



Getting Health Care
When You Are
Uninsured:
*A Survey of Uninsured Patients
at Four Facilities in
Volusia County, Florida*

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The Access Project is a national initiative supported by the Robert Wood Johnson Foundation and the Annie E. Casey Foundation. It works in partnership with the Heller Graduate School for Advanced Studies in Social Welfare at Brandeis University and the Collaborative for Community Health Development. It began its efforts in early 1998. Its mission is to improve the health of our nation by assisting local communities in developing and sustaining efforts that improve healthcare access and promote universal coverage, with a focus on people who are without health insurance.

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The Volusia County Access Project is a collaboration between two agencies, The House Next Door and CHAIN (Communication Health Action Information Network).

The House Next Door is a local non-profit agency with a mission to strengthen the family unit. It is a licensed drug and alcohol prevention agency providing marriage and family therapy and parenting programs in Volusia and Flagler counties. Healing Hands is a program of the House Next Door. Started in 1992, it provides outreach and services to Mexican farm workers in surrounding rural communities. The Healing Hands staff have been collaborating and working with CHAIN for the last year.

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The Communication Health Action Information Network (CHAIN) is a statewide communication and advocacy network comprised of coalitions, organizations and individuals dedicated to meeting the health and human service needs of all Floridians, with a goal of assuring access to quality and affordable health care. CHAIN was established in May 1999 with support from Families USA and the W.K. Kellogg Foundation. CHAIN has six regional centers in Florida that facilitate the development of the Local Integrated Network for Communications (LINC), which provides ongoing support, coordination and technical assistance on how to affect public policy and mobilize advocacy efforts at the local, state, and national levels.

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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, Volusia County, Florida. The survey was conducted in the summer of 2000 and gathered information from 670 uninsured patients who obtained health care in the previous year at Halifax Medical Center, Halifax Keech Health Center, Memorial Hospital-West Volusia, or the Volusia County Health Department Clinic in DeLand. 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.

Results of the surveys suggest the following:

Respondents at all four facilities reported high levels of satisfaction with their interactions with staff. For example, over 80 percent of respondents for both hospitals, and over 90 percent for both clinics, reported that they were either “satisfied” or “very satisfied” with the service and care they received from nurses and doctors.

A higher proportion of the respondents for the East Volusia facilities (Halifax Medical Center and Halifax Keech Health Center) reported that their facilities had a reputation for providing “a lot of care” to the uninsured than for the West Volusia facilities (Memorial Hospital and the Volusia County Health Department). Sixty-eight percent of Halifax Medical Center respondents, and 82 percent of Keech Clinic respondents, said their facility had such a reputation, compared to 56

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percent for Memorial Hospital and 50 percent for Volusia Clinic. However, the reputation of both hospitals was more positive than the average for all urban and suburban hospitals in CAMS.

A higher proportion of respondents for the East Volusia facilities reported that paying for prescriptions and for medical care was very difficult. For example, 83 percent of Halifax Medical Center respondents and 63 percent of respondents for Keech Clinic said paying for their medical bills was very difficult, compared to 74 percent for Memorial Hospital and 54 percent for Volusia Clinic. However the percentages at all four facilities exceeded the averages for all similar facilities included in CAMS. At the same time, nearly two-fifths of respondents at both clinics, and around half at both hospitals, said that staff “never” offered them financial assistance.

A higher proportion of respondents in West Volusia reported problems with convenience of public transportation and getting transportation assistance if needed than in East Volusia. For example, 58 percent of Memorial respondents and 47 percent of Volusia Clinic respondents reported that the location of the facility was a problem, compared to 10 percent of Halifax and 8 percent of Keech Clinic respondents.

West Volusia respondents were predominantly Hispanic, and most of these respondents said they needed help with translations. However, interpreters were not always readily available. Sixty-six percent of Memorial respondents who needed help said interpreters were not available, and only about one-third said the hospital had signs or provided written information in their language. While responses for Volusia Clinic were more favorable, still, 3 of 10 respondents who needed help said interpreters were not readily available.

Ninety-six percent of Halifax respondents and 86 percent of Memorial respondents reported using the hospital emergency room at least once in the past year. These percentages, which were higher than the average for all urban and suburban hospitals included in the CAMS project (77%), suggest that respondents in Volusia County may depend significantly on this setting for care.

Two-thirds of respondents for both hospitals owed their facilities money, and more than a third of respondents who owed money to Memorial Hospital said the debt would prevent them from seeking care there in the future. Thirty-five percent of respondents for Volusia Clinic and 42 percent for Keech Clinic owed money to their facility. Of these respondents, 40 percent for Volusia Clinic and 32 percent for Keech Clinic said the debt would deter them from seeking care at the facility again.



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

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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 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, in order to assist them in improving access to care for this population.

ABOUT THIS REPORT

This report, along with reviewing some of the research documenting the impact of lack of insurance on healthcare access and on health outcomes, describes the survey results at one CAMS site, Volusia County, Florida. The survey was conducted in the summer of 2000, and gathered information from uninsured individuals who received care in the previous year at Halifax Medical Center, Halifax Keech Health Center, Memorial Hospital-West Volusia, or the Volusia County Health Department Clinic in DeLand. Along with providing the results of the survey for these facilities, the report compares the results with aggregate responses at 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

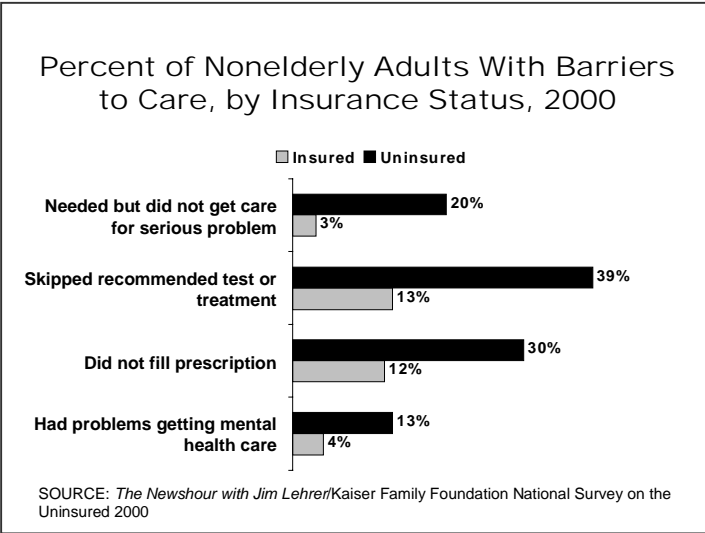
With great consistency, national research has demonstrated that insurance status affects the amount and type of care individuals receive. Lack of health insurance is related to both reduced access to care and to poorer health outcomes. In addition, many of the changes in the health care market over the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

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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.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

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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.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 Volusia County Access Project.

The recently released Florida Health Insurance Study,³¹ which was overseen by the Florida Agency for Health Care Administration, reported that 16.8% of the state's residents did not have health insurance. Groups at high risk for being uninsured included Hispanics and African-Americans: statewide, 28.6% of Hispanics and 19.6% of African-Americans lacked insurance. The uninsured also tended to be poor; 40% of those with incomes between \$5,000 and \$15,000 were uninsured.

