

ACTION WHERE IT COUNTS

*COMMUNITIES RESPONDING TO THE CHALLENGE
OF HEALTH CARE FOR THE UNINSURED*



The Access Project is a national initiative of The Robert Wood Johnson Foundation, in partnership with Brandeis University's Heller Graduate School and the Collaborative for Community Health Development. It began its efforts in early 1998. The mission of The Access Project is to improve the health of our nation by assisting local communities in developing and sustaining efforts that promote universal healthcare access with a focus on people who are without insurance. The survey described in this report was one of the Project's first efforts to document community initiatives around the country.

We will continue to survey local initiatives working on access to health care for the uninsured so that policymakers and the public can have an ongoing picture of what is happening at the community level. If you have not yet completed our Access Project Survey, please do so now. A copy of the survey is available on our Web site.

If you would like to receive a copy of the survey, have any additional questions, or would like to learn more about our work, please contact us.

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If you wish, you can download a PDF version of *Action Where It Counts: Communities Responding to the Challenge of Health Care for the Uninsured* from our Web site.

Executive Summary

Action Where It Counts provides proof of hundreds of community efforts dealing with the problems faced by more than 43 million uninsured people in this country. This survey confirms *action* at the local level. National and state policymakers may be stymied over the best approaches to stem this tide, but local communities are rolling up their sleeves and addressing the healthcare needs of their neighbors. They are working together in coalitions of various shapes, sizes, and groups to help the growing number of children, working people, elders, and family members who cope with the uncertainties of inadequate or nonexistent healthcare services because they have no insurance coverage.

Experience has taught us that local initiatives have picked up the pieces of a broken national healthcare system that seems unable to deal effectively with the increasing economic, health, and social fallout from so many millions of our neighbors living without adequate health care. Surveys like this serve to confirm and document the reality at the community level.

This report describes the results of a national survey conducted by The Access Project, a Robert Wood Johnson Foundation initiative that assists communities in improving access to health care. While efforts at the local level are numerous, little information is available about them. This survey is an attempt to identify, quantify, and categorize these local efforts—to better understand who is doing what to promote healthcare access in various parts of the country.

The survey was given to approximately 5,000 individuals and organizations, all of whom we have reason to believe are engaged in healthcare access efforts at the local level. Our response rate was more than 30%.

From our survey we found these efforts to be grouped into three categories: (1) obtaining coverage for the uninsured; (2) increasing access to services at the local level; and (3) improving public health. One quarter of the respondents are directing their energies at children within the larger under-served population.

We invite you to review this report and join with us in the effort to better understand local healthcare access efforts.

Catherine M. Dunham, Ed.D.
National Program Director
The Access Project

Survey of Local Healthcare Access Initiatives:

- **HUNDREDS OF EFFORTS AT THE LOCAL LEVEL ARE SEEKING TO OBTAIN CARE FOR THE UNINSURED**

- Survey respondents report efforts in 642 cities are underway to improve healthcare access

- **MOST HEALTHCARE ACCESS EFFORTS ARE ORGANIZED AS COALITIONS**

Of the individuals and organizations that responded to our survey, 1,256 respondents (76% of the total number of respondents) belong to a coalition that is working on healthcare access issues

- **Coalitions have diverse organizational members**

A wide range of organizations are participating in these community coalitions. They include:

- Advocacy groups
- Community health centers, health clinics, and other community providers
- Departments of public health and other public agencies
- Hospitals and other institutional providers
- Churches and other faith-based organizations
- Schools, universities, and other educational institutions
- Businesses

- **Advocacy organizations and community providers are a major presence in coalitions**

More than two-thirds of coalition members report that advocacy organizations and community providers participate in their coalitions.



Survey of Local Healthcare Access Initiatives:

• LEADING HEALTHCARE ACCESS PRIORITIES

The survey asked respondents to identify three issues on which they focus their efforts. The issues that respondents listed can be categorized as follows:

1. Obtaining coverage for the uninsured by changing the policies of public and private institutions and programs

Such efforts include:

- Expanding health coverage for the uninsured
- Improving public programs such as Medicaid

2. Increasing access to local healthcare services by changing the policies of providers

Many respondents are attempting to overcome barriers that hinder access to local providers. These barriers include:

- Lack of translation services
- Limited transportation options
- Cultural differences
- Financial constraints

3. Improving public health and prevention

Examples of such efforts are:

- Public education
- Health screenings
- Immunization campaigns

• POPULATIONS TARGETED BY HEALTHCARE ACCESS EFFORTS

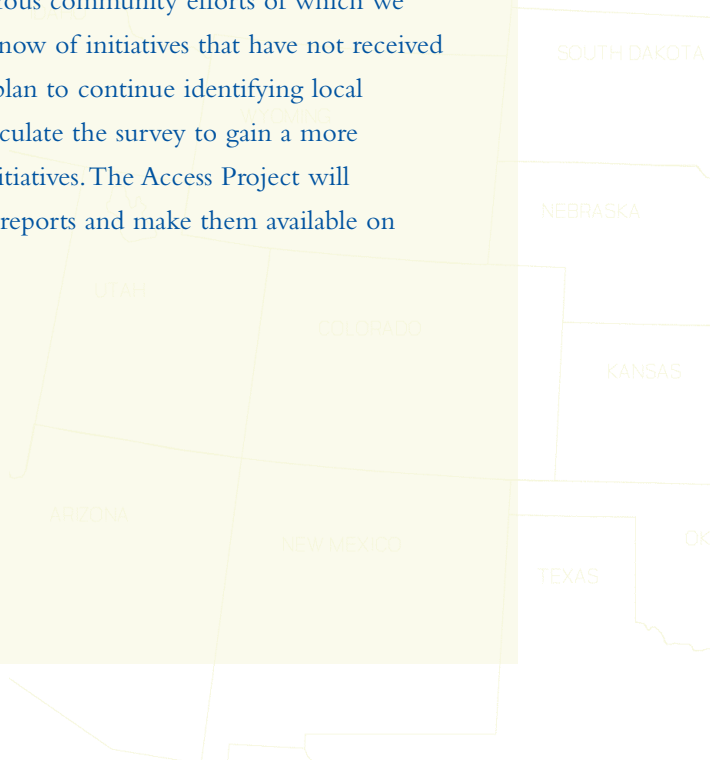
Respondents were asked whether they work on behalf of the entire under-served population in their communities or focus on particular populations.

