



Getting Health Care  
When You Are  
Uninsured:  
*A Survey of Uninsured Patients  
at the Istrouma School-Based  
Health Center, Baton Rouge, LA*

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

If you have any additional questions, or would like to learn more about our work, please contact us.

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**Health Care Centers in Schools, Inc. (HCCS)** is a not-for-profit community-based organization that runs health centers in the public schools in East Baton Rouge Parish. It is governed by a community board and has a mission to “provide comprehensive, quality health care services to students in the schools we serve. HCCS is committed to community collaboration. HCCS links education with the physical and emotional health care to promote the health, education, and well being of students.” HCCS also helps students understand appropriate use of health care facilities and how to give feedback about quality.

HCCS was started in 1986 with a grant from the Robert Wood Johnson Foundation. By 1997, HCCS was running seven school health centers, and has recently received funding to open an eighth center. The school clinics were originally run by the Department of Pediatrics and later Family Medicine at Louisiana State University Medical School, but have since moved to community-based status, which is more in keeping with HCCS philosophy and facilitates public-private partnerships. The clinics are staffed with a full-time registered nurse, social worker, and community outreach worker during the school year. Physicians and a psychologist provide back-up and weekly visits.

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**Acknowledgements**

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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 at one facility in Baton Rouge, Louisiana. The survey was conducted in the summer of 2000 and gathered information from 198 uninsured students who obtained health care at the Istrouma School-Based Health Center in the previous year. This health center, which provides free services, was the only school-based facility included in the CAMS project nationwide. The report also compares the experiences of the Istrouma respondents with those of uninsured patients who received care at all urban and suburban health clinics included in the CAMS project nationwide.

### KEY FINDINGS

Respondents reported moderate use of Istrouma School-Based Health Center. Slightly more than half said they used the clinic between two and four times in the past year, and another fifth said they used it five to nine times. One-fourth of the respondents said they used the clinic only once, while very few said they used it ten times or more.

Overall, the responses indicated very favorable perceptions of the clinic.

- ◆ More than four out of five said that, in their experience, the clinic was open and accepting even though they could not pay for care.

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- ◆ Most respondents said they were satisfied with the care and services they received from staff, and almost all (94%) said that they were always treated with respect.
- ◆ More than half of the respondents said they were able to make an appointment for the same day, and the average reported waiting time to see a health provider was ten minutes.
- ◆ Nearly all of the respondents (93%) said that the location of the clinic—inside the school—was never a problem for them.
- ◆ Few respondents who received prescriptions had difficulty obtaining their medications, even though two-thirds of them paid for them out-of-pocket.
- ◆ As services at the clinic are free, very few respondents reported that it was difficult to pay for their medical care.
- ◆ Nearly all of the respondents (92%) said they would use the clinic even if they had health insurance.

While few respondents reported problems with the clinic, a small subset did report issues related to access.

- ◆ Although the waiting time to make an appointment was much shorter than the average for AUSCs, it was still seen as a problem at least sometimes by one-quarter of the respondents.
- ◆ Fifteen percent of respondents thought that the hours of operation were a problem at least sometimes.



## 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. It is hoped that this information will assist communities in improving access to care for their uninsured residents.

ABOUT THIS REPORT

This report, along with reviewing some of the general research documenting the impact of lack of insurance on healthcare access and on health outcomes, describes the survey results at one CAMS site in Baton Rouge, Louisiana. The survey was conducted by Health Care Centers in Schools, Inc. in the summer of 2000, and gathered information from uninsured students who received care at Istrouma School-Based Health Center in Baton Rouge in the previous year. Along with providing the results of the survey for this facility, the report compares the results with aggregate responses for all similar facilities surveyed as part of the CAMS project nationwide. A report presenting the overall findings for all surveyed sites will be released in Summer 2001.