In addition, only 76% of employed Floridians reported that their employers offered health insurance, and among uninsured adults (ages 18 to 64) who were employed, 65% had employers who did *not* offer health insurance. The study also suggested that federal welfare reform legislation, which was enacted in 1996 and placed time limits on eligibility for welfare, had affected uninsurance rates. In March of 1999, of a cohort of individuals who had left welfare in the previous 18 months and reported income, and who were thus presumed to be employed, 42% were uninsured.

CHAIN and Healing Hands conducted surveys with patients who obtained care while uninsured at four medical facilities in Volusia County, two in the eastern part of the county and two in the west. The areas served by these facilities include populations at high risk for not having insurance.

For example, in East Volusia, residents in the 32114 zip code served by two of the targeted facilities, Halifax Medical Center and Halifax Keech Street Clinic, have an average income of \$12,400.³² (The average income in the county as a whole is only \$13,500.) East Volusia also has a large population of working poor single women and former welfare recipients.³³ In West Volusia, approximately 5,000 Hispanic farm workers live in the northwest part of the county,³⁴ and they constitute 40% of the patients at another of the targeted facilities, the Volusia County Health Department Clinic in DeLand.

Volusia County has three hospital special taxing districts that levy ad valorem taxes used to provide free care for indigents. These taxes represent a significant local investment in health care. In recent years, however, the Florida legislature has made attempts to dissolve the special taxing districts in Volusia County and other areas of the

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state. In addition, the state has moved away from providing direct clinical services through County Public Health Departments. As a result of these changes, Halifax-Fish Community Health has assumed responsibility for the former county public health clinic in East Volusia.

In West Volusia, the West Volusia Hospital Authority recently decided to cut back funding of services for indigents and others, including school nurse programs, substance abuse programs, and the Healing Hands program, which provides translators for Hispanics in health care settings.

In addition, the Hospital Authority denied an appeal for increased funding for the public hospital from Memorial Health Care Systems, which ran the hospital under a lease arrangement. Memorial had cited decreased Medicare reimbursement rates for providers resulting from the Balanced Budget Act of 1997 and inadequate funding resources from the taxing district to cover the cost of providing indigent health care as two primary reasons for its need for additional resources. After lengthy negotiations, in May 2000, Memorial Health Care Systems terminated its lease arrangement to run the public hospital. The Hospital Authority recently signed a new contract with Adventist Health System, one of the largest integrated health care chains in the state, to operate the facility.

The recent cutbacks and changes in management make it especially important to understand the experiences and identify key concerns of uninsured people as they attempt to access care. One area of particular concern is the availability of translation services for patients with limited-English proficiency. This issue has special importance in West Volusia, given its large number of Hispanic residents, cutbacks in local translation programs, and recent federal guidelines for federally funded health and social service programs on the provision of language assistance programs to establish compliance with Title VI of the 1964 Civil Rights Act, which prohibits discrimination on the basis of national origin.³⁵

In East Volusia, survey respondents were patients who had received care while uninsured at the following two facilities:

Halifax Keech Health Center, which is part of Halifax-Fish Health Care Systems, serves infants, children, adolescents, and adults in families with incomes below 150% of the federal poverty level. It also accepts Medicaid patients and participates in the Florida Medicaid primary care program, MediPass. Almost 80% of its visits are pediatric.³⁶



Halifax Medical Center is a large public hospital with 575 beds. In the fiscal year ending September 30, 1999, it had 24,636 discharges. It is part of Halifax-Fish Community Health, which also owns a managed care organization, a hospice program, a primary physician practice, and other subsidiaries.³⁷

In West Volusia, survey respondents were patients who had received care while uninsured at these facilities:

The *Volusia County Health Department* in DeLand is a public clinic that serves infants, children, adolescents, and adults in families with incomes below 150% of the federal poverty level. It also accepts Medicaid patients and participates in MediPass. Approximately 40% of its patients are Mexican farm workers.³⁸

Memorial Hospital-West Volusia is a public hospital that serves a large indigent population, including a significant number of farm workers. The hospital has 156 beds and the only obstetrics ward in West Volusia.³⁹

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SURVEY METHODOLOGY

All surveys were conducted between April 11 and July 15, 2000. To be eligible to participate in the survey, respondents had to have received care at one of the targeted facilities during the past year while they were uninsured. Survey administrators were recruited from among the population to be surveyed, and included clients of the One Stop Welfare to Work Agency, several residents of Housing Authority projects, and farm workers. All survey administrators received training in administering the survey.

Survey respondents were identified by setting up tables at sites at which uninsured people were likely to be present, as well as by going door-to-door in areas where many uninsured people live. In East Volusia, surveys were conducted in a variety of settings, including at the Halifax Keech Health Center, as well as at a local college, homeless food program, post office, housing project, employment office, and health care fair. In West Volusia, surveys were conducted at the County Health Department in DeLand, as well as at a soup kitchen, a homeless shelter, a church, local stores, the Farmworkers Association Credit Union office in Pierson, the DeLeon Springs Clinic, and the DeLand Housing Authority. Many surveys were also conducted in peoples' homes. Upon completion of the survey, respondents received a T-shirt as a thank you for giving their time.

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.* In total, 196 surveys were collected from patients who had received care at Halifax Medical Center, 157 from patients at Halifax Keech Health Center, 166 from patients at Memorial Hospital-West Volusia, and 151 from patients at the Volusia County Health Department Clinic. 165 surveys were completed in Spanish

SURVEY FINDINGS

This section describes and compares the survey results for respondents who received care while uninsured at one of the four facilities in Volusia County included in the CAMS project. The facilities included two hospitals, Halifax Medical Center (Halifax) and Memorial Hospital-West Volusia (Memorial), and two clinics, Halifax Keech Health Center (Keech Clinic) and Volusia County Health Department Clinic in DeLand (Volusia Clinic).

The analysis compares the results for the two hospitals to one another, as well as to the aggregate results for All Urban and Suburban Hospitals (AUSHs) included in the CAMS project nationwide. It also compares the results for the two clinics to one another and to the aggregate results for All Urban and Suburban Clinics (AUSCs) included in CAMS. All comparisons are statistically significant unless otherwise indicated (ns = non-significant).

See Appendix A for a table of the results for each of the hospitals and clinics, as well as for AUSHs and AUSCs.

HALIFAX MEDICAL CENTER AND MEMORIAL HOSPITAL-WEST VOLUSIA

This section presents survey results for respondents who received care at one of the two hospitals included in the Volusia County CAMS project, and compares them with averages for AUSHs included in CAMS nationwide.

RESPONDENT CHARACTERISTICS

Respondents for Halifax were predominantly Black, while those for Memorial were predominantly Hispanic. Memorial respondents were also on average younger than Halifax respondents. The majority of respondents for Memorial Hospital completed the survey in Spanish.

Sixty-seven percent of Halifax respondents were Black, while 74 percent of Memorial respondents were Hispanic. Eighty percent of the Memorial respondents took the survey in Spanish. All of the Halifax respondents took the survey in English.

