



Getting Health Care
When You Are
Uninsured:
*A Survey of Uninsured Patients
at The Regional Medical Center
In Memphis, Tennessee*

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Latino Memphis Conexión (LMC) is a nonprofit collaborative organization established in 1995 to address issues of Hispanics living in the Memphis and Shelby County area. The mission of LMC is to build relationships between the Latino community and the greater Memphis community. In its efforts to accomplish this goal LMC, in collaboration with the Memphis and Shelby County Health Department and several local non-profit organizations, formed the Hablemos Español Collaborative, a program designed to train Spanish translators and place them in health care settings throughout the city. LMC also focuses on community health outreach, disseminating health-related materials in churches and other community centers, and holding TennCare sign-ups. It also offers over 15 free English as a second language (ESL) classes in the Memphis area, and organizes an annual Latino Fiesta to celebrate the cultural heritage of Latinos.

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TABLE OF CONTENTS

Executive Summary.....5

Introduction7

 Community Access Monitoring Survey Project.....8

 About This Report.....9

Lack of Insurance is Dangerous to Your Health.....10

 Lack of Insurance and Access to Care.....10

 Lack of Insurance and Health Outcomes.....11

 Benefits of Improved Access to Health Care.....12

 The Health Care Market and Care for the Uninsured13

Community Context.....15

Survey Methodology16

Survey Findings17

 Respondent Characteristics.....17

 Use of Health Services.....17

 Openness to the Uninsured and Satisfaction with Providers.....18

 Accessibility20

 Language Needs.....21

 Obtaining Prescription Medications.....22

 Concerns Over Payment for Health Care22

 Seeking Care in the Future23

Discussion.....25

References28

Appendix A: Table of Survey ResultsA-1

Appendix B: Surveyed Facilities by CAMS Sponsoring Organization and by Type.....B-1

Appendix C: Locations of CAMS Sponsoring Organizations and State Uninsurance Rates 1997-98C-1

Appendix D: Survey InstrumentD-1

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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, Memphis, Tennessee. The survey was conducted in the summer of 2000 and gathered information from 300 uninsured patients who obtained health care at The Memphis Regional Medical Center 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

- ◆ Respondents for The Memphis Regional Medical Center (The Med) were less likely to use the emergency room and more likely to use the outpatient clinic than respondents for All Urban and Suburban Hospitals (AUSHs) included in the CAMS project nationally.
- ◆ Nine of ten respondents for The Med said they were satisfied or very satisfied with the care they received from doctors. However, respondents were more likely to be dissatisfied with their interactions with many other categories of staff than the averages for AUSHs. Only 38 percent of respondents said they were always treated with respect, compared to an AUSH average of 61 percent.
- ◆ Respondents for The Med were much less likely than respondents for AUSHs to view the hospital as open to the uninsured. Only one of six reported that the hospital had been open and accepting to them even if they could not pay, compared to 61 percent for

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AUSHs, and only eight percent said the hospital had a reputation for providing “a lot” of care for the uninsured, compared to 44 percent for AUSHs. Only half of the respondents said they would use the hospital again if they had health insurance, much lower than the AUSH average of 77%.

- ◆ The average time reported by respondents to get an appointment was nearly three weeks. This was a full week longer than the average reported by respondents for AUSHs.
- ◆ More than half of the respondents reported that the location of the hospital, convenience to public transportation, and getting transportation assistance when needed had been a problem at least sometimes, much higher than AUSH averages.
- ◆ Among respondents who said they needed interpreter services, almost all (93%) said interpreters were *not* readily available. In addition, only four percent of these respondents said they noticed signs in the waiting area in Spanish and only 15 percent said they were given written information in Spanish. The averages for AUSHs were over 40 percent.
- ◆ One of six (16%) respondents said either they did not understand or were not provided with instructions for taking their medications.
- ◆ Respondents for The Med were much less likely than the averages for AUSHs to report that paying for their medical care or prescriptions was very difficult. However, among those respondents who received prescriptions, nearly nine of ten paid for them out-of-pocket, much higher than the AUSH average of 57 percent. Among the nearly half of the respondents who said they needed financial assistance to pay their medical bills, nearly two of five said staff “never” offered assistance.

