



Getting Health Care  
When You Are  
Uninsured:  
*A Survey of Uninsured Patients  
at Four Facilities in  
Volusia County, Florida*

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

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**The Volusia County Access Project** is a collaboration between two agencies, The House Next Door and CHAIN (Communication Health Action Information Network).

**The House Next Door** is a local non-profit agency with a mission to strengthen the family unit. It is a licensed drug and alcohol prevention agency providing marriage and family therapy and parenting programs in Volusia and Flagler counties. Healing Hands is a program of the House Next Door. Started in 1992, it provides outreach and services to Mexican farm workers in surrounding rural communities. The Healing Hands staff have been collaborating and working with CHAIN for the last year.

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**The Communication Health Action Information Network (CHAIN)** is a statewide communication and advocacy network comprised of coalitions, organizations and individuals dedicated to meeting the health and human service needs of all Floridians, with a goal of assuring access to quality and affordable health care. CHAIN was established in May 1999 with support from Families USA and the W.K. Kellogg Foundation. CHAIN has six regional centers in Florida that facilitate the development of the Local Integrated Network for Communications (LINC), which provides ongoing support, coordination and technical assistance on how to affect public policy and mobilize advocacy efforts at the local, state, and national levels.

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**Acknowledgements**



## 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, Volusia County, Florida. The survey was conducted in the summer of 2000 and gathered information from 670 uninsured patients who obtained health care in the previous year at Halifax Medical Center, Halifax Keech Health Center, Memorial Hospital-West Volusia, or the Volusia County Health Department Clinic in DeLand. 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.

Results of the surveys suggest the following:

Respondents at all four facilities reported high levels of satisfaction with their interactions with staff. For example, over 80 percent of respondents for both hospitals, and over 90 percent for both clinics, reported that they were either “satisfied” or “very satisfied” with the service and care they received from nurses and doctors.

A higher proportion of the respondents for the East Volusia facilities (Halifax Medical Center and Halifax Keech Health Center) reported that their facilities had a reputation for providing “a lot of care” to the uninsured than for the West Volusia facilities (Memorial Hospital and the Volusia County Health Department). Sixty-eight percent of Halifax Medical Center respondents, and 82 percent of Keech Clinic respondents, said their facility had such a reputation, compared to 56

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percent for Memorial Hospital and 50 percent for Volusia Clinic. However, the reputation of both hospitals was more positive than the average for all urban and suburban hospitals in CAMS.

A higher proportion of respondents for the East Volusia facilities reported that paying for prescriptions and for medical care was very difficult. For example, 83 percent of Halifax Medical Center respondents and 63 percent of respondents for Keech Clinic said paying for their medical bills was very difficult, compared to 74 percent for Memorial Hospital and 54 percent for Volusia Clinic. However the percentages at all four facilities exceeded the averages for all similar facilities included in CAMS. At the same time, nearly two-fifths of respondents at both clinics, and around half at both hospitals, said that staff “never” offered them financial assistance.

A higher proportion of respondents in West Volusia reported problems with convenience of public transportation and getting transportation assistance if needed than in East Volusia. For example, 58 percent of Memorial respondents and 47 percent of Volusia Clinic respondents reported that the location of the facility was a problem, compared to 10 percent of Halifax and 8 percent of Keech Clinic respondents.

West Volusia respondents were predominantly Hispanic, and most of these respondents said they needed help with translations. However, interpreters were not always readily available. Sixty-six percent of Memorial respondents who needed help said interpreters were not available, and only about one-third said the hospital had signs or provided written information in their language. While responses for Volusia Clinic were more favorable, still, 3 of 10 respondents who needed help said interpreters were not readily available.

Ninety-six percent of Halifax respondents and 86 percent of Memorial respondents reported using the hospital emergency room at least once in the past year. These percentages, which were higher than the average for all urban and suburban hospitals included in the CAMS project (77%), suggest that respondents in Volusia County may depend significantly on this setting for care.

Two-thirds of respondents for both hospitals owed their facilities money, and more than a third of respondents who owed money to Memorial Hospital said the debt would prevent them from seeking care there in the future. Thirty-five percent of respondents for Volusia Clinic and 42 percent for Keech Clinic owed money to their facility. Of these respondents, 40 percent for Volusia Clinic and 32 percent for Keech Clinic said the debt would deter them from seeking care at the facility again.



## INTRODUCTION

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

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

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

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

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## COMMUNITY ACCESS MONITORING SURVEY PROJECT

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

### ***PROJECT GOALS***

The goals of the project were to

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

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

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

### ***Survey Limitations***

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

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



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

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

#### *Intended Uses of the Survey*

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

#### ABOUT THIS REPORT

This report, along with reviewing some of the research documenting the impact of lack of insurance on healthcare access and on health outcomes, describes the survey results at one CAMS site, Volusia County, Florida. The survey was conducted in the summer of 2000, and gathered information from uninsured individuals who received care in the previous year at Halifax Medical Center, Halifax Keech Health Center, Memorial Hospital-West Volusia, or the Volusia County Health Department Clinic in DeLand. 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.



## LACK OF INSURANCE IS DANGEROUS TO YOUR HEALTH

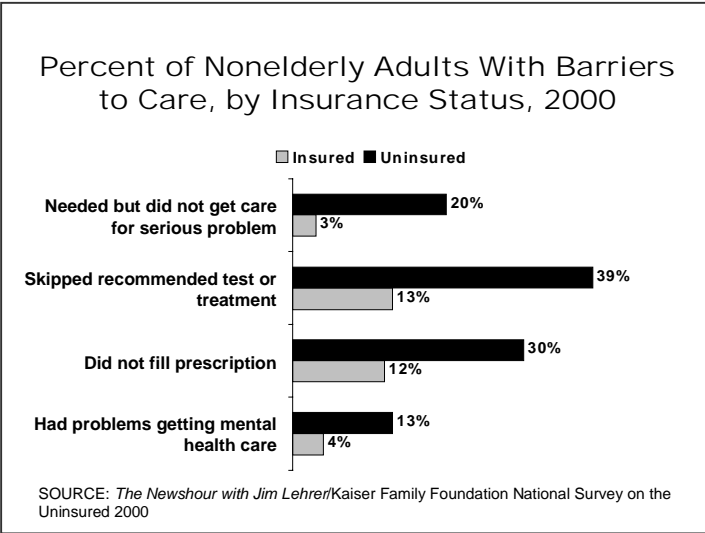
With great consistency, national research has demonstrated that insurance status affects the amount and type of care individuals receive. Lack of health insurance is related to both reduced access to care and to poorer health outcomes. In addition, many of the changes in the health care market over the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

### LACK OF INSURANCE AND ACCESS TO CARE

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

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

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



LACK OF INSURANCE AND HEALTH OUTCOMES

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

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

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## BENEFITS OF IMPROVED ACCESS TO HEALTH CARE

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

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

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



## THE HEALTH CARE MARKET AND CARE FOR THE UNINSURED

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

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

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

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

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

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

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



## COMMUNITY CONTEXT

**Note:** Information in this section was provided by The Volusia County Access Project.

The recently released Florida Health Insurance Study,<sup>31</sup> which was overseen by the Florida Agency for Health Care Administration, reported that 16.8% of the state's residents did not have health insurance. Groups at high risk for being uninsured included Hispanics and African-Americans: statewide, 28.6% of Hispanics and 19.6% of African-Americans lacked insurance. The uninsured also tended to be poor; 40% of those with incomes between \$5,000 and \$15,000 were uninsured.

In addition, only 76% of employed Floridians reported that their employers offered health insurance, and among uninsured adults (ages 18 to 64) who were employed, 65% had employers who did *not* offer health insurance. The study also suggested that federal welfare reform legislation, which was enacted in 1996 and placed time limits on eligibility for welfare, had affected uninsurance rates. In March of 1999, of a cohort of individuals who had left welfare in the previous 18 months and reported income, and who were thus presumed to be employed, 42% were uninsured.

CHAIN and Healing Hands conducted surveys with patients who obtained care while uninsured at four medical facilities in Volusia County, two in the eastern part of the county and two in the west. The areas served by these facilities include populations at high risk for not having insurance.

For example, in East Volusia, residents in the 32114 zip code served by two of the targeted facilities, Halifax Medical Center and Halifax Keech Street Clinic, have an average income of \$12,400.<sup>32</sup> (The average income in the county as a whole is only \$13,500.) East Volusia also has a large population of working poor single women and former welfare recipients.<sup>33</sup> In West Volusia, approximately 5,000 Hispanic farm workers live in the northwest part of the county,<sup>34</sup> and they constitute 40% of the patients at another of the targeted facilities, the Volusia County Health Department Clinic in DeLand.

Volusia County has three hospital special taxing districts that levy ad valorem taxes used to provide free care for indigents. These taxes represent a significant local investment in health care. In recent years, however, the Florida legislature has made attempts to dissolve the special taxing districts in Volusia County and other areas of the

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state. In addition, the state has moved away from providing direct clinical services through County Public Health Departments. As a result of these changes, Halifax-Fish Community Health has assumed responsibility for the former county public health clinic in East Volusia.

In West Volusia, the West Volusia Hospital Authority recently decided to cut back funding of services for indigents and others, including school nurse programs, substance abuse programs, and the Healing Hands program, which provides translators for Hispanics in health care settings.

In addition, the Hospital Authority denied an appeal for increased funding for the public hospital from Memorial Health Care Systems, which ran the hospital under a lease arrangement. Memorial had cited decreased Medicare reimbursement rates for providers resulting from the Balanced Budget Act of 1997 and inadequate funding resources from the taxing district to cover the cost of providing indigent health care as two primary reasons for its need for additional resources. After lengthy negotiations, in May 2000, Memorial Health Care Systems terminated its lease arrangement to run the public hospital. The Hospital Authority recently signed a new contract with Adventist Health System, one of the largest integrated health care chains in the state, to operate the facility.

