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Walden University

College of Health Sciences and Public Policy

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Tangelia Clary-Marshall

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Walden University
2023

Abstract

Perceived Barriers to Obtaining Health Insurance for African American Males Living in Arkansas

by

Tangelia Clary-Marshall

MA, Arkansas State University, 2015

BS, Philander Smith College, 2013

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Policy and Administration

Walden University

August 2023

Abstract

Despite the implementation of the Affordable Care Act (ACA) in 2010 and Medicaid expansion, many African American males between the ages of 18 and 64 remain uninsured. Lack of health coverage negatively impacts the economy, communities, and the lives of those who lack health insurance. Hospitals and health care providers are left unpaid when uninsured individuals cannot afford to pay for the healthcare. The purpose of this qualitative study was to discover whether barriers existed for uninsured African American males between the ages of 18 and 64 face in obtaining health insurance coverage, with a goal of influencing public policy surrounding healthcare reform. The Health Belief Model (HBM) was used as the theoretical framework for this study. Data were collected and analyzed using qualitative methods through semi-structured interviews with eight uninsured African Males between the ages of 18 to 64 who currently resided in Arkansas. A phenomenological method and coding of thematic categories were used for data analysis. Findings indicated that African American males faced barriers through lack of knowledge and the lack of support with the enrollment process. Other barriers such as lack of trust in government and the fear of fraud existed for this population. This study adds literature on unidentified barriers to obtaining health insurance for African American males in Arkansas and the impact being uninsured has on the lives those individuals. Findings may be used for positive social change by healthcare professionals in understanding the needs of African American males.

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Chapter 1: Introduction to the Study

The lack of health insurance can have a negative impact not only on the physical health of individuals but also on their financial health. Many consider that uninsured individuals forego needed medical treatment due to the lack of insurance or they misuse the emergency room to get treatment leaving them facing large medicals bills or, in some cases, the treating facility or health care provider are left unpaid. In addition, individuals without health insurance are often living paycheck to paycheck and find themselves having to choose between needed medical treatment or keeping a roof over their heads and food on the table. According to Wilson (2017), based on data provided by the Small Area Health Insurance Estimates Program, nearly one fifth of the expansion-eligible population in Arkansas remains uninsured despite the expansion of Medicaid coverage to low-income Arkansans (at or below 138% of the federal poverty level [FPL]). Based on data released by the Arkansas Insurance Department (2018) there are approximately 215,177 Arkansans who remain uninsured. These individuals fall within two categories of above 138% of the FPL nonelderly and potentially eligible for Federally Facilitated Marketplace health insurance or at or below 138% of the FPL (i.e., nonelderly but > 18 years old) and potentially eligible for Arkansas Expanded Medicaid.

Health care reform has long been a topic for debate amongst lawmakers across the United States. Although many of the parties involved agree that health care reform is much needed, finding a solution to issues, such as health care disparities, soaring health care costs, misuse of emergency facilities, and uncompensated care, have proved to be challenging. With the passage of the Patient Protection and Affordable Care Act

(PPACA) in 2010, the United States has seen a decrease in the number of uninsured citizens. According to U.S. Census data (2016), Arkansas had been reduced to 7.9% by 2016 compared to an uninsured rate of 16% in 2013. To date approximately 10% of the population in Arkansas remain uninsured as noted by the U.S. Census Bureau (2019); 10.9% of Arkansans under the age of 64 remain uninsured. According to the Kaiser Family Foundation (2019) in 2019, 9.1% of African Americans remain uninsured. Information on the number of African American males that remain uninsured was not available. Under the Affordable Care Act (ACA), states were given an option to expand their Medicaid programs, and Arkansas is one of 37 states that chose to participate in the Medicaid eligibility expansion, allowing any applicant between 19 and 64 years of age to qualify for health care assistance if they meet Medicaid income requirements. Income limits are based on the number of people in the household. For a single person, the 2021 maximum income limit is $16,971 according to current state benefit income limits. According to the U.S. Census Bureau. (n.d.), the male median income in Arkansas is $31,138, which is well above the income limit for a single individual looking to qualify for Medicaid. Information related to the medium income amount for African American males residing in Arkansas could not be located.

This chapter consists of a discussion of the background of the problem, problem statement, purpose of the study, research question, theoretical framework, nature of the study, definitions, assumptions, scope and delimitations, limitations, and significance before concluding with a summary. Although previous studies were reviewed that focused on the insured, I could not find any studies that focused on the perceived barriers to obtaining health insurance for uninsured African American males between the ages of 18 and 64 and residing in Arkansas. In this study, I explored whether perceived barriers exist for this population that have not been considered.

Background of the Problem

The PPACA was signed into law by President Obama in 2010 in an effort to reform the health care system in the United States by ensuring that all Americans had access to affordable health insurance. The PPACA required all states to establish a health insurance exchange where individuals could shop for and apply for affordable health insurance coverage for themselves and their families. States that chose to expand their Medicaid Programs were also provided funding to provide subsidies for residents with income levels below 138% of the FPL. To comply with the PPACA of 2010, Arkansas lawmakers enacted Act 1500 of 2013 with the goal of promoting competition amongst health insurance carriers to lower the cost of health insurance for Arkansas residents, Act 1500 of the Regular Session of the Arkansas 89th General Assembly. (n.d.). Since the implementation of the ACA, the uninsured population in Arkansas experienced a decline in its uninsured rate during the years of 2013 to 2017. According to Sommers et al. (2017), the uninsured rates fell steeply in 2014 in Kentucky and Arkansas and declined more gradually in 2015 and 2016. In 2017, the Trump Administration began working to reverse the ACA with the removal of the individual mandate, the introduction of alternate insurance plans, and the push to allow states to implement new eligibility requirements for Medicaid. Even though residents of Arkansas have several options for obtaining health insurance with the introduction of the ACA, 8% of the Arkansas population remain uninsured (Robert Wood Johnson Foundation, 2019). In Arkansas, African Americans and the working poor are amongst the highest rates of the uninsured population. According to the Henry J. Kaiser Family Foundation (2018), on a national level, the uninsured rate for Blacks is significantly higher than the uninsured rate for Whites.

While previous studies have been conducted to explore various aspects of health care reform, this topic is far from being exhausted as a research area. Specifically, new studies can be conducted related to uninsured individuals postimplementation of the ACA and Medicaid expansion to analyze whether barriers to obtaining health insurance continue to exist for African Americans males in Arkansas who remain uninsured. Previous studies have shown that racial differences in socioeconomic status (e.g., income, education) largely account for gaps in Black and White disparities with individual and institutional discrimination, residential segregation, and bias in health care settings (Braveman et al., 2011; Williams, 1999; Williams & Jackson, 2005). The Robert Wood Johnson Foundation (2011) noted that despite improvement in health care services, some people of color still experience more difficulties than White patients in receiving quality care, even when access to care is equal for both groups.

A large number of racial and ethnic health disparity incidences continue to penetrate the health care system, and the existence of these incidences calls for immediate solutions (Derose et al., 2011). According to Brown (2014), a June 30 report by the Office of Minority Health at the U.S. Department of Health and Human Services found that Latino and African American males are counted among the highest group without health care for uninsured adult males between the ages of 19–34. Sommers et al.’s (2017) findings demonstrate the benefits associated with coverage expansion for two particularly vulnerable populations: low-income adults and those with chronic conditions (p. 15). According to (Brown, 2014), statistics show that 6.8 million African Americans have new opportunities for affordable health insurance coverage as a result of the ACA. The current study was needed to understand the perceived barriers to obtaining insurance for African American males living in Arkansas who remain uninsured since the implementation of the ACA. The findings of this study could be a starting point for policymakers in developing a sound solution to addressing the health care crisis and reform in Arkansas and the United States.

Statement of the Problem

The lack of health insurance can result in poor physical health and financial health for some. Many uninsured individuals forego needed medical treatment due to the lack of insurance or they misuse the emergency room to get treatment. In addition, individuals without health insurance may find themselves having to choose between the basic necessities or needed medical treatment. Among the population of uninsured individuals faced with foregoing medical treatment are African American males. According to the Henry J. Kaiser Family Foundation (2018), people of color are at a higher risk of being uninsured. Kirby and Kaneda (2010) noted that non-Hispanic Blacks are twice as likely to be uninsured as non-Hispanic Whites, and African Americans are a particularly vulnerable group when it comes to the many disadvantages of being uninsured. The lack of health care access remains an issue in Arkansas and throughout the nation. People of color remain uninsured since the implementation of the ACA, and in Arkansas, 8% of

African Americans remain uninsured, which is higher than the percentage of uninsured non-Hispanic Whites. On a national level, the uninsured rate for Blacks and Hispanics are significantly higher than the uninsured rate for Whites (Henry J. Kaiser Family Foundation, 2018). Thornell (2018) reported that access to health care for the underinsured and uninsured is a national problem. Many studies have focused on health care disparities among the African American population; however, there is a gap in literature relative to whether barriers exist to obtaining health insurance for African American males residing in Arkansas.

Residents of Arkansas, including people of color and low-income individuals, have several options for obtaining health insurance. Besides enrolling through the Health Insurance Individual Marketplace established by the ACA, individuals below 138% of the FPL may qualify for health insurance through Arkansas's Medicaid expansion program. According to the Henry J. Kaiser Family Foundation (2019), the FPL was $17,236 for an individual in 2019. Arkansans with chronic health conditions may also qualify for Arkansas's traditional Medicaid program.

Arkansas is one of the more than 30 states that expanded Medicaid to low-income adults (Sommers, 2016). According to the Arkansas Department of Human Services (2019), the traditional Medicaid program pays for medical expenses for needy individuals who meet specific income requirements and who have medical needs that fall within certain categories. Individuals who qualify for Medicaid expansion or traditional Medicaid pay little cost or no cost for health insurance premiums. The premium cost is paid for or subsidized by federal or state funds. The Kaiser Family Foundation (2019) reported that 37% of the population in Arkansas is considered low income and would qualify for Medicaid, yet 10% of Arkansans remained uninsured as of October 2019. Arkansans who are employed full-time may be covered by a health plan through their employer. Despite these options, the Arkansas Insurance Department (2018) reported that 209,836 Arkansans remain uninsured. After extensive research, I could not find a breakdown of this number to indicate how many African American males remain uninsured. Further research is needed to identify the demographics related to the uninsured population in Arkansas.

Lack of health insurance negatively impacts the lives of individuals in several ways. As noted by Clemons-Cope et al. (2013), in 2013, national statistics indicated that approximately 1 in 3 uninsured adults had a chronic health condition, and approximately 1 in 9 had a mental health condition. The lack of proper health care can lead to serious illness and even death for individuals. Lack of health insurance also negatively impacts the community via the economy because hospitals and providers are often forced to provide care for individuals that are unable to pay.