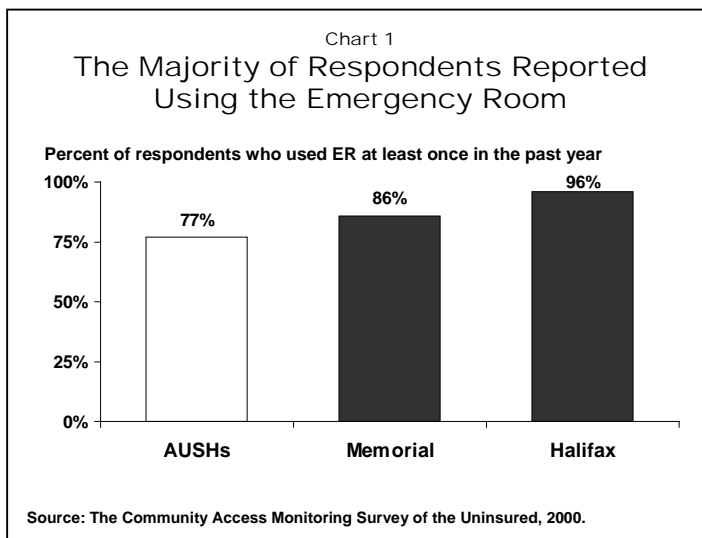
One-half of the Memorial respondents were under 30 years of age, compared with 28 percent of the Halifax respondents. Halifax respondents were also almost twice as likely to be over 40 years of age as Memorial Hospital respondents (46% vs. 25%).

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USE OF HEALTH SERVICES

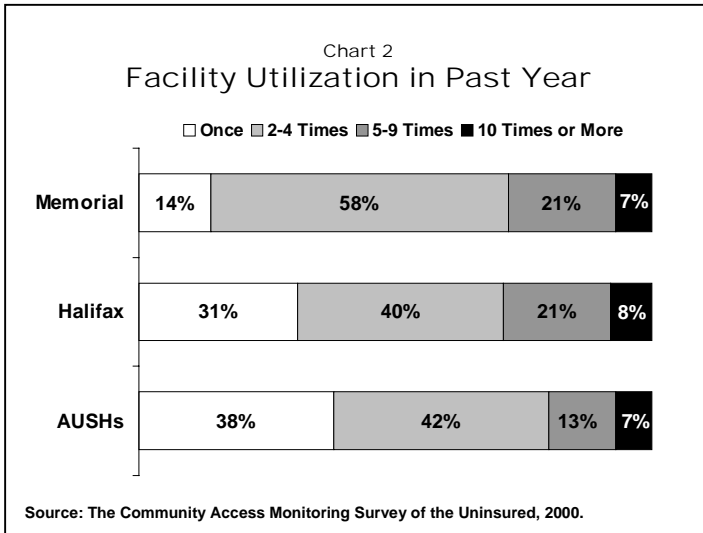
Respondents for both hospitals overwhelmingly depended on the emergency room for care. They were also likely to have used the hospitals more than once in the past year. Chronic conditions were common among Halifax Hospital respondents.

Nearly all the Halifax respondents (96%) reported that they used the emergency room at least once in the past year, as did a large majority of Memorial respondents (86%). For both hospitals, this rate was higher than the average for AUSHs (77%). (Chart 1)



With respect to the use of other hospital settings, Halifax respondents were more likely to report being admitted to the hospital or treated in an outpatient clinic at least once in the past year than Memorial respondents (42% vs. 30% and 44% vs. 36%, respectively).

Nearly three of five Halifax respondents and 40 percent of Memorial respondents reported that they used their facility between two and four times in the past year. An additional one-fifth of each respondent group reported using the hospital between five and nine times in the past year. In comparison, the average for All Urban and Suburban Hospital respondents who used the hospital five to nine times was 13 percent. (Chart 2)



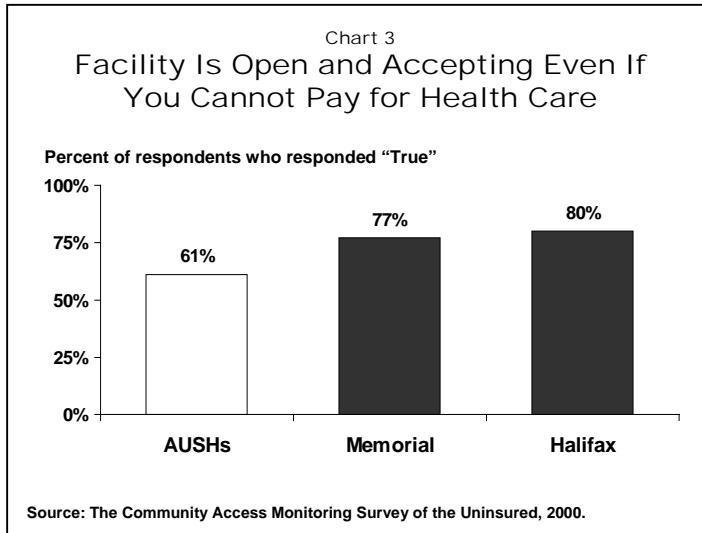
Halifax respondents were much more likely to report seeking treatment for a chronic problem than both Memorial respondents and respondents for AUSHs (51% vs. 33% and 32%, respectively).

OPENNESS TO THE UNINSURED AND SATISFACTION WITH PROVIDERS

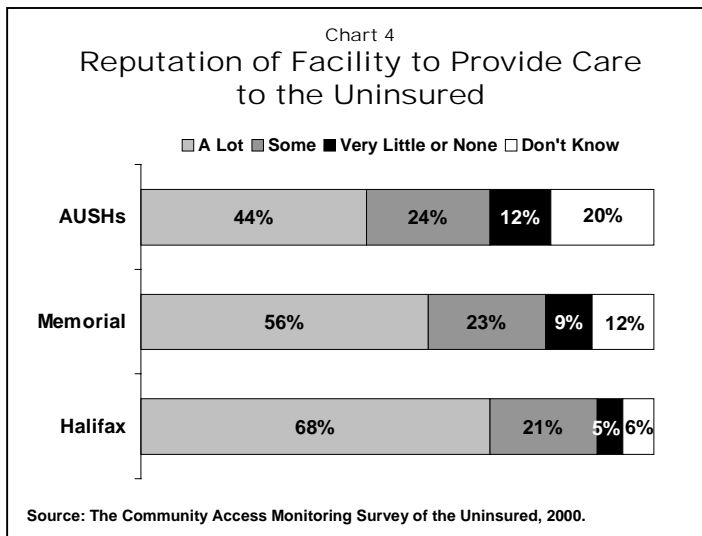
Based on their experiences, the great majority of respondents at both hospitals believed that their facilities were open and accepting to the uninsured. With respect to the reputations of the facilities in the community for caring for the uninsured, perceptions of Halifax were more positive than for Memorial. Respondents for both facilities were likely to be satisfied with staff encounters.

