



Accessing Quality Health Care for the Uninsured

***A Descriptive and Comparative
Profile of Cincinnati, Ohio***

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This report was done in collaboration with
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The Access Project is a national initiative of The Robert Wood Johnson Foundation, in partnership with Brandeis University's Heller Graduate School 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 Legal Aid Society of Greater Cincinnati provides free legal services to low-income persons in Brown, Butler, Clermont, Hamilton and Warren Counties in Southwestern Ohio. Founded in 1908, Legal Aid provides a wide range of civil legal services. These include individual health-related legal services, such as appealing denials of Medicaid eligibility, as well as advocacy for health policy, including a successful effort in 1999 to expand Medicaid eligibility to parents below the poverty line. Legal Aid represented clients in litigation that unsuccessfully challenged the conversion of University Hospital in Cincinnati from a public to private non-profit hospital.

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Executive Summary

The Access Project collaborated with the Legal Aid Society of Greater Cincinnati to field test a community-based survey developed by Dennis Andrulis, Ph.D. of the SUNY Health Science Center in Brooklyn, N.Y. The Survey on Access to Health Care for the Uninsured was administered to 50 uninsured Cincinnatians in August and September of 1999. The survey was also tested in Lincoln, Oregon, Los Lunas, New Mexico, Torrance County, New Mexico, and Raleigh, North Carolina. The major findings of the survey are:

- 46% of uninsured Cincinnatians surveyed do not receive needed medications because they cannot afford them compared to 26% in the other sites.
- 90% of uninsured Cincinnati respondents need help paying their medical bills compared to 70% in other sites.
- 72% of uninsured Cincinnatians surveyed feel their healthcare providers are willing to care for the uninsured, but only 52% were offered help in paying bills by their provider.
- Uninsured Cincinnati respondents waited an average of 70 minutes to see a health practitioner.

This report describes the challenges facing the uninsured in Cincinnati and can provide direction for key officials and community representatives to improve health care for this population. It documents why uninsured people face significantly greater threats to their health. It also presents new survey-based information on access to and quality of health care for individuals without insurance in Cincinnati.

Introduction

Access to health care for the uninsured has been a major national issue that has grown in importance as the numbers of uninsured have steadily increased throughout the last decade to reach 44 million people. It is at the local level, in cities and towns across the country, where communities witness the consequences and bear the ultimate responsibility for health care for the uninsured. Communities, however, also have the potential to mobilize resources to improve access to care.

This report describes the challenges facing the uninsured in Cincinnati, Ohio, with the objective of providing direction for key officials and community representatives to improve health care for this population. It documents why uninsured people face significantly greater threats to their health. It also presents new survey-based information on access to and quality of health care for individuals without insurance in Cincinnati.

Background

Review of research on access to health care and its effects has demonstrated that reducing the barriers to health services is critical to improving the health and well being of a community's residents and is an essential part of intervention for the

**Lack of Insurance
is Dangerous to
Your Health**

uninsured¹. Moreover, the *lack* of access has been shown to adversely affect the uninsured in terms of morbidity and mortality.

Reports on low-income populations that include the uninsured and the effect of their health status indicate that these individuals have greater rates of potentially avoidable—and frequently more costly—hospitalizations², as well as greater reliance on emergency departments^{3,4,5}. The adverse impact on access extends into prenatal care. A study of uninsured pregnant women found that they were at greatest risk for starting their prenatal visits late and for having an inadequate number of visits compared to both privately insured women and those with Medicaid⁶.

Children living in poverty are also more likely to receive lower quality care and to die in infancy⁷. International studies comparing healthcare access for the U.S., Canada and Germany in the mid-1990s found that one third of the uninsured U.S. residents reported financially based access problems, and about two-thirds had delayed care because of problems in paying for health services.⁸

The healthcare effects for those lacking insurance are substantial. Studies focusing on outcomes found that, with few exceptions, patients without insurance are more likely to die in the hospital⁹, implying that these individuals may postpone care until it is too late. Similarly, uninsured women with breast cancer had lower survival rates¹⁰. Another study among young adults without insurance also suggests that deaths were higher because they were not able to obtain needed care¹¹.

