Getting Health Care When You Are Uninsured:

A Survey of Uninsured Patients at Three Community Clinics in Berkeley, California

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EXECUTIVE SUMMARY

The number of uninsured Americans rose significantly over the last decade—according to current estimates, 43 million people are now without health insurance. While it is often assumed that the uninsured can easily obtain health care, much research demonstrates that lack of insurance leads to reduced access to health care and poorer health outcomes. Moreover, recent changes in the healthcare market have exposed healthcare providers to financial pressures that may be limiting their ability to provide care for the uninsured. However, access to care for the uninsured varies greatly across regions and communities.

The Community Access Monitoring Survey (CAMS) project, an initiative of The Access Project, provided support to organizations in 24 communities to survey uninsured patients receiving care at local facilities. The goals of the project were to investigate the effectiveness of local facilities in responding to the needs of the uninsured and to document barriers the uninsured face when seeking care.

This report summarizes national data on the impact of health insurance on access to care and health outcomes, and presents the results of the survey in one community, Berkeley, California. The survey was conducted in the summer of 2000 and gathered information from 378 uninsured patients who obtained health care at the West Berkeley Family Practice, Berkeley Primary Care, or The LifeLong Clinic in the previous year. The report also compares their experiences with those of uninsured patients surveyed at other CAMS sites across the country who received care at similar facilities.

The survey results indicate the following for West Berkeley Family Practice (Family Practice) and Berkeley Primary Care (Primary Care):

- The respondents were racially and ethnically diverse. About a third of the Family Practice respondents were Hispanic, and one in five took the survey in Spanish. A third of the Primary Care respondents were African American, and only one percent opted to take the survey in Spanish.
- Many respondents reported visiting their clinic multiple times. Fully one-quarter of respondents used their clinic 10 times or more in the past year, about twice the average for all urban and suburban clinics included in the CAMS project nationwide. At least 40 percent of respondents sought treatment for a chronic health problem, including 60 percent of Primary Care respondents.

- Most respondents for both clinics said, in their experience, their facility was open and accepting even if they could not pay. Most also said their clinic had a positive reputation in the community for providing care to the uninsured, although between one-quarter and one-third said they didn't know their clinic's reputation. Most respondents were satisfied with the care and service they received, and reported that they were treated with respect.

- Most respondents said that clinic hours and location were never a problem. However, the waiting time to get an appointment at both clinics was 50 percent longer than the average for all urban and suburban clinics in the CAMS study; half or more of respondents said that this was sometimes a problem. Further, more than half of the respondents reported that the waiting time on the day of an appointment was a problem at least sometimes.

- More than half of the respondents who had medications prescribed received them free of charge, but a higher-than-average percentage of respondents reported paying for prescriptions out-of-pocket at a pharmacy. Primary Care respondents were twice as likely as Family Practice respondents to report difficulty in paying for prescriptions and to say that they needed help paying for them. Of respondents who said they needed help, about a third for each clinic said staff never offered to find out if help was available.

- Similarly, one-quarter of Family Practice respondents and one-third of Primary Care respondents found it "very difficult" to pay for their medical care. Primary Care respondents were more likely to say they needed help paying their medical bills, and two-thirds of respondents at both clinics who needed help were offered some form of assistance—most commonly, reducing or waiving the bill.

- Most respondents (81% and 90%) said their past experiences paying bills at their clinic would either make it easier for them to seek care there in the future, or would not make a difference. About one in five respondents said they owed money to their clinic; of these respondents 16 to 21 percent said it would deter them from seeking care there in the future. About 85 percent of respondents for both clinics said they would still use their clinic if they had health insurance.

Because of the comparatively smaller number of respondents for The LifeLong Clinic (TLC), its data were analyzed separately. In general, the findings for TLC respondents were consistent with the average results for all urban and suburban clinics in the CAMS study. TLC respondents echoed some of the concerns about waiting times identified at the two other Berkeley clinics. In addition, about four in ten TLC respondents reported that the clinic's hours were sometimes a problem.

INTRODUCTION

In 1998, 44 million people in the United States were uninsured, representing a 38% increase in the number of uninsured since 1987.[1] While this number fell slightly between 1998 and 1999, according to current estimates 43 million people are still without health insurance.[2] The ability of the uninsured to gain access to health care is thus a major national issue, but it is at the community level that the consequences are most apparent.

Many assume that even when people are uninsured, they are readily able to obtain health care. A 1999 survey of college-educated people in the United States found that 57 percent believed that uninsured people are able to get the care they need from doctors and hospitals, up from 43 percent in 1993.[3] However, research has consistently demonstrated that individuals without insurance see health providers less frequently, receive fewer preventive health services, and delay care. As a result, when the uninsured do get care, they often require more expensive care. For example, the uninsured tend to come into the hospital more severely ill, and are hospitalized more frequently for conditions that could have been treated on an ambulatory, and less costly, basis.

Structural changes in the health care environment over the last decade have only increased the barriers to care facing the uninsured. Managed care companies have negotiated aggressively with health care providers to reduce their fees; as a result, providers have fewer financial resources available to subsidize care for the uninsured. At the same time, the number of uninsured has risen, increasing the demand for services, while various direct and indirect public subsidies that in the past helped support care for the uninsured have been eroding. All types of health care providers are affected by these changes, but perhaps the hardest hit are the ”safety net” providers—those that, either by legal mandate or explicitly adopted mission, are dedicated to providing health care regardless of patients’ ability to pay—as they generally treat the largest number of uninsured patients.

The situation, however, is not uniform across communities. Comparing the provision of care in different metropolitan statistical areas (MSAs), the author of a recent study said, “One of the most striking findings from our analysis..is the tremendous variation in the provision of uncompensated care by MSAs across the country. Our MSA-level analysis indicates that there are pockets in the country where the uninsured have very limited access to hospital care.”[4]

Community Access Monitoring Survey Project

To gather information about the barriers to care facing the uninsured in particular communities and at particular facilities, The Access Project initiated the Community Access Monitoring Survey (CAMS) project. The CAMS project funded 24 organizations across the country to survey uninsured individuals who received care at key facilities in their communities.

Project Goals

The goals of the project were to

- Learn directly from those without health insurance about their experiences and perceptions when obtaining health care
- Investigate the effectiveness of local facilities in responding to the needs of the uninsured
- Document barriers to care for the uninsured
- Use survey data to stimulate dialogue and promote change
- Put a local face on the problem of the uninsured

The Survey Design

The survey instrument was developed by Dennis Andrulis, Ph.D., Research Professor at SUNY Health Science Center in Brooklyn, NY. It was used to gather information about the experiences of over 10,000 uninsured patients at 58 facilities nationwide, and results were reported for each of the participating communities. The survey asked respondents a range of questions about their experiences when they received care at a particular facility while they were uninsured, such as their perceptions of the facility's willingness to provide care, satisfaction with interactions with staff, waiting times for appointments, ability to obtain needed medications, and difficulties paying for care.

Survey Limitations

The survey was designed to gather data about key providers that care for the uninsured in various communities. It was not intended to provide definitive conclusions, and readers should be aware of the limitations of the methodology.

The survey was based on a convenience rather than a random sample. Respondents were recruited at a variety of local sites, such as homeless shelters, employment offices, and housing projects, sometimes with the intent of collecting information from a particular group or groups, and the number of people who were eligible but refused to participate was not recorded. For these reasons, survey

responses cannot be generalized either to all uninsured people or to all uninsured patients who used a given facility--rather, they reflect the experiences only of those surveyed.

In addition, while all surveyors received uniform training in administration of the survey, it was not possible to evaluate actual implementation at each site. The authors also did not have access to other sources of data, such as medical records, that might have added to or verified individuals' reports, and they were not able to assess environmental factors, such as the volume of uninsured patients treated, operating budget, and staff size, which might have affected a facility's provision of care. Finally, the surveys gathered information only from uninsured individuals who were able to access care at particular facilities; they did not capture either the numbers or the experiences of those who were unable or never tried to access care.

Intended Uses of the Survey

The survey was intended to provide information on a frequently overlooked topic, the actual experiences of the uninsured when they obtain care. Notwithstanding its limitations, the authors expect that the results will be useful to providers, local officials, community representatives, and others in suggesting issues related to the provision of care for the uninsured in their communities that may benefit from further discussion or more rigorous and comprehensive study. It is hoped that this information will assist communities in improving access to care for their uninsured residents.

About This Report

This report, along with reviewing some of the general research documenting the impact of lack of insurance on healthcare access and on health outcomes, describes the survey results at one CAMS site, Berkeley, California. The survey was conducted by the Berkeley Mayor's Task Force on the Uninsured in the summer of 2000, and gathered information from uninsured individuals who received care at The LifeLong Clinic, West Berkeley Family Practice, or Berkeley Primary Care in the previous year. Along with providing the results of the survey for these facilities, the report compares the results with aggregate responses for all similar facilities surveyed as part of the CAMS project nationwide. A report presenting the overall findings for all surveyed sites will be released in Spring 2001.

LACK OF INSURANCE IS DANGEROUS TO YOUR HEALTH

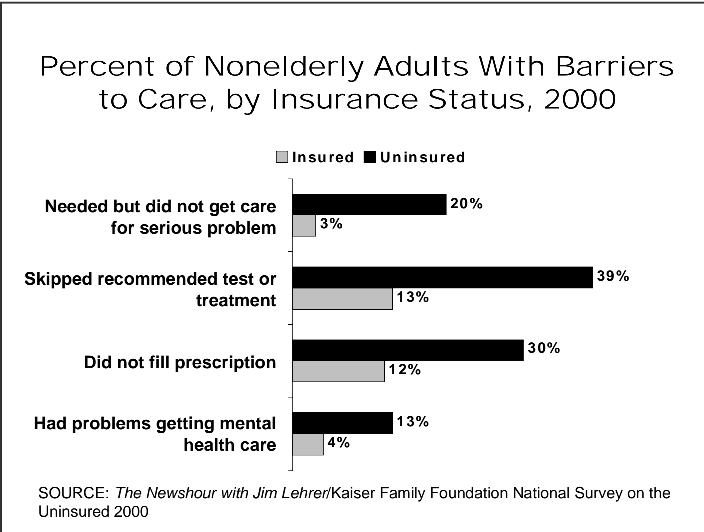
With great consistency, national research has demonstrated that insurance status affects the amount and type of care individuals receive. Lack of health insurance is related to both reduced access to care and to poorer health outcomes. In addition, many of the changes in the health care market over the last decade have increased the difficulties the uninsured face in obtaining care.

