



Getting Health Care  
When You Are  
Uninsured:

*A Survey of Uninsured Patients  
Receiving Care from 5 Providers  
In Tallahassee, Florida*

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Since 1992, the physicians of the **Capital Medical Society** have been working with low-income residents in the Tallahassee area. At that time, the physicians of the Capital Medical Society initiated the We Care Network in an effort to provide a planned, organized approach to managing the specialty care needs of the low income, uninsured. In partnership with Tallahassee Memorial Hospital, Tallahassee Community Hospital, and numerous ancillary medical providers, 278 physicians of the Capital Medical Society currently volunteer their time and expertise to patients who qualify for the We Care Network. To date, these physicians, hospitals and other providers have donated more than \$8.2 million in free care to indigent patients from Leon County who cannot qualify for alternative programs that might pay for the care they need.

In 1995, the physicians of the We Care Network also reached out to their rural neighbors in Jefferson, Gadsden and Wakulla Counties. Under the direction of the Capital Medical Society Foundation's Access to Care Committee, We Care's Outreach Project was one of only twenty-two projects nationwide offered funding by the Robert Wood Johnson Foundation to plan and initiate services to rural counties. To date, over \$3.3 million dollars in free specialty care have been donated to 456 patients referred from these rural counties.

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**Acknowledgements**

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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, Tallahassee, Florida. The CareNet network in Tallahassee is a network of providers that works to maintain a coordinated system of service delivery among existing providers of care, as well as to develop plans for expanding provider capacity, to address the unmet need for indigent care in the area. The survey, which was conducted in the summer of 2000, gathered information from 849 uninsured patients who obtained health care from one of the following CareNet providers in the previous year: the Bond Community Health Center; Neighborhood Health Services; the Munciple Way and Roberts and Stevens Medical Facilities of the Leon County Health Department; the Tallahassee Memorial HealthCare Emergency Room, or the We Care Network. 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.

### BOND COMMUNITY HEALTH CENTER, NEIGHBORHOOD HEALTH SERVICES, AND LEON COUNTY HEALTH DEPARTMENT CLINICS

- ◆ Over 90 percent of respondents for Bond and Neighborhood Health Services (NHS) stated that their clinic had been open and accepting to them even if they were unable to pay. The proportion for the Leon County Health Department Clinics (County Clinics) was 80 percent.

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- ◆ Over 80 percent of respondents for all three providers reported that their encounters with clinicians (doctors, nurses, and physician assistants) were “satisfactory” or “very satisfactory,” and satisfaction with receptionists and admitting clerks was over 90 percent.
- ◆ Bond respondents were the most likely to report both that paying for their medications was “very difficult” (45%), and that they needed help paying for medications (57%). They were also the least likely to receive their medications free (69% vs. 92% for NHS and 89% for County Clinics).
- ◆ For all the clinics, about 70 percent of those respondents who said they needed help paying for medications reported they were “always” offered help by staff, while the average for All Urban and Suburban Clinics (AUSCs) included in CAMS nationwide was only 41 percent. However, over 20 percent of those using Bond and NHS stated they “never” or only “sometimes” received assistance. In addition, 12 to 28 percent of Bond and NHS respondents reported that they did not fill some of their prescribed medications due to cost (AUSC average 6%).

#### TALLAHASSEE MEMORIAL HEALTHCARE EMERGENCY ROOM

- ◆ A large majority of Tallahassee Memorial HealthCare Emergency Room (TMH ER) respondents (80%) said the facility was open and accepting even if they were unable to pay, significantly above the average (61%) for All Urban and Suburban Hospitals (AUSHs) included in CAMS nationwide. Satisfaction with staff was generally high and similar to AUSH averages.
- ◆ Over two in five respondents saw the location of the facility as a problem at least sometimes, higher than the AUSH average.
- ◆ Two-thirds stated it was “very difficult” to pay for their medications and that they needed financial help, but over four in five said they were not offered any assistance by staff. More than a quarter of the respondents stated that they did not receive some of their medications due to cost, a proportion three times higher than the AUSH average.
- ◆ Ninety percent of respondents found paying for their medical care “very difficult,” but 87 percent of those needing help said they were “never” offered any assistance, compared to an AUSH average of 56 percent. Eighty-seven percent owed money to the hospital, compared to an AUSH average of 61 percent, and about one in five of these respondents stated that their debt would deter them from seeking care there in the future.



## THE WE CARE NETWORK

The We Care Network is a program of the Capital Medical Society that provides qualifying low-income patients with donated specialty medical care.

- ◆ Almost all We Care respondents (95%) reported that the network had been open and accepting even if they were unable to pay for their care.
- ◆ Almost none of the respondents reported dissatisfaction with their encounters with staff.
- ◆ Few respondents reported problems related to various access measures, such as hours, location, or waiting times.
- ◆ Seven of ten respondents who received prescriptions were supplied at least some of their medications at no cost, although 50 percent also reported that they paid for at least some of them out of pocket.
- ◆ Over 70 percent stated that paying for their care was very difficult. Among those who said they needed help paying their bill, almost all were offered assistance at least sometimes, and 85 percent had their bill waived.
- ◆ Over 90 percent of respondents stated that their experience paying bills through the We Care network would make it easier for them to seek care through the network in the future.

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## INTRODUCTION

In 1998, 44 million people in the United States were uninsured, representing a 38% increase in the number of uninsured since 1987.<sup>1</sup> While this number fell slightly between 1998 and 1999, according to current estimates 43 million people are still without health insurance.<sup>2</sup> 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.<sup>3</sup> 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."<sup>4</sup>

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## 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 participating community. The survey asked respondents 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, in order to assist them in improving access to care for this population.

#### 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, Tallahassee, Florida. The survey was conducted by Capital Medical Society and focused on providers who were members of the CareNet network, which works to maintain a coordinated system of service delivery among existing providers, as well as to develop plans for expanding provider capacity, to address the unmet need for indigent care in the area. The survey was conducted in the summer of 2000 and gathered information from 849 uninsured patients who obtained health care in the previous year from one of the following CareNet providers: the Bond Community Health Center, Neighborhood Health Services, the Leon County Health Department, the Tallahassee Memorial HealthCare Emergency Room, and the We Care Network. Along with providing the results of the survey for these providers, the report compares the results with aggregate responses for all similar providers surveyed as part of the CAMS project nationwide. A report presenting the overall findings for all surveyed sites will be released in Spring 2001.

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## LACK OF INSURANCE IS DANGEROUS TO YOUR HEALTH

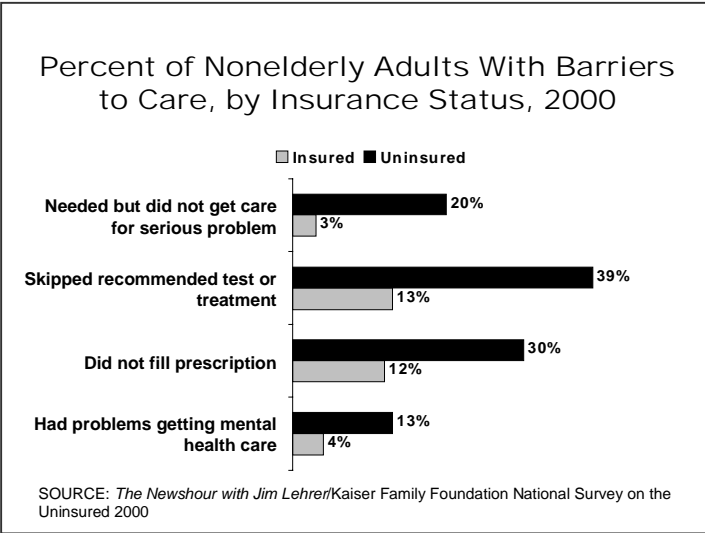
With great consistency, national research has demonstrated that insurance status affects the amount and type of care individuals receive. Lack of health insurance is related to both reduced access to care and to poorer health outcomes. In addition, many of the changes in the health care market over the 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;<sup>5</sup>
- ◆ 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;<sup>6</sup>
- ◆ 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;<sup>7</sup>
- ◆ Among persons with severe mental illnesses, the uninsured were less likely to access needed health care than those covered by insurance;<sup>8</sup>
- ◆ Uninsured adolescents were twice as likely as insured adolescents not to have had a doctor's visit in the past year;<sup>9</sup>
- ◆ Lack of insurance was related to substandard care, such as using fewer procedures and having shorter inpatient stays.<sup>10,11</sup>