Facility Openness. Approximately four out of five respondents at both facilities reported that, in their experience, the hospital was open and accepting to them even if they could not pay for their care. In comparison, only 61 percent of respondents for AUSHs found their hospital open and accepting. (Chart 3)

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Facility Reputation. Halifax respondents were more likely than Memorial respondents to report that their hospital had a favorable reputation in the community for providing a lot of care to the uninsured (68% vs. 56%). However, both hospitals were more likely to have a reputation for providing a lot of care to the uninsured than AUSHs, where the average was 44 percent. (Chart 4)



“Everybody treated me good. Don’t look down on me, treated me with respect.” Halifax respondent

Satisfaction with providers: Overall, respondents for both facilities (over 80%) were likely to report that they were either “very satisfied” or “satisfied” with the service and care they received from providers such as nurses, physician assistants, and doctors. However on a number of indicators (satisfaction with receptionists, nurses, physician assistants), Halifax respondents were much more likely to be satisfied than respondents for AUSHs.



Notably, almost one-third of Memorial respondents reported that they were either dissatisfied or very dissatisfied with billing clerks, and one-fifth were dissatisfied with care they received from social workers. Both of these figures were higher than for either Halifax respondents or the averages for AUSHs.

ACCESSIBILITY

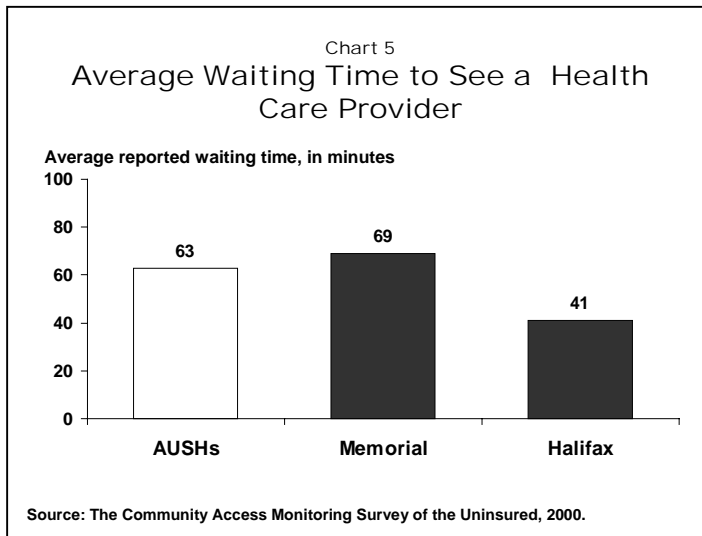
Hours of operation and location: The majority of respondents (80% or more) for both facilities reported that their hospital’s hours and the emergency room’s hours were “never a problem.” However, many Memorial respondents said the location of the hospital was likely to be inconvenient. Almost three of five (58%) Memorial respondents reported that the location of the hospital was a problem at least sometimes compared with just 10 percent of Halifax respondents and 29 percent of respondents for AUSHs.

Waiting times: Respondents for both facilities were more likely to report that the waiting times both to get an appointment and to see the provider on the day of the appointment were a problem than the average for AUSHs. Two of five or more respondents for each facility said that the waiting time to get an appointment was a problem at least sometimes. However, at both Memorial and Halifax, the reported waiting time was on average more than a week shorter than the average for AUSHs (5-6 days vs. nearly two weeks, respectively).

The waiting time on the day of the appointment was a problem at least sometimes for three-fourths (75%) of Memorial respondents and about three of five (59%) Halifax respondents. The average reported waiting times differed: Memorial respondents reported waiting on average 69 minutes to see their provider, compared to 41 minutes for Halifax respondents. (Chart 5)

“The doctor told me to be there at six in the morning and he didn’t arrive until eight in the morning.” Memorial respondent

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Convenience to public transportation: Memorial respondents were much more likely than Halifax respondents to report that access to convenient public transportation was often or always a problem (30% vs. 6%). Furthermore, 31 percent of the Memorial respondents compared with 5 percent of Halifax respondents said that getting assistance with transportation when needed was often or always a problem.

LANGUAGE AND CULTURE

A majority of Memorial respondents said they needed help with translations, but most reported that interpreters were not always available.

Not surprisingly, given its large percentage of Hispanic respondents, Memorial respondents were much more likely to say they needed help with translations than Halifax respondents (58% vs. 4%). However, two-thirds (66%) of the Memorial respondents who said they needed help with translations reported that an interpreter was either “unavailable” or “not very available.”

When Memorial respondents who said they needed help with translations were asked to rate the ability of interpreters, two of three reported that their ability was either “fair” or “poor.” Further, only about one-third of these respondents reported that there were signs in the waiting area in their language or that they were provided with written information in their language.

“I always take my own interpreter.” Memorial respondent

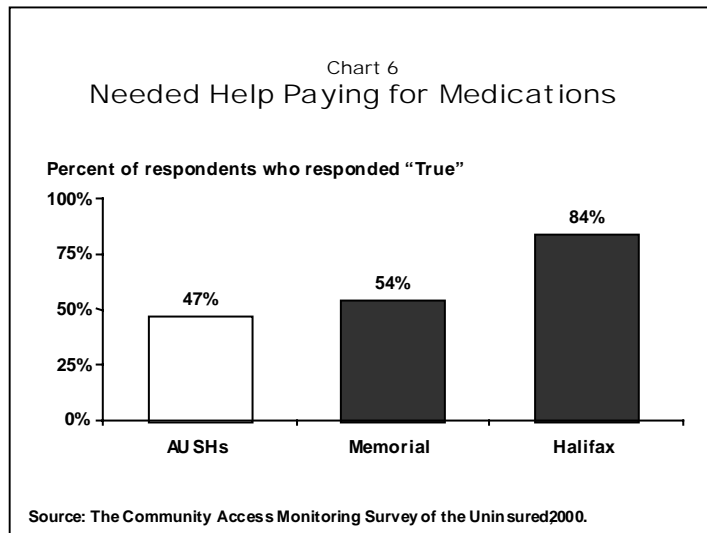
OBTAINING PRESCRIPTION MEDICATIONS

A greater proportion of Memorial respondents than Halifax respondents said that they did not understand the instructions for taking their medications. However, a much higher proportion of Halifax respondents reported both needing help paying for medications and having great difficulty paying for them. Furthermore, one of ten Halifax respondents said that they were unable to fill any of their medications due to costs.

Nine of ten (89%) respondents for Halifax and 76 percent for Memorial received prescriptions for medications. Among these respondents, most obtained their medications at a drug store and paid out-of-pocket (Memorial 57%, Halifax 46%). About one of six respondents said their medications were offered free.

When respondents were asked whether they understood their medication instructions, one of four Memorial respondents (24%) reported that they did not understand their instructions. (All of these respondents had also chosen to take the survey in Spanish.) In comparison, the average for AUSHs was 14 percent.

