Getting Health Care When You Are Uninsured:

A Survey of Uninsured Patients at Three Hospitals in Lake Cumberland District, Kentucky

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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. The mission of The Access Project 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 **Lake Cumberland District Health Department (LCDHD)** is one of 54 local public health departments in the state of Kentucky. The Lake Cumberland District encompasses ten counties in rural southeastern Kentucky with a total population of approximately 200,000. The mission of the LCDHD is to prevent illness and injury, promote good health practices, and assure a safe environment by serving as a leader in preventive health care, health education, and environmental monitoring in collaboration with public and private sectors. Core functions of the Department are assessment, assurance, and policy development. The LCDHD has served a vital role in ensuring that uninsured and underinsured residents receive appropriate preventive and follow-up health care.

Since 1972 it has been the mission of the Lake Cumberland District Health Department to serve the low income/uninsured population in its region. A large percentage of this population is unable to get care elsewhere. As a result, LCDHD may be their only health care provider until they become seriously ill. Over the years LCDHD has worked with the local medical community to provide needed health care services and has forged successful partnerships to provide well child and prenatal care, and family planning and cancer screening services.

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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 three communities in the Lake Cumberland District in southeastern Kentucky. The survey was conducted in the summer of 2000 and gathered information from 455 uninsured patients who obtained health care at the Clinton County, Russell County, or Wayne County Hospitals in the previous year. The report also compares their experiences with those of uninsured patients surveyed at other CAMS sites across the country who received care at similar facilities.

KEY FINDINGS

- More than 70 percent of Clinton and Wayne respondents, and about half (52%) of Russell respondents, reported using their hospital's emergency room in the past year. Clinton respondents were the most likely to report using the outpatient clinic (87%); they were also the most likely to report using the facility more than once in the past year (67%).
- Eighty-five percent or more of Clinton and Russell respondents, and 73 percent of Wayne respondents, reported that, in their experience, their hospital had been open and accepting to them even if they were unable to pay for care. These proportions were higher than the 62 percent average for All Rural Hospitals (ARHs) included in the CAMS project nationwide. However, one of five Wayne respondents said the hospital accepted them "reluctantly."

- Between one-fifth and one-quarter of the respondents said that their hospital had a reputation for providing some, very little or no care to the uninsured, less than the 37 percent average for ARHs. The remaining respondents said either that that their hospital had a reputation for providing "a lot" of care or that they did not know the hospital's reputation.

- The majority of respondents for all three hospitals said they were satisfied with the care and service they received from staff; comparatively few respondents reported dissatisfaction.

- Most respondents either did not report problems related to access issues such as facility hours, time to get an appointment, and convenience to transportation, or else said that they did not know. However, 32 percent of Clinton respondents reported that the waiting time to see a provider on the day of an appointment was a problem at least sometimes, and 31 percent of Wayne respondents said the hospital's location was a problem at least sometimes.

- Almost all Wayne respondents who received prescriptions said they paid for their medications out-of-pocket, compared to 74 percent for Russell and 59 percent for Clinton. The ARH average was 56 percent. In addition, 80 percent of Wayne respondents said that paying for their medications was "very difficult," compared to 37 percent of Clinton and 26 percent of Russell respondents.

- Russell respondents seemed to have a particularly difficult time obtaining their medications: 21 percent said they were unable to fill *any* of their prescriptions, and 22 percent said that they were unable to fill *some* of their prescriptions, because of cost. However, only 23 percent of Russell respondents, compared to two-thirds of Clinton and nine out of ten (89%) Wayne respondents, said they needed financial help to pay for their medications. Among those who said they needed help, 91 percent of Clinton and Russell respondents, and 67 percent of Wayne respondents, said that staff *never* offered to find out if help was available.

- Between 66 and 98 percent of the respondents said they needed financial help to pay their medical bills. Among those who needed help, 78 percent of Clinton respondents and 83 percent of Wayne respondents said staff *always* offered to find out if help was available; this compared to only 33 percent of Russell respondents.

