



Getting Health Care  
When You Are  
Uninsured:  
*A Survey of Uninsured Patients  
at Mile Square Health Clinic in  
Chicago, Illinois*

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**January 2001**

**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 Campaign for Better Health Care (CBHC)** is Illinois's largest grassroots statewide health care consumer advocacy coalition, with main offices in Chicago and Champaign. CHBC's over 300 organizational and nearly 1,000 individual supporters include senior groups, labor organizations, disability rights groups, children's advocacy organizations, faith-based organizations, health care providers, women's coalitions, and others concerned about wellness and access to health care in Illinois.

The CHBC's accomplishments include grassroots mobilization for the passage of an Illinois managed care consumer bill of rights, successful campaigns to establish marketing standards for Medicaid HMOs and to end Medicaid discrimination by health care institutions, and the development of funding strategies for health care facilities that serve the uninsured throughout the state. CHBC also offers educational services to all Illinois health care consumers, regardless of insurance status. Services include several toll-free helplines and provision of informational materials and workshops on a variety of topics related to accessing quality health care.

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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, the west side of Chicago, Illinois. The survey was conducted in the summer of 2000 and gathered information from 165 uninsured patients who obtained health care at the Mile Square Health Clinic 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.

Almost all of the survey respondents for Mile Square were African-American. Most respondents (76 percent) used the clinic more than once in the previous year. The majority reported positive experiences with the clinic and thought that it had a good reputation in the community for providing care to the uninsured. In addition, respondents gave clinic staff high ratings on care and service.

- ◆ Seventy-eight percent of respondents agreed that clinic staff were “open and accepting” even if they were unable to pay for services. This proportion was identical to the average for all urban and suburban clinics included in the CAMS project nationwide.
- ◆ Ninety-two percent of Mile Square respondents reported that they were “always” treated with respect, compared with the CAMS average of 84 percent.

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- ◆ While comparatively few respondents reported problems related to accessibility, one-third did state that waiting times to see a provider were a problem at least sometimes. Nevertheless, Mile Square respondents reported shorter average waiting times both to get an appointment and to see a provider on the day of the appointment than the CAMS averages.
- ◆ Two of three respondents for Mile Square said they received prescriptions for medications. Ninety-nine percent of the respondents said they understood their medication instructions.
- ◆ About half (49 percent) of the respondents who had medications prescribed received them for free. The proportion of respondents (39 percent) who found paying for medications “very difficult” was significantly higher than the CAMS average of 27 percent.
- ◆ Although the majority of respondents were offered some form of assistance in paying for medications, 23 percent said that they were “never” asked if help was needed.
- ◆ Nearly one-half (47 percent) of Mile Square respondents reported that paying for their medical care was “very difficult,” higher than the CAMS average of 33 percent.
- ◆ Among those who needed help paying their medical bills, 65 percent were offered assistance, in the form of having their bills waived, paying in monthly installments, and being referred to charitable organizations. However, more than a third—35 percent—said they were “never” offered any form of assistance.

## INTRODUCTION

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

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

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

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

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## COMMUNITY ACCESS MONITORING SURVEY PROJECT

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

### ***PROJECT GOALS***

The goals of the project were to

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

### ***THE SURVEY DESIGN***

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

### ***Survey Limitations***

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

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

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

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

*Intended Uses of the Survey*

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

ABOUT THIS REPORT

This report, along with reviewing some of the research documenting the impact of lack of insurance on healthcare access and on health outcomes, describes the survey results at one CAMS site in Chicago, Illinois. The survey was conducted by Campaign for Better Health Care in the summer of 2000, and gathered information from uninsured individuals who received care at Mile Square Health Center in Chicago 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.



## LACK OF INSURANCE IS DANGEROUS TO YOUR HEALTH

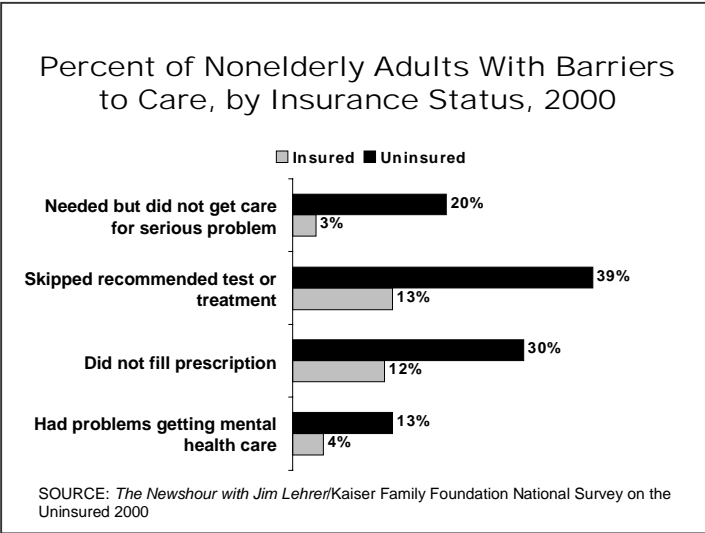
With great consistency, national research has demonstrated that insurance status affects the amount and type of care individuals receive. Lack of health insurance is related to both reduced access to care and to poorer health outcomes. In addition, many of the changes in the health care market over the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

### LACK OF INSURANCE AND ACCESS TO CARE

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

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

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



LACK OF INSURANCE AND HEALTH OUTCOMES

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

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

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## BENEFITS OF IMPROVED ACCESS TO HEALTH CARE

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

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

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



## THE HEALTH CARE MARKET AND CARE FOR THE UNINSURED

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

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

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

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

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

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

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



## COMMUNITY CONTEXT

**Note:** Information in this section was provided by Campaign for Better Health Care.

In 1998, 1.3 million of the 1.8 million estimated total uninsured people in Illinois were in the metropolitan Chicago area.<sup>31</sup> Between 1997 and 1998, the percentage of uninsured in Chicago jumped from 13.8 % (just over a million people) to 16.3%, giving the city one of the fastest growing uninsured populations in the country.<sup>32</sup>

One-third of the uninsured in the Chicago area have annual incomes between one and two times the federal poverty level (between \$16,000 and \$33,200 for a family of four). Nearly one in four Cook County children in families with incomes below \$41,500 is uninsured.<sup>33</sup> Three-quarters of the working age adults in the Chicago area who are uninsured are employed, 44% on a full-time, year-round basis.<sup>34</sup>

Thirty-seven percent of the uninsured in Chicago are white. However members of minority groups are uninsured at higher rates than whites. One-third of Hispanics and one-fifth of African-Americans in the Chicago area are now uninsured.<sup>35</sup>

The large number of people without health insurance in Chicago points to the need to better understand their experiences when they access care at local health institutions. The Campaign for Better Health Care undertook the CAMS project to gather information that would shed light on this issue.