Lack of Insurance and Access to Care

Research has shown that lack of insurance is associated with reduced utilization of health services. Some studies have found that:

- One third of uninsured U.S. residents reported problems of access to care, and about two-thirds had delayed care, because of problems in paying for health services;[5]
- The uninsured were almost six times more likely than the insured to have postponed health care for a serious condition because they couldn't afford it;[6]
- Uninsured pregnant women were at greatest risk for starting prenatal visits late and having an inadequate number of visits compared to both privately insured women and those with Medicaid;[7]
- Among persons with severe mental illnesses, the uninsured were less likely to access needed health care than those covered by insurance;[8]
- Uninsured adolescents were twice as likely as insured adolescents not to have had a doctor's visit in the past year;[9]
- Lack of insurance was related to substandard care, such as using fewer procedures and having shorter inpatient stays.[10,11]

A recent national survey by the Kaiser Family Foundation, for example, found that the uninsured were much more likely than the insured to not have gotten care for a serious problem, skipped a recommended test or treatment, not filled prescriptions, and had problems getting mental health care.[12]



Lack of Insurance and Health Outcomes

Research has also found that lack of health insurance correlates with poorer health outcomes. Some studies have shown, for example, that

- Children living in poverty were more likely to receive lower quality care and to die in infancy;[13]
- Uninsured children were much more likely not to have received medical care for common conditions like ear infections—illnesses that if left untreated could lead to more serious health problems;[14]
- The uninsured were more likely to be hospitalized for conditions that could have been avoided, such as pneumonia and uncontrolled diabetes.[15]
- Patients without insurance were more likely to die in the hospital,[16] suggesting that they had postponed care until it was too late;
- Uninsured women were at significantly greater odds of late stage diagnosis of cervical cancer;[17] while those with breast cancer had lower survival rates;[18]
- Young adults without insurance had higher mortality rates because they were unable to obtain needed care.[19]

BENEFITS OF IMPROVED ACCESS TO HEALTH CARE

While lack of insurance is a serious barrier to receiving care, making health services available to the uninsured has been shown to lead to significant improvement in the use of critical services and in health status. One recent study found, for example, that uninsured individuals who obtained insurance coverage had better access to care based on indicators such as having a usual source of care, higher satisfaction with providers, and a greater number of physician visits in the previous year.[20] Another study in the Seattle area found that having insurance was strongly related to ease of access to care, and was the strongest predictor for having a regular source of care.[21] When previously uninsured individuals were enrolled in a managed care program, investigators found their use of health care services similar to that of a commercially enrolled group.[22]

Increased access to care for individuals infected with HIV represents one of the most recent dramatic instances of improvements in both mortality and morbidity. According to the Centers for Disease Control and Prevention, the first decrease in AIDS-related opportunistic infections occurred in 1997.[23] One of the major reasons cited was increased availability of new anti-retroviral therapies. The proportion of patients using this treatment regimen—for which many rely on public sector support through Medicaid and other programs—increased from 24% to 60% in just one year (1995 to 1996). This dramatic change is one demonstration of how access to critical treatments can make the difference between life and death.

Making health related services available to the uninsured at little or no cost has also led to improved outcomes. For example, the Women, Infants, and Children program, which provides food assistance to low-income children starting with the prenatal period, has helped reduce the prevalence of iron-deficiency anemia in infants and children.[24] Similarly, a study in Wisconsin showed that children at an initial preventive health visit who did not have access to the free Early and Periodic Screening, Diagnosis, and Treatment program had a greater number of medical and dental health problems and fewer preventive dental care visits than their contemporaries who had had continual access to the program.[25]

The Health Care Market and Care for the Uninsured

Over the last decade, changes in the health care market have significantly affected the provision of care to the uninsured.[26] Rising premiums and eroding employer-offered coverage have left increasing numbers of workers, especially low-income workers in small firms, without access to affordable health insurance. The rising numbers of uninsured increase the demand for uncompensated care on "safety net" providers—those that are charged by legal mandate or by mission with providing care to all regardless of ability to pay—as well as on other charity providers.

This increased demand is occurring simultaneously with other market changes that make it more difficult for providers to respond. An increasingly competitive health care environment, increased efforts to contain costs, and the growth of managed care have reduced the financial resources available to providers to subsidize care for the uninsured.

For example, many states have enrolled Medicaid recipients in managed care plans in an effort to reduce costs. These plans generally negotiate with providers for lower fees and also contract with multiple providers to provide services to Medicaid clients in order to obtain the best rates. However, while these changes may help reduce the overall costs of the program, they can have indirect effects on the ability of charity providers to care for the uninsured. Because major charity providers usually treat large numbers of both Medicaid and uninsured patients, they have traditionally depended on Medicaid revenues to help subsidize care for those who are unable to pay. If their Medicaid revenues decline, both because they see fewer Medicaid patients and because they receive lower fees for those they do treat, less money is available to cross-subsidize uncompensated care for the uninsured.

Research studies have in fact found that the penetration of managed care plans in a market and pressure on reimbursements are associated with reduced access to care for the uninsured. They have shown that

- In general, access to health care for low-income uninsured people is lower in states with high Medicaid managed care penetration, compared to uninsured persons in states with low Medicaid managed care penetration; access to care for low-income uninsured persons is also lower in areas with high uninsurance rates.[27]
- Physicians involved with managed care plans and those who practice in areas with high managed care penetration tend to provide less charity care.[28]

- Between 1988 and 1997, while national hospital costs for uncompensated care remained around 6% of annual operating costs, the ratio of per capita expenses for the uninsured to per capita expenses overall declined by 22%. This change, which was associated with reductions in Medicaid reimbursement rates, indicated that the uninsured were losing ground compared to the insured in the number, level, or quality of services received.[29]

In this environment, some safety net providers have in fact been forced to close, raising the question, "Where..will the safety net reside for the large number of uninsured in the community who do not qualify for [public] programs?"[30]

COMMUNITY CONTEXT

Note: Information in this section was provided by the Berkeley Mayor's Task Force on the Uninsured.

Berkeley, California is located in the County of Alameda. Between 12 and 17 percent of the city's residents under the age of 65 do not have health insurance. In California, 41 percent of uninsured children are eligible for Medi-Cal (California's Medicaid program) and 32 percent are eligible for Healthy Families (California's Children's Health Insurance Program).[31] Applying these percentages to Berkeley's population results in an estimate of 3,000 uninsured children in Berkeley who are eligible for publicly-funded health coverage.

The sole hospital in Berkeley is the Alta Bates Medical Center, which is privately owned. The city also has several community clinics, including six run by LifeLong Medical Care. LifeLong Medical Care treats a diverse population: 38 percent of its clients are African-American, 25 percent are Caucasian, 14 percent Hispanic, 7 percent Asian/Pacific Islander, 2 percent Native American and 14 percent are from other, non-white ethnic groups. Approximately 95 percent of LifeLong Medical Care clients have incomes below 200 percent of the federal poverty level (about $33,400 for a family of four in 1999).[32] About half of LifeLong Medical Care patients are without health insurance.

The Berkeley Mayor's Task Force on the Uninsured was formed in 1997 to respond to the problem of inadequate access to health care for uninsured and underinsured individuals in the city. The Task Force is a broad-based community coalition that includes, among others, the city and county health departments, the county health plan, Alta Bates Medical Center, community health centers, and the University of California Health Center. In February of 1999, the Task Force established The LifeLong Clinic (TLC), an urgent care, volunteer-run clinic that provided free care one night per week, as a short-term measure to increase capacity for providing basic care to the uninsured. In August of 1999, TLC expanded its services by adding Saturday morning hours. Between February 18 and September 30, 1999, the clinic's volunteer doctors, nurses, health educators, and support staff saw 370 new, uninsured patients.[33]

The Task Force also established the Subcommittee on Outreach Efforts and launched an enrollment campaign in February of 2000 to maximize the enrollment of eligible individuals into a variety of existing publicly sponsored health care programs, such as Medi-Cal

and Healthy Families, as well as a low-cost private insurance program. The enrollment campaign distributed 60,000 informational leaflets throughout the city, encouraging low- to moderate-income residents without health insurance to call trained eligibility workers to inquire about coverage.

For the Community Access Monitoring Survey (CAMS) project in Berkeley, the Task Force chose to interview patients who had used services at any of three clinics during the past year while they were uninsured. The clinics included West Berkeley Family Practice and Berkeley Primary Care, two of the six LifeLong Medical Care clinics, as well as The LifeLong Clinic.

- West Berkeley Family Practice (WBFP) is a family practice site that serves more than 750 patients per month, 70 percent of whom are uninsured. These uninsured include adults of all races and immigrant families who are either not eligible for Medicaid or are fearful, because of immigration concerns, to sign up for other healthcare programs.
- Berkeley Primary Care (BPC) serves about 1,100 patients per month. The patient population is approximately 50 percent uninsured. The clinic offers services that range from prenatal care to adult medicine and HIV/AIDS care.
- The LifeLong Clinic (TLC) is a volunteer-run clinic, open one morning and evening a week, that provides services to approximately 200 people per month, 90 percent of whom are uninsured. In addition, some underinsured patients seek care at the clinic because their health care needs are not covered by their health insurance plans.

The Task Force undertook the survey to assist ongoing efforts to improve services at the surveyed facilities, and to provide information to government officials, advocates and hospital administrators that will aid in planning to improve access to health care in the county as a whole.

SURVEY METHODOLOGY

The CAMS survey was administered between May and July of 2000 by six University of California, Berkeley students selected by the Berkeley Mayor's Task Force in partnership with the university. The surveyors attended a full-day training session in survey administration, which was conducted by trainers from the Health Training Innovations Program of The Medical Foundation in Boston, Massachusetts. The surveys were conducted in face-to-face interviews at the three clinic sites.