Uninsured individuals are more likely to forego health care when they experience illness, and delayed health care can lead to prolonged recovery time and the inability to operate as a productive person (Agency for Healthcare Research and Quality, 2016). Despite improvements, access disparities persisted through 2013, especially among people in low-income households, Hispanics, and Blacks, Buchmueller et al. (2020). Understanding why Arkansans remain uninsured is important to addressing social justice as it relates to health care. Although people of color and low-income individuals residing in Arkansas have these options for obtaining health insurance, a higher percentage of this demographic remains uninsured than the non-Hispanic White demographic. Understanding why this difference in coverage exists for these individuals is important in addressing disparities amongst people of color and low-income individuals residing in Arkansas. This information could help inform policy and program decisions for lawmakers in Arkansas. As noted by Kirby and Kaneda (2010), there is limited research related to racial disparities in health insurance coverage in the United States (p. 1035). In this basic qualitative phenomenological study, I explored whether personal, socioeconomic status, culture, attitudes, and beliefs create barriers that may be preventing African American males between the ages of 18 and 64 years of age and residing in Arkansas from obtaining health insurance.

Purpose of the Study

Although many previous studies have explored the effects of being uninsured or underinsured, more information is needed to further reduce the number of uninsured in the African American community. In this qualitative study, I analyzed whether personal, socioeconomic, or cultural barriers to obtaining insurance exist for the uninsured African American males between the ages of 18 and 64 in Arkansas. Known barriers to obtaining insurance include personal barriers, such as lack of knowledge or lack of trust in how health insurance works; socioeconomic barriers, such as lack of funds to pay for health insurance premiums or the inability to pay for copayments or deductibles that are often associated with health insurance; and cultural barriers, such as perceptions or beliefs, like fear of the government invading one’s privacy or the fear that one would not receive the same level of care as others of a different race (Tripp-Reimer & Choi, 2001). Understanding the perceived barriers for uninsured Arkansans is important to policymakers currently seeking to foster health care reform in the state.

In 2018, lawmakers in Arkansas implemented the ARWorks Program, which required individuals receiving subsidies for health insurance premiums under Medicaid expansion to work a minimum of 80 hours per month or to perform similar activities, such as volunteering or to be in school (Pradhan, 2019). Individuals were required to report their worked hours by telephone or online, and individuals who failed to report their work hours for 3 months within the benefit year lost their coverage and were not eligible to reapply until the next open enrollment period for the following benefit year. As a result of the work requirement, it was reported that more than 18,000 Arkansans lost their health coverage (Pradhan, 2019). In March of 2019, a federal judge ruled the work requirement was unconstitutional; therefore, the requirement was removed effective immediately. Understanding the perceived strengths and weaknesses of existing health insurance programs will help policymakers revise or implement programs that will reduce the uninsured population in the state.

Research Question

What are the lived experiences of uninsured African Americans males between the ages of 18 and 64 and residing in Arkansas regarding their inability to obtain health insurance and the impact the lack of health insurance has on their quality of life?

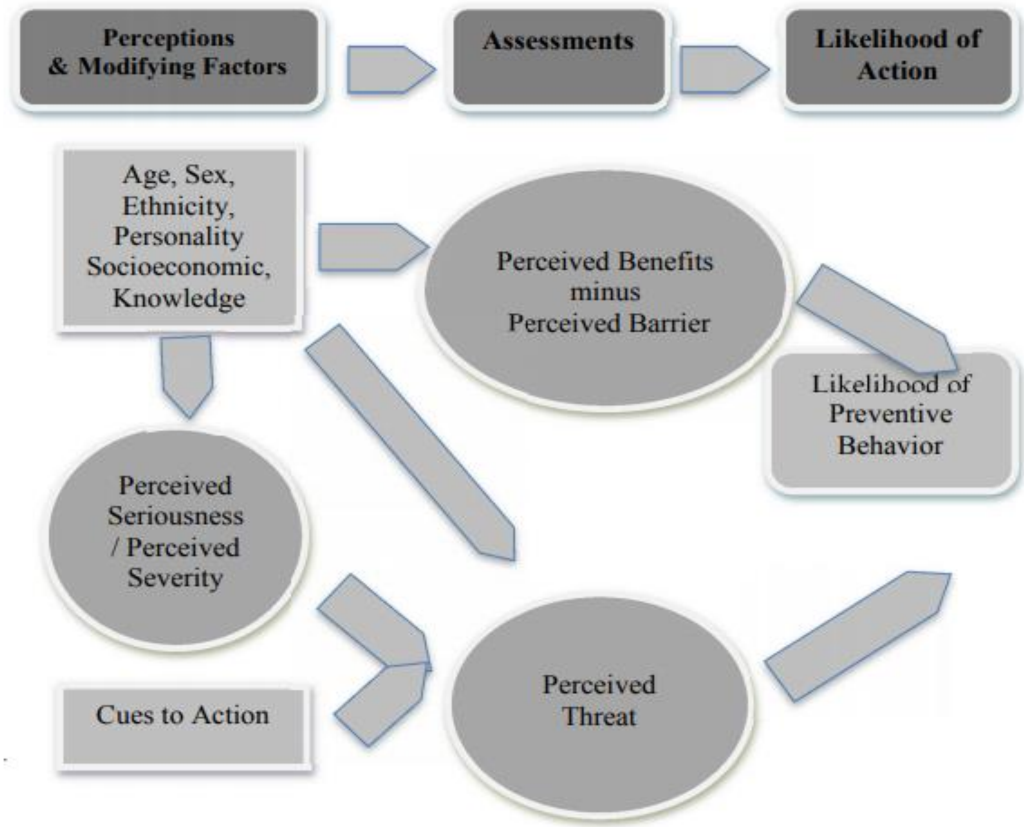
Theoretical Framework

In this basic qualitative phenomenological study, I utilized the health belief model (HBM) as the theoretical framework to explore how the uninsured population in Arkansas perceive their inability to obtain health insurance and the impact that the lack of access to health care coverage has on their quality of life. I sought to understand the experienced strengths and weaknesses of currently available health insurance programs for Arkansans who remain uninsured since the implementation of the PPACA and Medicaid expansion. According to Abedi et al. (2013), the HBM describes the relationships among the behaviors, perceived barriers, and impact on the overall health in terms of perceptions of overall health. The HBM aligned with the current study because I sought to explore the perceived barriers to obtaining health insurance for African American males residing in Arkansas and how they are impacted by the lack of health insurance.

According to Merriam and Tisdell (2016), with basic qualitative research, “the researcher is interested in understanding the meaning a phenomenon has for those involved” (p. 24). Understanding the perceived barriers for Arkansas residents could aid in improving health equality and reducing the number of uninsured Arkansans. The findings will provide policy makers with important information by identifying perceived barriers that are keeping individuals from seeking and acquiring affordable health insurance in Arkansas. This information could also give lawmakers in other states a starting point for identifying whether similar barriers exist for their residents.

Figure 1

Schematic Representation of the Health Belief Model



I used a phenomenological approach to gather data regarding the perceived motivations to remain uninsured. According to Givens (2008), basic qualitative studies are used to improve the lives of individuals. This approach was appropriate for this basic qualitative study because it is an approach by which the researcher can seek out and explore the experiences of individuals to identify and conceptualize the latent social patterns that may exist and ways in which people's lives can be improved. Qualitative studies seek to explore the lived experiences, perceptions, and motivations of individuals (Cooper & Endacott, 2007). Researchers can use the basic qualitative methodology to explore the worldviews of the people involved and to improve the human condition. Palys and Atchison (2008) stated that basic qualitative research can be used to contribute to theory and existing knowledge to improve the lives of individuals. According to Merriam and Tisdell (2016), the process of qualitative research begins with the researcher asking a question to guide the development of a theory regarding some aspect of social life.

Nature of the Study

In this study, I employed a qualitative phenomenological approach to explore the perceptions and motivations of uninsured African American Arkansans regarding the influence socioeconomic status, culture, attitudes, and beliefs on the importance of health insurance had on the ability to obtain health insurance. A phenomenological approach was consistent with qualitative research seeking to understand lived experiences of people of color in Arkansas who remain uninsured since the implementation of the ACA. The phenomenological design was appropriate for this qualitative study because it is a framework by which the researcher can seek out and explore the lived experiences of individuals to identify social patterns that may exist. In phenomenological studies, researchers seek to understand the world as lived by individuals rather than separate from the lives of individuals related to a particular phenomenon (Lewis 2015). According to the Philosophy Basics (2018), the phenomenological theoretical framework is used to study the conscious experiences and intentionality of individuals from a first-person perspective. Qualitative research provides an opportunity for the researcher to understand human experiences at the individual level and from the individual’s perspective

(Silverman, 2016). Understanding why male people of color who reside in Arkansas remain uninsured despite the availability of insurance programs in Arkansas is consistent with a community-based participatory research approach because it seeks to address health equality and disparities. Horrigan-Kelly et al. (2016) suggested that Heidegger believed that the experiences of individuals could be viewed in two contexts: common and subjective. Exploration of the before mentioned influences or whether other barriers exist for individuals of color residing in Arkansas was conducive to a qualitative approach. Lewis and Grzanka (2016) also supported the use of qualitative methodology in conducting phenomenological research because it allows the researcher to examine complexities of lived experiences within a cultural context (p. 44). The current qualitative analysis was conducted to identify the perceived barriers for uninsured African American male Arkansans. Windsong (2016) found the qualitative method more appropriate for both understanding experiences and examining its relationship to race and gender (p. 139).

Definitions

Definitions of terms relevant to this study are as follows:

African American: A person who identifies as a Black American born in the United States of African ancestry (Christo-Baker et al., 2012, p. 14).

FPL: A measure of income the U.S. government uses to determine who is eligible for subsidies, programs, and benefits (Amadeo, 2021).

Health education: Knowledge, both heterogeneous and composite, functions such that allows the person to build their own rationality to lead (or not) a possible life (Pizon, 2019, p. ix)

Income limits: Maximum amount of income a household can earn to qualify to receive assistance (Affordable Housing Online, 2021).

Male Of, relating to, or being the sex that typically has the capacity to produce relatively small, usually motile gametes that fertilize the eggs of a female. (Merriam-Webster, 2021).

Qualitative research: The methodology a researcher uses when seeking to understand the phenomenon by observing behaviors. This is done through interactions with participants and asking open-ended questions (Lewis, 2015). This research method provides a very detailed description of what is observed and is subjective.

