

Organized efforts to increase group enrollment in health insurance in four communities in a western North Carolina county produced impressive results, especially with farmers and low-income rural families.

Extending Voluntary Health Insurance Through Community Organization

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EXISTING GROUPS can be of major help in extending programs for prepayment of health care costs, and this paper reports how community organization functioned to promote health insurance enrollment in one rural area.

In 1951, group enrollment in health insurance was a specific activity of the Haywood County (N. C.) Community Development Program. Most organized communities in Haywood County are of the open-country type, and the area here reported includes four such localities (1), each known locally as a community. Sociologically, these localities are more "neighborhood" than "community" in character since none has a population center with a complete set of trade and other services. The communities have very few special interest organizations

other than churches and a home demonstration club sponsored by the agricultural extension service.

Community Organization

In 1949, the agricultural extension service, in cooperation with other professional workers, began a program in Haywood County through which the local residents of each open-country community would undertake a community development program. Because there were few special interest organizations in these communities, coordination of activities was not a problem.

The organizational structure created to carry out the development program is known locally as the community club. The community club performs the major functions of study and planning and directs specific actions within the community. In the literature dealing with community organization, this type of organizational structure is classified as a form of the direct type of community organization.

Each of the four locality groups in the study contained a community club. In 1954, these clubs carried out their development programs through the following officers and committees:

1. Chairman, vice chairman, secretary, treasurer, and reporter. These officers were elected at regular, communitywide meetings.

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2. Six standing committees: survey, planning, program, recreation, refreshment, and scrapbook.

3. Special committees appointed to develop particular farm production enterprises for the community: tobacco, corn, hay, pasture, beef, dairy, and poultry.

4. Other committees designed to promote development of health, foods and nutrition, roads, and youth activities.

A study (2) was made of the organizational structure, operational procedures, and programs of one of these communities. Regular communitywide meetings are held each month in the educational wing of a local church. One of the most pressing needs, consequently one of the goals for 1954, was construction of a new center to be used for meetings and other community activities and to aid in the development of educational work in the community. A special committee was charged with this responsibility.

Each community meeting opens with devotions. A business session follows, during which plans are made, new programs are adopted, and committee reports are presented. Next there is an educational program, which may be centered on agricultural practices, international relations, such as a film on rural life in India, or explanations of a voluntary health insurance plan. The meeting closes with a recreation and refreshment period, which may include community singing and a supper or light refreshments.

One of the first steps in each community during the period of creating the community club was to identify the community boundaries. When this decision had been reached by the original interested group, community identification signs were erected on each road or highway running through the community. These signs circumscribe the community and, in a highly organized county, virtually every family is a member of the community "in-group," as determined by these boundaries. It is particularly necessary to emphasize the importance of this operational procedure since it is through this means that the identity of the "group" is determined for the voluntary health insurance program.

There are no dues and no membership rolls

for the community meetings; the number of families in the in-group is determined by community boundaries, not by the number of families whose members attend the meetings. To aid in understanding the actual operation of the voluntary health insurance program of the communities, one other aspect of the organizational structure in Haywood County must be noted in some detail, the county organization of the community development program.

The county organization was designed to coordinate and promote the activities of the community clubs throughout the county. In 1954, this work was carried out through the following officers, directors, and commissions operating under the name of the Haywood County Community Development Program:

County Officers. Chairman, vice chairman, reporter, secretary, and treasurer. County officers were elected from among community officers and members.

Board of Directors. Chairman, vice chairman, secretary, treasurer, and eight regular members. Both men and women were included. This group was responsible for developing policy and administering the community development program on the county level.

County Planning Commissions. County commissions were established in accordance with the major needs of the county and in accordance with the major activities of the community clubs. Countywide commissions were established or were to be created in connection with specific agricultural enterprises, recreation, and health.

This is the organizational structure and process within which the promotion of voluntary health insurance on a group basis is and has been pursued in Haywood County.

Group Health Insurance

The health insurance purpose of the Haywood County Community Development Program was stated in the 1951 Annual Report of the County Agricultural Extension Agent as follows: "The officers and directors of the community development program are very much interested in securing for the rural people of Haywood County the same benefits received by industrial and common-employer groups in

the county from group hospital and surgical insurance."

In addition to being an "organized community," each of the four localities had churches and one or more other organizations, such as home demonstration clubs. However, each organized community, in addition to being an integral unit of the countywide community development program, enjoyed a wide reach of participants through its embracive program of activities and, therefore, was in a key position to serve as a group base for enrollment in voluntary health insurance.

The possibility of developing a voluntary health insurance program was first discussed at a regular monthly meeting of each organized community. A local physician and a member of the countywide board of directors of the community development program presented general information on such insurance. The members, after some discussion, voted in favor of having the county board of directors proceed to seek a definite group health insurance plan.