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 general research documenting the impact of lack of insurance on healthcare access and on health outcomes, describes the survey results at one CAMS site, Memphis, Tennessee. The survey was conducted by Latino Memphis Conexión (LMC) in the summer of 2000, and gathered information from 300 uninsured individuals who received care at The Memphis Regional Medical Center in the previous year. Along with providing the results of the survey for this facility, 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.

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LACK OF INSURANCE IS DANGEROUS TO YOUR HEALTH

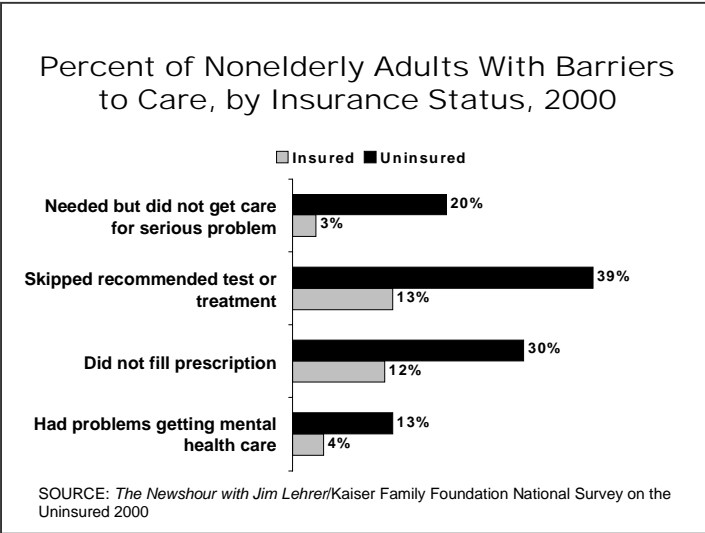
With great consistency, national research has demonstrated that insurance status affects the amount and type of care individuals receive. Lack of health insurance is related to both reduced access to care and to poorer health outcomes. In addition, many of the changes in the health care market over the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

LACK OF INSURANCE AND ACCESS TO CARE

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

- ◆ One third of uninsured U.S. residents reported problems of access to care, and about two-thirds had delayed care, because of problems in paying for health services;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 Latino Memphis Conexión (LMC).

Memphis, with its nearly 1 million residents, is a major urban area in Tennessee. Over the last few years, the region has had one of the fastest growing Latino populations in the nation. This rapid growth is primarily attributable to local labor shortages, which has led many Latinos to migrate to the area to fill available jobs. Although reliable numbers are unavailable, recent local estimates by the city and county law enforcement departments, public utilities, and local Hispanic advocacy organizations put the current numbers at somewhere between 80,000 and 100,000.³¹ Memphis' Latino population is generally young and healthy, and its main health needs include the areas of maternal and infant care, injury-related trauma, and nutritional disorders such as obesity and diabetes.

In the U.S., Hispanics have the highest uninsurance rates of any racial or ethnic group. The Commonwealth Fund³² found that, nationally, the percentage of Hispanics under the age of 65 who are uninsured is nearly twice the rate of the general population, their number almost doubled between 1987 and 1998, and most are employed. In Memphis, it is estimated that a majority of Latino residents lack health insurance.³³ Many are immigrants and migrant workers who do not qualify for most public health insurance programs. Others are unaware of or lack information about insurance programs for which they are eligible, or have difficulty enrolling in them and obtaining care because of language barriers.

The Memphis Regional Medical Center, more commonly known as The Med, is a public hospital that operates in conjunction with the University of Tennessee School of Medicine. It is one of the few hospitals in Memphis that serves uninsured patients and, for many uninsured Latinos, it is the primary source of medical care. For this reason, the Memphis CAMS project focused its survey activities on uninsured patients who had received care at this facility.

Latino Memphis Conexión undertook the CAMS project to gain information about the experiences and perceptions of uninsured Latinos when they obtain medical care, in order to better understand their health care needs and identify any barriers they face when accessing care.



SURVEY METHODOLOGY

Surveys were conducted by eight surveyors, including two LMC staff and six surveyors hired for the project; all were either native Spanish speakers or fully bilingual. All surveyors attended a full-day training session in survey administration, which was conducted by trainers from the Health Training Innovations Program of The Medical Foundation in Boston. All interviews were conducted in Spanish.

