

Louisiana HABITS Report:

Iberia Parish Louisiana

June 30, 2002

A Study Directed by the
Health Informatics Center of Acadiana (HICA)
at The University of Louisiana at Lafayette

in collaboration with the Louisiana Rural Health Access Program (LRHAP),
a program of the Louisiana State University Health Sciences Center
in partnership with the Louisiana Department of Health and Hospitals



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HEALTHCARE ACCESS BARRIERS IN IBERIA PARISH

Access to Healthcare

In *Healthy People 2010: Understanding and Improving Health*, released in January 2000 by the United States Department of Health and Human Services, “Access to Healthcare” is identified as one of ten “leading health indicators” to be tracked as communities seek to improve the health status of their citizens in the first decade of the Twenty-first Century. That report suggests “Strong predictors of access to quality health care include having **health insurance, a higher income level, and a regular primary care provider or other source of ongoing healthcare.**” Each forward-thinking community should have a mechanism for periodically measuring healthcare access and for monitoring the effectiveness of initiatives aimed at reducing healthcare access barriers.

Study Purpose and Financial Support

The purpose of the Study on which this document reports was to collect data on access to healthcare in South Central Louisiana, specifically in Iberia Parish. Data so collected could be used to serve as a baseline for Healthy People 2010 initiatives in Iberia Parish. Goals of the Study were to identify current problems and to gauge their magnitude. The underlying causes of access problems can be investigated in more depth now that this initial assessment has been completed. The Study was funded by a grant from The LSU Foundation / Pfizer, Inc.

Study Leadership and Partnerships

This Study was directed by the Health Informatics Center of Acadiana (HICA) at the University of Louisiana at Lafayette, which was responsible for the development and application of the methodology called *Louisiana HABITS (Healthcare Access Barriers In The State)* and for analysis of all Study data.

Intended Audiences

The authors of this report recognize that the principal audience for the results of this Study is the Iberia Parish Community Health Network. Potential leaders of healthcare access improvement initiative may also be interested, as may other researchers. This report is intended primarily for the first two audiences, providing moderately detailed information reflecting findings of the primary research efforts of this Study.

What Is a “Healthcare Access Barrier”?

For the purposes of this Study, a household is said to experience a “barrier to access to healthcare services” if any one or more of the following three situations exist.

1. *In the last 12 months*, one or more household members had **some problem obtaining healthcare services**, including:
 - a) Difficulty in obtaining care.
 - b) Delayed seeking care.
 - c) Did not receive the care they thought they should have.
2. *In the last 12 months*, one or more household members had **some problem obtaining medications** that had been prescribed for them.
3. *Currently*, one or more household members **lack health insurance coverage** or a “medical card.”

Why Are People Vulnerable to Healthcare Access Barriers?

Healthy People 2010: Understanding and Improving Health identifies three categories of barriers that may affect a person’s or a household’s ability to obtain access to healthcare services:

- “**Financial barriers** include not having health insurance, not having enough health insurance to cover needed services, or not having the financial capacity to cover services outside a healthplan or insurance program.”
- “**Structural barriers** include the lack of primary care providers, medical specialists, or other healthcare professionals to meet special needs or the lack of healthcare facilities.”
- “**Personal barriers** include cultural or spiritual differences, language barriers, not knowing what to do or when to seek care, or concerns about confidentiality or discrimination.”

Lack of transportation to a distant healthcare provider can constitute a barrier that is simultaneously financial, structural, and personal.

STUDY METHODS

The investigation involved a census of primary healthcare providers, application of a healthcare consumer survey, and review of healthcare services utilization data from the state hospital system, the Medicaid program, the Louisiana Office of Public Health, and the Louisiana Hospital Association.

Consumer Perceptions and Demand for Healthcare Services

Summary. The Study Team felt that data reported previously from the Behavioral Risk Factor Surveillance System (BRFSS) – sponsored by the Centers for Disease Control and Prevention (CDC) and administered statewide on a monthly basis by the Louisiana Office of Public Health (OPH) – was based on a sample size insufficient to justify confidence for local use. The Study reviewed the most current U. S. Census Bureau data, to determine the population and number of households and to set criteria for random sample size sufficient to yield 95% predictive confidence, with a maximum error rate of $\pm 10\%$. The UL Lafayette-developed computer-assisted consumer survey *Louisiana HABITS (Healthcare Access Barriers In The State)* was then employed to gather data from a random sample of at least 96 households with telephones, to determine the proportion of the **general population** of households that report having a healthcare access barrier. In addition, to obtain a better “profile” of households with barriers, the Study Team conducted in-person interviews at locations where persons whose households likely had healthcare access barriers might have been readily found. Data from at least 96 households in the “**barrier population**” were thus gathered, using interviewing locations that included the food stamp office, the health unit, the courthouse, public hospital emergency rooms and clinics, and even rural grocery stores and laundromats.

Preparation for the survey. In its planning to understand consumer perceptions and demand for healthcare services, the Study Team took on the task of answering the question: How should the percentage of all households in the **General Population** that have “healthcare access barriers” be most easily and accurately determined? The working definition of “healthcare access barrier” was stated previously in this report. A fundamental concern was protection of respondent confidentiality. The Study Team recognized that a random-digit-dialed telephone interview method would be preferred, due to low cost when compared to in-person interviewing and high compliance when compared to mailed surveys.

The Study Team was concerned, however, that prior surveys using a telephone-only interviews were inaccurate when a certain fraction of all households have no telephone. A review of U. S. Census 2000 data suggested that 5.1% of households in Iberia Parish were without working telephones at that time. This represents an improvement from 9.7% reported by the 1990 Census. It may be reasonable to assume that the proportion of households without telephones has likely fallen due to the increased use of cellular telephones in the decade of the 1990s. Still, any non-zero percentage is likely to have some impact on the results of a “healthcare access barriers” study, since many of the households that lack telephones are the same ones that have a “healthcare access barrier.” The Team therefore developed an approach to

sampling households with no telephones, one that supplemented the random-dialed telephone interview round with a round of in-person interviews, in which persons from households without telephones were actively sought out.

A much more important potential byproduct of the telephone round plus in-person round approach soon became evident. A more in-depth profile of the households in a **Barrier Population** could be obtained by combining the barrier households identified in the random telephone sample with barrier households identified in an expanded in-person interview sample. In addition to allowing the computation of a “no phone” adjustment to the findings of the random-digit-dialed telephone survey, the Study could also gain statistically significant predictive knowledge of the underlying causes of the barriers, including the following:

- Main reason cited by those reporting a problem obtaining healthcare services,
- Main reason cited by those reporting a problem obtaining prescribed medications,
- Main reason cited by those reporting lack of insurance, and other pertinent statistics.

Sample size determination. The Study Team determined its preferred sample size as 96 households in the general population and also 96 households in the Barrier Population, to yield an error interval of $\pm 10\%$ at a 95% level of predictive confidence. To achieve a $\pm 5\%$ interval, the Study would have had to quadruple its interviews of each population in each parish, a target that was beyond the reach of budgeted resources and time. To achieve a $\pm 2.5\%$ interval, a nearly fifteen-fold increase in interviews would have been necessary.

FINDINGS

Selected findings of this study are detailed in narrative, tabular, graphical, and map form in the remaining pages of this report. Findings are organized into sections as follows:

- Consumer Perceptions and Demand for Healthcare Services, including responses from the following *Louisiana HABITS* survey sequences:
 - *Louisiana HABITS* Household Sequence
 - *Louisiana HABITS* Barriers Sequence
 - *Louisiana HABITS* Care Source Sequence
 - *Louisiana HABITS* Satisfaction Sequence
 - *Louisiana HABITS* Health Status Sequence
 - *Louisiana HABITS* Demographics Sequence

Consumer Perceptions and Demand for Healthcare Services

The tables, charts, graphs, and maps appearing in this section document responses of the General Population and the Barrier Population to questions in the *Louisiana HABITS* (Healthcare Access Barriers In The State) methodology developed by the Health Informatics Center of Acadiana at The University of Louisiana at Lafayette. *Louisiana HABITS* is currently in use in the Acadiana region of South Central Louisiana to document healthcare access barriers there as part of the Louisiana Rural Health Access Program.

Louisiana HABITS Household Sequence

The “Household Sequence” of question in the *Louisiana HABITS* interview included questions about the size and make-up of the household that the respondent was representing.

Household Sequence Questions		General Population (190 Households)	Barrier Population (96 Households)
Question Identifier	Full Text of the Question		
<i>Adults:</i>	<i>Counting yourself, how many adults are among the family members in your household?</i>	397 (2.1 / household)	224 (2.3 / household)
<i>S105a:</i>	<i>How many children for whom you make healthcare decisions live in your household and are less than 5 years old?</i>	57 (0.30)	62 (0.65)
<i>S105b:</i>	<i>How many children for whom you make healthcare decisions live in your household and are 5 through 12 years old?</i>	82 (0.43)	61 (0.64)
<i>S105c:</i>	<i>How many children for whom you make healthcare decisions live in your household and are 13 through 17 years old?</i>	56 (0.29)	28 (0.29)
<i>Seniors:</i>	<i>How many persons 65 years of age or older are among the family members in your household?</i>	50 (0.26)	18 (0.19)
<i>WrkngPhn:</i>	<i>Do you have a working phone in your household?</i>	100%	90.6%
<i>Internet:</i>	<i>Do you have access to the Internet from your household?</i>	47.4%	34.4%

Louisiana HABITS Barriers Sequence

The “Barriers Sequence” of questions in the *Louisiana HABITS* interview included questions about problems experienced by family members in the household that the respondent was representing. Responses to questions in this sequence formed this Study’s basis for determination of the responding household’s membership in the “Barrier Population.”

<p align="center">Healthcare Access Barriers in Iberia Parish</p>	<p align="center"><u>General Population</u> based on a random sample, conducted by telephone, of 190 households <u>with</u> working telephones</p>	<p align="center"><u>“No-Phone Population”</u> based on a random sample, conducted in person, of 9 households <u>without</u> working telephones</p>	<p align="center"><u>“No-Phone Adjusted General Population”</u> weighted according to the proportion of households estimated to be <u>with</u> working telephones vs. <u>without</u> working telephones: 94.9% vs. 5.1% in 2000</p>
<p>One or more household members had some problem in the last 12 months ...</p> <p>1. <u>Problem obtaining healthcare services</u>, including</p> <p>a) <u>Difficulty</u> in obtaining care</p> <p>b) <u>Delayed</u> seeking care</p> <p>c) <u>Did not receive</u> the care they thought they should have</p>	<p>17.4%</p>	<p>55.6%</p>	<p>19.3%</p>
<p>2. <u>Problem obtaining prescribed medications</u></p>	<p>10.0%</p>	<p>66.7%</p>	<p>12.9%</p>
<p>One or more household members currently ...</p> <p>3. <u>Lack of health insurance coverage</u> or a “medical card”</p>	<p>21.6%</p>	<p>88.9%</p>	<p>25.0%</p>
<p>Overall percentage of “Barrier Households”</p>	<p>33.2%</p>	<p>100.0%</p>	<p>36.6%</p>

Iberia Parish: Demographic Distribution of Respondents in Households with Healthcare Access Barriers

(Totals in each category may not add to less than 100% due to refused answers; employment status category may add to more than 100% due to multiple employments per respondent.)

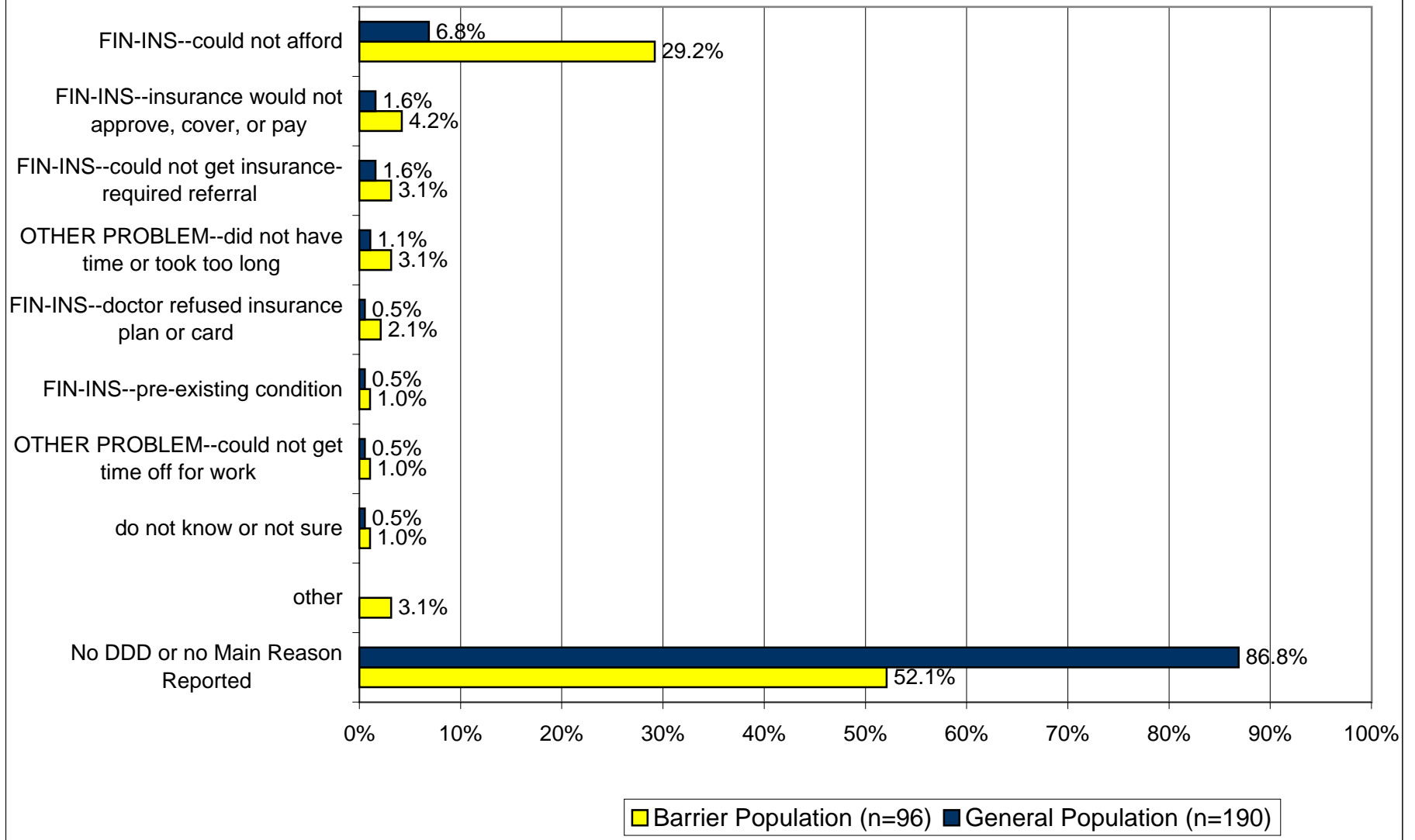
DEMOGRAPHIC CATEGORIES	BARRIER		
	Had Difficulty Obtaining, Delayed, or Did not Receive Needed Care, in last 12 months (58 cases)	Had Problems Obtaining Prescribed Medications, in last 12 months (39 cases)	Lack Health Insurance, currently (69 cases)
Age			
17-29	29.3%	30.8%	37.7%
30-39	15.5%	10.2%	20.3%
40-49	27.6%	25.7%	17.4%
50-59	20.7%	20.5%	21.7%
60-69	1.7%	0.0%	1.4%
70-79	3.4%	10.2%	1.4%
80+	1.7%	2.6%	0.0%
Race			
White – Caucasian	56.9%	41.0%	52.2%
Black – African-American	37.9%	53.8%	42.0%
Other or multi-cultural	5.1%	5.2%	5.7%
Spanish or Hispanic Origin			
Yes	17.2%	15.4%	15.9%
No	81.0%	84.6%	82.6%
Marital Status			
Married	53.4%	46.2%	43.5%
Single (widowed, divorced, separated, never married)	46.6%	53.8%	56.5%
Highest Grade or Year of School Completed			
Grades 1-8 (or K only or else never attended)	3.4%	10.3%	7.2%
Grades 9-11	24.1%	38.5%	30.4%
Grades 12 or GED (graduated high school)	41.4%	35.9%	43.5%
College 1-3 years	25.9%	12.8%	15.9%
College 4 years or more (college graduate)	5.2%	2.6%	2.9%