Individuals with no health insurance: Davis, K. (2007). Individuals lacking insurance and who are not insured. Commonwealth Fund, 2007).

Assumptions

The assumptions associated with this study were that participants would have the same cultural and lived experiences and lack knowledge about available options for obtaining health insurance due to limited education about health care in general and restricted access to outreach education. Additional assumptions were that participants would understand the benefit of this research study and would not agree to participate in the study for other motives, such as receiving social benefits or monetary gain. I also assumed that the participants in this study participated sincerely and freely, not under pressure from outside influences.

Scope and Delimitations

The scope of a research study incorporates its range and confines as well as what the study involves (), while the delimitations of the study are its boundaries (Simon & Goes, 2013). In this study, I focused on exploring the perceptions of African American males residing in Arkansas related to whether barriers exist to obtaining health insurance and investigated issues of cultural sensitivity that may help gain a better understanding of how this population views health insurance and its importance. This study was conducted in Arkansas where participants were properly identified and selected to ensure that they represented the population that I intended to study.

The participants of this research study were uninsured African American men between the ages of 18 to 64 years and residing in Arkansas. The age range was selected because under current health programs in Arkansas individuals under the age of 26 may remain on their parent’s health insurance if they meet certain criteria. Additionally, individuals 65 years of age and older may qualify for health coverage through the federal Medicaid program. I used a notebook and tape recorder as instruments for data collection.

One delimitation of the study was its sample size of eight men of African American descent between the ages of 18 to 64 years of age who have remained uninsured postimplementation of the ACA and health insurance programs in the state of Arkansas. These qualifications excluded other racial and/or ethnic groups and females. The second delimitation involved the classification of being uninsured. The men who qualified for participation in this study were those who have remained uninsured since the implementation of the ACA and state health care programs. Confining this study to African American men who have remained uninsured provided a thorough investigation and understanding of the perceptions the population has regarding the importance of health insurance and barriers that exist to obtaining health insurance.

This study will help inform future studies of other populations because it focused on, investigated, and provided information that is transferable. According to Yin (2016), transferability allows subsequent researchers to apply a study's conclusions to another population, confirming the importance of the initial study (p. 107).

Limitations

Potential barriers for this study included solidifying a partner site agreement, possible difficulty in recruiting participants, and the data collection method. Because of the difficulty in recruiting participants, there were a limited number of participants for this study.

Recruitment of Study Participants

The lack of a partner site for conducting this study presented an issue with recruiting study participants. Participants for this study were limited to uninsured African American male individuals who have remained uninsured since the implementation of the ACA in Arkansas. Because of the specific criteria for participating in the study, the number of study participants that I had access to was extremely limited.

Data Collection Method

I used interviewing as the data collection method for this study. Interviews provided a good opportunity for me to gather information; however, the interviewees only shared information they wanted to reveal about their perceptions of events and opinions. The shared information might have been subjective and, therefore, could change over time according to circumstance.

Significance of the Study

Historically, Americans have experienced disparities in access to care based on factors such as race, socioeconomic status, and geographical location (Agency for Healthcare Research and Quality, 2016). According to the Henry J. Kaiser Family Foundation (2018), most remaining uninsured individuals are nonelderly adults in working, low-income families. However, no research had been done to identify what barriers exists for this group of individuals. More specifically, no research had been conducted to identify what barriers exist for Arkansans who remain uninsured since the implementation of the PPACA and the expansion of Medicaid. This study could lead to positive social change through providing information used to help revise health insurance programs that further reduce the number of uninsured African American males in Arkansas and potentially throughout the United States.

Summary

Lack of health insurance is a public health concern in the United States. Ensuring all Americans have access to good health care is vital to creating social justice and closing the gap in health care disparities. The number of uninsured individuals in

Arkansas remains at a concerning rate especially for the African American and underserved population. This population faces several barriers affecting their ability to access quality health care. Determining what perceived barriers exist will help policy makers in Arkansas create plans that can further reduce the number of uninsured African Americans and thus close the gap on health care disparities.

Chapter 2 will include a summary of current research studies on health insurance programs currently available within Arkansas and a discussion of some of the barriers African American males face when trying to obtain health insurance. Additionally, in the chapter I will describe the impact being uninsured has on an individual’s overall health and their perception of the importance of health insurance.

Chapter 2: Literature Review

The lack of health insurance can have a negative impact not only on the physical health of individuals but also on their financial health. Many uninsured individuals forego needed medical treatment due to the lack of insurance or they misuse the emergency room to get treatment leaving them facing large medicals bills or in some cases the treating facility or health care provider are left unpaid. In addition, individuals without health insurance are often living paycheck to paycheck and find themselves having to choose between needed medical treatment or keeping a roof over their heads and food on the table. Health care reform has long been a topic for debate amongst lawmakers across the United States. Although many of the parties involved agree that health care reform is much needed, finding a solution to issues, such as health care disparities, soaring healthcare cost, misuse of emergency facilities, and uncompensated care, have proved to be challenging. With the passage of the PPACA in 2010, Arkansas along with many other states has experienced a significant decrease in the number of uninsured citizens and are starting to see benefits of the decrease in the uninsured population; however, in 2019, 8% of the state's population remain uninsured (Robert Wood Johnson Foundation, 2019).

This research study centered on the prevailing phenomenon of the number of individuals that remain uninsured since the implementation of the PPACA that was signed into law by President Obama in 2010 and state level health insurance programs that were created as a result of the PPACA. More specifically, I focused on perceived barriers to obtaining health insurance for African American males. Since the implementation of the ACA, the population of Arkansas experienced a decline in its uninsured rate during the years of 2013 to 2017. Sommers et al. (2017) found that the uninsured rates fell steeply in 2014 in Kentucky and Arkansas and declined more gradually in 2015 and 2016. In 2017, the Trump Administration began working to reverse the ACA with the removal of the individual mandate, the introduction of alternate insurance plans, and the push to allow states to implement new eligibility requirements for Medicaid. Even though residents of Arkansas have several options for obtaining health insurance with the introduction of the ACA, 8% of the Arkansas population remain uninsured (Robert Wood Johnson Foundation, 2019). According to Davis (2007), the rising number of uninsured individuals nationally is comprised of individuals between the ages of 18 to 64, and most of whom are working. In Arkansas, African Americans and the working poor have amongst the highest rates of being uninsured. On a national level, the uninsured rate of Blacks and Hispanics are significantly higher than the uninsured rate for Whites (Henry J. Kaiser Family Foundation, 2018).

While previous studies have been conducted to study various aspects of health care reform, this topic is far from being exhausted as a research area. Specifically, new studies can be conducted related to uninsured individuals postimplementation of the ACA and Medicaid expansion to analyze whether barriers to obtaining health insurance continue to exist for uninsured African Americans males residing in Arkansas. Sommers et al.'s (2017) findings demonstrated the benefits associated with coverage expansion for two particularly vulnerable populations: low-income adults and those with chronic conditions (p. 15). Understanding the perceived barriers to obtaining insurance for individuals living in Arkansas could be a starting point for policymakers in developing a sound solution to addressing the health care crisis and reform in Arkansas and the United States.

Gaps in the literature can be found in relation to all areas of health care, particularly as it relates to the barriers that exist for African Americans males who remain uninsured since the implementation of the ACA and the expansion of Medicaid in Arkansas. Information related to the number of African American males that remain uninsured since the implementation of the ACA and Medicaid expansion in Arkansas is unknown. Additionally, the number of African American males with income limits below Medicaid eligibility limit is not available. How this group of individuals residing in Arkansas perceive their inability to obtain health insurance and the impact the lack of access to health insurance has on their quality of life has not been studied. As noted by Kirby and Kaneda (2010), there is limited information on health insurance as it relates to racial disparities (p. 1035). Exploring the lived experiences of African American males between the ages of 18 and 64 and living in Arkansas could shed light on whether unknown barriers to obtaining health insurance exist. Qualitative research of a phenomenological nature could provide valuable information regarding the perceived or lived barriers that could impact policy decisions being made in Arkansas regarding health care reform. Policy decisions that address the perceived or lived barriers could have a positive social impact through providing meaningful change to current state programs, resulting in increased coverage gains amongst individuals living in Arkansas. Additionally, if Arkansas leaders can make informed decisions regarding health care policies in the state of Arkansas, those decisions might serve as an example to other states in the country and result in successful health care reform throughout the United States.

While current literature clearly shows a decrease in the number of uninsured individuals since the implementation of the ACA in states such as Arkansas, little is known about the barriers that exist for the individuals who remain uninsured. As noted by Sommers et al. (2016), Arkansas's uninsured rate decreased from 42% to 14% with the implementation of the ACA. Additionally, little literature exists related to the uninsured African Americans males residing in Arkansas. While similar topics may have been addressed in previous studies, the main focus of this basic qualitative study was on the less studied issue of determining whether unidentified barriers exist for the aforementioned group of individuals.

In this chapter, I provide an overview of my search for the most recent literature on uninsured individuals and uninsured African American males, the theoretical foundation, the methodological approach, potential barriers to conducting the study, and the rationale for utilizing a basic qualitative research method. Chapter 2 also contains a review of the extant literature related to the theoretical foundation, uninsured African American males, the barriers they face when trying to obtain health insurance, the impact being uninsured has on their overall health, and their perceptions of the importance of health insurance.

Literature Search Strategy

To identify relevant literature, I searched the following databases and search engines: Google Scholar, SocINDEX, EBSCOhost, ProQuest, ProQuest Dissertations, and ProQuest Public Policy. The following keywords search terms were used in a variety of combinations: *Arkansas, uninsured, population, Medicaid, enrollment, coverage, expansion, uncompensated care, uninsured African Americans, the working poor,* and *Affordable Care Act.* The primary combination of keywords that informed the study included *uninsured, barriers to healthcare in Arkansas, healthcare insurance, Medicaid expansion, access to healthcare coverage, working poor and insurance, Medicaid enrollment, Medicaid coverage,* and *Medicaid expansion*. These keyword combinations produced many search results; however, few studies were directly related to perceived barriers to obtaining health care coverage for uninsured African Americans males nationally or residing in Arkansas postimplementation of state and federal programs, such as Medicaid Expansion and the PPACA. The lack of research on this topic forced me to rely on research related to the impact of being uninsured and perceived barriers to other phenomena that exist amongst other populations. The theory used as the theoretical framework for the current study was found in databases accessible through the Walden University Library. The books and articles referenced in this study were found in online bookstores or online journals.

Theoretical Foundation

In this basic qualitative phenomenological study, I utilized the HBM as the theoretical framework to explore how the uninsured African American males in Arkansas perceive their inability to obtain health insurance, the impact the lack of access to health care coverage has on their quality of life, and what are the experienced strengths and weaknesses of currently available health insurance programs for Arkansans who remain uninsured since the implementation of the PPACA and Medicaid expansion.

