



Getting Health Care
When You Are
Uninsured:
*A Survey of Uninsured Patients
at Two Facilities in
Somerton and Yuma, Arizona*

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Puentes de Amistad (Bridges in Friendship) is a community-based organization that is based in Somerton, Arizona, twelve miles south of the city of Yuma. Puentes de Amistad is one of four offices operated by the Border Health Foundation (BHF), a non-profit organization incorporated in 1984.

The mission of Puentes de Amistad is to build healthy families through health education, cultural awareness, and capacity building strategies in Yuma County, Arizona, San Luis, Arizona, Rio, Colorado, and Sonora, Mexico. Puentes de Amistad facilitates and manages a number of community development and public health projects, the majority of which use trained Lay Health Promoters (Promotores de Salud) and are tailored to meet the needs of migrant and seasonal farm workers. Puentes de Amistad also collaborates with U.S and Mexican government officials and public and private groups to improve the quality of life on both sides of the border.

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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, Somerton, Arizona. The survey was conducted in the summer of 2000 and gathered information from 345 uninsured patients who obtained health care at the Sunset Health Center or Yuma 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

Findings for Sunset Health Center include the following:

- ◆ Four of five respondents reported that the clinic had been “open and accepting” to them even if they could not pay for their care. In addition, the majority of respondents reported that they were satisfied with the care and service they received from staff. However, Sunset respondents were less likely than the average for All Rural Clinics (ARCs) included in CAMS nationwide to report that the clinic has a reputation in the community for providing “a lot” of care to the uninsured.
- ◆ About half the respondents reported that they needed help with translations. Of these, almost all said interpreters were available, and three-quarters said that their ability was “very good.”

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- ◆ The average reported time to get an appointment at Sunset was over two weeks, nearly a full week longer than the ARC average.
- ◆ More than 40 percent of Sunset respondents reported that convenience to public transportation and getting transportation assistance when needed had been a problem at least sometimes, figures that were much higher than the averages for ARCs.
- ◆ Sunset respondents were less likely to report that they needed financial assistance to pay for medical care and prescriptions than the averages for ARCs. In addition, about three in ten respondents said they owed the clinic money, while the ARC average was close to 50 percent.

However, among those respondents who received prescriptions, only one-fourth received their medications at no cost, much lower than the ARC average. Among respondents who said they needed help paying their medical bills, two-thirds said they “never” received help, almost three times the ARC average.

- ◆ Ninety-three percent of the respondents said they would use the clinic again if they had health insurance.

Findings for Yuma Regional Medical Center include the following:

- ◆ Yuma respondents were more likely to have used the emergency room, more likely to be admitted as an inpatient, and less likely to have been a clinic patient than the averages for All Urban and Suburban Hospitals (AUSHs) included in CAMS nationwide.
- ◆ The majority of the respondents reported that they were satisfied with their interactions with staff.
- ◆ Four of five respondents reported that in their experience the hospital had been open and accepting to them even if they could not pay, which was higher than the average for (AUSHs).
- ◆ At the same time, while more than half of the respondents reported that they needed help paying for medical care and one-third that they needed help paying for medications, the majority said they were “never” offered any assistance by staff. More than one-fourth said their past experiences paying bills at the hospital would deter them from seeking care there again, and another third said it would cause them to use a different facility. Furthermore, nearly two-thirds said they were in debt to the hospital, and over 40 percent of these respondents said their indebtedness would discourage them from seeking care there again.



- ◆ With respect to accessibility measures, the average reported time to get an appointment was 8.5 days, nearly a week shorter than the average for AUSHs. However, more than two-fifths of the respondents reported that convenience to public transportation and getting transportation assistance when needed had been a problem at least sometimes, higher than the averages for AUSHs.
- ◆ Half the respondents required assistance with translations. Although more than half of the respondents who needed assistance reported that interpreters were readily available, 43 percent said interpreters were “not very available” or “unavailable.”
- ◆ Nearly all (98%) the respondents said they would use the hospital again if they had health insurance.

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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 research documenting the impact of lack of insurance on healthcare access and on health outcomes, describes the survey results at one CAMS site, Somerton, Arizona. The survey was conducted by Puentes de Amistad (Bridges in Friendship) in the summer of 2000, and gathered information from uninsured individuals who received care at Sunset Health Center or Yuma Regional Medical Center in the previous year. Along with providing the results of the survey for these facilities, the report compares the results with aggregate responses at all similar facilities surveyed as part of the CAMS project nationwide. A report presenting the overall findings for all surveyed sites will be released in Spring 2001.

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LACK OF INSURANCE IS DANGEROUS TO YOUR HEALTH

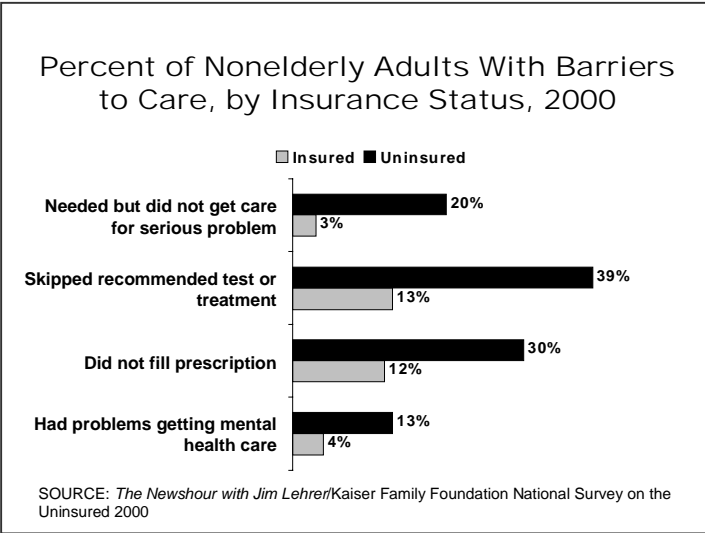
With great consistency, national research has demonstrated that insurance status affects the amount and type of care individuals receive. Lack of health insurance is related to both reduced access to care and to poorer health outcomes. In addition, many of the changes in the health care market over the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

LACK OF INSURANCE AND ACCESS TO CARE

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

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

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



LACK OF INSURANCE AND HEALTH OUTCOMES

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

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

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BENEFITS OF IMPROVED ACCESS TO HEALTH CARE

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

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

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



THE HEALTH CARE MARKET AND CARE FOR THE UNINSURED

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

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

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

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

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

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

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



COMMUNITY CONTEXT

Note: Information in this section was provided by Puentes de Amistad (Bridges in Friendship).

Somerton, Arizona is located about twelve miles south of the city of Yuma, which is the seat of Yuma County, and ten miles north of Arizona's western international border with Sonora, Mexico. In 1998, Somerton and the neighboring border community of San Luis, Arizona had a combined population of 17,700.³¹ Approximately 95 percent of the population is Hispanic,³² mainly Mexican-Americans and Mexicans. Many adult residents are migrant and seasonal farm workers. The Somerton area is economically depressed--in 1998, the unemployment rate was close to 50% in Somerton,³³ and over 70% in San Luis.³⁴ In 1996, only 8.8 percent of area residents graduated from high school.³⁵

While it is difficult to gather local data on the number of uninsured, in 1996 birth certificate information indicated that 12% of mothers who gave birth in Yuma County were uninsured.³⁶ In addition, the community is home to populations that are known to have high uninsurance rates: residents not born in the U.S., farm workers, and those who are unemployed or underemployed at least part of the year. In addition, the community is largely Spanish speaking, a group that often faces linguistic barriers to accessing health care.

In order to capture the experiences both of those seeking primary care and those seeking acute care in Yuma County, surveys were conducted at one community health center, Sunset Health Center, and one hospital, Yuma Regional Medical Center.

Sunset Health Center is a federally funded Migrant Health Center located in Somerton, with four satellite clinics in Yuma County. It provides primary care services, including maternal and child, dental, nutrition, and family planning services, as well as a variety of health promotion programs. The clinic serves approximately 1,500 clients who make 51,000 visits a year. The staff is predominantly Hispanic and bilingual.

Yuma Regional Medical Center (YRMC) is a private, non-profit community hospital located in the city of Yuma. YRMC is the only hospital in the county. It has 237 beds and last year had over 62,000 patient encounters. It provides ambulatory care, urgent care, and surgical services. Patients with needs beyond the capacity of YRMC are referred to facilities in Phoenix, Tucson, and San Diego.

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SURVEY METHODOLOGY

Surveys were conducted by volunteer Lay Health Promoters (Promotores), all of whom were native Spanish speakers. All of the 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, Massachusetts. In addition, surveyors received additional training from Puentes de Amistad.