For the CAMS project, the Campaign for Better Health Care interviewed individuals who had received care during the last year while uninsured at the **Mile Square Health Center**, a Federally Qualified Health Center (FQHC) operated by the University of Illinois Hospital. This facility was selected because many uninsured people in the area seek services at the health center. The health center offers family practice, primary care, obstetrics, gynecology, pediatrics, podiatry, dentistry, specialty, pediatric psychiatry, family nutrition, and women's and children's nutrition (WIC) services. It also has a low-cost pharmacy program. According to Dr. David Freedman, Medical Director of the clinic, nearly 25% of Mile Square patients are "self-pay," for whom fees are charged on a sliding scale. For the great majority of self-pay patients, 85%, no fee is charged.<sup>36</sup>

In addition to Mile Square, the following facilities are the major providers of medical care on the West Side of Chicago:

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**The University of Illinois at Chicago Hospital** is a major teaching and research hospital, and has the second highest percentage of Medicaid patients in the City of Chicago.<sup>37</sup>

**The University of Illinois Medical Center's Outpatient Care Center (OCC)** is a \$100.5 million facility built in 1999. It is located across the street from the University of Illinois Hospital. The OCC provides state-of-the-art medical and specialty care.

**Cook County Hospital** provides the majority of hospital services to Cook County's uninsured residents and is required by the Bureau of Health's vision statement to "deliver integrated health services with dignity and respect regardless of the person's ability to pay." Of the hospital's patients in 1999, approximately 40% were uninsured.<sup>38</sup>

According to articles in the *Chicago Tribune* that appeared in early 2000, the University of Illinois Medical Center, Cook County Hospital, and Rush Presbyterian-St. Luke Medical Center had begun exploring a potential consolidation of certain departments, such as rehabilitation medicine, pediatrics, animal laboratories, and libraries.<sup>39,40,41</sup> At present, it is not known if and when such a consolidation will take place, or what effect it might have on access to care for the uninsured.



## SURVEY METHODOLOGY

The Campaign for Better Health Care (CBHC) conducted the surveys at the Mile Square Health Center during a six-week period in the summer of 2000. Before conducting the surveys, the survey 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 identify respondents and conduct the surveys, a site coordinator and two trained survey administrators were stationed at the Health Center from Monday to Saturday during operating hours. The receptionists at the general medicine and HIV/AIDS clinics alerted the site coordinator whenever 'self-pay' patients checked in. The site coordinator approached these patients, gave them a flyer about the survey, and asked them to participate. Patients who agreed were then surveyed by survey administrators before seeing their health care providers. Patients who qualified and completed the survey received a \$10 certificate from a local food store.

In an effort to increase community participation in the project, CBHC staff also conducted outreach about the survey at community churches, currency exchanges, laundromats, substance abuse rehabilitation facilities, and other social service agencies and community gathering places.

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.

Surveys were completed for 165 respondents. Because respondents were not randomly selected, the survey results cannot be generalized to the entire population of uninsured persons or of uninsured individuals receiving care at Mile Square. *The results reflect the experiences only of those surveyed.*

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## SURVEY FINDINGS

This section describes the survey results for respondents who received care while uninsured at Mile Square Health Center, and compares them with averages for All Urban and Suburban Clinics (AUSCs) included in the CAMS project nationwide. All comparisons were statistically significant unless otherwise indicated (ns = non-significant).

See Appendix A for a table of the results for Mile Square respondents, as well as aggregate results for AUSCs.

**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

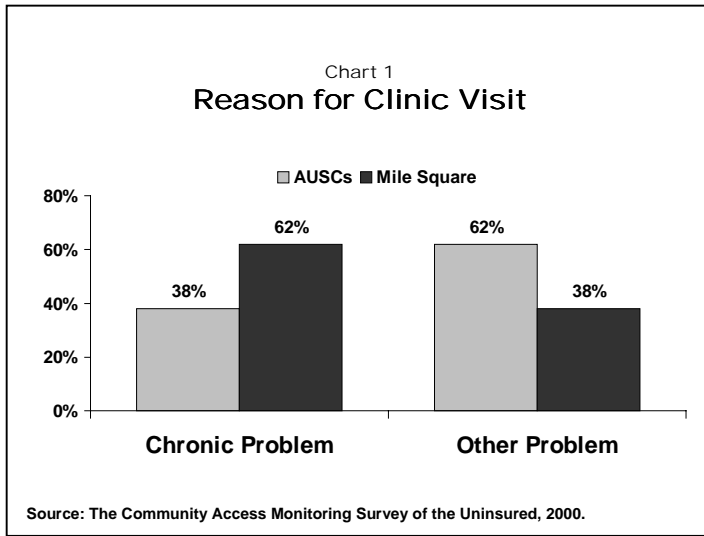
The survey respondents varied in age. Ninety-four percent identified themselves as African-American, while the average for respondents for AUSCs was 44 percent. Although the survey was available in Spanish, all Mile Square respondents chose to take the survey in English.

### USE OF HEALTH SERVICES

**Most respondents used the clinic multiple times in the past year. A majority sought care to treat a chronic problem.**

While one-fourth of Mile Square respondents used the clinic only once in the past year, 76 percent used the facility multiple times. These proportions were similar to AUSC averages.

Three of five respondents for Mile Square reported that they sought care to treat a chronic problem, a much higher proportion than the AUSC average. (Chart 1)



OPENNESS TO THE UNINSURED AND SATISFACTION WITH PROVIDERS

**The majority of Mile Square respondents reported that their experiences with the clinic were positive and thought that it had a good reputation in the community for providing care to the uninsured. In addition, respondents gave clinic staff high ratings for care and service.**

Four of five Mile Square respondents (78%) reported that, based on their experience, the clinic was “open and accepting” even if they were unable to pay. This was identical to the average for AUSCs.

*“It was great: I had no money or insurance and they gave me no problems.”*  
Mile Square Respondent

Three of five respondents (63%) said the clinic had a reputation in the community for providing “a lot” of care to the uninsured. The average for AUSCs was 62 percent. Only two percent of Mile Square respondents said the clinic provided “very little or no care,” while 19 percent said they did not know its reputation.

*“I always hear people speak well of this clinic.”*  
Mile Square Respondent

Generally, respondents were highly satisfied with their interactions with clinic staff; these ratings were very similar to the averages for AUSCs. Notably, Mile Square respondents were more likely to report that they were either “very satisfied” or “satisfied” with physician assistants and doctors than respondents for AUSCs.

*“Very good clinic. Recommend it to friends and neighbors. Family has used it for a long time.”*  
Mile Square Respondent

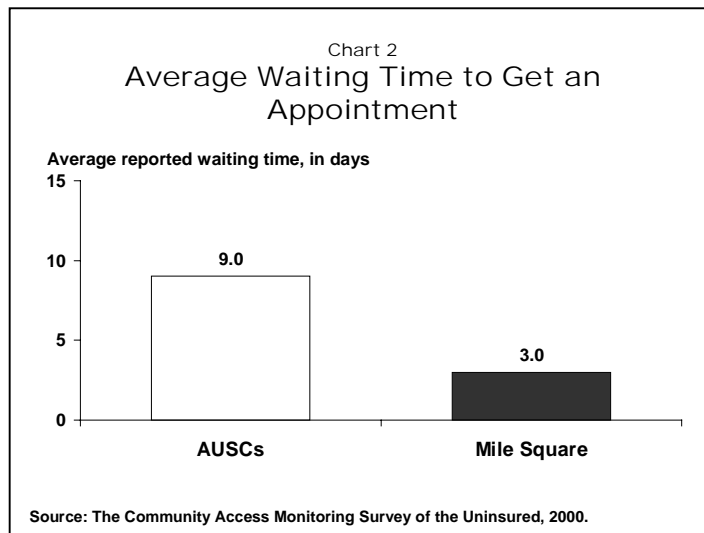
A large majority of the respondents—92 percent—reported that they were “always” treated with respect. The average proportion for AUSCs was 84 percent.