The HBM is a framework used by researchers to gain an understanding of why individuals choose to or choose not to participate in health-related actions; the model was developed in the 1950s by social psychologists and was conceptualized by Rosentock in 1974 (Huang et al., 2020). The HBM consists of six dimensions: perceived barriers, perceived benefits, perceived severity, perceived susceptibility, cues to action, and preventative health behaviors. In the HBM, it is suggested that behavior depends mainly upon two variables: (a) the value placed by an individual on a particular goal, and (b) the individual's estimate of the likelihood that a given action will achieve that goal (Janz & Becker, 1984).

The HBM is compatible with basic qualitative research because they both support the researcher in understanding the perceptions and actions of individuals regarding health-related issues. According to Givens (2008), basic qualitative studies are used to improve the lives of individuals. This research approach was appropriate for the current study because it is an approach by which the researcher can seek out and explore the experiences of individuals to identify and conceptualize the latent social patterns that may exist and ways in which people's lives can be improved. Qualitative studies are conducted by researchers who seek to explore the lived experiences, perceptions, and motivations of individuals (Cooper & Endacott, 2007). Researchers can use the basic qualitative methodology to explore worldviews of the people involved and to improve the human condition. Palys and Atchison (2008) stated that basic qualitative research can be used to contribute to theory and existing knowledge to improve the lives of individuals. According to Merriam and Tisdell (2016), the process of qualitative research begins with the researcher asking a question to guide the development of a theory regarding some aspect of social life.

In this study, I used the HBM to provide an in-depth look at the beliefs, perceptions, and behaviors of uninsured African American males residing in Arkansas. Additionally, it assisted me in understanding the participants' perceptions, beliefs, and levels of knowledge concerning the impact of being uninsured and whether behavioral change toward the importance of having health insurance is possible. By seeking input from individuals, I identified potential barriers to obtaining health coverage to help key stakeholders make informed recommendations for policy changes and decisions. Improved policy related to health care access could potentially alleviate barriers for Arkansans seeking to obtain health care coverage for themselves and their families.

Literature Review

Accessibility to Health Insurance Coverage

Residents of Arkansas have several options for obtaining health insurance. Besides enrolling through the Individual Marketplace established by the ACA, individuals below 138% of the FPL may qualify for health insurance through Arkansas's Medicaid expansion program. According to the Henry J. Kaiser Family Foundation (2019), the FPL is $17,236 for an individual in 2019. According to the Arkansas Department of Human Services (2019), the traditional Medicaid program pays for medical expenses for needy individuals who meet specific income requirements and who have medical needs that fall within certain categories. Arkansans with chronic health conditions may qualify for Arkansas's traditional Medicaid program. Individuals who qualify for Medicaid expansion or traditional Medicaid pay little cost or no cost for health insurance premiums because the premium cost is paid for or subsidized by federal or state funds. Arkansans who are employed full-time may be covered by a health plan through their employer. Despite these options, the Arkansas Insurance Department (2018) reported that 209,836 Arkansans remain uninsured. With the implementation of additional eligibility requirements for current insurance programs, it is likely that African Americans and the working poor will again start to see an increase in the number of uninsured individuals. As noted by Artiga and Orgera (2019), recent changes in federal and state policies leave people of color at a greater risk of accessing care and of financial instability from increased health care costs.

Uninsured Perceptions, Beliefs, and Knowledge

Lack of health insurance negatively impacts the lives of individuals in several ways. As noted by Clemons-Cope et al. (2013), in 2013, national statistics indicated that approximately 1 in 3 uninsured adults had a chronic health condition, and approximately 1 in 9 had a mental health condition. The lack of proper health care can lead to serious illness and even death for individuals. Lack of health insurance also negatively impacts the community via the economy because hospitals and providers are often forced to provide care for individuals that are unable to pay.

Uninsured individuals are more likely to forego health care when they experience illness, and delayed health care can lead to prolonged recovery time and the inability to operate as a productive person (Agency for Healthcare Research and Quality, 2016). Understanding why Arkansans remain uninsured is important to addressing social justice as it relates to health care. According to Okoro et al. (2017), individuals who have an annual household income at or below $35,000 are more likely to be uninsured. According to Brown (2010), a study conducted by the Associated Press in 2014 found that one fourth of insured Americans felt that they were unable to pay for adequate health care, whether they were insured through their employer or ACA's marketplace exchanges (Geyman, 2015). I conducted this basic qualitative phenomenological study to explore whether personal, socioeconomic status, culture, attitudes, and beliefs create barriers that may be preventing individuals from obtaining health insurance.

According to an interim study conducted by the Interim Committee on Public Health, Welfare, and Labor (2005), there are several factors that affect access to health care, such as income, ethnicity, geographical location, and insurance status. As noted by the Agency for Healthcare Research and Quality (2015), despite improvements, access disparities persisted through 2013, especially among people in low-income households, Hispanics, and Blacks. Although income is a known factor as it relates to access to care, many Arkansans qualify for health insurance coverage with little or no out of pocket cost because of the recently implemented state and federal insurance health insurance programs. Ethnicity may play a role in why Arkansans remain uninsured; however, race is not a determining factor in whether individuals are issued health insurance, and the same goes for geographical location. The National Institute on Minority Health and Health Disparities (2013) reported that in the United States, men have poorer health outcomes and lower life expectancies than women. Evidence of health disparities are particularly evident in underrepresented, low-income and rural populations. Although many rural areas in Arkansas lack health care facilities within a 25-mile radius, the geographical location of an individual is not a factor in whether a health insurance policy is issued for individuals. If income, ethnicity, and location are not believed to be existing barriers then the question remains as to what, if any, other barriers exist.

African American Culture

In a recent study, the levels of trust and mistrust in the U.S. health care system are high, particularly among African Americans (Scharff et al., 2010). As noted by White (2016), slavery has greatly contributed to a life of struggle for African Americans and the negative experiences of America even after gaining freedom from slavery. Slavery and racism caused trust issues between African Americans and European Americans (White 2016). Societal issues such as unemployment, lack of education, earning and wage disparities, health disparities, and the constant underlying issue of racism have formed a deep sense of mistrust within the African American community. In addition, there is mistrust of the American health system within the African American community which dates back to events such as the Tuskegee syphilis experiment (Scharff et al., 2010). According to the U.S. Department of Health and Human Services (2010), inequalities in income and education are the underlying cause for many health disparities in the United States. Income and education are intrinsically related and often serve as proxy measures for each other. On top of the financial issues, limited accessibility to health care, and inability to afford health care, Scharff et al. (2010) suggested that a lack of cultural diversity among hospital staff is a major contributor to the mistrust of health profession.

According to Kirby and Kaneda (2010), because African Americans are at a higher risk of serious illness compared to Caucasians (at any age) they are a particularly vulnerable to the many disadvantages of being uninsured. Blacks have a shorter life expectancy and, on average, spend more years in ill health than whites (Hayward and Heron 1999; Kington & Smith 1997). Blacks are consequently overrepresented among those who are simultaneously in poor health and uninsured or publicly insured (Wherry & Feingold 2004). Kirby and Kaneda (2010) suggested that African Americans face a vicious cycle of double jeopardy as it relates to lack of health insurance because of their socioeconomic position. African Americans are more likely to have poor-paying jobs that frequently offer no health benefits and are thus less likely to be able to afford private coverage (Catanzarite 2003; McCall 2001).

Further research conducted by Braveman and Woolf (2011) suggested that health disparities of African Americans and some other non-White populations could be explained by the stark racial or ethnic differences in education and income. Further research is needed related to the root causes of disparities outside the health care clinics is needed to reduce the health disparities that exist for minorities.

Summary and Conclusions

In this chapter a case was made for the use of this basic qualitative research where structured interviews will be used to collect data from participants. In conclusion, recommendations for best options for making progress on ensuring all Arkansans have access to quality health coverage are made in chapter five based on the study results. I anticipate the research from this study may have implications for both federal and state laws in Arkansas as it relates to health care as well as changes in state programs such as Medicaid and Medicare. Uninsured African Americans males in Arkansas could potentially benefit from this research if they were to gain access to health insurance and needed healthcare. The methods for this study are explained further in Chapter 3.

Chapter 3: Research Method

Qualitative research provides an opportunity for the researcher to understand human experiences at the individual level and from the individual's perspective (Silverman, 2016). The purpose of this basic qualitative study was to analyze whether perceived barriers to obtaining health insurance exists for uninsured African American males residing in Arkansas. Known personal barriers include lack of knowledge or lack of trust in how health insurance works, while known socioeconomic barriers include lack of funds to pay for health insurance premiums or the inability to pay for copayments or deductibles that are often associated with health insurance and known cultural barriers include perceptions or beliefs, such as fear of the government invading one's privacy or the fear that one would not receive the same level of care as others of a different race (Tripp-Reimer & Choi, 2001). Understanding the existing barriers and unknown perceived barriers to obtaining health insurance for uninsured African American males living in Arkansas is important to evoking social change within the state. Additionally, understanding the perceived strengths and weaknesses of existing health insurance programs from the perspective of African American males will help policymakers revise or implement programs that will reduce the uninsured population in the state and potentially throughout the country.

The data collection plan for this study involved interviews with uninsured African American males from various segments of the total population within Arkansas. Focus groups consisting of uninsured individuals with varying levels of education, and various geographical locations were also conducted. Additionally, data from state agencies, such as the Arkansas Insurance Department, the Arkansas Department of Human Services, and the Arkansas Health Insurance Marketplace, on the uninsured population in Arkansas were also used in the current study.

Conducting a basic qualitative study is intended to improve people's lives (Given, 2008). According to Palys and Atchison (2008), an inherent application of contributing to knowledge and theory to improve the human condition occurs with basic qualitative research. I employed a basic qualitative approach in the current study to gather data regarding the participants' perceived motivations to remain uninsured. This approach was appropriate for the current study because it is a methodology by which the researcher can explore the experiences of individuals to identify social patterns that may exist. Qualitative studies are conducted when a researcher seeks to explore the lived experiences, perceptions, and motivations of individuals (Cooper & Endacott, 2007). Researchers can use the basic qualitative methodology to explore the worldviews of the people involved. According to Merriam and Tisdell (2016), the process of qualitative research begins with the researcher asking a question to guide the development of a theory regarding some aspect of social life.

The basic qualitative approach helped me identify study participants and the organizations and individuals with the knowledge and expertise needed to identify barriers to obtaining health insurance for African American males residing in Arkansas. I selected study participants based on their having the known background of being uninsured and their willingness to share experiences and perceptions related to being uninsured.