Three of four Halifax respondents (74%) found it very difficult to pay for their medications compared with 46 percent of Memorial respondents. Not surprisingly, Halifax respondents were also more likely than Memorial respondents to need help paying for them. (Chart 6)



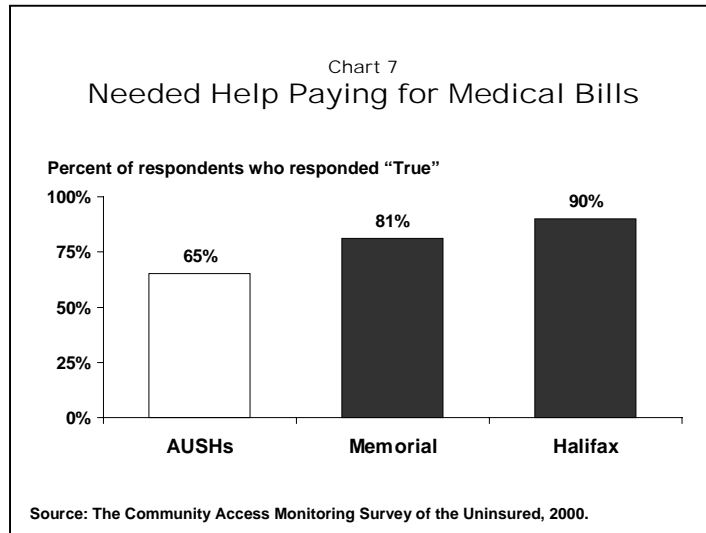
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In fact, one of ten (11%) respondents for Halifax Hospital stated they were unable to fill *any* of their prescriptions because they could not afford them. While staff offered to find out if financial assistance was available for many respondents, still, one-half or more of the respondents for each facility were *never* offered any help in paying for their medications.

CONCERNS OVER PAYMENT FOR HEALTH CARE

Respondents for both facilities reported substantial difficulty in paying for their medical care. However, Memorial respondents were more likely to report that staff offered help in finding out if financial assistance was available.

Paying for medical care was difficult for most respondents. Fully 83 percent of Halifax respondents and 74 percent of Memorial respondents said that paying for their medical bills was “very difficult.” These figures were much higher than the average for AUSHs (61%). Furthermore, Halifax respondents were more likely than Memorial respondents to need help paying their bill—and both groups were more likely to need help than respondents for AUSHs. (Chart 7)



“They offered me monthly payments so I wouldn’t have to pay everything at once.”
Memorial Hospital respondent

Among the respondents who needed help paying for their medical bills, Memorial respondents were a little more likely to be offered assistance by staff at least sometimes than Halifax respondents (54 vs. 49%, respectively). The assistance most frequently offered was monthly billing plans.



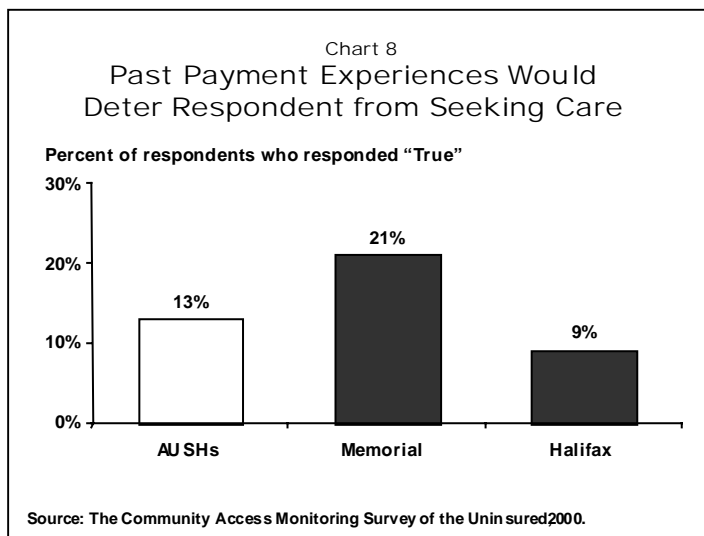
SEEKING CARE IN THE FUTURE

Based on past bill-paying experiences with the hospital, a small group of Memorial respondents said they would not seek care at the hospital again, and some reported that they would use a different facility. Despite either debt owed to the facility or bill-paying experiences, however, the majority of respondents at both facilities said they would use their hospital again if they were insured.

When respondents were asked how their past bill-paying experiences with the hospital would affect their future care, one of five Memorial respondents said they would not seek care at the facility again. This was much higher than the figure reported by either Halifax respondents or respondents at AUSHs. (Chart 8) Another eight percent of Memorial respondents said that because of their bill-paying experiences, they would use a different facility in the future.

However, most respondents for both facilities said their experience paying for care would make it either easier for them to seek care at the facility in the future or make no difference.

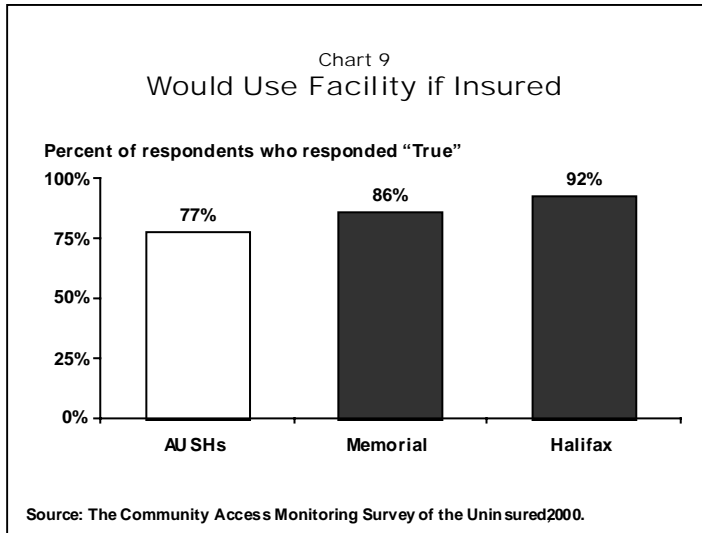
"I would still go because I have no other choice. An emergency is an emergency." Halifax respondent



Two-thirds of both Memorial and Halifax respondents said they owed money to the hospital. Over one-third (36%) of the Memorial respondents who owed money said it would prevent them from seeking care at the hospital again in the future, as did 17 percent of Halifax respondents who owed money.

The overwhelming majority of respondent for both facilities said they would use the facility again if they had health insurance. (Chart 9)

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VOLUSIA COUNTY HEALTH DEPARTMENT CLINIC-DELAND AND HALIFAX KEECH HEALTH CENTER

This section presents survey results for respondents who received care at one of the two clinics included in the Volusia County CAMS project, and compares them with averages for All Urban and Suburban Clinics (AUSCs) included in CAMS nationwide.

RESPONDENT CHARACTERISTICS

Respondents tended to be young and ethnically diverse.

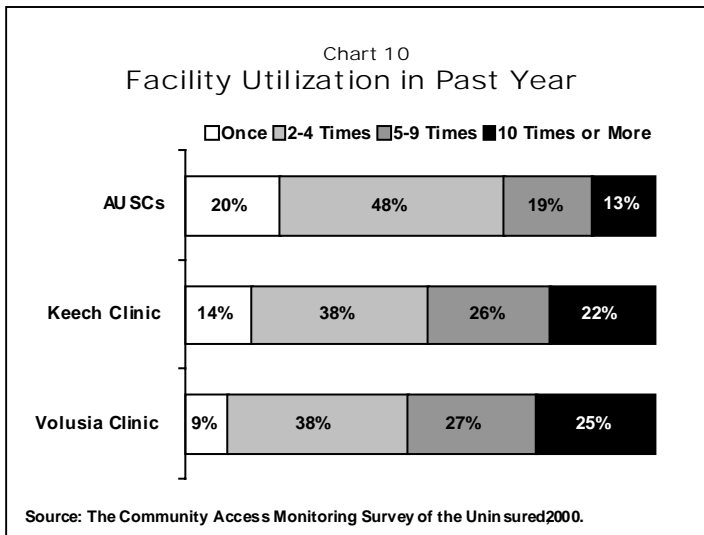
Respondents for both the Volusia County Health Department Clinic in DeLand (Volusia Clinic) and the Halifax Keech Health Center (Keech Clinic) were younger than respondents for AUSCs. More than one-half (53%) of Volusia Clinic respondents were under 29 years of age, and one-fourth of Keech Clinic respondents answered on behalf of a child.