ACCESSIBILITY

**Comparatively few respondents reported that issues related to the accessibility of the clinic, such as location, hours, or convenience to public transportation, were a problem for them even sometimes. However, one-third of the respondents stated that the waiting time to see a provider was at least sometimes a problem.**

In general, respondents did not report problems with the clinic's hours or location. While some respondents (16%) said that Mile Square's hours were a problem at least sometimes, most (82%) reported that they were never a problem. The location was a problem at least sometimes for about one of ten (9%) respondents, but the average for AUSCs was much higher (21%). Few respondents reported problems with convenience to public transportation (5%) or getting assistance with transportation if needed (7%).

One-third of the respondents said that the waiting time to see a provider was at least sometimes a problem. However, reported waiting times both to see a provider on the day of the appointment and to get an appointment were likely to be shorter for Mile Square respondents than the averages for AUSCs. The average waiting time to see a provider reported by Mile Square respondents was 17 minutes less than the average for AUSCs, while the average waiting time to obtain an appointment reported by Mile Square respondents was significantly less than the average for AUSCs. (Chart 2)





## OBTAINING PRESCRIPTION MEDICATIONS

**One-half of Mile Square respondents who had medications prescribed received them free. Two of five respondents said that paying for their medications was very difficult and they needed help paying for them.**

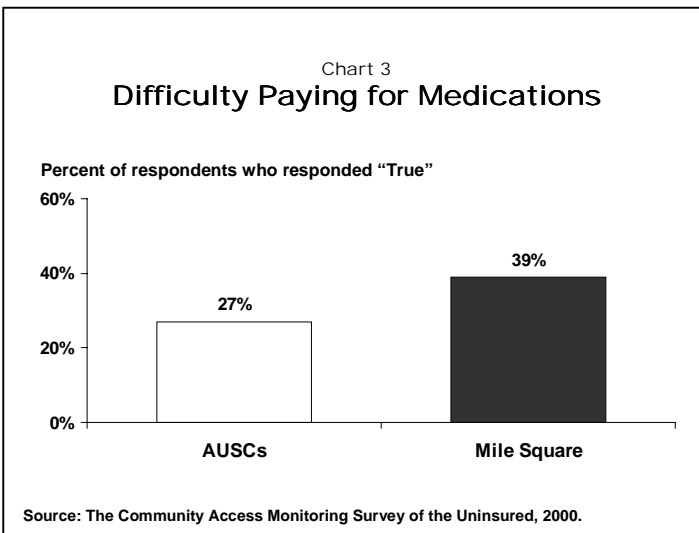
Two of three respondents for Mile Square reported that they had medications prescribed, of whom about half (49%) received them free. Still, one-fourth (26%) of the respondents said they used a drug store and paid for the medications out-of-pocket. Notably, 99 percent of the respondents stated that they understood their medication instructions.

Two of five (39%) respondents found paying for their medications “very difficult.” This proportion was significantly higher than the average for AUSCs. (Chart 3)

*“Some meds free, some meds paid for in cash.”*  
Mile Square Respondent

*“They make it very accessible. They pay for it for you if you cannot afford meds.”*  
Mile Square Respondent

*“I don’t have to pay at all for medicine. I see the social worker and they waive the cost.”*  
Mile Square Respondent



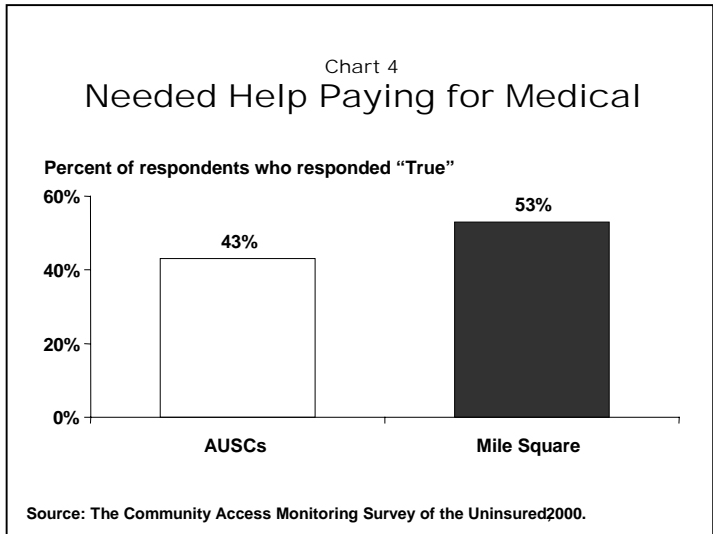
A similar proportion (41%) said they needed help paying for their medications. Although most were offered some form of assistance, 23 percent of the respondents said that they were “never” asked if help was needed.

## CONCERNS OVER PAYMENT FOR HEALTH CARE

**Paying for medical care was very difficult for one-half of the Mile Square respondents. Most of these respondents were offered help, but about a third of them never received assistance.**



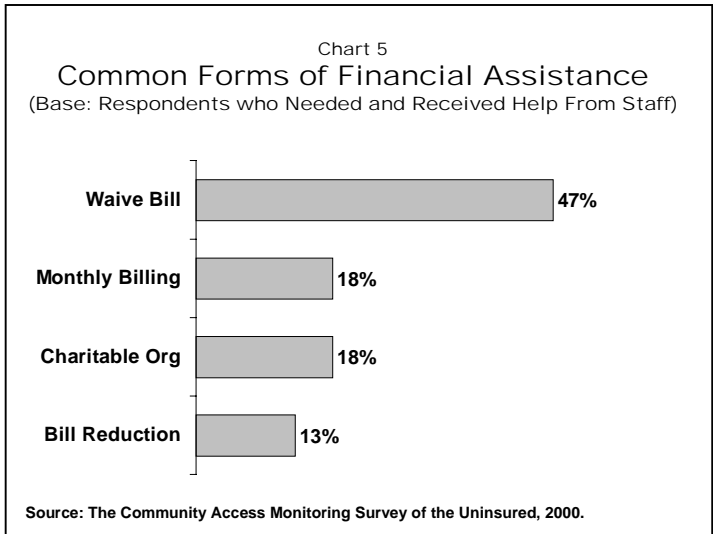
About one-half (47%) of the Mile Square respondents reported that paying for their medical care was “very difficult,” compared with an average of 33 percent for AUSCs. Indeed, 53 percent of Mile Square respondents said they needed help paying their medical bills. (Chart 4)



*“Especially asks if you need help if the bill is over \$20.”*  
Mile Square Respondent

Among those who needed help paying, 65 percent were offered some form of assistance. However, more than a third—35 percent—said they were “never” offered any form of assistance. Among those who did receive help, the most common forms of assistance offered were waiving the bill, paying in monthly installments, and referral to a charitable organization. (Chart 5)

*“Very reasonable with payment plans if you are financially able.”*  
Mile Square Respondent