Initially, the surveyors identified respondents by going door-to-door in the Somerton and San Luis communities, as well as in some outlying areas. However, as information about the project spread, many uninsured residents also came to the Puentes de Amistad office to volunteer to be interviewed.

All survey interviews were conducted between May 16 and June 17, 2000. To be eligible to participate, respondents had to have received care during the past year at Sunset Health Center or Yuma Regional Medical Center while they were uninsured. (Health Center patients were eligible to participate if they received care at either the main clinic site in Somerton or at any of the center's satellite clinics.) Almost all respondents were farm workers or their family members. After completing the survey, respondents were given \$10 vouchers to purchase food at local grocery stores.

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

Surveys were completed for 345 respondents. 170 had received care at Sunset Health Center and 175 at Yuma Regional Medical Center. 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 Sunset Health Center or Yuma Regional Medical Center while uninsured. It also compares their results with averages for all similar facilities included in CAMS nationwide. All comparisons are statistically significant unless otherwise indicated (ns = non-significant). See Appendix A for a table of the results for the Arizona facilities, as well as for the aggregate results for all similar facilities included in CAMS nationwide.

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.

SUNSET HEALTH CENTER

This section presents the results of the survey for Sunset Health Center (Sunset), and compares them with the results for All Rural Clinics (ARCs) included in CAMS.

RESPONDENT CHARACTERISTICS

Nearly all of the Sunset respondents were Hispanic, and all chose to take the survey in Spanish. One-third of the respondents answered on behalf of a child.

Ninety-seven percent of the respondents for Sunset identified themselves as Hispanic. In comparison, the average proportion of Hispanic respondents for ARCs was 53 percent. In addition, *all* the respondents chose to take the survey in Spanish, while the average proportion for ARCs was 32 percent.

Respondents varied in age, but the proportion of respondents younger than 29 years of age was much higher than the average for ARCs (63% vs. 46%, respectively). Indeed, one-third (33%) of the Sunset respondents answered on behalf of a child. In comparison, the average for ARCs was 20 percent.

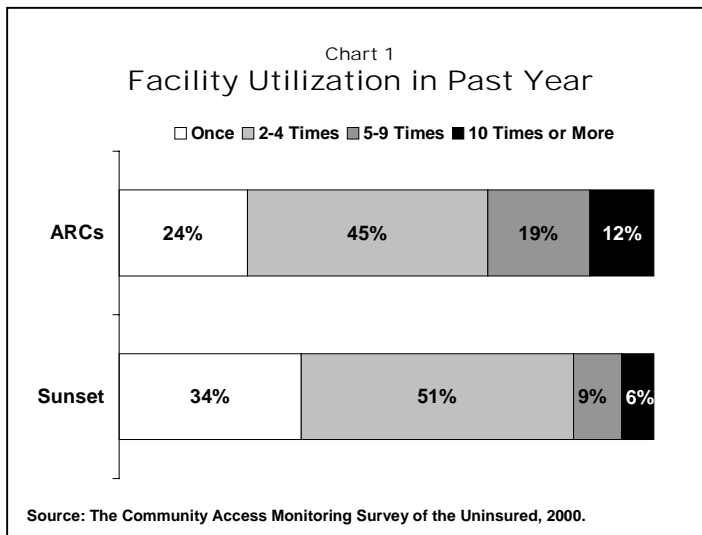
Seventy-one percent of the Sunset respondents were women, a proportion higher than the ARC average of 63 percent.

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USE OF HEALTH SERVICES

Two of three respondents for Sunset used the facility more than once and one-fifth of the respondents said they sought care to treat a chronic problem.

Two-thirds of the Sunset respondents reported that they used the clinic more than once in the past year, which was less than the average for ARCs. (Chart 1)



One of five (20%) respondents for Sunset reported using the clinic to treat a chronic health problem such as asthma or diabetes. In comparison, the average for ARCs was 34 percent.

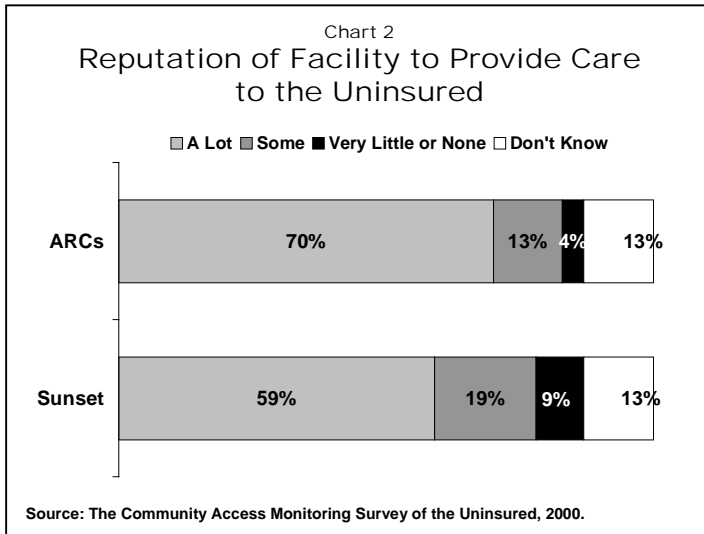
OPENNESS TO THE UNINSURED AND SATISFACTION WITH PROVIDERS

The majority of the respondents said Sunset had been open and accepting to them even if they could not pay for their care, and that it had a positive reputation in the community for providing care to the uninsured. In addition, most respondents reported high levels of satisfaction with staff.

Four of five (79%) respondents for Sunset said that the facility had been “open and accepting” to them even if they were unable to pay, a proportion very similar to the ARC average (81%). Notably, however, five percent of the respondents said that, in their experience, the clinic did not provide them with any care because they were unable to pay.

Fifty-nine percent of Sunset respondents said that the clinic had a reputation in the community for providing “a lot” of care for people who cannot pay, which was slightly below the average for ARCs. However, several respondents thought that the clinic had a reputation

for providing only “some” or “very little or no care” to the uninsured. (Chart 2)



Generally, respondents for Sunset were satisfied with the care and service they received from their providers. For example, 89 percent of respondents stated that they were “very satisfied” or “satisfied” with their interactions with receptionists, 95 percent with nurses, and 87 percent with doctors. However, as many as eight percent of the respondents said that they were unsatisfied with their encounters with staff.

Finally, 93 percent of the respondents said that they were “always” treated with respect by staff.

ACCESSIBILITY

More than two of five respondents for Sunset said that waiting times and convenience to public transportation were problems for them at least sometimes.

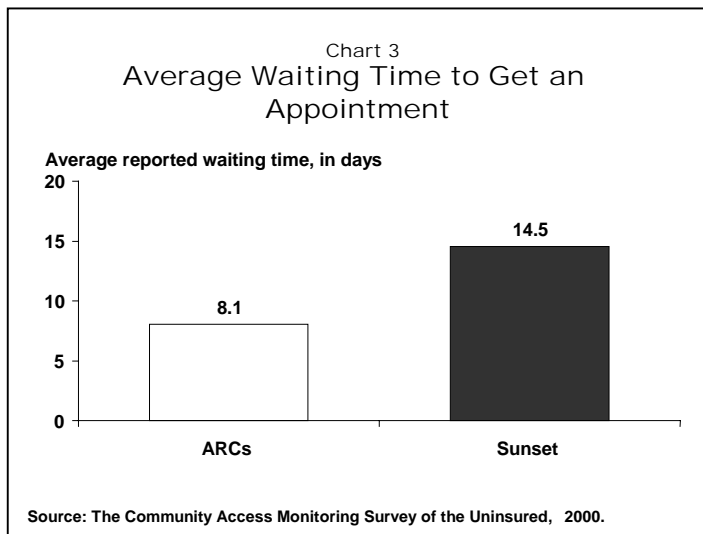
Sunset respondents were two times more likely than the average for ARCs to report that they had problems with the clinic’s hours at least sometimes (29% vs. 15%, respectively). In addition, one of six (17%) respondents stated that the location of the clinic was a problem for them at least sometimes.

Waiting time to get an appointment was likely to be an issue for most Sunset respondents. Fully 54 percent of Sunset respondents stated that the waiting time to get an appointment was a problem at least sometimes, which was much higher than the ARC average (34%).