In this chapter, I describe the rationale for the research design and the role of the researcher are explored in this chapter. The survey sample and the selection criteria for study participants are also discussed. In the final part of the chapter, I explain the methods and instruments for data collection, the analysis process, and the ethical considerations.

Research Design and Rationale

The research question for this study was: What are the lived experiences of uninsured African Americans males between the ages of 18 and 64 and residing in Arkansas regarding their inability to obtain health insurance, and the impact the lack of health insurance has on their quality of life? According to Merriam and Tisdell (2016), with basic qualitative research, the researcher is interested in understanding the meaning a phenomenon has for those involved. Understanding the perceived barriers for Arkansas residents obtaining health insurance can aid in improving health equality, reducing the number of uninsured Arkansans, and fostering health care reform in the state. In this qualitative study, I analyzed whether personal, socioeconomic, or cultural barriers to obtaining insurance exist for the uninsured population in Arkansas. According to Schaffer (2013), people of color remained more likely to be uninsured and are at the highest risk of lacking coverage. Current research has suggested that the individuals who remain uninsured since the implementation of the ACA fall within a few categories. Okoro et al. (2017) noted that the remaining uninsured population comprises unqualified immigrants (who are not eligible for health insurance under ACA); those who are ineligible for Medicaid because they reside in a state that did not expand Medicaid; those who are eligible for Medicaid but choose not to enroll; and those who choose to remain uninsured although they have access to insurance through an employer, an exchange, or directly from an insurer.

Basic qualitative research was consistent with seeking to understand lived experiences of Arkansans who remain uninsured since the implementation of the ACA. Understanding why Arkansans remain uninsured despite the availability of insurance programs in Arkansas is consistent with a community-based participatory research approach because it seeks to address health equality and disparities. Exploration of the above-mentioned influences or whether other barriers exist for Arkansans was conducive to the qualitative approach. I conducted this qualitative analysis to determine the perceived barriers to obtaining health insurance for uninsured Arkansans.

Role of the Researcher

According to Ravitch and Carl (2016), the qualitative method allows the researcher to collect data and use a theoretical lens to view their research study and interpret what they observe. As the researcher of this study, it was vital that I guarded against allowing personal aspects of my life to influence the study results. As noted by Karagioszis (2018), researchers can avoid potential personal biases by maintaining a journal of their personal feelings throughout research process (p. 25). The personal motives, perspectives, and social or political viewpoints of the researcher could affect the participants' responses as well as the validity and reliability of the findings. I employed inclusion and exclusion criteria to identify which participants should be used or not used for the study. As noted by Garg (2016), "Inclusion and exclusion criteria define who can be included or excluded from the study sample" (p.34). Identifying the criteria for inclusion and exclusion helps bring consistency and reliability to the study results. The participants for this study were African American males between the ages of 18 and 64 who reside in Arkansas and have remained uninsured since the implementation of the ACA. I recruited participants for this study by posting a notice (Appendix A) on social media platforms to invite volunteer participants. The notice contained a short description of the study, the assurance of confidentiality, and information regarding the monetary compensation of $10 per participant. My contact information and the details of the university contact were also included in the notice. Once potential participants contacted me to express their interest in participating in the study, I provided them with more comprehensive details. Potential participants were then given a consent form to complete before participating in the study. Upon returning the signed consent forms, I selected eight participants to participate.

I conducted virtual interviews using Zoom, the teleconferencing platform. This setting offered a comfortable, safe, and private option for the participants. My role during this phase of research was to collect data without exerting influence over the participants. I protected the integrity of the study and the study participants by implementing research controls, managing biases, and ensuring that ethical standards were followed. Guidelines for participant recruitment, data collection, and data analysis were followed throughout the study. I used reflective journaling to make sure that observations corresponded to or correlated with findings, informed consent was obtained, and recommended privacy guidelines were followed.

Before I conducted the study, the Walden University Institutional Review Board (IRB) reviewed the research plan associated with this study. Walden University's IRB process was used to protect the participants' human rights and ensure that the study would not cause any physical, psychological, social, economic, or legal harm. I provided all participants with informed consent information prior to engaging in the research to ensure the participants' rights were protected during data collection (see Shakman et al., 2017). Participants' privacy was maintained during the data collection process by not using their actual identities. Participants' names were kept private by de-identification, which was accomplished by assigning all participants chronological numbers according to the order in which they were interviewed. To further protect the privacy of participants, I kept all personal information, files, audiotapes, and transcripts in a locked cabinet in my home office. All physical data were scanned and stored digitally in pdf format on an external device that is protected by password. The device is stored in a safe-deposit box and will remain there for 3 years and then burned and physically destroyed.

Methodology

Population

The participants of this research study were African American men ranging in age from 18 to 64 years old who resided in the state of Arkansas and have remained uninsured postimplementation of the ACA and health insurance programs in the state of Arkansas. I selected this population because Arkansas is among the 37 states that chose to expand their Medicaid program with the implementation of the ACA of 2010. The expansion of Medicaid allows applicants between 19 and 64 years of age to qualify for health care assistance if they meet Medicaid income requirements. Additionally, individuals under the age of 26 can remain covered on their parent’s health care plan, while individuals 65 years old and older may qualify for Medicare.

Sampling Strategy

I used purposive sampling to identify participants for this study. According to Moser and Korstjens (2017), purposive sampling is a process in which a researcher chooses participants who can provide rich and expert knowledge about the research topic. Criterion sampling is a strategy for participant selection in a qualitative research study; therefore, I also used this method to select participants. Robinson (2013) suggested meeting appropriate criteria to answer the research question is a strategy that should be used in research.

Selection Criteria

Uninsured African American males residing in Arkansas who have remained uninsured since the implementation of the ACA and the expansion of Medicaid were the targeted group of interest for this study. The criterion used for the sample selection were based on the race, insured status, and background and experience regarding health care polices in Arkansas.

Relationship Between Saturation and Sample Size

Data saturation occurs when the responses from participants become repetitive; consequently, it can be an indication of a suitable number of participants. Theoretical saturation has been categorized as an analytic process that is transferrable across a wide range of qualitative research designs (Low, 2019). I selected eight individuals from various sections of the state of Arkansas for participation. A notice was posted on social media platforms and in public locations, including barber shops, churches, community centers, gyms, and unemployment offices. Study participants were contacted via email and telephone using the information they provided when they contacted me to express interest in participating in the study. I screened participants by telephone to determine whether they met the selection criteria and then scheduled and conducted virtual or telephone interviews with them.

Instrumentation

Qualitative interviewing begins with asking questions in line with the research study (Brayda & Boyce, 2014). I developed interview questions using guidance from resources provided by Walden University and from personal experience regarding the topic. Interviewing is a common data collection technique used in qualitative research (Jamshed, 2014). Morris (2015) noted that interviews are the most appropriate research method for exploring sensitive topics. Interviews can be conducted using a structured, semi structured, or informal format. The use of semi structured interviews ensures a more focused approach for collecting data and leaves room for adaptability (Rockinson-Szapkiw & Spaulding, 2012). White (2016) reported that face-to-face interviews were the most effective for qualitative research because respondents could provide detailed responses.

I sought a survey instrument based on previous research for the study; however, an appropriate instrument specific to the issues of uninsured African American males was not found. Therefore, I developed a new questionnaire and asked the participants eight initial questions (see Appendix C) designed to focus the conversation on the topic under study. The efforts to ensure content validity and credibility, including providing informed consent, implementing interview procedures, and explaining the voluntary nature of the interview as well as the risks and benefits of being interviewed, were provided to the study participant in writing. Study participants were also provided with my contact information so they could ask questions pertaining to the study privately. Participants had the option to end the interview at any time.

Procedures for Recruitment and Data Collection

Upon receiving approval from the Walden University IRB, I collected data through 30-minute virtual or telephone semi structured interviews. The instruments for the interview included a pen, audio recorder, and a notebook. I documented participant responses in the notebook and with the audio recorder. Field notes were also used to capture information about the participants' tone, body language, and facial expressions.

I debriefed participants by providing them with their interview recording and full transcript. Ethical procedures to protect the participants, such as removing the individual's name and personally identifiable information from the transcript and reporting of the findings, were followed during the interview process.

Data Analysis Plan

Data analysis involved the utilization of interview transcripts to identify specific words that help me recognize themed concepts related to the study topic. I strongly considered using NVivo as the qualitative data analysis software for this research study. My main reason for selecting the NVivo software program is because of the many features it offers. It is compatible with windows and offers a 30-day free trial. NVivo also offers an auto coding feature. The capability to import and export from Microsoft Word and Excel is another feature which makes NVivo a good choice for qualitative data analysis software. I conducted semi structured interviews as the method of data collection for my study. I used Microsoft Word to create a transcript of the interview. The word documents were copied into Excel and manually coded. Dispersant cases were explored by further exploring whether the differences in the findings are logical.

Issues of Trustworthiness

Strategies like creating an audit trial, transferability, persistent observation, and debriefing are some of the methods used for this study to ensure trustworthiness. The extent to which one can have confidence in the study's findings are reliant upon the quality, trustworthiness, and credibility of the research. Reliability and Validity run parallel to the trustworthiness of research. According to Lishner (2015), trustworthiness of one's research is dictated by the behavior of the researcher and the decision to act with correct or incorrect research behavior (p. 61).

Reliability refers to the extent to which results are consistent over time whether the results of a study can be reproduced under a similar methodology. If so, then the research instrument is considered to be reliable.

Credibility

Researchers can help ensure credibility in research by using methods that are well recognized amongst the field of research and by using procedures or tactics that ensure honesty in informants or participants. Strategies like using thick description, doing an audit trial, transferability, persistent observation, and debriefing are some of the ways in which quality as well as credibility of qualitative research can be confirmed. Anney's (2014) research identified various ways in which the quality of qualitative research can also be ensured.

In phenomenological research credibility must be established to ensure validity and reliability of results (Shakman, et al., 2017). Interactive questioning during data collection, stepwise replication, triangulation, peer scrutiny of research data, examination of previous research findings and the use of reflective commentary are some of the popular ways to ensure research credibility. Peer scrutiny or examination in principle can be employed to enhance the credibility of the inquiry (Merriam & Tisdale, 2015).

Transferability

Transferability refers to the ability of the findings of a study to transfer to a similar study. Transferability occurs when another researcher can replicate a study's findings in a similar study with the same setting and context (Ngozwana, 2018). Transferability can be described as a technique of achieving external validity where the researcher sufficiently explains a phenomenon to which the reader can transfer the findings to other times, settings, people, or situations. Validity determines whether the research truly measures that which it was intended to measure or how truthful the research results are. Reliability and validity are important criteria for both quantitative and qualitative research, however it is harder to achieve with qualitative research.

