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## About The Access Project

**The Access Project** ([www.accessproject.org](http://www.accessproject.org)) is a program of the Center for Community Health Research and Action of the Heller School for Social Policy and Management ([www.heller.brandeis.edu/](http://www.heller.brandeis.edu/)) at Brandeis University. It has served as a resource center for local communities working to improve health and healthcare access since 1998. The project receives its funding from a variety of public and private sources.

The mission of The Access Project is to strengthen community action, promote social change, and improve health, especially for those who are most vulnerable. The Access Project conducts community action research in conjunction with local leaders to improve the quality of relevant information needed to change the health system. It seeks to enhance the knowledge and skills of community leaders to strengthen the voice of underserved communities in the public and private policy discussions that directly affect them.

### About the Community Access Monitoring Survey (CAMS)

In 1999, The Access Project undertook the Community Access Monitoring Survey (CAMS) initiative to gather data from uninsured people on their experiences at local hospitals and clinics. The initiative grew out of The Access Project's ongoing work with community-based organizations across the country. A major issue facing many of these groups was how to provide access to health care in their communities for people without health insurance.

Access Project staff worked with Dennis Andrulis, PhD, research professor at SUNY Health Science Center in Brooklyn, New York to develop a survey instrument that asked uninsured people who had used local facilities about their experiences when obtaining care. It included questions on a range of issues, such as satisfaction with staff, waiting times, access to interpreters, and difficulties paying for care. The instrument was piloted in four sites; this experience was used as the basis for initiating a large-scale study.

In January 2000, The Access Project sent letters to nearly 2,000 community health leaders describing the CAMS project, offering small contracts to support the effort, and requesting proposals from those interested in participating. From the 92 applicants, The Access Project selected 24 community partners. They included advocacy organizations, medical societies, primary care associations, county health departments, legal service organizations, health care providers, and research institutes. The selected organizations were located in 18 states.

Each organization selected the hospitals and clinics in its community to include in the study, based on local needs and problems. Depending on their needs and capacity, community groups studied between 1 and 6 facilities. The organizations recruited surveyors, identified respondents, and oversaw administration of the survey in their communities. To ensure consistent administration of the surveys across organizations, The Access Project provided training on surveying for each participating organization. In the end, over 10,000 respondents completed the survey.

Dr. Andrulis and his colleagues analyzed the survey data, and collaborated with The Access Project and the community organizations to develop local reports that presented the findings for each community. The community organizations used the reports to advocate for policies that would improve access to health care for the uninsured in their communities. Through negotiations with studied facilities and dissemination of the results, many groups achieved significant gains. These included working with hospitals to add interpreters and provide translated materials for people with limited English proficiency, forgive or eliminate debt for uninsured people with large outstanding medical bills, and provide better outreach on hospital free care programs and policies. In one community, Fresno, California, the findings led county supervisors to insist on greater accountability from the health system that ran their indigent care program.

In addition to the local analyses, Dr. Andrulis and The Access Project staff analyzed the aggregate data from all of the participating sites. Findings on the importance of providing interpreters in medical settings were presented in *What a Difference an Interpreter Can Make: Health Care Experiences of Uninsured with Limited English Proficiency*, which was released in April 2002. Our current report, *Paying for Health Care When You're Uninsured: How Much Support Does the Safety Net Offer?*, released in January 2003, presents findings on the financial barriers uninsured people face when trying to obtain health care, even at local safety-net hospitals and health centers.