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.<sup>12</sup>



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;<sup>13</sup>
- ◆ 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;<sup>14</sup>
- ◆ The uninsured were more likely to be hospitalized for conditions that could have been avoided, such as pneumonia and uncontrolled diabetes.<sup>15</sup>
- ◆ Patients without insurance were more likely to die in the hospital,<sup>16</sup> 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;<sup>17</sup> while those with breast cancer had lower survival rates;<sup>18</sup>
- ◆ Young adults without insurance had higher mortality rates because they were unable to obtain needed care.<sup>19</sup>

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## 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.<sup>20</sup> 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.<sup>21</sup> 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.<sup>22</sup>

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.<sup>23</sup> 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.<sup>24</sup> 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.<sup>25</sup>



## 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.<sup>26</sup> 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.<sup>27</sup>
- ◆ Physicians involved with managed care plans and those who practice in areas with high managed care penetration tend to provide less charity care.<sup>28</sup>

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- ◆ 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.<sup>29</sup>

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?"<sup>30</sup>

## COMMUNITY CONTEXT

**Note:** Information in this section was provided by Capital Medical Society.

Over 60% of the 235,000 people who live in Leon County reside in the city of Tallahassee.<sup>31</sup> Tallahassee is the urban center of the otherwise rural Panhandle area of Florida. Most of the Leon County population outside of Tallahassee lives in rural areas, while the three counties surrounding Leon--Jefferson, Gadsden and Wakulla--have a combined population of only 85,000.<sup>32</sup> In 1996, 17% of Leon County residents, and 22% of those living in the city of Tallahassee, had incomes below the federal poverty level.<sup>33</sup> In 1998, 19% of the population of Leon County, or 44,000 people, lacked health insurance.<sup>34</sup>

The South Side of Leon County has been designated a Medically Underserved Area, as well as a Health Professions Shortage Area.<sup>35</sup> Because of the limited availability of providers for the indigent and uninsured in the county, many people go to hospital emergency rooms for their care. Over the last three years, over 8,000 visits annually were made to the two local emergency rooms by indigent, uninsured patients seeking non-emergency care.<sup>36</sup> In 1995-96, in the three rural counties surrounding Leon, the 15,041 people living below 150% of the poverty level had only 24 physicians to serve their needs.<sup>37</sup>

In 1995, the major providers of care for the uninsured and indigent in the area came together informally to coordinate efforts and develop an integrated system of care. In 1996, this collaboration was formalized into the CareNet system, whose goals were to maintain a coordinated system of service delivery among existing providers, and to develop plans for expanding provider capacity to address the unmet need for indigent care.

In 1996, the CareNet Coordinating Council was instrumental in creating an Indigent Health Care Task Force, which was comprised of appointees from City and County governments and from the public and private sectors. The Task Force found that despite the medical resources in the community, access to primary and preventative health care was not available to all.

In its final report to the City and County Commissions, the Task Force concluded that the local community needed to develop a strategy to address the issue of indigent health care, and that the strategy should include full implementation of the CareNet network. Full implementation involved initiating a local effort to enroll eligible





- ◆ The We Care Network of the Capital Medical Society Foundation, a program that provides qualifying low-income patients with donated specialty medical care. Respondents received care in a variety of settings, including doctors' offices, hospitals, and the facilities of ancillary providers.

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## SURVEY METHODOLOGY

To be eligible to participate in the survey, respondents had to have received care from one of the targeted CareNet providers in the past year while they were uninsured. Surveys were conducted by four surveyors hired by The We Care Network, as well as by staff of the Leon County Health Department and the We Care Network. All surveyors were trained in administration of the survey. The surveys were conducted between May 15 and July 15, 2000.

Surveys were administered in a variety of locations, including the local bus station, the homeless shelter, the soup kitchen, the free walk-in clinic, the local Federal Medical Center, the Health Department, fast food restaurants, grocery stores, and local businesses that hire contract employees. Surveyors also went door-to-door to identify respondents.

Because respondents were not randomly selected, the survey results cannot be generalized to the entire population of uninsured persons or of individuals receiving care at the targeted facilities. *The results reflect the experiences only of those surveyed.*

181 surveys were completed for individuals who received care at the Bond Community Health Center, 164 for those who received care at Neighborhood Health Services, 171 for those who received care at the Leon County Health Department, 141 for those who received care through the We Care Network, and 192 for those who received care at the Tallahassee Memorial HealthCare Emergency Room.



## SURVEY FINDINGS

This section describes and compares the survey results for respondents who received care while uninsured from one of the providers included in the CAMS project in Tallahassee, Florida.

The results for each provider are compared with the results for similar providers included in the Tallahassee CAMS project, if applicable, as well as with the aggregate results for all similar providers included in the CAMS project nationwide. All comparisons are statistically significant unless otherwise indicated (ns = non-significant).

See Appendix A for tables of the results for each of the Tallahassee providers, as well as for the aggregate results.

### BOND COMMUNITY HEALTH CENTER, NEIGHBORHOOD HEALTH SERVICES, AND LEON COUNTY HEALTH DEPARTMENT CLINICS

This section presents survey results for respondents who received care at one of the three health clinic providers included in the Tallahassee CAMS project: Bond Community Health Center (Bond), Neighborhood Health Services (NHS), and the Leon County Health Department clinics (County Clinics). (County Clinic respondents include patients who received care at either of two Health Department clinics, Munciple Way or Roberts and Stevens.) Results for each provider are also compared with averages for All Urban and Suburban Clinics (AUSCs) included in CAMS nationwide.

#### ***RESPONDENT CHARACTERISTICS***

**Respondents for all of the providers varied in age. Most respondents identified themselves as African-American.**

About one-third of the Bond respondents were over 40 years of age, which was similar to the average for AUSCs. In contrast, more than one-half of NHS respondents, but only seven percent of County Clinic respondents, were over 40.

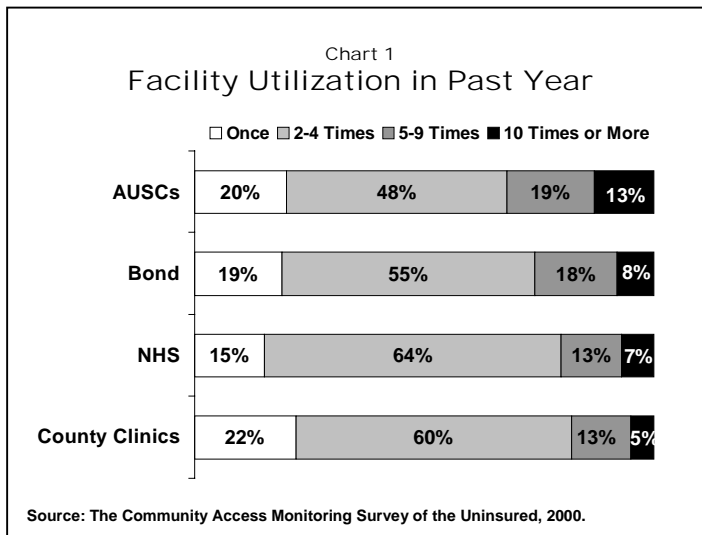
Most of the respondents for all three providers identified themselves as African American. This included four of five (83%) respondents for Bond, and 71 percent of respondents for both NHS and the County Clinics. In comparison, the average proportion of African-Americans for AUSCs was 44 percent. All respondents took the survey in English.