Dependability

Dependability of a study refers to the ability of study results to be replicated. According to Lishner (2015), researchers can assure dependability by replicating the study, ensuring data sharing if requested by fellow researchers, and keeping the idea of seeking the truth top of mind while conducting the research study. For my research study, I maintained an audit trail of all steps taken and records through written documentation for accuracy.

Confirmability

Confirmability refers to neutrality and confirmation of the data rather than interest and objective of the researcher (Guba, 1985; Ravitch & Carl, 2016). Various steps can be taken throughout the study to ensure confirmability. Creating as audit trail of the research process and documentation of the methodology selection, rationale, design, and strategies can assist researchers in establishing confirmability. As noted by Ellis (2019), confirmability is maintained when the researcher can verify how the data were collected and interpreted (p. 111).

Ethical Procedures

This basic qualitative research study followed ethical guidelines established by the Walden University institutional review board (IRB). Every known precaution was taken to protect the rights of study participants. A certification from the National Institutes of Health was obtained as required by Walden University’s institutional review board Before inviting participants to participate in this study and the data collection process, Walden University’s IRB approval for all recruitment plans, and materials were obtained. Signed informed consent agreements were obtained for all participants and individuals were provided the freedom to choose whether they wish to participate in this study. To further ensure the ethical treatment of all participants, the ethical principles of the National Institutes of Health were upheld. As outlined by Guishard, et al. (2018), all participants in the study were treated with respect with the intent of building a relationship of trust (p. 3). Professional conduct was maintained by all involved throughout the course of this study.

In this study, ethical issues such as privacy, and risk or harm to the wellbeing of the participant were carefully considered. Participants' names were kept private by deidentification which was accomplished by assigning all participants chronological numbers according to the order in which they were interviewed. To further protect the privacy of participants all personal information, files, audiotapes, and transcripts were kept in a locked cabinet in my home office. All physical data were scanned and stored digitally in pdf format on an external device that is protected by password. The device is stored in a safe-deposit box and will remain there for three years and then burned and physically destroyed.

Participants were volunteers and were not pressured to participate by me or anyone else. Participates were provided with the informed consent document and were required to sign the notice before participating. Participants rights to privacy were respected by allowing the participant to remain anonymous and all information provided by the participant remains confidential. The interviews were conducted privately, and all phone messages were securely protected and designated only to the participants. No personal information not relevant to the research study was collected or used. I clearly explained the purpose, duration, and location of the study using simple language rather than technical terms or scientific jargon.

Informed consent information was given to all participants prior to engaging in the research to ensure the participants' rights are protected during data collection (Shakman, et al. 2017). Participants' privacy has been maintained during the data collection process by not using their actual identities. Participants' names were kept private by deidentification which was accomplished by assigning all participants chronological numbers according to the order in which they were interviewed. To further protect the privacy of participants all personal information, files, audiotapes, and transcripts were kept in a locked cabinet in my home office. All physical data were scanned and stored digitally in pdf format on an external device that is protected by password. The device is stored in a safe-deposit box and will remain there for three years and then burned and physically destroyed.

Summary

A basic qualitative research approach was used in this research study. Random sampling is a method that can be used in selecting participants to ensure a non bias selection. Creating as audit trail of the research process and documentation of the methodology selection, rationale, design, and strategies can assist researchers avoid questions regarding the trustworthiness of their research. Trustworthiness of qualitative research involves credibility, transferability, dependability, and confirmability and is essential to developing a sound study. The following chapter will introduce additional information related to the setting, demographics, data collection, data analysis, evidence of trustworthiness and study results.

Chapter 4: Results

The purpose of this qualitative phenomenological study was to explore the specific barriers uninsured African American males between the ages of 18 and 64 and who reside in Arkansas face in obtaining health insurance coverage, with a goal of influencing public policy surrounding health care reform. Although many studies have been conducted to explore the effects of being uninsured or underinsured, more information is needed to further reduce the number of uninsured in the African American community. Many of the previous studies have focused on the insured, and I could find no studies that focused on the perceived barriers to obtaining health insurance for uninsured African American males between the ages of 18 and 64 and residing in Arkansas. Health care reform is a topic that is far from being exhausted as a research area. Specifically, new studies can be conducted related to uninsured individuals postimplementation of the ACA and Medicaid expansion in Arkansas to analyze whether barriers to obtaining health insurance continue to exist for African Americans males who remain uninsured in the state. In this study, I explored whether perceived barriers exist for this population that had not been considered. Understanding the perceived barriers for uninsured Arkansans is important to policymakers currently seeking to foster health care reform in the state. The findings are presented in the light of the following research question: What are the lived experiences of uninsured African Americans males between the ages of 18 and 64 and residing in Arkansas regarding their inability to obtain health insurance, and the impact the lack of health insurance has on their quality of life?

In this chapter, I provide an overview of the purpose of the study and present the results of the collected qualitative data. The chapter begins with a description of recruitment efforts of the study, building the foundation for the data collection strategies used for the study. Next, I provide a depiction of the setting, detailing the environment where the study was conducted. A demographic section is also included in which I present characteristics of each participant in the study, which provides context for the research findings. The data collection and analysis are then discussed. I provide the results as themes that emerged from the data, revealing the experiences, context, and impact of being uninsured as perceived by the study participants. Potential trustworthiness and credibility issues are also described to verify and confirm the results. I conclude the chapter with a summary of the study findings and a brief preview of Chapter 5, where the results will be interpreted and their implications in terms of social change will be examined.

The participants were interviewed using a list of 14 questions, and I took notes during the interviews to help me focus on the respondent's information. These notes also helped me to formulate any potential follow-up questions so the participants could elaborate more on their responses to the open-ended questions. Allowing the study participants to elaborate helped me gain a better understanding of their lived experiences.

Once I completed the interviews, I transcribed the participant responses as soon as possible by reviewing my notes. The initial transcription was completed within a couple days of the interview. I assigned a number to each participant interview and kept the actual paper interviews and notes locked in a file cabinet located in my home office while the transcribed data were stored in a secure computer.

Setting

The environments used for data collection were public places in various communities located in Arkansas and social media platforms, such as Facebook and LinkedIn. A diverse group of individuals visited the social media platforms or public places during different hours of the day ranging from 8:00 a.m. to 9:00 p.m. Monday through Sunday; however, the individuals selected to participant in the current study consisted of African American males between the ages of 18 to 64 who reside in Arkansas.

Demographics

This study was limited to African American males between the ages of 18 to 64 who reside in Arkansas and who visited the public places when I was on site or who saw the invitation to participate posted social media outlets, such as Facebook or LinkedIn. All the study participants resided in Arkansas and were male individuals between the ages of 18 to 64 years old (see Table 1). All participants reported being African American, and all were able to speak and understand English clearly at the time of the study. In terms of the participants' marital statuses, all participants were single and never married. One of the study participants reported having one child, while the other seven reported having no children. All eight reported living in a household with family members, such as their parents. Regarding the education level, employment status, and yearly household income, all participants reported that they had graduated from high school and were employed with income levels between $15,000 and $33,280 annually.

Table 1

Study Participants' Demographic Characteristics

Participant	Gender	Age	Race/ethnicity	Employment status	Education	Yearly income	Geographic location/zip code
1	Male	25	African American	Employed	High school	$17,160	71671
2	Male	23	African American	Employed	High school	$15,000	71671
3	Male	20	African American	Employed	High school	$16,500	72117
4	Male	22	African American	Employed	High school	$20,100	72209
5	Male	23	African American	Employed	High school	$16,000	72201
6	Male	19	African American	Employed	High school	$24,500	71601
7	Male	22	African American	Employed	High school	$18,000	72212
8	Male	29	African American	Employed	Licensed	$33,280	72207

Data Collection

Data collection began after I received IRB approval on June 15, 2021. The IRB approval number for this study is 06-15-21-0644488. Participant recruitment began on June 15, 2021, and ended on April 25, 2023. I approached potential participants and handed them a flyer containing a description of the purpose of the study and the participant inclusion requirements. I also posted the invitation to participate on social media platforms, such as Facebook and LinkedIn. Participants who expressed interest were prescreened to verify their eligibility to participate. An informed consent form was then provided to eligible participants which they signed after I had explained the form and confirmed their understanding of the purpose of the study.

Eight participants meeting the study criteria consented to participate. I was professional and respectful in corresponding with the study participants and made sure I answered any questions that had. I also ensured that I followed the interview protocol as outlined in Chapter 3. Each interview was audio recorded and lasted approximately 30 minutes. I recorded the demographic information of the participants by asking them questions during the interview. Three other potential participants had expressed interest in participating; however, each time I reached out to them to schedule an interview they were unavailable, so I could not proceed with them.

Each interview form was assigned a number according to the next available number in the sequence at the time the interview was conducted. To avoid ethical issues, the data gathered from the study participants were stored in a secure computer or a locked file cabinet in my home office. I also refrained from including any identifying information in the transcribed files to maintain confidentiality and protect the identities of the study participants. Referring to each participant by number aided me in accomplishing confidentiality and was helpful in displaying the study findings.

Data Analysis

As described in Chapter 3, I developed a set of semi structured interview questions using guidance from resources provided by Walden University as well as from personal experience regarding the topic and in accordance with the research question (see Appendix C). The objective of the thematic analysis was to determine whether explanations could be identified regarding how the phenomenon of being uninsured is experienced by African American males residing in Arkansas. I performed the data analysis of the eight interview transcripts using manual coding in Microsoft Excel. Following transcription, I coded each interview according to the phenomenological approach necessary for inductive data analysis.

The manual coding method was performed to organize the responses into anchor codes and themes. Based on the participants' responses, I created anchor codes using segments of data. Themes began to emerge and were developed based on how I was able to distinguish the interaction and relationship between the anchor code and the themes. I included descriptive memos in each transcript until I reached saturation.

I created a total of 51 codes that were clustered into three categories and 12 themes. Table 2 displays the categories and themes and the frequency of coded segments. The emerging themes were then relayed to my dissertation chairperson to gain further feedback. I continued the thematic analysis process by generating explanations about the impact that the lack of health insurance has on African American males residing in Arkansas. The patterns that emerged from the individual interviews facilitated a comparison and further explanation of the phenomenon.

