



Issue Brief

2007 Health Insurance Survey of Farm and Ranch Operators

This is the second in a series of issue briefs examining healthcare costs and their consequences on farm and ranch families in the Great Plain states.

HOW FARMERS AND RANCHERS GET HEALTH INSURANCE AND WHAT THEY SPEND FOR HEALTH CARE

Executive Summary

The 2007 Health Insurance Survey of Farmers and Ranchers collected information from over 2,000 non-corporate farm and ranch operators in Iowa, Minnesota, Missouri, Montana, Nebraska, North Dakota, and South Dakota. The vast majority of survey respondents had health insurance, yet one in four reported that healthcare expenses contributed to their financial problems, and one in five had outstanding debt that resulted from medical bills. This issue brief examines factors that contribute to high overall costs for health care. Overall costs included the cost of health insurance premiums plus any other out-of-pocket medical or prescription drug expenses.

Key Findings Include:

- Families on average spent \$7,247 annually on insurance premiums and out-of-pocket costs, while individuals spent \$3,619.
- People's overall healthcare expenditures were mainly determined by the market in which they obtained insurance. The greatest differences in overall healthcare expenditures were between those who had high insurance premiums (\$500 or more a month) and those who had low premiums. For example, families with high premiums spent two to three times more overall on health care than those with low premiums.



- Those with high premiums were much more likely to have purchased insurance in the individual (non-group market), while those with low premiums were more likely to have obtained insurance through off-farm employment-sponsored coverage or through government-sponsored programs.
- Within premium categories (high/low), those with high deductibles (\$500 or more) generally spent more than those with low deductibles. For example, families with high premium/high deductible plans spent 22

percent more than families with high premiums and low deductibles. Only three percent of families overall had high premium/low deductible policies, suggesting these types of health plans are not really available, especially in the individual market.

- Controlling for age and health status, families who purchased insurance from an agent in the individual market spent \$5,204 more on healthcare than families with insurance obtained from government-sponsored programs, and \$4,359 more than those with insurance obtained through off-farm employment.

These findings are especially important for farm and ranch operators because about a third of survey respondents purchased insurance in the individual market compared to a national average of about eight percent. The findings suggest that solutions that rely on the private, individual market to provide affordable, quality health insurance coverage to small business owners, including farmers and ranchers, are by themselves unlikely to succeed. More effective solutions may require a combination of elements that include cost-sharing assistance, market controls to restrain costs and maintain the quality of coverage, and greater access to government-sponsored programs.



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About This Issue Brief

In this issue brief, we examine factors that contribute to high overall costs for health care. We discuss the relationship between specific insurance characteristics, such as the amount of the premiums and deductibles and the market in which people obtained insurance, and the total amounts farm and ranch families expend to obtain insurance coverage and pay for medical care. We also look at the impact of age and health status on overall medical costs.

Future Issue Briefs

Future briefs will examine findings in greater depth. Some issues they will address include:

- Which farm and ranch families experience financial hardship because of healthcare expenses.
- The impact of dental costs on overall health costs and on financial hardship.
- Which farm and ranch families are most likely to accrue medical debt.
- Which farm and ranch families are most likely to be uninsured.
- The financial, health, and access consequences of healthcare costs.

Project Funding

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INTRODUCTION

In 2007, The Access Project joined with the University of North Dakota Center for Rural Health and Brandeis University to gather data about the source, type, and characteristics of farmers' and ranchers' health insurance, as well as about the financial burden healthcare expenses place on farm and ranch families. Data were collected through a telephone survey of over 2,000 non-corporate farm and ranch operators in seven states: Iowa, Minnesota, Missouri, Montana, Nebraska, North Dakota, and South Dakota. This survey was called the 2007 Health Insurance Survey of Farmers and Ranchers.