- Most respondents said their past experiences paying bills would either make it easier to seek care at their hospital in the future, or would make no difference. However, more than half of the respondents said they owed money to their hospital, and of these, 44 percent of Russell respondents and 31 percent of Wayne respondents said the debt would deter them from seeking care there in the future.
- Nearly all of the Clinton and Wayne respondents, and 82 percent of the Russell respondents, said they would use their hospital again if they had health insurance.

INTRODUCTION

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

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

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

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

Community Access Monitoring Survey Project

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

Project Goals

The goals of the project were to

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

The Survey Design

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

Survey Limitations

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

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

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

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

Intended Uses of the Survey

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

About This Report

This report, along with reviewing some of the general research documenting the impact of lack of insurance on healthcare access and on health outcomes, describes the survey results at one CAMS site, the Lake Cumberland area of southeastern Kentucky. The survey was conducted by the Lake Cumberland District Health Department in the summer of 2000, and gathered information from uninsured individuals who received care at the Clinton County Hospital, Russell County Hospital, or Wayne County Hospital in the previous year. Along with providing the results of the survey for these facilities, the report compares the results with aggregate responses for all similar facilities surveyed as part of the CAMS project nationwide. A report presenting the overall findings for all surveyed sites will be released in Spring 2001.

LACK OF INSURANCE IS DANGEROUS TO YOUR HEALTH

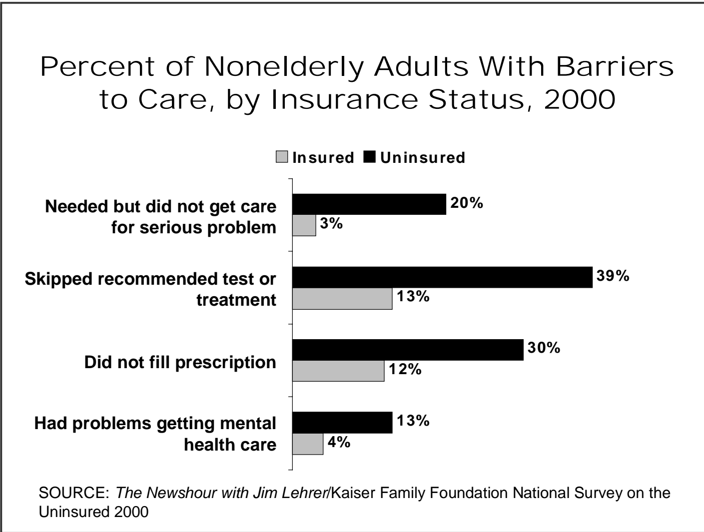
With great consistency, national research has demonstrated that insurance status affects the amount and type of care individuals receive. Lack of health insurance is related to both reduced access to care and to poorer health outcomes. In addition, many of the changes in the health care market over the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

LACK OF INSURANCE AND ACCESS TO CARE

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

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

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



Lack of Insurance and Health Outcomes

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

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

Benefits of Improved Access to Health Care

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

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

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

The Health Care Market and Care for the Uninsured

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

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

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

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

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

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

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

COMMUNITY CONTEXT

Note: Information in this section was provided by the Lake Cumberland District Health Department (LCDHD).

The Kentucky Long-Term Policy Research Center, using data from the U.S. Census Bureau, March 1998 Current Population Survey, reported that 16.3% of Kentucky's population was uninsured.[31] The percentage is even higher in rural areas: at the Clinton, Russell, and Wayne County Health Centers, three of the county health centers operated by the LCDHD, an estimated 50% of the persons served are uninsured.[32]

Each of these three counties is served by a small community hospital. The emergency rooms of these hospitals often become the provider of acute care for uninsured persons. All three hospitals have a reputation for working with their communities and other health care providers to meet the needs of their service area.

To better understand the needs of the uninsured who use these facilities, LCDHD surveyed patients who had received care at one of these hospitals in the previous year while uninsured.

Clinton County Hospital, located in Albany, Kentucky, serves a population of 9,300. It is a non-profit facility that is governed by a local board of directors. The hospital has 42 beds, which allows for up to ten swing beds and four intensive care beds.

Russell County Hospital in Russell Springs is a 45-bed facility that serves a population of 16,213. The hospital is a county-owned, non-profit hospital. Ephraim McDowell Health leases the operations of the hospital from the Russell County Taxing District.

