



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

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

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EXECUTIVE SUMMARY

The number of uninsured Americans rose significantly over the last decade—according to current estimates, 43 million people are now without health insurance. While it is often assumed that the uninsured can easily obtain health care, much research demonstrates that lack of insurance leads to reduced access to health care and poorer health outcomes. Moreover, recent changes in the healthcare market have exposed healthcare providers to financial pressures that may be limiting their ability to provide care for the uninsured. However, access to care for the uninsured varies greatly across regions and communities.

The Community Access Monitoring Survey (CAMS) project, an initiative of The Access Project, provided support to organizations in 24 communities to survey uninsured patients receiving care at local facilities. The goals of the project were to investigate the effectiveness of local facilities in responding to the needs of the uninsured and to document barriers the uninsured face when seeking care.

This report summarizes national data on the impact of health insurance on access to care and health outcomes, and presents the results of the survey in one community, Memphis, Tennessee. The survey was conducted in the summer of 2000 and gathered information from 300 uninsured patients who obtained health care at The Memphis Regional Medical Center in the previous year. The report also compares their experiences with those of uninsured patients surveyed at other CAMS sites across the country who received care at similar facilities.

KEY FINDINGS

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

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

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

INTRODUCTION

In 1998, 44 million people in the United States were uninsured, representing a 38% increase in the number of uninsured since 1987.¹ While this number fell slightly between 1998 and 1999, according to current estimates 43 million people are still without health insurance.² The ability of the uninsured to gain access to health care is thus a major national issue, but it is at the community level that the consequences are most apparent.

Many assume that even when people are uninsured, they are readily able to obtain health care. A 1999 survey of college-educated people in the United States found that 57 percent believed that uninsured people are able to get the care they need from doctors and hospitals, up from 43 percent in 1993.³ However, research has consistently demonstrated that individuals without insurance see health providers less frequently, receive fewer preventive health services, and delay care. As a result, when the uninsured do get care, they often require more expensive care. For example, the uninsured tend to come into the hospital more severely ill, and are hospitalized more frequently for conditions that could have been treated on an ambulatory, and less costly, basis.

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

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

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COMMUNITY ACCESS MONITORING SURVEY PROJECT

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

PROJECT GOALS

The goals of the project were to

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

THE SURVEY DESIGN

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

Survey Limitations

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

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

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

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

Intended Uses of the Survey

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

ABOUT THIS REPORT

This report, along with reviewing some of the general research documenting the impact of lack of insurance on healthcare access and on health outcomes, describes the survey results at one CAMS site, Memphis, Tennessee. The survey was conducted by Latino Memphis Conexión (LMC) in the summer of 2000, and gathered information from 300 uninsured individuals who received care at The Memphis Regional Medical Center in the previous year. Along with providing the results of the survey for this facility, the report compares the results with aggregate responses at all similar facilities surveyed as part of the CAMS project nationwide. A report presenting the overall findings for all surveyed sites will be released in Spring 2001.



LACK OF INSURANCE IS DANGEROUS TO YOUR HEALTH

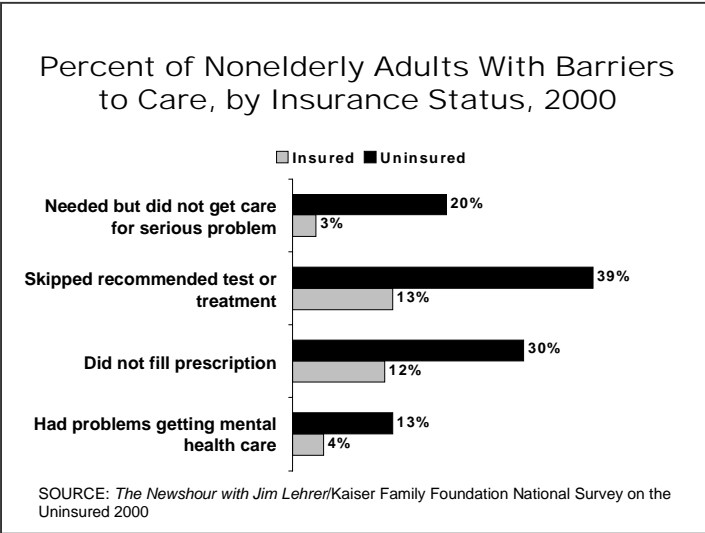
With great consistency, national research has demonstrated that insurance status affects the amount and type of care individuals receive. Lack of health insurance is related to both reduced access to care and to poorer health outcomes. In addition, many of the changes in the health care market over the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