Survey participants were identified in the waiting areas at the sites or when they called to schedule appointments. Only those patients who were uninsured when they had received care at the clinic in the 12 months before the survey was administered were eligible to participate. Respondents had the option of answering for themselves or on behalf of their child.

A total of 378 surveys were completed, including 147 from patients at West Berkeley Family Practice, 182 from Berkeley Primary Care, and 49 from The LifeLong Clinic. Participants in the survey received a $5 grocery store gift certificate upon completion of the survey.

The Access Project arranged for entry of the data by an independent firm. The data were analyzed by Dennis Andrulis and Christina An of the State University of New York, Health Science Center at Brooklyn.

Because the respondents were not randomly selected from the population of uninsured patients using these three facilities, the survey responses cannot be generalized to the entire population; they reflect the experiences only of those surveyed.

SURVEY FINDINGS

This section describes the survey results for respondents who received care at West Berkeley Family Practice (Family Practice), Berkeley Primary Care (Primary Care), or The LifeLong Clinic (TLC) while uninsured, and compares them with averages for All Urban and Suburban Clinics (AUSCs) included in the CAMS project nationwide. This section also compares results for Family Practice with those for Primary Care. All comparisons are statistically significant unless otherwise indicated (ns = non-significant).

Due to the comparatively small number of respondents for TLC, within each subsection, its results are presented after those for the other two clinics. While the results for TLC are compared with the averages for AUSCs, they are not compared with the results of the other Berkeley clinics.

See Appendix A for a table of the results for the three Berkeley clinics, as well as for the aggregate results for all urban and suburban clinics included in CAMS.

Note: For the purpose of analysis, all facilities included in the CAMS project were grouped by type (hospital or clinic), and by location (urban/suburban or rural.) These designations were determined by the organizations that sponsored the surveying. See Appendix B for a list of all facilities included in the project nationally.

RESPONDENT CHARACTERISTICS

Family Practice and Primary Care respondents varied in age and ethnicity.

Respondents for Family Practice and Primary Care varied in age. Primary Care respondents were less likely than either Family Practice respondents or the average for AUSCs to answer on behalf of a child (2% vs. 8% and 10%).

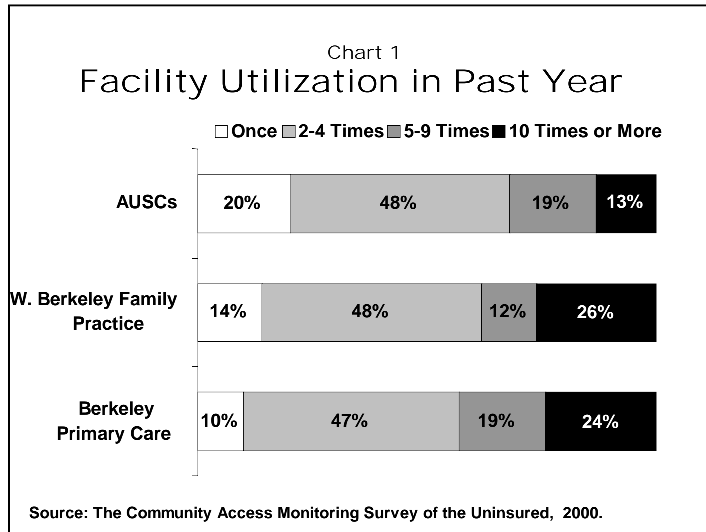
Both respondent groups were racially diverse; a plurality (35%) of Family Practice respondents identified themselves as Hispanic and 36 percent of Primary Care respondents identified themselves as African-American. One of five (22%) Family Practice respondents chose to take the survey in Spanish, compared to one percent of Primary Care respondents. The AUSC average was 16 percent.

TLC. TLC respondents also varied in age and ethnicity. About one of eight (12%) respondents chose to take the survey in Spanish and the proportion of male respondents was nearly twice as large as the average for AUSCs (63% vs. 32%, respectively.)

USE OF HEALTH SERVICES

The majority of respondents for both clinics reported that they used their clinic more than once in the past year. More than two of five respondents said they sought treatment for a chronic condition.

The overwhelming majority of respondents—86 percent for Family Practice and 90 percent for Primary Care—stated that they used their clinic more than once in the past year. About one-half of the respondents used these facilities two to four times. Notably, a quarter of respondents were seen at Family Practice and Primary Care *ten or more* times in the past 12 months. In comparison, the AUSC average for ten or more visits was 13 percent. (Chart 1)



Primary Care respondents were more likely to report that that they sought care to treat a chronic problem compared with respondents for Family Practice or the average for AUSCs. Three of five (60%) Primary Care respondents said they went to the facility to treat a chronic health problem, compared with two of five respondents for Family Practice (41%) and the average for AUSCs (38%).

TLC. Three of five (61%) TLC respondents went to their clinic two or more times in the past year and 51 percent said they sought treatment for a chronic problem.

OPENNESS TO THE UNINSURED AND SATISFACTION WITH PROVIDERS

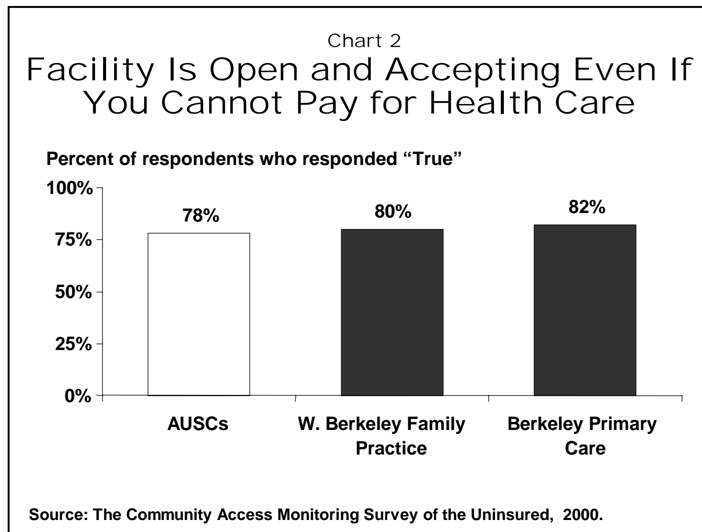
The majority of the respondents for both facilities said the clinic had been open and accepting to them even if they were unable to pay for their care. In addition, more than half of the respondents reported that the clinic had a positive reputation in the community for providing care for the uninsured. Family Practice and Primary Care respondents were likely to rate the care and service they received from staff as "very satisfactory" or "satisfactory".

"The hours are convenient. I can still work during the day. The care is better here than at another free clinic I attended."
Family Practice Respondent

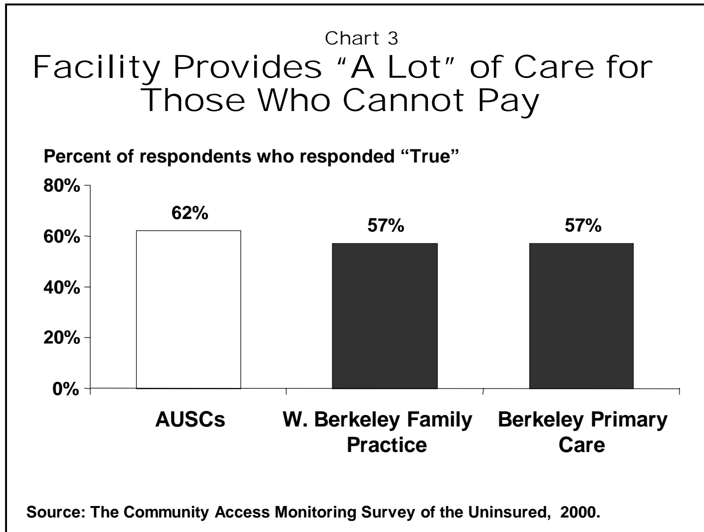
"I was treated very courteously. I'm glad it's open because I am too poor for anything else."
Family Practice Respondent

"It's a wonderful clinic, they really care about me emotionally as well as physically. They know my name."
Primary Care Respondent

Four of five respondents for each clinic stated that, in their experience, their respective clinic had been "open and accepting" to them even if they were unable to pay for their care. (Chart 2)



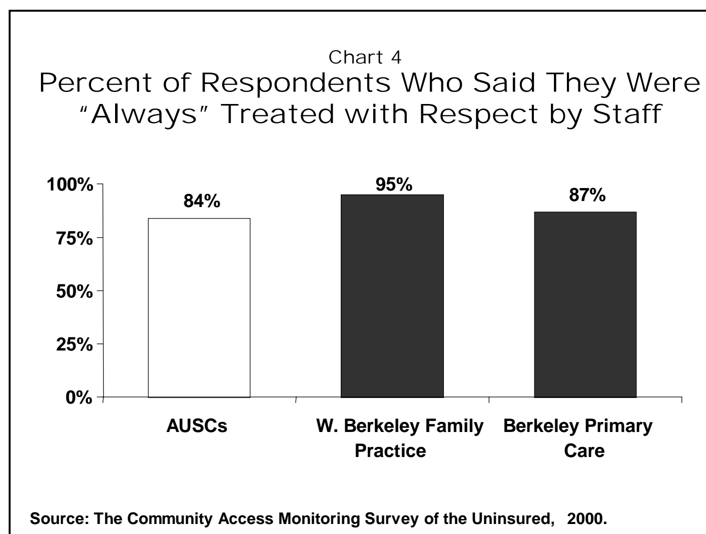
More than half of the respondents (57%) for both clinics reported that their respective facility has a reputation in the community for providing "a lot" of care to the uninsured. The AUSC average was similar. (Chart 3)



More than 90 percent of the respondents for Family Practice and Primary Care reported that they were either "very satisfied" or "satisfied" with the care and service they received from receptionists, nurses, and doctors. Less than 10 percent of the respondents for either clinic said that they were dissatisfied with the care they received from any staff.