“If you are not a patient of the clinic and you are new it takes a long time before giving you an appointment.”
Sunset Respondent

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Indeed, the average reported waiting time for Sunset respondents was more than 6 days longer than the average for ARCs. (Chart 3)

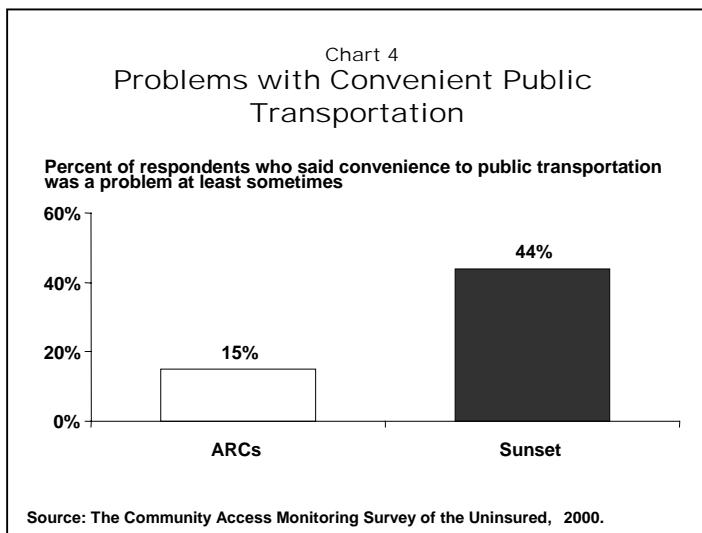


Sunset respondents were just as likely to find the waiting time to see a provider on the day of an appointment a problem at least sometimes as respondents for ARCs (49% vs. 44%). However, the average reported waiting time for Sunset respondents was 20 minutes shorter than for respondents for ARCs (34 minutes vs. 55 minutes).

“There is no public transportation and I had to pay thirty dollars for the taxi.”

Sunset Respondent

Sunset respondents were three times more likely than the average for ARCs to report that they had problems with convenience to public transportation at least sometimes. (Chart 4)





Respondents were also asked whether transportation assistance if needed was a problem for them. Forty-one percent of the Sunset respondents said it had been a problem for them at least sometimes, which was much higher than the average for ARCs (15%).

“Sometimes I do not have a ride and the clinic is far. I can’t go walking and there is no public transportation and no help for any type of transportation.”
Sunset Respondent

LANGUAGE

One-half of the Sunset respondents said that they needed help with translations. Of those respondents who needed help, most reported that an interpreter was readily available and that the interpreter’s ability was very good.

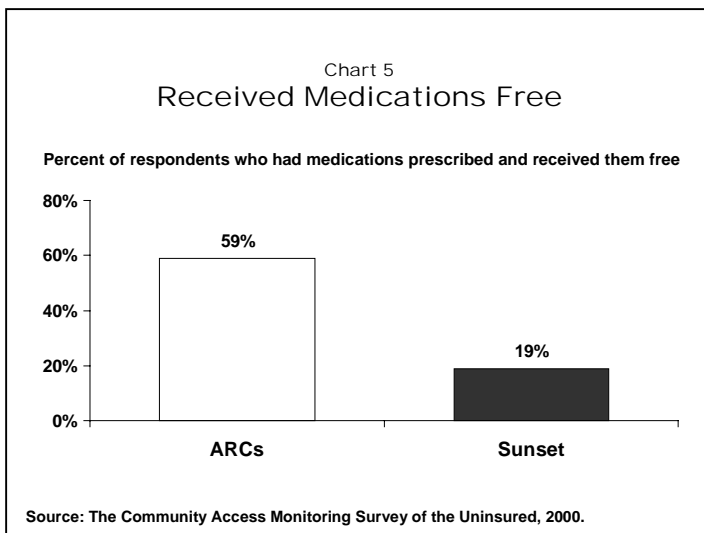
Half (46%) of the respondents reported that they needed help with translations. Of the respondents who needed help, 72 percent said that interpreters were “very available” and another 23 percent said they were “available.” In addition, most stated that the ability of the interpreters at Sunset was either “very good” (76%) or “fair” (18%).

OBTAINING PRESCRIPTION MEDICATIONS

Sunset respondents were less likely than the ARC average to report that paying for their medications was very difficult or that they needed help paying their bills.

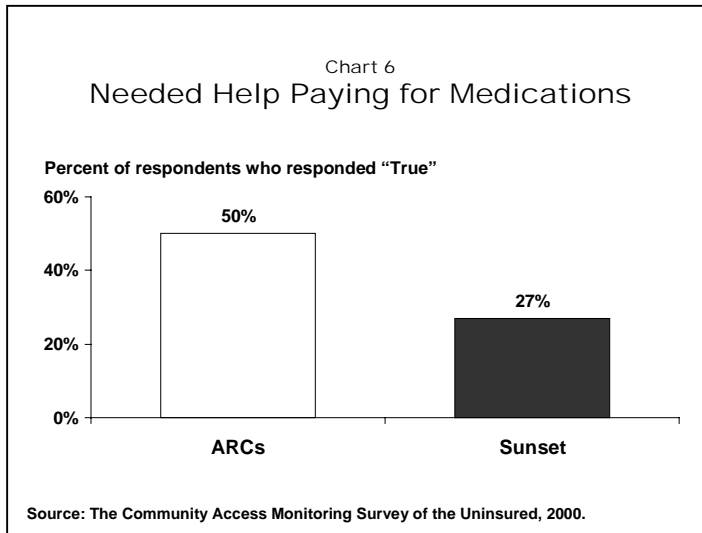
Three of five (64%) Sunset respondents reported that they had medications prescribed, less than the ARC average (80%).

Of those respondents who received prescriptions, the majority—60 percent—had to pay for their medications out-of-pocket at a drug store, while the proportion who said they received their medications free was lower than the 59 percent average for ARCs. (Chart 5)



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Respondents for Sunset were *less* likely to report that paying for their medications was “very difficult” than the average for ARCs (26% vs. 43%, respectively). Twenty-seven percent of Sunset respondents said they needed help paying for their medications, a proportion that was also much smaller than the average for ARCs. (Chart 6)



“I didn’t buy it [medications], it was expensive.”
Sunset Respondent

“Sometimes we don’t have money for medicines so we go to Mexico.”
Sunset Respondent

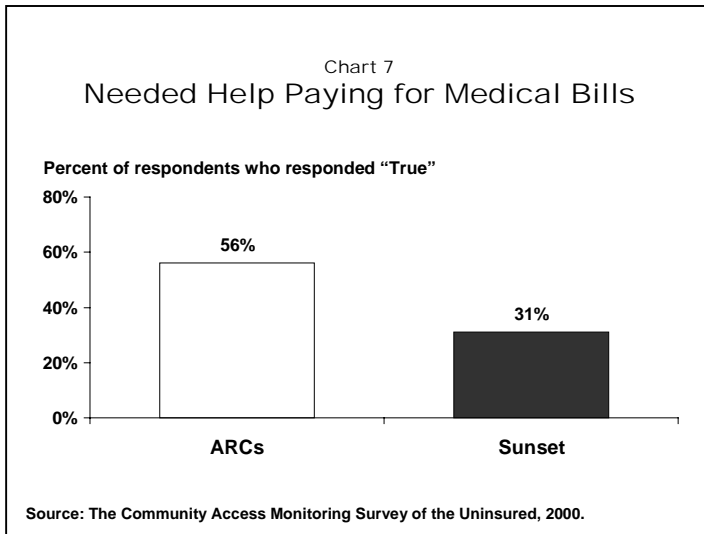
However, among the respondents who needed help, 74 percent reported that staff “never” asked if they needed financial assistance, and seven percent of the respondents reported that they did not get some of their medications due to cost.

CONCERNS OVER PAYMENT FOR HEALTH CARE

More than one-third of Sunset respondents stated that paying their medical bills was very difficult and that they needed financial help to pay them. Among the respondents who needed financial help, 65 percent said they never received any assistance.

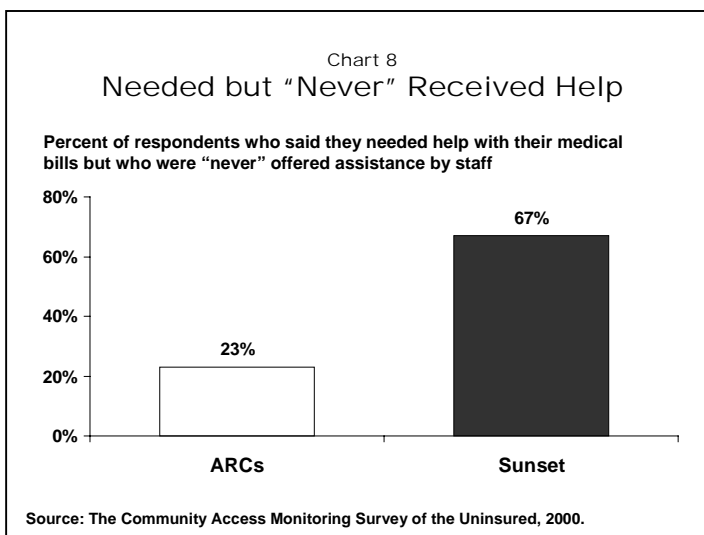
Two of five Sunset respondents (40%) said that paying their medical bills was “very difficult” compared with 45 percent of respondents for ARCs.