Current Employment Status			
Employed Full-Time for Wages Outside the Home	31.0%	23.1%	30.4%
Employed Part-Time for wages Outside the Home	12.1%	10.3%	14.5%
Self-Employed	13.8%	10.3%	13.0%
Out or Work for More than 1 Year	8.6%	7.7%	5.8%
Out or Work for Less than 1 Year	5.2%	2.6%	7.2%
Homemaker	24.1%	25.6%	24.6%
Student	1.7%	0.0%	0.0%
Retired	3.4%	10.3%	1.4%
Unable to Work	5.2%	12.8%	7.2%
Annual Household Income, from all sources			
Less than \$10,000	25.9%	35.9%	29.0%
Between \$10,000 and \$15,000	10.3%	17.9%	15.9%
Between \$15,000 and \$20,000	12.1%	10.3%	10.1%
Between \$20,000 and \$25,000	6.9%	0.0%	4.3%
Between \$25,000 and \$35,000	3.4%	5.1%	13.0%
Between \$35,000 and \$50,000	12.1%	7.7%	5.8%
Between \$50,000 and \$75,000	6.9%	5.1%	4.3%
More than \$75,000	3.4%	0.0%	1.4%

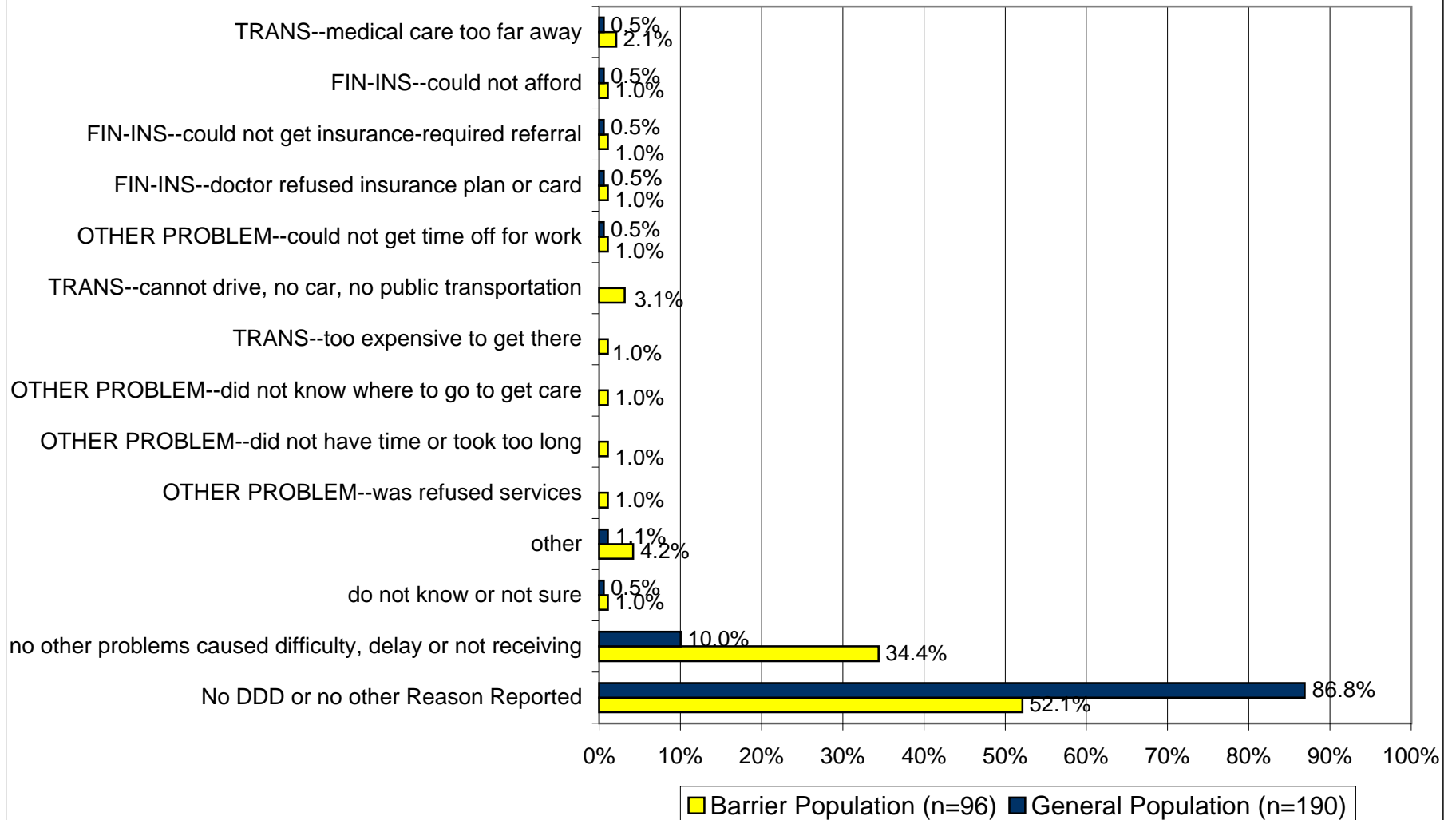
Details from the *Louisiana HABITS* “Barriers Sequence” of questions are given in the next series of charts, comparing responses of the 190 households in the General Population and the 96 households in the Barrier Population:

Question Identifier	Full Text of the Question
AC25-A	<i>What was the MAIN reason that caused family members' difficulty, delay, or not receiving needed health care?</i>
AC26	<i>Were there OTHER problems?</i>
Medicate	<i>Was there a time during the last 12 months when you were unable to get medications which were prescribed for you by a doctor? If so, what were the reasons you could not?</i>
AM23	<i>What kind of problems do you have getting to or from the doctor?</i>
Ins1	<i>"LaCHIP" is the Louisiana Children's Health Insurance Program through which children in low income families can receive health insurance coverage. At this point in time, how many children in your household are covered on a "medical card" from the LaCHIP program?</i>
Ins2	<i>"Medicaid" is a coverage plan for people with very low or no income. At this point in time, how many family members in your household are covered on a "medical card" from the Louisiana Medicaid program?</i>
Ins3	<i>"Medicare" is a coverage plan for people 65 or over and for certain disabled people. At this point in time, how many senior or disabled citizens in your household have Medicare from the Federal government?</i>
Ins3A	<i>"Medicare" has two parts: Part A is automatic and covers hospitalization while Part B is optional and covers doctors' services and other things. At this point in time, how many senior or disabled citizens in your household have the optional Part B coverage for doctors' services?</i>
Ins3B	<i>Some people who have Medicare purchase supplemental insurance to cover things that Medicare doesn't. This insurance is often called MediGap. At this point in time, how many senior or disabled citizens in your household have Medicare supplement coverage?</i>
Ins4	<i>At this point in time, how many family members in your household have health coverage through the military, CHAMPUS, TriCare, or the VA (that is, the Veterans Administration)?</i>
Ins5	<i>At this point in time, how many family members in your household have health coverage through the Indian Health Service?</i>
Ins6	<i>At this point in time, how many family members in your household have health insurance through a plan sponsored by an employer?</i>
Ins7	<i>How many family members in your household have health insurance which they purchase on their own either because they are self-employed or because their employer does not offer coverage?</i>
Ins8	<i>How many family members in your household have NO "medical card" or other form of health insurance?</i>
M41	<i>What is the MAIN reason that family members in your household are now without healthcare coverage?</i>
S25	<i>About how long has it been since family members in your household had health care coverage?</i>

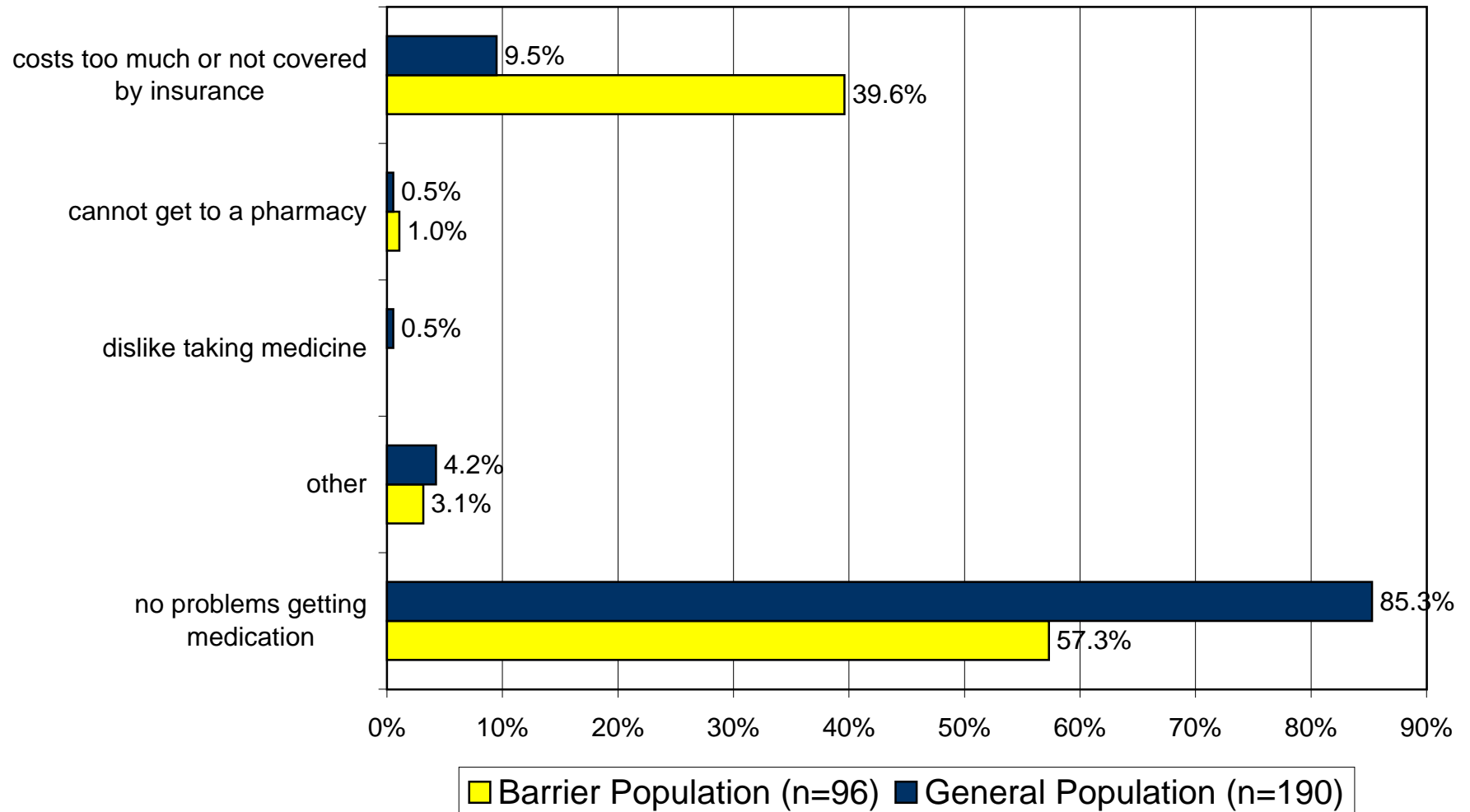
AC25-A: Main reason causing "Difficulty" in obtaining care, "Delayed" obtaining care, or "Did not Receive" needed care