"Exceptional treatment, beautiful attitudes, everybody is pretty conscientious."
Primary Care Respondent

Finally, most respondents—95 percent for Family Practice and 87 percent for Primary Care—said they were always treated with respect. (Chart 4)



TLC. Four of five (82%) TLC respondents also reported that their clinic had been "open and accepting" to them even if they were unable to pay for their care. About one-half (49%) of the respondents said the

"They extend themselves. If it closed, there would be a lot of people in trouble."
TLC Respondent

clinic had a reputation in the community for providing "a lot" of care to the uninsured. Satisfaction ratings with staff were also very high. For example, 85 percent or more of the respondents said that they were satisfied with the care they received from receptionists, nurses, physician assistants, and doctors.

Accessibility

Most respondents for both Family Practice and Primary Care said clinic hours and location were never a problem. However, waiting times to get an appointment and to see a provider on the day of an appointment were a problem for half of the respondents or more.

"It would be better if they had evening and weekend hours."
Primary Care Respondent

About two of three respondents for Family Practice (67%) and Primary Care (65%) reported that the clinic's hours were "never a problem." However, between 31% and 33% of the respondents for both facilities said the hours had been a problem for them at least sometimes. The AUSC average was 24 percent.

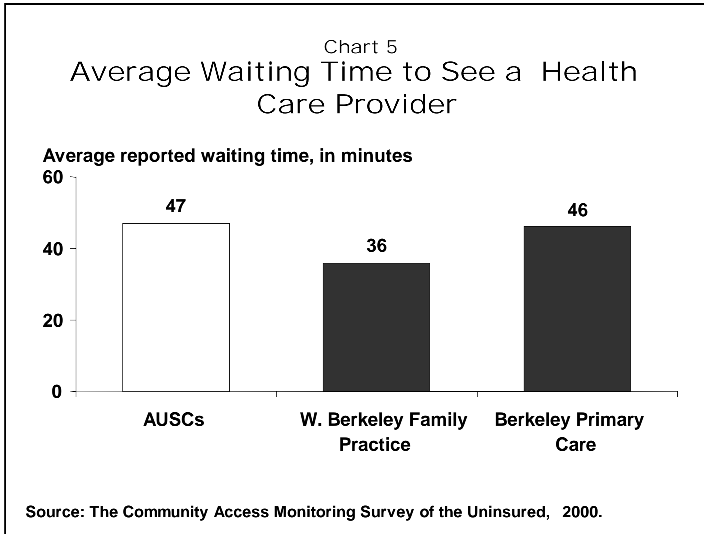
Location was not likely to be a problem for respondents. Eighty-five percent of Primary Care respondents and 88 percent of Family Practice respondents reported that their clinic's location was "never a problem." The AUSC average was similar – 79 percent.

"It's hard to get appointment when you need it. You wait to get one too long and the problem gets worse."
Primary Care Respondent

Three of five respondents for Primary Care (60%) and 48 percent for Family Practice said that the waiting time to get an appointment had been a problem for them at least sometimes. The AUSC average was 39 percent. The average reported waiting time for both clinics was about 14 to 15 days, while the AUSC average was nine days.

"I wish their appointments were more on time."
Family Practice Respondent

About three of five respondents for Family Practice (58%) and Primary Care (61%) reported that waiting time to see a provider on the day of an appointment had been a problem for them at least sometimes. The AUSC average was 51 percent. The average reported waiting time was ten minutes shorter for Family Practice respondents than for Primary Care respondents or the AUSC average. (Chart 5)



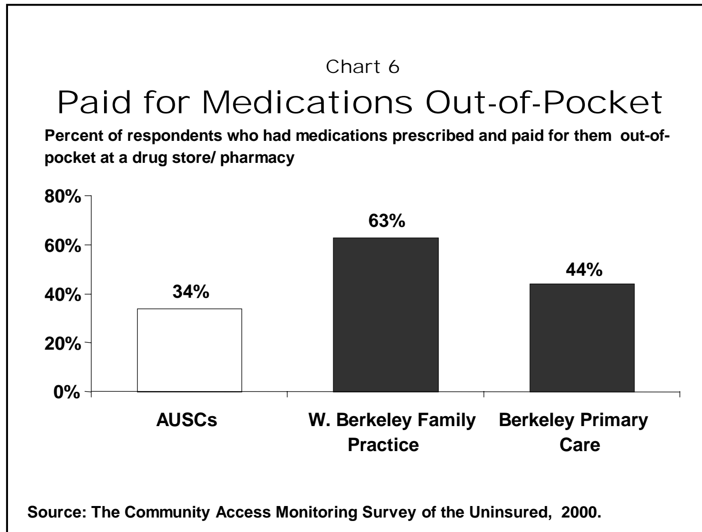
TLC. Responses from TLC respondents did not vary significantly from AUSC averages. For example, 41 percent of respondents said the waiting time to get an appointment had been a problem at least sometimes, as did 59 percent of respondents with respect to the waiting time on the day of an appointment. Notably, 39 percent of respondents said the clinic's hours had been a problem for them at least sometimes.

"It's the best place I have been to so far for medical care. But it is still hard to get appointments and to be seen."
TLC Respondent

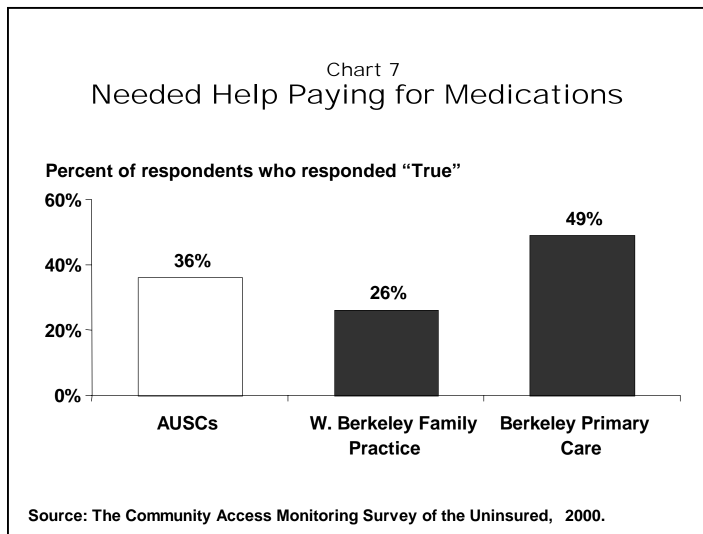
Obtaining Prescription Medications

Primary Care respondents were slightly more likely than Family Practice respondents to say that paying for medications was very difficult and that they needed help paying.

About three of four respondents for Family Practice (74%) and Primary Care (79%) said that they had medications prescribed. Among these respondents, more than half (54%) of the Primary Care respondents and 62 percent of the Family Practice respondents reported that they received medications free. This was similar to the AUSC average of 56 percent. In addition, similar proportions of respondents also said that they had to use a drug store and paid for their medications out of pocket. The AUSC average was lower. (Chart 6)



Fourteen percent of Family Practice respondents said it was "very difficult" for them to pay for their medications, in contrast to 25 percent of Primary Care respondents and an AUSC average of 27 percent. Primary Care respondents were nearly twice as likely to report that they needed help paying for their medications as Family Practice respondents (49% vs. 26%, respectively). (Chart 7)



"Staff automatically offered to help."
Family Practice Respondent

Among the respondents who said they needed help, about two-thirds of the respondents at both clinics said staff offered them assistance at least sometimes. However, one-third of the respondents said they were "never" offered any help.

TLC. Survey results for TLC respondents did not differ significantly from AUSC averages. For example, 71 percent of TLC respondents said they had medications prescribed, while the AUSC average was 70

percent. About one of two (51%) received their medication free, compared with an average of 56 percent for AUSCs. In addition, TLC respondents were just as likely as the AUSC average to report that paying for their medications was "very difficult" (25% and 27%, respectively) and that they needed financial assistance (36% and 36%, respectively). Notably, more than one-half (53%) of the respondents who needed help paying for medications reported that they "never" received help. The AUSC average was 34 percent.

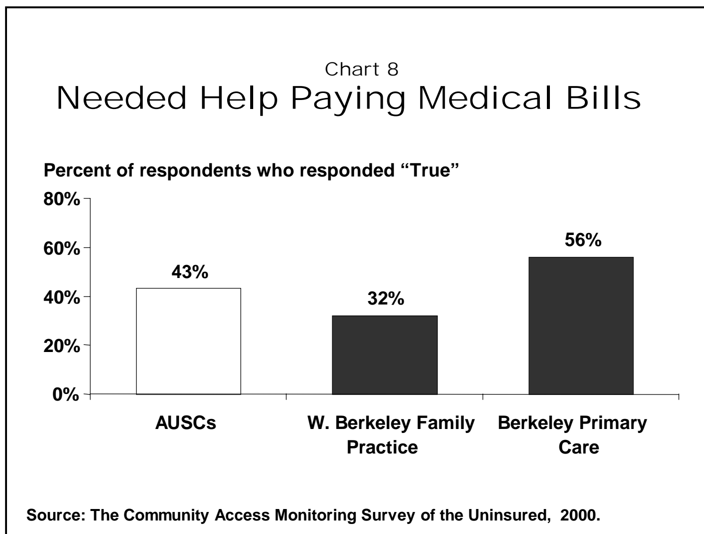
"Once, I had to pay 50 dollars for meds and that wiped out my life savings."
TLC Respondent

Concerns Over Payment for Health Care

Many respondents for Family Practice and Primary Care reported that paying for their medical care was very difficult. More than half of the Primary Care respondents said they needed financial help to pay their medical bills.

One-fourth of Family Practice respondents and 36 percent of Primary Care respondents said it was "very difficult" to pay for their medical care. These proportions did not differ significantly from the AUSC average of 33 percent.

Primary Care respondents were more likely than Family Practice respondents to report that they needed help paying their medical bills. The AUSC average was 43 percent. (Chart 8)



"There's a co-payment with the clinic, but this is hard because I tend to sacrifice something in order to pay for it. There needs to be a way for people to afford it."
Primary Care Respondent

"They have waived the bill altogether."
Primary Care Respondent

Two-thirds of the respondents who needed help reported that staff offered some form of financial assistance at least sometimes. However, 32 percent of Primary Care and 38 percent of Family Practice respondents said they "never" received any assistance. Among the Family Practice and Primary Care respondents who did receive help, reducing the amount of the bill (38% and 29%,

“They charge you according to how much you earn, which is not much.”
Primary Care Respondent

“They did it by scale to your income.”
TLC Respondent

respectively) and waiving the bill (31% and 33%, respectively) were the most common forms of assistance reported.

