicated and it would be great if insurance was more affordable!"

- **Transportation**

  - "Case management to coordinate care, better access to rural areas, transportation, prescription drug counseling, education on alternative medical choices (ie yoga, Reiki, etc. especially for pain management)."

  - "Increasing transportation access."

  - "Better systems for transportation assistance. Foster less profit-driven approval for medications and procedures."

  - "Better transportation for rural residents. My husband is part of the support group for a disabled neighbor who has multiple needs and appointments. No money to pay for transportation. Transportation and communication are huge issues."

  - "Transportation available, increased awareness of programs available, lower cost or free."

- **Include Dental and Vision/ expand coverage**

  - "Should look into coverage of dental and vision."

  - "Believe In: dental, vision, hearing/hearing aid coverage and long term care coverage should all be covered for all Americans. My family is extremely fortunate. Health care is a right that all Americans should have."

  - "Better employer provided health care, more specific coverage options. Move laws on dental coverage + options is huge. Many ER visits stem from dental issues."

  - "There needs to be just as much focus on preventative care than reactionary care."

  - "Make our insurance cover dental and glasses."

OSWEGO COUNTY TODAY

FREE INDEPENDENT NEWS FOR OSWEGO COUNTY

Oswego County Residents Discuss Healthcare (cont. next page)

FULTON – Some citizens of Oswego County met with two representatives of New York StateWide Senior Action Council, Inc. today, August 27, as part of a forum on accessing healthcare in CNY.

The forum, held in the Fulton Public Library community room, was one of eight going on across eight counties that same day, all with the same goal: to discuss the barriers and challenges people in New York, specifically CNY, face regarding health insurance.

Marcus Harazin, coordinator of the Patient Advocate Program, and Bob Sinacore, treasurer on the board of directors for StateWide, travelled from the Capital Region to meet and talk with people from Oswego County to hear their stories and ideas for solutions in the health insurance industry.

"We're doing a fairly good job in Central and Western New York in terms of getting people access to care, but there's a persistent group, and they call it the 5%, that are uninsured," Harazin said. "Many folks who could take advantage of programs under Medicaid, programs like Child Health Plus and some the Affordable Care Act benefit programs, like tax credits, aren't doing it."

Before discussion on a smaller level, Harazin tuned into a presentation by Peter Newell, the director of the Health Insurance Project for United Hospital Fund. In that presentation, Newell shared statistics and real stories of people who have faced struggles in dealing with health insurance coverage.

Newell conducted a study that found that as a whole, 5.68% of New Yorkers, which is about 1.1 million, do not have health insurance. Included in that number are 2.6%, or 110,745, children under the age of 19.

Although Oswego County has the second-highest poverty rate in CNY – 16.97% (19,121 people) – the study found the county's uninsured rate is 4.22% (4,793 people), below the state average, and it has the second lowest uninsured rate for children under 19 – 1.27% (318 people).

A large chunk of this can be contributed to loss of Employee-Sponsored Insurance, which covers about 9.6 million people in the state. Or people are eligible, but cannot pay the monthly premiums due to other financial obligations.

Following the presentation, six people living in Oswego County, all with various backgrounds and experiences, joined the discussion on a much more local level.

These people included Catherine Bucher, Mary Vanouse, Mike Falonga, Virginia Bough, Lori Lyon and Stephanie Parrott.

The biggest issues they have faced in regards to health care and coverage were transportation to health care providers who accept their insurance, the insurance company not giving prior authorization for medical needs and access to learning about the right program for their situation.

OSWEGO COUNTY TODAY

FREE INDEPENDENT NEWS FOR OSWEGO COUNTY

Oswego County Residents Discuss Healthcare (cont.)

Falonga, a roofer who has been experiencing issues with his knees, said he had to deal with waiting for the insurance company to approve the plan his doctor came up with.

"It's been almost a year," Falonga said. "The insurance company is blaming my union and the union is blaming the insurance company. Just give me a straight answer so I can get back to work. You gotta be healthy to work."

Lyon had to wait months for her insurance company to approve her to start a medication for diabetes. She said she recently had to get some of her toes amputated from gangrene. As a result of that, she had to wait to get a walker then a cane as she eased back into walking.

She wanted to find a new doctor, but every office she tried either did not accept her insurance, were not accepting new patients or simply rejected her because of the number of her medical issues.

Bucher works at the Oswego Hospital as a case manager. It is her job to help people find a primary care physician.

"It's really, really difficult because if you have Medicaid, nobody in Oswego is going to take you; the Oswego clinic is closed to new patients; so people living in Oswego have to go as far as Pulaski, sometimes even out of the county," Bucher said. "The problem for a lot of folks in Oswego County is transportation."

As for possible solutions, the group had a few ideas to make the situations better. Bucher said CNY needs to attract new doctors to replace the ones who have left the area or retired. She also said there should be more education to the public about the options available to them.

Parrott said there needs to be more consumer protection to make sure people are not being taken advantage of by insurance companies and healthcare facilities.

"They can do what they want and you're stuck with what they do," Parrott said.

Following the eight forums, a report will come out with what problems and possible solutions each county discussed.

"All of those organizations are committed to working on these issues, not just to do a report, but to continue to inform folks about it," Harazin said. "Organizations like StateWide Senior Action have a long history of [advocating for change] and other organizations here are great resources in terms of educating and informing decision makers."

TIMES TELEGRAM

Group working to help Central New York's underinsured

By Stephanie Sorrell-White / stepnie@timestelegram.com, posted August 28, 2019 at 1:00 pm

ILION, N.Y. – Residents dealing with insufficient insurance or none at all may face a range of barriers, including the ability to handle the paperwork required to obtain the necessary coverage or simply not being informed what options are available.

On Tuesday, the New York State Wide Senior Action Council, Inc., worked to find out how to address these issues through a meeting with local residents impacted by their lack of coverage. The meeting included a video presentation by Peter Newell, director of the Health Foundation for Western and Central New York, Inc., who spoke about a report titled "Reaching the Five Percent," which refers to the number of people who are not insured.

According to the report, about 1.1 million New Yorkers lack insurance coverage though the federal Affordable Care Act and are eligible for free or low-cost coverage through public programs such as Medicaid, Child Health Plus and the Essential Plan.

Gail Myers, the council's deputy director, said during an interview Tuesday that a grant from the Health Foundation for Western and Central New York funded the study for a county-by-county look throughout Western and Central New York about the issue.

"This is a picture of Herkimer [County] and how it relates to the rest of Central New York and how it relates to the New York State as a whole," Myers said about the section that pertains to Herkimer County.

According to a summary included in the report, Herkimer County is the region's second-smallest county following Cortland County. It has a lower poverty rate than all but one county but has the highest uninsured rate at 6.63 percent. The report also found that Herkimer County had a rate of uninsured children at 5.36 percent, which is double the state average.

Myers said some of the things the council wants to learn are whether there is a systemic problem, if lobbying is needed on the legislative level, or if there needs to be more of an effort to get the information to those who need it. The council also wants to learn about the high rate of children that are uninsured in the county and how to effectively help these individuals.

The report covers several other counties throughout the region, including Oneida, Madison, Onondaga and Cayuga. For more information, go to www.nysenior.org.

This project has been funded with the support from the

Health Foundation of Western and Central New York