In addition, about one-third of the Sunset respondents reported that they needed help to pay their medical bills, a much lower proportion than the ARC average. (Chart 7)



Among the respondents who needed help, one-third (32%) of the respondents said staff offered them assistance at least sometimes. However, 67 percent of the respondents said they were "never" offered any assistance. (Chart 8)

"They did not offer me anything."
Sunset Respondent



For those respondents who received help, the most common form of assistance offered was a monthly billing plan (47%). Notably, only 16 percent of these respondents were offered reductions in fees, a proportion much lower than the average for ARCs (53%).

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SEEKING CARE IN THE FUTURE

Several respondents said that their past experiences paying bills would deter them from seeking care at the clinic or would make them use a different facility in the future. About three of ten respondents owed money to the facility. Nevertheless, the majority of the respondents said they would use the facility again if they had health insurance.

When respondents were asked how their previous experiences paying bills at the clinic would affect their future care, most respondents (54%) said it would make seeking care at the clinic easier in the future, and another 20 percent said it would make no difference. However, eight percent of the respondents said they would not seek care at the clinic again because of their payment experiences and another 11 percent reported that they would use a different facility. Both figures were higher than the averages for ARCs.

"I am ashamed to take my kids to the physician because I think they know I owe thirty-five dollars."

Sunset Respondent

Three of ten (29%) respondents for Sunset reported that they owe money to the clinic. However, this is proportionally smaller than the ARC average (48%). Fifteen percent of Sunset respondents who owed money said that the debt would deter them from seeking care again at the clinic.

An overwhelming majority—93 percent—of the respondents stated that they would use the clinic again even if they had health insurance.

YUMA REGIONAL MEDICAL CENTER

This section presents the results of the survey for Yuma Regional Medical Center (Yuma), and compares them with the results for All Urban and Suburban Hospitals (AUSHs) included in CAMS.

RESPONDENT CHARACTERISTICS

Yuma respondents varied in age. Nearly all respondents were Hispanic.

Respondents varied in age, but 29 percent answered on behalf of a child.

Ninety-six percent of the Yuma respondents identified themselves as Hispanic. In comparison, the average proportion of Hispanics for AUSHs was 37 percent. All of the respondents chose to take the survey in Spanish.

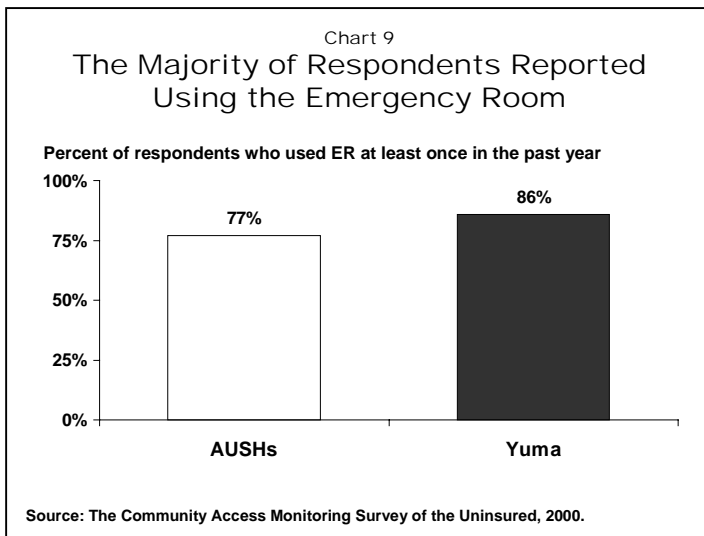


USE OF HEALTH SERVICES

Most Yuma respondents used the emergency room at least once in the past year, and about half used the hospital only once. Yuma respondents were less likely to have sought care for a chronic problem than the average for AUSHs.

"It is difficult because I am an agricultural worker and the pay is low."
Yuma Respondent

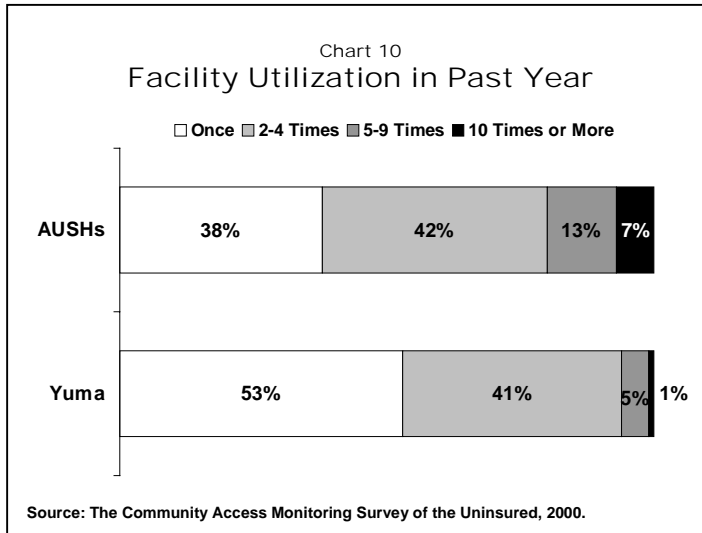
Overall, the vast majority (86%) of Yuma respondents reported that they used the emergency room at least once in the past year, a figure higher than the average for AUSHs. (Chart 9)



In addition, Yuma respondents were *more* likely than the average for AUSHs to have been a hospital inpatient (54% vs. 32%, respectively) and *less* likely to have been a clinic outpatient (37% vs. 45%, respectively).

A little over half of the Yuma respondents used the hospital only once in the past year, while 47 percent of the respondents used it more than once. This was much lower than the average proportion using the facility more than once in the past year for AUSHs. (Chart 10)

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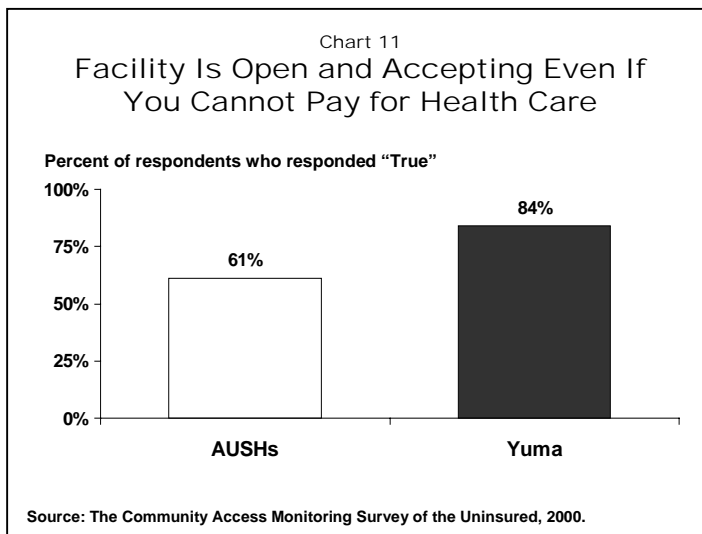


About one of five (22%) respondents for Yuma reported that they sought care to treat a chronic health problem compared with one-third (32%) of respondents for AUSHs.

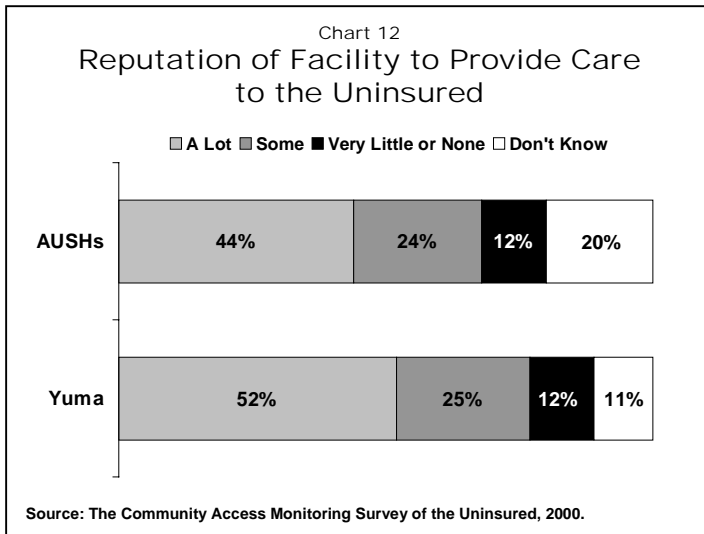
OPENNESS TO THE UNINSURED AND SATISFACTION WITH PROVIDERS

Most of the respondents said the facility had been open and accepting to them and that it had a positive reputation in the community for providing care to the uninsured. In addition, the majority of the respondents were satisfied with the care they received from staff.