TLC. While not statistically significant, TLC respondents were less likely than the average for AUSCs to report that paying for medical care was very difficult (15% vs. 33%, respectively) or to need help paying for medical care (36% vs. 43%, respectively). Among the respondents who said they needed financial help, 69 percent reported that they were “never” offered any assistance.

Seeking Care in the Future

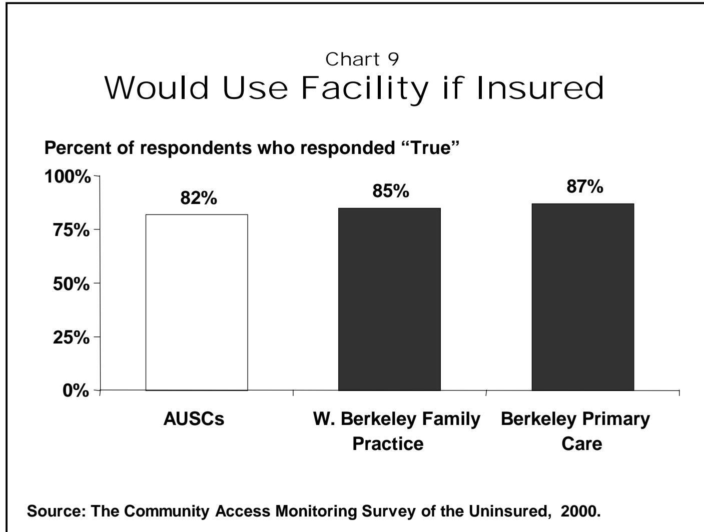
About one of five respondents for both facilities said that they have unpaid bills at their clinic. Eighty-five percent or more of the respondents said that they would use their clinic again if they had health insurance.

When asked how their past payment experiences at their clinic would affect their future care, 45 percent of Family Practice respondents and 59 percent of Primary Care respondents said it will make it easier for them to return for care. An additional 31 to 36 percent said their experiences would make no difference on whether they sought care there in the future. Four percent of respondents for both facilities said they would use a different facility.

Approximately one of five respondents for Family Practice (19%) and Primary Care (24%) said that they had unpaid bills at their clinic. The AUSC average was 20 percent. Among these respondents, 21 percent of Family Practice respondents and 16 percent of Primary Care respondents said the debt would deter them from seeking care there in the future. The AUSC average was 23 percent.

“Even if I had to pay a little bit, I would still go there because I was treated well.”
Primary Care Respondent

The majority of Family Practice and Primary Care respondents said they would use their clinic again if they had health insurance. (Chart 9)



TLC. Three of five respondents (61%) reported that their past payment experiences would make it easier for them to seek care at the clinic in the future. In addition, four of five TLC respondents said they would use the facility again if they had health insurance.

DISCUSSION

This section discusses some of the perceived strengths of each of the clinics suggested by the survey results. In addition, it highlights issues that might warrant further discussion.

WEST BERKELEY FAMILY PRACTICE AND BERKELEY PRIMARY CARE

- The respondents were racially and ethnically diverse. About a third of the West Berkeley Family Practice (Family Practice) respondents were Hispanic, and one in five took the survey in Spanish. A third of the Berkeley Primary Care (Primary Care) respondents were African American, and only one percent opted to take the survey in Spanish.
- Many respondents reported visiting their clinic multiple times. Fully one-quarter of respondents used their clinic 10 times or more in the past year, about twice the average for all urban and suburban clinics included in the CAMS project nationwide. At least 40 percent of respondents sought treatment for a chronic health problem, including 60 percent of Primary Care respondents.
- Most respondents for both clinics said, in their experience, their facility was open and accepting even if they could not pay. Most also said their clinic had a positive reputation in the community for providing care to the uninsured, although between one-quarter and one-third said they didn't know their clinic's reputation. Most respondents were satisfied with the care and service they received, and reported that they were treated with respect.
- Most respondents said that clinic hours and location were never a problem. However, the waiting time to get an appointment at both clinics was 50 percent longer than the average for all urban and suburban clinics in the CAMS study; half or more of respondents said that this was sometimes a problem. Further, more than half of the respondents reported that the waiting time on the day of an appointment was a problem at least sometimes.
- More than half of the respondents who had medications prescribed received them free of charge, but a higher-than-average percentage of respondents reported paying for prescriptions out-of-pocket at a pharmacy. Primary Care respondents were twice as likely as Family Practice respondents to report difficulty in paying for prescriptions and to say that they needed help paying for them. Of respondents who said they needed help, about a third for each clinic said staff never offered to find out if help was available.

- Similarly, one-quarter of Family Practice respondents and one-third of Primary Care respondents found it "very difficult" to pay for their medical care. Primary Care respondents were more likely to say they needed help paying their medical bills, and two-thirds of respondents at both clinics who needed help were offered some form of assistance—most commonly, reducing or waiving the bill.
- Most respondents (81% and 90%) said their past experiences paying bills at their clinic would either make it easier for them to seek care there in the future, or would not make a difference. About one in five respondents said they owed money to their clinic; of these respondents 16 to 21 percent said it would deter them from seeking care there in the future. About 85 percent of respondents for both clinics said they would still use their clinic if they had health insurance.

THE LIFELONG CLINIC

- Three of five respondents used the clinic more than once in the past year.
- One-half of the respondents said they went to the clinic to treat a chronic problem.
- The majority (82%) of respondents reported that the clinic had been open and accepting to them even if they were unable to pay for their care. In addition, one-half of the respondents reported that the clinic had a reputation in the community for providing care to the uninsured.
- The majority of respondents said that they were either "very satisfied" or "satisfied" with the care and service they received from clinic staff. Less than 10 percent of the respondents reported that they were dissatisfied.
- Three of five (59%) respondents said that the waiting time to see a provider was a problem for them at least sometimes. Forty-one percent of the respondents stated that the waiting time to get an appointment was a problem for them at least sometimes.
- More than a third (36%) of the TLC respondents said that they needed help paying their medical bill. Among the respondents who needed help, 69 percent said they "never" received any offer of assistance from staff.
- One-fourth of the respondents said that paying for their medications was "very difficult," and more than a third (36%) said that they needed help paying for their medications.
- Four of five (80%) respondents said that they would use the clinic again if they health insurance.

CONCLUSION

This report provides information on a topic that has not often been investigated, the experiences of the uninsured when they access health care at their local health facilities. Given the large numbers of uninsured in our country, it is a topic of increasing importance.

Because the survey was not based on a random sample, the results are more suggestive than definitive. Notwithstanding its limitations, however, the authors expect that the results will be useful in suggesting issues and questions that would benefit from further discussion and investigation as communities attempt to ensure and improve access to care for their uninsured residents.

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APPENDIX A: TABLE OF SURVEY RESULTS

This table presents the results of the surveys of patients at the three clinics included in the CAMS project in Berkeley, California. For comparison purposes, it also presents results of surveys of patients at all urban and suburban clinics included in the CAMS project nationally.

Asterisks in the *Intra-site p value* column indicate statistically significant differences between West Berkeley Family Practice and Berkeley Primary Care, although the statistical chi-square test does not specify which of those differences were significant. A single asterisk (*) indicates $p<0.05$. Two asterisks (**) indicate $p<0.01$. (An explanation of p-values is provided at the end of the table.) Due to the relatively smaller number of respondents for The LifeLong Clinic (TLC), chi-square statistics were not calculated between TLC and the other two Berkeley clinics.

The letters in the *Inter-site p-value* column indicate statistically significant differences between one or more of the Berkeley clinics and the average for all urban and suburban clinics included in the national CAMS project. The letters in the column indicate which of the Berkeley clinics significantly differed from the overall average. The letter corresponding to each clinic appears under its name in the column headings. (For example, A refers to West Berkeley Family Practice.)

		Berkeley, California Clinics			CAMS Sites	
	Intra-site p-value	W Berkeley Family Practice -A-	Berkeley Primary Care -B-	The LifeLong Clinic -C-	All Urban & Suburban Clinics	Inter-site p-value
Number of survey respondents		**147**	**182**	**49**	**3363**	
		%[a]	%[a]	%[a]	%[a]	
RESPONDENT CHARACTERISTICS						
Age	**					B,C
Under 18		9	3	2	16	
18-29 years		25	24	18	27	
30-39 years		26	16	31	23	
40-49 years		19	32	27	18	
50-64 years		20	24	20	14	
65 or older		1	1	2	1	
Race/Ethnicity	**					A,B
White		18	31	29	22	
Black		23	36	20	44	
Hispanic		35	8	10	26	
Other[b]		24	25	41	8	
Gender	*					B,C
Male		31	45	63	32	
Female		69	56	37	68	
Language in which survey administered	**					A,B
English		78	100	88	84	
Spanish		22	1	12	16	
Answered on behalf of child	*	8	2	2	10	B