Previous research has clearly documented that unaffordable medical bills and resulting medical debt affect large portions of the U.S. population, including a significant portion of those with health insurance.¹ The first issue brief on the Health Insurance Survey of Farmers and Ranchers presented an overview of the survey findings, which showed that the vast majority of respondents had health insurance, yet one in four reported that healthcare expenses contributed to their financial problems, and one in five had outstanding debt that resulted from medical bills.²

In recent years, the percentage of income people spend on health care has been increasing. Not surprisingly, those with lower incomes spend the highest percentages, but the rate is also rising rapidly among people with moderate incomes (200-400% of the Federal Poverty Level, which for a family of four today is between \$41,304 and \$82,608). In 1996, 15.6 percent of people in this income group spent more than ten percent of their incomes on premiums and other health care expenses; by 2003, the percentage had risen to 22.7 percent. The proportion of income spent on medical costs is also rising significantly among those who earn more than 400 percent of the Federal Poverty Level. In 2003, one in ten people in this income category spent more than ten percent of their income on health care costs, including insurance premiums, an increase of nearly 150 percent since 1996.³

Those who purchase insurance in the individual (non-group) market are much more likely to face financial strains due to medical costs than those who obtain insurance through their employment. A 2006 study found that 43 percent of adults covered by individual insurance spent more than ten percent of their income on medical expenses and premiums, compared to 24 percent of people with employer-sponsored insurance.⁴

These figures reflect both the higher annual premiums and higher deductibles of insurance policies purchased in the individual market. In 2005, more than half of adults with coverage through the individual market had annual premium

costs of \$3,000 or more, compared with one in five covered by employer-sponsored (group) plans. More than one-third of those insured in the individual market had per person deductibles of \$1,000 or more, compared to eight percent insured through employer-sponsored plans.⁵

These findings are particularly relevant for farm and ranch operators. As small business people and often as sole proprietors, they are much more likely than the population at large to purchase insurance in the individual, as opposed to the employer-sponsored, market.⁶ Also, while they have higher average incomes and significantly higher net worth than U.S. households as a whole, much of their net worth is in the form of assets necessary to continue farming and ranching operations and not available to spend on consumption.⁷ In addition, although farm and ranch households have higher median household net worth than self-employed households generally, they also have lower median household incomes,⁸ and they often experience great variations in income.⁹ These circumstances may affect their ability to respond to healthcare expenses as they arise.

Many studies have shown that unaffordable medical bills and medical debt significantly affect families' overall financial stability. Healthcare expenses can lead to housing problems,¹⁰ increased credit card debt,¹¹ ruined credit records,¹² and in the worst cases bankruptcy.¹³ As family farms dominate U.S. agriculture,¹⁴ healthcare expenses have the potential to affect not only farm and ranch families' economic security, but the financial viability of their businesses, which in turn may impact the larger economy.

STUDY DATA AND METHODS

The data for this project were collected through a telephone survey of farm and ranch operators. The survey was developed based on a review of the literature on health insurance and medical debt and on input from an advisory group of rural health policy experts. The survey gathered information about respondents' and their families' health insurance status, the amounts of their insurance premiums and deductibles, the types of services their insurance covered, the financial burden of healthcare costs on families and businesses, and the existence of medical debt. It also gathered basic demographic information. The project was approved by the University of North Dakota Institutional Review Board.

The sample population was drawn from the United States Department of Agriculture's National Agricultural Statistics Service current comprehensive list of farm and ranch operators in Iowa, Minnesota, Missouri, Montana, Nebraska, North Dakota, and South Dakota. The sample was designed to include respondents between the ages of 19 and 64, in order to exclude elderly adults covered by Medicare. However, the final sample included 130 respondents 65 years of age or older.¹⁵ The sample was limited to farmers and ranchers with individual or partnership type operations. The list was sorted at the state and county level to assure a representative geographic distribution.

An initial letter explaining the importance of the project was sent to each farm and ranch operator included in the sample. The letter was signed by the Director of the North Dakota Field Office of the National Agricultural Statistical Services, United States Department of Agriculture (USDA), who was the project manager for the data collection.