- More than half of the respondents (54%) are focusing on particular subgroups.
 - 25% are focusing on improving access to care for children
 - 16% are directing their efforts at low-income persons

This report describes the results of a survey of local initiatives throughout the United States that are improving access to health care in their communities. The Access Project is using the survey to identify, quantify, and categorize these efforts—to create a map of healthcare access activities in various parts of the country. The map can inform policymakers and funders as well as participants in these community efforts.

The results described here are from responses to the survey as of November 30, 1998. The survey was made available to approximately 5,000 individuals and organizations over a three-month period. The survey was mailed to 4,500 members of advocacy and consumer groups with regional and national networks, as well as providers, legal services organizations, and initiatives supported by foundations. In addition, the survey was distributed to approximately 500 participants in several regional conferences held by The Access Project and was made available through our Web site.

This survey represents our first effort to identify individuals and groups working on healthcare access issues. While our mailing list is extensive, we recognize that there are numerous community efforts of which we are unaware at this point. If you know of initiatives that have not received our survey, please contact us! We plan to continue identifying local healthcare access efforts and to circulate the survey to gain a more comprehensive picture of these initiatives. The Access Project will update the findings through brief reports and make them available on our Web site.



Introduction

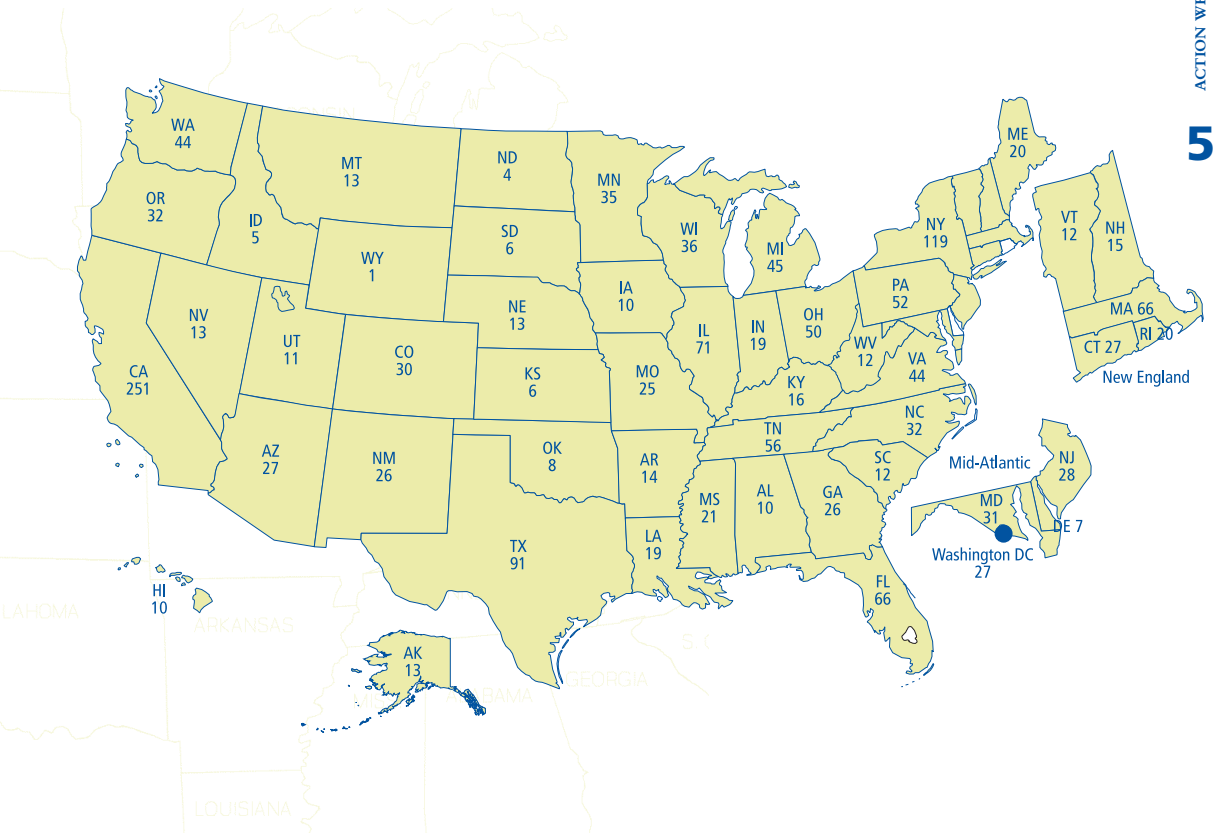
HOW MANY PEOPLE RESPONDED TO THE SURVEY?

1,659 people responded to the survey, a response rate of more than 30%.

WHAT PARTS OF THE UNITED STATES ARE REPRESENTED IN THE SURVEY?

- Respondents are located in 642 cities. The largest number of respondents came from states with the largest populations (see map).
- One fifth (21%) of the respondents came from the West[★]—from the states of Washington, Oregon, California, Alaska, and Hawaii.
- Another 16% are located in the South Atlantic—in the states of Delaware, Maryland, Washington, D.C., Virginia, West Virginia, North Carolina, South Carolina, Georgia, and Florida.
- 13% of the respondents are from the Northeast Central part of the Midwest, which includes the states of Illinois, Indiana, Michigan, Ohio, and Wisconsin.