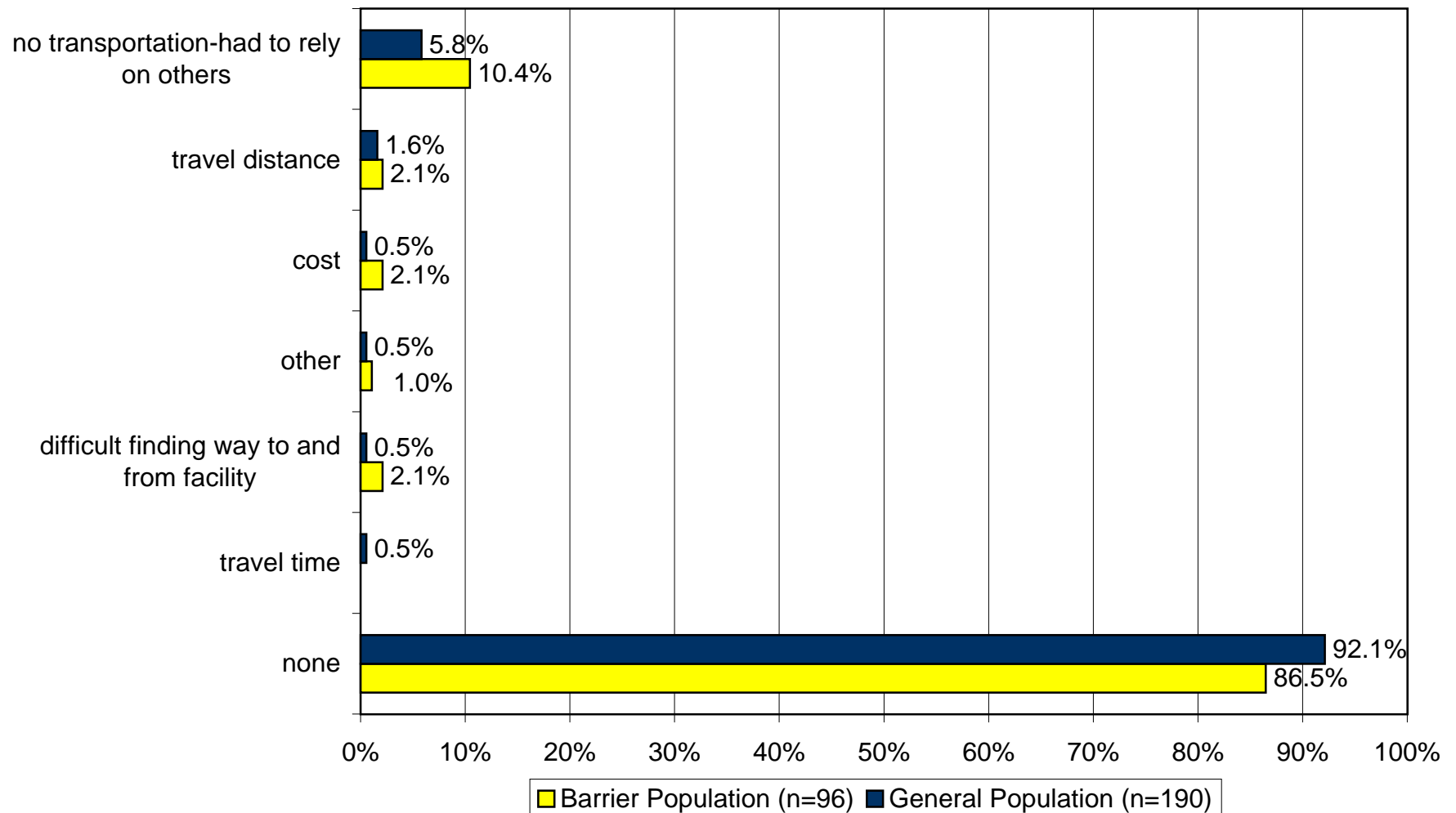
AC26: Other problems causing "Difficulty" in obtaining care, "Delayed" obtaining care, or "Did not Receive" needed care



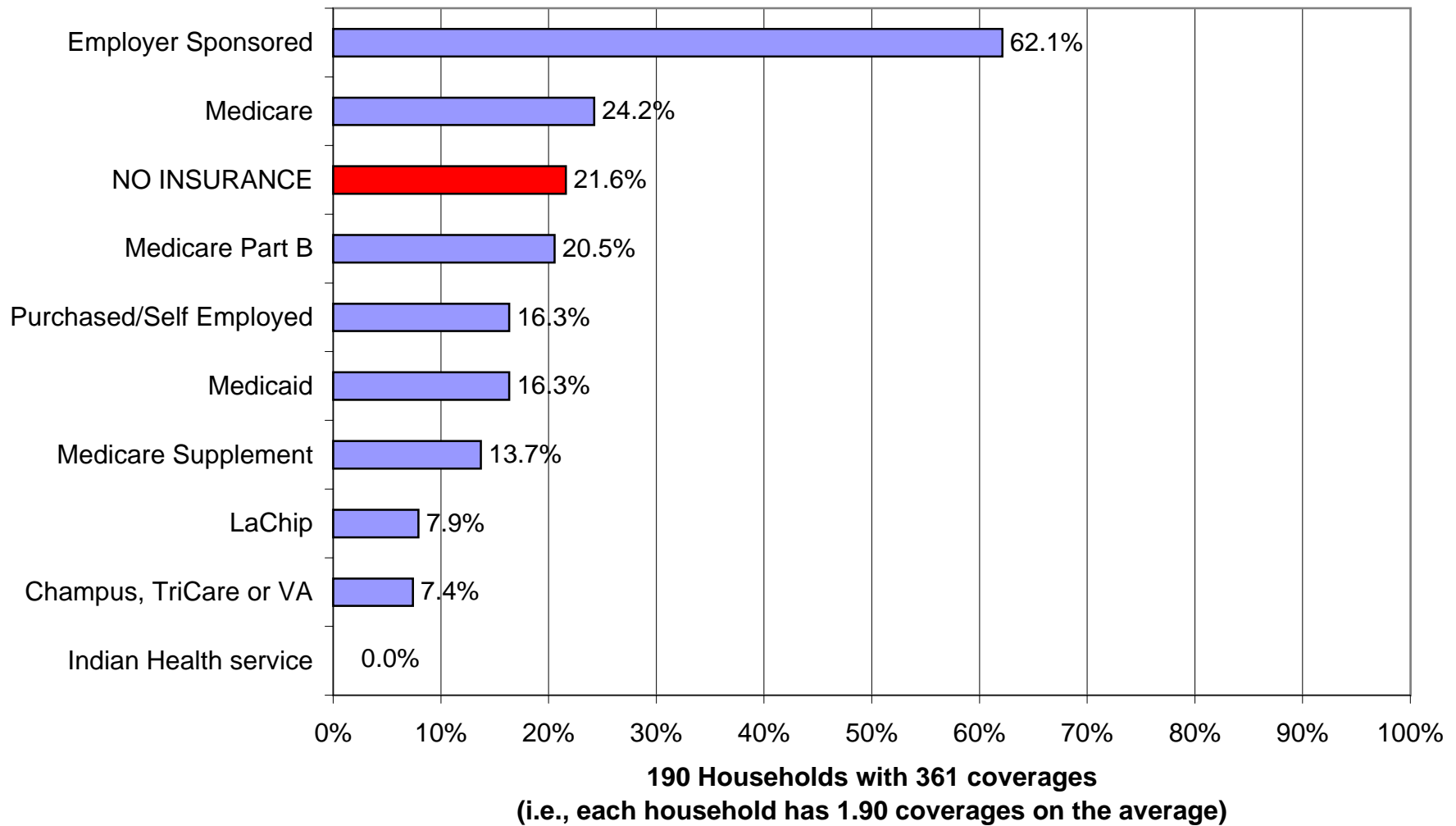
Medicate: Problems with Obtaining Prescribed Medication



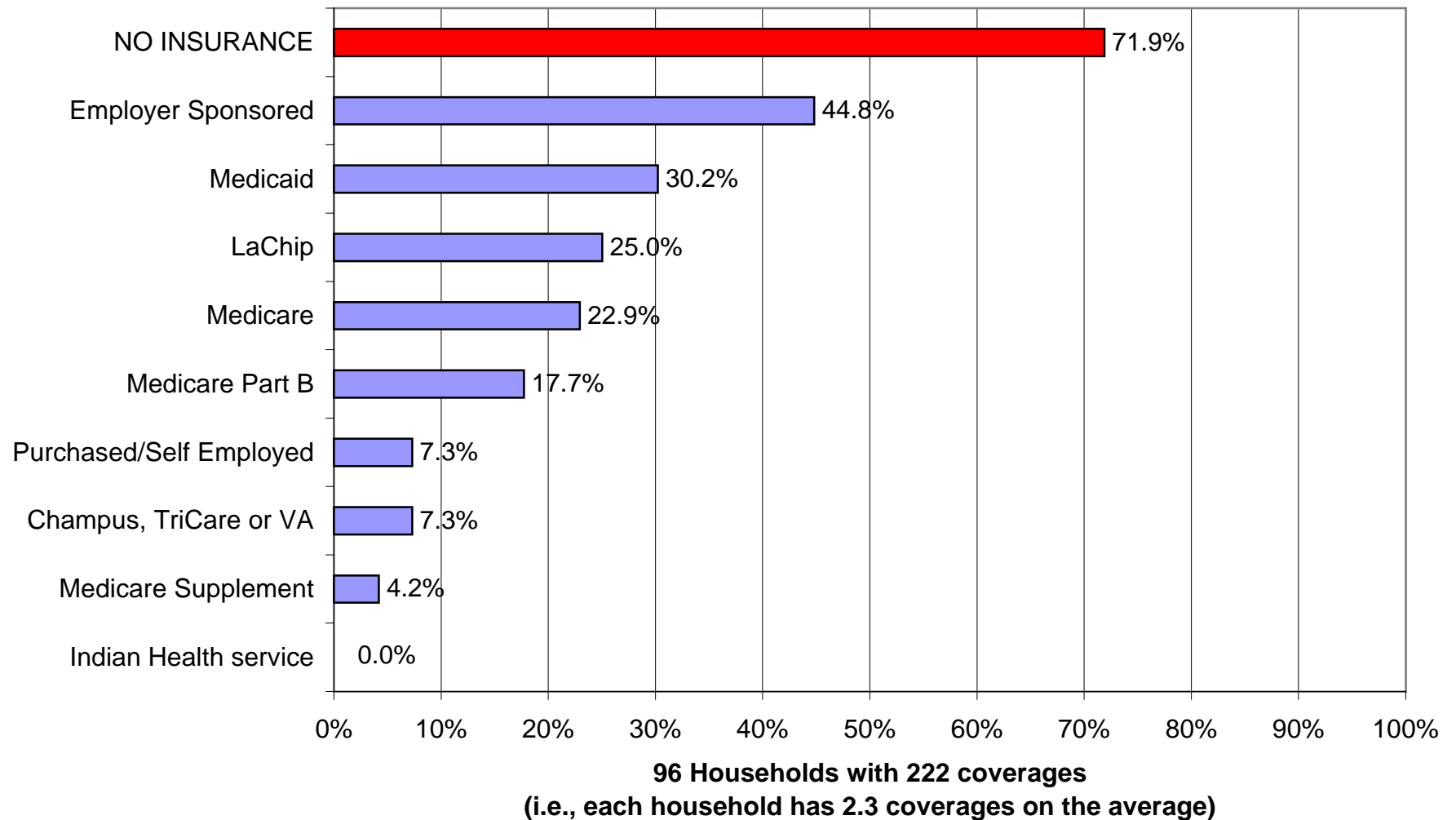
AM23: Problems Getting To and From the Doctor



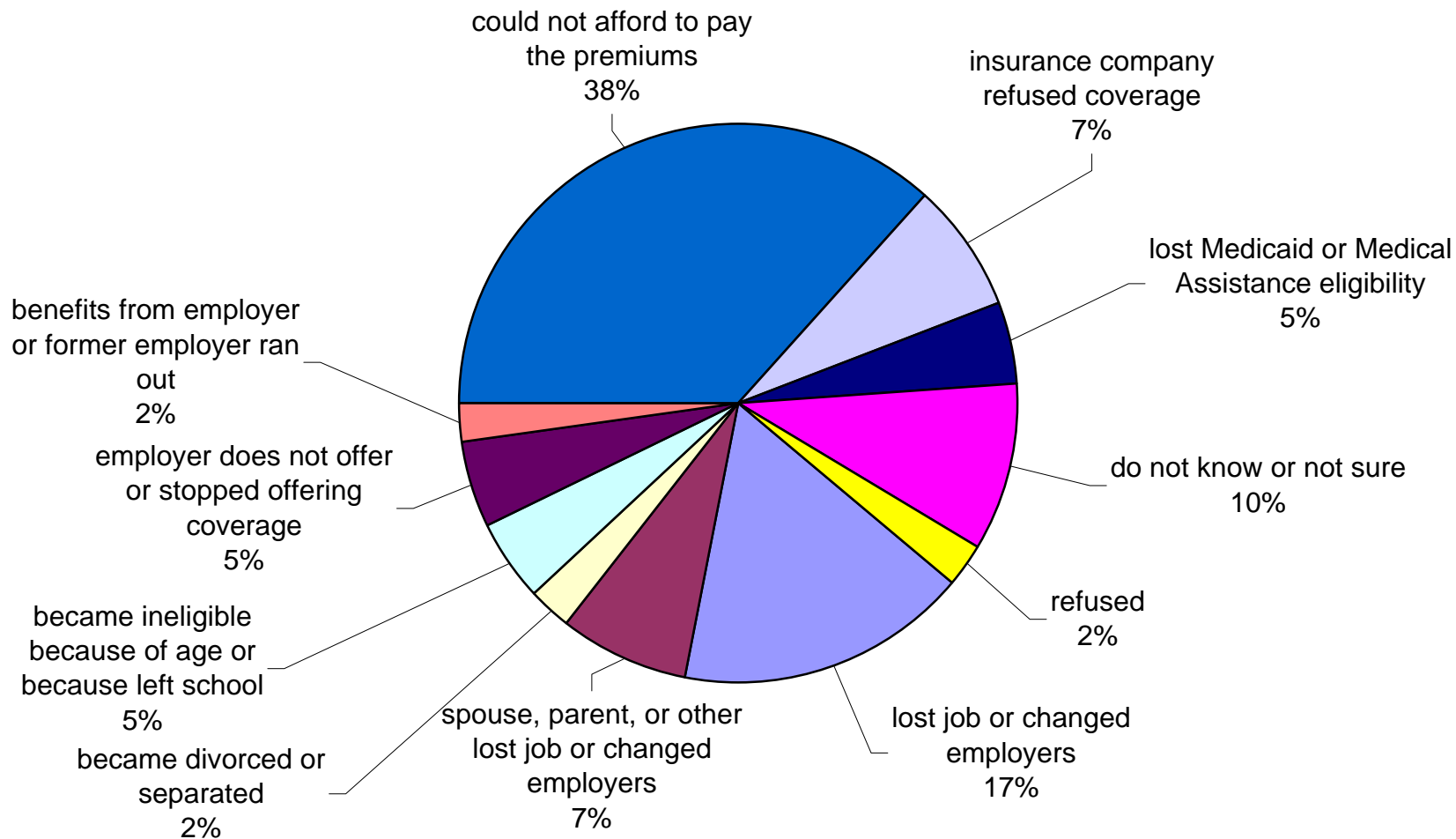
Ins 1-Ins 8: Percentage of "General Population" households having at least one person with listed health coverages