Wayne County Hospital in Monticello serves a population of 18,700. It has 30 beds, 15 of which can be used as swing beds. The hospital is a non-profit facility that is governed by a local board of directors.

SURVEY METHODOLOGY

The surveys were administered by three survey administrators, one per county. Prior to conducting the surveys, the administrators attended a full-day training session in survey administration, which was led by trainers from the Health Training Innovations Program of The Medical Foundation in Boston, Massachusetts.

To be eligible to participate, respondents had to have received care at one of the three targeted hospitals in the previous year while they were uninsured. To identify respondents, each survey administrator conducted an extensive media campaign. This included posting flyers at area agencies, businesses, and health care facilities, and sponsoring public service announcements for a month on the radio and in the newspaper. Survey administrators also set up tables at several grocery stores and retail stores to conduct the surveys. If respondents were eligible to participate but did not have the time to complete the survey, the survey administrators asked for their names and phone numbers and contacted them later to schedule an appointment to conduct the interview.

The administrators also worked with the local hospitals in each county to identify participants. Two hospitals, Clinton and Wayne, mailed letters to patients who had used the hospital while uninsured during the last year and encouraged them to contact the survey administrators. Several respondents were identified as a result of these mailings. In addition, Clinton County Hospital conducted follow-up telephone calls to those who had not responded. The health center in each county also assisted by identifying patients who had used health department facilities and met the eligibility criteria, as well as patients who had received mammograms in the previous year.

Surveys were completed for 151 respondents who had received care at Clinton County Hospital, 152 respondents who had received care at Russell County Hospital, and 152 respondents who had received care at Wayne County Hospital. The Access Project arranged for entry of the data by an independent firm. The data were analyzed by Dennis Andrulis and Christina An of the State University of New York, Health Science Center at Brooklyn.

Because 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.*

SURVEY FINDINGS

This section describes the survey results for respondents who received care at Clinton County Hospital (Clinton), Russell County Hospital (Russell), or Wayne County Hospital (Wayne) while uninsured, and compares them with averages for All Rural Hospitals (ARHs) included in the CAMS project nationwide. All comparisons are statistically significant unless otherwise indicated (ns = non-significant). See Appendix A for a table of the results for these facilities, as well as for the aggregate results for all similar facilities included in CAMS.

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

Respondent Characteristics

Respondents for the three facilities varied in age. Nearly all the respondents identified themselves as white.

Respondents generally varied in age. However, more than one-third of Russell respondents were between the ages of 50 and 64, while more than three of five respondents for Clinton and Wayne were between 18 and 39 years of age.

Similar to the overall population of the three counties, nearly all respondents (98% or more) identified themselves as white. In contrast, the average proportion of white respondents for ARHs was 72 percent.

All the respondents chose to take the survey in English.

Use of Health Services

More than half of the respondents for all three hospitals said that they used the emergency room at least once in the past year. In addition, most of the respondents for Clinton and Wayne reported that they used their facility more than once in the past year.

Emergency room use: The majority of respondents for Clinton (79%) and Wayne (72%) said that they used the emergency room at least once in the past year, similar to the ARH average of 77 percent. About

one-half (52%) of Russell respondents said they used the emergency room.

Inpatient hospitalization: About one of ten respondents for Russell (9%) and Wayne (11%) stated that they had been admitted to their respective hospital in the past year. In contrast, 31 percent of Clinton respondents reported that they had been admitted as an inpatient. The average for ARHs was 22 percent.

Outpatient clinic use: Nearly nine of ten Clinton respondents (87%) reported that they had used the hospital's outpatient clinic at least once in the past year. In comparison, only about one-half of the respondents for Russell (56%) or Wayne (47%) reported using the outpatient clinic, which was similar to the ARH average of 54 percent.

Twenty-nine percent of Russell respondents reported that they used the facility more than once in the past year. However, 46 percent of Wayne respondents and 67 percent of Clinton respondents used their respective facility multiple times. The ARH average was 58 percent.

Russell respondents were the least likely to report that they sought care to treat a chronic problem (15%), followed by Wayne (24%) and then Clinton respondents (29%). The average for ARHs was 34 percent.