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**USE OF HEALTH SERVICES**

**About four of five respondents for all of the providers used their clinic more than once in the past year. Respondents for Bond and the County Clinics were less likely to have sought care for a chronic problem than the average for AUSCs.**

The great majority of respondents (78% or more) reported visiting their clinic more than once in the past year, which was similar to the AUSC average (68%). (Chart 1)



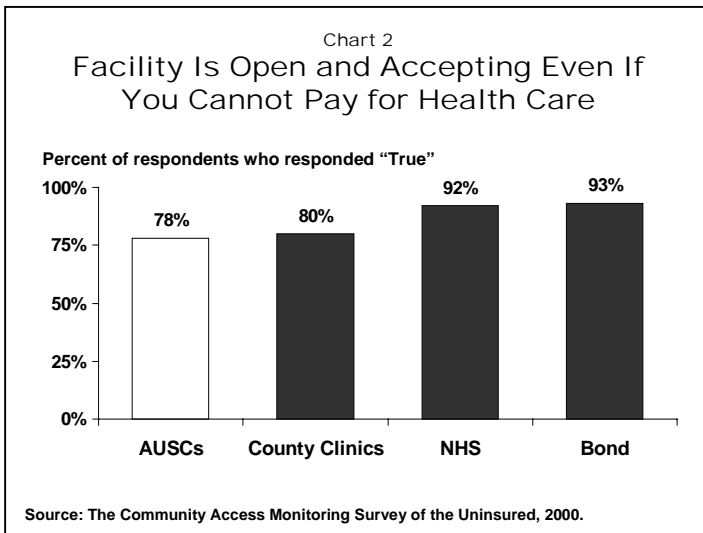
Forty percent of NHS respondents reported using the clinic to treat a chronic problem, compared to 24 percent for Bond and only 15 percent for the County Clinics (15%). The average for AUSCs was 38 percent.

**OPENNESS TO THE UNINSURED AND SATISFACTION WITH PROVIDERS**

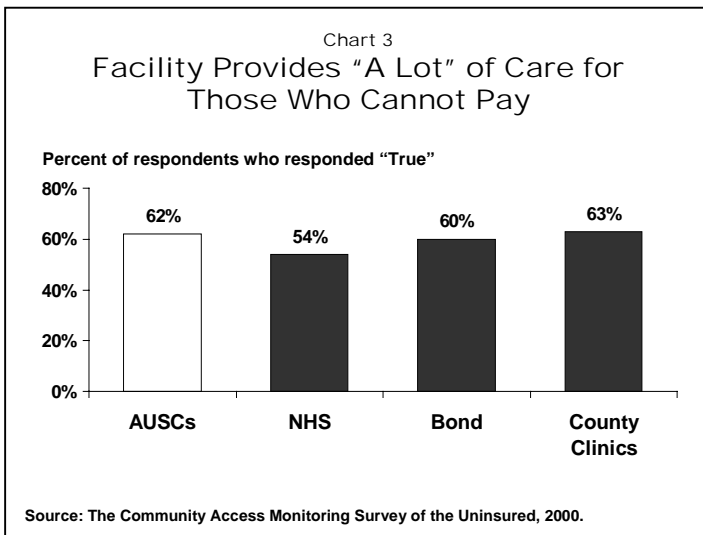
**Eighty percent or more of the respondents for all of the providers said that their clinic had been open and accepting to them even if they couldn't pay, and more than half thought their clinic had a positive reputation in the community for providing care to the uninsured. The majority of the respondents were satisfied with the care they received by staff.**

“They try to help as many people as they can.”  
Bond Respondent

Respondents for Bond and NHS were much more likely than the AUSC average to state that their clinic had been open and accepting to them even if they were uninsured, while responses for the County Clinic respondents were closer to the AUSC average. (Chart 2)



When respondents were asked about the reputation of their clinic in the community for providing care to the uninsured, between 54 and 63 percent of the respondents reported that their clinic had a reputation for providing “a lot” of care. The average for AUSCs was 62 percent. (Chart 3)



The great majority of respondents for all of the providers —80 percent to over 90 percent--were “satisfied” or “very satisfied” with their experiences with receptionists, nurses, physician assistants and examining physicians. There were no statistically significant differences among the providers. Notably, however, one-fifth (21%) of NHS respondents rated their encounters with their social workers “unsatisfactory” or “very unsatisfactory” (AUSC average 4%).

*“The doctors are very nice. They seem to be very concerned and caring about your medical problems.”*  
NHS Respondent

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### **ACCESSIBILITY**

**Most respondents for all of the providers reported that they did not have problems with the clinics' operating hours, waiting times, or location.**

*"They do as much as they can with what they have. I do believe if NHS could do more or be open longer, then they would."*  
NHS Respondent

Seventy to 78 percent of the respondents said that the hours of operation at their clinic were "never" a problem—proportions close to the average for AUSCs (74%). Similarly, comparatively few respondents reported that the location of their clinic was a problem even sometimes, and most (between 75% and 85%) stated it was "never" a problem.

Respondents reported experiencing fewer problems with the waiting time to get an appointment than with waiting time to see a provider on the day of the appointment. About one-fourth (23-24%) of the respondents for all of the clinics said that the waiting time to get an appointment was a problem at least sometimes. In comparison, the average for AUSCs was 39 percent. Consistent with this, the average waiting time to get an appointment reported by the respondents at all of the clinics was significantly shorter than the average for AUSCs (about 4 days vs. 9 days, respectively).

About half (46-52%) of the respondents for each of the providers said that the waiting time to see a provider on the day of an appointment was a problem for them at least sometimes. Average reported waiting times varied among the clinics, however, with NHS respondents averaging the longest time—almost 45 minutes, and County Clinic respondents the shortest—34 minutes.

Only ten percent or less of the respondents for the all of the clinics said that convenience to public transportation and transportation assistance when needed were a problem even sometimes.

### **OBTAINING PRESCRIPTION MEDICATIONS**

**NHS and County Clinic respondents were very likely to receive their medications free. Bond respondents were the most likely to report that paying for their medications was very difficult.**

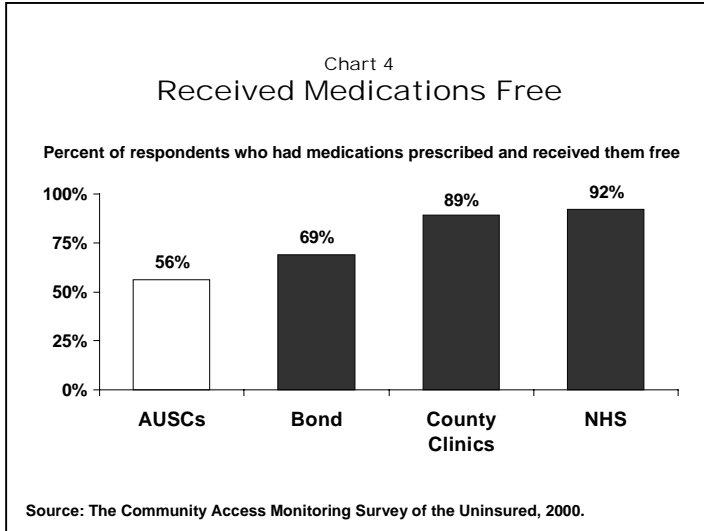
About 75 percent of the Bond and NHS respondents reported that they had medications prescribed, which was similar to the AUSC average (70%) but significantly higher than the average for the County Clinics (51%).