LACK OF INSURANCE AND ACCESS TO CARE

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

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

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



LACK OF INSURANCE AND HEALTH OUTCOMES

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

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

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BENEFITS OF IMPROVED ACCESS TO HEALTH CARE

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

Increased access to care for individuals infected with HIV represents one of the most recent dramatic instances of improvements in both mortality and morbidity. According to the Centers for Disease Control and Prevention, the first decrease in AIDS-related opportunistic infections occurred in 1997.²³ One of the major reasons cited was increased availability of new anti-retroviral therapies. The proportion of patients using this treatment regimen—for which many rely on public sector support through Medicaid and other programs—increased from 24% to 60% in just one year (1995 to 1996). This dramatic change is one demonstration of how access to critical treatments can make the difference between life and death.

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



THE HEALTH CARE MARKET AND CARE FOR THE UNINSURED

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

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

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

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

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

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

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



COMMUNITY CONTEXT

Note: Information in this section was provided by Latino Memphis Conexión (LMC).

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

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

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

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



SURVEY METHODOLOGY

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

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

The Access Project arranged for entry of the data by an independent firm. The data were analyzed by Dennis Andrulis and Christina An of the State University of New York, Health Science Center at Brooklyn.

Three hundred surveys were completed. Because respondents were not randomly selected, the survey results cannot be generalized to the entire population of uninsured persons or of individuals receiving care at The Memphis Regional Medical Center. *The results reflect the experiences only of those surveyed.*

SURVEY FINDINGS

This section describes the survey results for respondents who received care at The Memphis Regional Medical Center (The Med) while uninsured and compares them with averages for All Urban and Suburban Hospitals (AUSHs) included in the CAMS project nationwide. All comparisons are statistically significant unless otherwise indicated (ns = non-significant). See Appendix A for a table of the results for The Memphis Regional Medical Center, as well as for the aggregate results for all similar facilities included in CAMS.

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

RESPONDENT CHARACTERISTICS

Respondents varied in age, but were slightly younger overall than the AUSH average. Nearly all the respondents were Hispanic and chose to take the survey in Spanish.

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

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

USE OF HEALTH SERVICES

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

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

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

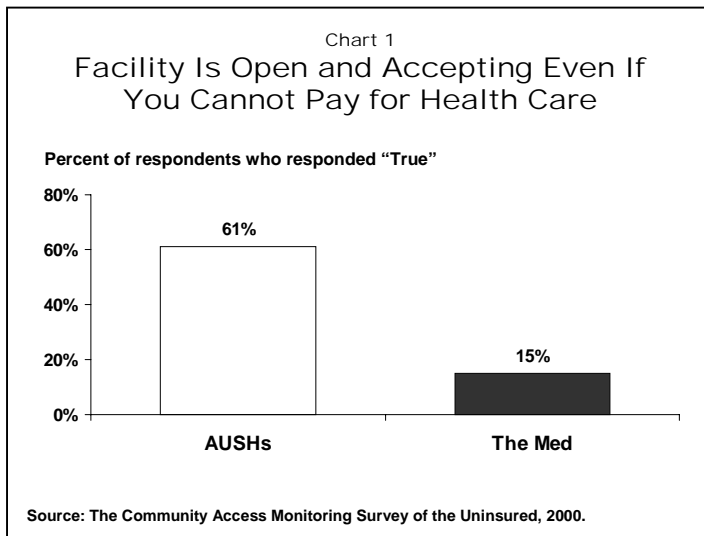
Three of five (59%) respondents for The Med reported that they used the facility more than once in the past year. This proportion was similar to the AUSH average (62%).