More than four-fifths of the respondents for Yuma reported that the facility had been “open and accepting” to them even if they were unable to pay for their care. This was higher than the average for AUSHs. (Chart 11)



About one-half (52%) of the Yuma respondents stated that the hospital had a reputation in the community for providing “a lot” of care to the uninsured and an additional 25 percent said Yuma had a reputation for providing “some” care to those who cannot pay. These proportions were higher than the averages for AUSHs. (Chart 12)



Overall, between 87% and 90% of the Yuma respondents said they were “very satisfied” or “satisfied” with the care they received from their nurses, physician assistants, and doctors. However, about one of five (18%) respondents for Yuma reported that they were dissatisfied with the care and service they received from billing clerks.

Four of five (81%) Yuma respondents reported that they were “always” treated with respect by hospital staff, a higher proportion than the average for AUSHs (61%).

ACCESSIBILITY

Many Yuma respondents reported problems related to accessibility indicators such as location, convenience of public transportation, and waiting time to see a provider.

Over 90 percent of the Yuma respondents said the hospital’s hours, including the emergency room’s hours, were “never a problem” for them.

Location, however, was an issue for nearly two-fifths of the respondents. Thirty-seven percent of Yuma respondents reported that the location of the hospital was a problem for them at least sometimes, while the average for AUSHs was 29 percent. However, the average

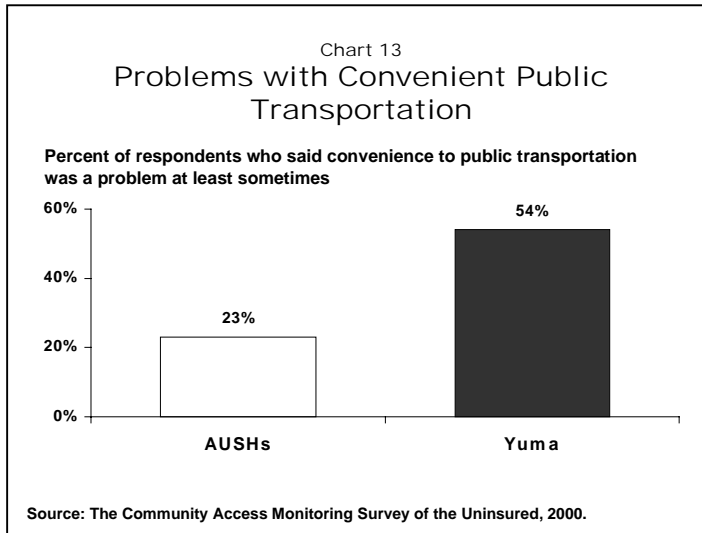
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reported travel time was 23 minutes, only one minute longer than the average for AUSHs.

“Sometimes the transportation is bad, because I don’t drive and when my husband is not around I can’t go because the ambulance is very expensive.”
Yuma Respondent

When respondents were asked whether convenience to public transportation was an issue, more than half of the respondents said it was a problem at least sometimes. In comparison, the average for AUSHs was 23 percent. (Chart 13)

“I have a lot of problems because I don’t have any transportation and when we need to go to the emergency room it is difficult. There is no public transportation.”
Yuma Respondent



“They should have a program for people that have no transportation.”
Yuma Respondent

Moreover, Yuma respondents were more than twice as likely to report that they had problems at least sometimes getting assistance with transportation as respondents for AUSHs (42% vs. 19%, respectively).

Yuma respondents were less likely than the average for AUSHs to report that the waiting time to get an appointment was a problem at least sometimes (22% vs. 36%, respectively). Indeed, the average reported waiting time to get an appointment was 8.5 days compared with an average of nearly two weeks for AUSHs.

In addition, nearly three of five (59%) respondents for Yuma said the waiting time to see a provider on the day of the appointment was a problem (AUSH average was 52%). Yet, the average reported waiting time for Yuma respondents was about 10 minutes less than the average for AUSHs (53 minutes vs. 63 minutes, respectively).

LANGUAGE

About half of the Yuma respondents said that they needed help with translations. Most of these respondents reported that interpreters were available and that their ability was very good.

Nearly half (47%) of the Yuma respondents reported that they needed help with translations.

Compared with the average for AUSHs, Yuma respondents were more likely to report that an interpreter was “very available” or “available” (45% vs. 57%, respectively). Notably, however, 43 percent reported that an interpreter was “not very available” or “unavailable.” When asked about the ability of their interpreters, most (58%) Yuma respondents said they were “very good”.

Yuma respondents were also more likely to report that the waiting area had signs in their language and that they were provided with written information in their language than the average for AUSHs.

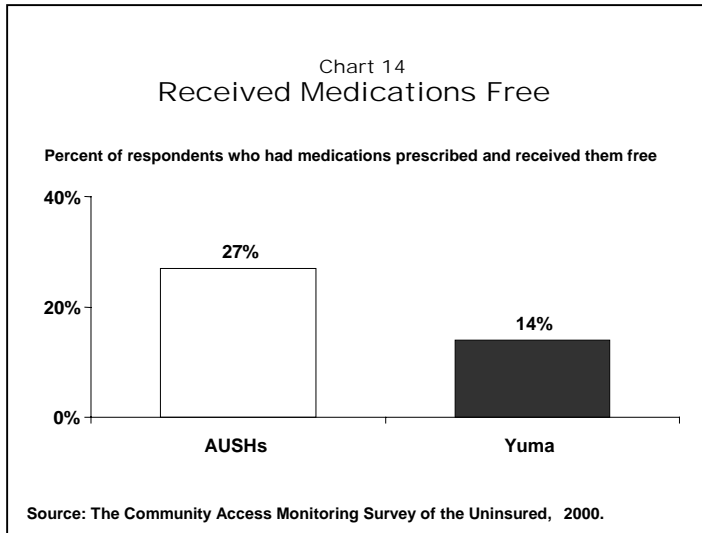
OBTAINING PRESCRIPTION MEDICATIONS

About three of ten respondents said paying for their medications was very difficult and that they needed help paying for them. These respondents were less likely to receive their medications free than the average for AUSHs.

About three-fourths (72%) of Yuma respondents reported that they had medications prescribed, which was the same as the average for AUSHs.

The great majority—79 percent—of respondents who received prescriptions filled them at a pharmacy and paid out-of-pocket. The average for AUSHs was much lower (57%). One of seven (14%) respondents who needed medications reported that they received them at no cost; this proportion was half that for AUSHs. (Chart 14)

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Notably, nearly all (98%) of the Yuma respondents stated that they understood their medication instructions.

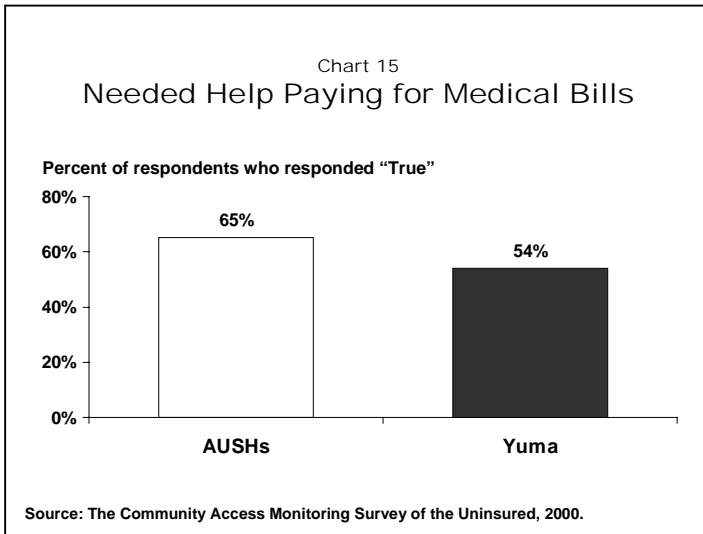
A little more than one-fourth (27%) of the respondents reported that paying for medications was very difficult for them. In comparison, the average for AUSHs was 40 percent.

One-third (34%) of the Yuma respondents reported that they needed help paying for their medications. Yet, 91 percent of these respondents stated that staff “never” asked them if they needed financial assistance.

CONCERNS OVER PAYMENT FOR HEALTH CARE

More than half of the Yuma respondents said that paying their medical bills was very difficult and that they needed help paying for them.