Volusia Clinic respondents were predominantly Hispanic (76%), while Keech Clinic respondents predominantly Black (58%). Eighty-five percent of Volusia Clinic respondents preferred to take the survey in Spanish. All of the Keech Clinic respondents took the survey in English.

USE OF HEALTH SERVICES

Approximately half of the respondents at each clinic reported that they used the facility five or more times in the past year. Half of the Keech Clinic respondents sought care to treat a chronic problem.

The majority of the respondents at both facilities reported that they had used the clinic multiple times in the past year. Fifty-two percent of Volusia Clinic respondents and 48 percent of Keech Clinic respondents said they used the clinic five times or more. An additional 38 percent of respondents for each clinic used the facility between two and four times in the past 12 months. (Chart 10)



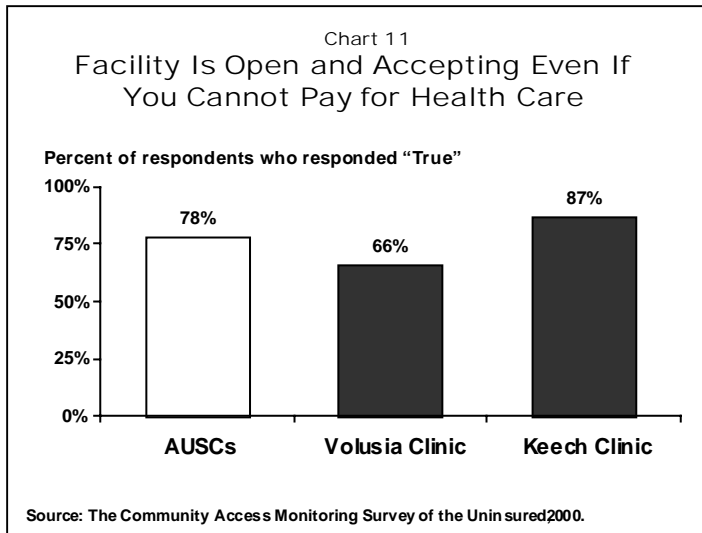
Almost half of Keech Clinic respondents (48%) reported that they needed medical care to treat a chronic condition such as asthma or diabetes. This figure was much higher than for respondents for either Volusia Clinic (36%) or AU SCs (38%).

OPENNESS TO THE UNINSURED AND SATISFACTION WITH PROVIDERS

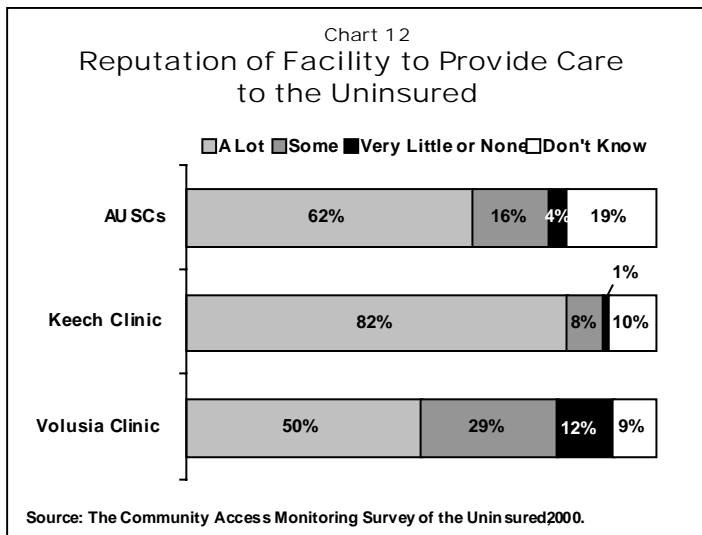
Keech Clinic respondents were likely to report that the clinic was open and accepting to them even if they could not pay, as well as that it had a positive reputation in the community for providing care to the uninsured. Most respondents for both facilities were satisfied with the care and service they received from clinic staff.

Facility Openness: Respondents were asked how open their clinic had been in offering them services even if they could not pay. Nearly nine of ten (87%) Keech Clinic respondents reported that the clinic had been open and accepting. In comparison, only 66 percent of Volusia Clinic respondents and 78 percent of respondents for AU SCs found their clinic open and accepting. (Chart 11)

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Facility Reputation: Four of five respondents for Keech Clinic reported that their clinic had a reputation for providing “a lot” of care to the uninsured, compared with 50 percent of Volusia Clinic respondents. It is noteworthy that 12 percent of Volusia Clinic respondents said the clinic has a reputation for providing “very little or no care.” (Chart 12)



“The staff was really nice to me each time.”
Keech Clinic respondent

Satisfaction with Providers: On indicators measuring satisfaction with staff interactions, the majority of respondents for both Volusia Clinic and Keech Clinic reported that they were either “satisfied” or “very satisfied.” Specifically, over 90 percent of respondents were satisfied with the care and service they received from the receptionists, nurses, and doctors. Still, even though most respondents were satisfied, approximately one of five Volusia Clinic respondents reported that



they were either unsatisfied or very unsatisfied with their interactions with social workers and billing clerks.

ACCESSIBILITY

Many Volusia Clinic respondents reported that the location of the clinic was a problem. For both Volusia Clinic and Keech Clinic respondents, long waiting times were an issue.

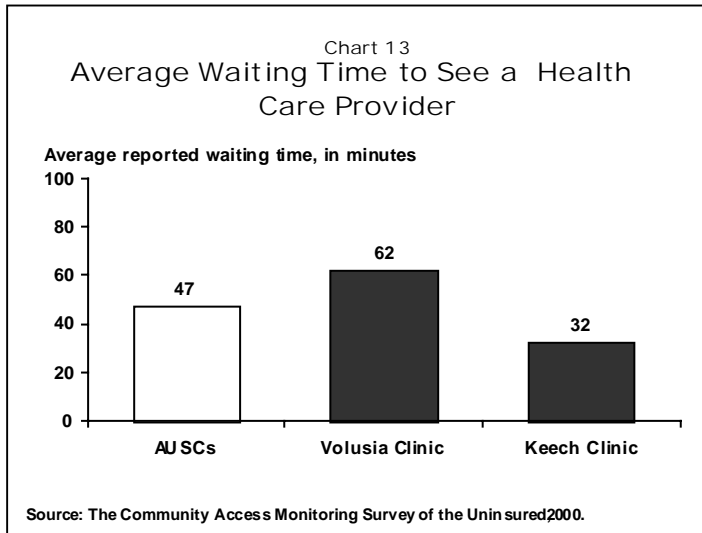
Location of facility: Nearly half (47%) of Volusia Clinic respondents reported that the location of the clinic was a problem at least sometimes. In comparison, only eight percent of Keech Clinic respondents and 21 percent of respondents for AUSCs shared similar views. Supporting these perceptions, the average time required to travel to the facility reported by Volusia Clinic respondents was 24 minutes, compared with 14 minutes reported by Keech Clinic respondents.