¹Dennis Andrulis, "Access to Care is the Centerpiece in the Elimination of Socioeconomic Disparities in Health," *Annals of Internal Medicine*, 129 (1998): 412-416.

²G. Pappas, W. Hadden, L. Kozak, and G. Fisher, "Potentially Avoidable Hospitalizations: Inequalities in Rates Between US Socioeconomic Groups," *American Journal of Public Health*, 87(1997): 811-816.

³R. Stern, J. Weissman, and A. Epstein, "The Emergency Department as a Pathway to Admission for Poor and High-cost Patients," *JAMA*, 266 (1991): 2238-2243.

⁴A. Ahern and H. McCoy, "Emergency Room Admissions: Changes During the Financial Tightening of the 1980s," *Inquiry*, 29 (1992): 67-79.

⁵R. Shea, D. Misra, M. Ehrlich, L. Field, and C. Francis. "Predisposing Factors for Severe, Uncontrolled Hypertension in an Inner-city Minority Population," *New England Journal of Medicine*, 327(1992): 776-781.

⁶ B. Spillman, "The Impact of Being Uninsured on Utilization of Basic Healthcare Services," *Inquiry*, 29(1992): 457-466.

⁷ National Academy on Aging, "One in Four: Child Poverty in America," *The Public Policy and Aging Report*, 1997: 8.

⁸ K. Donelan, R. Blendon, J. Benson, R. Leitman, and H. Taylor, "All Payer, Single Payer, Managed Care, No Payer: Patients' Perspectives in Three Nations," *Health Affairs (Millwood)*, 15 (1996): 254-265.

⁹ J. Hadley, E. Steinberg, and J. Feder, "Comparison of Uninsured and Privately Insured Hospital Patients: Condition on Admission, Resource Use, and Outcome," *JAMA*, 265 (1991): 374-379.

¹⁰ J. Ayanian, B. Kohler, T. Abe, and A. Epstein, "The Relation Between Health Insurance Coverage and Clinical Outcomes Among Women with Breast Cancer," *New England Journal of Medicine*, 329 (1993): 326-331.

¹¹ P. Franks, C. Clancy, and M. Gold, "Health Insurance and Mortality: Evidence from a National Cohort," *JAMA*, 270 (1993): 737-741.

The Benefits of Improved Access to Health Care

Making health services available to the uninsured leads to significant improvement in use of critical services and therefore in health status. In the Seattle area, for example, having insurance was strongly related to ease of access to care, and was the strongest predictor for having a regular source of care¹². When previously uninsured individuals were enrolled in a managed care program, investigators found healthcare use similar to a commercially enrolled group¹³.

Increased access to care for individuals infected with HIV represents one of the most recent dramatic instances of both improved health and lives saved. According to the Centers for Disease Control and Prevention, 1997 represented the first decrease in AIDS-related opportunistic infections¹⁴. One of the major reasons given for this success was making available the new anti-retroviral therapies: the proportion of patients using this treatment regimen—of which many must 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 also offers a lesson on how access to critical pharmaceutical treatments can make the difference between life and death.

Summary

This brief overview demonstrates both the inherent threats to the health and well being of uninsured individuals without access to quality health care, as well as the benefit derived from reducing these barriers. Such findings set the context for the insights into the status of healthcare access for uninsured residents of Cincinnati, Ohio that are identified in the following description of the community-based survey conducted by the Legal Aid Society of Greater Cincinnati.

Site Background

Cincinnati has undergone tremendous change in the delivery of health care in the last decade. Two urban hospitals have closed. Between 1990 and 1996, the total number of public hospital beds declined by 34.7% and there was a 17.7 % decline in nonprofit hospital beds¹⁵. All private hospitals have entered alliances with other hospitals. The employer community organized to negotiate lower managed care premiums, which reduced insurance reimbursement to well below national averages. A rapid decrease in Medicaid enrollment, tied to welfare reform, has created significant financial pressure on hospitals and public health clinics. In 1996, Legal Aid represented clients in litigation to challenge the conversion of University Hospital from a public hospital (once owned by the City of Cincinnati), to a private, nonprofit hospital owned by the Health Alliance. The City of Cincinnati and a group of taxpayers also challenged the conversion through litigation. University Hospital had traditionally been the primary provider of care for low-income uninsured people. Conversion raised concerns over University Hospital's continued commitment to providing indigent care. The hospital receives \$30 million annually in support from a county property tax levy to support that care.