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

OPENNESS TO THE UNINSURED AND SATISFACTION WITH PROVIDERS

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

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



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

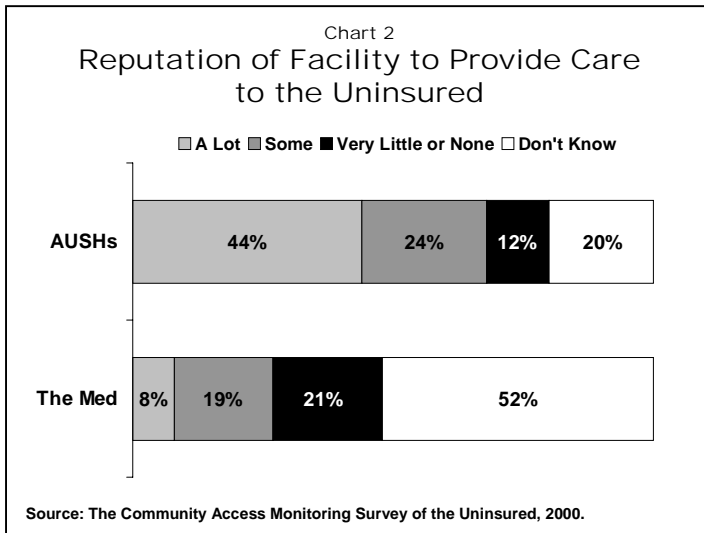
“They treat Latinos badly. They think we are not going to pay.”
Med Respondent

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

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

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

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



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

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

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

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

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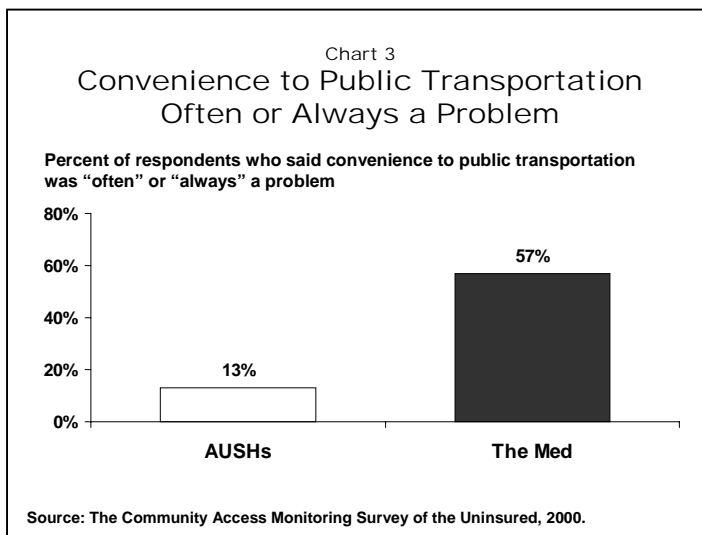
“sometimes” treated with respect, while 13 percent reported that they were “never” treated with respect.

ACCESSIBILITY

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

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

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



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

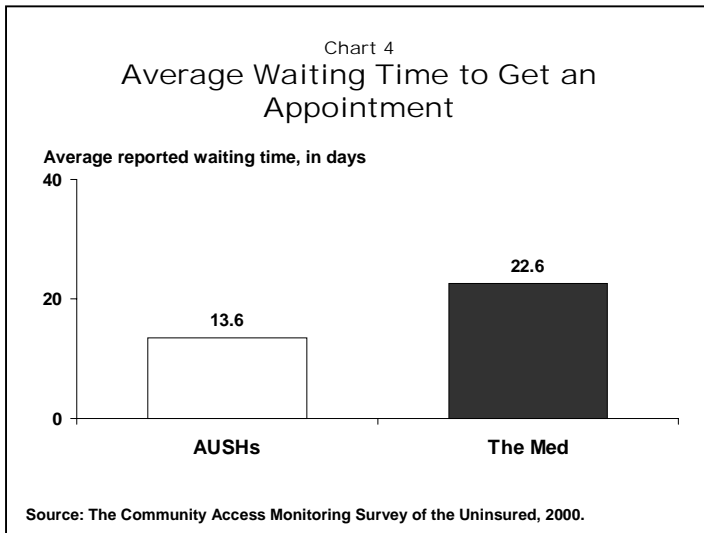
Med respondents were also more likely to report that the facility’s hours of operation were a problem for them at least sometimes than the average for AUSHs (24% vs. 11%, respectively).