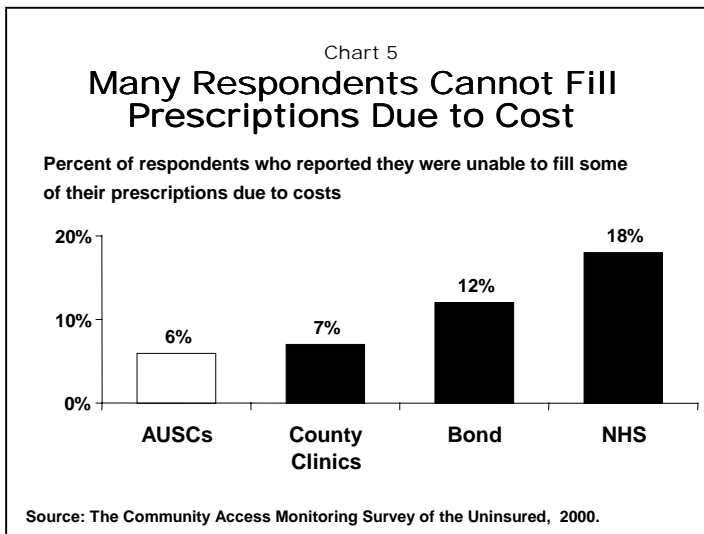
The proportion of these respondents who said they received at least some of their medications free was high, especially for NHS and the County Clinics. (Chart 4)

*“Appreciate that they provide a lot of the medication. I think that they need more assistance with funding for medication.”*  
NHS Respondent

*“Gave me medication even though I could not afford it and samples.”*  
County Clinic Respondent

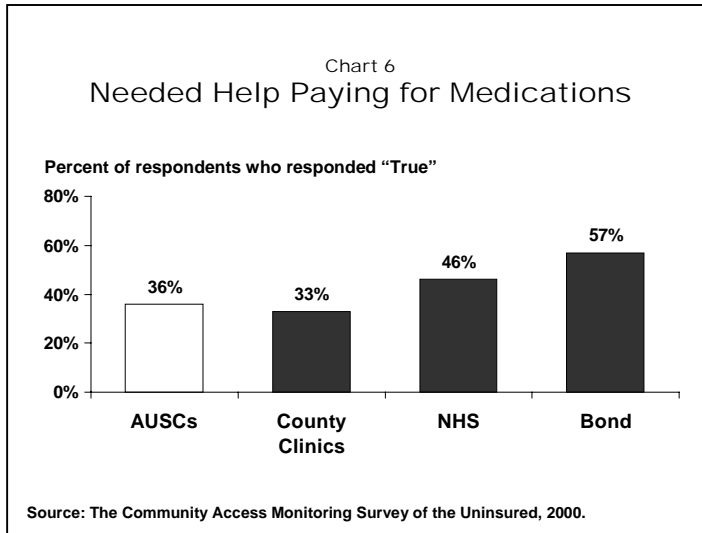


Nevertheless, respondents for all of the clinics, but particularly those for NHS, stated that they were unable to fill some of their prescriptions because of cost. (Chart 5)



Bond respondents (45%) were the most likely to state that paying for their medications was “very difficult,” a proportion greater than for the other clinics and the AUSC average of 27%. Similarly, Bond respondents were the most likely to say that they needed help paying for their medications, followed by respondents for NHS and the County Clinics. (Chart 6)

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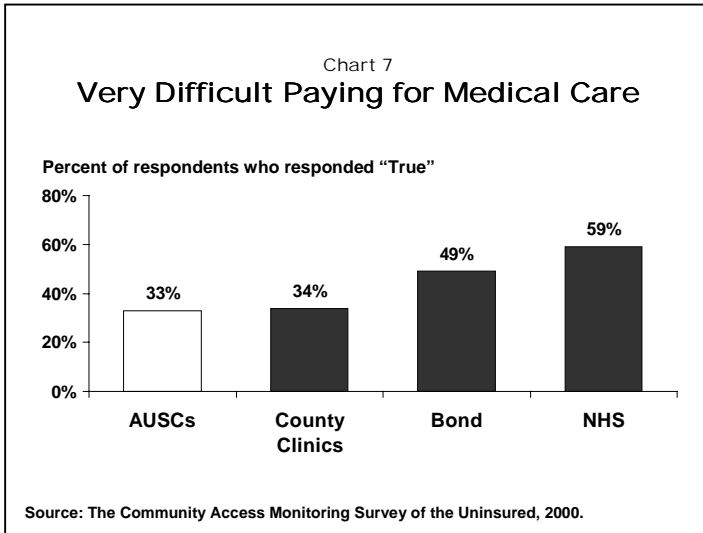


Between six (County Clinics) and 17 percent (NHS) of the respondents who needed help with their medication bills said staff “never” asked them if they needed assistance. In comparison, the average for AUSCs was 34 percent.

***CONCERNS OVER PAYMENT FOR HEALTH CARE***

**Between one-third and one-half of the respondents stated that paying for their medical bills was very difficult and that they needed help paying for them. Among the respondents who needed financial help, more than 80 percent received help at least sometimes.**

A larger proportion of respondents for NHS and Bond stated that they found paying for medical care “very difficult” than for the County Clinics and AUSCs. (Chart 7)



In addition, between 41 and 55 percent of the respondents said that they needed financial help. Among the respondents who needed help, respondents for the County Clinics (94%) were the most likely to report that they received help at least sometimes, followed by Bond (86%) and NHS respondents (82%).

*"They really went beyond the call of duty in helping me come up with ways to pay for my bills."*  
Bond Respondent

For those respondents who received help, for all of the clinics the most common forms of assistance were monthly billing plans, reductions in fees, and referrals to charitable organizations, or a combination of these. About one-third of NHS and County Clinic respondents stated that their clinic waived their bills.

*"They helped me to waive the six dollars that I didn't have at the time to pay."*  
NHS Respondent

**SEEKING CARE IN THE FUTURE**

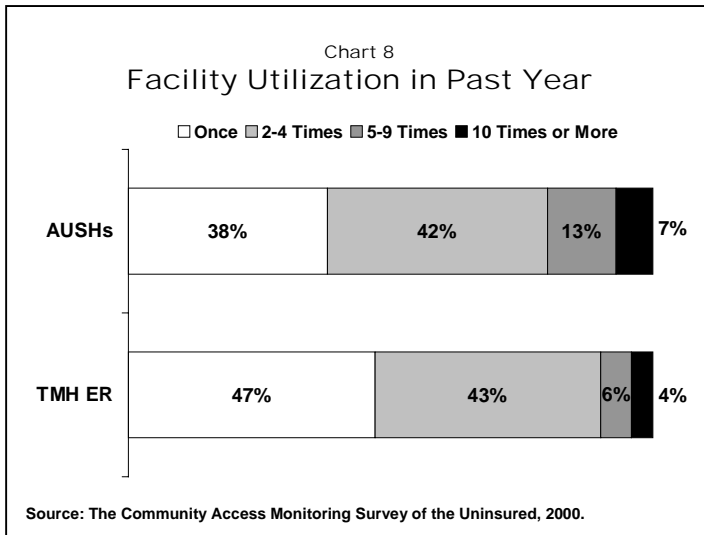
**Two-thirds or more of the respondents for all of the clinics stated that they would use the clinic again if they had health insurance.**

The majority of respondents for all of the clinics (from 54% for NHS to 65% for the County Clinics) reported that their payment experience would make it easier for them to seek care there in the future.

Three of ten Bond respondents said they owed money to the clinic, a slightly higher proportion than the AUSC average of 20 percent. However, only six percent of the Bond respondents said the debt would deter them from seeking care there again, in comparison with an AUSC average of 23 percent.