All surveys were conducted in June and July of 2000. To be eligible to participate, respondents had to have received care at The Memphis Regional Medical Center during the last year while uninsured. The surveyors, who had strong connections in the Latino community, recruited respondents through community contacts, as well as through door-to-door canvassing in Latino neighborhoods, visits to work sites and, to a lesser extent, through referrals from qualified respondents. Most interviews were conducted in people's homes, although some took place at clinics and work sites. Upon completion of the survey, respondents were offered a \$10 coupon for groceries, as well as informational materials in Spanish describing Latino Memphis Conexión and various health services available to Latinos in the Memphis area.

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.

Three hundred surveys were completed. 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 Memphis Regional Medical Center. *The results reflect the experiences only of those surveyed.*

SURVEY FINDINGS

This section describes the survey results for respondents who received care at The Memphis Regional Medical Center (The Med) while uninsured and compares them with averages for All Urban and Suburban Hospitals (AUSHs) 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 The Memphis Regional Medical Center, 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 varied in age, but were slightly younger overall than the AUSH average. Nearly all the respondents were Hispanic and chose to take the survey in Spanish.

Respondents varied in age, but tended to be younger than the average for AUSHs: that is, a smaller proportion of The Med respondents were over 40 years of age than the average for AUSHs (17% vs. 31%, respectively). One of five respondents (19%) answered on behalf of a child.

Ninety-nine percent of the respondents identified themselves as Hispanic. In comparison, the AUSH average was 37 percent. All the respondents chose to take the survey in Spanish.

USE OF HEALTH SERVICES

Three of five respondents reported emergency room use and nearly two-thirds used an outpatient clinic at least once in the past year. Most respondents used the hospital more than once in the past year.

Fifty-nine percent of The Med respondents reported that they used the emergency room at least once in the past year, a proportion lower than the AUSH average (77%).

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About two of three respondents for The Med stated that they used the outpatient clinic at least once in the past year. In comparison, the average for AUSHs was much lower—45 percent.

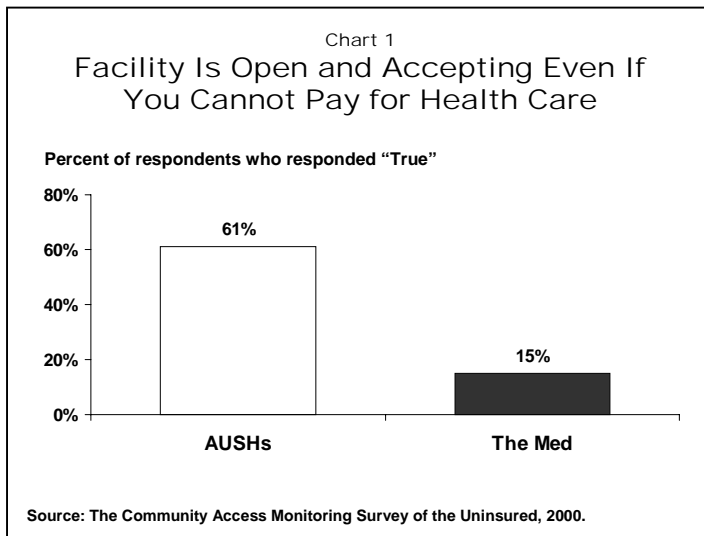
Three of five (59%) respondents for The Med reported that they used the facility more than once in the past year. This proportion was similar to the AUSH average (62%).

The Med respondents were only about half as likely as the average for AUSHs to report that they sought care to treat a chronic problem such as asthma or diabetes (18% vs. 32%, respectively).

OPENNESS TO THE UNINSURED AND SATISFACTION WITH PROVIDERS

One of six respondents said the hospital had been open and accepting to them even if they were unable to pay and about one of five respondents said that the hospital had a reputation in the community for providing a lot of care to the uninsured. In addition, about one-third of the respondents reported that they were unsatisfied with the care and service they received from receptionists, nurses, social workers, and billing clerks.