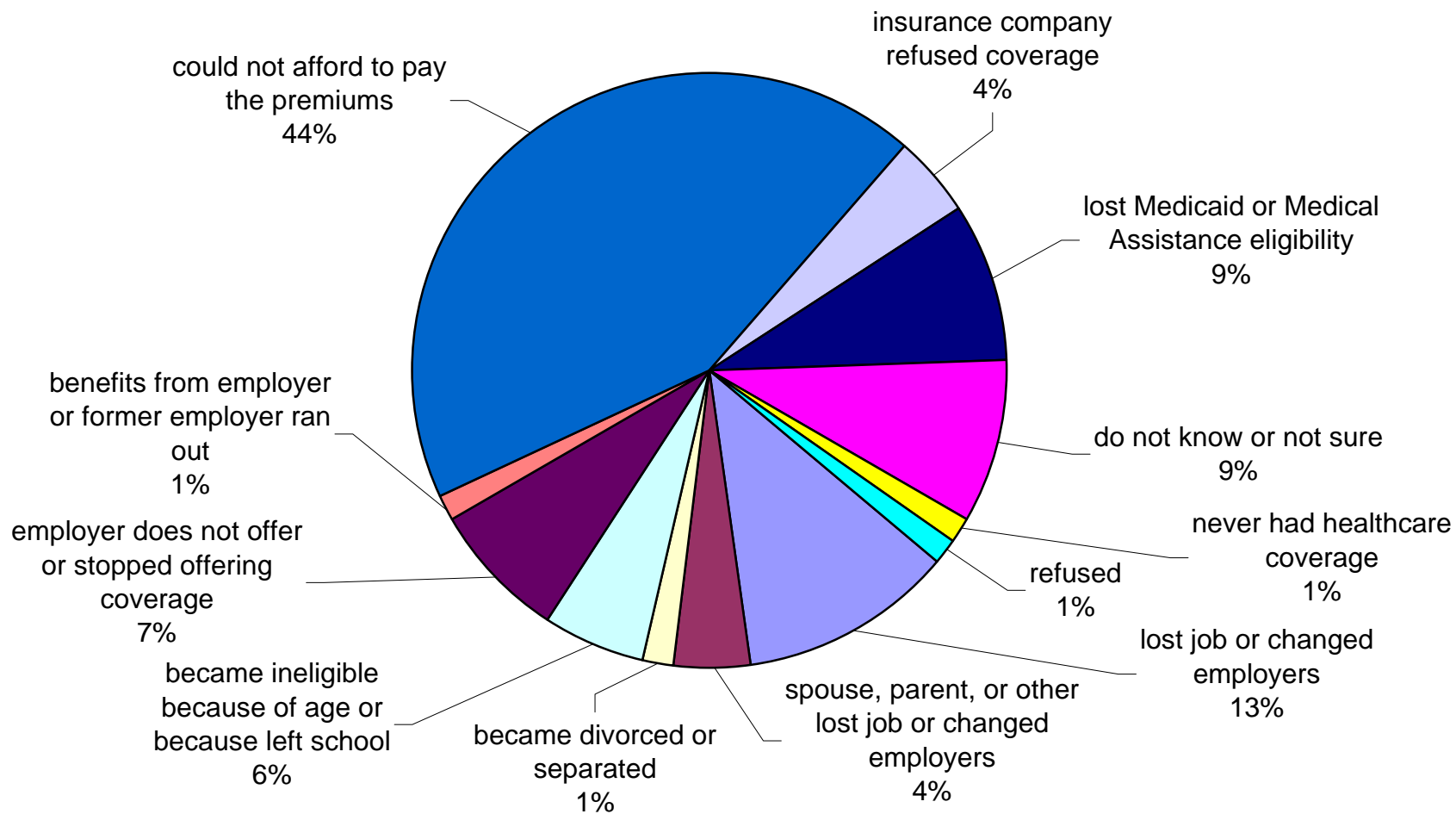
Ins 1-Ins 8: Percentage of "Barrier Population" households having at least one person with listed health coverages



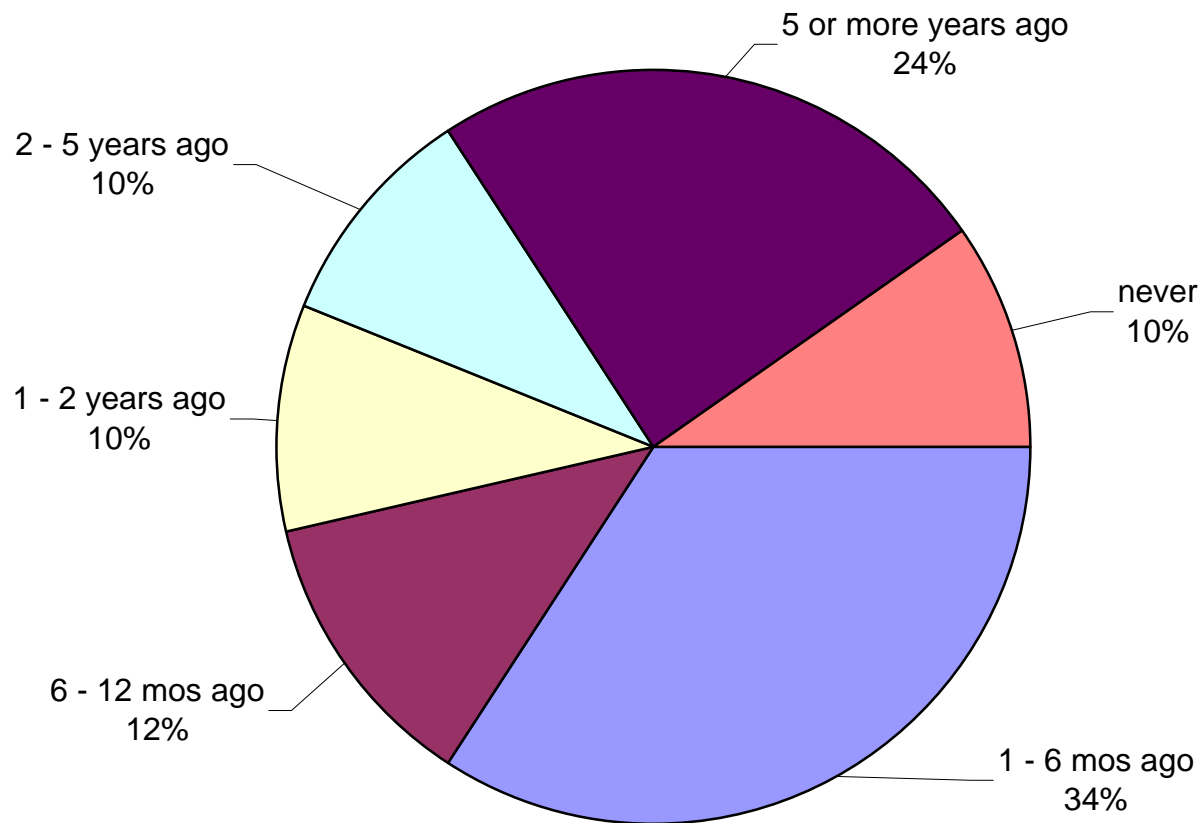
M41: MAIN reason "General Population" family members are without coverage (based on 41 households without coverage)



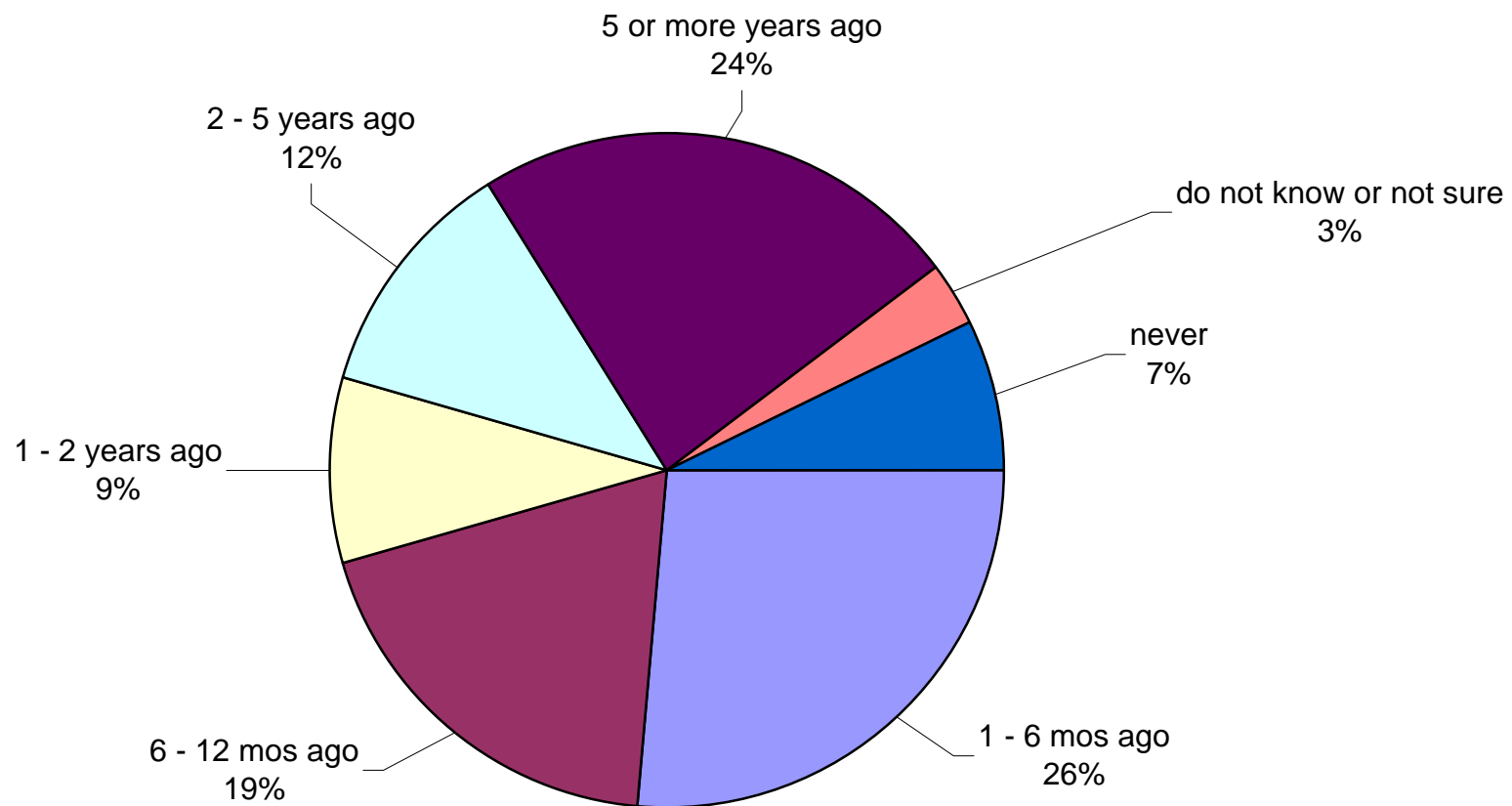
M41: MAIN reason "Barrier Population" family members are without coverage (based on 69 households without coverage)



**S25: How long since "General Population" family members had healthcare coverage?
(based on 41 households without coverage)**



**S25: How long since "Barrier Population" family members had healthcare coverage?
(based on 69 households without coverage)**



Louisiana HABITS Care Source Sequence

The “Care Source Sequence” of questions in the *Louisiana HABITS* interview included questions about the source of care utilized by family members in the household that the respondent was representing.