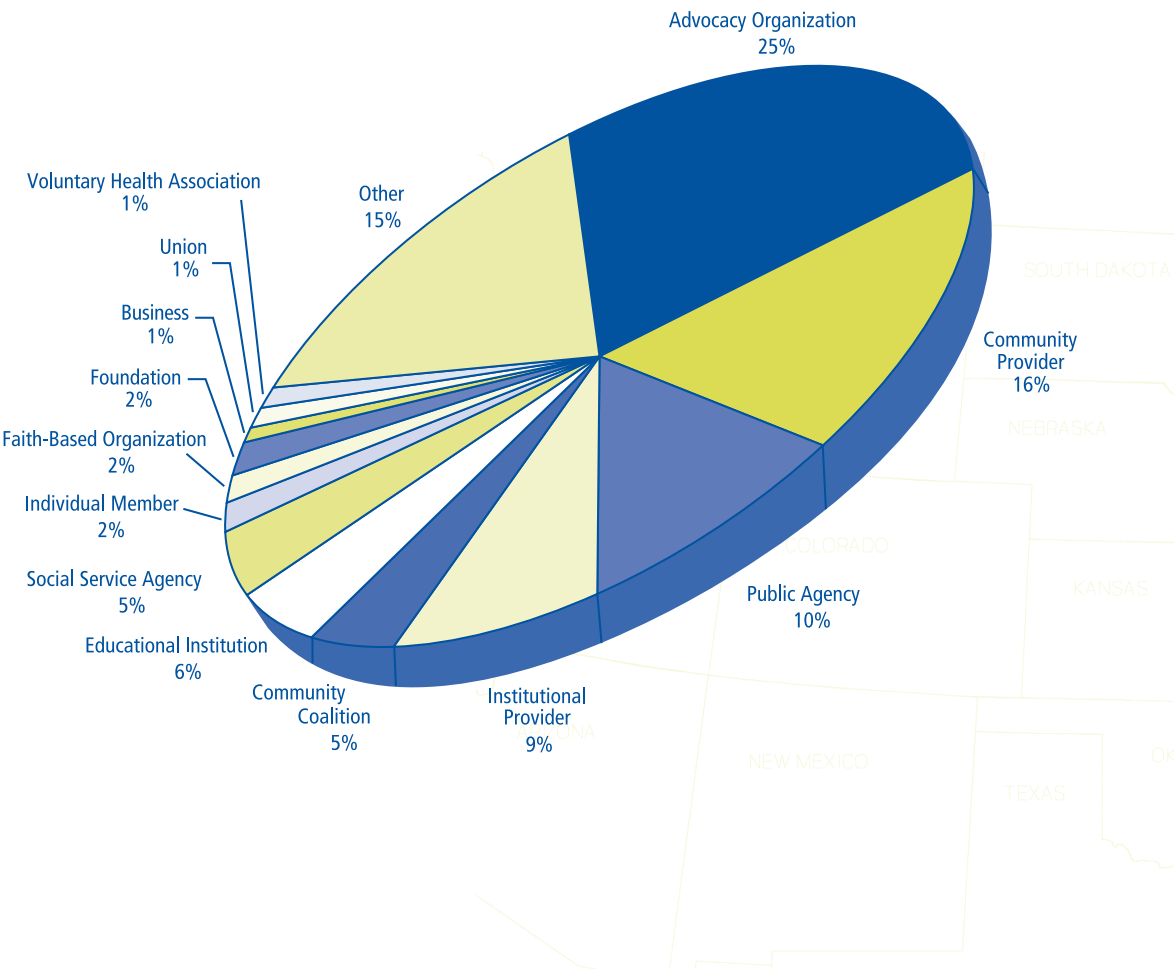
[★]Please note: the regional categories are from the Census Bureau.



WHAT TYPES OF ORGANIZATIONS WERE SURVEY RESPONDENTS AFFILIATED WITH? [SEE CHART]

- 25% are affiliated with advocacy organizations
- 16% are from community providers (e.g., community health centers, health clinics)
- 10% are from public agencies (e.g., departments of public health)
- 9% are affiliated with institutional providers (e.g., hospitals, medical centers, health plans)

ORGANIZATIONAL AFFILIATION OF RESPONDENTS



Coalitions and Healthcare Access

HOW MANY SURVEY RESPONDENTS PARTICIPATE IN COALITIONS PROMOTING HEALTHCARE ACCESS AT THE LOCAL LEVEL?

An overwhelming majority of those who responded to the survey—1,256, or 76%—are participating in a broad community effort to address healthcare access issues. These coalitions are located in more than 600 cities throughout the United States, as noted above.

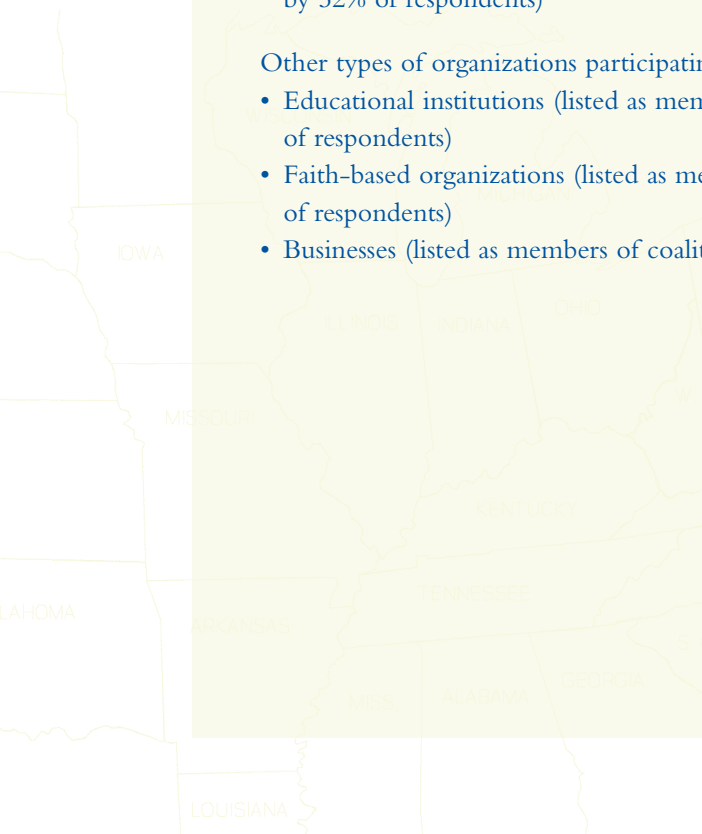
WHO PARTICIPATES IN HEALTHCARE ACCESS COALITIONS?