Only 15 percent of respondents for The Med reported that the hospital had been “open and accepting” to them if they were unable to pay for care. The average for AUSHs was four times higher. (Chart 1)



"I was treated okay. The problem was the language because we can't speak English. They don't listen to us."
Med Respondent

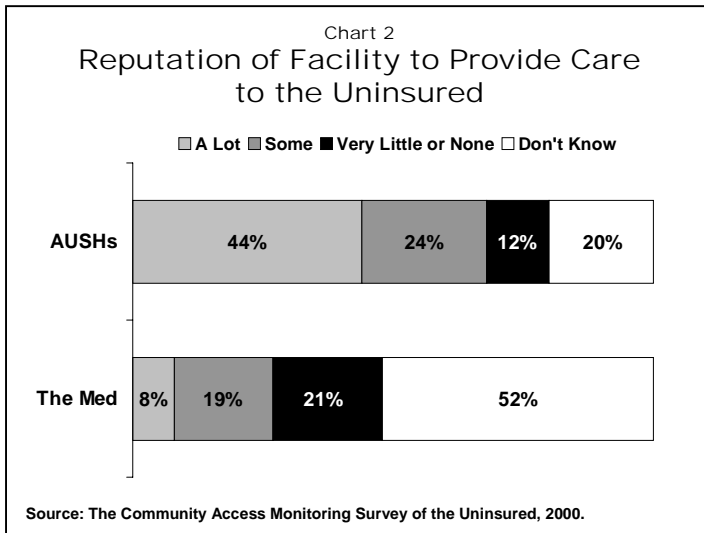
"They treat Latinos badly. They think we are not going to pay."
Med Respondent

"My treatment was completely different from what I heard. I don't speak English, but they treated me excellent. Only one nurse treated me badly, but she was the only one."
Med Respondent

About one of five (22%) respondents for The Med said that the hospital “reluctantly” accepted them if they couldn’t pay. Fifteen percent of respondents said The Med provided only “some care” and 10 percent said that it provided no assistance if they couldn’t pay. Notably, 40 percent of the respondents said that they did not know how open and

accepting the facility had been to them, a proportion much higher than the AUSH average of 9 percent.

About one-fifth of the respondents for The Med reported that the hospital had a reputation for providing “very little or no care” to the uninsured, while 8 percent said that the hospital provided “a lot” of care. Notably, more than half (52%) responded that they did not know the reputation of the facility. (Chart 2)



Respondents for The Med tended to have lower satisfaction ratings and higher dissatisfaction ratings than the averages for AUSHs when asked about their interactions with various categories of staff.

Specifically, about one-third (between 32% and 37%) of the respondents reported that they were either “dissatisfied” or “very dissatisfied” with the care and service they received from receptionists, nurses, social workers, and billing clerks. The averages for AUSHs ranged from 10 to 18 percent. In addition, one of four (23%) reported that they were either “dissatisfied” or “very dissatisfied” with the care they received from physician assistants. In comparison, the average for AUSHs was nine percent.

However, nine of ten respondents (90%) said they were either “satisfied” or “very satisfied” with the care and service they received from their doctors, a proportion identical to the AUSH average.

Only about two of five respondents (38%) reported that health care professionals “always” treated them with respect, much lower than the AUSH average of 61 percent. Most respondents (49%) said they were

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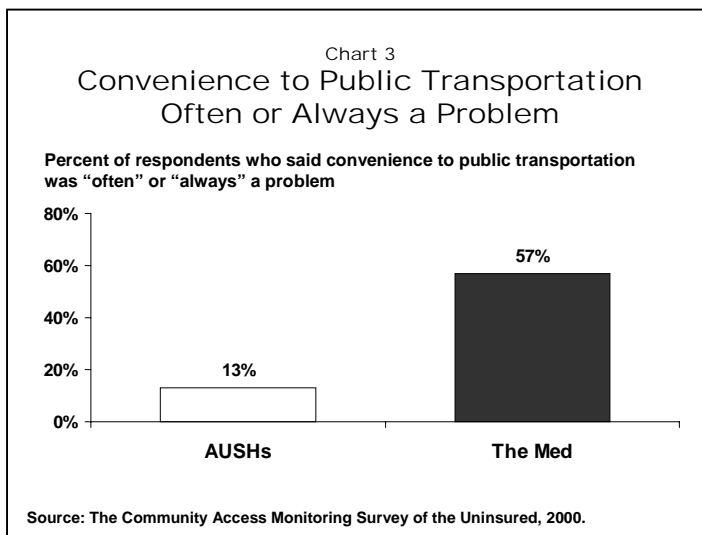
“sometimes” treated with respect, while 13 percent reported that they were “never” treated with respect.

ACCESSIBILITY

The majority of the respondents reported problems related to the hospital’s location and convenience to public transportation, as well as with waiting times for appointments.