The survey instrument was pre-tested with farmers and ranchers in January 2007 and revised based on the pre-test results. Fielding of the final survey began in February 2007 and was completed in March 2007. The original sample of 3,184 was adjusted to reflect the 654 operators who were inaccessible either because their phone numbers were disconnected or because surveyors were unable to reach them after between seven and 16 dial attempts. A total of 2,017 farm operators responded to the survey. The response rate, based on the adjusted sample size of 2,530, was 78.5 percent.

FINDINGS

Total Healthcare Expenditures

The amount that individuals and families spend on health care includes the costs of health insurance premiums plus any other out-of-pocket costs that are not covered by insurance. Out-of-pocket costs may result from insurance deductibles, co-payments, and co-insurance, as well as from services not covered by insurance policies.

To take into account the fact that families are likely to spend more both on premiums and on other out-of-pocket costs than individuals, we looked separately at respondents living in households of one and those living in households of two or more. Most respondents—approximately 90 percent—lived in households of two or more and for the purposes of this analysis were classified as families.

“ *The insurance is incredible. I want my whole family on Blue Cross Blue Shield. But it would take a quarter or more of my entire income to insure them.* ”

Figure 1 shows the mean (average), median (half of values above and half below), and distribution (minimum and maximum expenditures) of out-of-pocket costs, excluding insurance premiums, for medical care and for prescription medications for insured families and insured individuals. (As dental insurance is usually carried separately from medical insurance, we will discuss the impact of costs for dental care in a later brief.)

Figure 1:
Annual out-of-pocket medical and prescription costs for families and single individuals (households of one)

	Mean	Median	Minimum	Maximum
Out of pocket medical				
Family (N=1620)	\$1,777	\$750	\$0	\$70,000
Single (N=192)	\$655	\$45	\$0	\$12,000
Out of pocket prescriptions				
Family (N=1580)	\$755	\$400	\$0	\$14,000
Single (N=189)	\$245	\$30	\$0	\$3,000

We then estimated the costs of health insurance premiums. We assumed premiums to be at the mid-point of the premium range respondents selected: for example, we estimated the monthly premium for an individual who reported paying between \$250 and \$500 a month as \$375. When a respondent listed separate premiums for himself and the next family person he or she reported on, we summed the mid-points of the premium ranges selected. We multiplied the monthly amount by 12 to calculate the yearly premium.

Finally, we summed the amounts of the premiums, out-of-pocket medical costs, and out-of-pocket prescription costs. We considered this amount to be respondents’ total healthcare expenditures. The total healthcare expenditures for families and individuals are shown in Figure 2. The results show that annually, families spend \$7,247 on average on insurance premiums and out-of-pocket costs, while individuals spend on average \$3,619. (As these figures do not include expenditures for dental insurance and dental care, actual averages are probably somewhat higher.)

“ *Medical costs are way out of line. The insurance company’s cost have gone way beyond affordable, when income has stayed the same.* ”

**Figure 2:
Annual premiums plus medical and prescription out-of-pocket costs for families and single individuals (households of one)**

	Mean	Median	Minimum	Maximum
Family (N=1750)	\$7,247	\$6,083	\$0	\$71,700
Single (N=198)	\$3,619	\$2,290	\$0	\$17,800

Relationship of Premiums and Deductibles to Total Healthcare Expenditures

We hypothesized that total healthcare expenditures might be related to the amount of insurance policy premiums and the size of the deductibles. For analytic purposes, premiums and deductibles were divided into high and low categories. High premiums were those that were \$500 a month or more. (For people with insurance through off-farm employment, the premium amounts included only their portion of the premium, not the amount paid by their employers.) High deductibles were those that were \$500 or more. We established four categories of premium and deductible combinations, as shown in Figure 3. The vast majority of families (79%) had plans with high deductibles. Only three percent of families had high premium/low deductible plans, suggesting that these plans are not really available in the market.