Nearly seven of ten (68%) Yuma respondents reported that paying their medical bill was “very difficult.” The average for AUSHs was slightly lower (61%). Fifty-four percent reported that they needed help paying their medical bill, a proportion somewhat smaller than the average for AUSHs (65%). (Chart 15)



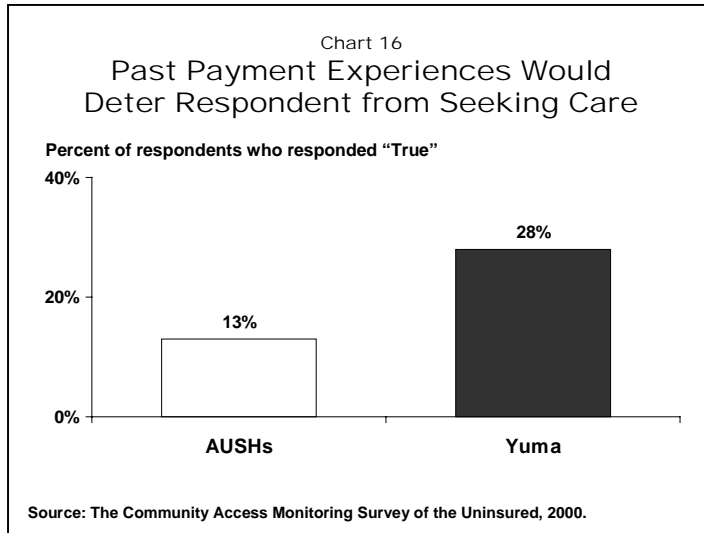
Among the Yuma respondents who said they needed help, more than half (54%) reported that they were “never” offered assistance by staff.

Among the Yuma respondents who received help, the form of assistance received most frequently was a monthly billing plan (61%), followed by referral to charitable organizations (23%), and reductions in the bills (14%). Only two percent of the respondents stated the facility waived their bill.

SEEKING CARE IN THE FUTURE

More than one-fourth of the Yuma respondents said their past experiences paying bills at the hospital would deter them from seeking care there again, and another third said that they would use a different facility. Furthermore, nearly two-thirds of the respondents were in debt to the facility, and of these respondents more than two out of five said the debt would discourage them from seeking care there in the future. Nearly all respondents said they would use the facility again if they had health insurance.

More than one-fourth of the Yuma respondents reported that their previous experiences paying bills at the hospital would deter them from seeking care there again, a proportion much higher than the 13 percent average for AUSHs. (Chart 16)



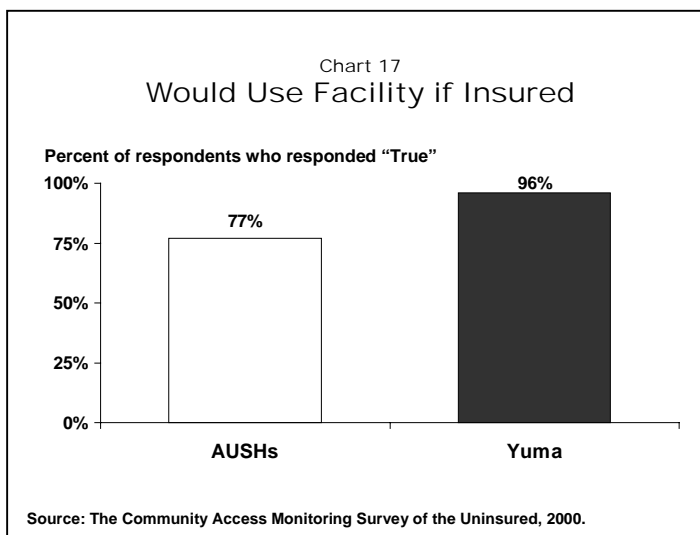
In addition, Yuma respondents were three times more likely than the average for AUSHs to report that their past experiences paying bills would make them use a different facility (31% vs. 10%, respectively).

"I'd rather not go there because I owe, and I am scared of another debt."
Yuma Respondent

Sixty-three percent of Yuma respondents reported that they were in debt to the hospital, similar to the average for AUSHs. However, of those respondents who were in debt, two of five (44%) said the debt would discourage them from seeking care at the hospital again, a proportion much higher than the AUSH average (28%).

"I don't know when I will be finished paying and I'm not going to charge more to my account."
Yuma Respondent

An overwhelming majority of respondents—96 percent—reported that they would use the hospital if they had health insurance. (Chart 17)



DISCUSSION

This section discusses some of the perceived strengths, as well as issues that might warrant further consideration, suggested by the survey results for Sunset Health Center and Yuma Medical Center.

SUNSET HEALTH CENTER: KEY FINDINGS

Strengths of Sunset Health Center suggested by the survey results include the following:

- ◆ Four of five Sunset respondents reported that the clinic had been “open and accepting” to them even if they could not pay for their care.
- ◆ The majority of respondents reported that they were satisfied with the care and service they received from staff.
- ◆ About half of the respondents reported that they needed help with translations. Almost all of these respondents said interpreters were available, and most said that their ability was “very good.”
- ◆ Respondents were less likely to report difficulty paying for medical care and prescriptions than the averages for ARCs. In addition, about three in ten respondents said they owed the clinic money, while the ARC average was close to 50 percent.
- ◆ Ninety-three percent of the respondents said they would use the clinic again if they had health insurance.

The following survey results suggest issues that might warrant further consideration:

- ◆ Sunset respondents were less likely than the ARC average to report that the clinic has a reputation in the community for providing “a lot” of care to the uninsured.
- ◆ The average reported time to get an appointment at Sunset was over two weeks, nearly a full week longer than the average for ARCs.
- ◆ More than 40 percent of Sunset respondents reported that convenience to public transportation and getting transportation assistance when needed had been a problem at least sometimes, figures that were much higher than the averages for ARCs.
- ◆ Among those respondents who received prescriptions for medications, only one-fourth received the medications at no cost. The average for ARCs was three times higher.

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- ◆ Among respondents who said they needed help paying their medical bills, two-thirds said they “never” received help, almost three times the ARC average.

YUMA REGIONAL MEDICAL CENTER: KEY FINDINGS

Strengths of Yuma Regional Medical Center suggested by the survey results include the following:

- ◆ Four of five respondents reported that in their experience the hospital had been open and accepting to them even if they could not pay. In comparison, the average for All Urban and Suburban Hospitals (AUSHs) included in CAMS nationwide was 61 percent.
- ◆ About half of Yuma respondents reported that the hospital has a reputation in the community for providing “a lot” of care, slightly higher than the AUSH average.
- ◆ The majority of the respondents reported that they were satisfied with their interactions with staff.
- ◆ The average reported time to get an appointment was 8.5 days, nearly a week shorter than the average for AUSHs.
- ◆ Nearly all (98%) the respondents said they would use the hospital again if they had health insurance.

The following survey results suggest issues that might warrant further consideration:

- ◆ Yuma respondents were more likely to have used the emergency room, more likely to be admitted as an inpatient, and less likely to have been a clinic patient than the averages for AUSHs.
- ◆ More than two-fifths of the respondents reported that convenience to public transportation and getting transportation assistance when needed had been a problem at least sometimes, much higher than the averages for AUSHs.
- ◆ Although more than half of the respondents reported that they needed financial assistance to pay for medical care and one-third that they needed help paying for medications, the majority said they were “never” offered any assistance by staff. Moreover, Yuma respondents were more likely to pay for medications out of pocket and less likely to receive them free than the averages for AUSHs. In addition, about one of five respondents said they were dissatisfied with the service they received from billing clerks.

- ◆ More than one-fourth of the respondents said their past experiences paying bills at the hospital would deter them from seeking care there again, and another third said that they would use a different facility. Furthermore, nearly two-thirds of the respondents were in debt to the hospital, and over 40 percent of these respondents said their indebtedness would discourage them from seeking care at the hospital again.
- ◆ Half the respondents required assistance with translations. Although more than half of the respondents who needed assistance reported that interpreters were readily available, 43 percent said interpreters were “not very available” or “unavailable.”

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: TABLES OF SURVEY RESULTS

The following sections include tables with the results of the surveys for the clinic and hospital included in the CAMS project in Arizona. For comparison purposes, it also presents results of surveys of patients at all similar facilities that were included in the CAMS project nationally.

Asterisks in the *Inter-site p value* column indicate statistically significant differences between each facility and the average for all similar facilities 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 $p < 0.01$. (See page A-10 for an explanation of p-values.)