The recent cutbacks and changes in management make it especially important to understand the experiences and identify key concerns of uninsured people as they attempt to access care. One area of particular concern is the availability of translation services for patients with limited-English proficiency. This issue has special importance in West Volusia, given its large number of Hispanic residents, cutbacks in local translation programs, and recent federal guidelines for federally funded health and social service programs on the provision of language assistance programs to establish compliance with Title VI of the 1964 Civil Rights Act, which prohibits discrimination on the basis of national origin.<sup>35</sup>

In East Volusia, survey respondents were patients who had received care while uninsured at the following two facilities:

*Halifax Keech Health Center*, which is part of Halifax-Fish Health Care Systems, serves infants, children, adolescents, and adults in families with incomes below 150% of the federal poverty level. It also accepts Medicaid patients and participates in the Florida Medicaid primary care program, MediPass. Almost 80% of its visits are pediatric.<sup>36</sup>



*Halifax Medical Center* is a large public hospital with 575 beds. In the fiscal year ending September 30, 1999, it had 24,636 discharges. It is part of Halifax-Fish Community Health, which also owns a managed care organization, a hospice program, a primary physician practice, and other subsidiaries.<sup>37</sup>

In West Volusia, survey respondents were patients who had received care while uninsured at these facilities:

The *Volusia County Health Department* in DeLand is a public clinic that serves infants, children, adolescents, and adults in families with incomes below 150% of the federal poverty level. It also accepts Medicaid patients and participates in MediPass. Approximately 40% of its patients are Mexican farm workers.<sup>38</sup>

*Memorial Hospital-West Volusia* is a public hospital that serves a large indigent population, including a significant number of farm workers. The hospital has 156 beds and the only obstetrics ward in West Volusia.<sup>39</sup>

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## SURVEY METHODOLOGY

All surveys were conducted between April 11 and July 15, 2000. To be eligible to participate in the survey, respondents had to have received care at one of the targeted facilities during the past year while they were uninsured. Survey administrators were recruited from among the population to be surveyed, and included clients of the One Stop Welfare to Work Agency, several residents of Housing Authority projects, and farm workers. All survey administrators received training in administering the survey.

Survey respondents were identified by setting up tables at sites at which uninsured people were likely to be present, as well as by going door-to-door in areas where many uninsured people live. In East Volusia, surveys were conducted in a variety of settings, including at the Halifax Keech Health Center, as well as at a local college, homeless food program, post office, housing project, employment office, and health care fair. In West Volusia, surveys were conducted at the County Health Department in DeLand, as well as at a soup kitchen, a homeless shelter, a church, local stores, the Farmworkers Association Credit Union office in Pierson, the DeLeon Springs Clinic, and the DeLand Housing Authority. Many surveys were also conducted in peoples' homes. Upon completion of the survey, respondents received a T-shirt as a thank you for giving their time.

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.* In total, 196 surveys were collected from patients who had received care at Halifax Medical Center, 157 from patients at Halifax Keech Health Center, 166 from patients at Memorial Hospital-West Volusia, and 151 from patients at the Volusia County Health Department Clinic. 165 surveys were completed in Spanish

## SURVEY FINDINGS

This section describes and compares the survey results for respondents who received care while uninsured at one of the four facilities in Volusia County included in the CAMS project. The facilities included two hospitals, Halifax Medical Center (Halifax) and Memorial Hospital-West Volusia (Memorial), and two clinics, Halifax Keech Health Center (Keech Clinic) and Volusia County Health Department Clinic in DeLand (Volusia Clinic).

The analysis compares the results for the two hospitals to one another, as well as to the aggregate results for All Urban and Suburban Hospitals (AUSHs) included in the CAMS project nationwide. It also compares the results for the two clinics to one another and to the aggregate results for All Urban and Suburban Clinics (AUSCs) included in CAMS. All comparisons are statistically significant unless otherwise indicated (ns = non-significant).

See Appendix A for a table of the results for each of the hospitals and clinics, as well as for AUSHs and AUSCs.

### HALIFAX MEDICAL CENTER AND MEMORIAL HOSPITAL-WEST VOLUSIA

This section presents survey results for respondents who received care at one of the two hospitals included in the Volusia County CAMS project, and compares them with averages for AUSHs included in CAMS nationwide.

#### ***RESPONDENT CHARACTERISTICS***

**Respondents for Halifax were predominantly Black, while those for Memorial were predominantly Hispanic. Memorial respondents were also on average younger than Halifax respondents. The majority of respondents for Memorial Hospital completed the survey in Spanish.**

Sixty-seven percent of Halifax respondents were Black, while 74 percent of Memorial respondents were Hispanic. Eighty percent of the Memorial respondents took the survey in Spanish. All of the Halifax respondents took the survey in English.

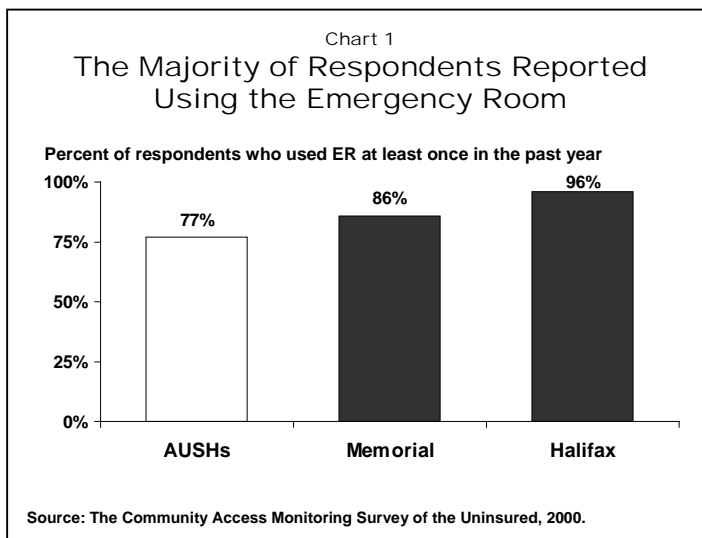
One-half of the Memorial respondents were under 30 years of age, compared with 28 percent of the Halifax respondents. Halifax respondents were also almost twice as likely to be over 40 years of age as Memorial Hospital respondents (46% vs. 25%).

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**USE OF HEALTH SERVICES**

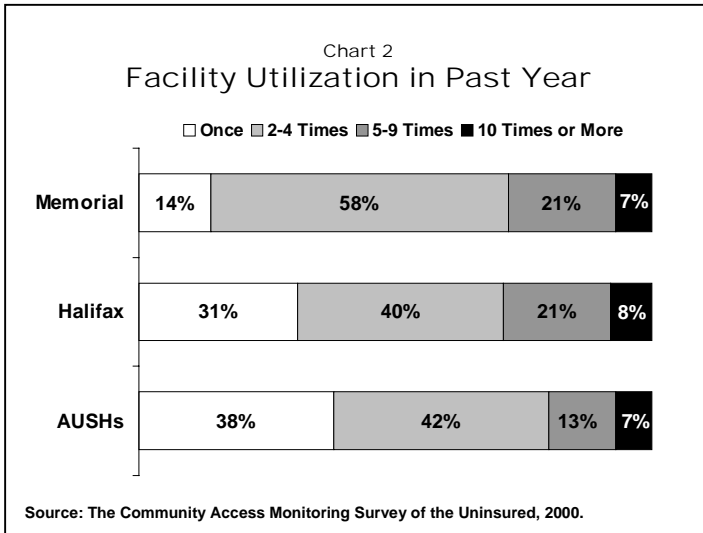
**Respondents for both hospitals overwhelmingly depended on the emergency room for care. They were also likely to have used the hospitals more than once in the past year. Chronic conditions were common among Halifax Hospital respondents.**

Nearly all the Halifax respondents (96%) reported that they used the emergency room at least once in the past year, as did a large majority of Memorial respondents (86%). For both hospitals, this rate was higher than the average for AUSHs (77%). (Chart 1)



With respect to the use of other hospital settings, Halifax respondents were more likely to report being admitted to the hospital or treated in an outpatient clinic at least once in the past year than Memorial respondents (42% vs. 30% and 44% vs. 36%, respectively).

Nearly three of five Halifax respondents and 40 percent of Memorial respondents reported that they used their facility between two and four times in the past year. An additional one-fifth of each respondent group reported using the hospital between five and nine times in the past year. In comparison, the average for All Urban and Suburban Hospital respondents who used the hospital five to nine times was 13 percent. (Chart 2)



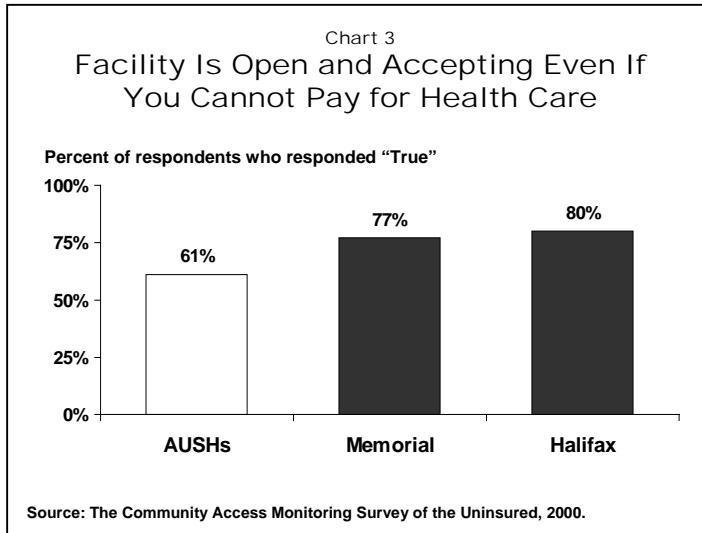
Halifax respondents were much more likely to report seeking treatment for a chronic problem than both Memorial respondents and respondents for AUSHs (51% vs. 33% and 32%, respectively).