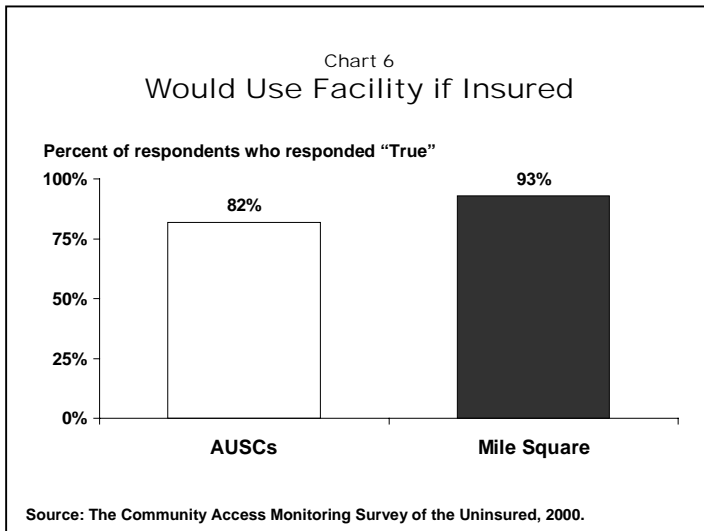


## SEEKING CARE IN THE FUTURE

**Most respondents said that their past experiences paying bills at Mile Square would not affect their future use of the clinic. Nine out of ten Mile Square respondents stated that they would use the clinic again if they had health insurance.**

Most of the respondents said that their past experiences paying bills at Mile Square would either make it easier to seek care there in the future (35%) or would make no difference (53%). Comparatively few respondents said that they would not seek care at the clinic again (5%) or that they would use a different facility (6%).

A vast majority—93 percent—of the respondents said they would use the clinic again if they were insured, compared with 82 percent of respondents for AUSCs. (Chart 6)





## DISCUSSION

This section discusses some of the perceived strengths and issues for further discussion suggested by the survey results for Mile Square.

### STRENGTHS

- ◆ Most (78%) of the respondents found the clinic to be open and accepting even if they couldn't pay for care.
- ◆ Three of five respondents said Miles Square has a reputation in the community for providing “a lot” of care to those who cannot pay.
- ◆ Overall, satisfaction ratings for provider staff were very high. Ninety percent or more of respondents said they were satisfied with their interactions with physicians, physician assistants, nurses, and receptionists. In addition, more than nine of ten respondents said that they were “always” treated with respect by staff.
- ◆ Most respondents did not report many difficulties related to the accessibility of care: 80 percent or more reported that the facility's hours and location were never a problem.
- ◆ Among those who had medications prescribed, one-half received them free. In addition, the majority of the respondents who needed financial assistance with either prescriptions or medical bills received help at least sometimes.
- ◆ Ninety-three percent of the respondents said they would use Mile Square again if they had health insurance.

### ISSUES FOR FURTHER CONSIDERATION

- ◆ A large proportion—62 percent—of respondents said they used the clinic to treat a chronic problem.
- ◆ Three-fourths of the respondents said that they used the clinic two or more times in the past year.
- ◆ One-fifth of the respondents said that the waiting time to get an appointment was a problem for them at least sometimes.
- ◆ One of three respondents reported that the waiting time on the day of an appointment was an issue for them at least sometimes.
- ◆ Two of five respondents said that paying for their medications was very difficult and that they needed help to pay for them.



- ◆ Almost 50 percent of the respondents reported that they found paying for their medical bills very difficult and that they needed help to pay them. These figures were relatively high compared with the averages for AUSCs.
- ◆ Of those needing assistance in paying their medical bills, more than one-third stated that they “never” received help.

## 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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## APPENDIX A: TABLE OF SURVEY RESULTS

This table presents the results of the surveys of patients at Mile Square Health Center in Chicago, Illinois. For comparison purposes, it also presents results of surveys of patients at all urban and suburban clinics that were included in the CAMS project nationally.

Asterisks in the *Inter-site p value* column indicate statistically significant differences between Mile Square Health Center and the average for all urban and suburban clinics included in the national CAMS project, although the statistical chi-square test does not specify which of those differences were significant. A single asterisk (\*) indicates  $p < 0.05$ . Two asterisks (\*\*) indicate  $p < 0.01$ . (An explanation of p-values is provided at the end of the table.)

	Chicago Clinic		CAMS Sites
	Inter-site p-value	Mile Square Health Center	All Urban & Suburban Clinics
<b>Number of survey respondents</b>		<b>165</b>	<b>3363</b>
		<b>%<sup>a</sup></b>	<b>%<sup>a</sup></b>
<b>RESPONDENT CHARACTERISTICS</b>			
<b>Age</b>	<b>**</b>		
Under 18		12	16
18-29 years		15	27
30-39 years		29	23
40-49 years		25	18
50-64 years		18	14
65 or older		1	1
<b>Race/Ethnicity</b>	<b>**</b>		
White		1	22
Black		94	44
Hispanic		1	26
Other <sup>b</sup>		4	8
<b>Gender</b>	<b>**</b>		
Male		47	32
Female		54	68
<b>Language in which survey administered</b>	<b>**</b>		
English		100	84
Spanish			16
<b>Answered on behalf of child</b>		6	10
<b>FACILITY UTILIZATION</b>			
<b>Use of facility in past year</b>			
Once		24	20
2-4 times		43	48
5-9 times		21	19
10 or more times		12	13
<b>Reason for visit(s)</b>	<b>**</b>		
Chronic problem or Mixed (chronic and non-chronic):	<b>*</b>	62	38
Other problem (non-chronic)		38	62

	Chicago Clinic		CAMS Sites
	Inter-site p-value	Mile Square Health Center	All Urban & Suburban Clinics
<b>PERCEPTION OF FACILITY</b>			
<b>Experience of facility's openness to uninsured</b>			
<b>Open and accepting even if can't pay</b>		78	78
<b>Reluctant but accepts you even if can't pay</b>		9	7
<b>Offers some care if can't pay</b>		7	8
<b>Provides no assistance if can't pay</b>	—	2	2
<b>Don't know</b>		5	8
<b>Opinion of facility's reputation for treating uninsured</b>			
Provides a lot of care for those who can't pay		63	62
Provides some care		16	16
Provides very little or no care		2	4
Don't know		19	19
<b>SATISFACTION WITH PROVIDERS/COURTESY OF STAFF</b>			
<b>Receptionists/ Admitting clerks</b>			
Very satisfactory or satisfactory		96	93
Unsatisfactory or very unsatisfactory		4	7
Don't know			
<b>Nurses</b>			
Very satisfactory or satisfactory		97	96
Unsatisfactory or very unsatisfactory		3	4
Don't know			1
<b>Physician assistants</b>			
	**		
Very satisfactory or satisfactory		92	78
Unsatisfactory or very unsatisfactory		3	3
Don't know		6	19
<b>Examining physicians</b>			
	**		
Very satisfactory or satisfactory		95	91
Unsatisfactory or very unsatisfactory		4	3
Don't know		1	6
<b>Social worker</b>			
Very satisfactory or satisfactory		42	42
Unsatisfactory or very unsatisfactory		4	4
Don't know		55	54
<b>Billing Clerks</b>			
Very satisfactory or satisfactory		49	50
Unsatisfactory or very unsatisfactory		5	7
Don't know		47	43
<b>Pharmacist</b>			
	**		
Very satisfactory or satisfactory		73	40
Unsatisfactory or very unsatisfactory		7	4
Don't know		20	56
<b>Treated with respect</b>			
	—		
Always		92	84
Sometimes		7	13
Never		1	1
Don't know			3