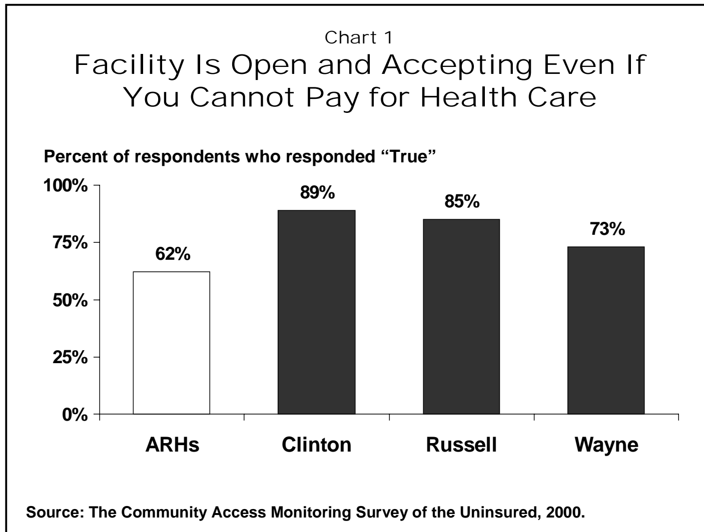
Openness to the Uninsured and Satisfaction with Providers

The great majority of respondents for Clinton, Russell, and Wayne said that, in their experience, their hospital had been open and accepting to them even if they were unable to pay for their care. Most respondents reported either that their hospital had a reputation in the community for providing a lot of care to the uninsured, or that they didn't know its reputation.

"The hospital staff treated my child just like I would have. I appreciated the special attention they gave him."
Wayne Respondent

'They never hesitate to give me services even though I have no insurance."
Clinton Respondent

Respondents for all three facilities were much more likely than the average for ARHs to report that their respective hospital had been "open and accepting" to them even when they were unable to pay for their care. (Chart 1) Notably, however, one of five respondents for Wayne said that although the facility accepted them even when they could not pay, the facility had been "reluctant." The ARH average was 24 percent.



Three-fourths of the Wayne respondents—75 percent—said their facility had a reputation in the community for providing "a lot" of care to the uninsured, compared to two of five (40%) respondents for Clinton and Russell. (The ARH average was 41 percent.) However, about two of five respondents for Clinton and Russell reported that they did not know the reputation of their hospital.

In general, respondents for all three facilities were very satisfied with the care and service they received from staff. For example, over 90 percent of the respondents for Clinton, Russell, and Wayne reported that they were "very satisfied" or "satisfied" with the service and care they received from receptionists and nurses.

More than 90 percent of the respondents for Clinton and Wayne said they were satisfied with the care and service they received from doctors. However, only a little more than half (55%) of Russell respondents reported that they were satisfied with their examining physicians, while another 35 percent said they did not know.

Less than five percent of the respondents for any of the three facilities said that they were either "unsatisfied" or "very unsatisfied" with the care and service they received from physician assistants, social workers, or pharmacists. However, 13 percent of Russell respondents said they were dissatisfied with their interactions with billing clerks

Three-quarters or more of the respondents for Clinton, Russell, and Wayne reported that they were "always" treated with respect by staff, higher than the average for ARHs of 62 percent.

ACCESSIBILITY

About one-third of the respondents for Clinton reported that the waiting time to see a provider on the day of an appointment was a problem at least sometimes. In addition, the hospital's location was a problem for many Wayne respondents. Comparatively few respondents for the three facilities reported difficulty with other access measures, such as facility hours or convenience to public transportation.