***OPENNESS TO THE UNINSURED AND SATISFACTION WITH PROVIDERS***

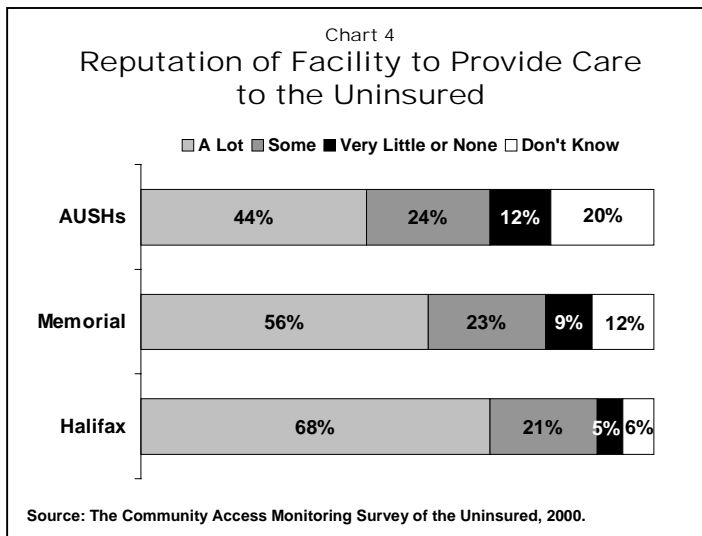
**Based on their experiences, the great majority of respondents at both hospitals believed that their facilities were open and accepting to the uninsured. With respect to the reputations of the facilities in the community for caring for the uninsured, perceptions of Halifax were more positive than for Memorial. Respondents for both facilities were likely to be satisfied with staff encounters.**

*Facility Openness.* Approximately four out of five respondents at both facilities reported that, in their experience, the hospital was open and accepting to them even if they could not pay for their care. In comparison, only 61 percent of respondents for AUSHs found their hospital open and accepting. (Chart 3)

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*Facility Reputation.* Halifax respondents were more likely than Memorial respondents to report that their hospital had a favorable reputation in the community for providing a lot of care to the uninsured (68% vs. 56%). However, both hospitals were more likely to have a reputation for providing a lot of care to the uninsured than AUSHs, where the average was 44 percent. (Chart 4)



“Everybody treated me good. Don’t look down on me, treated me with respect.” Halifax respondent

*Satisfaction with providers:* Overall, respondents for both facilities (over 80%) were likely to report that they were either “very satisfied” or “satisfied” with the service and care they received from providers such as nurses, physician assistants, and doctors. However on a number of indicators (satisfaction with receptionists, nurses, physician assistants), Halifax respondents were much more likely to be satisfied than respondents for AUSHs.



Notably, almost one-third of Memorial respondents reported that they were either dissatisfied or very dissatisfied with billing clerks, and one-fifth were dissatisfied with care they received from social workers. Both of these figures were higher than for either Halifax respondents or the averages for AUSHs.

**ACCESSIBILITY**

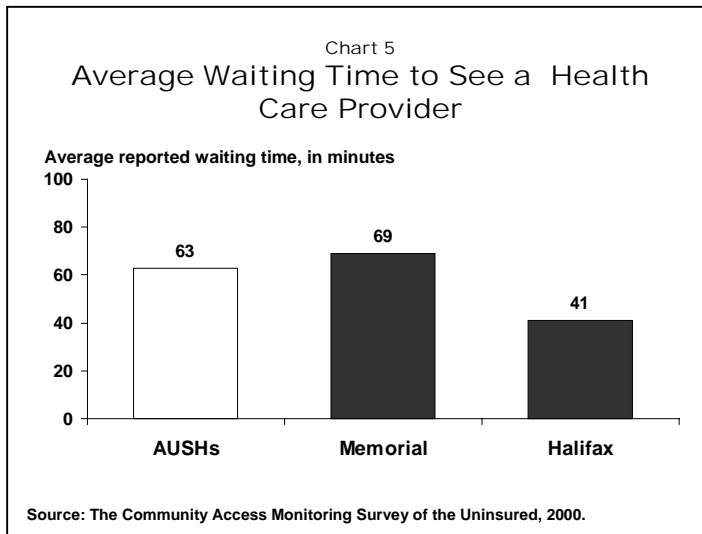
*Hours of operation and location:* The majority of respondents (80% or more) for both facilities reported that their hospital’s hours and the emergency room’s hours were “never a problem.” However, many Memorial respondents said the location of the hospital was likely to be inconvenient. Almost three of five (58%) Memorial respondents reported that the location of the hospital was a problem at least sometimes compared with just 10 percent of Halifax respondents and 29 percent of respondents for AUSHs.

*Waiting times:* Respondents for both facilities were more likely to report that the waiting times both to get an appointment and to see the provider on the day of the appointment were a problem than the average for AUSHs. Two of five or more respondents for each facility said that the waiting time to get an appointment was a problem at least sometimes. However, at both Memorial and Halifax, the reported waiting time was on average more than a week shorter than the average for AUSHs (5-6 days vs. nearly two weeks, respectively).

The waiting time on the day of the appointment was a problem at least sometimes for three-fourths (75%) of Memorial respondents and about three of five (59%) Halifax respondents. The average reported waiting times differed: Memorial respondents reported waiting on average 69 minutes to see their provider, compared to 41 minutes for Halifax respondents. (Chart 5)

*“The doctor told me to be there at six in the morning and he didn’t arrive until eight in the morning.”* Memorial respondent

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*Convenience to public transportation:* Memorial respondents were much more likely than Halifax respondents to report that access to convenient public transportation was often or always a problem (30% vs. 6%). Furthermore, 31 percent of the Memorial respondents compared with 5 percent of Halifax respondents said that getting assistance with transportation when needed was often or always a problem.

#### **LANGUAGE AND CULTURE**

**A majority of Memorial respondents said they needed help with translations, but most reported that interpreters were not always available.**

Not surprisingly, given its large percentage of Hispanic respondents, Memorial respondents were much more likely to say they needed help with translations than Halifax respondents (58% vs. 4%). However, two-thirds (66%) of the Memorial respondents who said they needed help with translations reported that an interpreter was either “unavailable” or “not very available.”

When Memorial respondents who said they needed help with translations were asked to rate the ability of interpreters, two of three reported that their ability was either “fair” or “poor.” Further, only about one-third of these respondents reported that there were signs in the waiting area in their language or that they were provided with written information in their language.

“I always take my own interpreter.” Memorial respondent

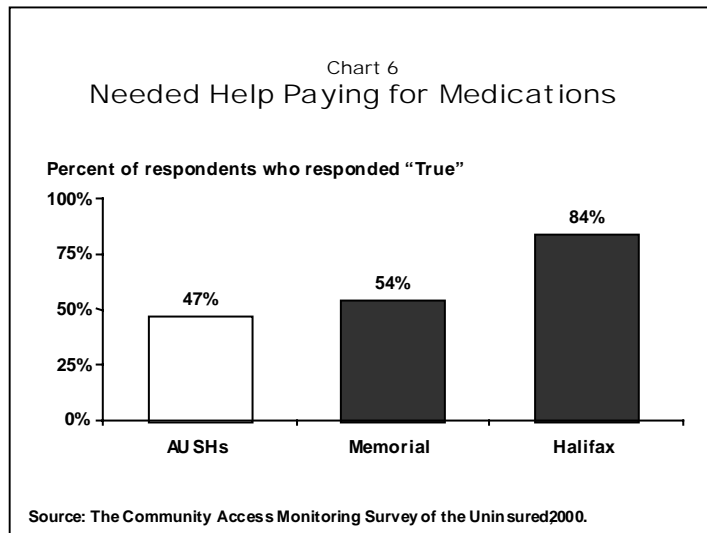
**OBTAINING PRESCRIPTION MEDICATIONS**

**A greater proportion of Memorial respondents than Halifax respondents said that they did not understand the instructions for taking their medications. However, a much higher proportion of Halifax respondents reported both needing help paying for medications and having great difficulty paying for them. Furthermore, one of ten Halifax respondents said that they were unable to fill any of their medications due to costs.**

Nine of ten (89%) respondents for Halifax and 76 percent for Memorial received prescriptions for medications. Among these respondents, most obtained their medications at a drug store and paid out-of-pocket (Memorial 57%, Halifax 46%). About one of six respondents said their medications were offered free.

When respondents were asked whether they understood their medication instructions, one of four Memorial respondents (24%) reported that they did not understand their instructions. (All of these respondents had also chosen to take the survey in Spanish.) In comparison, the average for AUSHs was 14 percent.

Three of four Halifax respondents (74%) found it very difficult to pay for their medications compared with 46 percent of Memorial respondents. Not surprisingly, Halifax respondents were also more likely than Memorial respondents to need help paying for them. (Chart 6)



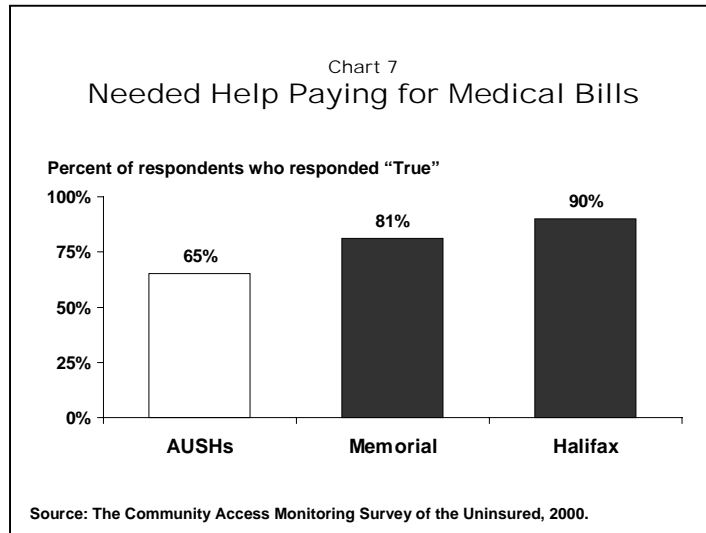
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In fact, one of ten (11%) respondents for Halifax Hospital stated they were unable to fill *any* of their prescriptions because they could not afford them. While staff offered to find out if financial assistance was available for many respondents, still, one-half or more of the respondents for each facility were *never* offered any help in paying for their medications.

### **CONCERNS OVER PAYMENT FOR HEALTH CARE**

**Respondents for both facilities reported substantial difficulty in paying for their medical care. However, Memorial respondents were more likely to report that staff offered help in finding out if financial assistance was available.**

Paying for medical care was difficult for most respondents. Fully 83 percent of Halifax respondents and 74 percent of Memorial respondents said that paying for their medical bills was “very difficult.” These figures were much higher than the average for AUSHs (61%). Furthermore, Halifax respondents were more likely than Memorial respondents to need help paying their bill—and both groups were more likely to need help than respondents for AUSHs. (Chart 7)



“They offered me monthly payments so I wouldn’t have to pay everything at once.”  
Memorial Hospital respondent

Among the respondents who needed help paying for their medical bills, Memorial respondents were a little more likely to be offered assistance by staff at least sometimes than Halifax respondents (54 vs. 49%, respectively). The assistance most frequently offered was monthly billing plans.