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



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

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



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

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

LANGUAGE NEEDS

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

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

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

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

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

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

OBTAINING PRESCRIPTION MEDICATIONS

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

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

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

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

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

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

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

CONCERNS OVER PAYMENT FOR HEALTH CARE

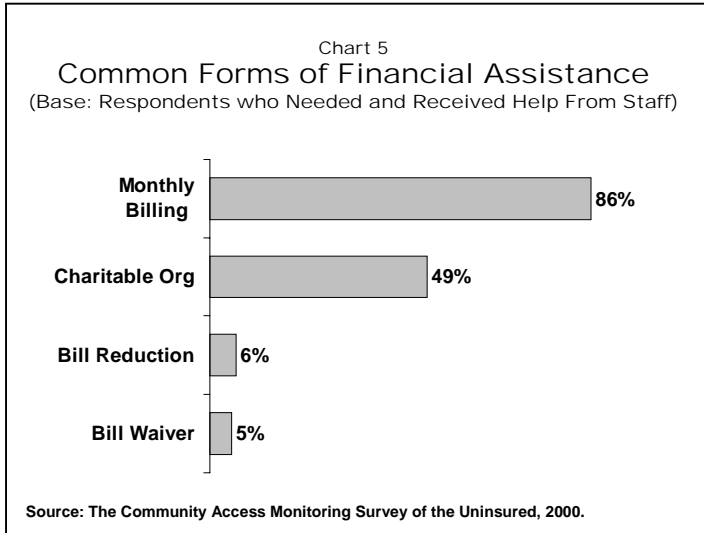
About one-third of the respondents reported that paying their medical bills was very difficult, but nearly half reported that they needed assistance with payment. Among the respondents who needed help, nearly two-thirds reported that they received help at least sometimes. However, almost two of five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

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



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

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



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

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

SEEKING CARE IN THE FUTURE

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

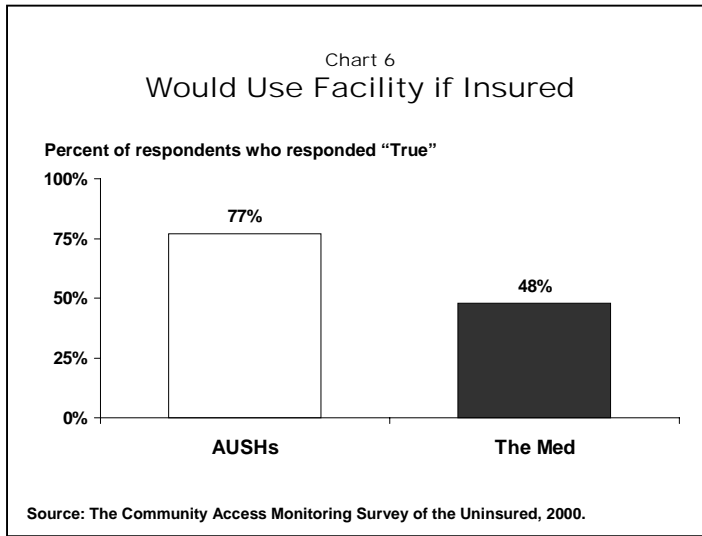
When asked how their past experience paying bills at the hospital would affect their future care, the majority of respondents—68 percent—said that it would make no difference. However, 16 percent said they would use a different facility.

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

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

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

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DISCUSSION

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

STRENGTHS

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

ISSUES FOR FURTHER CONSIDERATION

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

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

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

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

CONCLUSION

This report provides information on a topic that has not often been investigated, the experiences of the uninsured when they access health care at their local health facilities. Given the large numbers of uninsured in our country, it is a topic of increasing importance.

Because the survey was not based on a random sample, the results are more suggestive than definitive. Notwithstanding its limitations, however, the authors expect that the results will be useful in suggesting issues and questions that would benefit from further

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

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APPENDIX A: TABLE OF SURVEY RESULTS

This table presents the results of the surveys of patients at The Regional Medical Center, in Memphis, Tennessee. For comparison purposes, it also presents the results of surveys of patients at all urban and suburban hospitals that were included in the CAMS project nationally.

Asterisks in the *Inter-site p value* column indicate statistically significant differences between The Regional Medical Center and the average for all urban and suburban hospitals 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.)