## LACK OF INSURANCE IS DANGEROUS TO YOUR HEALTH

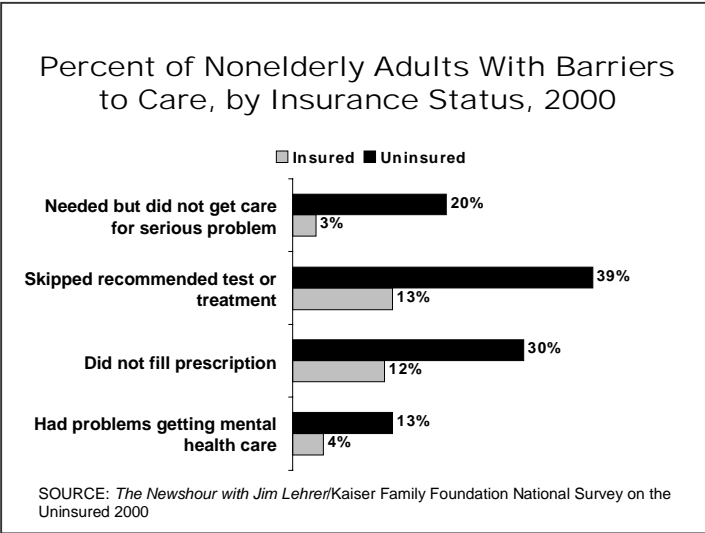
With great consistency, national research has demonstrated that insurance status affects the amount and type of care individuals receive. Lack of health insurance is related to both reduced access to care and to poorer health outcomes. In addition, many of the changes in the health care market over the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

The first school-based health center in Louisiana, the **Istrouma High School Health Center**, opened in 1987. This center, along with the Westdale Middle School Health Center in Baton Rouge and the Carver High School Health Center in New Orleans, has been a model for the state on how to deliver multi-disciplinary health services to children and adolescents in Louisiana. In the year 2000, communities across Louisiana will operate school-based health centers in forty-nine schools and serve thousands of children and their families. Louisiana is one of the top-ranked states in the school-based health center initiative.

Access to health care remains an overriding issue for adolescents in Louisiana, many of whom are among the state's uninsured and under-insured population. Louisiana ranks 50<sup>th</sup> among the states in overall indicators of health, and the precursors of many future health problems are detectable in the adolescents treated at the school-based health centers.<sup>31</sup>

The Louisiana Office of Public Health and The Louisiana Assembly on School-Based Health Care have joined forces to promote good health among Louisiana residents. All school-based health centers have instituted risk assessment tools that allow the health care providers in the health centers to educate and prevent some of the behavior that leads to high incidence of disease and premature death in Louisiana.

Health Care Centers in Schools, Inc (HCCS) operates the clinics in public schools. The clinics have 18,300 visits annually, including visits for both mental health and physical health problems. The most common mental health problems seen at HCCS clinics are family stress, academic underachievement, and interpersonal conflict. The major reasons for physical health visits include primary preventive health care, treatment for acute accidents and injuries, and treatment for acute illness. HCCS is a center for active research in the use of the American Medical Association's Guidelines to Adolescent Preventive Services (GAPS). HCCS is also reaching out to the communities that surround these schools to engage neighborhoods in earnest dialogue concerning risk factors that are detected, and to offer community-wide health promotion activities in an effort to reduce student health risks.

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The Department of Family Medicine at Earl K. Long Medical Center (EKL) provides the medical care and back-up for HCCS. EKL is a public hospital, one of nine hospitals operated by the Louisiana State University Health Care Services Division. As a public hospital, EKL serves the state's uninsured population, and has a mission to provide high quality medical care regardless of income and to work cooperatively with other health care programs, providers and groups at the state and community level.



## SURVEY METHODOLOGY

The surveys were conducted by three trained surveyors. Prior to conducting the interviews, the surveyors attended a full-day training session in survey administration provided by trainers from the Health Training Innovations Program of The Medical Foundation in Boston, Massachusetts.

All respondents were adolescents who had received services at the Istrouma School-Based Health Center during the previous year while uninsured, and who had been granted parental consent to participate in survey or questionnaire activity. Respondents were screened face-to-face using a prepared face sheet designed to identify eligible participants. Fifty-four initial interviews were conducted through mass interview sessions that took place over a two-day period during six Reserve Officers Training Corps (ROTC) classes, six physical education classes, four home economics classes, and four health classes at Istrouma High School. The remaining survey interviews were conducted in the Istrouma High School library and in respondents' homes.