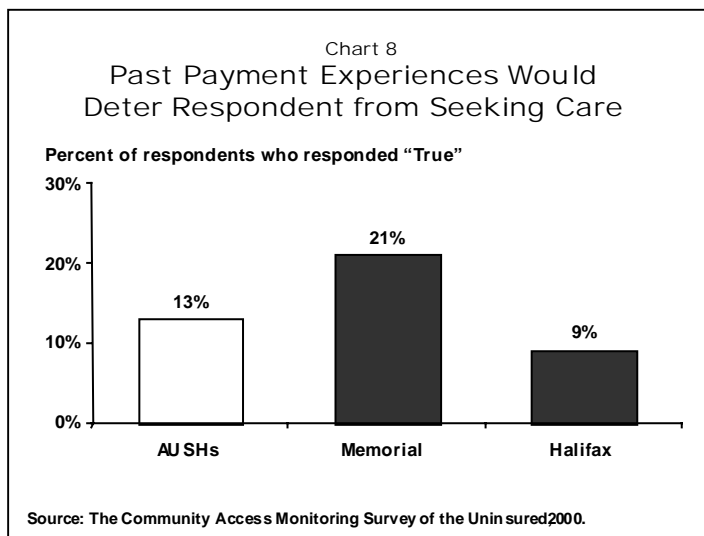
### SEEKING CARE IN THE FUTURE

Based on past bill-paying experiences with the hospital, a small group of Memorial respondents said they would not seek care at the hospital again, and some reported that they would use a different facility. Despite either debt owed to the facility or bill-paying experiences, however, the majority of respondents at both facilities said they would use their hospital again if they were insured.

When respondents were asked how their past bill-paying experiences with the hospital would affect their future care, one of five Memorial respondents said they would not seek care at the facility again. This was much higher than the figure reported by either Halifax respondents or respondents at AUSHs. (Chart 8) Another eight percent of Memorial respondents said that because of their bill-paying experiences, they would use a different facility in the future.

However, most respondents for both facilities said their experience paying for care would make it either easier for them to seek care at the facility in the future or make no difference.

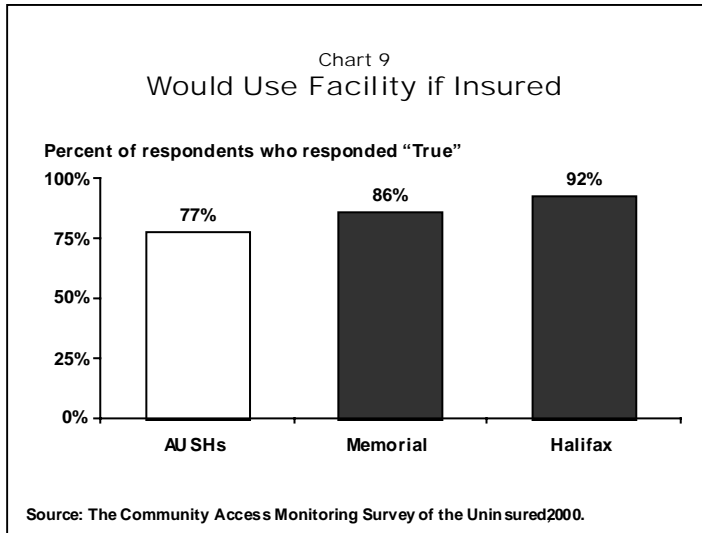
*"I would still go because I have no other choice. An emergency is an emergency."* Halifax respondent



Two-thirds of both Memorial and Halifax respondents said they owed money to the hospital. Over one-third (36%) of the Memorial respondents who owed money said it would prevent them from seeking care at the hospital again in the future, as did 17 percent of Halifax respondents who owed money.

The overwhelming majority of respondent for both facilities said they would use the facility again if they had health insurance. (Chart 9)

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## VOLUSIA COUNTY HEALTH DEPARTMENT CLINIC-DELAND AND HALIFAX KEECH HEALTH CENTER

This section presents survey results for respondents who received care at one of the two clinics included in the Volusia County CAMS project, and compares them with averages for All Urban and Suburban Clinics (AUSCs) included in CAMS nationwide.

### **RESPONDENT CHARACTERISTICS**

**Respondents tended to be young and ethnically diverse.**

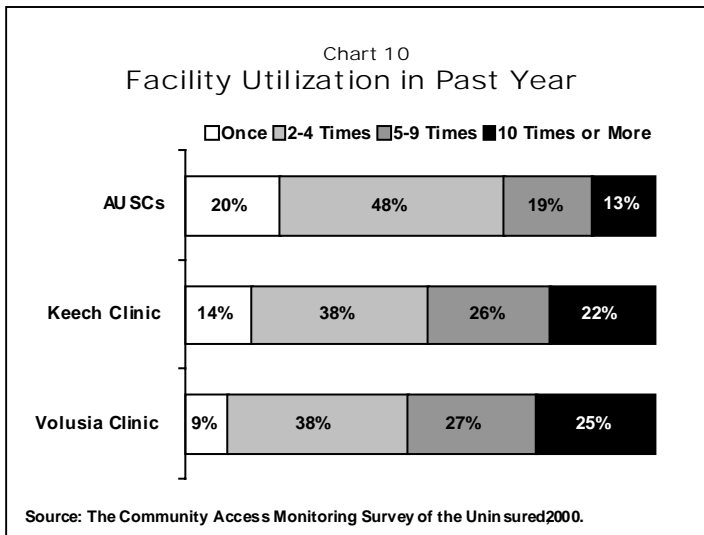
Respondents for both the Volusia County Health Department Clinic in DeLand (Volusia Clinic) and the Halifax Keech Health Center (Keech Clinic) were younger than respondents for AUSCs. More than one-half (53%) of Volusia Clinic respondents were under 29 years of age, and one-fourth of Keech Clinic respondents answered on behalf of a child.

Volusia Clinic respondents were predominantly Hispanic (76%), while Keech Clinic respondents predominantly Black (58%). Eighty-five percent of Volusia Clinic respondents preferred to take the survey in Spanish. All of the Keech Clinic respondents took the survey in English.

### **USE OF HEALTH SERVICES**

**Approximately half of the respondents at each clinic reported that they used the facility five or more times in the past year. Half of the Keech Clinic respondents sought care to treat a chronic problem.**

The majority of the respondents at both facilities reported that they had used the clinic multiple times in the past year. Fifty-two percent of Volusia Clinic respondents and 48 percent of Keech Clinic respondents said they used the clinic five times or more. An additional 38 percent of respondents for each clinic used the facility between two and four times in the past 12 months. (Chart 10)



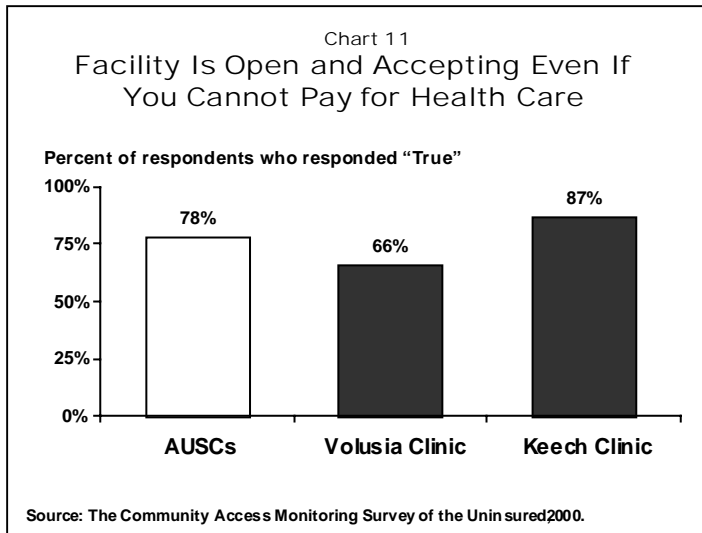
Almost half of Keech Clinic respondents (48%) reported that they needed medical care to treat a chronic condition such as asthma or diabetes. This figure was much higher than for respondents for either Volusia Clinic (36%) or AU SCs (38%).

**OPENNESS TO THE UNINSURED AND SATISFACTION WITH PROVIDERS**

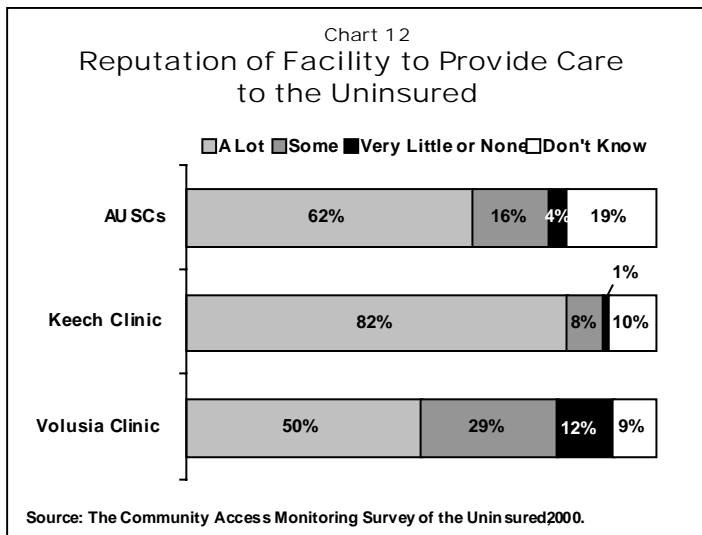
**Keech Clinic respondents were likely to report that the clinic was open and accepting to them even if they could not pay, as well as that it had a positive reputation in the community for providing care to the uninsured. Most respondents for both facilities were satisfied with the care and service they received from clinic staff.**

*Facility Openness:* Respondents were asked how open their clinic had been in offering them services even if they could not pay. Nearly nine of ten (87%) Keech Clinic respondents reported that the clinic had been open and accepting. In comparison, only 66 percent of Volusia Clinic respondents and 78 percent of respondents for AU SCs found their clinic open and accepting. (Chart 11)

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*Facility Reputation:* Four of five respondents for Keech Clinic reported that their clinic had a reputation for providing “a lot” of care to the uninsured, compared with 50 percent of Volusia Clinic respondents. It is noteworthy that 12 percent of Volusia Clinic respondents said the clinic has a reputation for providing “very little or no care.” (Chart 12)



“The staff was really nice to me each time.”  
Keech Clinic respondent

*Satisfaction with Providers:* On indicators measuring satisfaction with staff interactions, the majority of respondents for both Volusia Clinic and Keech Clinic reported that they were either “satisfied” or “very satisfied.” Specifically, over 90 percent of respondents were satisfied with the care and service they received from the receptionists, nurses, and doctors. Still, even though most respondents were satisfied, approximately one of five Volusia Clinic respondents reported that



they were either unsatisfied or very unsatisfied with their interactions with social workers and billing clerks.