	Memphis, TN Hospital		CAMS Hospitals
	Inter- site p-value	The Regional Medical Center	All Urban & Suburban Hospitals
Number of survey respondents		300	4522
		% ^a	% ^a
RESPONDENT CHARACTERISTICS			
Age	**		
Under 18		20	17
18-29 years		33	27
30-39 years		30	25
40-49 years		13	19
50-64 years		4	11
65 or older		-	1
Race/Ethnicity	**		
White		-	11
Black		-	46
Hispanic		99	37
Other ^b		1	7
Gender	*		
Male		47	40
Female		53	60
Language in which survey administered	**		
English		-	72
Spanish		100	28
Answered on behalf of child	*	19	15
FACILITY UTILIZATION			
Used hospital emergency room	**	59	77
Admitted to hospital as inpatient	**	36	32
Used outpatient clinic	**	64	45
Use of facility in past year	**		
Once		41	38
2-4 times		40	42
5-9 times		18	13
10 or more times		1	7

	Memphis, TN Hospital		CAMS Hospitals
	Inter- site p-value	The Regional Medical Center	All Urban & Suburban Hospitals
Reason for visit(s)	**		
Chronic problem or Mixed (chronic and non-chronic)	**	18	32
Other problem (non-chronic)		82	68
PERCEPTION OF FACILITY			
Experience of facility's openness to uninsured			
Open and accepting even if can't pay	**	15	61
Reluctant but accepts you even if can't pay		22	19
Offers some care if can't pay		15	12
Provides no assistance if can't pay	**	10	3
Don't know	**	40	9
Opinion of facility's reputation for treating uninsured			
Provides a lot of care for those who can't pay		8	44
Provides some care		19	24
Provides very little or no care		21	12
Don't know		52	20
SATISFACTION WITH PROVIDERS/COURTESY OF STAFF			
Receptionists/ Admitting clerks			
	**		
Very satisfactory or satisfactory		67	84
Unsatisfactory or very unsatisfactory		32	14
Don't know		1	2
Nurses			
	**		
Very satisfactory or satisfactory		63	88
Unsatisfactory or very unsatisfactory		37	11
Don't know		-	1
Physician assistants			
	**		
Very satisfactory or satisfactory		75	78
Unsatisfactory or very unsatisfactory		23	9
Don't know		1	14
Examining physicians			
Very satisfactory or satisfactory		90	90
Unsatisfactory or very unsatisfactory		9	8
Don't know		1	2
Social worker			
	**		
Very satisfactory or satisfactory		64	36
Unsatisfactory or very unsatisfactory		32	10
Don't know		5	54
Billing Clerks			
	**		
Very satisfactory or satisfactory		63	49
Unsatisfactory or very unsatisfactory		32	18
Don't know		5	33
Pharmacist			
	**		
Very satisfactory or satisfactory		10	37
Unsatisfactory or very unsatisfactory		9	6
Don't know		81	57

	Memphis, TN Hospital		CAMS Hospitals
	Inter- site p-value	The Regional Medical Center	All Urban & Suburban Hospitals
Treated with respect	**		
Always		38	61
Sometimes		49	32
Never		13	4
Don't know		-	3
ACCESSIBILITY OF SERVICES			
Hours facility open	**		
Never a problem		75	85
Sometimes a problem		19	9
Often/always a problem		5	2
Don't know		1	5
Hours ER open	**		
Never a problem		63	84
Sometimes a problem		15	6
Often/always a problem		2	2
Don't know		20	8
Location	**		
Never a problem		33	69
Sometimes a problem		48	21
Often/always a problem		18	8
Don't know		-	2
Waiting time to get appointment	**		
Never a problem		9	23
Sometimes a problem		27	20
Often/always a problem		32	16
Don't know		32	40
Waiting time to see provider on day of appointment	**		
Never a problem		14	26
Sometimes a problem		23	26
Often/always a problem		31	26
Don't know		32	22
Convenient to public transportation	**		
Never a problem		2	43
Sometimes a problem		2	10
Often/always a problem		57	13
Don't know		39	35
Transportation assistance if needed	**		
Never a problem		4	22
Sometimes a problem		2	6
Often/always a problem		55	13
Don't know		39	59