Respondents reported that the coalitions to which they belong have the following types of organizations as members (see chart):

- Advocacy organizations (listed as members of coalitions by 73% of respondents)
- Community providers (listed as members of coalitions by 70% of respondents)
- Public agencies (listed as members of coalitions by 53% of respondents)
- Social service agencies (listed as members of coalitions by 51% of respondents)
- Institutional healthcare providers (listed as members of coalitions by 52% of respondents)

Other types of organizations participating in these coalitions include:

- Educational institutions (listed as members of coalitions by 45% of respondents)
- Faith-based organizations (listed as members of coalitions by 37% of respondents)
- Businesses (listed as members of coalitions by 25% of respondents)

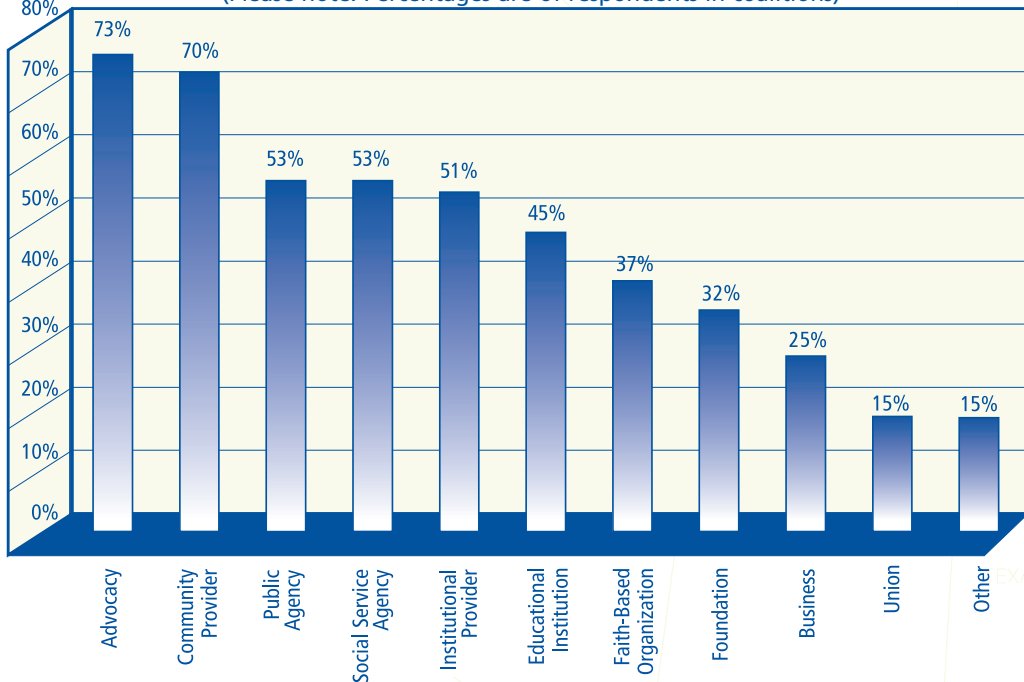


Coalitions and Healthcare Access

The Lynn Health Task Force, located in Lynn, Massachusetts, has been a community leader in reshaping the local healthcare system to be more responsive to the needs of the community. Founded in 1985 and run by volunteers, the coalition's members include community activists and representatives of advocacy organizations, legal services, unions, a community health center, an organization addressing teen pregnancy issues, senior groups, the NAACP, and the VNA. Lynn is a working-class community whose residents have difficulty obtaining health care. A large percentage of its population lacks health insurance, and the city has high rates of substance abuse, preventable hospitalizations, teen pregnancy, and communicable disease transmissions. When the only hospital in Lynn was purchased by a large nonprofit health system, the Lynn Health Task Force succeeded in obtaining a \$15 million capital commitment from the health system as a condition for transfer of the hospital's license to the health system. This commitment is funding a wide range of services, including a primary care clinic and school-based health centers, substance abuse treatment programs, and transportation services to the hospital. The health system also agreed to diversify the hospital's Board of Directors to better reflect the ethnic composition of the city of Lynn.

TYPES OF ORGANIZATIONS THAT ARE MEMBERS OF HEALTHCARE ACCESS COALITIONS

(Please note: Percentages are of respondents in coalitions)



Coalitions and Healthcare Access

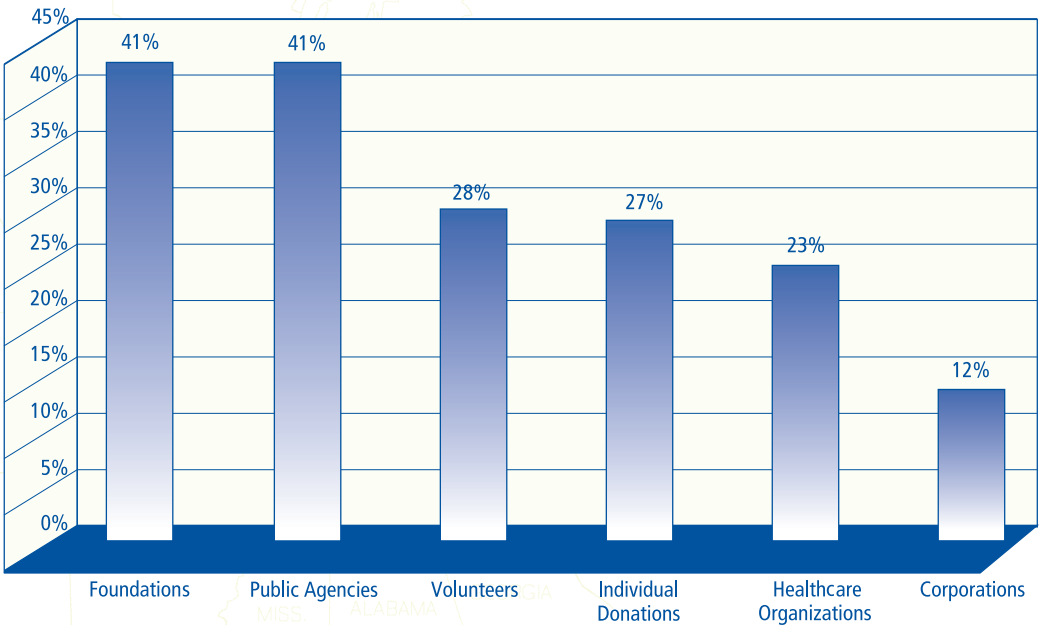
WHO SUPPORTS OR FUNDS HEALTHCARE ACCESS COALITIONS?