**Figure 3:
Distribution of families by premium/deductible category**

	Number	Percentage
Low premium low deductible	260	17%
Low premium high deductible	650	43%
High premium low deductible	51	3%
High premium high deductible	546	36%
Total	1507	100%

We then looked at the relationship between each of the premium/deductible categories and total healthcare expenditures. Figure 4 shows average and median total healthcare expenditures for families for each of the premium/deductible categories. Figure 5 shows average and median total healthcare expenditures for individuals.

**Figure 4:
Total healthcare expenditures and ranges for premium/deductible categories for families**

	Mean	Median	Minimum	Maximum
Low premium low deductible	\$4,032	\$3,000	\$1,500	\$71,700
Low premium high deductible	\$5,361	\$4,850	\$1,500	\$60,500
High premium low deductible	\$10,205	\$9,060	\$6,000	\$23,700
High premium high deductible	\$12,496	\$11,000	\$4,950	\$60,680

**Figure 5:
Total healthcare expenditures and ranges for premium/deductible categories
for single individuals (households of one)**

	Mean	Median	Minimum	Maximum
Low premium low deductible	\$3,060	\$2,050	\$1,500	\$13,560
Low premium high deductible	\$4,168	\$4,500	\$1,500	\$10,120
High premium low deductible	\$11,353	\$11,061	\$8,290	\$15,001
High premium high deductible	\$9,777	\$8,650	\$7,500	\$17,800

The results indicated that for both individuals and families, those with premiums of \$500 or more per month had much higher total healthcare expenditures than those with premiums less than \$500 per month. For individuals, those with high premiums on average spent 2.3 to 3.7 times as much on healthcare expenses as those with low premiums. For families, those with high premiums spent on average about 2 to 3 times more than those with low premiums. In addition, families with high premiums and high deductibles had significantly higher total healthcare expenditures than those in any of the other three premium/deductible categories.¹⁶

“ Our premiums are so high, we can’t live without the insurance but we can barely afford the premiums. ”

Finally, except in the case of individuals with high premiums, within premium categories (high and low) those with high deductibles spent significantly more than those with low deductibles. For example, individuals with low premiums and high deductibles spent more than a third more on healthcare than individuals with low premiums and low deductibles. Families with high premiums and high deductibles spent 22 percent more than families with high premiums and low deductibles. (High premium/low deductible policies were very rare; only three percent of families in the sample had plans of that type.)

“ We just make the deductible, then the year is over, so we never really feel the benefit from having insurance. We are paying everything at 100 percent. If the deductibles were lower and the cost not so high, it would benefit the farmers and ranchers. ”

Who Has High Premium Policies?

Research has documented that people who purchase insurance in the individual, non-group market pay significantly higher insurance premiums than those who receive coverage elsewhere. We thus examined the relationship between the type of insurance policy people had, in terms of the premium and deductible categories we established, and the market in which insurance was obtained.

“ It’s darned expensive with very poor coverage. ”

The results, shown in Figure 6 below, indicate that most families who purchased insurance through an agent on the individual market had high premium policies (65%). Conversely, three-quarters of families who got insurance through off-farm employment had low premium plans (76%), as did a similar percentage (71%) of those who obtained coverage through government-sponsored programs. The percentage of families with low deductible policies purchased through an agent was negligible (5%), suggesting that these types of policies are not really available in the individual market.

Figure 6: Type of insurance by source of coverage for families				
Type of Insurance		Source of Coverage		
		Government-sponsored program*	Off-farm employment	Individual market
Low premium low deductible	Number	59	166	22
	Percent	48%	21%	4%
Low premium high deductible	Number	28	437	170
	Percent	23%	55%	31%
High premium low deductible	Number	4	40	6
	Percent	3%	5%	1%
High premium high deductible	Number	32	152	347
	Percent	26%	19%	64%
Total	Number	123	795	545
	Percent	100%	100%	100%

* Of families covered by government-sponsored programs, 69 were covered by Medicare, 35 were covered by Veteran's Benefits, and 19 were covered by Medicaid.