Waiting times: Fifty-five percent of Volusia Clinic respondents and 50 percent of Keech Clinic respondents reported that the waiting time to get an appointment was a problem at least sometimes and, in fact, the average reported waiting time for Volusia Clinic respondents was more than 12 days. However, for Keech Clinic respondents, the waiting time was eight days, one day less than the average for respondents at AUSCs.

Three of four respondents for Volusia Clinic (77%) had a problem at least sometimes with the wait to see a provider on the day of the appointment. Significantly fewer Keech Clinic respondents (54%) reported such problems, a figure that was similar to the average for AUSCs (51%). The average reported waiting time for Volusia Clinic respondents was over 62 minutes, while the average waiting time for Keech Clinic respondents was 32 minutes. (Chart 13)

“They give you an appointment for a certain hour and they treat you two hours later.” Volusia Clinic respondent

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LANGUAGE AND CULTURE

Sixty-four percent of the Volusia Clinic respondents needed help with translations. However, three of ten of those who needed assistance said an interpreter was not readily available.

"I take my own interpreter because sometimes there is no interpreter at the clinic." Volusia Clinic respondent

Compared with respondents for AUSCs, Volusia Clinic respondents were much more likely to need translation assistance (13% vs. 64%, respectively). Among those who needed help, two-thirds reported that an interpreter was either very available or available. However, 31 percent of these respondents said an interpreter was not available. Furthermore, although many rated the ability of the interpreter as "very good," more than half rated it as "fair" or "poor."

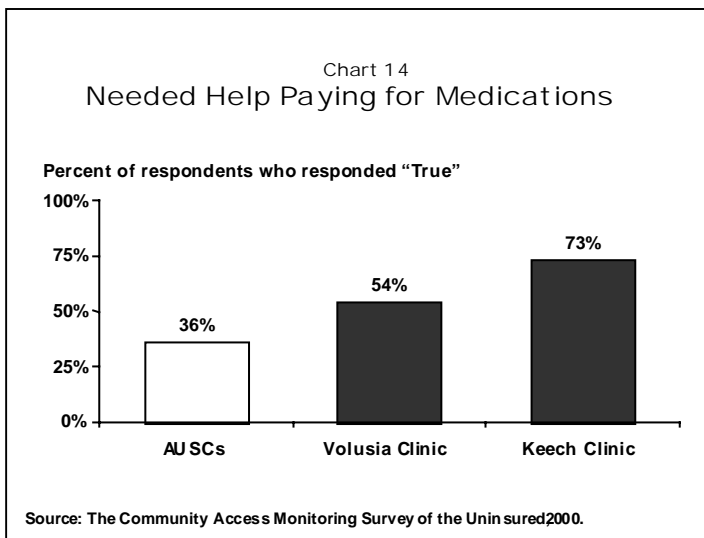
OBTAINING PRESCRIPTION MEDICATIONS

Many Keech Clinic respondents had difficulty paying for their medications and were likely to need financial assistance. One in 12 stated that they did not fill any of their prescriptions due to costs.

Three of four respondents for both facilities reported that they received prescriptions for medications. Among these respondents, Volusia Clinic respondents were more likely than Keech Clinic respondents to obtain their medication using a pharmacy card (53% vs. 28%). While 56 percent of respondents for AUSCs reported that they received their medications free, only 20 percent of Volusia Clinic respondents and 25 percent of Keech Clinic respondents had the same experience. Finally, one of 12 Keech Clinic respondents (8%) said they

were unable to obtain *any* of their prescribed medications because they were unable to afford them.

When asked if they had difficulty paying for their prescriptions, 61 percent of Keech Clinic respondents and 39 percent of Volusia Clinic respondents responded that paying was “very difficult.” In comparison, the average for AUSCs was 27 percent. Even more respondents said they needed help paying for their medications. Three of four Keech Clinic respondents and 54 percent of Volusia Clinic respondents reported that they needed help paying for their medications. This was much higher than the average for AUSCs . (Chart 14)



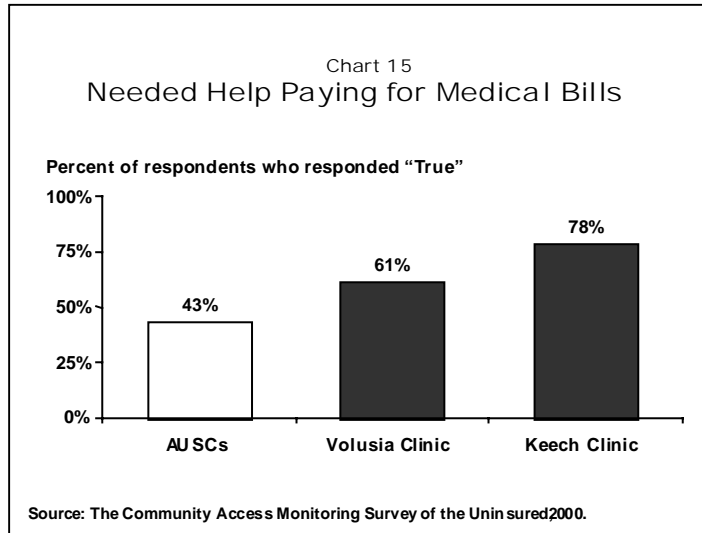
Among the respondents who needed help, the majority were asked by staff if they needed help. However, nearly two of five respondents for each clinic reported that they were “never” offered any assistance.

CONCERNS OVER PAYMENT FOR HEALTH CARE

While many respondents had difficulties paying for their medical care, Keech Clinic respondents were much more likely than either Volusia Clinic or AUSC respondents to find paying their medical bills very difficult and to need help paying them.

Three of five (63%) respondents for Keech Clinic reported that paying their medical bills was “very difficult,” compared to half of the Volusia Clinic respondents and 33 percent of the respondents for AUSCs.

Even more respondents reported that they needed financial assistance to pay their bills. Nearly four of five respondents for Keech Clinic and 61 percent for Volusia Clinic reported that they needed help. These figures were much higher than the average for AUSCs. (Chart 15)



Among those who needed financial assistance, three of five respondents for both clinics said that staff were likely to offer assistance at least sometimes. Still, two-fifths or more of each respondent group were *never* offered any financial assistance by staff. Among those who were offered assistance at least sometimes, few (about 5%) at either facility reported that their bill was waived; this compared to an average for AUSCs of 26 percent.

Volusia Clinic respondents were more than three times as likely as Keech Clinic respondents to have their bill reduced (21% vs. 6%), but both groups were less likely than the average for AUSCs (35%).