SUNSET HEALTH CENTER

This table presents the results of the surveys of patients at Sunset Health Center in Somerton, Arizona. For comparison purposes, it also presents results of surveys of patients at all rural clinics that were included in the CAMS project nationally.

	Somerton, AZ Clinic		CAMS Sites
	Inter-site p-value	Sunset Health Center	All Rural Clinics
Number of survey respondents		170	788
		% ^a	% ^a
RESPONDENT CHARACTERISTICS			
Age	**		
Under 18		37	24
18-29 years		26	22
30-39 years		16	19
40-49 years		11	18
50-64 years		8	15
65 or older		2	2
Race/Ethnicity	**		
White		1	24
Black		-	20
Hispanic		97	53
Other ^b		3	3
Gender	*		
Male		29	37
Female		71	63
Language in which survey administered	**		
English		-	68
Spanish		100	32
Answered on behalf of child	**	33	20
FACILITY UTILIZATION			
Use of facility in past year	**		
Once		34	24
2-4 times		51	45
5-9 times		9	19
10 or more times		6	12

	Somerton, AZ Clinic		CAMS Sites
	Inter-site p-value	Sunset Health Center	All Rural Clinics
Reason for visit(s)	**		
Chronic problem or Mixed (chronic and non-chronic)	—	20	34
Other problem (non-chronic)		81	66
PERCEPTION OF FACILITY			
Experience of facility's openness to uninsured			
Open and accepting even if can't pay		79	81
Reluctant but accepts you even if can't pay		5	8
Offers some care if can't pay		5	7
Provides no assistance if can't pay	—	5	2
Don't know	*	7	4
Opinion of facility's reputation for treating uninsured			
Provides a lot of care for those who can't pay		59	70
Provides some care		19	13
Provides very little or no care		9	4
Don't know		13	13
SATISFACTION WITH PROVIDERS/COURTESY OF STAFF			
Receptionists/Admitting clerks			
Very satisfactory or satisfactory	—	89	94
Unsatisfactory or very unsatisfactory		8	6
Don't know		-	
Nurses			
Very satisfactory or satisfactory	—	95	98
Unsatisfactory or very unsatisfactory		5	2
Don't know		-	
Physician assistants			
Very satisfactory or satisfactory	**	75	91
Unsatisfactory or very unsatisfactory		5	3
Don't know		19	6
Examining physicians			
Very satisfactory or satisfactory	**	87	94
Unsatisfactory or very unsatisfactory		5	3
Don't know		7	4
Social worker			
Very satisfactory or satisfactory	*	43	34
Unsatisfactory or very unsatisfactory		2	2
Don't know		55	64
Billing Clerks			
Very satisfactory or satisfactory	**	79	67
Unsatisfactory or very unsatisfactory		6	8
Don't know		14	25
Pharmacist			
Very satisfactory or satisfactory	**	27	39
Unsatisfactory or very unsatisfactory		5	2
Don't know		68	59
Treated with respect			
Always	—	93	92
Sometimes		5	7
Never		1	1
Don't know		1	1

	Somerton, AZ Clinic		CAMS Sites
	Inter-site p-value	Sunset Health Center	All Rural Clinics
ACCESSIBILITY OF SERVICES			
Hours facility open	—		
Never a problem		69	83
Sometimes a problem		21	13
Often/always a problem		8	2
Don't know		2	2
Location	—		
Never a problem		82	88
Sometimes a problem		11	9
Often/always a problem		6	2
Don't know		1	2
Waiting time to get appointment	**		
Never a problem		43	60
Sometimes a problem		28	24
Often/always a problem		26	10
Don't know		3	6
Waiting time to see provider on day of appointment			
Never a problem		49	52
Sometimes a problem		31	28
Often/always a problem		18	17
Don't know		3	2
Convenient to public transportation	**		
Never a problem		25	33
Sometimes a problem		9	7
Often/always a problem		35	8
Don't know		30	52
Transportation assistance if needed	**		
Never a problem		11	27
Sometimes a problem		7	6
Often/always a problem		34	9
Don't know		48	58
LANGUAGE NEEDS			
Needed help with translations	**	46	37
If yes, Availability of interpreter	—		
Very available		72	82
Available		23	16
Not very available		4	1
Unavailable		1	
Ability of interpreter	—		
Very good		76	86
Fair		18	13
Poor		6	2
Signs in waiting area in your language	—	90	95
Written information in your language	—	86	96

	Somerton, AZ Clinic		CAMS Sites
	Inter-site p-value	Sunset Health Center	All Rural Clinics
MEDICATIONS			
Medication prescribed	**	64	80
If yes, how obtained			
Supplied free	**	19	59
Used a pharmacy card		10	14
Used a drug store and paid		60	59
Didn't get/couldn't afford		2	6
Got some/couldn't afford all	**	7	17
Other	—	9	4
Medication instructions	—		
Understood instructions		97	99
No instructions given		1	1
Did not understand instructions		2	1
Did not need medicine for home		-	1
Difficulty paying for medications	**		
Very difficult		26	43
Not so difficult		32	27
Easy to pay		12	15
N/A		31	14
Needed help paying for medications	**	27	50
If yes, did staff offer help?	**		
Always		17	32
Often		2	17
Sometimes		7	20
Never		74	31
MEDICAL BILLS			
Difficulty paying for medical care	*		
Very difficult		40	45
Not so difficult		43	34
Easy to pay		17	20
Needed help paying the medical bill? If yes	**	31	56
Did staff offer to find out if financial assistance was available?	**		
Always		18	51
Often		2	17
Sometimes		12	9
Never		67	23
Type of help staff offered <i>(If Always, Often, Sometimes to previous question)</i>			
Pay in monthly installments		47	58
Reduce amount of bill	**	16	53
Waive bill	—	5	7
Find charitable organization to pay	—	16	2
Other	—	16	5

	Somerton, AZ Clinic		CAMS Sites
	Inter-site p-value	Sunset Health Center	All Rural Clinics
FUTURE CARE			
Effect of payment experience on seeking future care at facility			
Will not seek care at facility	**	8	4
Will use another facility	**	11	4
Easier to seek care at facility		54	54
Makes no difference	**	20	40
Currently owe facility money	**	29	48
If yes, will make not seek care in future		15	12
If had insurance, would use facility in future		93	90
TRAVEL AND WAIT TIMES			
Travel time, mean (minutes)	**	12.02	15.55
Travel time, median (minutes)		10	15.00
Days to get appointment, mean	**	14.51	8.05
Days to get appointment, median		5	3.00
Waiting time to see provider, mean (minutes)	**	34.09	54.61
Waiting time to see provider, median (minutes)		30	30.00

YUMA REGIONAL MEDICAL CENTER

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

	Yuma, AZ Hospital		CAMS Sites
	Inter-site p-value	Yuma Regional Medical Center	All Urban & Suburban Hospitals
Number of survey respondents		175	4522
		% ^a	% ^a
RESPONDENT CHARACTERISTICS			
Age	**		
Under 18		30	17
18-29 years		26	27
30-39 years		22	25
40-49 years		9	19
50-64 years		11	11
65 or older		2	1
Race/Ethnicity	**		
White		-	11
Black		-	46
Hispanic		96	37
Other ^b		4	7
Gender			
Male		37	40
Female		63	60
Language in which survey administered	**		
English		-	72
Spanish		100	28
Answered on behalf of child	**	29	15
FACILITY UTILIZATION			
Used hospital emergency room	**	86	77
Admitted to hospital as inpatient	**	54	32
Used outpatient clinic	**	37	45
Use of facility in past year	**		
Once		53	38
2-4 times		41	42
5-9 times		5	13
10 or more times		1	7
Reason for visit(s)	**		
Chronic problem or Mixed (chronic and non-chronic)	—	22	32
Other problem (non-chronic)		78	68
PERCEPTION OF FACILITY			
Experience of facility's openness to uninsured			
Open and accepting even if can't pay	**	84	61
Reluctant but accepts you even if can't pay	**	9	19
Offers some care if can't pay	**	5	12
Provides no assistance if can't pay		2	3
Don't know	*	3	9