#### **ACCESSIBILITY**

**Many Volusia Clinic respondents reported that the location of the clinic was a problem. For both Volusia Clinic and Keech Clinic respondents, long waiting times were an issue.**

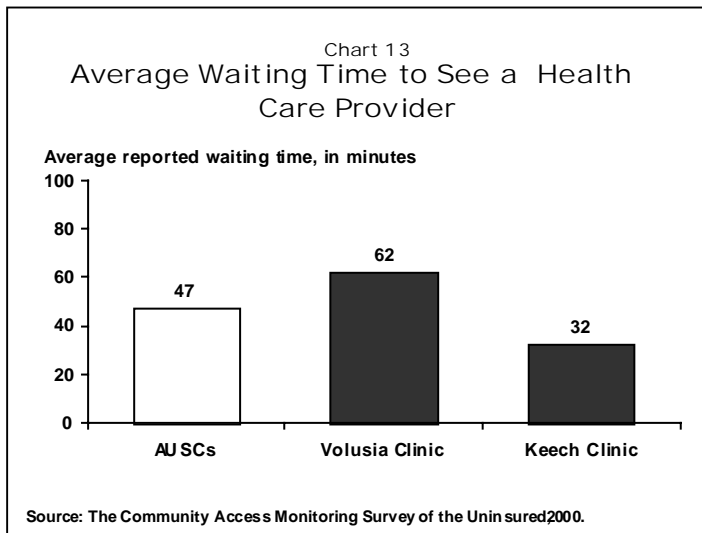
*Location of facility:* Nearly half (47%) of Volusia Clinic respondents reported that the location of the clinic was a problem at least sometimes. In comparison, only eight percent of Keech Clinic respondents and 21 percent of respondents for AUSCs shared similar views. Supporting these perceptions, the average time required to travel to the facility reported by Volusia Clinic respondents was 24 minutes, compared with 14 minutes reported by Keech Clinic respondents.

*Waiting times:* Fifty-five percent of Volusia Clinic respondents and 50 percent of Keech Clinic respondents reported that the waiting time to get an appointment was a problem at least sometimes and, in fact, the average reported waiting time for Volusia Clinic respondents was more than 12 days. However, for Keech Clinic respondents, the waiting time was eight days, one day less than the average for respondents at AUSCs.

Three of four respondents for Volusia Clinic (77%) had a problem at least sometimes with the wait to see a provider on the day of the appointment. Significantly fewer Keech Clinic respondents (54%) reported such problems, a figure that was similar to the average for AUSCs (51%). The average reported waiting time for Volusia Clinic respondents was over 62 minutes, while the average waiting time for Keech Clinic respondents was 32 minutes. (Chart 13)

*“They give you an appointment for a certain hour and they treat you two hours later.”* Volusia Clinic respondent

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#### **LANGUAGE AND CULTURE**

**Sixty-four percent of the Volusia Clinic respondents needed help with translations. However, three of ten of those who needed assistance said an interpreter was not readily available.**

*"I take my own interpreter because sometimes there is no interpreter at the clinic." Volusia Clinic respondent*

Compared with respondents for AUSCs, Volusia Clinic respondents were much more likely to need translation assistance (13% vs. 64%, respectively). Among those who needed help, two-thirds reported that an interpreter was either very available or available. However, 31 percent of these respondents said an interpreter was not available. Furthermore, although many rated the ability of the interpreter as "very good," more than half rated it as "fair" or "poor."

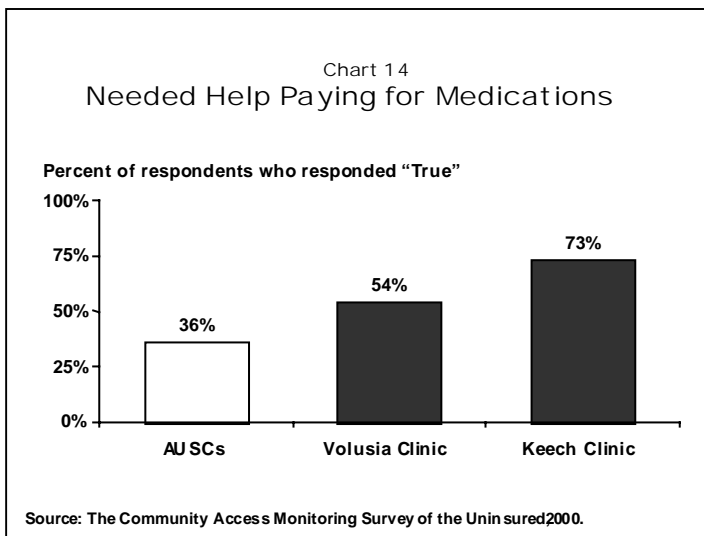
#### **OBTAINING PRESCRIPTION MEDICATIONS**

**Many Keech Clinic respondents had difficulty paying for their medications and were likely to need financial assistance. One in 12 stated that they did not fill any of their prescriptions due to costs.**

Three of four respondents for both facilities reported that they received prescriptions for medications. Among these respondents, Volusia Clinic respondents were more likely than Keech Clinic respondents to obtain their medication using a pharmacy card (53% vs. 28%). While 56 percent of respondents for AUSCs reported that they received their medications free, only 20 percent of Volusia Clinic respondents and 25 percent of Keech Clinic respondents had the same experience. Finally, one of 12 Keech Clinic respondents (8%) said they

were unable to obtain *any* of their prescribed medications because they were unable to afford them.

When asked if they had difficulty paying for their prescriptions, 61 percent of Keech Clinic respondents and 39 percent of Volusia Clinic respondents responded that paying was “very difficult.” In comparison, the average for AUSCs was 27 percent. Even more respondents said they needed help paying for their medications. Three of four Keech Clinic respondents and 54 percent of Volusia Clinic respondents reported that they needed help paying for their medications. This was much higher than the average for AUSCs . (Chart 14)



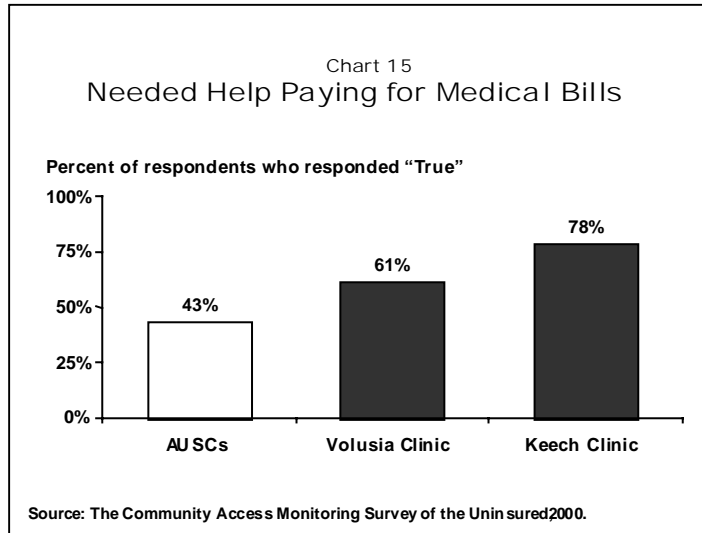
Among the respondents who needed help, the majority were asked by staff if they needed help. However, nearly two of five respondents for each clinic reported that they were “never” offered any assistance.

**CONCERNS OVER PAYMENT FOR HEALTH CARE**

**While many respondents had difficulties paying for their medical care, Keech Clinic respondents were much more likely than either Volusia Clinic or AUSC respondents to find paying their medical bills very difficult and to need help paying them.**

Three of five (63%) respondents for Keech Clinic reported that paying their medical bills was “very difficult,” compared to half of the Volusia Clinic respondents and 33 percent of the respondents for AUSCs.

Even more respondents reported that they needed financial assistance to pay their bills. Nearly four of five respondents for Keech Clinic and 61 percent for Volusia Clinic reported that they needed help. These figures were much higher than the average for AUSCs. (Chart 15)



Among those who needed financial assistance, three of five respondents for both clinics said that staff were likely to offer assistance at least sometimes. Still, two-fifths or more of each respondent group were *never* offered any financial assistance by staff. Among those who were offered assistance at least sometimes, few (about 5%) at either facility reported that their bill was waived; this compared to an average for AUSCs of 26 percent.

Volusia Clinic respondents were more than three times as likely as Keech Clinic respondents to have their bill reduced (21% vs. 6%), but both groups were less likely than the average for AUSCs (35%).

**SEEKING CARE IN THE FUTURE**

**Most respondents said that their previous experiences paying bills at their facility would make it easier to seek care there in the future, or would not make any difference. However, 30 to 40 percent of respondents who owed money to their facility reported that the debt would deter them from seeking care there again. Most respondents said they would use their clinic again if they had health insurance.**

Thirty-five percent of respondents at Volusia Clinic and 42% at Keech Clinic said they owed money to the facility. However few respondents at either facility (less than 10%) said that their past experiences paying for care would either make them not seek care again at the

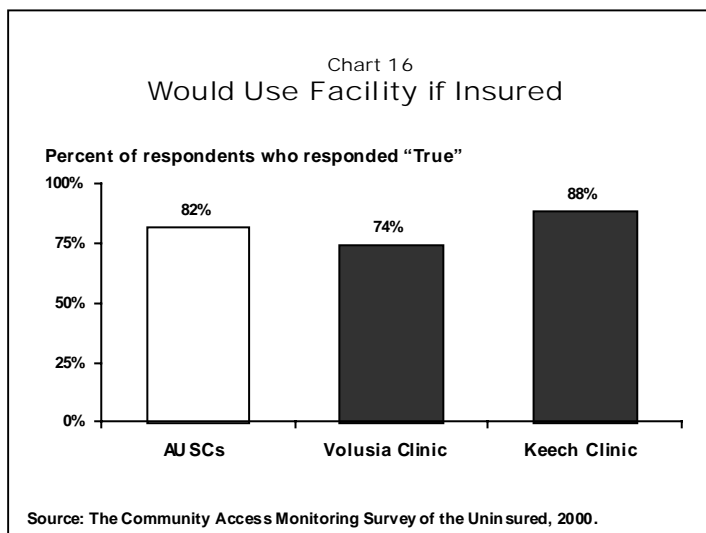


facility or make them use another facility in the future. In fact, one-half (52%) of Volusia Clinic respondents reported that their past experiences would make it easier for them to seek care; this compared with 34 percent of respondents for Keech Clinic. 53 percent of respondents for Keech Clinic reported that past payment experiences would make no difference in their likelihood to seek care at the clinic in the future, compared to 38 percent of respondents for Volusia Clinic, and 39 percent for AUSCs.