	Intra-site p-value	Berkeley, California Clinics W Berkeley Family Practice -A-	Berkeley Primary Care -B-	The LifeLong Clinic -C-	CAMS Sites All Urban & Suburban Clinics	Inter-site p-value
FACILITY UTILIZATION						
Use of facility in past year						A,B,C
Once		14	10	39	20	
2-4 times		48	47	37	48	
5-9 times		12	19	16	19	
10 or more times		26	24	8	13	
Reason for visit(s)	**					B
Chronic problem or Mixed (chronic and non-chronic)	—	41	60	51	38	B
Other problem (non-chronic)		59	40	49	62	
PERCEPTION OF FACILITY						
Experience of facility's openness to uninsured						
Open and accepting even if can't pay		80	82	82	78	
Reluctant but accepts you even if can't pay		3	5	2	7	
Offers some care if can't pay		6	6	6	8	
Provides no assistance if can't pay	—	1	1	-	2	
Don't know		13	9	14	8	A
Opinion of facility's reputation for treating uninsured	—					A,C
Provides a lot of care for those who can't pay		57	57	49	62	
Provides some care		8	14	8	16	
Provides very little or no care		1	2	2	4	
Don't know		34	26	41	19	
SATISFACTION WITH PROVIDERS/COURTESY OF STAFF						
Receptionists/Admitting clerks						
Very satisfactory or satisfactory		95	92	89	93	
Unsatisfactory or very unsatisfactory		5	9	10	7	
Don't know						
Nurses	—					
Very satisfactory or satisfactory		95	96	90	96	
Unsatisfactory or very unsatisfactory		3	3	8	4	
Don't know		2	1	2	1	
Physician assistants						A
Very satisfactory or satisfactory		86	89	90	78	
Unsatisfactory or very unsatisfactory		4	5	4	3	
Don't know		10	6	6	19	
Examining physicians						
Very satisfactory or satisfactory		93	91	85	91	
Unsatisfactory or very unsatisfactory		3	4	4	3	
Don't know		4	4	10	6	
Social worker						C
Very satisfactory or satisfactory		42	40	25	42	
Unsatisfactory or very unsatisfactory		3	5	2	4	
Don't know		55	55	74	54	
Billing Clerks						A,B
Very satisfactory or satisfactory		68	60	56	50	
Unsatisfactory or very unsatisfactory		6	8	6	7	
Don't know		26	32	39	43	
Pharmacist	—					A,B,C
Very satisfactory or satisfactory		16	28	16	40	
Unsatisfactory or very unsatisfactory			2		4	
Don't know		85	70	84	56	

	Intra-site p-value	Berkeley, California Clinics W Berkeley Family Practice -A-	Berkeley Primary Care -B-	The LifeLong Clinic -C-	CAMS Sites All Urban & Suburban Clinics	Inter-site p-value
Treated with respect	—					
Always		95	87	96	84	
Sometimes		5	12	4	13	
Never			1		1	
Don't know					3	
ACCESSIBILITY OF SERVICES						
Hours facility open	—					A,B
Never a problem		67	65	49	74	
Sometimes a problem		29	25	29	20	
Often/always a problem		4	6	10	4	
Don't know			4	12	2	
Location	—					A
Never a problem		88	85	94	79	
Sometimes a problem		10	14	4	16	
Often/always a problem		2	1	2	5	
Don't know						
Waiting time to get appointment	—					B
Never a problem		48	39	43	53	
Sometimes a problem		32	34	25	27	
Often/always a problem		16	26	16	12	
Don't know		5	1	16	8	
Waiting time to see provider on day of appointment	—					B
Never a problem		42	39	37	46	
Sometimes a problem		37	38	37	34	
Often/always a problem		21	23	22	17	
Don't know		1	1	4	4	
Convenient to public transportation	—					B
Never a problem		46	55	53	43	
Sometimes a problem		8	12	2	6	
Often/always a problem		2	2		4	
Don't know		46	32	41	47	
Transportation assistance if needed	—					A
Never a problem		16	26	14	22	
Sometimes a problem		1	7	2	5	
Often/always a problem			3	2	4	
Don't know		83	64	82	69	
LANGUAGE NEEDS						
Needed help with translations If yes	**	22	4	13	13	A,B
Availability of interpreter	—					
Very available		58	57		57	
Available		23	29	50	26	
Not very available		13			12	
Unavailable		7	14	50	5	
Ability of interpreter	—					
Very good		53	83	67	66	
Fair		40	17	33	28	
Poor		7			6	
Signs in waiting area in your language	—	34	29	50	73	A
Written information in your language	—	56	14	57	78	A

	Intra-site p-value	Berkeley, California Clinics W Berkeley Family Practice -A-	Berkeley Primary Care -B-	The LifeLong Clinic -C-	CAMS Sites All Urban & Suburban Clinics	Inter-site p-value
MEDICATIONS						
Medication prescribed		74	79	71	70	B
If yes, how obtained						
Supplied free		62	54	51	56	
Used a pharmacy card		7	9	6	10	
Used a drug store and paid	**	63	44	43	34	A,B
Didn't get /couldn't afford	—	1	4		4	
Got some/couldn't afford all		3	8		6	
Other	*	7	15	20	7	B
Medication instructions	—					
Understood instructions		100	99	100	96	
No instructions given			1		1	
Did not understand instructions			1		1	
Did not need medicine for home					1	
Difficulty paying for medications	**					A,B
Very difficult		14	25	25	27	
Not so difficult		29	34	16	23	
Easy to pay		21	9	16	15	
N/A		35	31	43	36	
Needed help paying for medications	**	26	49	36	36	A,B
If yes, did staff offer help?						
Always		46	44	29	42	
Often		8	8	18	10	
Sometimes		14	14		14	
Never		32	34	53	34	
MEDICAL BILLS						
Difficulty paying for medical care						
Very difficult		25	36	15	33	
Not so difficult		41	38	35	34	
Easy to pay		35	27	50	34	
Needed help paying the medical bill?	**	32	56	36	43	A,B
Did staff offer to find out if financial assistance was available?	*					A
Always		55	41	15	41	
Often		2	11	15	12	
Sometimes		4	15		14	
Never		38	32	69	34	
Type of help staff offered *(If Always, Often, Sometimes to previous question)*						
Pay in monthly installments	—	14	17		41	A,B
Reduce amount of bill		38	29	40	35	
Waive bill		31	33	40	26	
Find charitable organization to pay	—		9		28	A,B
Other		28	22	40	11	B
FUTURE CARE						
Effect of payment experience on seeking future care at facility						
Will not seek care at facility	—	3	1	2	4	A,B
Will use another facility		4	4	2	3	
Easier to seek care at facility	**	45	59	61	53	A
Makes no difference		36	31	16	39	B,C
Currently owe facility money		19	24	9	20	C
If yes, will make not seek care in future		21	16		23	
If had insurance, would use facility in future		85	87	80	82	

		Berkeley, California Clinics			CAMS Sites	
	Intra-site p-value	W Berkeley Family Practice -A-	Berkeley Primary Care -B-	The LifeLong Clinic -C-	All Urban & Suburban Clinics	Inter-site p-value
TRAVEL AND WAIT TIMES						
Travel time, mean (minutes)	**	16.53	20.87	15.88	19.10	
Travel time, median (minutes)		15.00	15.00	15	15.00	
Days to get appointment, mean		15.27	13.86	10.72	8.98	A,B
Days to get appointment, median		7.00	7.00	2.5	3.00	
Waiting time to see provider, mean (minutes)	**	36.34	46.17	39.59	47.47	A
Waiting time to see provider, median (minutes)		30.00	40.00	30.00	30.00	

LEGEND

a	Persons with missing values were excluded from analysis.

b	"Other" includes Asian/Pacific Islander, Native American, and "mixed."

*	$p < 0.05$ for overall chi-square test among facilities for each characteristic listed.

**	$p < 0.01$ for overall chi-square test among facilities for each characteristic listed.

—	The cell size was insufficient to conduct an overall chi-square test (more than 20 percent of the cells have expected counts less than five).

A,B,C	$p < 0.05$ for overall chi-square test between facility and all urban/suburban clinics for each characteristic listed. Letter denotes facility (as indicated in column heading). Blank cells in the Inter-site p value column indicate that either no significant difference existed or that the cell size was insufficient.

SO WHAT IS A P-VALUE?

Statistics based on samples are always subject to "sampling error," that is, there is most likely some difference between the value that a sample yields and the *true* value in the population that the sample represents. Statistics are often given with a range (for example, "plus or minus 3%") for this reason. Because of sampling error, two numbers based on samples, which appear to be different, may not actually be different; their ranges might overlap.

The p-value is a statistical measure to determine if there is a true, significant difference between compared numbers. The value of p<0.05, which is a standard accepted level of significance, says that the likelihood is small - 5% or less - that the comparison between two sample statistics is *not* the same as the population comparison. The difference is said to be "statistically significant." The lower the p-value (e.g., p<0. 01), the more likely that the differences are significant.

APPENDIX B: SURVEYED FACILITIES BY CAMS SPONSORING ORGANIZATION AND BY TYPE

SURVEYED FACILITIES BY CAMS SPONSORING ORGANIZATION

CAMS Sponsoring Organization	***Surveyed Facilities***
Puentes de Amistad/ Bridges in Friendship Somerton, Arizona	Sunset Health Center Yuma Regional Medical Center
Central CA Legal Services Fresno, California	Community Hospital Poverello House/Holy Cross Center for Women Sequoia Health Foundation Clinics United Health Centers-Mendota United Health Centers-Parlier University Medical Center
LifeLong Medical Care Berkeley, California	Berkeley Primary Care Access Clinic The LifeLong Clinic West Berkeley Family Practice
The Volusia County Access Project Volusia County, Florida	Halifax Keech Health Center Halifax Medical Center Memorial Hospital-West Volusia Volusia County Health Department Clinic, DeLand
Human Services Coalition of Dade County, Inc. Miami, Florida	Jefferson Reaves, Jr. Health Center Dr. Rafael A. Peñalver Clinic
Capital Medical Society Foundation, Inc. Tallahassee, Florida	Bond Community Health Center Leon County Health Department Neighborhood Health Services Tallahassee Memorial Healthcare Emergency Room The We Care Network of the Capital Medical Society Foundation
Southwest Georgia Community Health Institute Albany, Georgia	Albany Area Primary Health Care Palmyra Medical Center Phoebe Putney Memorial Hospital's Emergency Center Southwest Georgia Regional Medical Center
Idaho Primary Care Association Boise, Idaho	Family Health Services Magic Valley Regional Medical Center Mercy Medical Center Terry Reilly Health Services
Campaign for Better Health Care Chicago, Illinois	Mile Square Health Center
Westside Health Authority Chicago, Illinois	Austin Cook County Health Center Circle Family Care/R.M. Gunnar Clinic
Lake Cumberland District Health Department Somerset, Kentucky	Clinton County Hospital Russell County Hospital Wayne County Hospital