Two-thirds (66%) of The Med respondents reported that the location of the facility was a problem for them at least sometimes, a proportion much higher than the AUSH average of 29 percent. Indeed, the average travel time reported by respondents was about 12 minutes longer than the AUSH average (34 minutes vs. 22 minutes, respectively).

The majority of respondents—57 percent—reported that access to convenient public transportation was “often” or “always” a problem for them, a proportion three times larger than the AUSH average. (Chart 3)



In addition, 55 percent of The Med respondents stated that getting transportation assistance when needed was “often” or “always” a problem, much higher than the AUSH average of 13 percent.

Med respondents were also more likely to report that the facility’s hours of operation were a problem for them at least sometimes than the average for AUSHs (24% vs. 11%, respectively).

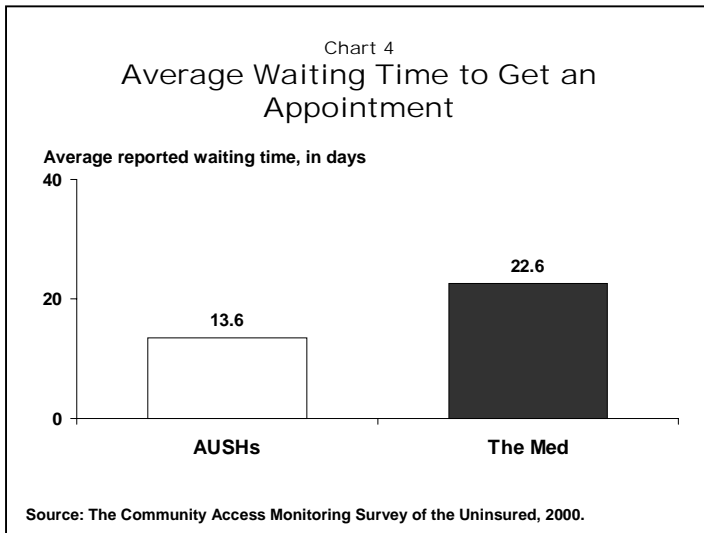
“It would be better if they could open the clinic on Saturdays and if they wouldn’t take so long to assign an appointment.”

Med Respondent



Three of five (59%) respondents said that the time to get an appointment was a problem for them at least sometimes, a proportion much higher than the AUSH average of 36 percent. Indeed, the average reported time to get an appointment was over 23 days, which was more than a week longer than the average for AUSHs. (Chart 4)

“They take too long to treat their patients. They also take a long time in giving you an appointment – up to two months.”
Med Respondent



Waiting time on the day of the appointment was an issue for more than half (54%) of the respondents for The Med, a proportion similar to the AUSH average (52%). However, the average waiting time reported by respondents was about six minutes shorter than the average for AUSHs (57 minutes and 63 minutes, respectively (ns)).

“They should keep in mind that there are Latinos that only speak Spanish and we need information about payment plans, information about the service and translation.”
Med Respondent

LANGUAGE NEEDS

About one of four respondents said they needed interpreter services. Among the respondents who needed help, the overwhelming majority said that an interpreter was unavailable. In addition, respondents were not likely to report that they saw signs in Spanish or were provided with written information in Spanish.

“They said they had a translator, but when I needed one there were none.”
Med Respondent

“I took a translator so I would be able to understand.”
Med Respondent

One-fourth (27%) of The Med respondents said that they needed interpreter services. Among the respondents who said they needed assistance, nearly all—93 percent—did not find an interpreter to be readily available. In addition, only four percent said that they noticed signs in Spanish in the waiting area and only 15 percent reported that they were given written information in Spanish. In comparison, the averages for AUSHs were over 40 percent.

“One of the biggest problems of the hospital is they do not have translators for Latinos. It is difficult to make an appointment or to understand them.”
Med Respondent

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Among The Med respondents who needed assistance, the majority said that the interpreter’s ability was either “very good” or “fair,” but one-fourth (25%) said that it was “poor.”

OBTAINING PRESCRIPTION MEDICATIONS

Three of four respondents received prescriptions for medications. Among these respondents, nearly nine of ten reported that they used a drug store and paid for their medications out-of-pocket. About one of ten said that paying for the medications was very difficult or that they needed financial assistance to pay for them. In addition, many respondents said that they were not given or did not understand their medication instructions.