Compared with the AUSC average of 82 percent, respondents for all of the clinics were slightly less likely to say that they would use the





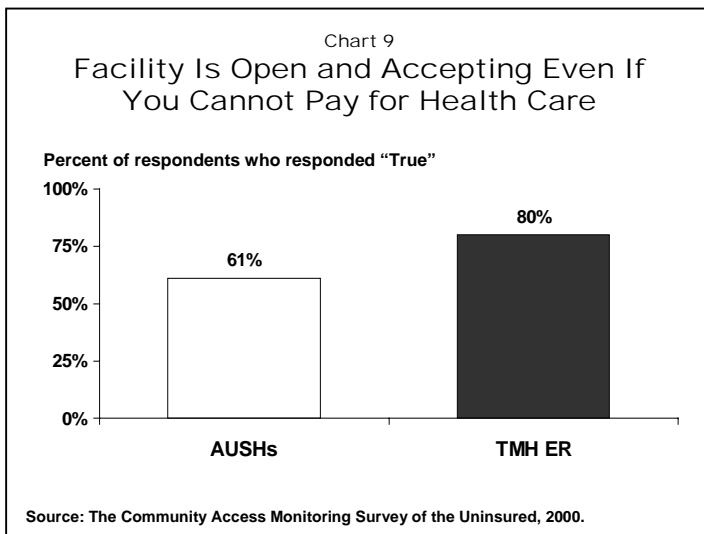
About the same proportion of TMH ER respondents were likely to use the facility for chronic care (30%) as respondents for AUSHs (32%).

**OPENNESS TO THE UNINSURED AND SATISFACTION WITH PROVIDERS**

The majority of the TMH ER respondents said that the facility had been open and accepting to them even if they couldn't pay for care, and that it had a positive reputation in the community for providing care to the uninsured. In addition, most respondents reported high levels of satisfaction with their encounters with staff.

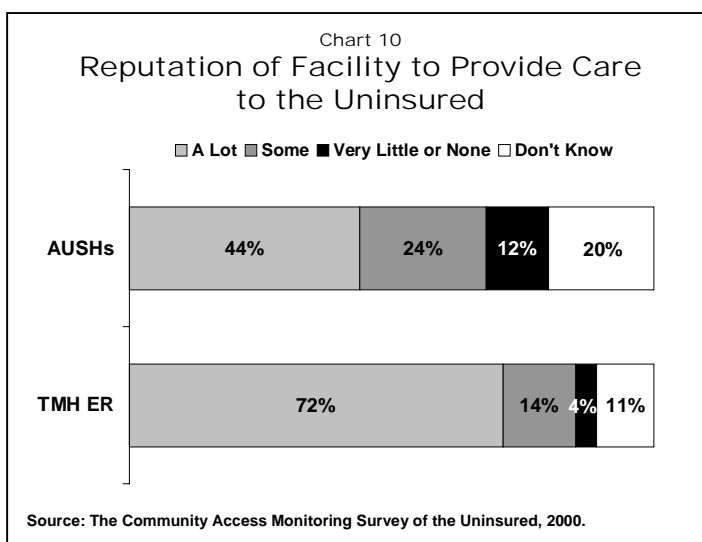
Four of five TMH ER respondents said that the facility had been "open and accepting" to them even if they were unable to pay for their care, a proportion significantly higher than the AUSH average. (Chart 9)

*"They took me every time and treated me. I hate that I cannot afford health insurance to pay these people."*  
TMH ER Respondent



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Compared with the average for AUSHs, respondents for TMH ER were also much more likely to report that it has a reputation in the community for providing “a lot of care” to the uninsured (44% for AUSHs vs. 72% for TMH ER). Only four percent of TMH ER respondents stated that it has a reputation for providing “very little or no care” to the uninsured (AUSH average 12%). (Chart 10)



Between 82 and 92 percent of the TMH ER respondents reported that they were either “satisfied” or “very satisfied” with the care and service they received from receptionists/admitting clerks, nurses, physician assistants and doctors. These proportions were similar to the averages for AUSHs. Less than 15 percent of the respondents reported that they had been dissatisfied with the care and service they received from TMH ER staff, which was generally lower than the AUSH averages.

#### **ACCESSIBILITY**

**Most TMH ER respondents did not report that they had problems with access indicators such as hours or convenience to public transportation. However, respondents were more likely than the AUSH average to report problems related to the facility’s location.**

The overwhelming majority of the respondents—95 percent—said the hours at the emergency room were “never” a problem. In comparison, the average for AUSHs was 84 percent.

The proportion of respondents reporting that waiting times either to get an appointment or to see a provider on the day of an appointment was smaller than the averages for AUSHs. In addition, less than ten



percent of the respondents said that convenience to public transportation and getting transportation assistance if needed were a problem even sometimes.

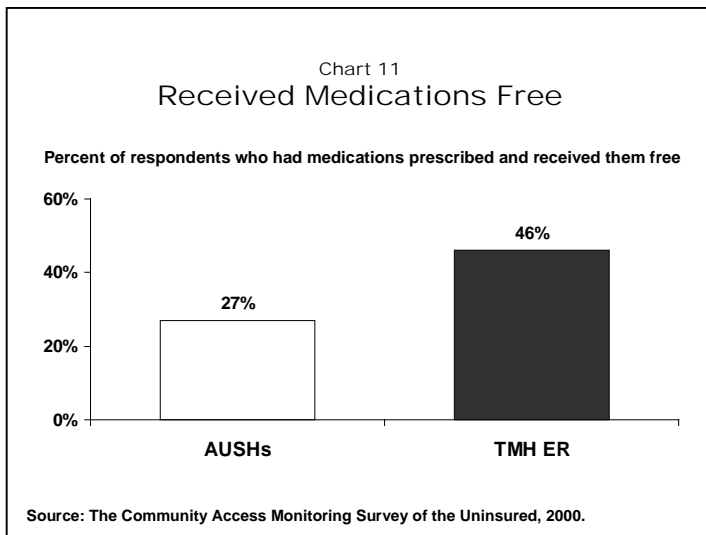
TMH ER Respondents were more likely to report, however, that the location of the facility was a problem at least sometimes than the average for AUSHs (41% vs. 29%, respectively). The average reported travelling time for TMH ER respondents was five minutes longer than the average for AUSHs.

*"I wish the hospital was closer to the south side of town."*  
TMH ER Respondent

**OBTAINING PRESCRIPTION MEDICATIONS**

**One-fourth of the respondents who needed medications were unable to fill some of their prescriptions due to cost. Indeed, more than two-thirds of the respondents had difficulty paying for their medications but most were not offered any assistance.**

Eighty-five percent of TMH ER respondents stated they had medications prescribed, a proportion that was similar to the AUSH average (74%). Almost half (46%) of these respondents said they received their medications free, which was higher than the AUSH average (27%). (Chart 11)

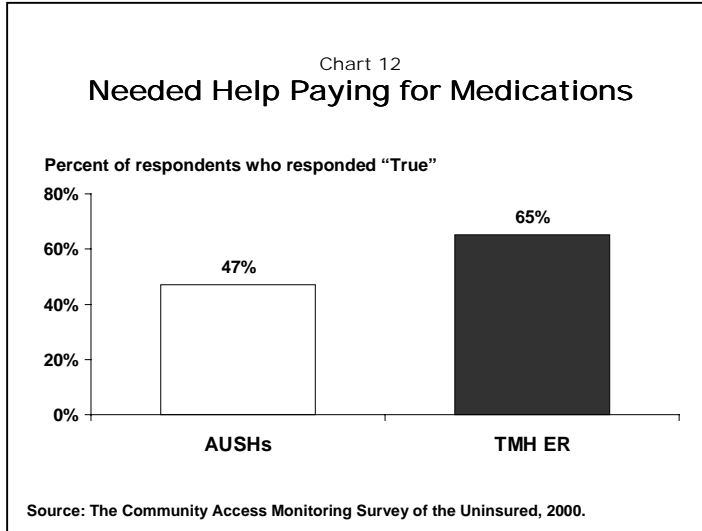


At the same time, however, TMH ER respondents were three times more likely than the AUSH average to say that they did not fill some of their prescriptions due to cost (27% vs. 9%, respectively). They were also more likely than the AUSH average to say that paying for medications was very difficult (65% vs. 40%, respectively). The same proportion of TMH ER respondents (65%) also said that they needed help paying for their medications. (Chart 12) However, of those who