In addition, Istrouma School-Based Health Center provided the names of 340 students who were uninsured; these students comprised 45 percent of Health Center enrollment. These prospective respondents were contacted by telephone to schedule appointment dates and times for an initial screening. Students who had previously participated through the mass interviews, students whose insurance status had changed, and others who chose not to participate were eliminated. Among these students, survey administrators completed 144 surveys.

In total, 198 surveys were completed. All but ten respondents answered for themselves. Ten respondents answered on behalf of their children; these respondents had received services for themselves and their children at the Istrouma High School Teen Learning-Early Headstart Center.

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, and by Nanette Goodman, an independent health policy consultant.

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



## SURVEY FINDINGS

This section describes the survey results for respondents who received care at Istrouma School-Based Health Center while uninsured and compares them with averages for All Urban and Suburban Clinics (AUSCs) 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 Istrouma School-Based Health Center, as well as for the 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

**Istrouma School-Based Health Center (SBHC) respondents were predominantly under age 18. Nearly all were African-American and two-thirds were female.**

Most of the respondents (85%) were 18 years of age or younger. Fifteen percent reported that they were between 18 and 29 years of age. In comparison, the average proportion of respondents who were younger than 29 for AUSCs was 43 percent. Four percent of the Istrouma SBHC respondents answered on behalf of their child.

Nearly all—94 percent—of the respondents identified themselves as African American. Five percent of the respondents were white and one percent said they were of Hispanic origin.

Similar to AUSCs, two thirds of the respondents were female. All the respondents chose to take the survey in English.

### USE OF HEALTH SERVICES

**Istrouma SBHC respondents were less likely to have visited the clinic more than 10 times in the past year and less likely to have a chronic condition than the average for AUSCs.**

Slightly more than half (55%) of the Istrouma SBHC respondents said that they used the clinic between two and four times in the past year. Another one-fifth (21%) of the respondents said they used the facility five or more times. Very few used it ten or more times. About one of



six respondents (16%) said that they sought care to treat a chronic problem, lower than the average for AUSCs (38%).

OPENNESS TO THE UNINSURED AND SATISFACTION WITH PROVIDERS

**Most respondents reported that the clinic had been open and accepting to them even though they were not able to pay, and most felt that they were treated with respect.**

Eighty-three percent of respondents for Istrouma SBHC said that in their experience, the clinic had been open and accepting to them even if they were unable to pay for their care. The average for AUSCs was similar: 78 percent (ns).

Two of five respondents (44%) reported that the clinic had a reputation in the community for providing “a lot” of care to those who cannot pay. In addition, 14 percent of the respondents said that the facility has a reputation for providing “some care,” but 42 percent responded that they did not know the reputation.

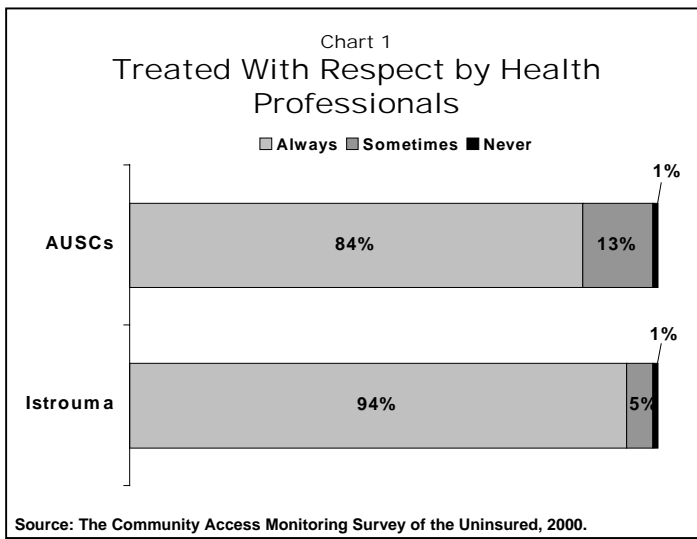
Most respondents reported that they were either “very satisfied” or “satisfied” with the care and service they received from providers. Very few respondents said they were dissatisfied with their interactions with any category of staff.

When respondents were asked if they were treated with respect by the clinic staff, 94 percent responded that they were “always” treated with respect; this compared to an average of 83 percent for AUSCs. (Chart 1)

*“I like the way they treat the students when they go there.”*  
Istrouma SBHC Respondent

*“At first I did not like anyone in the clinic. I was mad every time they wanted to see me, but they helped me see that they were trying to help me.”*  
Istrouma SBHC Respondent.