“I didn’t buy the medicines because I didn’t understand the instructions.”
Med Respondent

“They were kind with pregnant women, but my only problem was the instructions to my medication because I didn’t understand.”
Med Respondent

“I can’t work like I used to, so I had to borrow money to buy the medicines.”
Med Respondent

Three of four respondents reported that they received prescriptions for medications. Among these respondents, 86 percent stated that they obtained their medications at a drug store and paid out-of-pocket. This figure was much higher than the average for AUSHs (57%). Another 23 percent of The Med respondents reported that they were given their medications free, a proportion similar to the AUSH average of 27 percent.

About one of six respondents (16%) reported that they were not given or did not understand their medication instructions. In comparison, the average for AUSHs was seven percent.

Thirteen percent of The Med respondents reported that paying for their medications was “very difficult,” a proportion much smaller than the AUSH average (40%). In addition, respondents for The Med were much *less* likely to state that they needed help paying for their medications compared with the average for AUSHs (10% vs. 47%, respectively).

CONCERNS OVER PAYMENT FOR HEALTH CARE

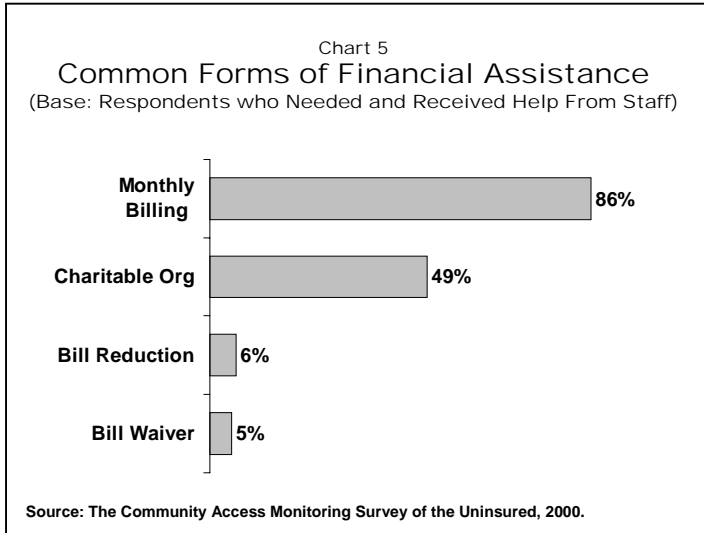
About one-third of the respondents reported that paying their medical bills was very difficult, but nearly half reported that they needed assistance with payment. Among the respondents who needed help, nearly two-thirds reported that they received help at least sometimes. However, almost two of five respondents said they never received assistance.

The Med respondents were half as likely as the average for AUSHs to report that they found paying their medical bills “very difficult” (32% vs. 61%, respectively), while 45 percent said they needed financial assistance to pay their medical bills. However, this proportion was



smaller than for AUSHs (65%). Among The Med respondents who needed help, 15 percent stated that staff “always” or “often” offered help, but 38 percent stated that staff “never” offered any assistance.

Of those who did receive help, a monthly billing plan was the most common form of assistance offered, followed by referral to a charitable organization. (Chart 5)



“The hospital gives you the opportunity to make payments. If the amount is big, then you can give \$20 a month.”
Med Respondent

“They give you the opportunity to make monthly payments.”
Med Respondent

SEEKING CARE IN THE FUTURE

About one-half of The Med respondents reported that they owed the hospital money. One-half of the respondents stated that they would use the facility if they had health insurance.

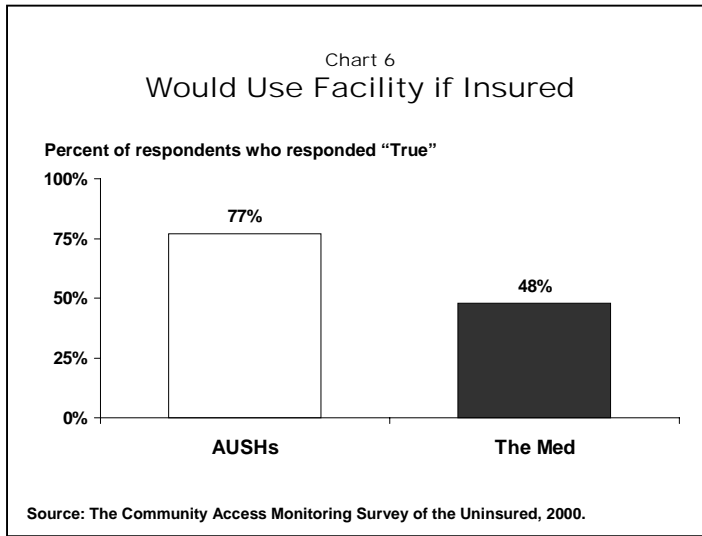
When asked how their past experience paying bills at the hospital would affect their future care, the majority of respondents—68 percent—said that it would make no difference. However, 16 percent said they would use a different facility.