	Chicago Clinic		CAMS Sites
	Inter-site p-value	Mile Square Health Center	All Urban & Suburban Clinics
<b>ACCESSIBILITY OF SERVICES</b>			
<b>Hours facility open</b>	*		
Never a problem		82	74
Sometimes a problem		16	20
Often/always a problem			4
Don't know		1	2
<b>Location</b>	**		
Never a problem		91	79
Sometimes a problem		6	16
Often/always a problem		3	5
Don't know			
<b>Waiting time to get appointment</b>	**		
Never a problem		75	53
Sometimes a problem		19	27
Often/always a problem		3	12
Don't know		3	8
<b>Waiting time to see provider on day of appointment</b>	**		
Never a problem		67	46
Sometimes a problem		28	34
Often/always a problem		6	17
Don't know			4
<b>Convenient to public transportation</b>	**		
Never a problem		56	43
Sometimes a problem		4	6
Often/always a problem		1	4
Don't know		39	47
<b>Transportation assistance if needed</b>	*		
Never a problem		14	22
Sometimes a problem		4	5
Often/always a problem		3	4
Don't know		80	69
<b>MEDICATIONS</b>			
<b>Medication prescribed</b>		66	70
<b>If yes, how obtained</b>			
Supplied free		49	56
Used a pharmacy card		8	10
Used a drug store and paid		26	34
Didn't get /couldn't afford		6	4
Got some/couldn't afford all		2	6
Other		10	7
<b>Medication instructions</b>	—		
Understood instructions		99	96
No instructions given			1
Did not understand instructions			1
Did not need medicine for home		1	1

	Chicago Clinic		CAMS Sites
	Inter-site p-value	Mile Square Health Center	All Urban & Suburban Clinics
<b>Difficulty paying for medications</b>	**		
Very difficult		39	27
Not so difficult		25	23
Easy to pay		12	15
N/A		24	36
<b>Needed help paying for medications</b>		41	36
<b>If yes, did staff offer help?</b>			
Always		42	42
Often		12	10
Sometimes		23	14
Never		23	34
<b>MEDICAL BILLS</b>			
<b>Difficulty paying for medical care</b>	**		
Very difficult		47	33
Not so difficult		31	34
Easy to pay		23	34
<b>Needed help paying the medical bill? If yes</b>	*	53	43
<b>Did staff offer to find out if financial assistance was available?</b>			
Always		38	41
Often		14	12
Sometimes		13	14
Never		35	34
<b>Type of help staff offered</b> <i>(If Always, Often, Sometimes to previous question)</i>			
Pay in monthly installments	**	18	41
Reduce amount of bill	**	13	35
Waive bill	**	47	26
Find charitable organization to pay		18	28
Other		13	11
<b>FUTURE CARE</b>			
<b>Effect of payment experience on seeking future care at facility</b>			
<b>Will not seek care at facility</b>		5	4
<b>Will use another facility</b>		6	3
<b>Easier to seek care at facility</b>	**	35	53
<b>Makes no difference</b>	**	53	39
<b>Currently owe facility money</b>		22	20
<b>If yes, will make not seek care in future</b>		25	23
<b>If had insurance, would use facility in future</b>	**	93	82
<b>TRAVEL AND WAIT TIMES</b>			
Travel time, mean (minutes)	*	16.04	19.10
Travel time, median (minutes)		10.00	15.00
Days to get appointment, mean	**	3.03	8.98
Days to get appointment, median		2.00	3.00
Waiting time to see provider, mean (minutes)	**	30.17	47.47
Waiting time to see provider, median (minutes)		29.00	30.00

## LEGEND

- a Persons with missing values were excluded from analysis.
- b “Other” includes Asian/Pacific Islander, Native American, and “mixed.”
- \*  $p < 0.05$  for overall chi-square test among facilities for each characteristic listed.
- \*\*  $p < 0.01$  for overall chi-square test among facilities for each characteristic listed.
- The cell size was insufficient to conduct an overall chi-square test (more than 20 percent of the cells have expected counts less than five).

## SO WHAT IS A P-VALUE?

Statistics based on samples are always subject to “sampling error,” that is, there is most likely some difference between the 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  $p < 0.05$ , which is a standard accepted level of significance, says that the likelihood is small - 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 the p-value (e.g.,  $p < 0.01$ ), the more likely that the differences are significant.

**APPENDIX B: SURVEYED FACILITIES BY CAMS SPONSORING ORGANIZATION AND BY TYPE**

SURVEYED FACILITIES BY CAMS SPONSORING ORGANIZATION

<b>CAMS SPONSORING ORGANIZATION</b>	<b>SURVEYED FACILITIES</b>
<b>Puentes de Amistad/ Bridges in Friendship</b> Somerton, Arizona	Sunset Health Center Yuma Regional Medical Center
<b>Central CA Legal Services</b> Fresno, California	Community Hospital Poverello House/Holy Cross Center for Women Sequoia Health Foundation Clinics United Health Centers-Mendota United Health Centers-Parlier University Medical Center
<b>LifeLong Medical Care</b> Berkeley, California	Berkeley Primary Care Access Clinic The LifeLong Clinic West Berkeley Family Practice
<b>The Volusia County Access Project</b> Volusia County, Florida	Halifax Keech Health Center Halifax Medical Center Memorial Hospital-West Volusia Volusia County Health Department Clinic, DeLand
<b>Human Services Coalition of Dade County, Inc.</b> Miami, Florida	Jefferson Reaves, Jr. Health Center Dr. Rafael A. Peñalver Clinic
<b>Capital Medical Society Foundation, Inc.</b> Tallahassee, Florida	Bond Community Health Center Leon County Health Department Neighborhood Health Services Tallahassee Memorial Healthcare Emergency Room The We Care Network of the Capital Medical Society Foundation
<b>Southwest Georgia Community Health Institute</b> Albany, Georgia	Albany Area Primary Health Care Palmyra Medical Center Phoebe Putney Memorial Hospital's Emergency Center Southwest Georgia Regional Medical Center
<b>Idaho Primary Care Association</b> Boise, Idaho	Family Health Services Magic Valley Regional Medical Center Mercy Medical Center Terry Reilly Health Services
<b>Campaign for Better Health Care</b> Chicago, Illinois	Mile Square Health Center
<b>Westside Health Authority</b> Chicago, Illinois	Austin Cook County Health Center Circle Family Care/R.M. Gunnar Clinic
<b>Lake Cumberland District Health Department</b> Somerset, Kentucky	Clinton County Hospital Russell County Hospital Wayne County Hospital