Question

Identifier

Full Text of the Question

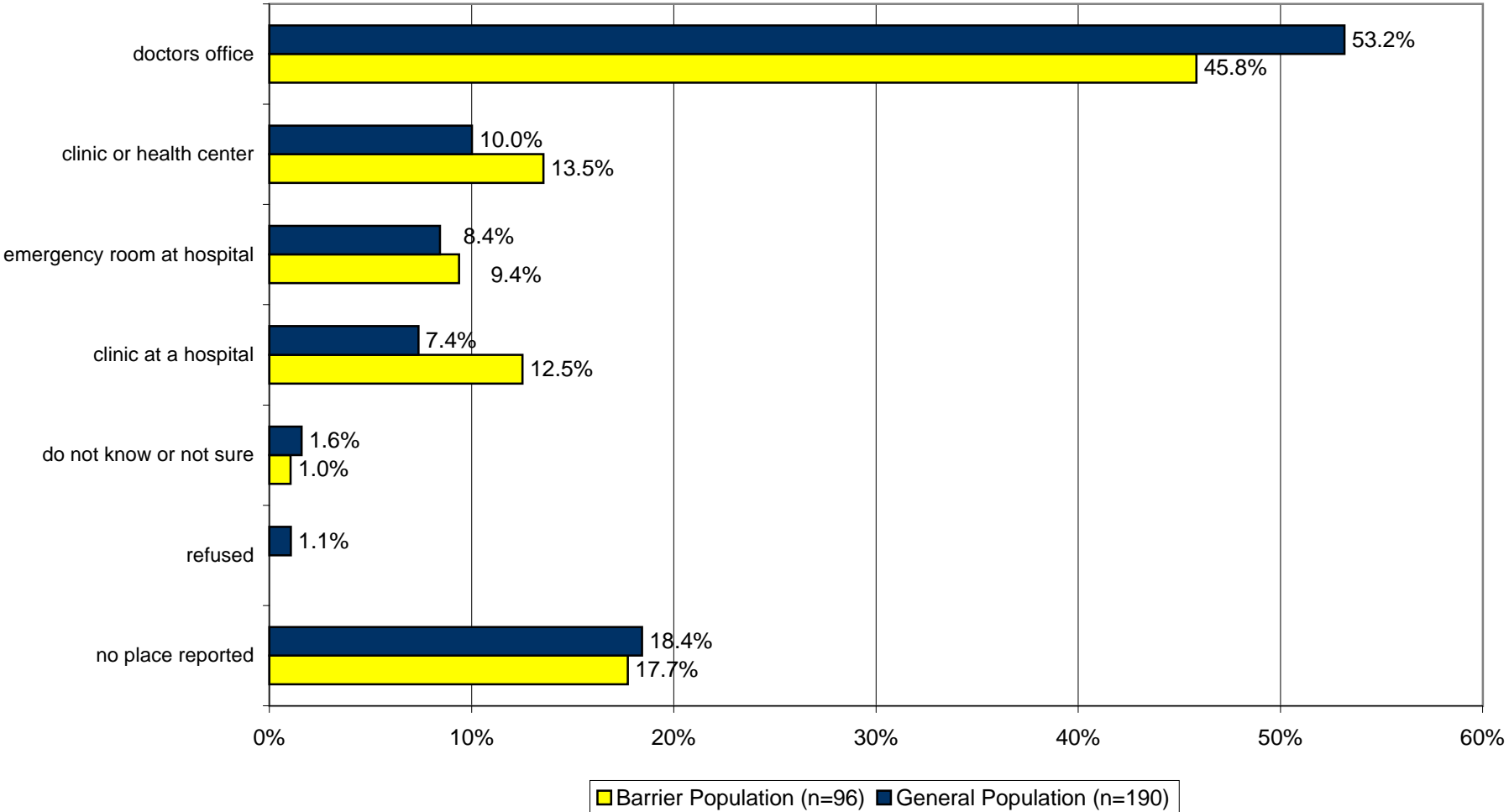
- M44 *If there is ONE PARTICULAR clinic, health center, doctor's office, or other place that the family members in your household usually go to if they are sick or need advice about their health, what kind of a place is that?*
- M45 *Do you have one person you think of as your household's MAIN personal doctor or health care provider?*
- S27 *About how long has it been since the family members in your household last had a checkup, for instance, a physical exam to screen for undetected problems?*

Analysis of responses to question M44 (“place you go most often”) reveals that 89.9% of the General Population goes most often to a provider location within Iberia Parish while 10.1% travel to a provider location outside of the Iberia Parish. These proportions vary somewhat when the no-phone population and the barrier population (and its subgroups) are considered:

Population (# responses / # interviews)	“Place gone most often for healthcare” is within Iberia Parish	“Place gone most often for healthcare” is outside of Iberia Parish
General Population (150 / 190)	89.9%	10.1%
No-Phone Population (7 / 9)	71.4%	28.6%
Barrier Population (78 / 96)	88.2%	11.8%
DDD Population (44 / 58)	86.0%	14.0%
MedsProb Population (34 / 39)	79.4%	20.6%
No-Insurance Population (59 / 69)	89.7%	10.3%

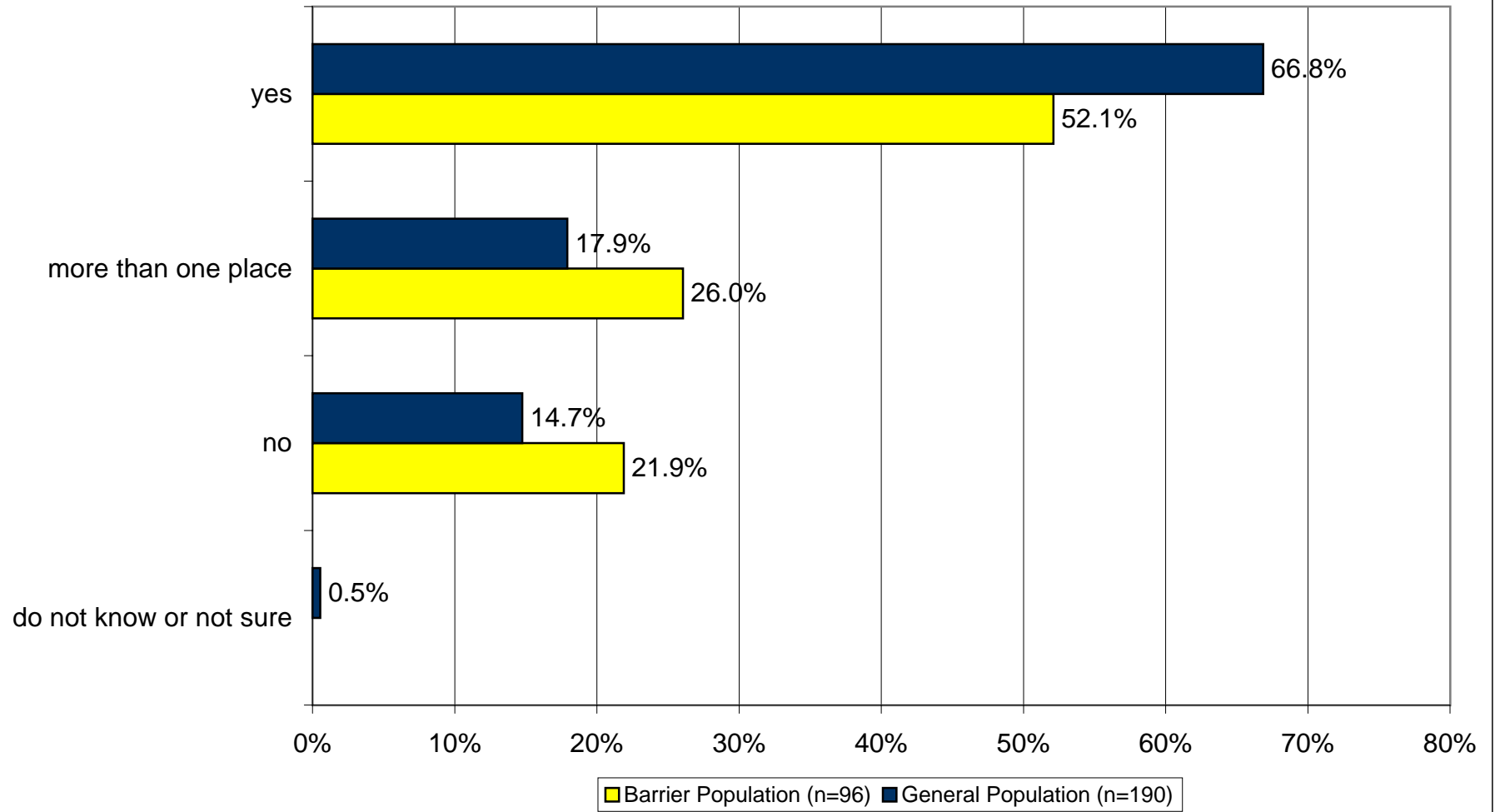
The series of graphs of the following pages depict responses of the General Population and the Barrier Population to questions in the *Louisiana HABITS* Care Source Sequence.

M44: Place that family members go most often for healthcare

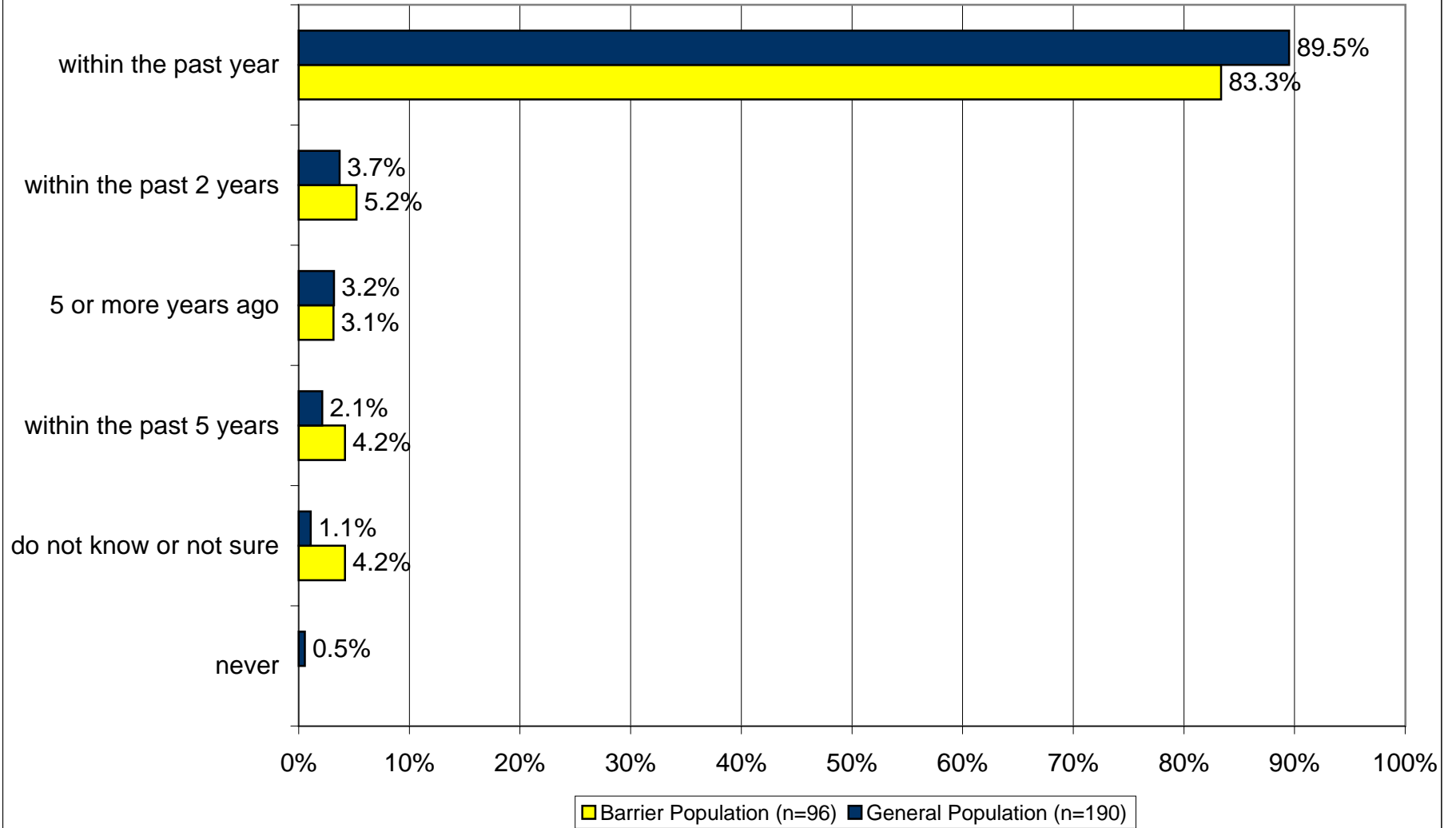


Source: Iberia Parish HABITS 2002

M45: Do you have one person you think of as your household's MAIN personal doctor or healthcare provider?



S27: How long since family members' last checkup?



Louisiana HABITS Satisfaction Sequence

The “Satisfaction Sequence” of questions in the *Louisiana HABITS* interview included questions about the convenience of accessing the source of care utilized by family members in the household that the respondent was representing. The responses do not necessary represent the overall “satisfaction” of the respondents with any particular source of care, but rather represent the overall accessibility of healthcare providers utilized by respondents.