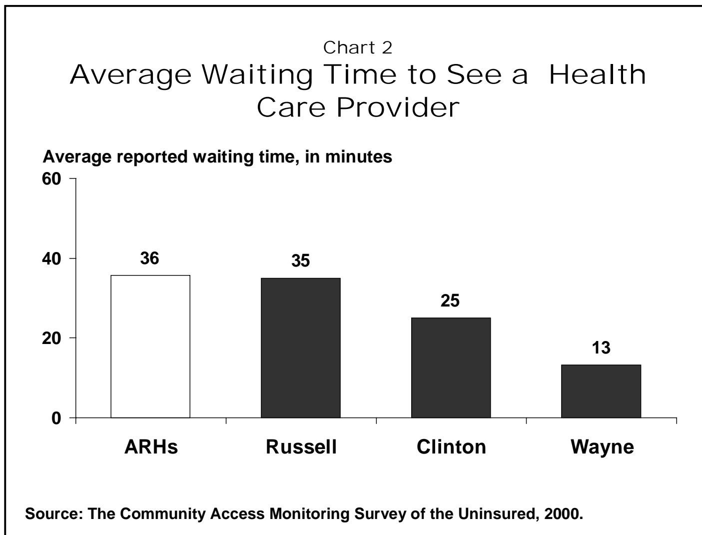
Although about one of eight (13%) respondents for Clinton said that the facility's hours were a problem for them at least sometimes, 83 percent responded that the hours were "never a problem." In comparison, all of the Russell respondents, 97 percent of Wayne respondents and an average of 89 percent for ARHs reported that the hours were never a problem.

Nine of ten (89%) respondents for Clinton and Russell and 70 percent for Wayne said the location was "never a problem" for them, although over one-fourth (29%) of Wayne respondents said the location was "sometimes" a problem. The *median* travel time for Wayne respondents was 15 minutes, five minutes longer than the median for either Clinton or Russell respondents.

"I called to have an ultrasound and they let me come in the same day."
Clinton Respondent

Very few respondents (less than 7%) for any of the three hospitals reported that the waiting time to get an appointment was a problem even sometimes, while the ARH average was 26 percent. However, between 43 and 85 percent of the respondents said that they did not know.

Waiting time to see a provider on the day of the appointment was not likely to be an issue for Wayne respondents; only 8 percent said it was a problem at least sometimes, although 77 percent responded "don't know." In comparison, about one third (32%) of Clinton and 12 percent of Russell respondents said that the waiting time was a problem at least sometimes. The average for ARHs was 37 percent. The average reported waiting time was longest for Russell respondents and shortest for Wayne respondents. (Chart 2)



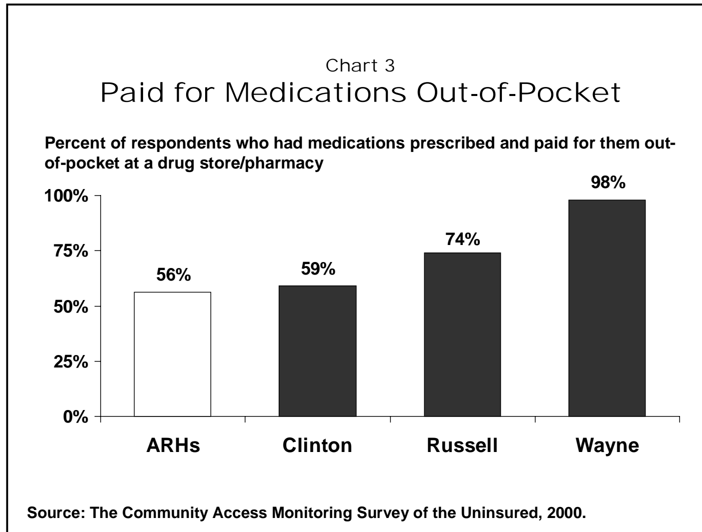
Nearly one of six (18%) respondents for Wayne said that assistance with transportation, when needed, was a problem at least sometimes. In contrast, 98 percent of Clinton respondents said they did not know and 95 percent of Russell respondents said it was “never a problem.”

Obtaining Prescription Medications

The majority of Clinton and Wayne respondents reported that they received prescriptions for medications. Among those who received prescriptions, most paid for them out-of-pocket. Four of five or more Wayne respondents said that paying for their medications was very difficult and that they needed financial assistance. Almost all of the respondents at Clinton or Russell who needed financial assistance said that staff never offered to find out if it was available, while two-thirds of Wayne respondents said help was not offered.

Four of five (80%) respondents for Wayne said they had medications prescribed, as did 64 percent of Clinton respondents, and 38 percent of Russell respondents. The average for ARHs was 72 percent.