<b>Department of Family Medicine,</b> Louisiana State University Healthcare Services Division Baton Rouge, Louisiana	Earl K. Long Medical Center
<b>Health Care Centers in Schools, Inc.</b> Baton Rouge, Louisiana	Istrouma School-Based Health Center
<b>Northern Berkshire Community Coalition</b> North Adams, Massachusetts	North Adams Regional Hospital
<b>Progressive Leadership Alliance of Nevada (PLAN)</b> Las Vegas, Nevada	Sunrise Hospital and Medical Center University Medical Center
<b>The Northwest Bronx Community &amp; Clergy Coalition</b> <b>Commission on the Public's Health System in New York City</b> Bronx, New York	North Central Bronx Hospital
<b>North Carolina Fair Share</b> Raleigh, North Carolina	Wake Medical Center
<b>Universal Health Care Action Network of Ohio (UHCAN)</b> Cleveland, Ohio	Cleveland Clinic Huron Hospital MetroHealth Hospital University Hospital
<b>Legal Aid Society of Greater Cincinnati</b> Cincinnati, Ohio	University Hospital
<b>Project Equality/Oregon Health Access Project</b> Lincoln County, Oregon	Pacific Communities Hospital North Lincoln Hospital
<b>Latino Memphis Conexion</b> Memphis, Tennessee	The Memphis Regional Medical Center
<b>Planned Parenthood of Houston and Southeast Texas, Inc.</b> Houston, Texas	Fannin Family Planning Clinic
<b>Texas Institute for Health Policy Research</b> Austin, Texas	CHRISTUS Jasper Memorial Hospital
<b>Tenants' and Workers' Support Committee</b> Alexandria, Virginia	INOVA Alexandria Hospital
<b>West Virginia Community Voices Partnership</b> Charleston, West Virginia	Boone Memorial Hospital Cabin Creek Health Center Clay County Primary Care West Virginia Health Right, Inc. WOMENCARE

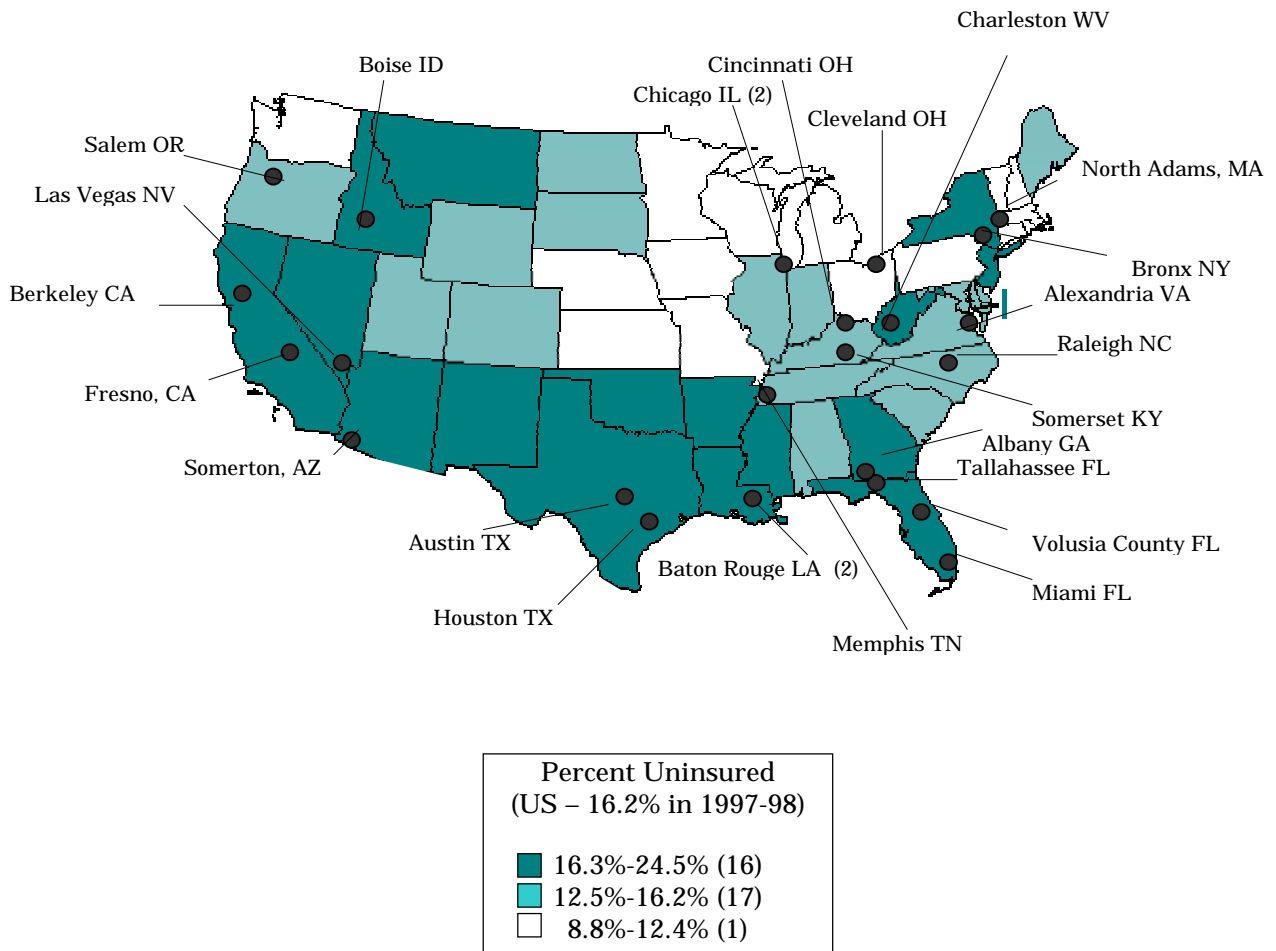
SURVEYED FACILITIES BY TYPE

<i>FACILITIES BY TYPE</i>	<i>LOCATION</i>
<b>Urban/Suburban Hospitals</b>	
Yuma Regional Medical Center	Yuma, AZ
Community Hospital	Fresno, CA
University Medical Center	Fresno County, CA
Halifax Medical Center	Halifax, FL
Tallahassee Memorial Healthcare Emergency Room	Tallahassee, FL
Memorial Hospital	West Volusia County, FL
Palmyra Medical Center	Albany, GA
Phoebe Putney Memorial Hospital's Emergency Center	Albany, GA
Mercy Medical Center	Nampa, ID
Magic Valley Regional Medical Center	Twin Falls, ID
Earl K. Long Medical Center	Baton Rouge, LA
Sunrise Hospital and Medical Center	Las Vegas, NV
University Medical Center	Las Vegas, NV
North Central Bronx Hospital	The Bronx, NY
Wake Medical Center	Raleigh, NC
University Hospital	Cincinnati, OH
Cleveland Clinic	Cleveland, OH
Huron Hospital	Cleveland, OH
Metrohealth Hospital	Cleveland, OH
University Hospital	Cleveland, OH
The Memphis Regional Medical Center	Memphis, TN
INOVA Alexandria Hospital	Alexandria, VA
<b>Rural Hospitals</b>	
Southwest Georgia Regional Medical Center	Cuthbert, GA
Clinton County Hospital	Albany, KY
Wayne County Hospital	Monticello, KY
Russell County Hospital	Russell Springs, KY
North Adams Regional Hospital	North Adams, MA
North Lincoln Hospital	Lincoln City, OR
Pacific Communities Hospital	Newport, OR
CHRISTUS Jasper Memorial Hospital	Jasper County, TX
Boone Memorial Hospital	Madison, WV
<b>Urban/Suburban Clinics</b>	
Berkeley Primary Care Access Clinic	Berkeley, CA
The Lifelong Clinic	Berkeley, CA
West Berkeley Family Practice	Berkeley, CA
Poverello House/Holy Cross Center for Women	Fresno, CA
Sequoia Health Foundation Clinics	Fresno County, CA
Volusia County Health Department Clinic	Deland, FL