*“I’m glad they were able to treat my baby. It helped me to stay at school so I can graduate”*  
Istrouma SBHC Respondent



ACCESSIBILITY

**Most respondents reported that Istrouma SBHC was very accessible in terms of hours, location and waiting times.**

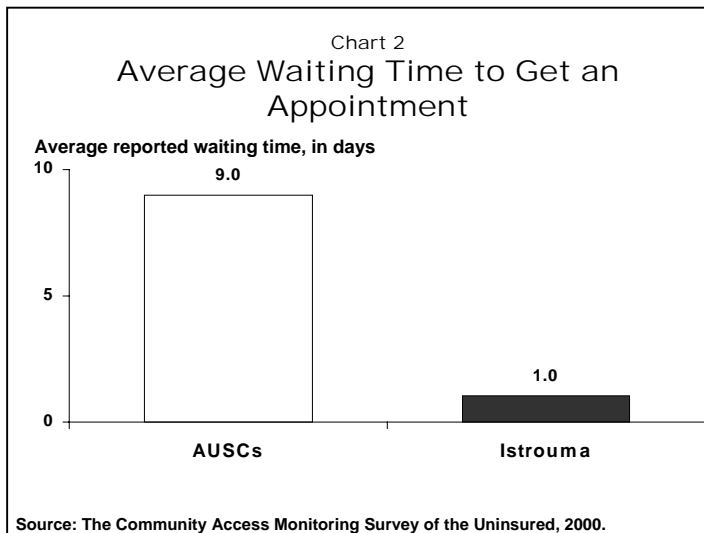
Four of five respondents (82%) reported that the clinic's hours were "never a problem" for them, while 15 percent said the hours were a problem at least sometimes. In comparison, an average of 24 percent of respondents for AUSCs reported that the hours were a problem at least sometimes.

*"The clinic is across from the attendance office, so sometimes it makes you wonder who sees you going in the clinic, but they don't tell your business so its okay."*

Istrouma SBHC Respondent

The vast majority of Istrouma SBHC respondents (93%) said the location of the clinic was "never a problem," while the average for AUSCs was 79 percent.

The average reported waiting time to get an appointment was one day, and more than half the respondent said they were able to make an appointment for the same day. This was in sharp contrast to AUSCs, where respondents reported an average of nine days to get an appointment. (Chart 2) However, the proportion of Istrouma SBHC respondents who said that the waiting time was a problem at least sometimes was only slightly smaller than the average for AUSCs (29% vs. 39%).



Istrouma SBHC respondents were much less likely than the average for AUSCs to report that the waiting time to see a provider on the day of the appointment was a problem even sometimes (19% vs. 51%). Istrouma SBHC respondents reported waiting an average of ten minutes, compared with an average of 47 minutes for AUSCs.



OBTAINING PRESCRIPTION MEDICATIONS

**Relatively few Istrouma SBHC respondents had medications prescribed, and most of these respondents reported that obtaining their medications was not a problem for them. Most said they filled them at a drug store and paid out-of-pocket, and few reported difficulty in paying for medications.**

One of five (19%) respondents for Istrouma SBHC reported that they had medications prescribed, compared with 70 percent for AUSCs.

Among the Istrouma SBHC respondents who received prescriptions, about one-third received at least some of their medications free, while more than two-thirds said that they went to a drug store and paid out-of-pocket. Four respondents were unable to obtain some or all of their medications because of cost.

Most reported that paying for medications was either “easy” or “not so difficult.”

*“I wasn't given a prescription for my ring worms, but they wrote a note for me to give to my mother to get the over-the-counter medicine that they suggested”.*  
Istrouma SBHC Respondent

*“They gave me a prescription I could afford.”*  
Istrouma SBHC Respondent

CONCERNS OVER PAYMENT FOR HEALTH CARE

**Because the clinic does not charge for services, few respondents reported difficulty paying for care.**

About two of three (63%) respondents for Istrouma SBHC said paying for their medical bills was “not so difficult” and 37 percent said it was “easy to pay.” Only one percent of the respondents reported that their medical bills were “very difficult” to pay, while the average for AUSCs was 33 percent.