*“There is no other place to go for treatment.” Volusia Clinic respondent*

Of respondents who owed money to their facility, 40 percent for Volusia Clinic and 32 percent for Keech Clinic said this debt would deter them from seeking care at the facility again.

Yet, despite previous bill-paying experiences or money owed to the clinics, the majority of respondents for each clinic said they would use the clinic again if they had health insurance. (Chart 16)



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## DISCUSSION

### MEMORIAL HOSPITAL-WEST VOLUSIA AND HALIFAX MEDICAL CENTER

Survey responses indicated that respondents perceived that both hospitals possess certain strengths. However, the results suggest that Halifax respondents generally fared better than Memorial respondents in number of areas, especially those related to accessibility of services. At the same time, respondents at both facilities experienced serious difficulties in paying for their care.

The following findings have implications for one or both organizations.

- ◆ The high emergency room use at both facilities suggests that uninsured respondents may depend significantly on this setting for care.
- ◆ A substantial minority of Memorial respondents reported issues related to access to care. In particular, one-fourth of the Memorial Hospital respondents said that both convenience to public transportation and getting transportation assistance when needed were always a problem. In addition, many respondents for both facilities reported that waiting times both to get an appointment and to see a provider on the day of the appointment were an issue.
- ◆ A large proportion of respondents for both hospitals, but especially for Halifax, had a difficult time paying for their medications and medical care and reported that they needed assistance to help pay their bills. However, one of two respondents for Halifax, and 2 out of 5 for Memorial, said that hospital staff *never* offered help.

### VOLUSIA COUNTY HEALTH DEPARTMENT CLINIC-DELAND AND HALIFAX KEECH HEALTH CENTER

As with the hospitals, respondents perceived that the two clinics had certain strengths. However, the results suggest that Keech Clinic respondents fared better in general than Volusia Clinic respondents in several areas, but also had more financial difficulty in paying for their care.

The following findings have implications for one or both organizations.

- ◆ Half of the Keech Clinic respondents sought care to treat a chronic problem such as asthma and diabetes, a proportion much higher than the average for AUSCs.

- ◆ Most Keech Clinic respondents reported that their clinic was open and accepting even if they couldn't pay and that it had a reputation in the community for providing a lot of care to the uninsured.
- ◆ Many respondents at both clinics reported the waiting times to get an appointment and to see a provider on the day of an appointment were a problem.
- ◆ Some Volusia Clinic respondents who needed help with translations did not find an interpreter readily available.
- ◆ Keech Clinic respondents were much more likely to have difficulty paying for their medical care and their prescriptions and to need financial assistance than Volusia Clinic respondents.

#### COMPARISON OF FACILITIES IN EAST AND WEST VOLUSIA

This section compares respondent responses for facilities in East Volusia—Halifax Medical Center and Halifax Keech Health Center—with those for facilities in West Volusia—Memorial Hospital-West Volusia and the Volusia County Health Department Clinic in DeLand.

When comparing responses by geographic region, several interesting differences emerge. However, these differences should be interpreted with caution, especially given the survey limitations and possible unknown differences among the respondent groups. The points highlighted below are intended to serve only as topics for further discussion and do not imply statistically significant differences.

- ◆ Reported satisfaction with interactions with hospital and clinic staff were very high at all four facilities.
- ◆ Higher proportions of East Volusia respondents reported chronic problems than West Volusia respondents.
- ◆ Based on their experiences, higher proportions of East Volusia respondents reported that their facilities were open and accepting than West Volusia respondents, as well as that their facilities had a reputation in the community for providing “a lot of care” to the uninsured.
- ◆ Waiting time to see a provider on the day of the appointment was an issue for more West Volusia than East Volusia respondents. On average, West Volusia respondents had to wait longer on the day of an appointment to see their providers than East Volusia respondents.
- ◆ West Volusia respondents were much more likely to report problems related to convenience of public transportation and

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getting transportation assistance if needed than East Volusia respondents. On average, West Volusia respondents needed to travel ten minutes longer to reach their facilities than East Volusia respondents.

- ◆ East Volusia respondents were likely to report that they were “always” treated with respect.
- ◆ Nearly all East Volusia respondents understood their medication instructions. However, between 12 and 24 percent of respondents for West Volusia reported that they did not understand their medication instructions.
- ◆ Higher proportions of East Volusia respondents reported that paying for their medical care or their prescriptions was very difficult than West Volusia respondents. Similarly, more East Volusia respondents said that they needed help paying for their medical care and prescriptions than respondents in West Volusia. At the same time, higher proportions of West Volusia respondents reported that they were offered assistance at least sometimes in paying for their medical bills than respondents in East Volusia.
- ◆ Slightly higher percentages of East Volusia respondents said that they would use their facilities again if they had health insurance than West Volusia respondents.
- ◆ West Volusia respondents were likely to be Hispanic and speak Spanish. Most of these respondents were likely to need help with translations, although clinic respondents were more likely to report that interpreters were available than hospital respondents. Perhaps related to the translation issues, a small group of respondents at both the clinic and the hospital did not understand their medication instructions

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## APPENDIX A: TABLES OF SURVEY RESULTS

The following sections include tables with the results of the surveys for the hospitals and clinics included in the CAMS project in Volusia County, Florida. 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 *Intra-site p value* column indicate statistically significant differences between the Volusia County facilities, 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 tables.)

The letters in the *Inter-site p-value* column indicate statistically significant differences between one or more of the Volusia County facilities and the average for all similar facilities included in the national CAMS project. The letters in the column indicate which of the Volusia County facilities significantly differed from the overall average. The letter corresponding to each facility appears under its name in the column headings. (For example in the first table, which compares hospitals, B refers to Memorial Hospital.)

### VOLUSIA COUNTY HOSPITALS

This table presents the results of the surveys of patients at the two hospitals included in the CAMS project in Volusia County, Florida, Memorial Hospital-West Volusia and Halifax Medical Center. 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.

	Volusia County Hospitals			CAMS Sites	
	Intra-site p-value	Memorial Hospital --B--	Halifax Medical Ctr. --D--	All Urban & Suburban Hospitals	Inter-site p-value
<b>Number of survey respondents</b>		<b>166</b>	<b>196</b>	<b>4522</b>	
		% <sup>a</sup>	% <sup>a</sup>	% <sup>a</sup>	
<b>RESPONDENT CHARACTERISTICS</b>					
<b>Age</b>	**				B,D
Under 18		13	8	17	
18-29 years		36	20	27	
30-39 years		26	26	25	
40-49 years		18	21	19	
50-64 years		5	20	11	
65 or older		2	5	1	
<b>Race/Ethnicity</b>	**				B,D
White		16	19	11	
Black		8	67	46	
Hispanic		74	4	37	
Other <sup>b</sup>		2	11	7	
<b>Gender</b>					
Male		40	36	40	
Female		60	64	60	

	Volusia County Hospitals			CAMS Sites	
	Intra-site p-value	Memorial Hospital --B--	Halifax Medical Ctr. --D--	All Urban & Suburban Hospitals	Inter-site p-value
<b>Language in which survey administered</b>					B,D
English	**	20	100	72	
Spanish		80	0	28	
<b>Answered on behalf of child</b>		10	11	15	
<b>FACILITY UTILIZATION</b>					
<b>Used hospital emergency room</b>	—	86	96	77	B,D
<b>Admitted to hospital as inpatient</b>	*	30	42	32	B,D
<b>Used outpatient clinic</b>	*	36	44	45	B,D
<b>Use of facility in past year</b>	**				B,D
Once		31	14	38	
2-4 times		40	58	42	
5-9 times		21	21	13	
10 or more times		8	7	7	
<b>Reason for visit(s)</b>	**				D
Chronic problem or Mixed (chronic and non-chronic)	—	33	51	32	
Other problem (non-chronic)		67	49	68	
<b>PERCEPTION OF FACILITY</b>					
<b>Experience of facility's openness to uninsured</b>					
<b>Open and accepting even if can't pay</b>		77	80	61	B,D
<b>Reluctant but accepts you even if can't pay</b>		17	12	19	D
<b>Offers some care if can't pay</b>		9	5	12	D
<b>Provides no assistance if can't pay</b>	—	1	2	3	B
<b>Don't know</b>	—	3	2	9	B,D
<b>Opinion of facility's reputation for treating uninsured</b>					
Provides a lot of care for those who can't pay		56	68	44	B,D
Provides some care		23	21	24	
Provides very little or no care		9	5	12	
Don't know		12	6	20	
<b>SATISFACTION WITH PROVIDERS/COURTESY OF STAFF</b>					
<b>Receptionists/Admitting clerks</b>					
Very satisfactory or satisfactory	—	84	93	84	D
Unsatisfactory or very unsatisfactory		13	8	14	
Don't know		3	1	2	
<b>Nurses</b>					
Very satisfactory or satisfactory	—	91	95	88	D
Unsatisfactory or very unsatisfactory		9	6	11	
Don't know		1	0	1	
<b>Physician assistants</b>					
Very satisfactory or satisfactory	**	82	95	78	D
Unsatisfactory or very unsatisfactory		8	4	9	
Don't know		9	1	14	
<b>Examining physicians</b>					
Very satisfactory or satisfactory	—	89	91	90	
Unsatisfactory or very unsatisfactory		8	6	8	
Don't know		2	2	2	