Department of Family Medicine, Louisiana State University Healthcare Services Division Baton Rouge, Louisiana	Earl K. Long Medical Center
Health Care Centers in Schools, Inc. Baton Rouge, Louisiana	Istrouma School-Based Health Center
Northern Berkshire Community Coalition North Adams, Massachusetts	North Adams Regional Hospital
Progressive Leadership Alliance of Nevada (PLAN) Las Vegas, Nevada	Sunrise Hospital and Medical Center University Medical Center
The Northwest Bronx Community & Clergy Coalition **Commission on the Public's Health System in New York City** Bronx, New York	North Central Bronx Hospital
North Carolina Fair Share Raleigh, North Carolina	Wake Medical Center
Universal Health Care Action Network of Ohio (UHCAN) Cleveland, Ohio	Cleveland Clinic Huron Hospital MetroHealth Hospital University Hospital
Legal Aid Society of Greater Cincinnati Cincinnati, Ohio	University Hospital
Project Equality/Oregon Health Access Project Lincoln County, Oregon	Pacific Communities Hospital North Lincoln Hospital
Latino Memphis Conexion Memphis, Tennessee	The Memphis Regional Medical Center
Planned Parenthood of Houston and Southeast Texas, Inc. Houston, Texas	Fannin Family Planning Clinic
Texas Institute for Health Policy Research Austin, Texas	CHRISTUS Jasper Memorial Hospital
Tenants' and Workers' Support Committee Alexandria, Virginia	INOVA Alexandria Hospital
West Virginia Community Voices Partnership Charleston, West Virginia	Boone Memorial Hospital Cabin Creek Health Center Clay County Primary Care West Virginia Health Right, Inc. WOMENCARE

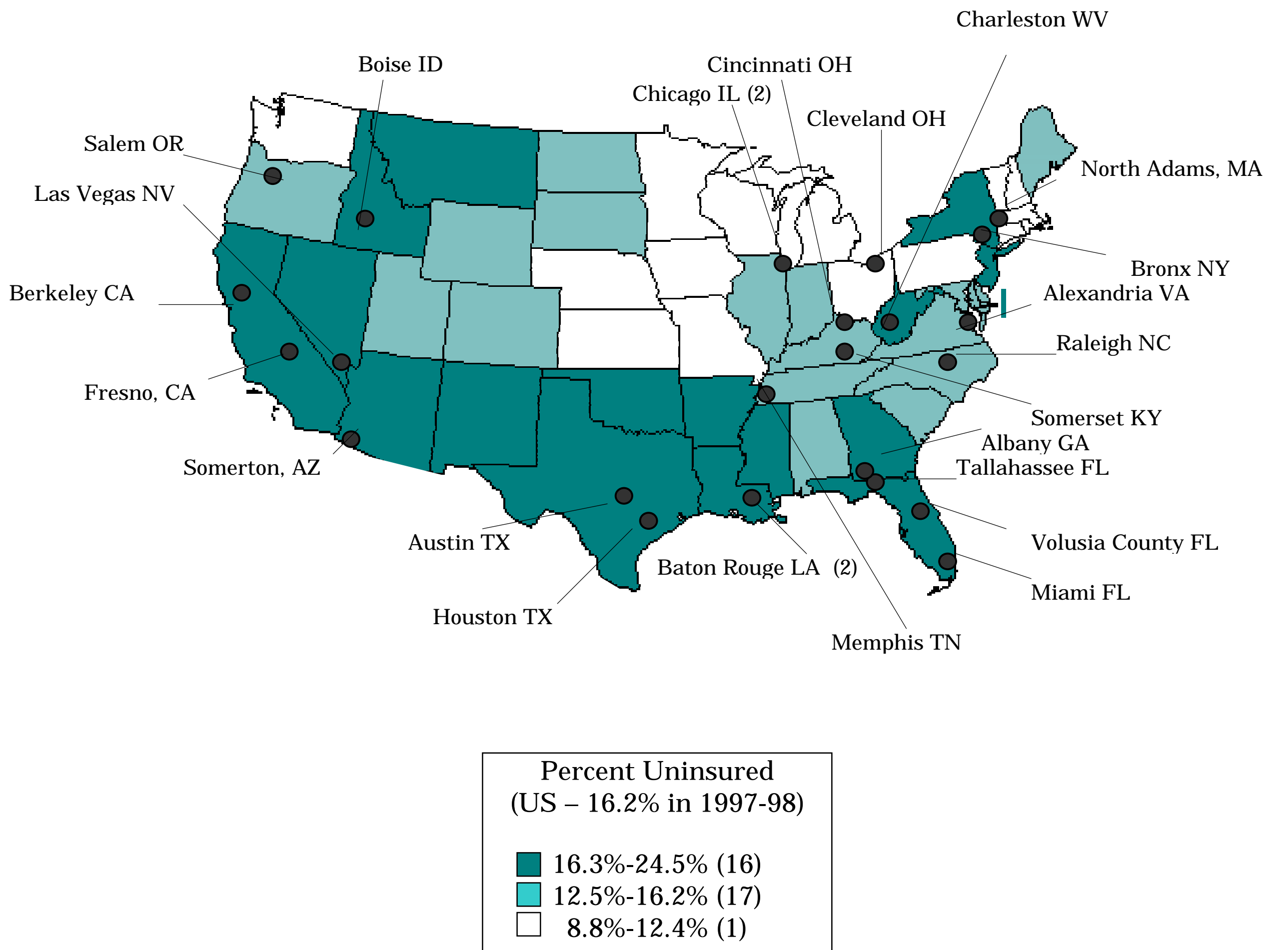
SURVEYED FACILITIES BY TYPE

FACILITIES BY TYPE	*LOCATION*
Urban/Suburban Hospitals	
Yuma Regional Medical Center	Yuma, AZ
Community Hospital	Fresno, CA
University Medical Center	Fresno County, CA
Halifax Medical Center	Halifax, FL
Tallahassee Memorial Healthcare Emergency Room	Tallahassee, FL
Memorial Hospital	West Volusia County, FL
Palmyra Medical Center	Albany, GA
Phoebe Putney Memorial Hospital's Emergency Center	Albany, GA
Mercy Medical Center	Nampa, ID
Magic Valley Regional Medical Center	Twin Falls, ID
Earl K. Long Medical Center	Baton Rouge, LA
Sunrise Hospital and Medical Center	Las Vegas, NV
University Medical Center	Las Vegas, NV
North Central Bronx Hospital	The Bronx, NY
Wake Medical Center	Raleigh, NC
University Hospital	Cincinnati, OH
Cleveland Clinic	Cleveland, OH
Huron Hospital	Cleveland, OH
Metrohealth Hospital	Cleveland, OH
University Hospital	Cleveland, OH
The Memphis Regional Medical Center	Memphis, TN
INOVA Alexandria Hospital	Alexandria, VA
Rural Hospitals	
Southwest Georgia Regional Medical Center	Cuthbert, GA
Clinton County Hospital	Albany, KY
Wayne County Hospital	Monticello, KY
Russell County Hospital	Russell Springs, KY
North Adams Regional Hospital	North Adams, MA
North Lincoln Hospital	Lincoln City, OR
Pacific Communities Hospital	Newport, OR
CHRISTUS Jasper Memorial Hospital	Jasper County, TX
Boone Memorial Hospital	Madison, WV
Urban/Suburban Clinics	
Berkeley Primary Care Access Clinic	Berkeley, CA
The Lifelong Clinic	Berkeley, CA
West Berkeley Family Practice	Berkeley, CA
Poverello House/Holy Cross Center for Women	Fresno, CA
Sequoia Health Foundation Clinics	Fresno County, CA
Volusia County Health Department Clinic	Deland, FL

Halifax Health Center	Halifax, FL
Bond Community Health Center	Leon County, FL
Leon County Health Department	Leon County, FL
Neighborhood Health Services	Leon County, FL
Dr. Rafael A. Peñalver Clinic	Miami-Dade County, FL
Jefferson Reaves, Jr. Health Center	Miami-Dade County, FL
Terry Reilly Health Services	Boise, ID
Family Health Services	Magic Valley Region, ID
Austin Cook County Health Center	Chicago, IL
Mile Square Health Center	Chicago, IL
Circle Family Care/R.M. Gunnar Clinic	Chicago, IL
Istrouma School-Based Health Center	Baton Rouge, LA
Fannin Family Planning Clinic	Houston, TX
West Virginia Health Right, Inc.	Charleston, WV
WomenCare	Scott Depot, WV
Rural Clinics	
Sunset Health Center	Somerton, AZ
United Health Centers - Mendota	Mendota, CA
United Health Centers - Parlier	Parlier, CA
Albany Area Primary Health Care	Dougherty, Lee, Terrell, and Baker, Calhoun Counties, GA
Clay Primary Care	Clay, WV
Other (Provider Network)	
The We Care Network	Leon County, FL

APPENDIX C: LOCATIONS OF CAMS SPONSORING ORGANIZATIONS AND STATE UNINSURANCE RATES 1997-98

The map below shows the locations of all of the organizations conducting Community Access Monitoring Surveys. It also indicates percentages without health insurance in each state for 1997-98.



Percent Uninsured
(US – 16.2% in 1997-98)

- 16.3%-24.5% (16)
- 12.5%-16.2% (17)
- 8.8%-12.4% (1)

APPENDIX D: SURVEY INSTRUMENT

Record time interview begins ______________

[If the respondent is answering on behalf of his or her child, mark this box ☐ and change the wording in all of the following questions from *you* to *your child*.]

"First, I have a few background questions about your experience at* (facility name) ___________________________________*:

I. BACKGROUND / DEMOGRAPHICS

1. How many times did you use (facility name) ______________________________ in the past year?

☐ Once
☐ 2 - 4 times
☐ 5 - 9 times
☐ 10 or more times

Comments: ____

____

____

2. Why did you go there? (for what medical problem(s))

____

____

____

3. Did you visit this facility for a problem that bothers you frequently and that you often need care for, or for some other problem?

☐ For a problem that bothers you frequently like asthma, diabetes or arthritis
Please specify: ____
☐ Some other problem
☐ A mix of both

Comments: ____

____

____

4a. Did you use the hospital emergency room?