More than half of the respondents for The Med reported that they had unpaid bills at the hospital. Among those who had unpaid bills, only ten percent said the debt would deter them from seeking care at the hospital again, a figure comparatively smaller than the average for AUSHs (28%). However, Med respondents were much less likely than the average for AUSHs to report that they would use the facility if they had health insurance (Chart 6)

“I believe I would be able to go back, even though I owed.”
Med Respondent

“The cost is the last thing on your mind when your health is on the line. But I wouldn’t go there again because they discriminate a lot.”
Med Respondent

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DISCUSSION

This section discusses some of the perceived strengths and issues for further consideration suggested by the survey responses for respondents who received care at The Memphis Regional Hospital (The Med).

STRENGTHS

- ◆ Respondents for The Med were less likely to use the emergency room and more likely to use the outpatient clinic than respondents for All Urban and Suburban Hospitals (AUSHs) included in the CAMS project nationally.
- ◆ Nine of ten respondents for The Med said they were satisfied or very satisfied with the care they received from doctors.
- ◆ Respondents for The Med were much less likely to report that paying for their medical care or prescriptions was very difficult than the averages for AUSHs. Only ten percent of The Med respondents said they needed help paying for medications. Forty-five percent said they needed help paying for their medical care.

ISSUES FOR FURTHER CONSIDERATION

- ◆ Respondents for The Med were much less likely than respondents for AUSHs to view the hospital as open to the uninsured. Only 15 percent of respondents reported that in their experience the hospital had been open and accepting to them even if they could not pay, compared to 61 percent for AUSHs. Only eight percent said the hospital had a reputation for providing “a lot” of care for the uninsured, compared to 44 percent for AUSHs. Notably, more than half the respondents said they did not know the reputation of the facility.
- ◆ Respondents were more likely to be dissatisfied with their interactions with many categories of staff than the average responses for AUSHs. Specifically, about one-third or more reported that they were dissatisfied with the service and care they received from receptionists, nurses, social workers, and billing clerks. Only 38 percent of respondents said they were always treated with respect, compared to an AUSH average of 61 percent.
- ◆ The average time reported by respondents to get an appointment was nearly three weeks. This was a full week longer than the average reported by respondents for AUSHs.

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- ◆ More than half of the respondents for The Med reported that the location of the hospital, convenience to public transportation, and getting transportation assistance when needed had been a problem at least sometimes, much higher than AUSH averages. Furthermore, the travel time reported by respondents was 12 minutes longer than the average reported by respondents for AUSHs.
- ◆ Although all respondents took the survey in Spanish, only one-fourth reported needing interpreter services. This discrepancy may be explained in part by comments of many respondents who said that they brought interpreters with them because the hospital might not have one available. In fact, of those respondents who said they needed interpreter services, 93 percent said interpreters were not readily available.

In addition, respondents who needed help with translations were not likely to report that they noticed signs in the waiting area in Spanish (4%) or that they were given written information in Spanish (15%). The averages for AUSHs were over 40 percent.

- ◆ One of six (16%) respondents said either they did not understand or were not provided with instructions for taking their medications.
- ◆ Among the nearly half of the respondents (45%) who said they needed financial assistance to pay their medical bills, nearly two of five (38%) said staff “never” offered assistance.
- ◆ Among those respondents who received prescriptions, nearly nine of ten (86%) purchased their medications at a pharmacy, much higher than the AUSH average of 57 percent.
- ◆ Only half of the respondents (48%) said they would use the hospital again if they had health insurance, much lower than the AUSH average of 77%.

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

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discussion and investigation as communities attempt to ensure and improve access to care for their uninsured residents.

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