Table 2

Key Categories and Themes

Anchor Codes	Themes	Frequency of coded segments
Lived experiences	Unaffordable	9
	Lack of trust	1
	Political	2
	Fear of scam	1
	Invasion of privacy	1
	None	3
	Inadequate coverage	1
Inability to obtain health insurance	Lack of knowledge	9
	Complicated	3
	Need for assistance	6
Impact due to lack of health insurance	Financial burden	2
	Forego medical care	5
	None	8

Evidence of Trustworthiness

To maintain the credibility of this study, I followed the guidelines outlined in Chapter 3. I also received approval from Walden University institutional review board in June of 2021. Trustworthiness was assured through following the interview process, member checking, and saturation of data. Following the interview process, I ensured that all participants understood and agreed to the study requirements. I performed member checking throughout the process by allowing participants to validate their statements and revise any inaccurate information. Although some themes were repeated throughout the process, I did not achieve saturation until interviewing the last study participant.

Transferability of the study was achieved with the detailed description of the setting, culture, context, and timing of the study. All interview transcripts depicted the participants' state of mind and emotional state during the interview process. Providing descriptions of the participants' experiences allowed the reader to determine whether the conclusions were applicable to the participants' situation of being uninsured.

The dependability of this study was established by ensuring the findings accurately reflected the phenomenon under study and is supported by evidence. To accomplish dependability, I transcribed all interviews by listening to each interview, referencing my handwritten notes taken at the time of the interview, and writing each response word for word. I coded all transcripts to identify emerging patterns, themes, and categories. To ensure consistency and comparability in the coding, I also had the data reviewed by a faculty member of Walden University and my dissertation committee chair.

To ensure confirmability of the study, I acknowledged and monitored my personal views and bias. I set aside any personal feelings, beliefs, and reactions that arose from the data. This allowed me to identify new and unexpected findings.

Results

The results section of this study is organized based on theme and subthemes to help clarify the lived experiences of uninsured African American males between the ages of 18 to 64 and residing in Arkansas and the impact the lack of being uninsured had on their lives. The semi structured interview questions (see Appendix C) helped me capture the essence of the participants' experiences and develop an understanding of the impact that being uninsured has had.

Theme 1: Lived Experiences

Theme 1 has six subthemes for which the participants provided their experiences: (a) unaffordable, (b) lack of knowledge, (c) fear of scam, (d) none, (e) complicated, and (f) forego medical care (see Table 3).

Table 3

Lived Experiences

Subthemes	Participant responses
Unaffordable	“Yes, couldn’t afford it and I was unaware of assistance”.
	“Yes, it was unaffordable and didn’t know where to get insurance”.
	“Yes, I was unemployed and could not afford it”.
	“Yes, I haven’t had insurance for the past 3 years because I was not able to afford it”.
	“I've not had insurance since turning 18. I don’t think I can afford it by myself”.
	“Yes, too much is taken out of my check”.
	“Yes, because it is a financial strain”.
Lack of knowledge	“I didn’t know where to go to get insurance”.
	“I am not sure of how to sign up”.
Fear of scam	“It is hard to tell whether online options are real or a scam. I have been hearing about a lot of scams with insurance”.
None	“None, I haven’t had any injuries while uninsured”.
	“I have not used ER since I have been without insurance”.
	“I have not faced any issues with obtaining insurance and luckily I have not had to use the ER since I have been uninsured”.
Complicated	“The issue I have faced is that the sign-up process is unclear and complicated.
Forego medical care	“I have had medical problems that I did not go to the doctor for because I didn’t have insurance”.

Unaffordable

Seven of the eight participants responded that a lived experience for them was the inability to afford health insurance, which has impacted their access to health care. Additionally, one respondent shared that they thought their lack of knowledge on how to get health insurance impacted their access to health care. For example, Participant 3 explained that with all the online options for signing up, it was hard to determine which were legitimate health insurance companies and which were scams. Participant 6 admitted that he had not taken time to research options to see if he was eligible for low cost or free health insurance. Similarly, Participant 1 indicated that he did not know where to go for assistance with health insurance and whether he qualified. Only one participant responded that they did not feel their inability to afford health insurance impacted their access to health care.

Lack of Knowledge

A total of six participants responded indicating that their lack of knowledge about health insurance was a lived experience that affects their ability to obtain health insurance and their access to health care; two participants responded that they thought their lack of knowledge had no impact. Participants 1 and 2, 3, 5, 6, and 8 all explained the importance and benefits of being knowledgeable as it related to health insurance, how it works and its cost. One participant shared that they did not know where to look for information on health insurance.

Fear of Scam

One of the eight participants mentioned the fear of being scammed as a lived experience preventing them from obtaining health insurance. The participant indicated they had concerns about being scammed out of money to get health insurance because there are all sorts of scams taking place in this day and time. The participant mentioned that with so many different companies claiming to provide the best health insurance it was overwhelming and difficult to know which ones were legit.

None

Three out of the eight participants indicated they had not had any issues as a result of being uninsured. One of the participants indicated they chose to be uninsured because he did not want the money for employer sponsored insurance coming out of his paycheck. He further explained that he had not experienced any medical issues since he had been uninsured and felt that it was not worth spending money on insurance. Participant indicated that while he had not needed medical care since he has been uninsured, he does feel that he needs health insurance in case something unexpected were to happen. Similarly, five out of eight participants indicated they felt that having health insurance was important to maintaining good health. Another participant stated that he had not needed to use the emergency room since he has been uninsured, but he would if he had to.

Complicated

Six out of eight participants mentioned the complicated nature of the sign-up process for obtaining health insurance. The participants provided detailed insight about the lack of access to resources or support for help with signing up for health insurance (See Tables 3 and 4).

Forego Medical Care

Four of eight participants indicated that they had gone without medical care due to the lack of health insurance. The other four participants indicated they had not gone without medical care however, six of the eight participants indicated they do believe that a large number of people go without needed medical care because they do not have health insurance. Participant 4 mentioned how he had gone with treatment for asthma and panic attached because he was uninsured. He further explained that he had missed needed therapy sessions as well. Similarly, Participant 5 mentioned that he needed to have oral surgery but had not yet had the procedure because he did not have insurance. Although this particular case might have been covered under dental insurance the participants response further explains the complicated nature and knowledge of insurance for individuals.

Theme 2: Inability to Obtain Health Insurance

The results in Table 4 show this theme has five subthemes for which the participants provided their experiences: (a) lack of knowledge, (b) complicated, (c) need for assistance, (d) unaffordable, and (e) political (see Table 4).

Table 4

Inability to Obtain Health Insurance

Subthemes	Participant Responses
Lack of knowledge	"Most people are unaware of how to take advantage of the Act". "I was unaware that I They would have to be shown how to apply or have it done for them." "I was unaware that I might be able to stay on my mom's insurance since I am in school." "I knew nothing about the Affordable Care Act. There was not enough advertising."
Complicated	"Simplifying the process to apply through the Exchange would help folks get covered. "The process should be made easier. They should have folks visiting college campuses to inform students because young people often do not think about the need for health insurance." "There should be places all over town that are easily accessible and let the set up process not be difficult." "People remain uninsured because of ignorance; it is not simple enough as it should be."
Need for assistance	"We need to be shown how to apply or have it done for us." "We need a easier process and more options and opportunities to sign up. It would help if local African American leaders introduce to the community." "The news should broadcast information and they should have accessible places to sign up." "We need help with this. Health insurance is daunting for low-income individuals." "More clinics and things to promote health insurance is needed."
Unaffordable	"Because most people in Arkansas can't afford insurance and when you don't have insurance it is hard for most people to get medical treatment or car and stuff they need." "We need cheaper rates for insurance."
Political	"I think they need to change some laws around so people can get insurance."
Lack of trust	"There are too many political issues, and I don't trust the government help."

Lack of Knowledge

As described in the previous theme of lived experiences, a total of six participants responded indicating that their lack of knowledge about health insurance affects their ability to obtain health insurance and their access to health care; two participants responded that they thought their lack of knowledge had no impact. Participants 1 and 2, 3, 5, 6, and 8 all explained the importance and benefits of being knowledgeable as it related to health insurance, how it works and its cost. One participant shared that they did not know where to look for information on health insurance.

Complicated

Six out of eight participants mentioned the complicated nature of the sign-up process for obtaining health insurance. The participants provided detailed insight about the lack of access to resources or support for help with signing up for health insurance. Participant 1 stated that individuals need to be shown how to apply for health insurance or have it done for them. Participant 3 mentioned having community leaders within the African American community assist individuals with finding resources to places to sign-up. Participant 6 pointed out that understanding insurance is daunting and individuals need help with understanding how to obtain health insurance and how it works. (See Tables 3 and 4).

Need for Assistance

Four out of eight participants mentioned the need to have places that are easily accessible for individuals to visit to request assistance with signing up for health insurance. Participant 3 mentioned that transportation for low-income individuals can be difficult therefore going to places for assistance can be out of reach, Participant 5 indicated it would be helpful to have places to sign-up for health insurance throughout the community, Participant 7 pointed out that online sign up is more attractive for younger individuals.

Unaffordable

Seven of the eight participants responded that the inability to afford health insurance impacted their access to health care. Additionally, one respondent shared that they thought their lack of knowledge on how to get health insurance impacted their access to health care. For example, Participant 3 explained that with all the online options for signing up it, was hard to determine which were legitimate health insurance companies and which were scams. Participant 6 admitted that he had not taken time to research options to see if he was eligible for low cost or free health insurance similarly, Participant 1 indicated that he did not know where to go for assistance with health insurance and whether he qualified. Only one participant responded that they did not feel their inability to afford health insurance impacted their access to health care.

Political

One of the eight participants mentioned the political aspect of health insurance and perceived it as a barrier to obtaining health insurance. The participant stated that they felt the “folks in office do want to see people like us receive help;” therefore, they do everything they can to make the process difficult.

Theme 3: Impact Due to Lack of Health Insurance

The results in Table 5 show this theme has three subthemes for which the participants provided their experiences: (a) financial burden, (b) forgoing medical care, and (c) none (see Table 5).

Table 5

Impact Due to Lack of Health Insurance

Subthemes	Participant Responses
Financial burden	"Health insurance is critically important. Without it you can't find good health care and you are left with financial burden when you go to doctor." "I had to spend money that I didn't really have because I didn't have health insurance and needed medical care."
Foregoing medical care	"Not having insurance swayed me away from the ER. By not having insurance I have foregone much needed dental care which resulted in extensive dental issues and very painful aches." "I believe many people forego treatment due to not having insurance or funds. I know I do." "Once I couldn't receive treatment for asthma and panic attacks that I needed. I also needed therapy sessions."
None	"I believe people who don't have medical get the same treatment as the other people who do have medical insurance."