¹² B. Saver and N. Peterfreund, "Insurance, Income and Access to Ambulatory Care in King County, Washington," *American Journal of Public Health*, 83 (1993): 1583-1588.

¹³ H. Bograd, D. Ritzwoller, N. Calonge, K. Shields, and M. Hanahan, "Extending Health Maintenance Organizations to the Uninsured: A Controlled Measure of Healthcare Utilization," *JAMA*, 277 (1997): 1067-1072.

¹⁴ "Update: Trends in AIDS Incidence—United States, 1996," *MMWR*, 46 (1997): 861-867.

¹⁵ D. Andrulis and N. Goodman, National Public Health and Hospital Institute, *The Social and Health Landscape of Urban and Suburban America*, American Hospital Association Press, 1999.

During the early 1990s, Cincinnati, like many other cities, faced a number of significant challenges to well being. For example, according to census data, more than one in five people lived in high poverty areas, over 36% of children lived in poverty, and the concentration of the population living in high poverty areas ranked 91st among the nation's 100 largest cities. In 1995, Cincinnati's rate of infant mortality, 14.93 per 1,000 live births, ranked 95th and its rate of low birth babies, 105.41 per 1000 births, ranked 82nd among the 100 largest U.S. cities¹⁶. These statistics reinforced concerns over the impact of the conversion of University Hospital on the uninsured in the county.

In the midst of this turbulent environment, the need to gather data about uninsured people and access to health care is apparent. In August and September of 1999, The Access Project's Survey on Access to Health Care for the Uninsured was pilot-tested with 50 local uninsured people. This survey was also tested at four other sites across the country under the supervision of Dennis Andrulis, Ph.D., Research Professor at SUNY Health Science Center in Brooklyn, NY.

Methodology

Four trained administrators conducted the surveys, which took an average of 15 minutes to complete. All 50 were conducted over the phone. The survey consisted of 40 questions, some of which were specifically geared to individual's experiences at University Hospital. Twenty-one respondents had used University Hospital, thirteen respondents had used the City of Cincinnati Health Clinics, and the remainder used sixteen other healthcare facilities. Only uninsured individuals were interviewed.¹⁷

Survey Findings

This narrative profiles the characteristics of care for the uninsured that used hospitals and clinics in Cincinnati, Ohio between August 1998 and September 1999. Comparing Cincinnati with four other sites conducting the survey (Lincoln, OR, Valencia, NM, Torrance County, NM and Raleigh, NC), it identifies the patterns distinguishing respondents from the Cincinnati community and points out common ground with other sites. **All comparisons across sites were statistically significant, unless otherwise indicated (ns = non significant).** An accompanying table summarizes comparisons of uninsured respondents in Cincinnati with the other sites that participated in this project.

Patient Descriptive and Demographic Characteristics

A much greater proportion of Cincinnati's uninsured respondents were African-American than the average for other sites. Similar to the North Carolina site, the overwhelming number was African-American (69%), which was significantly higher than the other sites (the average for the pilot sites is 18%). The majority of Cincinnati respondents were under thirty-five, but almost one-sixth was over fifty (ns). Most were female. They were also very likely (86%) to have visited the provider more than once in the previous year (ns).

¹⁶ Andrulis et al., *The Social and Health Landscape*, 1999.

¹⁷ Prospective respondents were screened from individuals who had contacted Legal Aid seeking legal assistance and answered yes to the screening question "Does anyone in your household lack medical coverage?"

Facility and Staffing

Uninsured respondents in Cincinnati generally viewed the Ohio healthcare sites as helpful and open. Almost three quarters of the respondents (72%) stated that the clinic and hospital providers are willing to care for the uninsured, higher by far than any other site (next highest: Raleigh/Durham—58%; pilot site average—57%). About two in five responded that the facility had a reputation for providing substantial amounts of care to the uninsured (ns). Ninety percent of respondents felt the staff was generally helpful (ns), while almost half believed that the staff reached out to the uninsured in the community, far more than any other site (pilot site average—28%).