	Volusia County Hospitals			CAMS Sites	
	Intra-site p-value	Memorial Hospital --B--	Halifax Medical Ctr. --D--	All Urban & Suburban Hospitals	Inter-site p-value
<b>Social worker</b>	**				B
Very satisfactory or satisfactory		49	35	36	
Unsatisfactory or very unsatisfactory		22	11	10	
Don't know		29	54	54	
<b>Billing Clerks</b>	**				B,D
Very satisfactory or satisfactory		38	64	49	
Unsatisfactory or very unsatisfactory		31	17	18	
Don't know		31	20	33	
<b>Pharmacist</b>	**				D
Very satisfactory or satisfactory		38	65	37	
Unsatisfactory or very unsatisfactory		4	5	6	
Don't know		58	30	57	
<b>Treated with respect</b>	—				B,D
Always		62	78	61	
Sometimes		37	15	32	
Never		1	7	4	
Don't know		1	1	3	
<b>ACCESSIBILITY OF SERVICES</b>					
<b>Hours facility open</b>	—				D
Never a problem		80	92	85	
Sometimes a problem		11	5	9	
Often/always a problem		3	2	2	
Don't know		5	1	5	
<b>Location</b>	—				B,D
Never a problem		41	90	69	
Sometimes a problem		48	7	21	
Often/always a problem		10	3	8	
Don't know		1	0	2	
<b>Waiting time to get appointment</b>	**				B,D
Never a problem		13	28	23	
Sometimes a problem		21	31	20	
Often/always a problem		16	13	16	
Don't know		51	28	40	
<b>Waiting time to see provider on day of appointment</b>	**				B,D
Never a problem		22	10	26	
Sometimes a problem		42	17	26	
Often/always a problem		33	42	26	
Don't know		4	31	22	
<b>Convenient to public transportation</b>	**				B,D
Never a problem		5	55	43	
Sometimes a problem		3	8	10	
Often/always a problem		30	6	13	
Don't know		61	31	35	
<b>Transportation assistance if needed</b>	**				B,D
Never a problem		16	41	22	
Sometimes a problem		10	9	6	
Often/always a problem		31	5	13	
Don't know		42	45	59	

	Volusia County Hospitals			CAMS Sites	
	Intra-site p-value	Memorial Hospital --B--	Halifax Medical Ctr. --D--	All Urban & Suburban Hospitals	Inter-site p-value
<b>LANGUAGE AND CULTURAL NEEDS</b>					
<b>Needed help with translation</b>	**	58	4	17	B,D
<b>If yes</b>					
<b>Availability of interpreter</b>	—				B
Very available		12		21	
Available		22		24	
Not very available		46		30	
Unavailable		20		25	
<b>Ability of interpreter</b>	—				B
Very good		33		46	
Fair		52		39	
Poor		15		14	
<b>Signs in waiting area in your language</b>	—	36		46	B
<b>Written information in your language</b>	—	30		42	B
<b>MEDICATIONS</b>					
<b>Medication prescribed</b>	**	76	89	74	
<b>If yes, how obtained</b>					
Supplied free		18	17	27	B,D
Used a pharmacy card		15	13	8	B,D
Used a drug store and paid		57	46	57	D
Didn't get /couldn't afford	**	2	11	8	B
Got some/couldn't afford all		4	9	9	
Other		4	5	6	
<b>Medication instructions</b>	—				
Understood instructions		71	96	92	
No instructions given		4	1	3	
Did not understand instructions		24	3	4	
Did not need medicine for home		1	-	1	
<b>Difficulty paying for medications</b>	**				D
Very difficult		46	74	40	
Not so difficult		32	19	32	
Easy to pay		7	4	10	
N/A		15	3	18	
<b>Needed help paying for medications</b>	**	54	84	47	D
<b>If yes, did staff offer help?</b>					B,D
Always		12	10	16	
Often		11	17	7	
Sometimes		22	24	13	
Never		56	50	64	
<b>MEDICAL BILLS</b>					
<b>Difficulty paying for medical care</b>					B,D
Very difficult		74	83	61	
Not so difficult		22	15	30	
Easy to pay		4	3	10	

	Volusia County Hospitals			CAMS Sites	
	Intra-site p-value	Memorial Hospital --B--	Halifax Medical Ctr. --D--	All Urban & Suburban Hospitals	Inter-site p-value
<b>Needed help paying the medical bill If yes</b>	*	81	90	65	B,D
<b>Did staff offer to find out if financial assistance available?</b>	**				B,D
Always		18	8	19	
Often		7	17	6	
Sometimes		29	24	19	
Never		46	52	56	
<b>Type of help staff offered (If Always, Often, Sometimes to previous question)</b>					
Pay in monthly installments		53	51	52	
Reduce amount of bill	—	1	1	13	B,D
Waive bill	—	1	1	8	B,D
Find charitable organization to pay	**	35	12	22	B,D
Other	**	11	34	20	D
<b>FUTURE CARE</b>					
<b>Effect of payment experience on seeking future care at facility</b>					
<b>Will not seek care at facility</b>	**	21	9	13	B
<b>Will use another facility</b>	**	8	2	10	D
<b>Easier to seek care at facility</b>	**	21	37	17	D
<b>Makes no difference</b>		49	44	60	B,D
<b>Currently owe facility money</b>		66	65	61	
<b>If yes, will make not seek care in future</b>	**	36	17	28	B,D
<b>If had insurance, would use facility in future</b>		86	92	77	B,D
<b>TRAVEL AND WAIT TIMES</b>					
Travel time, mean (minutes)	**	28.91	14.06	21.55	B,D
Travel time, median (minutes)		27.5	12	18.00	
Days to get appointment, mean		5.64	5.44	13.55	B,D
Days to get appointment, median		3	3	7.00	
Waiting time to see provider, mean (minutes)	**	68.75	41.21	63.24	D
Waiting time to see provider, median (minutes)		50	40	45.00	

VOLUSIA COUNTY CLINICS

This table presents the results of the surveys of patients at the two clinics included in the CAMS project in Volusia County, Florida, Volusia County Health Department Clinic in DeLand and Halifax Keech Health Center. For comparison purposes, it also presents results of surveys of patients at all urban and suburban clinics that were included in the CAMS project nationally.

Volusia County, FL Clinics			CAMS Sites		
	Intra-site p-value	Volusia County Health Dept. Clinic -A-	Keech Clinic -C-	All Urban & Suburban Clinics	Inter-site p-value
<b>Number of survey respondents</b>		<b>151</b>	<b>157</b>	<b>3363</b>	
		% <sup>a</sup>	% <sup>a</sup>	% <sup>a</sup>	
<b>RESPONDENT CHARACTERISTICS</b>					
<b>Age</b>	**				A,C
Under 18		13	24	16	
18-29 years		40	18	27	
30-39 years		21	18	23	
40-49 years		14	19	18	
50-64 years		9	19	14	
65 or older		3	3	1	
<b>Race/Ethnicity</b>	**				A,C
White		13	27	22	
Black		8	58	44	
Hispanic		76	1	26	
Other <sup>b</sup>		3	14	8	
<b>Gender</b>					
Male		29	32	32	
Female		71	68	68	
<b>Language in which survey administered</b>	**				A,C
English		15	100	84	
Spanish		85	0	16	
<b>Answered on behalf of child</b>	**	11	24	10	C
<b>FACILITY UTILIZATION</b>					
<b>Use of facility in past year</b>					A,C
Once		9	14	20	
2-4 times		38	38	48	
5-9 times		27	26	19	
10 or more times		25	22	13	
<b>Reason for visit(s)</b>	*				
Chronic problem or Mixed (chronic and non-chronic)	—	36	48	38	C
Other problem (non-chronic)		64	52	62	
<b>PERCEPTION OF FACILITY</b>					
<b>Experience of facility's openness to uninsured</b>					
<b>Open and accepting even if can't pay</b>	**	66	87	78	A,C
<b>Reluctant but accepts you even if can't pay</b>		13	8	7	A

	Volusia County, FL Clinics			CAMS Sites	
	Intra-site p-value	Volusia County Health Dept. Clinic -A-	Keech Clinic -C-	All Urban & Suburban Clinics	Inter-site p-value
<b>Offers some care if can't pay</b>	**	17	3	8	A,C
<b>Provides no assistance if can't pay</b>	—	3	-	2	C
<b>Don't know</b>		5	2	8	A,C
<b>Opinion of facility's reputation for treating uninsured</b>	**				
Provides a lot of care for those who can't pay		50	82	62	
Provides some care		29	8	16	
Provides very little or no care		12	1	4	
Don't know		9	10	19	
<b>SATISFACTION WITH PROVIDERS/COURTESY OF STAFF</b>					
<b>Receptionists/Admitting clerks</b>					
Very satisfactory or satisfactory		91	95	93	
Unsatisfactory or very unsatisfactory		9	4	7	
Don't know		-	-		
<b>Nurses</b>					
Very satisfactory or satisfactory	—	94	97	96	
Unsatisfactory or very unsatisfactory		5	3	4	
Don't know		1		1	
<b>Physician assistants</b>					
Very satisfactory or satisfactory		84	93	78	A,C
Unsatisfactory or very unsatisfactory		5	3	3	
Don't know		9	4	19	
<b>Examining physicians</b>					
Very satisfactory or satisfactory	—	92	95	91	
Unsatisfactory or very unsatisfactory		3	2	3	
Don't know		4	2	6	
<b>Social worker</b>					
Very satisfactory or satisfactory	**	60	56	42	A,C
Unsatisfactory or very unsatisfactory		22	2	4	
Don't know		16	40	54	
<b>Billing Clerks</b>					
Very satisfactory or satisfactory	*	70	73	50	A,C
Unsatisfactory or very unsatisfactory		18	5	7	
Don't know		11	22	43	
<b>Pharmacist</b>					
Very satisfactory or satisfactory		69	77	40	A,C
Unsatisfactory or very unsatisfactory		5	3	4	
Don't know		26	20	56	
<b>Treated with respect</b>					
Always	—	67	83	84	
Sometimes		32	16	13	
Never		-	1	1	
Don't know		1	1	3	
<b>ACCESSIBILITY OF SERVICES</b>					
<b>Hours facility open</b>					
Never a problem	—	71	79	74	
Sometimes a problem		23	16	20	

	Volusia County, FL Clinics			CAMS Sites	
	Intra-site p-value	Volusia County Health Dept. Clinic -A-	Keech Clinic -C-	All Urban & Suburban Clinics	Inter-site p-value
Often/always a problem		6	4	4	
Don't know		1	1	2	
<b>Location</b>	—				A,C
Never a problem		52	92	79	
Sometimes a problem		33	7	16	
Often/always a problem		14	1	5	
Don't know		1			
<b>Waiting time to get appointment</b>	**				A,C
Never a problem		24	47	53	
Sometimes a problem		34	30	27	
Often/always a problem		21	20	12	
Don't know		21	3	8	
<b>Waiting time to see provider on day of appointment</b>	—				A,C
Never a problem		19	44	46	
Sometimes a problem		41	27	34	
Often/always a problem		36	27	17	
Don't know		4	2	4	
<b>Convenient to public transportation</b>	**				A,C
Never a problem		16	58	43	
Sometimes a problem		10	9	6	
Often/always a problem		26	-	4	
Don't know		48	33	47	
<b>Transportation assistance if needed</b>	**				A,C
Never a problem		19	51	22	
Sometimes a problem		13	9	5	
Often/always a problem		29	1	4	
Don't know		40	39	69	
<b>LANGUAGE AND CULTURAL NEEDS</b>					
<b>Needed help with translations</b>	**	64	4	13	A,C
<b>If yes, availability of interpreter</b>	—				A
Very available		30		57	
Available		38		26	
Not very available		27		12	
Unavailable		4		5	
<b>Ability of interpreter</b>	—				A
Very good		41		66	
Fair		45		28	
Poor		14		6	
<b>Signs in waiting area in your language</b>	—	60		73	A
<b>Written information in your language</b>	—	78		78	
<b>MEDICATIONS</b>					
<b>Medication prescribed</b>		75	73	70	