SEEKING CARE IN THE FUTURE

Most respondents said that their previous experiences paying bills at their facility would make it easier to seek care there in the future, or would not make any difference. However, 30 to 40 percent of respondents who owed money to their facility reported that the debt would deter them from seeking care there again. Most respondents said they would use their clinic again if they had health insurance.

Thirty-five percent of respondents at Volusia Clinic and 42% at Keech Clinic said they owed money to the facility. However few respondents at either facility (less than 10%) said that their past experiences paying for care would either make them not seek care again at the

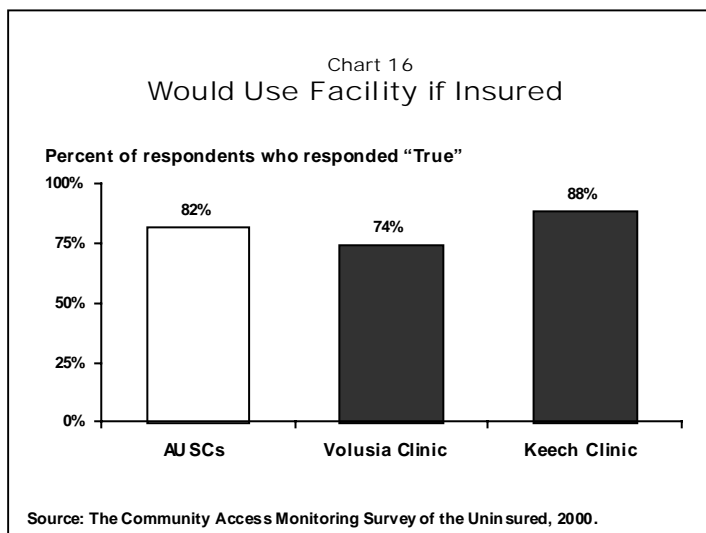


facility or make them use another facility in the future. In fact, one-half (52%) of Volusia Clinic respondents reported that their past experiences would make it easier for them to seek care; this compared with 34 percent of respondents for Keech Clinic. 53 percent of respondents for Keech Clinic reported that past payment experiences would make no difference in their likelihood to seek care at the clinic in the future, compared to 38 percent of respondents for Volusia Clinic, and 39 percent for AUSCs.

“There is no other place to go for treatment.” Volusia Clinic respondent

Of respondents who owed money to their facility, 40 percent for Volusia Clinic and 32 percent for Keech Clinic said this debt would deter them from seeking care at the facility again.

Yet, despite previous bill-paying experiences or money owed to the clinics, the majority of respondents for each clinic said they would use the clinic again if they had health insurance. (Chart 16)



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DISCUSSION

MEMORIAL HOSPITAL-WEST VOLUSIA AND HALIFAX MEDICAL CENTER

Survey responses indicated that respondents perceived that both hospitals possess certain strengths. However, the results suggest that Halifax respondents generally fared better than Memorial respondents in number of areas, especially those related to accessibility of services. At the same time, respondents at both facilities experienced serious difficulties in paying for their care.

The following findings have implications for one or both organizations.

- ◆ The high emergency room use at both facilities suggests that uninsured respondents may depend significantly on this setting for care.
- ◆ A substantial minority of Memorial respondents reported issues related to access to care. In particular, one-fourth of the Memorial Hospital respondents said that both convenience to public transportation and getting transportation assistance when needed were always a problem. In addition, many respondents for both facilities reported that waiting times both to get an appointment and to see a provider on the day of the appointment were an issue.
- ◆ A large proportion of respondents for both hospitals, but especially for Halifax, had a difficult time paying for their medications and medical care and reported that they needed assistance to help pay their bills. However, one of two respondents for Halifax, and 2 out of 5 for Memorial, said that hospital staff *never* offered help.

VOLUSIA COUNTY HEALTH DEPARTMENT CLINIC-DELAND AND HALIFAX KEECH HEALTH CENTER

As with the hospitals, respondents perceived that the two clinics had certain strengths. However, the results suggest that Keech Clinic respondents fared better in general than Volusia Clinic respondents in several areas, but also had more financial difficulty in paying for their care.

The following findings have implications for one or both organizations.

- ◆ Half of the Keech Clinic respondents sought care to treat a chronic problem such as asthma and diabetes, a proportion much higher than the average for AUSCs.

- ◆ Most Keech Clinic respondents reported that their clinic was open and accepting even if they couldn't pay and that it had a reputation in the community for providing a lot of care to the uninsured.
- ◆ Many respondents at both clinics reported the waiting times to get an appointment and to see a provider on the day of an appointment were a problem.
- ◆ Some Volusia Clinic respondents who needed help with translations did not find an interpreter readily available.
- ◆ Keech Clinic respondents were much more likely to have difficulty paying for their medical care and their prescriptions and to need financial assistance than Volusia Clinic respondents.

COMPARISON OF FACILITIES IN EAST AND WEST VOLUSIA

This section compares respondent responses for facilities in East Volusia—Halifax Medical Center and Halifax Keech Health Center—with those for facilities in West Volusia—Memorial Hospital-West Volusia and the Volusia County Health Department Clinic in DeLand.

When comparing responses by geographic region, several interesting differences emerge. 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 topics for further discussion and do not imply statistically significant differences.

- ◆ Reported satisfaction with interactions with hospital and clinic staff were very high at all four facilities.
- ◆ Higher proportions of East Volusia respondents reported chronic problems than West Volusia respondents.
- ◆ Based on their experiences, higher proportions of East Volusia respondents reported that their facilities were open and accepting than West Volusia respondents, as well as that their facilities had a reputation in the community for providing “a lot of care” to the uninsured.
- ◆ Waiting time to see a provider on the day of the appointment was an issue for more West Volusia than East Volusia respondents. On average, West Volusia respondents had to wait longer on the day of an appointment to see their providers than East Volusia respondents.
- ◆ West Volusia respondents were much more likely to report problems related to convenience of public transportation and

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getting transportation assistance if needed than East Volusia respondents. On average, West Volusia respondents needed to travel ten minutes longer to reach their facilities than East Volusia respondents.

- ◆ East Volusia respondents were likely to report that they were “always” treated with respect.
- ◆ Nearly all East Volusia respondents understood their medication instructions. However, between 12 and 24 percent of respondents for West Volusia reported that they did not understand their medication instructions.
- ◆ Higher proportions of East Volusia respondents reported that paying for their medical care or their prescriptions was very difficult than West Volusia respondents. Similarly, more East Volusia respondents said that they needed help paying for their medical care and prescriptions than respondents in West Volusia. At the same time, higher proportions of West Volusia respondents reported that they were offered assistance at least sometimes in paying for their medical bills than respondents in East Volusia.
- ◆ Slightly higher percentages of East Volusia respondents said that they would use their facilities again if they had health insurance than West Volusia respondents.
- ◆ West Volusia respondents were likely to be Hispanic and speak Spanish. Most of these respondents were likely to need help with translations, although clinic respondents were more likely to report that interpreters were available than hospital respondents. Perhaps related to the translation issues, a small group of respondents at both the clinic and the hospital did not understand their medication instructions

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³⁷ *Ibid.*

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39 Information from Sharon Warriner, Public Relations Department, Memorial Hospital-West Volusia.

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