“Don’t know anyone who’s been turned away; they take everyone.”

“Staff come in and tell you about asthma and meds and prevention... I learned a lot from them.”

“They ordered a cab for free to bring me home.”

Services

Wait times to see a doctor or other health provider were significantly longer for uninsured respondents in Cincinnati than most of the other sites. When asked about how long it took to see a health practitioner, Cincinnati uninsured respondents reported an average of 70 minutes, which was among the highest of all sites. Cincinnati respondents also reported that it took an average of 19 minutes in traveling time to reach the facility (lower than other sites). Wait times to get an appointment, 10 days, were in line with other sites.

“They accept you, but put you at the bottom of list because (you) have no insurance.”

“They treat you differently if you don’t have insurance—rude, make you wait longer.”

“My son sprained his wrist and they suspected me of child abuse when we had no insurance... when we had insurance, they never asked about abuse.”

Medications

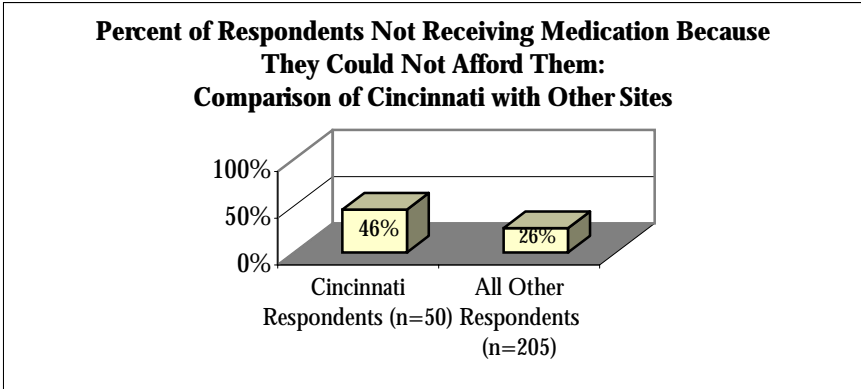
Almost half of the uninsured respondents in Cincinnati reported they did not get their medications when they left the hospital or clinic because they could not afford to—the highest proportion of all sites. About one third of the uninsured Cincinnati respondents stated their medications were supplied free, approximating other sites (ns) and, like other sites, most had their medications explained to them (ns). However, 46% stated they did not get their medication when leaving the facility, far greater than the next highest site, 33%, and the 30% average across sites. The consequences of lack of access to medication can be severe, as the following verbatim experiences of individuals in Cincinnati attest. These implications of lack of access are both real and of great concern.

“Can’t always afford heart medicine and risk having another heart attack because of that.”

“Have prescriptions for seven meds and can’t get any of them right now because I can’t pay.”

“I get sick because I can’t take meds the way I need to... can’t maintain sugar.”

“Paying for medicine is the biggest problem.”



Financing

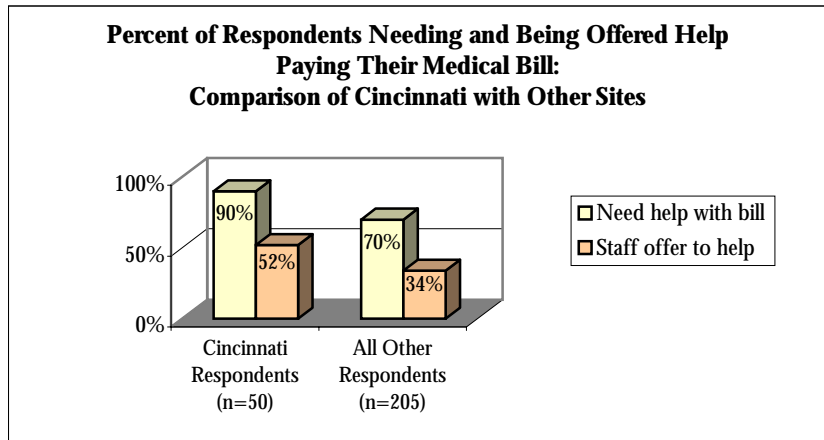
Nine in ten uninsured Cincinnati respondents reported needing help paying their medical bill, leading all other sites. But provider staff also offered some assistance in meeting costs. Almost one quarter feel they would not use this same provider if they were insured. Ninety percent of the Cincinnati uninsured respondents stated they needed help paying their medical bill, by far the greatest among all other sites and far higher than the average (70%). Like most other sites the majority of Cincinnati respondents—in this case almost two-thirds—reported that it was very difficult to pay their medical bill (65%) (ns). However, over one half stated that staff offered assistance in paying the medical bill. When asked how these financing challenges will affect future care, over one fourth stated they would not seek care at that facility (ns), and 23% stated they would not use the facility if they were insured (ns).