Question

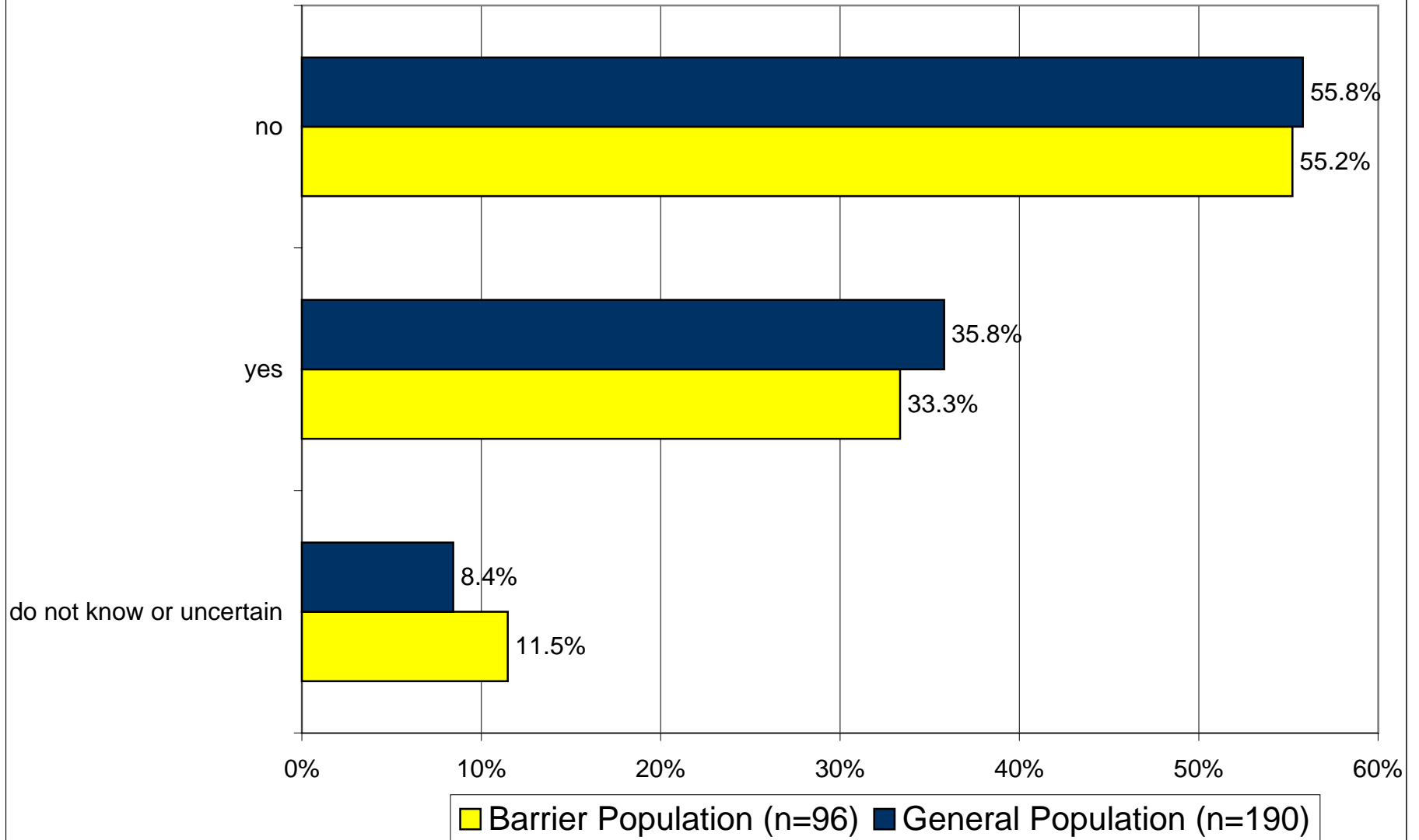
Identifier

Full Text of the Question

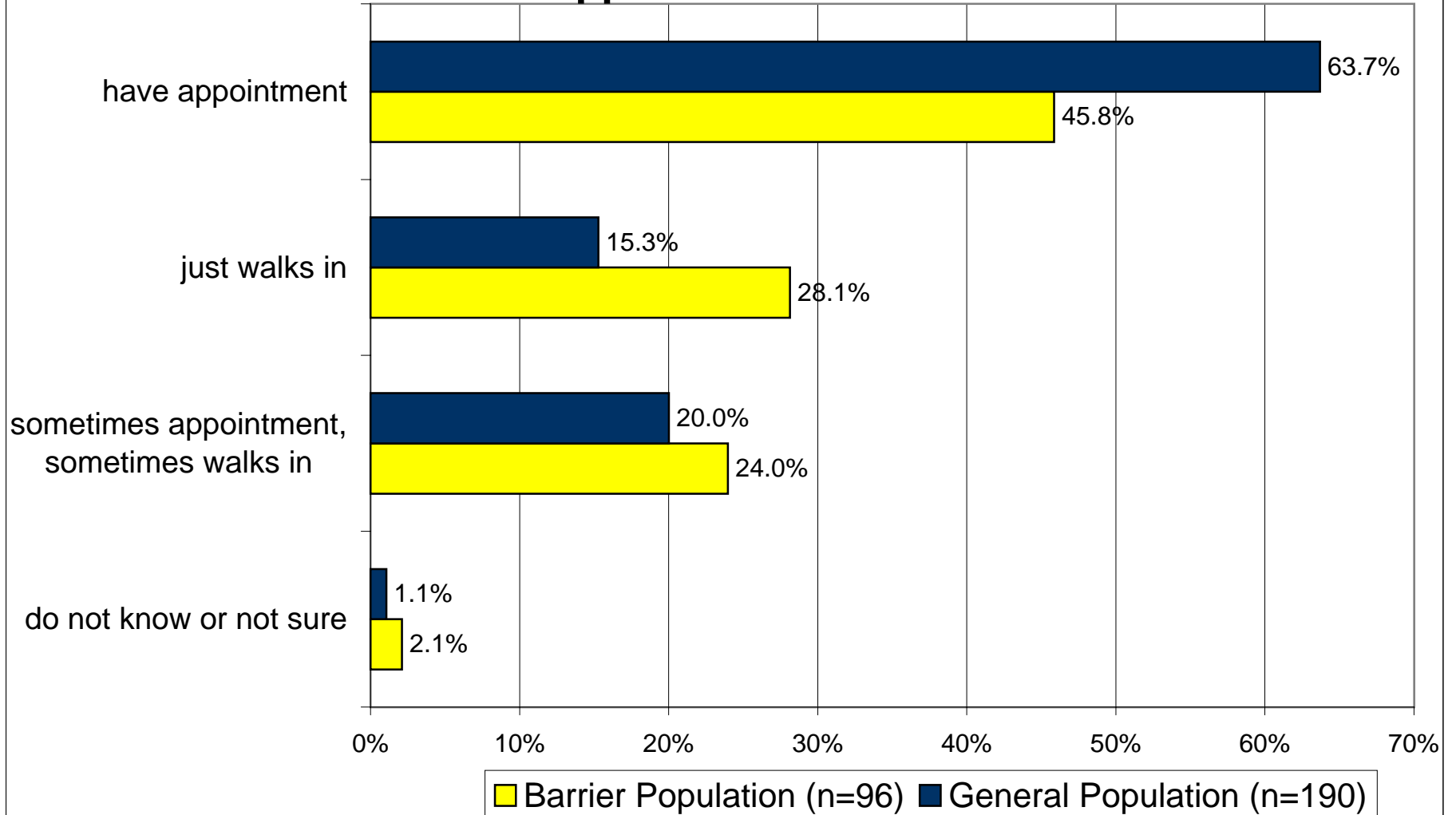
AC15	<i>Does [_____] / the place you most often go when you need healthcare] have office hours at night or on weekends?</i>
AC16	<i>When you go there, do you usually have an appointment ahead of time, just walk in, or sometimes have an appointment and sometimes not?</i>
AC17	<i>How difficult is it to get appointments there on short notice, for example, within one or two days?</i>
AC18	<i>After you arrive there, about how long do you usually have to wait before being seen?</i>
AC19	<i>How difficult is it to contact them over the telephone about a health problem?</i>
AC19B	<i>Do they usually ask about prescription medications and treatment other doctors may give you?</i>

The series of graphs of the following pages depict responses of the General Population and the Barrier Population to questions in the *Louisiana HABITS* Satisfaction Sequence.

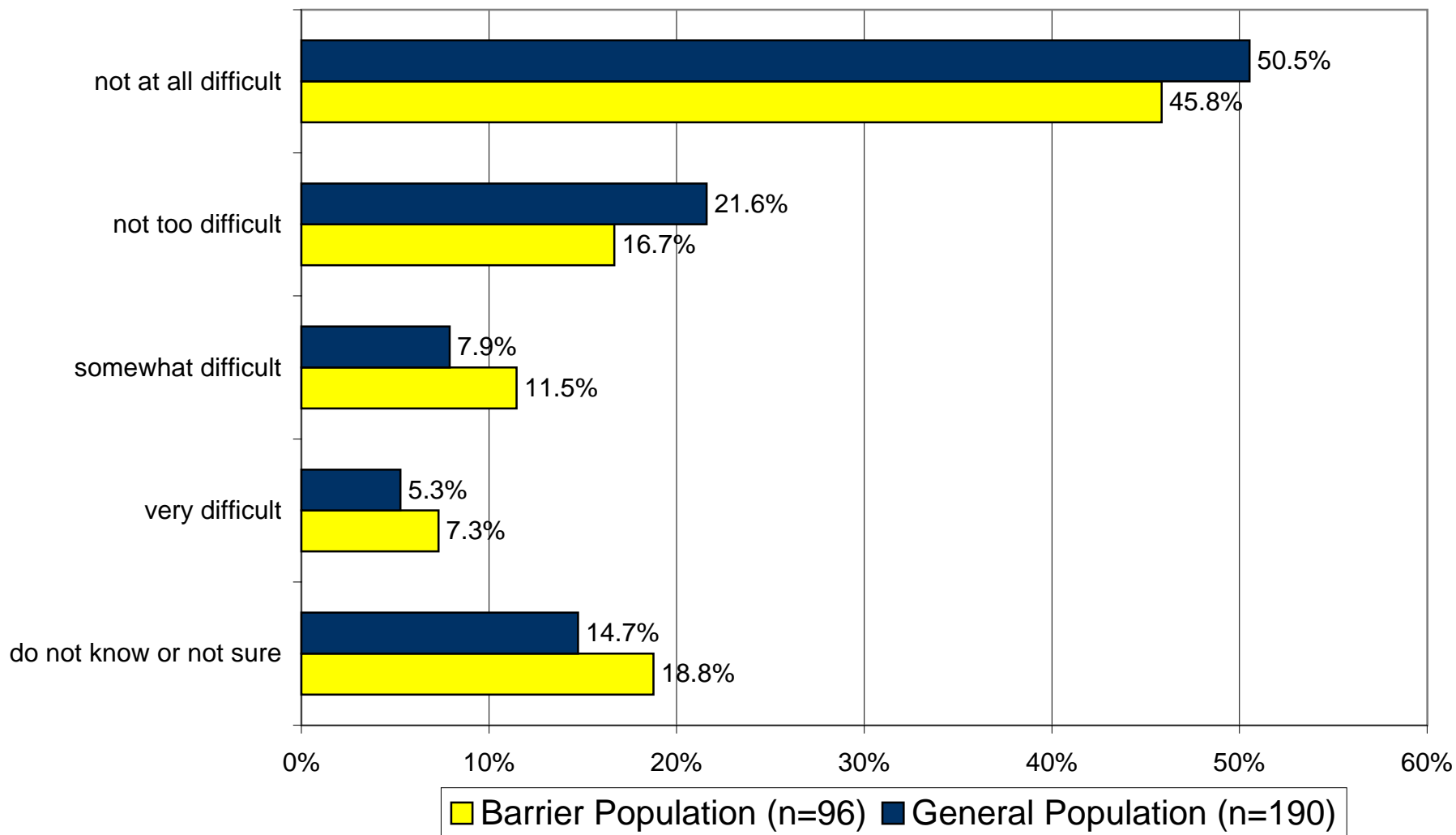
AC15: Office hours nights or weekends?



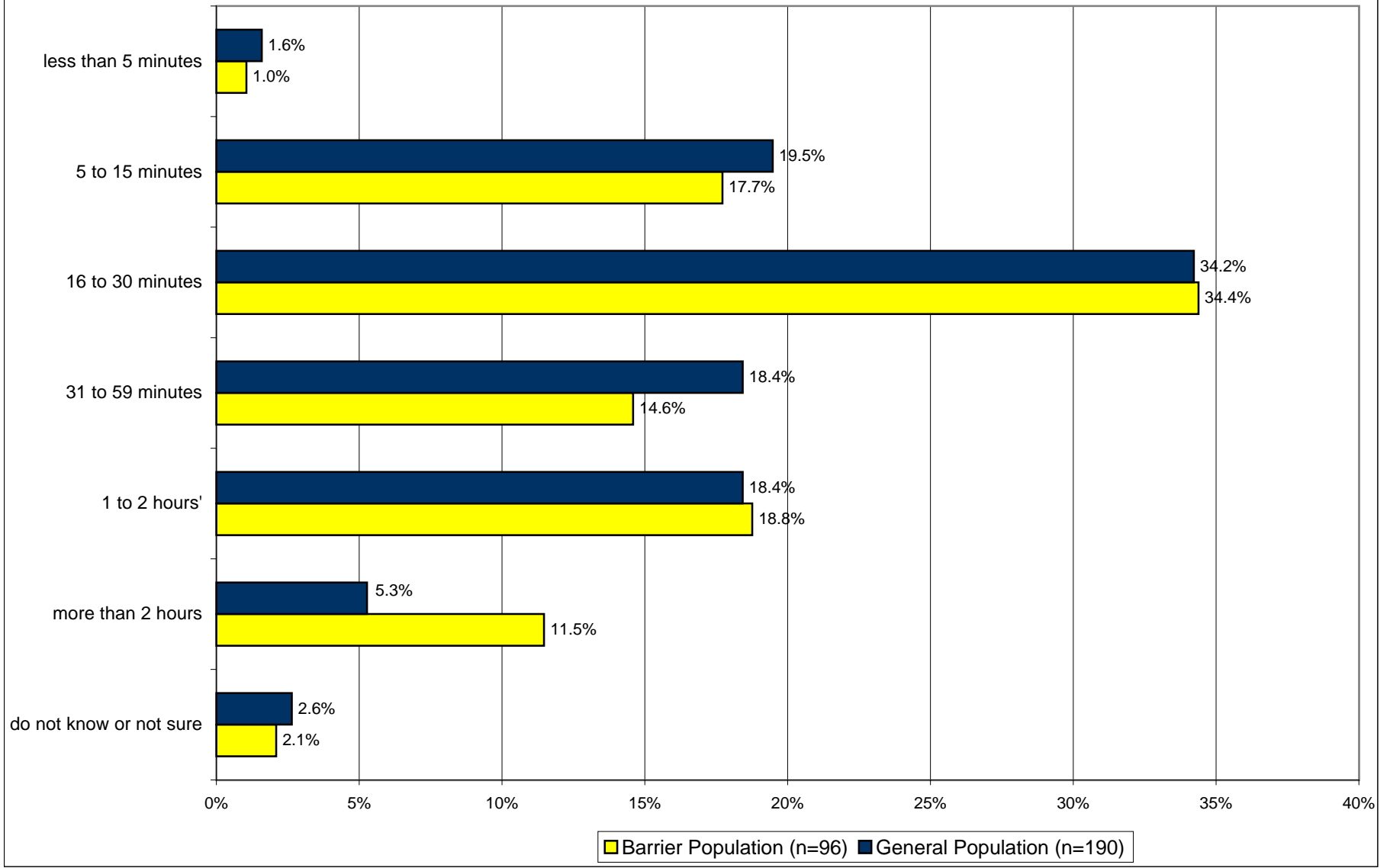
AC16: Appointment or Walk-in?