The Impact of Other Factors on Total Healthcare Expenditures

We also examined other factors that might affect whether individuals and families had high total healthcare expenditures. We hypothesized that age, health status, and whether insurance included coverage for prescription medications might have an effect. As the sample was designed to exclude people 65 years of age and over, the effects of age for this age group on healthcare expenditures are not reflected in the findings. To test for health status, we divided respondents between those who said their health was excellent or very good and those who said their health status was good, fair, or poor. We also examined the impact of the source of insurance—whether it was obtained through government-sponsored programs, off-farm employment, or directly from an agent in the individual market.

A regression analysis indicated that for families, the age of the respondent did not significantly affect total healthcare expenditures, but health status did have an impact. Families with a head of household indicating a health status of 'excellent' paid \$1,627 less on average for health care than those who said their health was good, fair, or poor. Those who said their health status was "very good" paid \$903 less. (See Figure A1 in the Appendix.)

For individuals, health status did not affect total healthcare expenditures but age did have an impact. Compared to people under age 35, those between the ages of 55 and 64 paid, on average, \$3,069 more annually on health care. Differences in total healthcare expenditures for other age groups compared to those under age 35 were not significant. (See Figure A2 in the Appendix.)

“ *They need to give families lower premiums. The self-employed can't get insurance through a group. The self-employed are basically hung out to dry.* ”

However, for both individuals and families, the source from which people obtained their insurance coverage was a key determinant of their total healthcare expenditures. Controlling for age and health status, families who purchased insurance

“ *For the self-employed who have to buy private insurance coverage, we are stuck with the high premiums and a high deductible. We are about ready to cancel the coverage and take the risk to put the money back into the ranching operation.* ”

from an agent in the individual market spent \$5,204 more on health care than families with insurance obtained from government-sponsored programs, and \$4,359 more than those with insurance obtained through off-farm employment. (See Figure A1.)

Surprisingly, the inclusion of prescription drug coverage did not significantly affect the overall healthcare expenses that respondents faced.

DISCUSSION AND POLICY IMPLICATIONS

In recent years, both the cost of health insurance premiums and cost-sharing in the form of deductibles, co-payments, and co-insurance have risen rapidly. As a result of the increasing amounts people are forced to pay on healthcare expenses, growing numbers of Americans are experiencing financial hardship, which in many cases leads to long term debt. The findings of this survey provide important information about the level of expenses facing farm and ranch families.

Families in our study spent on average \$7,246 on insurance premiums and other out-of-pocket costs, while individuals spent on average \$3,619. These figures are not insignificant. Almost half of the survey respondents (49%), the overwhelming majority of whom lived in families, had household incomes between \$40,000 and \$99,999. For many families, average overall healthcare expenditures thus constituted between seven and 18 percent of their income. One quarter of survey respondents reported that healthcare expenses contributed to their financial problems, indicating that for many these costs were a heavy burden.

One would expect health insurance premiums to play the largest role in determining people's overall healthcare expenditures—for those fortunate enough to stay healthy, the amount of the premiums may represent their entire expenditure. Not surprisingly then, the survey findings show that people who have high insurance premiums expend significantly more on healthcare than those with low premiums. For example, a family with a high premium/high deductible health plan spent on average \$7,135 more overall on healthcare than a family with a low premium/high deductible plan.

All things being equal, it is unlikely that someone would willingly choose a high premium over a low premium health plan. Rather, whether or not people had high premiums was largely a reflection of the market in which they obtained coverage. People with high premium health plans were much more likely to have obtained coverage in the individual, non-group market, while those with low premiums were more likely to have obtained coverage through off-farm employment or government-sponsored programs. For many people purchasing insurance in the individual market, it thus appears that plans with high premiums were the only ones avail-

able. In fact, two thirds of families who purchased insurance on the individual market had plans with high premiums, and almost all of them had plans with high premiums and high deductibles, the costliest possible option. While age and health status played a role in people's overall healthcare expenditures, the market in which people obtained coverage was again the key determinant.