*“I did not pay anything, it was a free service.”*  
Istrouma SBHC Respondent

SEEKING CARE IN THE FUTURE

**Most Istrouma SBHC respondents said they would use the clinic even if they had insurance.**

When Istrouma SBHC respondents were asked how their past experience paying for care would affect whether they chose to use the clinic again, 78 percent of the respondents reported that it would make no difference and 31 percent reported that it would make it easier to seek care. No respondents said that they would not seek care again or use a different facility as a result of their past payment experiences.

*“It's really nice having someone to talk to when you really need it and not days later. By then, you can figure stuff out for yourself either in a good or bad way.”*  
Istrouma SBHC Respondent

Nine of ten (92%) respondents for Istrouma SBHC said that they would use the clinic again if they had health insurance. In comparison, the average for AUSCs was 82 percent.

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## DISCUSSION

Overall, the responses of the students who used Istrouma School-Based Health Center indicated very favorable perceptions of the clinic.

- ◆ More than four out of five respondents said that, in their experience, the clinic was open and accepting even though they could not pay for their care.
- ◆ Most respondents said they were satisfied with the care and services they received from staff, and almost all of the respondents (94%) said that they were always treated with respect.
- ◆ The average waiting times reported by respondents both to get an appointment and to see a provider on the day of the appointment were substantially shorter than the average for AUSCs.
- ◆ Nearly all of the respondents (93%) said that the location of the clinic—inside the school—was never a problem for them.
- ◆ Few respondents who received prescriptions had difficulty obtaining their medications, even though two-thirds of them paid for them out-of-pocket.
- ◆ As services at the clinic are free, very few respondents reported that it was difficult to pay for their medical care.
- ◆ Nearly all respondents (92%) said they would use the clinic even if they had health insurance.

While few respondents reported problems with the clinic, a small subset did report issues related to access.

- ◆ Although the waiting time to make an appointment was much shorter than the average for AUSCs, it was still seen as a problem at least sometimes by one-quarter of the respondents.
- ◆ Fifteen percent of respondents thought that the hours of operation were a problem at least sometimes.

In addition, while 44 percent of the students said that the clinic had a reputation in the community for providing “a lot of care” to those who cannot pay, and 14 percent said it had a reputation for providing “some care,” 42 percent said that they “didn’t know” the clinic’s reputation in the community.

Respondents reported moderate use of the clinic. Slightly more than half said they had used it between two and four times in the past year, and another fifth said they used it five to nine times. One-fourth of



the respondents said they used the clinic only once, while very few said they used it ten times or more.

#### 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 students who used the Istrouma School-Based Health Center in Baton Rouge, Louisiana. 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 the Istrouma School-Based Health Center (SBHC) and the average for all urban and suburban clinics included in the national CAMS project. A single asterisk (\*) indicates  $p < 0.05$ . Two asterisks (\*\*) indicate  $p < 0.01$ . (An explanation of p-values is provided on page A-4.)

	Baton Rouge Clinic		CAMS Sites
	Inter-site p-value	Istrouma SBHC	All Urban & Suburban Clinics
<b>Number of survey respondents</b>		<b>198</b>	<b>3363</b>
		% <sup>a</sup>	% <sup>a</sup>
<b>RESPONDENT CHARACTERISTICS</b>			
<b>Age</b>	**		
Under 18		85	16
18-29 years		15	27
30-39 years		-	23
40-49 years		-	18
50-64 years		-	14
65 or older		-	1
<b>Race/Ethnicity</b>	**		
White		5	22
Black		94	44
Hispanic		1	26
Other <sup>b</sup>		-	8
<b>Gender</b>			
Male		33	32
Female		67	68
<b>Language in which survey administered</b>	**		
English		100	84
Spanish		-	16
<b>Answered on behalf of child</b>	**	4	10
<b>FACILITY UTILIZATION</b>			
<b>Use of facility in past year</b>	**		
Once		24	20
2-4 times		55	48
5-9 times		18	19
10 or more times		3	13
<b>Reason for visit(s)</b>	**		
Chronic problem or Mixed (chronic and non-chronic)	—	16	38
Other problem (non-chronic)		84	62