*"I needed all the medicine but could not afford it."*  
TMH ER Respondent

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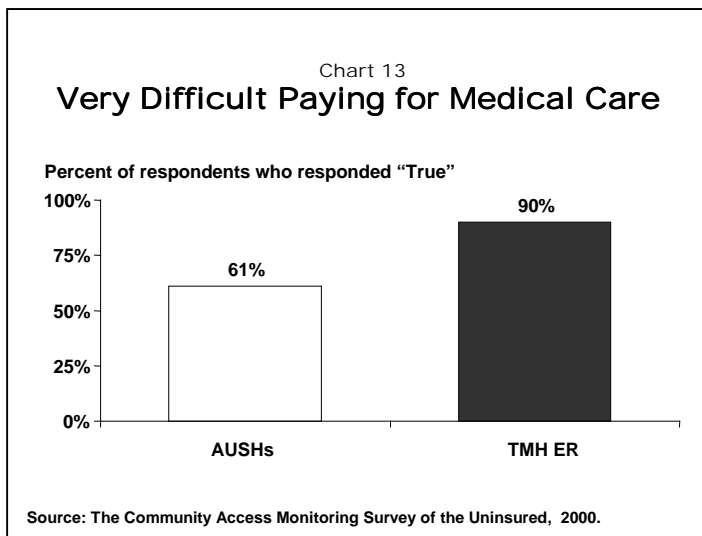
said they needed help, 84 percent said that staff “never” asked them if they needed financial assistance.



**CONCERNS OVER PAYMENT FOR HEALTH CARE**

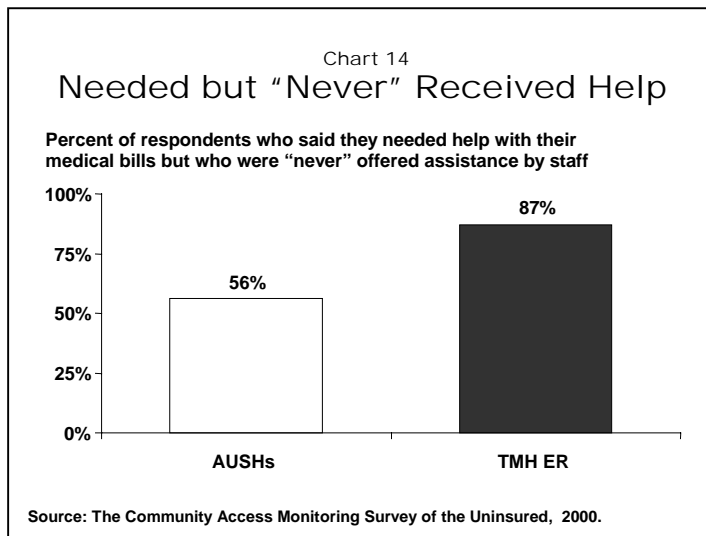
**Nine of ten TMH ER respondents reported that paying for their medical bills was very difficult and that they needed financial help. The respondents who needed help, however, were not likely to receive any assistance.**

The overwhelming majority—90 percent—of TMH ER respondents stated that paying for their medical bills was “very difficult.” In comparison, the average proportion for AUSHs was much lower. (Chart 13)



Similarly, nine of ten respondents said that they needed help paying for their medical bills, while the average for AUSHs was 65 percent.

Among those respondents who said they needed help, only 13 percent reported that they received help even sometimes. Put another way, nearly nine of ten respondents said they were “never” offered financial assistance by staff. This proportion was significantly greater than the average for AUSHs. (Chart 14)

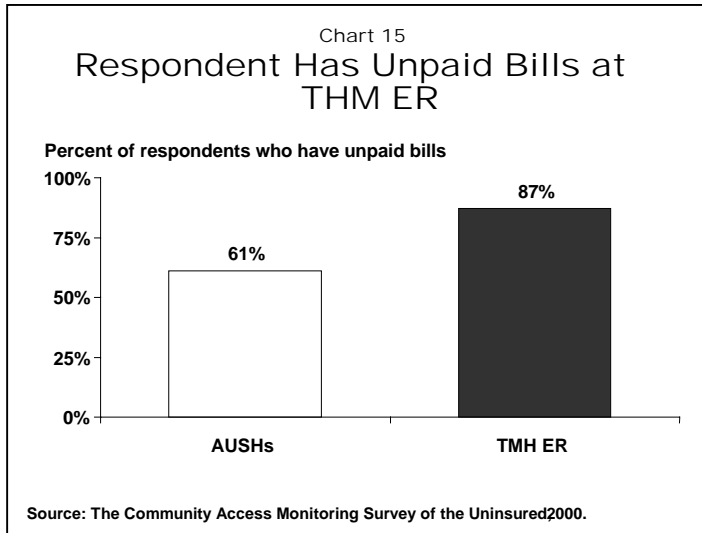


#### SEEKING CARE IN THE FUTURE

**The majority of respondents reported that they owed money to the facility, but just as many also said that they would use the facility again if they had health insurance.**

The great majority (80%) of TMH ER respondents stated their past experiences paying for care at the hospital would make no difference in whether they sought care there in the future. Still, almost nine in ten stated that they owed the hospital money, significantly higher than the AUSH average. (Chart 15)

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Of these respondents who had unpaid bills, 20 percent stated that the debt would deter them from seeking care at TMH ER in the future, which was slightly lower than the AUSH average (28%).

Finally, nine in ten (89%) stated that they would use the facility if they had health insurance. In comparison, the average for AUSHs was 77 percent.

#### THE WE CARE NETWORK

This section presents survey results for respondents who received care through the We Care Network, a program that provides low-income patients with specialty medical care donated by participating providers. As We Care was the only provider network included in the CAMS project nationwide, its results are not compared with national CAMS averages for similar facilities.

#### **RESPONDENT CHARACTERISTICS**

##### **We Care respondents varied in age and ethnicity.**

About three-fourths of We Care respondents (72%) were 40 years of age or older, 14 percent were between 18 and 29, and another 14 percent were between 30 and 39 years of age.

Two of five respondents (41%) identified themselves as African-American, and an additional 13 percent said they were either Hispanic or “other.”



About two-thirds of the respondents (65%) were women. All the respondents took the survey in English.

**USE OF HEALTH SERVICES**

**Seven of ten respondents reported that they used network providers more than once in the past year and one-third sought care to treat a chronic health problem.**

Thirty percent of the respondents said that they used network providers only once in the past year, while 70 percent reported accessing services through the network more than once. The majority of respondents (52%) said that they used the network between two and four times in the past year.

One third (34%) of the respondents stated that went to a provider to treat a chronic problem such as asthma or diabetes.