Volusia County, FL Clinics			CAMS Sites		
	Intra-site p-value	Volusia County Health Dept. Clinic -A-	Keech Clinic -C-	All Urban & Suburban Clinics	Inter-site p-value
<b>If yes, how obtained</b>					
Supplied free		20	25	56	A,C
Used a pharmacy card	**	53	28	10	A,C
Used a drug store and paid		21	27	34	A
Didn't get /couldn't afford		4	8	4	
Got some/couldn't afford all	—	1	4	6	A
Other	*	3	11	7	A
<b>Medication instructions</b>					
Understood instructions	—	84	96	96	
No instructions given		4	2	1	
Did not understand instructions		12	1	1	
Did not need medicine for home		-	2	1	
<b>Difficulty paying for medications</b>	**				A,C
Very difficult		39	61	27	
Not so difficult		32	22	23	
Easy to pay		12	11	15	
N/A		17	6	36	
<b>Needed help paying for medications</b>	**	54	73	36	A,C
<b>If yes, did staff offer help?</b>					
Always		21	16	42	A,C
Often		23	14	10	
Sometimes		21	32	14	
Never		36	38	34	
<b>MEDICAL BILLS</b>					
<b>Difficulty paying for medical care</b>	*				A,C
Very difficult		50	63	33	
Not so difficult		38	31	34	
Easy to pay		11	6	34	
<b>Needed help paying the medical bill?</b>	**	61	78	43	A,C
<b>Did staff offer to find out if financial assistance was available?</b>					
Always		21	17	41	A,C
Often		14	13	12	
Sometimes		26	27	14	
Never		39	43	34	
<b>Type of help staff offered (If Always, Often, Sometimes to previous question)</b>					
Pay in monthly installments		34	41	41	
Reduce amount of bill	**	21	6	35	A,C
Waive bill	—	5	4	26	A,C
Find charitable organization to pay		25	27	28	
Other		14	21	11	C

	Volusia County, FL Clinics			CAMS Sites	
	Intra-site p-value	Volusia County Health Dept. Clinic -A-	Keech Clinic -C-	All Urban & Suburban Clinics	Inter-site p-value
<b>FUTURE CARE</b>					
<b>Effect of payment experience on seeking future care at facility</b>					
Will not seek care at facility		8	4	4	A
Will use another facility	—	3	1	3	
Easier to seek care at facility	**	52	34	53	C
Makes no difference	**	38	53	39	C
Currently owe facility money		35	42	20	A,C
If yes, will make not seek care in future		40	32	23	A
If had insurance, would use facility in future	**	74	88	82	A
<b>TRAVEL AND WAIT TIMES</b>					
Travel time, mean (minutes)	**	24.06	14.32	19.10	A,C
Travel time, median (minutes)		20	10	15.00	
Days to get appointment, mean	*	12.59	7.79	8.98	A
Days to get appointment, median		8	3	3.00	
Waiting time to see provider, mean (minutes)	**	62.44	31.97	47.47	A,C
Waiting time to see provider, median (minutes)		60	30	30.00	

## Legend

- <sup>a</sup> Persons with missing values were excluded from analysis.
- <sup>b</sup> “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).

A,B,C,D  $p < 0.05$  for overall chi-square test between facility and all urban/suburban clinics for each characteristic listed. Letter denotes facility (as indicated in column heading). Blank cells in the Inter-site p value column indicate that either no significant difference existed or that the cell size was insufficient.

## SO WHAT IS A P-VALUE?

Statistics based on samples are always subject to “sampling error,” that is, there is most likely some difference between the value that a sample yields and the *true* value in the population that the sample represents. Statistics are often given with a range (for example, “plus or minus 3%”) for this reason. Because of sampling error, two numbers based on samples, which appear to be different, may not actually be different; their ranges might overlap.

The p-value is a statistical measure to determine if there is a true, significant difference between compared numbers. The value of  $p < 0.05$ , which is a standard accepted level of significance, says that the likelihood is small - 5% or less - that the comparison between two sample statistics is *not* the same as the population comparison. The difference is said to be “statistically significant.” The lower the p-value (e.g.,  $p < 0.01$ ), the more likely that the differences are significant.

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

SURVEYED FACILITIES BY CAMS SPONSORING ORGANIZATION

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

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

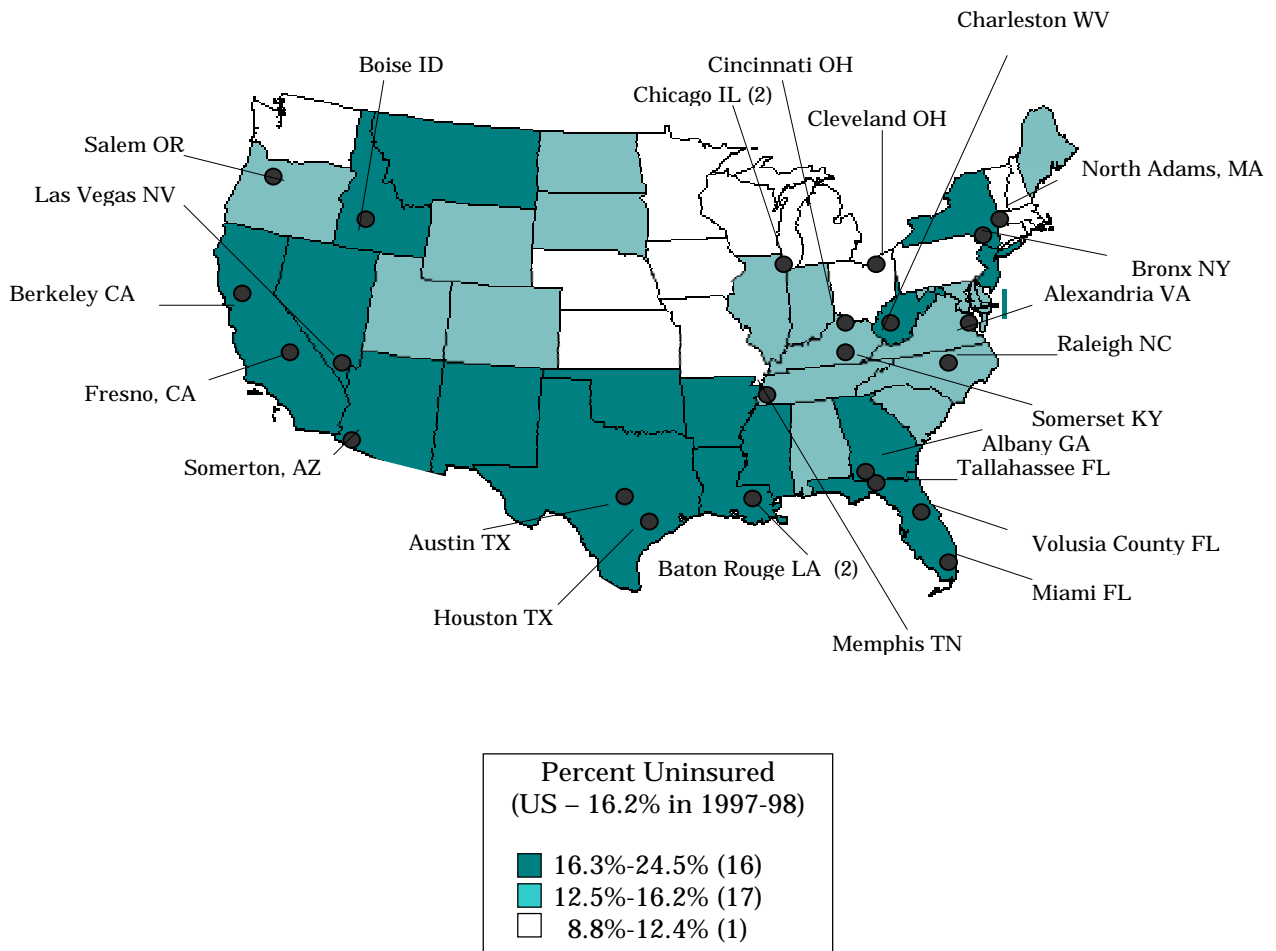
SURVEYED FACILITIES BY TYPE

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

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

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

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



**APPENDIX D: SURVEY INSTRUMENT**

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

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

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

\_\_\_\_\_:

**I. BACKGROUND / DEMOGRAPHICS**

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

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

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

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

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

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

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

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

- Yes
- No
- Not applicable

**4b. Were you admitted?**

- Yes
- No
- Not applicable

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

- Yes
- No
- Not applicable

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

**5. Age:**

**Are you:**

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

**6. Gender:**

- Male
- Female

**7. Ethnicity/Cultural Heritage:**

**Do you identify yourself as:**

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

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

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

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

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

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

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

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

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

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

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

\_\_\_\_\_.”

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

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

***Repeat choices for each question***

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

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

\_\_\_\_\_?

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

**III. ACCESS TO HEALTH SERVICES**

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

**Repeat choices for each question**

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

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

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

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

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

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

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

Comments:

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

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

Comments:

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

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

**IV. LANGUAGE AND CULTURE NEEDS**

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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

- Yes
- No

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

\_\_\_\_\_

\_\_\_\_\_

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

- Yes
- No

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

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

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

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

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

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

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

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

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

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

**V. PAYMENT FOR MEDICAL CARE**

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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

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

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

- Always
- Often
- Sometimes
- Never

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

\_\_\_\_\_

\_\_\_\_\_

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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

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

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

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

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

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

- Always
- Often
- Sometimes
- Never

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

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

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

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

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

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

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

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

- Yes
- No

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

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

- Yes
- No

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

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

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

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

## ACKNOWLEDGEMENTS

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