A great deal of research documents that health insurance products purchased in the individual market are generally more expensive and less comprehensive than health insurance obtained through employment or through government-sponsored programs. This survey clearly reinforces these findings. The higher expenses associated with insurance purchased in the market have particular relevance for farm and ranch operators because, as sole proprietors or small business owners, they are much more likely to purchase insurance in this market. In this survey, about one third of respondents (36%) purchased insurance directly from an insurance agent,¹⁷ compared to a national average of about eight percent.¹⁸

The purpose of health insurance is to protect people from financial hardship and provide them with access to care if they get sick. This study shows that many farm and ranch operators do not have access to insurance products that fulfill these functions. Rather, they are forced to buy products that are much more expensive and provide less financial protection than those who get coverage through their work. For many of our respondents, the only choices may be to scale back their operations so they or a family member can obtain off-farm employment that provides access to more affordable, higher quality health insurance, or to dip into savings that could otherwise be reinvested in the farm or ranch. For these families, the private, individual insurance market simply is not working.

Later briefs will investigate which farm and ranch operators are most likely to experience financial hardship because of healthcare expenses. We will examine, for example, how the percentage of income spent on health care affects the likelihood of experiencing hardship. We will also investigate which types of insurance policies are likely to result in very high overall healthcare costs and how this is related to the financial burden of healthcare expenses. These analyses will allow us to recommend policies particularly targeted to help those

“ *The premiums are too high and you still have to pay the high deductible. If you get insurance for one year at a certain rate, then it goes up every year after that.* ”

“ *Insurance is a big strain on a farm family. If I have a bad year, I have to do without other essential things to pay for insurance.* ”

who are especially burdened by the costs of getting care. However, as policymakers look for ways to help farmers and ranchers, and small business owners generally, obtain more affordable, quality health insurance, the findings from this survey are cautionary. Some have proposed offering tax credits or other incentives to help people purchase private, non-group coverage—yet this is the market most likely to offer substantially more expensive insurance policies with substantially lower levels of financial protection. Tax credits are unlikely to make up for the large differences in healthcare expenditures in the individual market compared to employer or government-sponsored coverage.

In the end, policymakers need to recognize that reliance on the private, individual market to expand insurance coverage cannot by itself provide a solution. More effective solutions may require a combination of elements that include cost-sharing assistance, market controls to restrain costs and maintain quality, and greater access to government-sponsored programs.

“ *If I did not have to pay health insurance coverage, I could devote all my time to farming and make more money, but I have to work in town to afford health insurance coverage.* ”

APPENDIX

The following tables present the results of regression analyses for families and individuals of total healthcare expenditures as a function of source of insurance, health status, age and prescription drug coverage.

Figure A1: Regression results for families

Dependent variable=total healthcare expenditures (premiums + medical costs + prescription costs)
Independent variables= source of insurance, health status, age, prescription coverage

	B	Std. Error	t	Sig.	95% Confidence Interval for B	
					Lower bound	Upper bound
(Constant)	10709.67	754.76	14.19	0.00	9229.26	12190.09
Government-sponsored insurance 0/1 ^a	-5204.49	680.94	-7.64	0.00	-6540.12	-3868.86
Off-farm insurance 0/1 ^a	-4358.69	298.14	-14.62	0.00	-4943.47	-3773.92
Age 35 – 44 ^b	320.38	741.79	0.43	0.67	-1134.59	1775.36
Age 45 – 54 ^b	293.84	697.05	0.42	0.67	-1073.39	1661.08
Age 55 – 64 ^b	935.36	709.33	1.32	0.19	-455.96	2326.68
Age 65 + ^b	139.52	886.81	0.16	0.88	-1599.91	1878.96
Prescription service 0/1	-347.74	340.84	-1.02	0.31	-1016.28	320.79
Health excellent 0/1 ^c	-1626.93	373.80	-4.35	0.00	-2360.11	-893.74
Health very good 0/1 ^c	-903.86	315.29	-2.87	0.00	-1522.28	-285.44

a Government-sponsored and off-farm insurance values are relative to purchase from an agent.

b Impact of age categories is relative to those under age 35.

c Impact of health status is relative to those reporting health as 'good' or worse.