	Yuma, AZ Hospital		CAMS Sites
	Inter-site p-value	Yuma Regional Medical Center	All Urban & Suburban Hospitals
Opinion of facility's reputation for treating uninsured	*		
Provides a lot of care for those who can't pay		52	44
Provides some care		25	24
Provides very little or no care		12	12
Don't know		11	20
SATISFACTION WITH PROVIDERS/COURTESY OF STAFF			
Receptionists/Admitting clerks			
Very satisfactory or satisfactory		88	84
Unsatisfactory or very unsatisfactory		11	14
Don't know		1	2
Nurses			
Very satisfactory or satisfactory		90	88
Unsatisfactory or very unsatisfactory		9	11
Don't know		1	1
Physician assistants	**		
Very satisfactory or satisfactory		87	78
Unsatisfactory or very unsatisfactory		9	9
Don't know		4	14
Examining physicians			
Very satisfactory or satisfactory		89	90
Unsatisfactory or very unsatisfactory		10	8
Don't know		1	2
Social worker	**		
Very satisfactory or satisfactory		51	36
Unsatisfactory or very unsatisfactory		7	10
Don't know		41	54
Billing Clerks	**		
Very satisfactory or satisfactory		71	49
Unsatisfactory or very unsatisfactory		18	18
Don't know		11	33
Pharmacist			
Very satisfactory or satisfactory		31	37
Unsatisfactory or very unsatisfactory		4	6
Don't know		65	57
Treated with respect	**		
Always		81	61
Sometimes		18	32
Never		1	4
Don't know		1	3
ACCESSIBILITY OF SERVICES			
Hours facility open	*		
Never a problem		92	85
Sometimes a problem		5	9
Often/always a problem		2	2
Don't know		1	5

	Yuma, AZ Hospital		CAMS Sites
	Inter-site p-value	Yuma Regional Medical Center	All Urban & Suburban Hospitals
Hours ER open	**		
Never a problem		97	84
Sometimes a problem		2	6
Often/always a problem		1	2
Don't know		1	8
Location			
Never a problem		64	69
Sometimes a problem		16	21
Often/always a problem		21	8
Don't know		1	2
Waiting time to get appointment	**		
Never a problem		21	23
Sometimes a problem		13	20
Often/always a problem		9	16
Don't know		56	40
Waiting time to see provider on day of appointment	**		
Never a problem		34	26
Sometimes a problem		26	26
Often/always a problem		33	26
Don't know		7	22
Convenient to public transportation	**		
Never a problem		21	43
Sometimes a problem		19	10
Often/always a problem		35	13
Don't know		25	35
Transportation assistance if needed	**		
Never a problem		24	22
Sometimes a problem		7	6
Often/always a problem		35	13
Don't know		34	59
LANGUAGE NEEDS			
Needed help with translations	**	47	17
If yes, Availability of interpreter	**		
Very available		36	21
Available		21	24
Not very available		19	30
Unavailable		24	25
Ability of interpreter			
Very good		58	46
Fair		33	39
Poor		10	14
Signs in waiting area in your language	**	68	46
Written information in your language	**	59	42

	Yuma, AZ Hospital		CAMS Sites
	Inter-site p-value	Yuma Regional Medical Center	All Urban & Suburban Hospitals
MEDICATIONS			
Medication prescribed		72	74
If yes, how obtained			
Supplied free	**	14	27
Used a pharmacy card		3	8
Used a drug store and paid	**	79	57
Didn't get/couldn't afford		6	8
Got some/couldn't afford all	*	2	9
Other	**	25	6
Medication instructions	—		
Understood instructions		98	92
No instructions given		1	3
Did not understand instructions		1	4
Did not need medicine for home		1	1
Difficulty paying for medications	**		
Very difficult		27	40
Not so difficult		40	32
Easy to pay		12	10
N/A		22	18
Needed help paying for medications	**	34	47
If yes, did staff offer help?	**		
Always		5	16
Often		-	7
Sometimes		4	13
Never		91	64
MEDICAL BILLS			
Difficulty paying for medical care	*		
Very difficult		68	61
Not so difficult		28	30
Easy to pay		4	10
Needed help paying the medical bill? If yes	**	54	65
Did staff offer to find out if financial assistance was available?			
Always		25	19
Often		3	6
Sometimes		17	19
Never		54	56
Type of help staff offered <i>(If Always, Often, Sometimes to previous question)</i>			
Pay in monthly installments		61	52
Reduce amount of bill		14	13
Waive bill	—	2	8
Find charitable organization to pay		23	22
Other	*	35	20

	Yuma, AZ Hospital		CAMS Sites
	Inter-site p-value	Yuma Regional Medical Center	All Urban & Suburban Hospitals
FUTURE CARE			
Effect of payment experience on seeking future care at facility			
Will not seek care at facility	**	28	13
Will use another facility	**	31	10
Easier to seek care at facility		18	17
Makes no difference	**	22	60
Currently owe facility money		63	61
If yes, will make not seek care in future	**	44	28
If had insurance, would use facility in future	**	96	77
TRAVEL AND WAIT TIMES			
Travel time, mean (minutes)		23.21	21.55
Travel time, median (minutes)		20	18.00
Days to get appointment, mean		8.58	13.55
Days to get appointment, median		4	7.00
Waiting time to see provider, mean (minutes)		53.30	63.24
Waiting time to see provider, median (minutes)		30	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

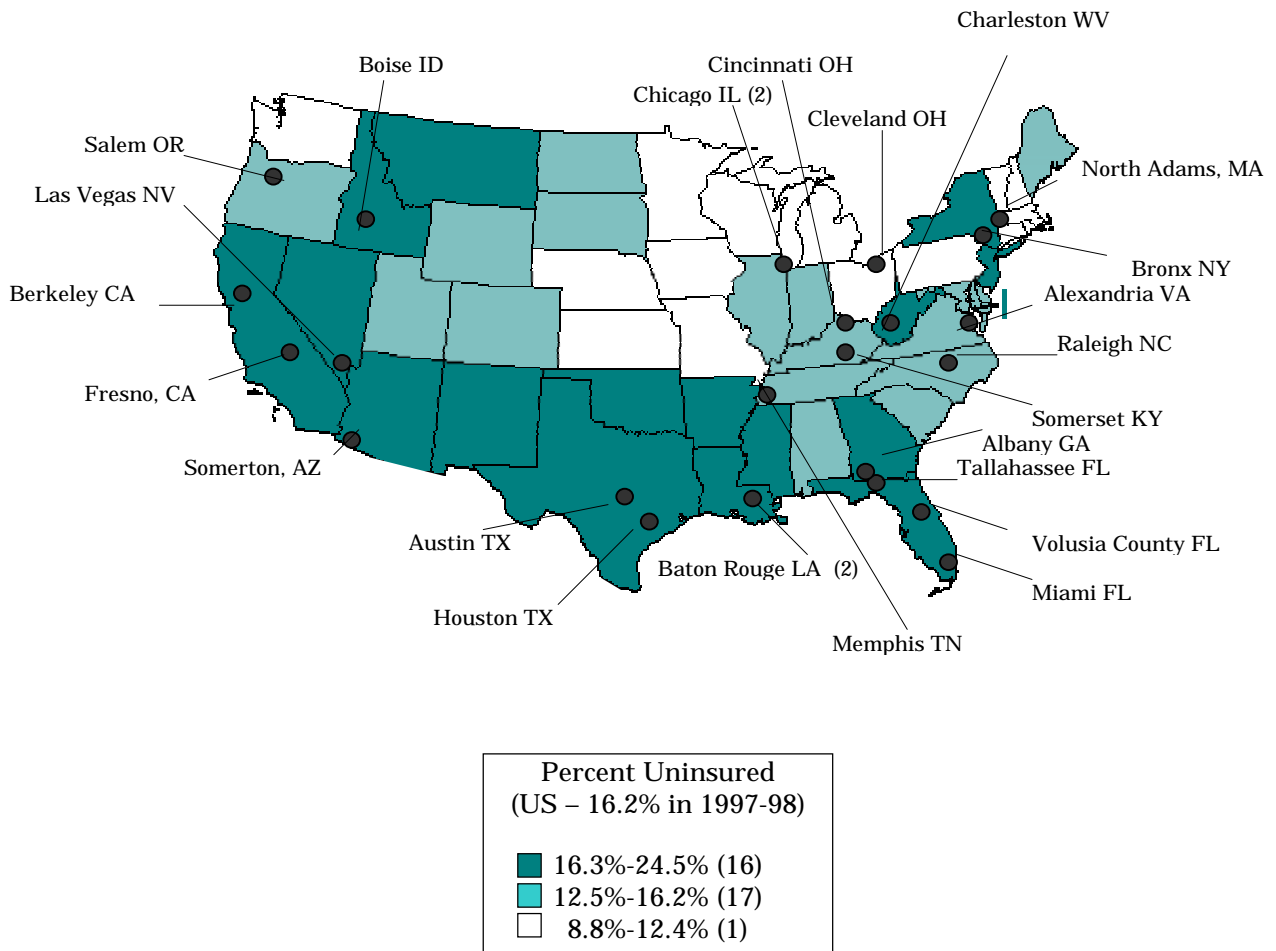
SURVEYED FACILITIES BY TYPE

<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: _____

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