☐ Yes
☐ No
☐ Not applicable

4b. Were you admitted?

- ☐ Yes
- ☐ No
- ☐ Not applicable

4c. Did you visit a clinic as an outpatient?

- ☐ Yes
- ☐ No
- ☐ Not applicable

"Now I would like to ask you a few background questions"

5. Age:
Are you:

- ☐ Under 18
- ☐ 18-29
- ☐ 30-39
- ☐ 40-49
- ☐ 50-64
- ☐ 65 and over

6. Gender:

- ☐ Male
- ☐ Female

7. Ethnicity/Cultural Heritage:
Do you identify yourself as:

- ☐ African American/Black
- ☐ Asian/Pacific Islander
- ☐ Caucasian
- ☐ Hispanic/Latino
- ☐ Native American
- ☐ Mixed
- ☐ Other (Please Specify) ____

8. What is you zip code? _ _ _ _ _

"The next questions are more about (facility name) ___________________________________ __."

II. PROVIDER HISTORY TOWARD CARING FOR THE UNINSURED

1. In your experience, how open has (facility name) ____ been in offering services to you if you can't pay for medical care? (*Choose all that apply)*

☐ Open and accepting even if you can't pay for health care
☐ Reluctant but accepts you even if you can't pay for health care
☐ Offers some care if you can't pay
☐ Provides no care if you can't pay
☐ Do not know

Comments:____

____

____

____

2. In your opinion, what is the reputation of (facility name) ___________________________________ in providing treatment to people who can't pay for medical care in your community?

☐ Provides a lot of care in the community for people who can't pay
☐ Provides some care for people who can't pay
☐ Provides very little or no care for people who can't pay
☐ Do not know

Comments:____

____

____

____

"The next questions ask about the staff at (facility name) ___________________________________."

3. In your experience, were the following staff courteous to you when medical care was needed:

Please rate the courtesy and helpfulness overall for (facility name) ______________________________ on a scale from: 1 (Very Satisfactory), 2 (Satisfactory), 3 (Unsatisfactory), 4 (Very Unsatisfactory) or 5 *(*Don't Know/Not Applicable*)*

Repeat choices for each question

	Very Satisfactory **1**	Satisfactory **2**	Unsatisfactory **3**	Very Unsatisfactory **4**	Don't Know/Not Applicable **DK/NA**
a) Receptionists/ admitting clerks	1	2	3	4	DK/NA
b) Nurses	1	2	3	4	DK/NA
c) Physician's assistants	1	2	3	4	DK/NA
d) Examining physicians	1	2	3	4	DK/NA
e) Social workers	1	2	3	4	DK/NA
f) Billing clerks	1	2	3	4	DK/NA
g) Pharmacy staff	1	2	3	4	DK/NA
h) Others ________________________	1	2	3	4	DK/NA

4. Are there any special comments you want to make about the way you were treated in the Emergency Room, in any of the clinics, or as an in-patient at (facility name) ________________________________?

____

____

____

____

____

____

____

____

____

Now I would like to ask you about how easy it was for you to get the services you needed at (facility name) ________________________________ when you were uninsured and trying to get medical care?"

III. ACCESS TO HEALTH SERVICES

1. Please rate the accessibility of services at (facility name)_______________________on a scale from: 1 (Never a Problem), 2 (Sometimes a Problem), 3 (Often a Problem), 4 (Always a Problem) or 5 (Don't Know/Not Applicable)

Repeat choices for each question

	Never a Problem	Sometimes a Problem	Often a Problem	Always a Problem	Don't Know/Not Applicable
	1	**2**	**3**	**4**	**DK/NA**
a) How about the hours that (facility name) ________________________ is open?	1	2	3	4	DK/NA
b) How about the hours that the hospital emergency department is open?	1	2	3	4	DK/NA
c) How about the convenience of location? How long does it take for you to get there? Time: _________ (in minutes)	1	2	3	4	DK/NA
d) How about the waiting time to get an appointment with a health care provider? Time: __________ (in days)	1	2	3	4	DK/NA
e) How about the waiting time to see the health care provider on the day of your appointment? Time: _________ (in minutes)	1	2	3	4	DK/NA
f) How about getting an interpreter if you need one?	1	2	3	4	DK/NA
g) How about the convenience to public transportation lines?	1	2	3	4	DK/NA
h) How about transportation assistance if needed?	1	2	3	4	DK/NA

Comments:____

____

____

____

"The next questions are about medications."

2a. Was medicine prescribed during any of your visits when you were uninsured?

☐ Yes
☐ No (*if no, skip to question 4*)

2b. If medication was prescribed, did you get it? ***(Choose all that apply)***

☐ Yes, supplied free by the staff
☐ Yes, used a pharmacy card
☐ Yes, went to pharmacy or drug store and paid
☐ No, did not get the medication because I could not afford it
☐ Some, did not get all my medications because I could not afford them
☐ Other ____

Comments:____

____

____

3. If you needed medicine to take at home, how well did you understand the instructions on how to take the medicine?

☐ Yes, I understood the instructions
☐ No instructions were given
☐ I did not understand the instructions
☐ I did not need medicine for home

Comments:____

____

____

4. Is there anything else you would like to say about how you were treated, or how easy it was for you to get services or medications at (facility name) ______________________________?

____

____

____

____

____

____

____

____

“***The next questions relate to language and culture issues at (facility name) __________________.***”

IV. LANGUAGE AND CULTURE NEEDS

Note: *If the interviewee is fluent in English please check “No” in* ***Question 1*** *and go to* ***Question 6a***

1. When you were treated at (facility name) ______________________________________ in the past year was help with translation needed because you spoke little or no English?

☐ Yes *(If yes, please answer the following questions.)*
☐ No *(If no, then please go to* ***Question 6a****)*

Comments:____

____

____

2. If you did need help, how available was an interpreter to assist? ***(Choose one only)***

☐ *Very available*—the *doctor* or *nurse* spoke my language and was there for treatment
☐ A*vailable*— an *interpreter* was there when I was treated
☐ *Not very available*—the wait for someone who spoke my language was a long time
☐ *Unavailable*—someone with me (a friend or family member) had to translate

Comments:____

____

____

3. How good was the health care professional who spoke your language in talking to and understanding your problem? ***(Choose one only)***

☐ *Very good*—the health care person and I understood each other
☐ *Fair*—the health care person and I mostly understood each other, but there was some difficulty in translating questions and in understanding the answers
☐ *Poor*—the health care person and I for the most part could not understand each other

Comments:____

____

____

4. Does (facility name) ______________________________________ have any signs in your language in the admitting area or waiting room?

☐ Yes
☐ No

Comments:____

____

____

5. Did (facility name) ______________________________________ offer you information written in your language to assist in medical care?

☐ Yes
☐ No

Comments:____

____

____

____

6a. Did you feel that the health care professionals treated you with respect?

☐ Always
☐ Sometimes
☐ Never
☐ Does not apply/Don't Know

Comments:____

____

____

____

6b. Did the health care professionals who treated you ask you whether you are using traditional methods of healing, like herbs, acupuncture, other?

☐ Always
☐ Sometimes
☐ Never
☐ Does not apply/Don't Know

Comments:____

____

____

____

7. Is there anything else you would like to say about language or culture issues at (facility name) ______________________________________?

____

____

____

____

"Finally, I would like to ask you some questions about payment of medical bills."

V. PAYMENT FOR MEDICAL CARE

1. How difficult was it for you to pay for the cost of medical care at (facility name) ____________________? *(Choose one only)*

- ☐ Very difficult to pay for medical care
- ☐ Not so difficult to pay for medical care
- ☐ Easy to pay for medical care

Comments:____

____

____

____

2. Did you need help in paying the medical bill?

- ☐ Yes -- *If yes, go to 2a*
- ☐ No -- *If no, go to 3*

2a. *If yes*, did the staff at (facility name) ____________________ ask if help was needed?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Never

Comments:____

____

____

3. Did the staff at (facility name) ____________________ offer to help you find out if any financial assistance was available?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Never - *If never, go to 4*

Comments:____

____

____

3a. When they did offer, what kind of financial assistance did they offer? *(Choose all that apply)*

- ☐ Pay some amount every month
- ☐ Reduce the amount that had to be paid
- ☐ Waived bill altogether
- ☐ Help find a charitable organization that would help pay the medical bill (please specify)______________________________
- ☐ Other (please describe)______________________________

Comments:______________________________

____

____

____

4. How difficult was it for you to pay for the cost of your *medications*? *(Choose one only)*

- ☐ Very difficult to pay for medications
- ☐ Not so difficult to pay for medications
- ☐ Easy to pay for medications
- ☐ Not applicable

Comments:______________________________

____

____

____

5. Did you need help in paying for your medication?

- ☐ Yes -- *If yes, go to 5a*
- ☐ No -- *If no, go to 6*

5a. *If yes*, did the staff at (facility name) ______________________ ask if help was needed?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Never

Comments:______________________________

____

____

____

6. How will the amount of money and the way you had to pay for medical care at (facility name) ______________________________________ affect your choosing to seek care there in the future? ***(Choose all that apply) (Read the following options to the interviewee)***

☐ The cost for medical care will make you not seek care at (facility name) ______________________
☐ The cost for medical care at (facility name) ___________________________ will make you use another medical care facility
☐ The cost for medical care will make it easier to seek care at (facility name) ____________________
☐ It will not make a difference

Comments:____

____

____

____

7. Do you currently have unpaid bills or debt owed to (facility name) ______________________?

☐ Yes (If yes, go to 7a)
☐ No (If no, go to 8)

Comments:____

____

____

7a. Would these unpaid bills or debt make you not seek care there in the future?

☐ Yes
☐ No

Comments:____

____

____

8. If you had insurance that paid for your medical care, would you use (facility name) ______________________________________ in the future?

☐ Yes
☐ No

Comments:____

____

____

9. Are there any other comments you would like to make about payment of medical bills or about (facility name) ______________________________________ in general?

____

____

____

____

____

____

____

"Thank you very much for taking the time to complete this survey."

Time Completed: _______________

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