During a period of 6 to 8 months, a specific plan was worked out with an insurance carrier and the necessary arrangements were made through the State Insurance Commissioner for the community development program to serve as a basis for enrollment in a group health insurance plan. The specific insurance program was presented at another regular monthly meeting of each organized community. Those participating actively at this second round of local meetings were local physicians, the local hospital administrator, a member of the county board of directors, and a representative of the insurance carrier. Community members voted to support the insurance program, and campaigns for enrollment in each community followed.

The fact that each community achieved the necessary 75-percent enrollment of all families, counting those already enrolled in a work-group employment plan, to qualify for the group enrollment arrangements reflects the strong local support given to the program.

In each community, a local person serves as chairman for the health insurance activity, collects premiums on a quarterly basis, and furnishes information on the insurance plan. He also is expected to stimulate new memberships

in the group enrollment plan, which is opened semiannually for new members. This local collector is paid a small fee by the members.

Group enrollment in voluntary health insurance through the Haywood County Community Development Program began in June 1951. Insurance was carried with a commercial insurance company for the first year. In June 1952, a nonprofit agency took on the health insurance program, and in January 1954 another nonprofit agency became the carrier. The community development program has been able to "weather" these two changes of health insurance carriers within a relatively short period of time, with all the attendant variability in some of the health insurance coverages and premiums.

Voluntary Health Insurance Enrollment

The strength of the enrollment effort in the four communities is reflected in the relatively high proportion of residents enrolled in the voluntary health insurance plan in June 1953, the time of the study. Two-thirds of the 299 households reported had some health insurance for one or more persons in the household; about three-fifths of the 1,222 individuals in these households had such insurance.

The following analyses are based on data for male heads of the households only. It is probable that the impact of community organization on health insurance enrollment for male heads of households represents the situation generally for all individuals in the localities studied.

The prominent role of group affiliation as the basis for subscribing to voluntary health insurance was impressive. There were 270 male heads of households, and 154 (57 percent) had health insurance. More than 9 of every 10 were enrolled on a group basis. More than 3 of every 5 male heads of households who had health insurance were enrolled on a group basis in industrial plants and in other group employment situations.

The direct contribution of the Haywood County Community Development Program to health insurance can be measured by the data showing that about two-fifths of all enrolled male heads of households were enrolled on the group basis sponsored by that program.

Only about 1 in every 7 enrollees had subscribed as individuals. Proportions are cumulative to more than 100 percent because of a few cases of enrollment in two or more types of health insurance.

The effect of contributions of the community development program to voluntary health insurance enrollment was further demonstrated by the program's particular ability to enroll two groups usually less available to health insurance—farmers and low-income households. Of all farm operators enrolled, 4 of every 5 in 1953 had enrolled in the group plan sponsored by the Haywood County Community Development Program. Of the enrolled male heads of households who had annual net cash incomes of less than \$1,500, 2 of every 3 had enrolled with the community group program. Although health insurance enrollment among farmers and other workers in nongroup employment, as well as male heads of households with low incomes, was still relatively low in the four rural communities in the study, the community development program's particular success in enrolling many of them encourages further efforts.

Conclusions

What do these data mean? What are the implications of this study? First, the results are sufficiently fruitful to indicate an area for further research. Several similar studies are necessary, however, before the results can be considered conclusive. The data in this single study appear to be sufficiently pointed to warrant consideration of possible action along three lines.

1. Voluntary health insurance carriers may need to reexamine their concept of "group." Groups of many kinds that do not charge dues or maintain membership rolls are found in communities. Such locality groups as neighborhoods and communities, when sufficiently organized, may be the means of reaching families living in open-country communities that are dependent upon agriculture for a livelihood, as well as other self-employed workers. Such a change in the concept of "group" may necessitate major alterations in many State laws and

administrative interpretations that relate to voluntary health insurance. In selecting personnel for selling and maintaining insurance in rural communities, carriers may need to consider this change in concept.

2. The implication of these data appears to be clear-cut for community leaders interested in health matters. Efforts in the direction of complete community organization, as contrasted with another special-interest group in health, appear to be fruitful for exploration. This seems to be a way of arriving at a "group" so as to take advantage of a group basis for voluntary health insurance. Also, this procedure opens channels of communication and uses social control techniques which are not possible under many other conditions. Through this procedure, some open-country families can be reached more adequately than through more specialized groups.

3. In training public health personnel, as well as personnel of other agencies functioning in rural areas, institutions may need to alter their training programs to include, or expand, community organization principles, procedures, and techniques. Professional personnel must give more attention to leadership training of lay persons for the assumption of communitywide responsibility. These agencies are in rural areas for the purpose of aiding rural people to raise their levels and standard of living. Health is generally recognized as one of the important aspects of levels and standards of living and many persons are of the opinion that voluntary health insurance is an important element in improving the health status of rural residents. It would appear that all agencies working in rural areas must in the future give more attention to community organization.

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