**OPENNESS TO THE UNINSURED AND SATISFACTION WITH PROVIDERS**

**Nearly all the We Care respondents reported that their providers had been open and accepting even if they were unable to pay for care, and most thought that We Care had a good reputation in the community for providing care to the uninsured. In addition, respondents were very satisfied with the care and service they received from We Care staff.**

*“Uninsured people should be thankful for the help that We Care provides. They provide services that are really needed but that uninsured people won’t be able to afford ever.”*  
We Care Respondent

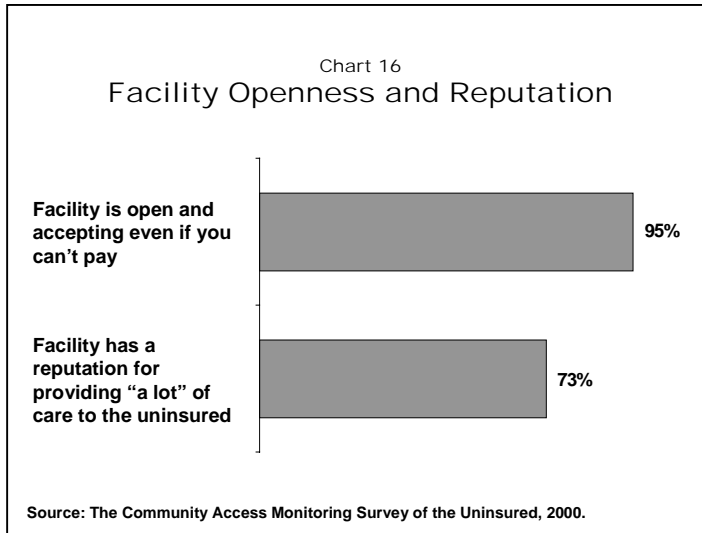
Almost all respondents (95%) stated that in their experience We Care had been “open and accepting” to them even if they were unable to pay for their care. (Chart 16)

*“It is a wonderful charitable organization that caters to people who are uninsured and have no other place to turn.”*  
We Care Respondent

Respondents were also asked about the network’s reputation in the community for providing services to those who were unable to pay. While 19 percent said that they did not know about We Care’s reputation, the majority—73 percent—reported that the network provided “a lot” of care to the uninsured in the community. Indeed, only one percent stated the facility had a reputation for providing “very little or no care.” Eight percent said that it had a reputation for providing some care to the uninsured. (Chart 16)

*“Needs more publicity. Many people do not know about We Care and what they do for low-income people and uninsured people.”*  
We Care Respondent

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When asked to comment on their interactions with specific staff members, most respondents either said they were “very satisfied” or “satisfied” or they said they did not know. For example, 75 percent of the respondents said they were satisfied with the care they received from nurses, while the other respondents (26%) stated that they did not know. Similarly, while 70 percent reported that were satisfied with the care they received from doctors, 30 percent said that they did not know. Only one percent or less said that they were unsatisfied with the staff. Finally, 95 percent of the respondents reported that they were “always” treated with respect by staff.

### ***ACCESSIBILITY***

**In general, respondents did not report that they had problems with access measures such as hours, location, or waiting times.**

Most We Care respondents did not report problems related to access. Notably, respondents were more likely to report that they did not know than that they “never” or even “sometimes” had a problem. Furthermore, comparatively few respondents (11% or less) said that the hours, location or waiting time was a problem for them even sometimes. For example, while 37 percent of the We Care respondents said that the waiting time to get an appointment was “never a problem,” more than half (54%) said that they did not know and just ten percent said the waiting time was a problem at least sometimes.

The average reported waiting time to get an appointment was about eight days and the average waiting time to see a provider on the day of an appointment was about 31 minutes.



**OBTAINING PRESCRIPTION MEDICATIONS**

**More than two-thirds of the respondents who had medications prescribed said they received them free. Nevertheless, many respondents reported that paying for medications was very difficult and that they needed financial help to pay for them.**

About two-thirds (65%) of the We Care respondents reported that they had medications prescribed. For the great majority—71 percent—at least some of their medications were supplied to them at no cost. In addition, 51 percent of the respondents who had medications prescribed said they filled their prescriptions at a pharmacy and paid for them out-of-pocket. All of the respondents reported that they understood their medication instructions.

*“Instructions were very clear and really needed no explanation, but they explained anyway about how to take it and side effects.”*

We Care Respondent

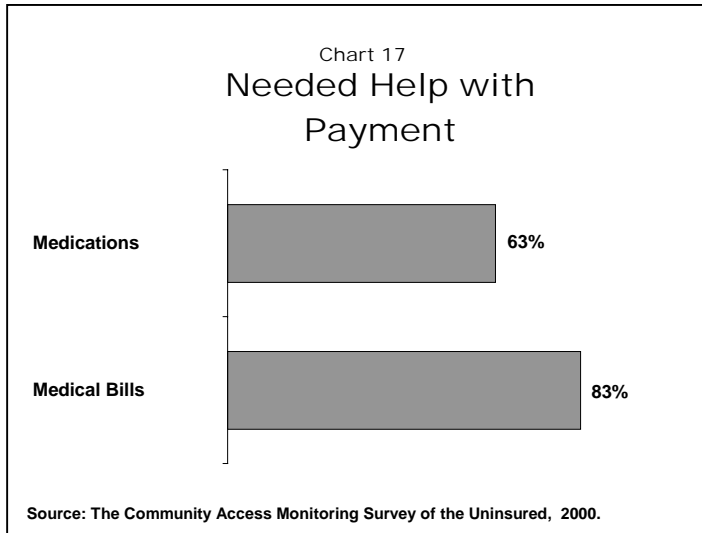
Slightly less than half (45%) of the respondents said paying for their medications was “very difficult” for them. In addition, two-thirds of the respondents reported that they needed financial help with their medications. (See Chart 17 on the next page.) Among those who needed help, almost all the respondents were offered help at least sometimes but 14 percent said they were “never” offered assistance.

**CONCERNS OVER PAYMENT FOR HEALTH CARE**

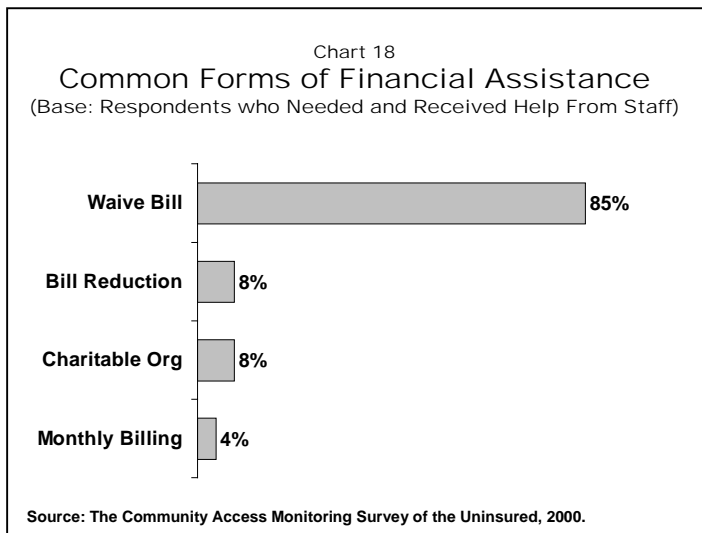
**The majority of the We Care respondents stated that paying their medical bills was very difficult for them and that they needed help in order to pay them. Among the respondents who needed help, 85 percent had their bills waived.**

Nearly three-fourths of the respondents (72%) said that it was “very difficult” for them to pay their medical bills. Even more—83 percent—said they needed financial help to pay their bills. (Chart 17)

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Among those respondents who needed help paying their medical bills, 93 percent said that they had help offered to them at least sometimes. The most common form of assistance reported by respondents was waiving their bill (85%). (Chart 18)



### ***SEEKING CARE IN THE FUTURE***

**Nine of ten We Care respondents said past experiences paying for care through the We Care network would make it easier for them to seek care through the network again.**

Ninety-one percent of the respondents stated that their past experiences paying for care through the We Care network would make it easier for them to seek care through the network in the future and



11 percent said it would make no difference. One of seven respondents for We Care said they had owed money to We Care. Among these respondents, one-fourth said the debt would deter them from seeking care through the network again in the future.

Sixty percent stated they would use We Care if they had health insurance.