Figure A2: Regression results for single individuals (households of one)

Dependent variable=total healthcare expenditures (premiums + medical costs + prescription costs)
Independent variables= source of insurance, health status, age, prescription coverage

	B	Std. Error	t	Sig.	95% Confidence Interval for B	
					Lower bound	Upper bound
(Constant)	3133.62	999.42	3.14	0.00	1159.27	5107.97
Government-sponsored insurance 0/1 ^a	-3490.00	751.30	-4.65	0.00	-4974.19	-2005.82
Off-farm insurance 0/1 ^a	-1367.98	496.83	-2.75	0.01	-2349.46	-386.51
Age 35 – 44 ^b	-319.30	978.77	-0.33	0.74	-2252.85	1614.25
Age 45 – 54 ^b	1310.54	916.24	1.43	0.15	-499.48	3120.57
Age 55 – 64 ^b	3069.35	915.33	3.35	0.00	1261.13	4877.57
Age 65 + ^b	1543.36	1144.97	1.35	0.18	-718.52	3805.25
Prescription service 0/1	741.63	467.22	1.59	0.11	-181.35	1664.61
Health excellent 0/1 ^c	-469.89	577.50	-0.81	0.42	-1610.72	670.95
Health very good 0/1 ^c	-639.50	511.37	-1.25	0.21	-1649.72	370.71

a Government-sponsored and off-farm insurance values are relative to purchase from an agent.

b Impact of age categories is relative to those under age 35.

c Impact of health status is relative to those reporting health as 'good' or worse.

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Research Partners

The Access Project (TAP) has served as a resource center for local communities working to improve health and healthcare access since 1998. The mission of TAP is to strengthen community action, promote social change, and improve health, especially for those who are most vulnerable. TAP conducts community action research in conjunction with local leaders to improve the quality of relevant information needed to change the health system. TAP's fiscal sponsor is Third Sector New England, a nonprofit with more than 40 years of experience in public and community health projects.

The Heller School for Social Policy and Management is a Graduate School of **Brandeis University**. It offers both Masters level and Ph.D. programs across a wide range of social policy with health policy as one of its largest components. The School has a strong commitment to advancing social welfare and is engaged in research dealing with the organization and financing of health care, behavioral health issues and in international health.

The Center for Rural Health at the University of North Dakota, established in 1980, is one of the nation's most experienced organizations committed to providing leadership in rural health on local, state and national levels. It has influenced the efforts of states across the country by developing innovative models for rural community development and local health system reform. In addition, the Center for Rural Health (CRH) is nationally recognized for its efforts to craft health policy-relevant research projects that are directly applicable to rural communities and providers.

NOTES

- 1 See, for example, S. Collins et al., *Gaps in Health Insurance: An All-American Problem*, The Commonwealth Fund, April 2006.
- 2 B. Lottero et al., *Issue Brief No.1, 2007 Health Insurance Survey of Farm and Ranch Operators: Overview of Findings*, The Access Project, September 2007.
- 3 J.S. Banthin and D. Bernard, "Changes in Financial Burdens of Health Care: National Estimates for the Population Younger than 65 Years, 1996-2003," *Journal of the American Medical Association*, Vol. 296, No. 22, December 13, 2006.
- 4 S. Collins et al., *Squeezed: Why Rising Exposure to Health Care Costs Threatens the Health and Financial Well-Being of American Families*, The Commonwealth Fund, September 2006.
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