“They try to work with you.”

“Doctors and nurses are great, but receptionist never offered financial assistance even though application form was available.”

“May get evicted because can’t pay rent because paying huge medical bills.”

“Will only go if real emergency because of fear about the (medical) bill.”



Summary of Findings

The small number of uninsured respondents in Cincinnati makes the findings from this report more suggestive than definitive. Nonetheless, it points out strengths in the reputation of the providers and in the willingness of staff to assist the uninsured. At the same time, the very large proportion that needs assistance in paying for health care, and in particular, that almost half of the respondents did not receive their medications at their providers (most likely due to costs), are likely to pose major challenges for these and other uninsured patients. These represent points for further review and potential intervention for Cincinnati uninsured.

Comparison of Cincinnati to All Other Sites

So what is p-value? Statistics based on samples are always subject to “sampling error,” that is, there is most likely some difference between a value that a sample yields and the *true* value in the population that the sample represents. Statistics are often given with a range (for example, “plus or minus 3%”) for this reason. Because of sampling error, two numbers based on samples, which appear to be different, may not actually be different; their ranges might overlap. The p-value is a statistical measure to determine if there is a true, significant difference between compared numbers. The value of $p < .05$, which is a standard accepted level of significance, says that the likelihood is 5% or less that the comparison between two sample statistics is *not* the same as the population comparison. The difference is said to be “statistically significant.” The lower that p-value (e.g., $p < .01$), the more likely that the differences are significant.

	Cincinnati N = 50	All Others N = 205	p-value (please see above)
Age			.19
Under 18	14%	7%	
19-35	42	43	
36-49	28	39	
50-64	16	10	
Race/Ethnicity			.001
White	24	40	
Black	69	18	
Latino	0	36	
Other	6	6	
Gender			.63
Male	28	31	
Female	72	69	
Use Hosp or Clinic	83	95	.008
Number of Times Used Facility			.08
1	14	29	
2-4	48	47	
5-9	22	13	
5+	16	10	
How Open to Uninsured			.04
Accepts you	72	52	
Offers some help	20	21	
Provides nothing	4	14	
Don't know	4	12	
Reputation of Facility			.20
Lots of care	38	30	
Some care	22	28	
Little care	8	18	
Don't know	32	24	

Comparison of Cincinnati to All Other Sites (con't)

	Cincinnati N = 50	All Others N = 205	p-value
Experience with Facility			
Staff nice	92	92	.92
Greeters help	90	86	.44
Staff reach out	48	23	.002
Need help w/English	2	10	.06
Respect culture	93	86	.18
Medication			
Medication(s) explained	89	81	.34
Medication(s) supplied free	34	24	.17
Paid for medication(s)	64	53	.17
Did not get medication(s)/ could not afford	46	26	.007
Other (medication(s))	18	12	.23
How Difficult to Pay			
Very	65	60	
Not so difficult	18	31	
Easy	16	9	
Need help w/bill	90	70	.005
Staff offer help	52	34	.02
How Will Payment Affect Future Care:			
Not seek care	26	24	.87
Use another provider	16	11	.30
Easier seek care here	34	44	.20
Use if Insured?	77	77	.97
Average Travel Time			
Minutes to get there	19	22	
Average Waiting Times			
Days to get appointment	10	10	
Minutes to wait	69	59	