	Baton Rouge Clinic		CAMS Sites
	Inter-site p-value	Istrouma SBHC	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>		83	78
<b>Reluctant but accepts you even if can't pay</b>	**	1	7
<b>Offers some care if can't pay</b>		4	8
<b>Provides no assistance if can't pay</b>	—	1	2
<b>Don't know</b>	*	12	8
<b>Opinion of facility's reputation for treating uninsured</b>			
Provides a lot of care for those who can't pay		44	62
Provides some care		14	16
Provides very little or no care		-	4
Don't know		42	19
<b>SATISFACTION WITH PROVIDERS/COURTESY OF STAFF</b>			
<b>Receptionists/Admitting clerks</b>			
	**		
Very satisfactory or satisfactory		96	93
Unsatisfactory or very unsatisfactory		3	7
Don't know		2	-
<b>Nurses</b>			
	**		
Very satisfactory or satisfactory		100	96
Unsatisfactory or very unsatisfactory		-	4
Don't know		1	1
<b>Physician assistants</b>			
	**		
Very satisfactory or satisfactory		50	78
Unsatisfactory or very unsatisfactory		3	3
Don't know		48	19
<b>Examining physicians</b>			
	**		
Very satisfactory or satisfactory		78	91
Unsatisfactory or very unsatisfactory		1	3
Don't know		22	6
<b>Social worker</b>			
	**		
Very satisfactory or satisfactory		63	42
Unsatisfactory or very unsatisfactory		5	4
Don't know		33	54
<b>Treated with respect</b>			
	**		
Always		94	84
Sometimes		5	13
Never		1	1
Don't know		-	3
<b>ACCESSIBILITY OF SERVICES</b>			
<b>Hours facility open</b>			
	*		
Never a problem		82	74
Sometimes a problem		13	20
Often/always a problem		2	4
Don't know		3	2
<b>Location</b>			
	**		
Never a problem		93	79
Sometimes a problem		7	16
Often/always a problem		1	5
Don't know		-	-

	Baton Rouge Clinic		CAMS Sites
	Inter-site p-value	Istrouma SBHC	All Urban & Suburban Clinics
<b>Waiting time to get appointment</b>	**		
Never a problem		70	53
Sometimes a problem		26	27
Often/always a problem		3	12
Don't know		2	8
<b>Waiting time to see provider on day of appointment</b>	**		
Never a problem		80	46
Sometimes a problem		18	34
Often/always a problem		1	17
Don't know		2	4
<b>MEDICATIONS</b>			
<b>Medication prescribed</b>	**	19	70
<b>If yes, how obtained</b>			
Supplied free	**	34	56
Used a pharmacy card	—	-	10
Used a drug store and paid	**	71	34
Didn't get /couldn't afford	—	5	4
Got some/couldn't afford all	—	3	6
Other	—	-	7
<b>Medication instructions</b>	—		
Understood instructions		87	96
No instructions given		3	1
Did not understand instructions		-	1
Did not need medicine for home		11	1
<b>Difficulty paying for medications</b>	**		
Very difficult		1	27
Not so difficult		13	23
Easy to pay		6	15
N/A		81	36
<b>MEDICAL BILLS</b>			
<b>Difficulty paying for medical care</b>	**		
Very difficult		1	33
Not so difficult		63	34
Easy to pay		37	34
<b>FUTURE CARE</b>			
<b>Effect of payment experience on seeking future care at facility</b>			
<b>Will not seek care at facility</b>	**	-	4
<b>Will use another facility</b>	*	-	3
<b>Easier to seek care at facility</b>	**	31	53
<b>Makes no difference</b>	**	78	39
<b>Currently owe facility money</b>	**	1	20
<b>If yes, will make not seek care in future</b>		50	23
<b>If had insurance, would use facility in future</b>	**	92	82

	Baton Rouge Clinic		CAMS Sites
	Inter-site p-value	Istrouma SBHC	All Urban & Suburban Clinics
<b>WAIT TIMES</b>			
Days to get appointment, mean	**	1.03	8.98
Days to get appointment, median		0	3.00
Waiting time to see provider, mean (minutes)	**	11.31	47.47
Waiting time to see provider, median (minutes)		10.00	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