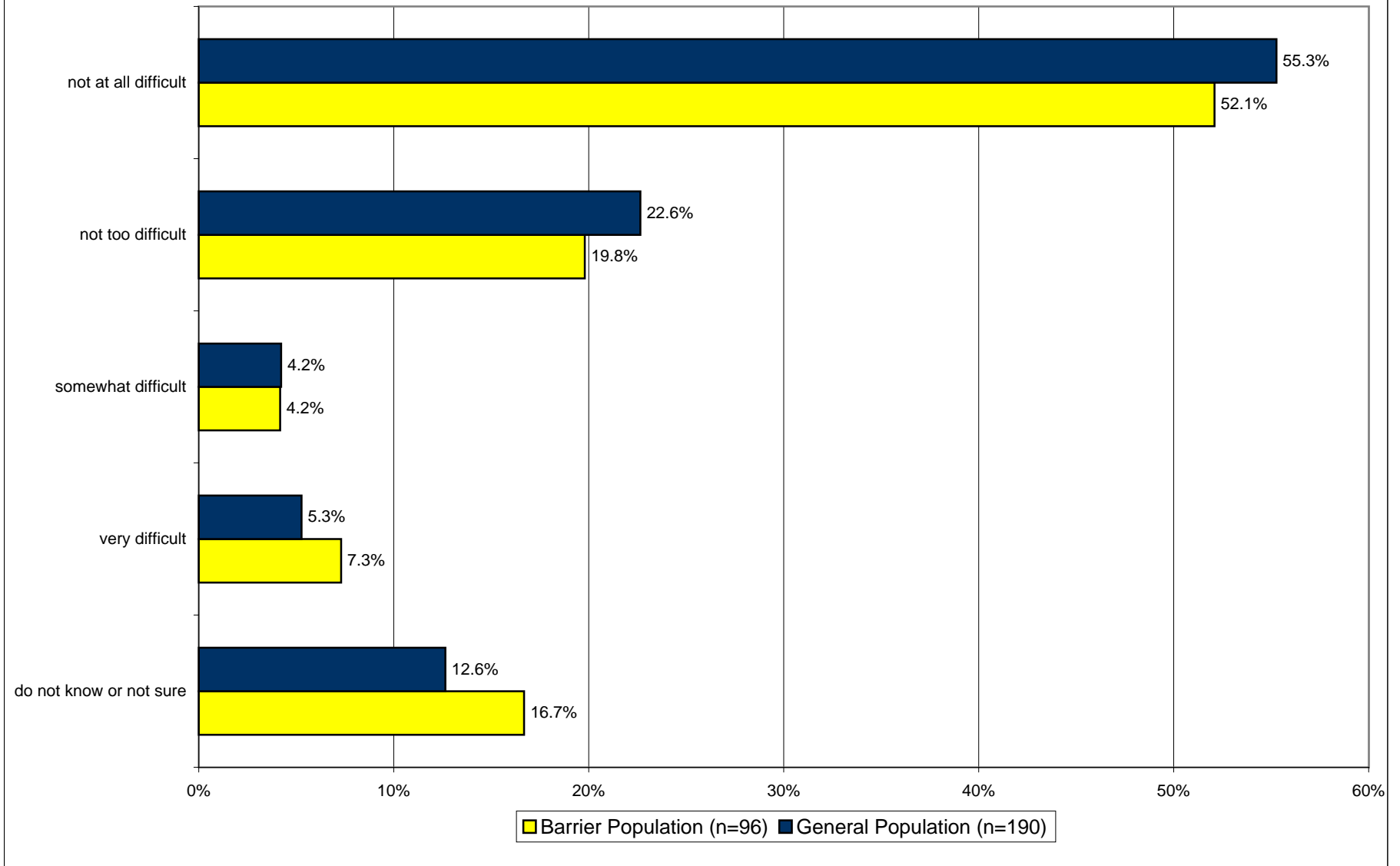
AC17: Is it difficult to get an appointment on short notice?



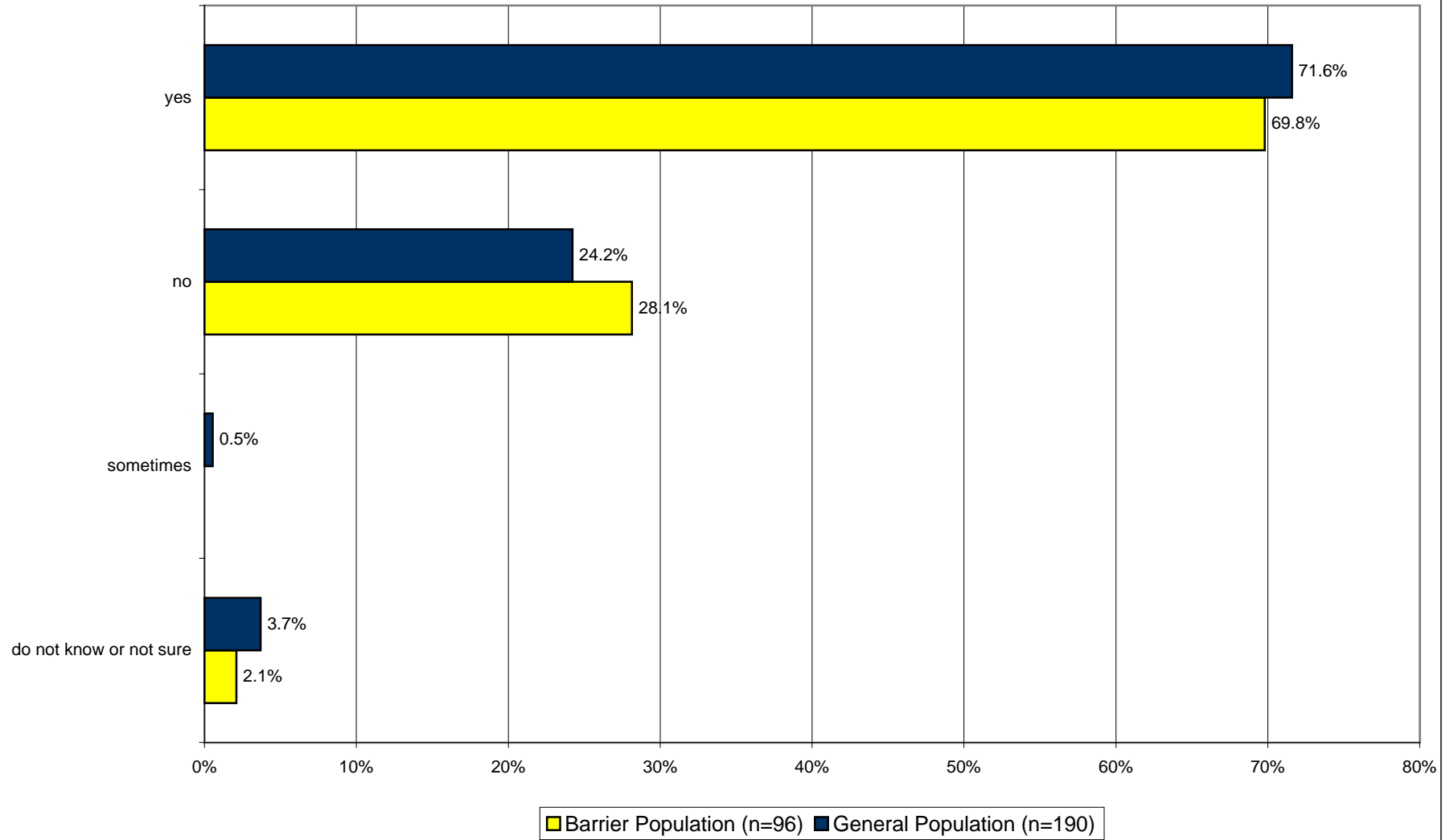
AC18: How long do you wait after you arrive?



AC19: Difficult to contact provider by telephone?



AC19B: Usually asked about medications and treatment other doctors may give you?



Louisiana HABITS Health Status Sequence

The “Health Status Sequence” of questions in the *Louisiana HABITS* interview included questions about the general state of health of the respondent and about the existence of mobility limitations or physician-diagnosed cases of specific named illnesses among family members in the household that the respondent was representing. The named illnesses are in fact five leading causes of death, but were not identified as such in that question.

Question

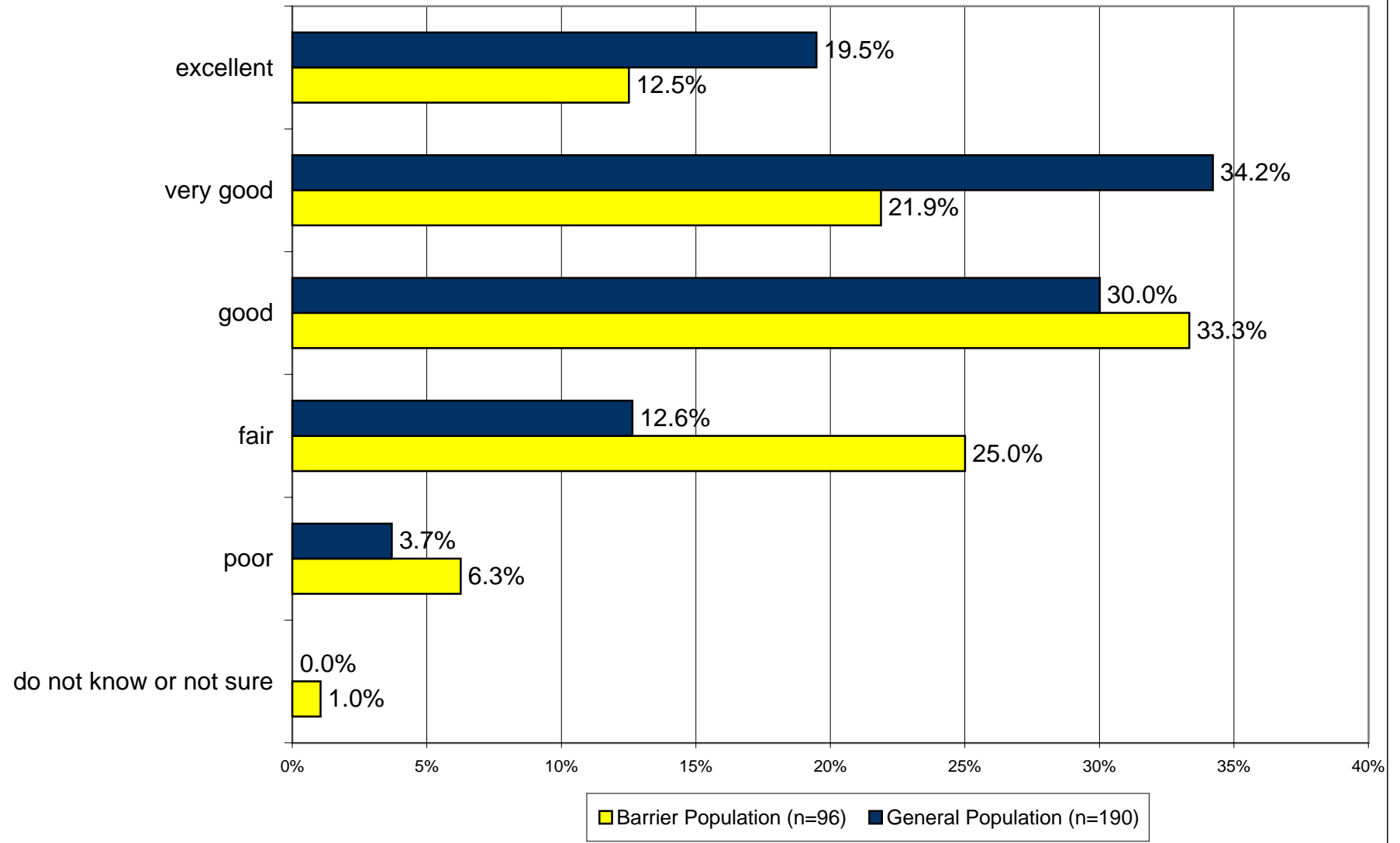
Identifier

Full Text of the Question

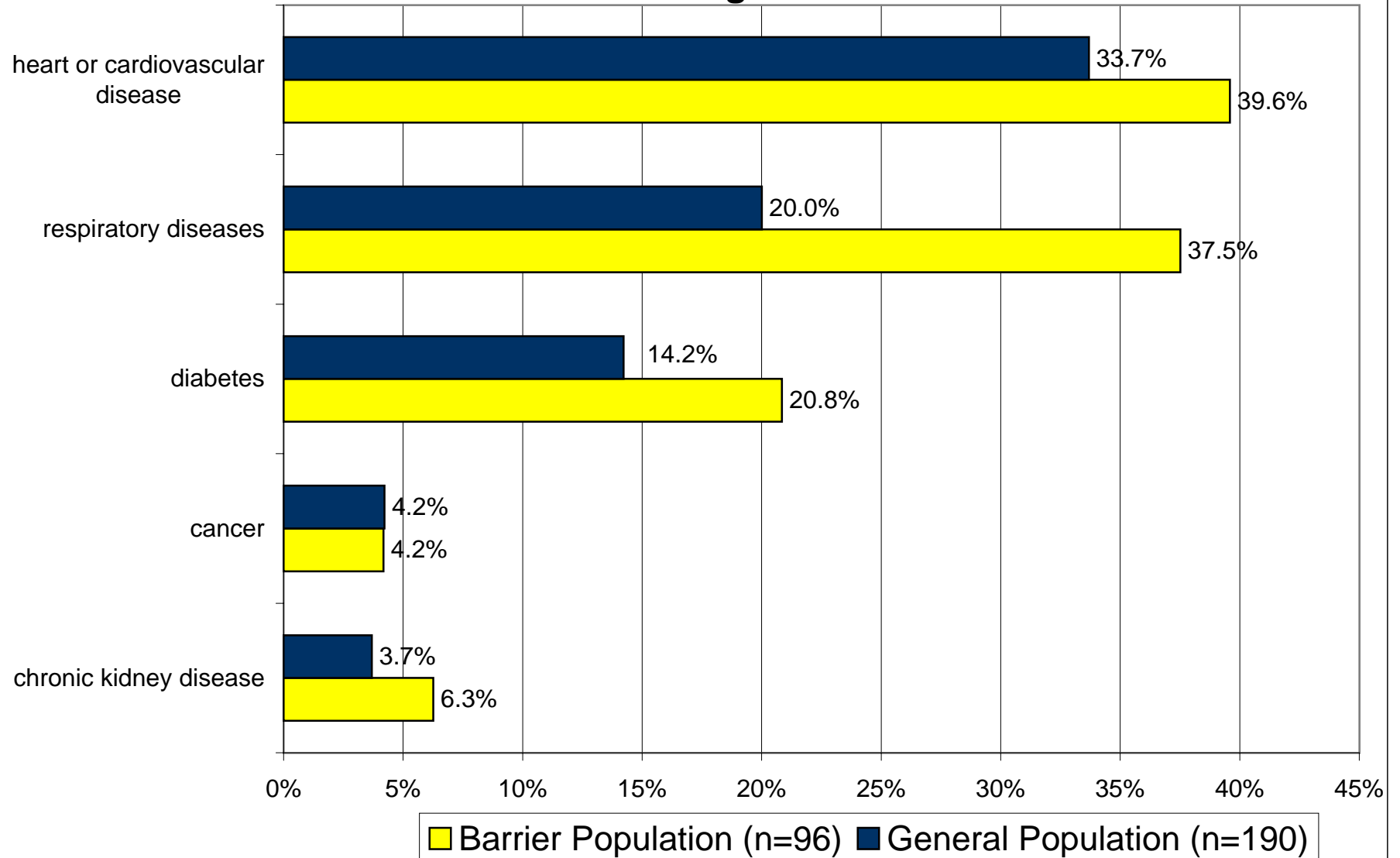
<i>S11</i>	<i>Would you say that in general your health is: Excellent, Very good, Good, Fair, Poor</i>
<i>WhchChrn</i>	<i>Which of the following illnesses has any family member in your household been told by a doctor they currently have? Cancer, Chronic Kidney Disease, Diabetes, Heart or Cardiovascular Disease (e.g., stroke, high BP), Respiratory Diseases (e.g., asthma, COPD, sleep apnea)</i>
<i>MoblLmts</i>	<i>Does any family member in your household have any physical condition that limits their mobility?</i>

The series of graphs of the following pages depict responses of the General Population and the Barrier Population to questions in the *Louisiana HABITS* Health Status Sequence.

