ENDURING RESILIENCE

Being a Women, Uninsured & Living in Washington County Maine

Mary Shea PhD FNP
Assistant Professor
School of Nursing
University of Maine
Orono, Maine 04469
Objectives The learner will be able to:
1. Identify how uninsured women 50-64 years old prioritize health care needs.
2. Describe financial and personal stressors of uninsured women

Disclaimer:
My name is Mary Shea and I have no conflicts of interest to disclaim. Partial support for this research was provided by a Faculty Development Grant from the University of Maine.
Purpose

1. Explore the experiences of women aged 50-64 years old living without health insurance.
2. Identify ways these women manage health care needs.
3. Develop a conceptual understanding grounded in the participants perspectives.
Why is this Important?

There is no National Health Insurance in the United States

- Health Insurance is generally an employer benefit—women are often covered under their husbands’ policy

- Affordable Care Act---2014--Health insurance for those not covered through work or self-employed

- Medicaid--State provided health insurance for the indigent

- Maine did not expand Medicaid to cover working poor
  
  Single woman with no dependent children are not eligible for Medicaid Insurance
Why Study This Group? Women 50-64 years

• The time of life when chronic diseases develop or worsen

• Health Problems—
  • highest rates of cardiovascular disease, cancer incidence, smoking, & hypertension in the State of Maine

• Employment Opportunities
  • Seasonal work no benefits.
    • Christmas wreaths, packing blueberries, tourist services
  • Food Service--no benefits
  • Self employment

• Rural Area
  • Access to Services
Where is Washington County, Maine?
# Demographic Comparisons (county, state, nation)

## Percent Living Below the Poverty Level 2013

<table>
<thead>
<tr>
<th>Area</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washington County</td>
<td>19.4%</td>
</tr>
<tr>
<td>State of Maine</td>
<td>13.6%</td>
</tr>
<tr>
<td>United States</td>
<td>15.4%</td>
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</tbody>
</table>

## Uninsured Rate 2013

<table>
<thead>
<tr>
<th>Area</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washington County, Maine</td>
<td>17%</td>
</tr>
<tr>
<td>State of Maine</td>
<td>11.2%</td>
</tr>
<tr>
<td>United States</td>
<td>13.4%</td>
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</tbody>
</table>
Methodology--Grounded Theory

• There is no clear understanding of the social and economic issues these women face.

• Fresh perspective of the issue and probably a better understanding of a situation.

• Explains human experience as it is lived.
## Participant Demographics

### Work Status
- Self-employed: 3
- Unemployed: 4
- Employed: 3
- Disabled: 1

### Work Settings
- Farmer
- Cafeteria
- Waitress
- House Cleaner
- Personal Care Attendant
- Pet Care
- Nursing Assistant
- Speech Therapist
Health Conditions of Participants

- Diabetes Mellitus
- Hypothyroidism
- Epilepsy
- Hypertension
- High Cholesterol
- Orthopedic conditions
- Lung Cancer
- Autoimmune disorder
- COPD
Basic Social Process: Core Category

Enduring Resilience

**Enduring**: the ability to deal with suffering that continues for a long time.

**Resilience**: the ability to become strong, healthy, or successful again after something bad happens.
Theory: Enduring Resilience

- Keeping it together
- Downward Spiral
- Self Reliance
- Struggles
- Being Scrappy
- Stressors

Enduring Resilience
# Core Category- Basic Social Process

## Enduring Resilience

<table>
<thead>
<tr>
<th>Subcategories</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Struggles</td>
<td>a. Being Scrappy</td>
</tr>
<tr>
<td>b. Stressors</td>
<td>b. Self-Reliance</td>
</tr>
</tbody>
</table>
Downward Spiral

A situation which gets worse quickly, and is difficult to control.

Subcategories:

Struggles: to try very hard to deal with something that is difficult

Stressors: something that causes strong feelings of worry or anxiety
Struggles

“I’m supposed to be on BP & cholesterol pills but I don’t care about those. I have seizures and take Tegretol. **I need my Tegretol!!—I’ll have to borrow money, but I will find a way to take my Tegretol.**”

“We can’t afford $2900$ for a good policy. What’s to become of us? We already owe $25,000.”

“Everything I make goes to food & oil.”

“I decided my most important medication was my thyroid pill.”

I have diabetes but I don’t check my sugar, I can’t afford the strips.”
Stressors

• “It’s hard on me mentally I go to bed and think about it. I only sleep 2-3 hours at a time.”

• “I don’t want to lose what I have.” (patient with lung cancer and owed > $50, 000)

• “I tried to get a job that would give me benefits. But $150 biweekly (insurance premium) that’s almost half your check. I couldn’t afford it.”
Keeping it together

The participants’ ability to maintain an stability in their lives and continue despite obstacles

Subcategories:

Scrappy--having a determined spirit--feisty

Self-Reliance--reliance on one’s own effort & abilities
Being Scrappy

- “I feel like I am a strong person—you have to fight in this world.”

- “When you don’t have the resources you have to resort to all kinds of things.”

- “I want to work, I’ll do anything. No one’s hiring. Something is better than nothing.”

- “I work as a CNA at night and clean houses during the day.”
Self-Reliance

- I’ve used homeopathy for years, and feel very comfortable treating myself and family for minor problems.

- “Do the best you can that’s all you can do.”

- “At an early age I wanted to see if I could take responsibility for my health. I saved for these things.”

- One participant (after her husband died very suddenly) went back to school to become a nursing assistant.

- Another woman in exchange for a place to live cared for a disabled Vietnam veteran.

- Most took advantage of free health screenings such as mammograms, PAP tests, skin cancer, and cholesterol screening.
Important Findings

• The supporting categories do not occur in a linear fashion, but recur randomly keeping these participants always teetering on social and financial collapse.

• None of the women was looking for a free handout.

• The women participated because they wanted their stories to be told.

• Women continue to be at a socio-economic disadvantage when compared to men with very few chances to overcome these disparities.
Implications for Nurses

- Nurses need to know the personal stories of patients in order to maximize patient care.

- Need to understand the effect government policies have on individuals and their access to healthcare.

- Need to participate in local and national health politics to influence policy change.
Lubec, Maine
References