Nearly all of the respondent for Wayne—98 percent—said they used a drug store and paid for their medications out-of-pocket. In comparison 74 percent of Russell respondents and about three of five respondents for Clinton said they paid out-of-pocket. The ARH average was 56 percent. (Chart 3)



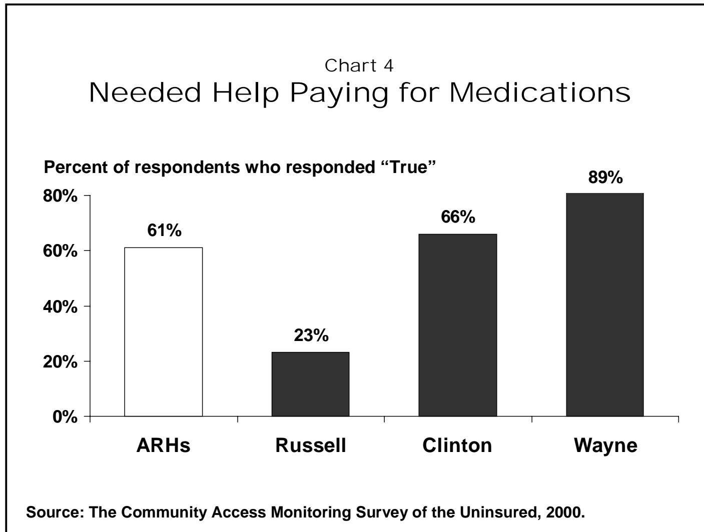
"You can usually get help there, but it is way too hard for us to pay for our medicine especially when we have to have it to live. We can't ever get caught up at the drugstore."
Wayne Respondent

"I don't take my cholesterol medicine because I can't afford it."
Russell Respondent

One of five respondents for Russell—21 percent—said they were unable to get any of their medications due to cost, as did nine percent of Clinton respondents. Only one percent of those using Wayne responded similarly. The average for ARHs was nine percent. In addition, twenty-two percent of Russell respondents and 17 percent of Clinton respondents said they were able to obtain some of their medications, but not all, due to costs. These figures were in line with the average for ARHs: 23 percent. Only three percent of Wayne respondents reported similar difficulty.

Four of five (80%) respondents for Wayne said that paying for their medications was "very difficult." In comparison, 37 percent of Clinton respondents and 26 percent of Russell respondents reported similar difficulty. The average for ARHs was 52 percent.

Nine of ten respondents for Wayne and two-thirds of the respondents for Clinton said that they needed financial assistance to help pay for their medications. In contrast, only 23 percent of Russell respondents said they needed help. The average for ARHs was 61 percent. (Chart 4)



Among those needing help, 91 percent of the respondents for Clinton and Russell said staff "never" offered to find out if assistance was available. In addition, although about one-third of Wayne respondents said they were asked if help was needed at least sometimes, 67 percent also said they were "never" asked.

The overwhelming majority of respondents for each hospital—98 percent—reported that they received and understood the instructions for using their medications.

Concerns Over Payment for Health Care

The majority of respondents for all three facilities reported that paying their medical bills was very difficult and that they needed financial assistance. Among the respondents who needed help, more than 80 percent of Clinton and Wayne respondents said they were offered help by staff at least sometimes.

More than three-fourths of the respondents for Clinton (78%) and Wayne (77%) said that paying for their medical care was "very difficult." These figures were higher than the average for ARHs (69%) or for Russell respondents (59%).

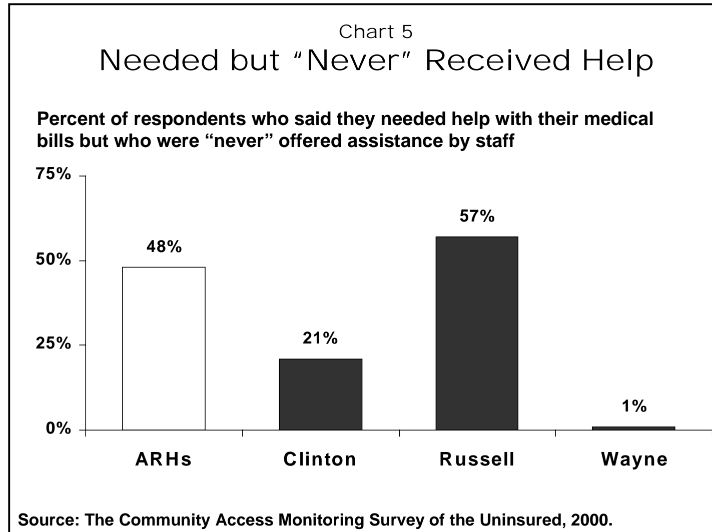
The vast majority of Clinton (90%) and Wayne (98%) respondents reported that they needed help paying for their medical bills, in contrast to 66 percent of Russell respondents. The ARH average was 80 percent.