Halifax Health Center	Halifax, FL
Bond Community Health Center	Leon County, FL
Leon County Health Department	Leon County, FL
Neighborhood Health Services	Leon County, FL
Dr. Rafael A. Peñalver Clinic	Miami-Dade County, FL
Jefferson Reaves, Jr. Health Center	Miami-Dade County, FL
Terry Reilly Health Services	Boise, ID
Family Health Services	Magic Valley Region, ID
Austin Cook County Health Center	Chicago, IL
Mile Square Health Center	Chicago, IL
Circle Family Care/R.M. Gunnar Clinic	Chicago, IL
Istrouma School-Based Health Center	Baton Rouge, LA
Fannin Family Planning Clinic	Houston, TX
West Virginia Health Right, Inc.	Charleston, WV
WomenCare	Scott Depot, WV
<b>Rural Clinics</b>	
Sunset Health Center	Somerton, AZ
United Health Centers - Mendota	Mendota, CA
United Health Centers - Parlier	Parlier, CA
Albany Area Primary Health Care	Dougherty, Lee, Terrell, and Baker, Calhoun Counties, GA
Clay Primary Care	Clay, WV
<b>Other (Provider Network)</b>	
The We Care Network	Leon County, FL

# APPENDIX C: LOCATIONS OF CAMS SPONSORING ORGANIZATIONS AND STATE UNINSURANCE RATES 1997-98

The map below shows the locations of all of the organizations conducting Community Access Monitoring Surveys. It also indicates percentages without health insurance in each state for 1997-98.



**APPENDIX D: SURVEY INSTRUMENT**

Record time interview begins \_\_\_\_\_

[If the respondent is answering on behalf of his or her child, mark this box  and change the wording in all of the following questions from *you* to *your child*.]

*“First, I have a few background questions about your experience at (facility name)*

\_\_\_\_\_:

**I. BACKGROUND / DEMOGRAPHICS**

**1. How many times did you use (facility name) \_\_\_\_\_ in the past year?**

- Once
- 2 - 4 times
- 5 - 9 times
- 10 or more times

Comments: \_\_\_\_\_

**2. Why did you go there? (for what medical problem(s))**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Did you visit this facility for a problem that bothers you frequently and that you often need care for, or for some other problem?**

- For a problem that bothers you frequently like asthma, diabetes or arthritis  
Please specify: \_\_\_\_\_
- Some other problem
- A mix of both

Comments: \_\_\_\_\_

**4a. Did you use the hospital emergency room?**

- Yes
- No
- Not applicable

**4b. Were you admitted?**

- Yes
- No
- Not applicable

**4c. Did you visit a clinic as an outpatient?**

- Yes
- No
- Not applicable

***“Now I would like to ask you a few background questions”***

**5. Age:**

**Are you:**

- Under 18
- 18-29
- 30-39
- 40-49
- 50-64
- 65 and over

**6. Gender:**

- Male
- Female

**7. Ethnicity/Cultural Heritage:**

**Do you identify yourself as:**

- African American/Black
- Asian/Pacific Islander
- Caucasian
- Hispanic/Latino
- Native American
- Mixed
- Other (Please Specify) \_\_\_\_\_

**8. What is your zip code? \_ \_ \_ \_ \_**

*“The next questions are more about (facility name) \_\_\_\_\_.”*

**II. PROVIDER HISTORY TOWARD CARING FOR THE UNINSURED**

**1. In your experience, how open has (facility name) \_\_\_\_\_ been in offering services to you if you can't pay for medical care? (Choose all that apply)**

- Open and accepting even if you can't pay for health care
- Reluctant but accepts you even if you can't pay for health care
- Offers some care if you can't pay
- Provides no care if you can't pay
- Do not know

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. In your opinion, what is the reputation of (facility name) \_\_\_\_\_ in providing treatment to people who can't pay for medical care in your community?**

- Provides a lot of care in the community for people who can't pay
- Provides some care for people who can't pay
- Provides very little or no care for people who can't pay
- Do not know

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**“The next questions ask about the staff at (facility name)**

\_\_\_\_\_.”

**3. In your experience, were the following staff courteous to you when medical care was needed:**

Please rate the courtesy and helpfulness overall for (facility name) \_\_\_\_\_ on a scale from: 1 (Very Satisfactory), 2 (Satisfactory), 3 (Unsatisfactory), 4 (Very Unsatisfactory) or 5 (Don't Know/Not Applicable)

**Repeat choices for each question**

	<i>Very Satisfactory</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>Very Unsatisfactory</i>	<i>Don't Know/Not Applicable</i>
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>DK/NA</b>
a) Receptionists/ admitting clerks	1	2	3	4	DK/NA
b) Nurses	1	2	3	4	DK/NA
c) Physician's assistants	1	2	3	4	DK/NA
d) Examining physicians	1	2	3	4	DK/NA
e) Social workers	1	2	3	4	DK/NA
f) Billing clerks	1	2	3	4	DK/NA
g) Pharmacy staff	1	2	3	4	DK/NA
h) Others _____	1	2	3	4	DK/NA

**4. Are there any special comments you want to make about the way you were treated in the Emergency Room, in any of the clinics, or as an in-patient at (facility name)**

\_\_\_\_\_?

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**Now I would like to ask you about how easy it was for you to get the services you needed at (facility name) \_\_\_\_\_ when you were uninsured and trying to get medical care?"**

**III. ACCESS TO HEALTH SERVICES**

1. Please rate the accessibility of services at (facility name) \_\_\_\_\_ on a scale from: 1 (Never a Problem), 2 (Sometimes a Problem), 3 (Often a Problem), 4 (Always a Problem) or 5 (Don't Know/Not Applicable)

**Repeat choices for each question**

	<i>Never a Problem</i>	<i>Sometimes a Problem</i>	<i>Often a Problem</i>	<i>Always a Problem</i>	<i>Don't Know/Not Applicable</i>
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>DK/NA</b>
a) How about the hours that (facility name) _____ is open?	1	2	3	4	DK/NA
b) How about the hours that the hospital emergency department is open?	1	2	3	4	DK/NA
c) How about the convenience of location? How long does it take for you to get there? Time: _____ (in minutes)	1	2	3	4	DK/NA
d) How about the waiting time to get an appointment with a health care provider? Time: _____ (in days)	1	2	3	4	DK/NA
e) How about the waiting time to see the health care provider on the day of your appointment? Time: _____ (in minutes)	1	2	3	4	DK/NA
f) How about getting an interpreter if you need one?	1	2	3	4	DK/NA
g) How about the convenience to public transportation lines?	1	2	3	4	DK/NA
h) How about transportation assistance if needed?	1	2	3	4	DK/NA