Financial Burden

As mentioned within all three anchor codes, unaffordability or the financial aspect regarding health insurance was mentioned within all three anchor codes. However, two study participants mentioned the lack of health insurance as a financial burden. Participant 1 stated that without health insurance individuals are left with debt when they go to the doctor. Participant 8 described how they had gone to the doctor and had to use money they needed for other things to pay for the visit.

Forego Medical Care

Four of the participants indicated they had gone without needed medical care due to not having health insurance while the other four participants indicated they had not. Participant 1 mentioned that an untreated dental issue had caused a medical problem that needed medical attention. However, they waited to go to the doctor because they were uninsured. Participant 5 also mentioned dental care as it relates to the lack of health insurance. When asked why the dental issue had gone untreated the participant stated they also lacked dental insurance and the cost for dental work is expensive. Participant 4 mentioned going without needed care for asthma and panic attacks due to the lack of health insurance. Participant 5 mentioned the need for glasses and that they had gone without eyeglasses due to the lack of insurance.

None

When asked to explain now the participants think they have been impacted due to being uninsured, four participants responded they had not been impacted in any way. Yet when the question was rephrased, their response indicated that they had been negatively impacted in some way. For example, when Participant 4 was asked “What issues have you faced as a result of being uninsured?”, he indicated that health insurance was unaffordable. Participant 3 mentioned that sign-up was too complicated.

Summary

In summary, this study was conducted to explore the perceived barriers to obtaining health insurance of this population of African American males residing in Arkansas were associated with financial status and the lack of knowledge regarding the topic as well as the lack of assistance or resources. The majority of the participants in this study revealed that they had experienced some issue such as needing assistance with obtaining health insurance or foregoing medical care which in turn, negatively impacted them in some way. Implications and contributions of this research will be discussed in the next chapter. Additionally, this study determined the importance of education and resources as it relates to health insurance. In Chapter 4 I provided a detailed report of the results of this study, which included an overview of the study's anchor codes and subthemes obtained from the data analysis process. Chapter 5 will consist of an overview of the study, and an interpretation of the research findings. Additionally, Chapter 5 will include a discussion of the limitations of the study, recommendations for future research, implications for social change, and my conclusions from the results of the study.

Chapter 5: Discussion, Conclusions, and Recommendations

In this qualitative phenomenological study, I explored what specific barriers exist for uninsured African American males between the ages of 18 and 64 and who reside in Arkansas in obtaining health insurance coverage. The participants' detailed responses outlined the barriers they faced mainly related to unaffordability and lack of knowledge and assistance. Some participants reported foregoing needed medical care due to being uninsured. Other participants reported the fear of being scammed, the lack of trust in government, and the political climate as issues impacting their ability to obtain health insurance. All participants felt that their income played a role in their inability to obtain health insurance. Most participants reported their knowledge and awareness of access to health insurance also played a role in them remaining uninsured. The complication of the sign-up process and the need for community leader involvement was also discussed in detail. In this chapter, I describe my interpretation of the findings, the limitations of the study, my recommendations for future research, the implications for social change, and my conclusions.

Interpretation of the Findings

Many African Americans face barriers that have a negative impact on their ability to obtain health insurance. The literature reviewed in this study described the barriers faced by underserved and undereducated populations, their access to health insurance and quality health care, and the prevalence of disparities among the African American population. Though the literature review focused on uninsured individuals throughout the

United States, in this study I focused on uninsured African American males residing in Arkansans and the barriers they may face with obtaining health insurance.

Unaffordability

Previous studies have shown that racial differences in socioeconomic status (e.g., income, education) largely account for gaps in Black and White disparities with individual and institutional discrimination, residential segregation, and bias in health care settings (Braveman et al., 2011; Williams, 1999; Williams & Jackson, 2005). When asked about the ability to afford health insurance, all eight participants responded indicating they felt they could not afford health insurance. In response to the question regarding the ability to pay for health insurance, Participant 7 responded, “Too much is taken out of my check for insurance, I need that money to live.” Participant 1 responded, “I can’t afford health insurance and I don’t know if there is any assistance out there to help me.” Also making mention of the lack of knowledge and available resources, Participant 2 stated, “Most people in Arkansas can’t afford health insurance…and when you don’t have insurance it is hard to get medical treatment.” He also mentioned the lack of transportation as a barrier. Participant 3 responded, “Insurance is unaffordable, and I don’t know where to sign up.” In addition, he mentioned being concerned about scams with all of the online options out there. Unaffordability was also discussed by the other participants, with Participant 4 mentioning a time when he was unemployed and did not think that he could afford health insurance.

Lack of Knowledge

As noted by Kirby and Kaneda (2010), there is limited research related to racial disparities in health insurance coverage in the United States (p. 1035). In response to the question regarding issues participants had faced due to being uninsured, Participant 1 responded, “The sign-up process is too unclear and complicated.” Similarly, Participant 3 responded, “I am unsure how to sign up…it is hard to tell whether the online options are real or a scam.” In contrast, Participant 6 responded, “I haven’t really searched for options to sign up.” Additionally, he stated, “I don’t have a computer and I don’t know what to look for.”

Lack of Resources and Assistance

When asked what is needed for more individuals to become insured, most participants responded by indicating that additional resources and assistance is needed. Participant 1 responded, “The process to apply needs to be simplified.” Participant 3 responded similarly, stating, “The process should be made easier…they should have folks visiting college campuses to inform students because young people often do not think about the need for health insurance.” Participant 5 responded, “Insurance should be free, I heard it is free in other countries.” Participant 7 stated, “We should have universal health care.” Participant 8 responded, “Health insurance should be free for self-employed folks.”

Other participants mentioned the need for more places to get assistance with signing up. Participant 5 responded, “We should have places all over town that are easily accessible and let the set-up process not be difficult.” Participant 8 responded, “We need more clinics and things to promote health insurance." Participant 1 responded, "People need to be shown how to apply or have it done for them."

Theoretical Framework Applied

As mentioned earlier, use of the qualitative research method was consistent with seeking to understand the lived experiences of Arkansans who have remained uninsured since the implementation of the ACA. According to Abedi et al. (2013), the HBM describes the relationships among the behaviors, perceived barriers, and impact on overall health in terms of perceptions of overall health. The HBM aligned with this study because it could be used to explore the perceived barriers to obtaining health insurance for African American males residing in Arkansas. When asked to describe their lived experiences related to the inability to obtain health insurance, the participants provided honest opinions about their perceptions through their lived experiences.

Limitations of the Study

The primary limitation of this study was related to the recruitment of participants, with participants being reluctant due to the fear of invasion of privacy if they were to participate and provide honest and detailed responses about their lived experiences as African American males residing Arkansan who remain uninsured. One participant, in particular, before consenting to the study stated, "I'll participate, but I don't want my name or information being mentioned, I don't trust our government at all." Three respondents who ultimately opted not to participate in the study limited the number of study participants and the results. Other limitations of this research study included the age of the participants, which excluded the lived experiences of individuals under the age of

18 and over the age of 64. Because the study focused on individuals who were currently uninsured, it limited those who may have been previously uninsured that could have contributed to the study through their previously lived experiences. Additionally, because the majority of the study participants represented the central portion of the state, another limitation was the lack of representation from the southern and northern portions of Arkansas.

Recommendations

My recommendations for further research consist of expanding recruitment efforts to capture the lived experiences of uninsured African American males residing in Arkansas. I also recommend expanding the focus to females residing in Arkansas and the experiences of uninsured Americans throughout the United States. In addition, I suggest that further research expand the age limits used when determining participant inclusion criteria. Another recommendation for further research involves the relationship between dental care and health care. Those participants would respond to the questions comparatively and share their experiences and the impact the lack of dental care has caused.

Implications

The information obtained from this research study can provide insight into state health care programs and laws. Implications for social change could be manifested through revised health insurance programs that further reduce the number of uninsured African American males in Arkansas and potentially throughout the United States. As a result, both federal and state laws in Arkansas could be revised as they relate to health care and changes could be made to state programs, such as Medicaid and Medicare.

Based on the findings of this study, additional resources are needed to provide support with the enrollment process for members of the African American and underserved communities within Arkansas. Additionally, the state legislature along with the Department of Human Services director should consider whether changes are warranted for the enrollment process through https://healthcare.gov.

Currently Arkansas is operating under a federally facilitated model as it relates to enrollment in health insurance through the exchange. Implementing a state-based exchange in Arkansas would allow for more flexibility and ease of use for Arkansas residents. This would require the state legislature to pass news laws that would allow for such a transition to occur.

Gaining more buy-in from community leaders within the African American and underserved communities so that they can serve as advocates and resources for the uninsured is also needed. Such changes could result in the significant reduction of the uninsured populations in Arkansas and evoke positive social change.

Conclusion

Understanding why Arkansans remain uninsured is important to addressing social justice as it relates to health care. Cultural barriers, like perceptions or beliefs, such as fear of the government invading one’s privacy or the fear that one would not receive the same level of care as others of a different race, are known as reasons why people go uninsured (Tripp-Reimer & Choi, 2001). Understanding the perceived barriers of uninsured Arkansans is important for policymakers currently seeking to foster health care reform in the state. This study will help inform future studies of other populations and provides information that is transferable as it relates to continued research on the topic. According to Yin (2016), transferability allows subsequent researchers to apply a study’s conclusions to another population, confirming the importance of the initial study (p. 107). According to the perceptions expressed by the participants in this study, financial issues, lack of knowledge and resources regarding health insurance, and the need for more involvement from community leaders need to be addressed to reduce the uninsured rate in Arkansas.

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Appendix: Initial Semi Structured Interview Questions

1. Do you currently have health insurance?
2. Have you been uninsured within the past two years?
3. Have you ever gone without health insurance for any period since 2010?
4. If so, what were the circumstances that caused you to go without health insurance?
5. What issues have you faced with obtaining health insurance in the past?
6. How were you impacted by having to utilize the Emergency room during the time you did not have health insurance?
7. Why is it important to have health care for you and your family?
8. Do you believe that people who do not have health insurance forego needed medical treatment?
9. Have you ever gone without medical treatment due to lack of insurance? If so, give an example, how you were affected and the outcome.
10. What are your concerns regarding access to health insurance?
11. Do you believe that dental care contributes to the overall health of individuals? How?
12. What do you believe are the contributing factors as to why Arkansans remain uninsured after implementation of the Affordable Care Act (ACA)?
13. What do you feel would need to happen for Arkansans to obtain health insurance?
14. What do you think can be done to make the process for applying for insurance easier for low-income individuals?

Probe: Are you aware that adult children can remain covered by their parent's health insurance until the age of 26?

Probe: Does your parents have health insurance?

Probe: Are you aware that adult children can remain covered by their health insurance until the age of 26?

Probe: Why are you not covered by your parent's health insurance?