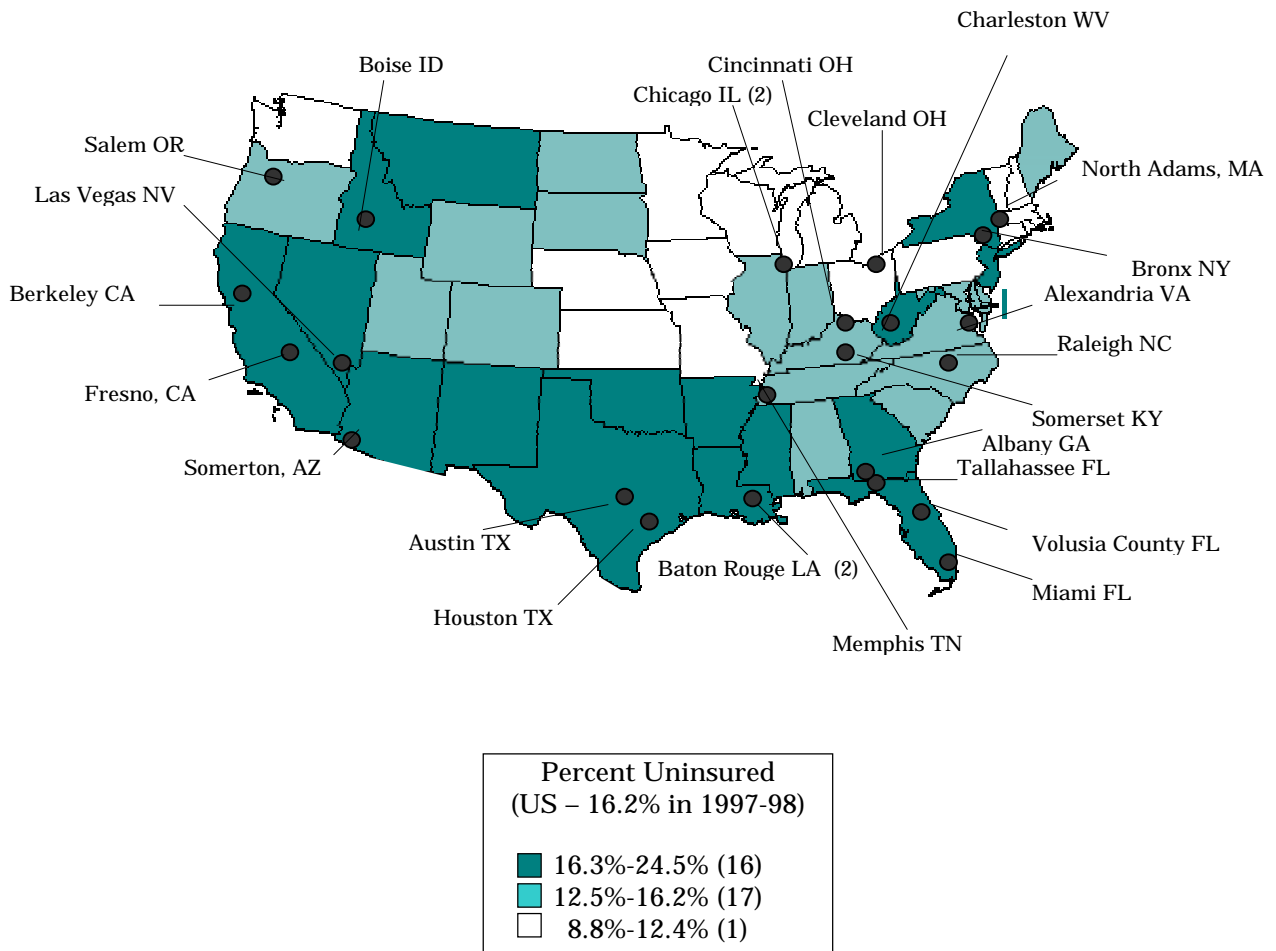
SURVEYED FACILITIES BY TYPE

<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:** \_\_\_\_\_

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- ◆ Kennetra Montgomery, Survey Administrator, is a sophomore at Southern University in Baton Rouge, majoring in biology. She has experience in telemarketing.

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