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

***“The next questions are about medications.”***

**2a. Was medicine prescribed during any of your visits when you were uninsured?**

- Yes
- No *(if no, skip to question 4)*

**2b. If medication was prescribed, did you get it? (Choose all that apply)**

- Yes, supplied free by the staff
- Yes, used a pharmacy card
- Yes, went to pharmacy or drug store and paid
- No, did not get the medication because I could not afford it
- Some, did not get all my medications because I could not afford them
- Other \_\_\_\_\_

Comments:

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**3. If you needed medicine to take at home, how well did you understand the instructions on how to take the medicine?**

- Yes, I understood the instructions
- No instructions were given
- I did not understand the instructions
- I did not need medicine for home

Comments:

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**4. Is there anything else you would like to say about how you were treated, or how easy it was for you to get services or medications at (facility name) \_\_\_\_\_?**

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**“The next questions relate to language and culture issues at (facility name) \_\_\_\_\_.”**

**IV. LANGUAGE AND CULTURE NEEDS**

**Note:** *If the interviewee is fluent in English please check “No” in Question 1 and go to Question 6a*

**1. When you were treated at (facility name) \_\_\_\_\_ in the past year was help with translation needed because you spoke little or no English?**

- Yes *(If yes, please answer the following questions.)*
- No *(If no, then please go to Question 6a)*

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. If you did need help, how available was an interpreter to assist? (Choose one only)**

- Very available*—the *doctor* or *nurse* spoke my language and was there for treatment
- Available*— an *interpreter* was there when I was treated
- Not very available*—the wait for someone who spoke my language was a long time
- Unavailable*—someone with me (a friend or family member) had to translate

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. How good was the health care professional who spoke your language in talking to and understanding your problem? (Choose one only)**

- Very good*—the health care person and I understood each other
- Fair*—the health care person and I mostly understood each other, but there was some difficulty in translating questions and in understanding the answers
- Poor*—the health care person and I for the most part could not understand each other

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Does (facility name) \_\_\_\_\_ have any signs in your language in the admitting area or waiting room?**

- Yes
- No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Did (facility name) \_\_\_\_\_ offer you information written in your language to assist in medical care?**

- Yes
- No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6a. Did you feel that the health care professionals treated you with respect?**

- Always
- Sometimes
- Never
- Does not apply/Don't Know

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6b. Did the health care professionals who treated you ask you whether you are using traditional methods of healing, like herbs, acupuncture, other?**

- Always
- Sometimes
- Never
- Does not apply/Don't Know

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. Is there anything else you would like to say about language or culture issues at (facility name) \_\_\_\_\_?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***“Finally, I would like to ask you some questions about payment of medical bills.”***

**V. PAYMENT FOR MEDICAL CARE**

**1. How difficult was it for you to pay for the cost of medical care at (facility name) \_\_\_\_\_? (Choose one only)**

- Very difficult to pay for medical care
- Not so difficult to pay for medical care
- Easy to pay for medical care

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. Did you need help in paying the medical bill?**

- Yes -- *If yes, go to 2a*
- No -- *If no, go to 3*

**2a. If yes, did the staff at (facility name) \_\_\_\_\_ ask if help was needed?**

- Always
- Often
- Sometimes
- Never

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. Did the staff at (facility name) \_\_\_\_\_ offer to help you find out if any financial assistance was available?**

- Always
- Often
- Sometimes
- Never - *If never, go to 4*

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3a. When they did offer, what kind of financial assistance did they offer? (Choose all that apply)**

- Pay some amount every month
- Reduce the amount that had to be paid
- Waived bill altogether
- Help find a charitable organization that would help pay the medical bill (please specify)\_\_\_\_\_
- Other (please describe)\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. How difficult was it for you to pay for the cost of your medications? (Choose one only)**

- Very difficult to pay for medications
- Not so difficult to pay for medications
- Easy to pay for medications
- Not applicable

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Did you need help in paying for your medication?**

- Yes -- *If yes, go to 5a*
- No -- *If no, go to 6*

**5a. If yes, did the staff at (facility name) \_\_\_\_\_ ask if help was needed?**

- Always
- Often
- Sometimes
- Never

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. How will the amount of money and the way you had to pay for medical care at (facility name) \_\_\_\_\_ affect your choosing to seek care there in the future?  
(Choose all that apply) (Read the following options to the interviewee)**

- The cost for medical care will make you not seek care at (facility name) \_\_\_\_\_
- The cost for medical care at (facility name) \_\_\_\_\_ will make you use another medical care facility
- The cost for medical care will make it easier to seek care at (facility name) \_\_\_\_\_
- It will not make a difference

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. Do you currently have unpaid bills or debt owed to (facility name) \_\_\_\_\_?**

- Yes (If yes, go to 7a)
- No (If no, go to 8)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7a. Would these unpaid bills or debt make you not seek care there in the future?**

- Yes
- No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. If you had insurance that paid for your medical care, would you use (facility name) \_\_\_\_\_ in the future?**

- Yes
- No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. Are there any other comments you would like to make about payment of medical bills or about (facility name) \_\_\_\_\_ in general?**

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*“Thank you very much for taking the time to complete this survey.”*

**Time Completed:** \_\_\_\_\_

## ACKNOWLEDGEMENTS

**The Campaign for Better Health Care (CBHC)** would like to thank the staff at Mile Square Health Center for providing access to patients for interviews. Mr. Henry Taylor, Executive Director, and Dr. David Freedman, M.D., M.P.H., Medical Director of Mile Square, helped facilitate entry into the Center and smooth out problems along the way. Ms. Brenda Rivers, Office Supervisor, Mr. Evans Martin, Chief Financial Officer, Ms. Mary Futrell, Director of Community Relations, Ms. Cheryl Hayes, R.N., Ms. Paulette Hayes, R.N., Ms. Maria Landos, nutritionist, Ms. Dalila Stewart, receptionist, and the Mile Square Health Center security team all helped survey administrators identify patients to survey.

Tony Lowery and Campaign for Better Health Care staff, and Andrea Minor, VISTA volunteer, coordinated the survey project.

**The Access Project** would especially like to thank the authors, Dennis Andrulis, Christina An, and Carol Pryor, for their dedication in creating not only this report, but the reports for all twenty-four sites participating in the CAMS project nationwide.

The Community Access Monitoring Survey project was one that involved our *entire* staff, and we would like to thank all of them for the tremendous amount of time and effort they contributed to making the project a success. Special thanks are due to the following people:

- ◆ Nicole St. Clair, who assisted in the writing of the report
- ◆ Bill Hewett and Meg Baker, who provided invaluable administrative support in the production of the report
- ◆ Nancy Kohn who, as overall project coordinator, attended to the myriad of details necessary to keep the project on track

In addition, we want to express our appreciation to our colleagues at Community Catalyst Inc., whose participation in the project was essential to its success. In particular, we'd like to thank Jacquie Anderson, the Site Coordinator, who worked directly with Campaign for Better Health Care to help plan the project, and who provided extensive consultation throughout the project's duration.

We are also grateful to the committed team of trainers from The Medical Foundation's Health Training Innovations program. Laurie Jo Wallace, Moacir (Mo) Barbosa, and Jorge Armesto developed a standard curriculum and conducted interactive one-day training sessions at each site, in a very short period of time, to ensure consistent administration of the survey.