	Memphis, TN Hospital		CAMS Hospitals
	Inter- site p-value	The Regional Medical Center	All Urban & Suburban Hospitals
LANGUAGE NEEDS			
Needed help with translations	**	27	17
If yes, Availability of interpreter	**		
Very available		4	21
Available		4	24
Not very available		4	30
Unavailable		89	25
Ability of interpreter	**		
Very good		27	46
Fair		48	39
Poor		25	14
Signs in waiting area in your language	**	4	46
Written information in your language	**	15	42
MEDICATIONS			
Medication prescribed		76	74
If yes, how obtained			
Supplied free		23	27
Used a pharmacy card	**	1	8
Used a drug store and paid	**	86	57
Didn't get /couldn't afford	**	-	8
Got some/couldn't afford all	**	-	9
Other	**	1	6
Medication instructions	**		
Understood instructions		84	92
No instructions given		9	3
Did not understand instructions		7	4
Did not need medicine for home		-	1
Difficulty paying for medications	**		
Very difficult		13	40
Not so difficult		38	32
Easy to pay		31	10
N/A		18	18
Needed help paying for medications	**	10	47
If yes, did staff offer help?	---		
Always		11	16
Often		4	7
Sometimes		11	13
Never		75	64
MEDICAL BILLS			
Difficulty paying for medical care	**		
Very difficult		32	61
Not so difficult		51	30
Easy to pay		18	10

	Memphis, TN Hospital		CAMS Hospitals
	Inter- site p-value	The Regional Medical Center	All Urban & Suburban Hospitals
Needed help paying the medical bill? If yes	**	45	65
Did staff offer to find out if financial assistance was available?	**		
Always		13	19
Often		2	6
Sometimes		48	19
Never		38	56
Type of help staff offered (If Always, Often, Sometimes to previous question)			
Pay in monthly installments	**	86	52
Reduce amount of bill		6	13
Waive bill		5	8
Find charitable organization to pay	**	49	22
Other	**	6	20
FUTURE CARE			
Effect of payment experience on seeking future care at facility			
Will not seek care at facility	**	2	13
Will use another facility	**	16	10
Easier to seek care at facility		15	17
Makes no difference	**	68	60
Currently owe facility money	**	53	61
If yes, will make not seek care in future	**	10	28
If had insurance, would use facility in future	**	48	77
TRAVEL AND WAIT TIMES			
Travel time, mean (minutes)	**	33.69	21.55
Travel time, median (minutes)		35	18.00
Days to get appointment, mean	**	22.57	13.55
Days to get appointment, median		22	7.00
Waiting time to see provider, mean (minutes)		56.52	63.24
Waiting time to see provider, median (minutes)		60	45.00