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## DISCUSSION

This section discusses some of the perceived strengths suggested by the survey results for all of the providers included in the CAMS project in Tallahassee. It also discusses areas for further consideration.

BOND COMMUNITY HEALTH CENTER, NEIGHBORHOOD HEALTH SERVICES, AND LEON COUNTY HEALTH DEPARTMENT CLINICS

Respondents for all three providers reported generally positive experiences. A large majority of respondents reported that their clinic had been open and accepting to the uninsured, very few respondents reported that they were dissatisfied with their care, and the majority did not report problems with hours, location or waiting time. Notably, the majority of respondents who needed help paying for either their medical bills or prescriptions received help.

### **KEY FINDINGS**

- ◆ Over 90 percent of respondents for Bond and NHS stated that their clinic had been open and accepting to them even if they were unable to pay. The proportion for the County Clinics was 80 percent, close to the All Urban and Suburban Clinic (AUSC) average. About 60 percent of respondents stated that Bond, NHS, and County Clinics had reputations in the community as providing “a lot” of care to the uninsured, similar to the AUSC average.
- ◆ Over 80 percent of respondents for all three providers reported that their encounters with clinicians (doctors, nurses, and physician assistants) were “satisfactory” or “very satisfactory,” and satisfaction with receptionists and admitting clerks was over 90 percent. Very few respondents said they were dissatisfied with their encounters with any categories of staff; the only exception was the 21 percent of respondents for NHS who were “dissatisfied” or “very dissatisfied” with their encounters with social workers.
- ◆ With respect to obtaining medications, Bond respondents were the most likely to report both that payment was “very difficult,” (45%) and that they needed help paying for medications (57%). Of the respondent groups, they were also the least likely to receive their medications free (69% vs. 92% for NHS and 89% for County Clinics). While about 70 percent of respondents for all the clinics said they were “always” offered help by staff in paying for medications, over 20 percent of those using Bond and NHS stated they “never” or only “sometimes” received assistance. In addition, 12 to 18 percent of Bond and NHS respondents reported that they

did not fill some of their prescribed medications due to costs (AUSC average 6%).

- ◆ Among the respondents who needed help paying their medical bills, around 70 percent for all the clinics said that staff “always” offered to find out if help was available, compared to 41% for AUSCs. Among those receiving help, Bond respondents were less likely to report having their bill waived than respondents for NHS, County Clinics, or the average for AUSCs.
- ◆ Respondents at all three providers were less likely compared with the average for AUSCs to report that they would use the facility again if they had health insurance.

#### TALLAHASSEE MEMORIAL HEALTHCARE EMERGENCY ROOM

Tallahassee Memorial HealthCare Emergency Room (TMH ER) respondents were generally satisfied with the care they received from staff. The majority of respondents reported that TMH ER had been open and accepting to them and that it had a good reputation in the community. Notably, however, although respondents were likely to need help paying for their medications or medical bills, they were not likely to receive any assistance by staff.

#### **KEY FINDINGS**

- ◆ A large majority of TMH ER respondents (80%) said the facility was open and accepting even if they were unable to pay, significantly above the average (61%) for All Urban and Suburban Hospitals (AUSHs) included in CAMS nationwide. Satisfaction with staff was generally high and similar to AUSH averages.
- ◆ Over two in five respondents saw the location of the facility as a problem at least sometimes, higher than the AUSH average.
- ◆ Two-thirds of the TMH ER respondents stated it was “very difficult” to pay for their medications and that they needed financial help, but over four in five who needed help said they were not offered any assistance from staff. More than a quarter of the respondents stated that they did not receive some of their medications due to cost, a proportion three times higher than the AUSH average.
- ◆ Similarly, the great majority of respondents (90%) found paying for their medical care “very difficult,” but were much less likely to be offered assistance in paying than the AUSH average. (Eighty-seven percent of those needing help said they were “never” offered any, compared to an AUSH average of 56 percent.) Eighty-seven percent owed money to the hospital, compared to an AUSH average of 61 percent, and about one in five of these respondents

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stated that their debt would deter them from seeking care there in the future.

#### THE WE CARE NETWORK

We Care Network respondents were very satisfied with the care they received from staff and found providers accessible. The majority of respondents reported that the network had been open and accepting to them and that it had a good reputation in the community. Respondents who needed help paying for their medications or medical bills were likely to always receive help.

#### **KEY FINDINGS**

- ◆ Almost all We Care respondents (95%) reported that the network had been open and accepting to them even if they were unable to pay for their care, and almost three of four stated that the network had a reputation in the community for providing a lot of care to those who cannot pay.
- ◆ Almost none of the respondents reported dissatisfaction with their encounters with staff. Most respondents stated that they were “satisfied” or “very satisfied” with their encounters with all categories of staff, such as receptionists, nurses, and physicians, although in some categories a third or more said they “didn’t know.” Ninety-six percent of the respondents said that they were “always” treated with respect by We Care staff.
- ◆ Few respondents reported problems related to various access measures, such as hours, location, or waiting times. For example, only about ten percent of respondents stated that waiting times to get an appointment and to see a provider were “sometimes” or “often” a problem. The average of reported times to get an appointment was eight days, while the average time to see a provider was 31 minutes.
- ◆ Seven of ten respondents who received prescriptions were supplied at least some of their medications at no cost, although 50 percent also reported that they paid for at least some of them out of pocket. All respondents said they understood their medication instructions.
- ◆ Over 70 percent stated that paying for their care was very difficult. Among those who said they needed help paying their bill, almost all were offered assistance at least sometimes, and 85 percent had their bill waived.
- ◆ Over 90 percent of respondents stated that their experience paying bills through the We Care network would make it easier for them to seek care through the network in the future.

GENERAL DISCUSSION

This section compares responses for all of the providers included in the CAMS Tallahassee project. However, these differences should be interpreted with caution, especially given the survey limitations and possible unknown differences among the respondent groups. The points highlighted below are intended to serve only as possible topics for further discussion and do not imply statistically significant differences.

- ◆ Respondents for all providers except the We Care network were predominantly African-American. We Care respondents were almost equally divided between African-Americans and whites.
- ◆ All the respondents took the survey in English.
- ◆ The majority of respondents in each of the respondent groups thought that their provider had been open and accepting even if they were unable to pay for their care, and that the provider had a positive reputation in the community for providing care to the uninsured.
- ◆ The vast majority of respondents reported that the care and service they received from staff was satisfactory.
- ◆ In general, respondents for all providers were not likely to report problems with access indicators such as hours, location, and convenience to public transportation. The main exception was for the waiting time to see a provider at the surveyed clinics, where about half of the respondents reported problems at least sometimes.
- ◆ Among the respondents who had medications prescribed, between 46 and 92 percent received at least some of their medications free from staff. The proportions receiving free medications were highest at NHS and the County Clinics, and lowest at TMH ER.
- ◆ Two-thirds of TMH ER respondents, and 45 percent of We Care and Bond respondents, reported that paying for their medications was “very difficult.” These proportions were higher than those for NHS and County Clinic respondents.
- ◆ Among the respondents who needed help paying for medications, for four of the providers, less than one-fifth said they were “never” offered help by staff. At TMH ER, however, 84 percent said they were never offered help.
- ◆ Ninety percent of respondents for TMH ER and 72 percent of We Care said that it was very difficult to pay their medical bills,

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compared to between one-third and one-half of the respondents for the clinics.

- ◆ Among the respondents who needed help paying for their medical bills, respondents for the clinics were more likely to report that they received assistance at least sometimes than respondents for We Care or TMH ER.
- ◆ Respondents for all five providers were likely to report that their past experiences paying bills would make it easier for them to see care again from that provider or would make no difference.
- ◆ Between 60 and 89 percent of respondents reported that they would go to their provider if they had 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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