Most community efforts are supported by one or more of the following:

- Foundations (described by 41% of respondents as supporting their coalitions)
- Public agencies (described by 41% of respondents as supporting their coalitions)
- Volunteers (described by 28% of respondents as supporting their coalitions)
- Individual donations (described by 27% of respondents as supporting their coalitions)
- Healthcare organizations (described by 23% of respondents as supporting their coalitions)
- Corporations (described by 12% of respondents as supporting their coalitions)

SOURCES OF FINANCIAL AND IN-KIND SUPPORT OF HEALTHCARE ACCESS COALITIONS

(Please note: Percentages are of respondents in coalitions)



What Are Healthcare Access Priorities at the Local

The survey asked respondents to identify the top three issues on which they are focusing their efforts. The following thematic areas categorize the issues that most respondents listed as their highest priorities (see chart).

1) OBTAINING COVERAGE FOR THE UNINSURED BY CHANGING INSTITUTIONAL POLICIES AND PROGRAMS

A large proportion of the respondents seek to obtain health insurance coverage for the uninsured by changing the policies of public and private programs and institutions:

- Obtaining health coverage for the uninsured (38% of respondents)
- Improving public programs such as Medicaid (27% of respondents)
- Increasing outreach to the uninsured to enroll them in existing health programs (22% of respondents)
- Securing coverage of dental care (10% of respondents)

2) INCREASING ACCESS TO SERVICES AT THE LOCAL LEVEL

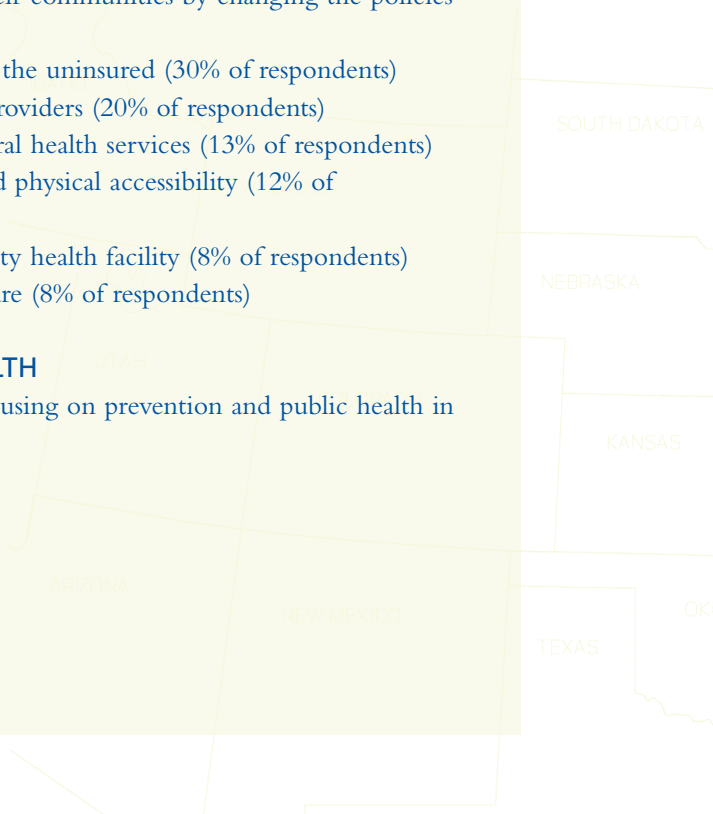
A substantial number of the respondents are working to improve the availability of health care in their communities by changing the policies of providers:

- Extending health services to the uninsured (30% of respondents)
- Reducing barriers to local providers (20% of respondents)
- Increasing and improving rural health services (13% of respondents)
- Improving transportation and physical accessibility (12% of respondents)
- Establishing a new community health facility (8% of respondents)
- Increasing hospital charity care (8% of respondents)

3) PREVENTION/PUBLIC HEALTH

33% of the respondents are focusing on prevention and public health in their communities, through:

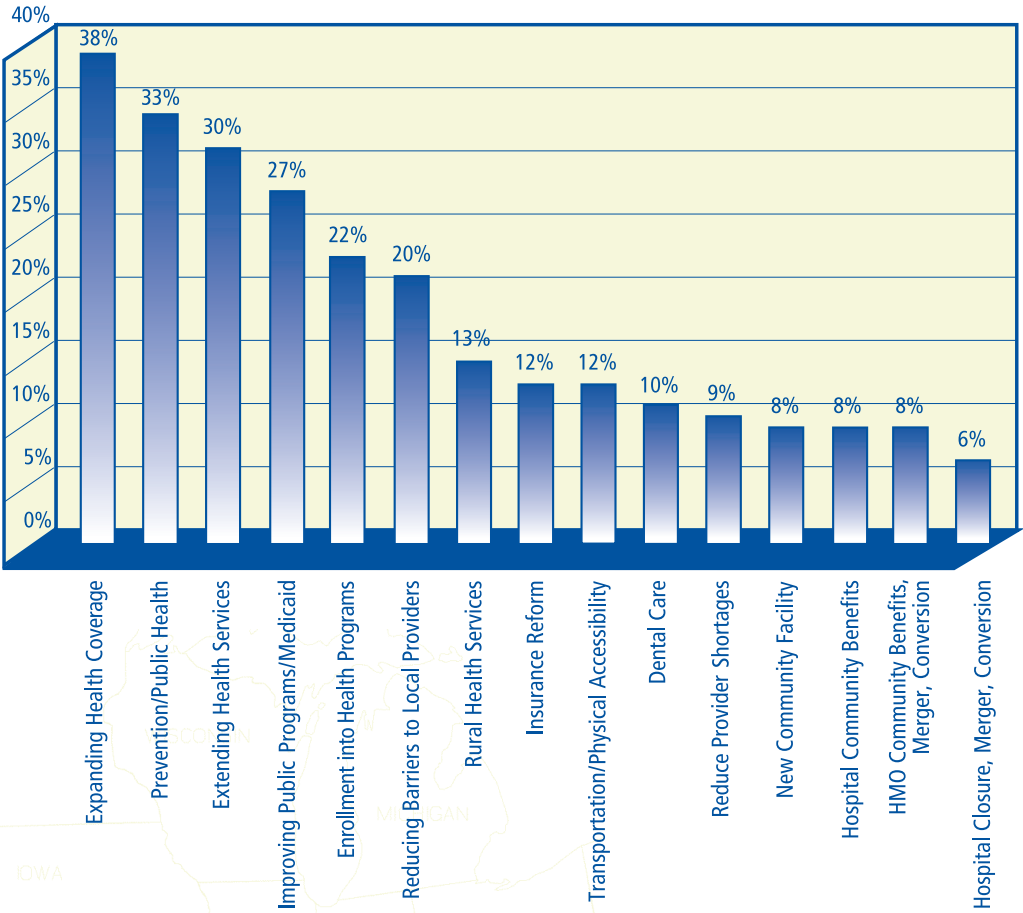
- Health education
- Health screenings
- Immunization campaigns



What Are Healthcare Access Priorities at the Local

TOP PRIORITY HEALTH ACCESS ISSUES

(Please note: Percentages are of survey respondents)

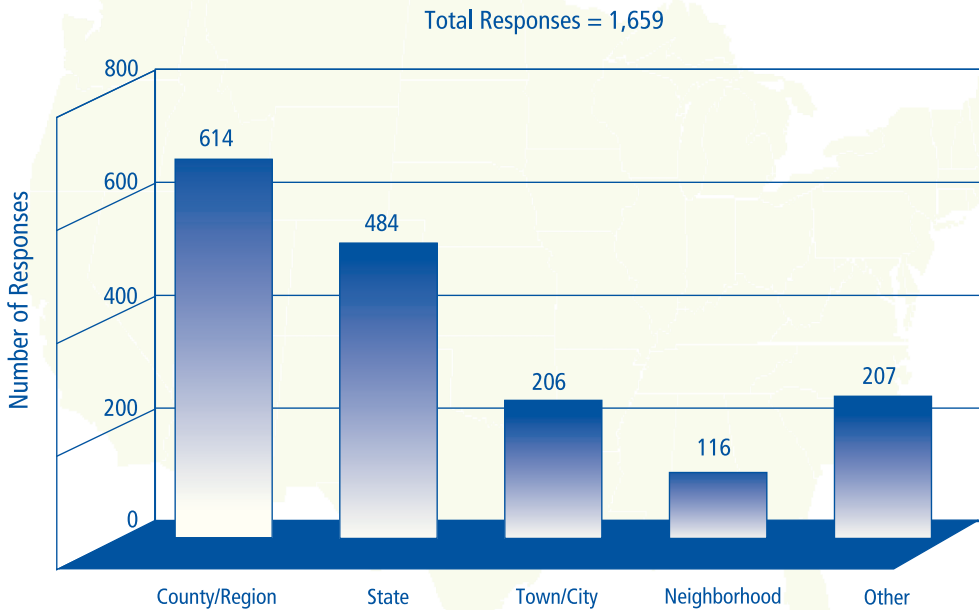


The Genesis Center for Health and Empowerment, in Des Plaines, Illinois, is a coalition of 25 organizations that was founded in 1997. Its mission is to improve the health of the Hispanic population in the area. The Genesis Center provides medical care and a range of other services that include classes in prenatal care, English as a Second Language, and citizenship. It is funded by the local Lutheran General Hospital and a physician group practice that is affiliated with the hospital. The Genesis Center's collaborators include the United Methodist Church and the local school system as well as community providers and human service agencies.

What Is the Geographic Scope of These Healthcare Access

- The largest number of respondents (37%) reported that they are working on a county-wide basis (see chart).
- About one-third (29%) are working statewide.
- 12% have a metropolitan focus.

GEOGRAPHIC FOCUS OF HEALTHCARE ACCESS EFFORTS



Which Populations Are Targeted by Healthcare Access

While all of the respondents are focusing their efforts on the under-served, 54% are concentrating on particular groups within the under-served population (see chart). Of these respondents, the greatest percentage are concentrating on:

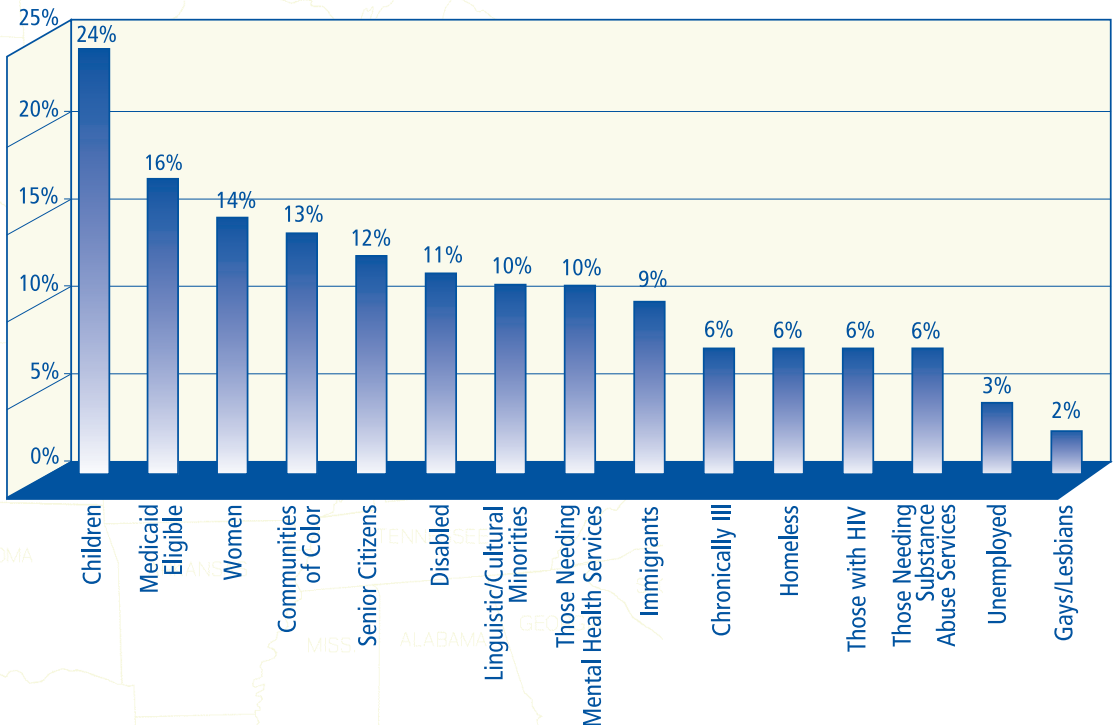
- Children (24% of respondents focusing on particular populations)
- Medicaid-eligible persons (16% of respondents focusing on particular populations)

Other populations that respondents are seeking to assist include:

- Women (14% of respondents focusing on particular populations)
- Communities of color (13% of respondents focusing on particular populations)
- Senior citizens (12% of respondents focusing on particular populations)
- The disabled (11% of respondents focusing on particular populations)
- Those in need of mental health services (10% of respondents focusing on particular populations)
- Those in need of mental health services (10% of respondents focusing on particular populations)

POPULATIONS TARGETED BY HEALTHCARE ACCESS EFFORTS

(Please note: Percentages are of respondents focusing on particular groups within the under-served population)



Our survey confirms that an enormous number of initiatives at the local level are working to improve access to health care. The survey identified 642 cities throughout the United States as having access efforts. Most of them take the form of coalitions of diverse types of groups and organizations. Many of the coalitions receive support from foundations or public agencies.

Healthcare access efforts can be categorized into three broad purposes: 1) obtaining coverage for the uninsured; 2) increasing access to local services; and 3) improving public health. Of those efforts that are directed at particular populations, 25% are seeking to assist children within the larger under-served population.

We recognize that there are many local healthcare access efforts that are not represented in this survey. We plan to continue identifying and surveying these efforts, and we will issue periodic updates on our findings that will be available on The Access Project Web site:

www.accessproject.org.

This survey and report were prepared by:

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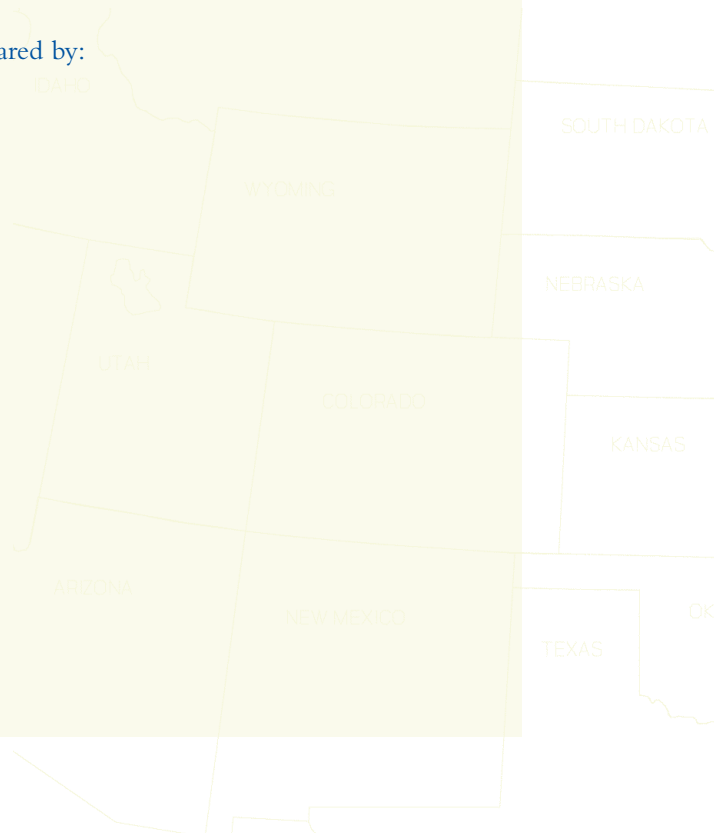
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Survey Summary

Total responses: 1659

(Please note: number of responses varies for each question)

What is your organizational affiliation?

ORGANIZATIONAL AFFILIATION	NUMBER OF RESPONDENTS	PERCENT OF RESPONDENTS
Community advocacy	406	25%
Community-based healthcare provider	264	16%
Public agency	168	10%
Institutional healthcare provider	150	9%
Community coalition	79	5%
Educational institution	91	6%
Social service agency	82	5%
Individual member or leader	32	2%
Faith-based organization	28	2%
Foundations or other funding source	29	2%
Business organization	16	1%
Union	18	1%
Voluntary health association	18	1%
Other	252	15%

*Are you working on health access issues as part of a formal, broader community effort?**

Yes - 76% No - 24%

* Please note: 29 of the respondents who indicated that they participate in a coalition did not answer subsequent questions about the coalition.