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

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

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

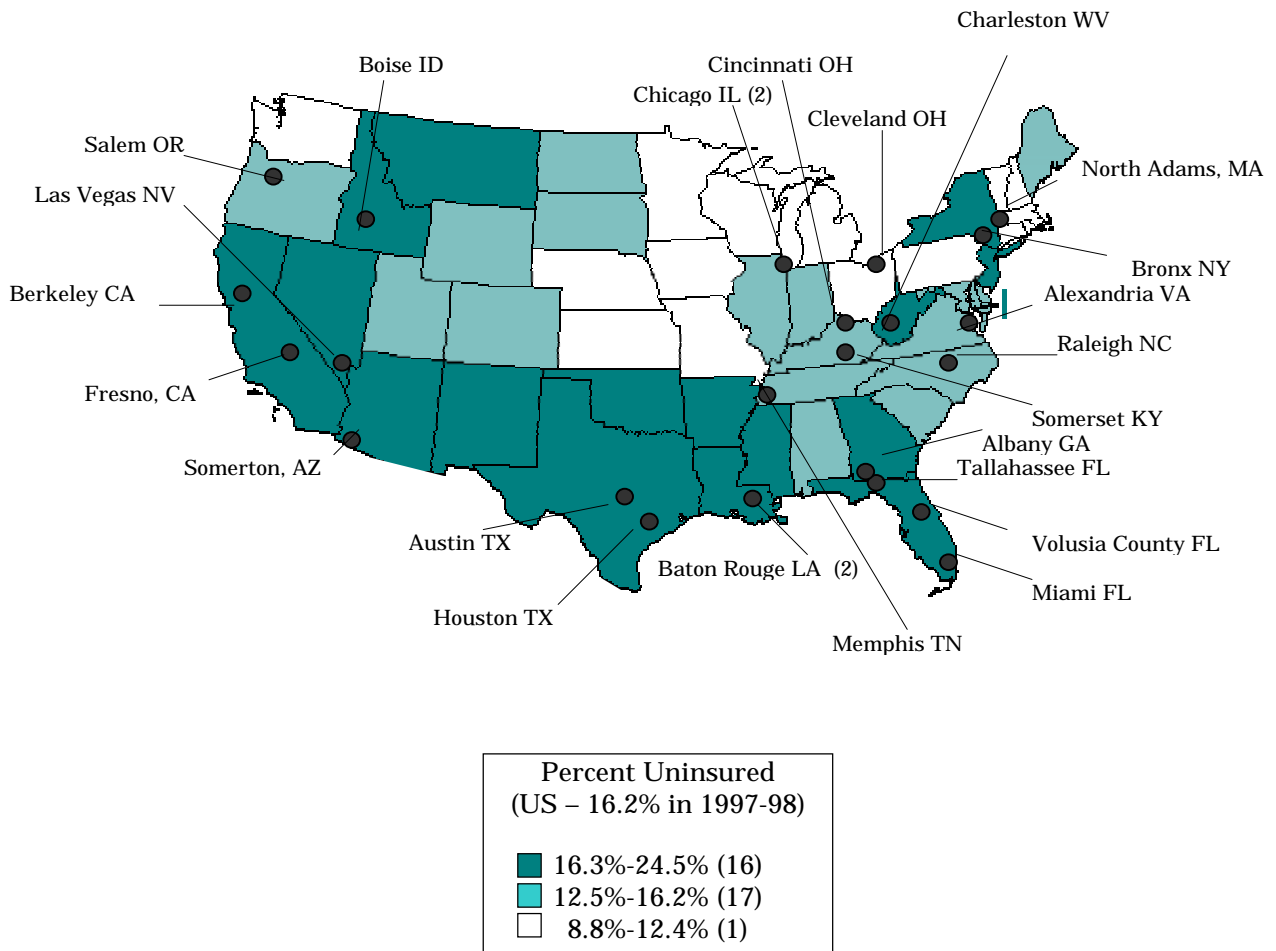
SURVEYED FACILITIES BY TYPE

<i>FACILITIES BY TYPE</i>	<i>LOCATION</i>
Urban/Suburban Hospitals	
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
Rural Hospitals	
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
Urban/Suburban Clinics	
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
Rural Clinics	
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
Other (Provider Network)	
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>
	1	2	3	4	DK/NA
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)

_____?

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>
	1	2	3	4	DK/NA
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:

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:

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) _____?

“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?

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

Time Completed: _____



ACKNOWLEDGEMENTS

Latino Memphis Conexión (LMC) is grateful to all of the individuals who worked on this project and helped bring it to completion. In particular, thanks to Memphis CAMS Project Directors Ruthbeth Finerman, Ph.D. and Cynthia Martin, of the University of Memphis, and to Lisa Bebee, Acting Executive Director of LMC.

We also want to express our appreciation to Project Coordinators Kelly Duke and Chad Morris, and to CAMS survey administrators Ana Maria Haley, Pilar Hernandez, Kevin Lapp, Claudio Perez Leon, David Lubell, Pilar Matthews, Maria Penna, and Virginia Ponce.

Thanks also to the Metropolitan Inter-Faith Association (MIFA), the Junior League of Memphis, and the many clinics, churches and work site managers who assisted in the project.

Special appreciation is extended to all of the survey respondents, without whose assistance this project could not have been completed.

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:

- ◆ Bill Lottero, the Site Coordinator, who worked directly with LMC to help plan the project, and who provided consultation throughout the project's duration.
- ◆ Bill Hewett and Meg Baker, who provided invaluable administrative support in the production of the report
- ◆ Nancy Kohn, The Access Project CAMS coordinator, who 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. 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.