"I think that the deal they have on helping pay for the uninsured is something great."
Clinton Respondent

"They helped me work out my bill. I was really glad."
Wayne Respondent

"My biggest complaint about Russell County Hospital is their billing. We were paying what we could afford each month faithfully, which was $50-$75. But the hospital told us that if we could not pay the whole bill in six months that we would be automatically turned over to a collection agency. That will ruin our credit! And it's not like we've not been paying but we have $16,000 of medical bills we are paying for. We pay a little on each and I feel that they should be more empathetic to that."
Russell Respondent

Among respondents who said they needed help paying for their medical bills, about four of five respondents for Clinton and Wayne said they were "always" offered assistance by staff. In contrast, only one-third of Russell respondents said they were always offered help. The average for ARHs was 38 percent. More than half (57%) of Russell respondents and 21 percent of Clinton respondents said they "never" received any offer of assistance from staff. (Chart 5)



For those who said they were offered help, Russell and Wayne respondents said that the most common form of assistance offered was a monthly billing plan (56% and 50%, respectively). The most common form of assistance reported by respondents for Clinton was a waiver of their bill (57%).

Seeking Care in the Future

More than half of the respondents for Clinton, Russell, and Wayne stated that they owed money to their hospital. Nearly all the respondents for Clinton and Wayne and four of five respondents for Russell said they would use their hospital again if they had health insurance.

The great majority of respondents for all three hospitals said their past experiences paying for care would either "make it easier" or "make no difference" in their likelihood of seeking care at their facility in the future. For example, three of ten (29%) respondents for Clinton reported that their past paying experience at the facility made it "easier to seek care" there in the future, and three of five (63%) said it would "make no difference." Seventy-six percent of Russell respondents and 91 percent of Wayne respondents also said it would

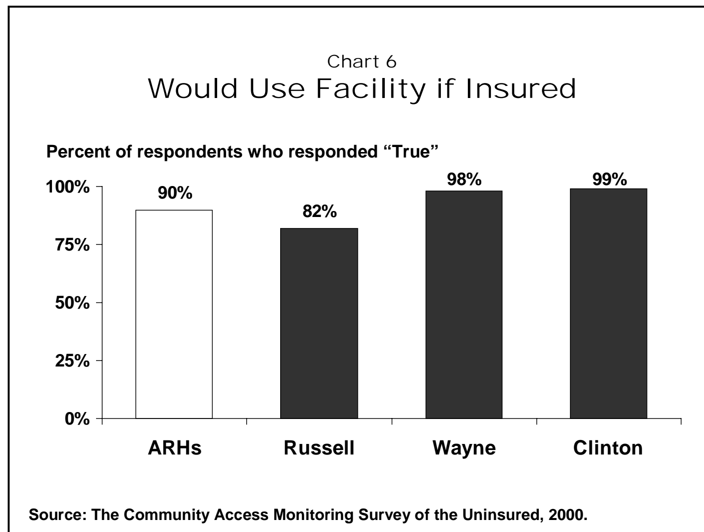
"make no difference." However, 11 percent of respondents for Russell reported that their past bill paying experience would make them not seek care at that facility in the future, and 6 percent said it would cause them to use another facility.

At the same time, more than half of the respondents at all three facilities (between 53% and 58%) said they owed money to their respective facility, and among those who were in debt, 44 percent of Russell respondents and 31 percent of Wayne respondents said the debt would deter them from seeking care there in the future. The proportion for Clinton was nine percent and the ARH average was 29 percent.