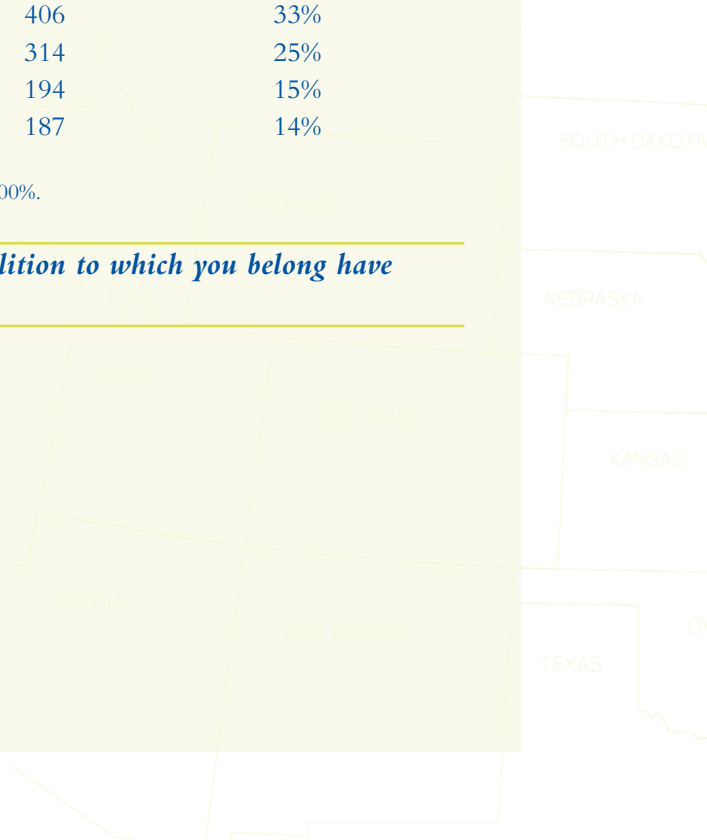
If you are part of a healthcare access coalition, what types of organizations are associated with that coalition?

RESPONDENTS BELONGING TO COALITIONS WITH THE FOLLOWING TYPES OF ORGANIZATIONS AS TO MEMBERS*	NUMBER OF RESPONDENTS BELONGING TO COALITIONS	PERCENT OF RESPONDENTS BELONGING TO COALITIONS
Community/advocacy	914	73.0%
Community-based healthcare provider	873	70%
Public agency	663	53%
Social service agency	663	53%
Institutional healthcare provider	641	51%
Educational institution	560	45%
Faith-based organization	464	37%
Private foundation	406	33%
Business	314	25%
Union	194	15%
Other	187	14%

* Percentages will add up to more than 100%.

Does the healthcare access coalition to which you belong have regular meetings?

Yes - 84% No - 16%



Survey Summary

*How often does the healthcare access coalition to which you belong meet?**

TO FREQUENCY	NUMBER OF RESPONDENTS BELONGING TO COALITIONS	PERCENT OF RESPONDENTS BELONGING TO COALITIONS
Monthly	774	73%
Twice a year	189	18%
Weekly	37	4%
Annually	27	3%
Other	20	2%

* 38% of survey respondents did not answer this question.

*What are the major sources of support for the healthcare access coalition to which you belong?**

RESPONDENTS' LISTING OF SOURCES OF SUPPORT TO FOR THEIR COALITIONS	NUMBER OF RESPONDENTS BELONGING TO COALITIONS	PERCENT OF RESPONDENTS BELONGING TO COALITIONS
Foundations	518	41%
Public funding	512	41%
Volunteers	347	28%
Individual donations	340	27%
Healthcare organizations	292	23%
Other	283	23%
Corporations	148	12%

* Percentages will add up to more than 100%.

What is your primary geographical focus?

GEOGRAPHICAL FOCUS	NUMBER OF RESPONDENTS	PERCENT OF RESPONDENTS
County/region	614	37%
State	484	29%
Town/city	206	12%
Neighborhood	116	7%
Other	207	13%

In the last year, did you focus on the entire under-served community or do you concentrate your efforts on the needs of a particular group or groups of individuals?

Focus on entire under-served community	43%
Concentrate on particular group or groups	54%



Survey Summary

*What are the three health access issues that have been the largest focus of your time and effort in the past 12 months?**

ISSUE	NUMBER OF RESPONDENTS	PERCENT OF RESPONDENTS
Expanding health coverage for uninsured	625	38%
Prevention/public health	545	33%
Extending health services to uninsured	501	30%
Improving public programs such as Medicaid	444	27%
Enrollment into existing health programs	359	22%
Reducing barriers to local providers	334	20%
Rural health services	221	13%
Insurance reform	190	12%
Transportation and physical accessibility	191	12%
Dental care	159	10%
Provider shortages	149	9%
Hospital charity care	138	8%
Establishing a new community health facility	135	8%
HMO/insurance company “community benefits,” conversion, merger	134	8%
Hospital closure, merger, conversion	92	6%
Other	512	31%

* Percentages will add up to more than 100%.

*On which three populations did you concentrate your efforts in the last 12 months?**

POPULATIONS	NUMBER OF RESPONDENTS FOCUSING ON PARTICULAR POPULATIONS	PERCENT OF RESPONDENTS FOCUSING ON PARTICULAR POPULATIONS
Children	394	24%
Medicaid eligible	267	16%
Women	230	14%
Communities of color	215	13%
Senior citizens	194	12%
Disabled	177	11%
Linguistic/cultural minorities	172	10%
Those in need of mental health services	161	10%
Immigrants	151	9%
Chronically ill	105	6%
Homeless	98	6%
Those with HIV	101	6%
Those in need of substance abuse services	100	6%
Unemployed	54	3%
Gays/Lesbians	28	2%
Business	17	1%
Other	201	12%

* Percentages will add up to more than 100%.