Nearly all of the Clinton and Wayne respondents (over 98%) said they would use their facility again if they had health insurance. In comparison, 82 percent of Russell respondents said they would use the facility. The average for ARHs was 90 percent. (Chart 6)

"I would not hesitate to go back because I know they care enough to help me."
Clinton Respondent

"This is a good hospital. They take care of everybody who come through these doors. Of course, I would still come here. It is closer than Somerset."
Russell Respondent



DISCUSSION

This section discusses some of the perceived strengths suggested by the survey responses for respondents who received care at Clinton County Hospital, Russell County Hospital, or Wayne County Hospital, as well as issues that might warrant further consideration.

- More than half (52%) of Russell respondents and more than 70 percent of Clinton and Wayne respondents reported that they used the emergency room more than once in the past year. Clinton respondents were much more likely to have used the outpatient clinic (87%) than Russell or Wayne respondents (56% and 47% respectively). Clinton respondents were also the most likely to report that they used the facility multiple times in the past year (67%), followed by Wayne respondents (46%) and then Russell respondents (29%).
- Eighty-five percent or more of the respondents for Clinton and Russell, as well as 73 percent of Wayne respondents, reported that in their experience their hospital had been open and accepting to them even if they were unable to pay for care. These proportions were much higher than the 62 percent average for All Rural Hospitals (ARHs) included in the CAMS project nationwide. Notably, however, one of five Wayne respondents said the hospital accepted them "reluctantly."
- Between 21 and 24 percent of the respondents for the three facilities said that their respective hospital had a reputation in the community for providing some, very little or no care to the uninsured. These proportions were lower than the ARH average of 37 percent. The remaining respondents either said that that their hospital had a reputation for providing "a lot" of care or that they did not know the hospital's reputation.
- In general, the majority of respondents for Clinton, Russell, and Wayne said that they were either satisfied or very satisfied with the care and service they received from staff. Comparatively few respondents said that they were dissatisfied with the care and service they received.
- Most respondents did not report problems related to accessibility issues such as facility hours, waiting time to get an appointment, and transportation, or else said that they did not know. However, 32 percent of Clinton respondents reported that the waiting time to see a provider on the day of an appointment was a problem for them at least sometimes, and 31 percent of Wayne respondents said the hospital's location was a problem at least sometimes.

- The majority of respondents who had medications prescribed said they paid for them out-of-pocket. Almost all Wayne respondents said they paid for their medications out-of-pocket, compared to 74 percent for Russell, 59 percent for Clinton, and an ARH average of 56 percent. Eighty percent of Wayne respondents said that paying for their medications was “very difficult,” compared to 37 percent of Clinton and 26 percent of Russell respondents.
- Russell respondents seemed to have a particularly difficult time obtaining their medications. Twenty-one percent said they were unable to fill *any* of their prescriptions, and 22 percent said that they were unable to fill *some* of their prescriptions, because of cost.
- Two-thirds of the Clinton respondents and nine out of ten (89%) Wayne respondents said they needed financial help to pay for their medications; in contrast, only 23 percent of Russell respondents said they needed help. Among those who said they needed help, 91 percent of Clinton and Russell respondents, and 67 percent of Wayne respondents, said that staff *never* offered to find out if help was available.
- Three of five respondents for Russell and more than three-fourths of the respondents for Clinton and Wayne said that paying for their medical care was “very difficult.” Ninety percent or more of the respondents for Clinton and Wayne said they needed financial help to pay their medical bills, as did two-thirds of Russell respondents. However, among those who needed help, 78 percent of Clinton respondents and 83 percent of Wayne respondents said staff *always* offered to find out if help was available, while only 33 percent of Russell respondents replied similarly.
- Most respondents said their past experiences paying bills at their hospital would either make it easier, or make no difference, in their likelihood of seeking care there in the future. However, more than half the respondents said they owed money to their hospital; of these respondents, 44 percent of Russell respondents and 31 percent of Wayne respondents said the debt would deter them for seeking care there in the future.
- Nearly all the respondents for Clinton and Wayne and 82 percent of the respondents for Russell reported that they would use their facility again 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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