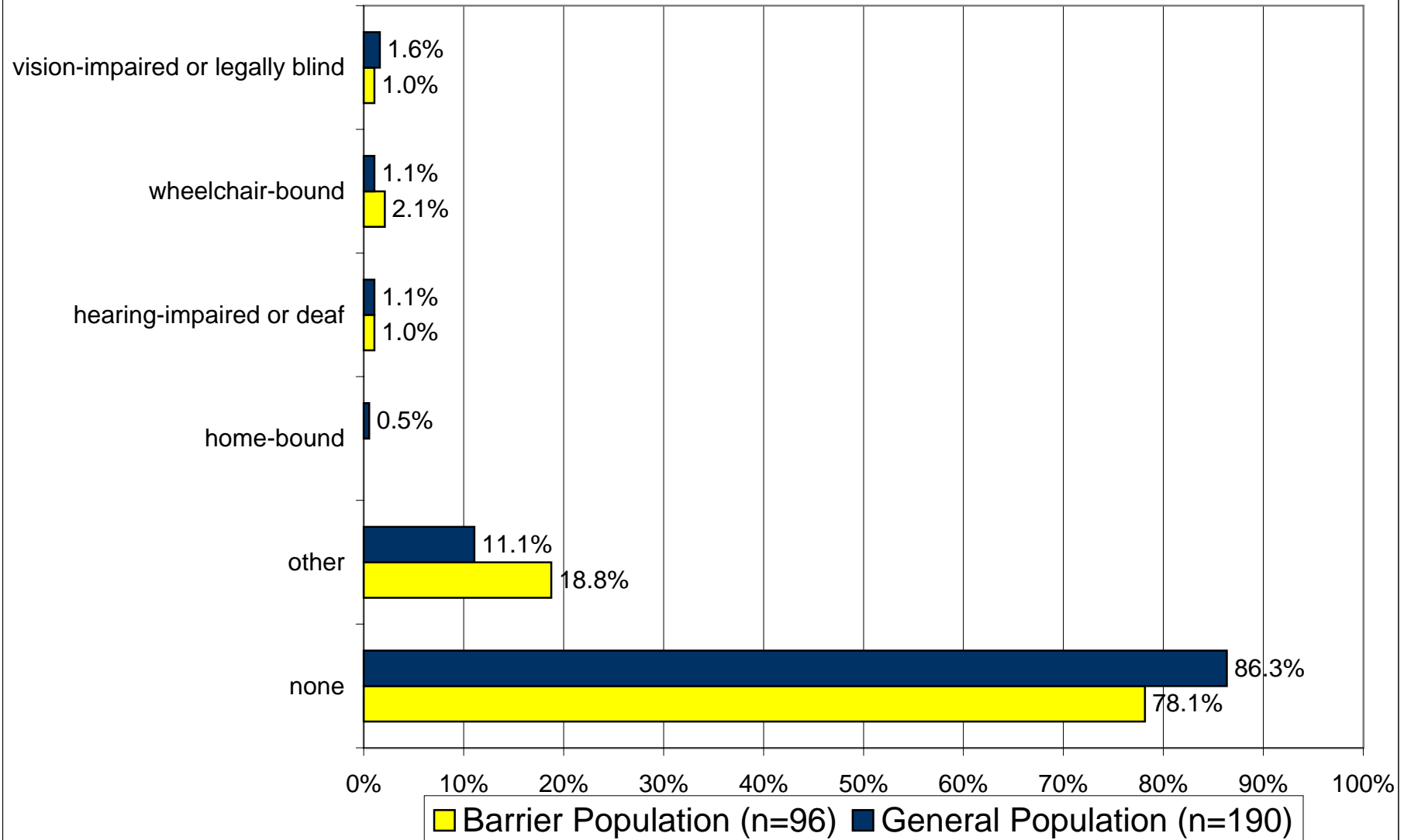
S11: General Health of the Respondents



WhchChr: Illnesses Diagnosed in Household



MobilMts: Family Members' Mobility Limits



Louisiana HABITS Demographics Sequence

The “Demographics Sequence” of questions in the *Louisiana HABITS* interview included questions about the age, race, marital status, education, employment status, and gender of the respondent and about the annual income and parish of the household that the respondent was representing.

Question

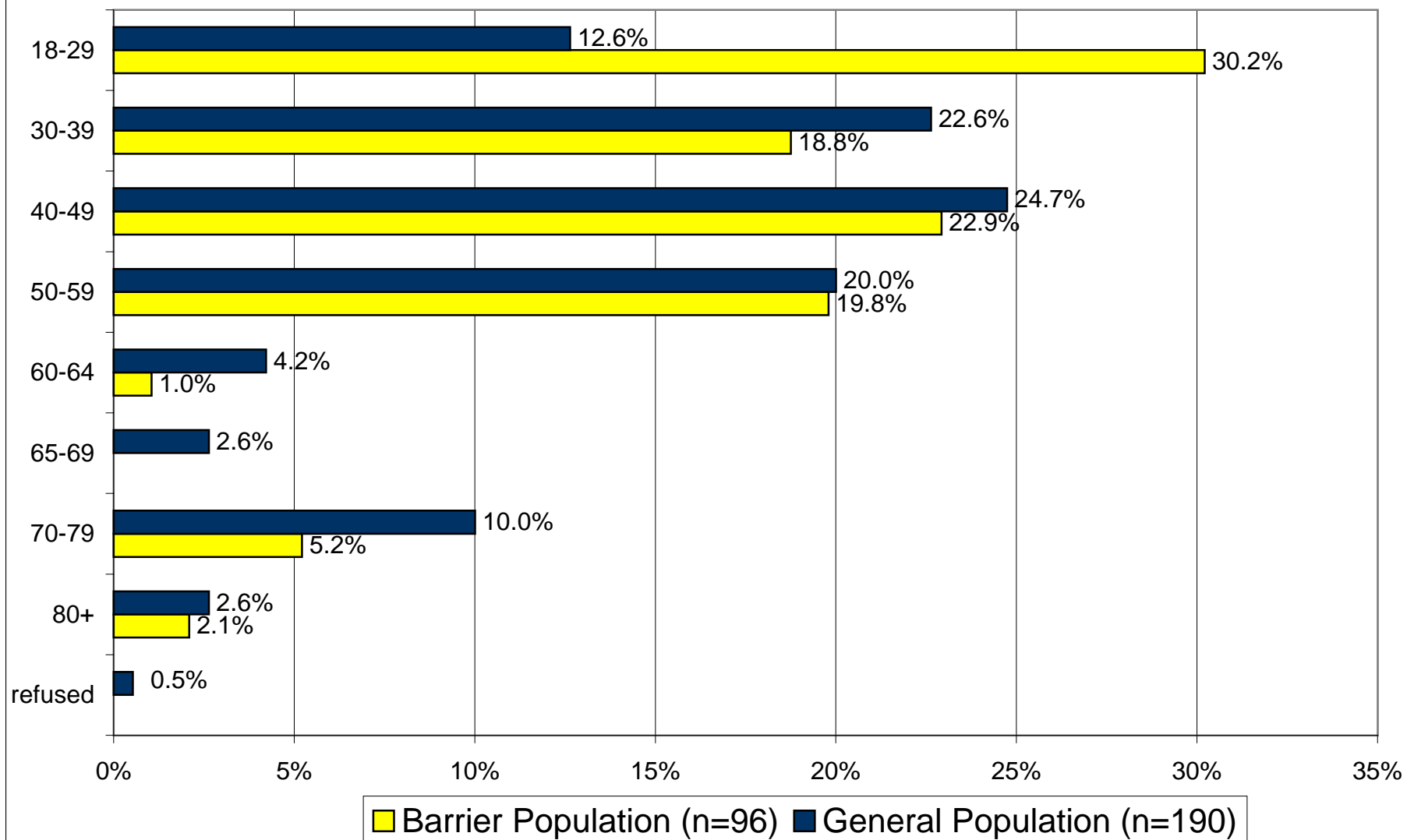
Identifier

Full Text of the Question

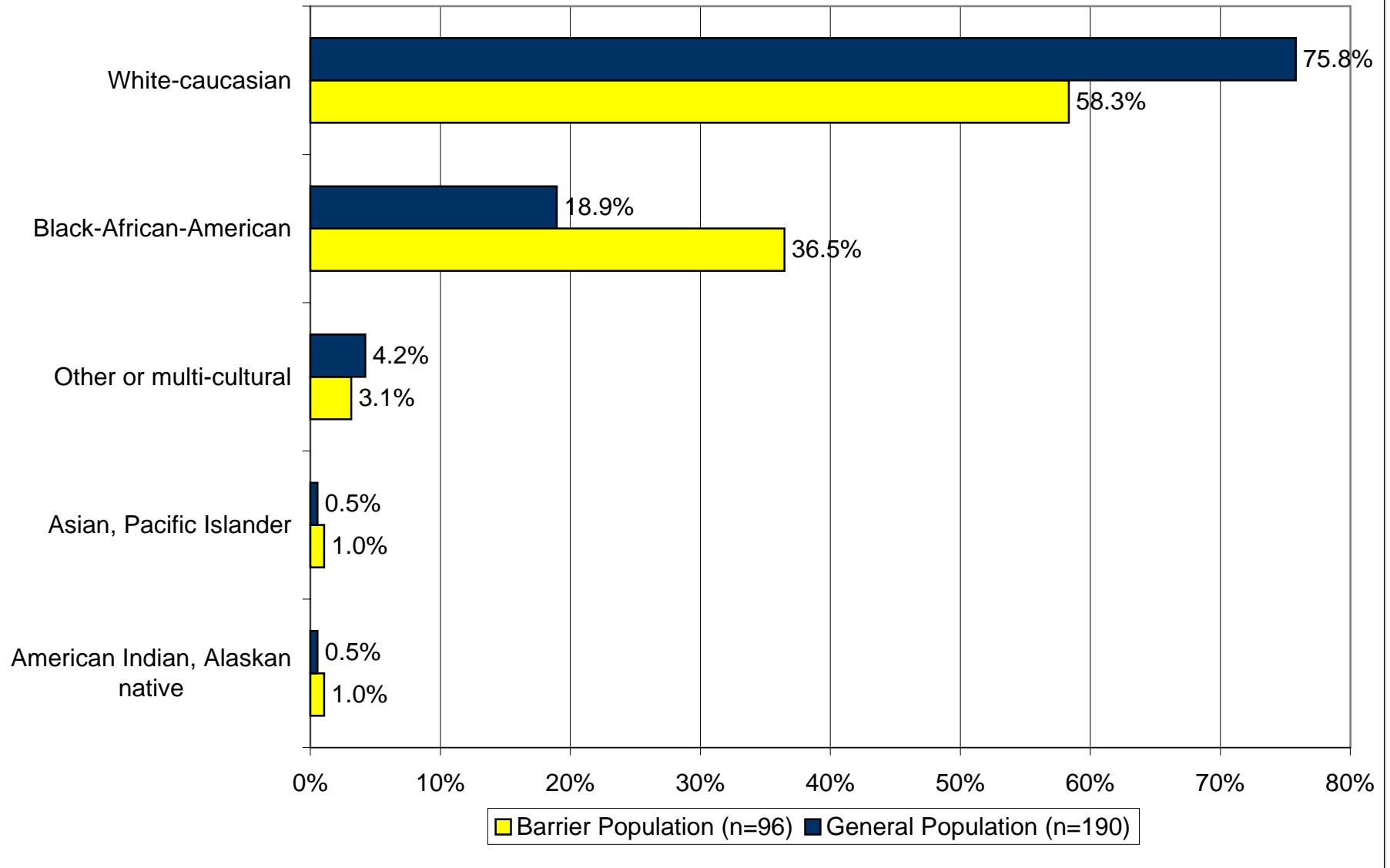
<i>S101</i>	<i>What is your age?</i>
<i>S102</i>	<i>What is your race?</i>
<i>S103</i>	<i>Are you of Spanish or Hispanic origin?</i>
<i>S104</i>	<i>Are you: Married, Single (widowed, divorced, separated, never been married)?</i>
<i>S106</i>	<i>What is the highest grade or year of school you completed?</i>
<i>S107</i>	<i>Are you currently: Employed full-time for wages outside the home, Employed part-time for wages outside the home, Self-employed, Out of work for more than 1 year, Out of work for less than 1 year, Homemaker, Student, Retired, Unable to work</i>
<i>S108</i>	<i>In what range is your annual household income from all sources?</i>
<i>S1018</i>	<i>Gender sex of respondent.</i>

The series of graphs of the following pages depict responses of the General Population and the Barrier Population to questions in the *Louisiana HABITS* Demographics Sequence.

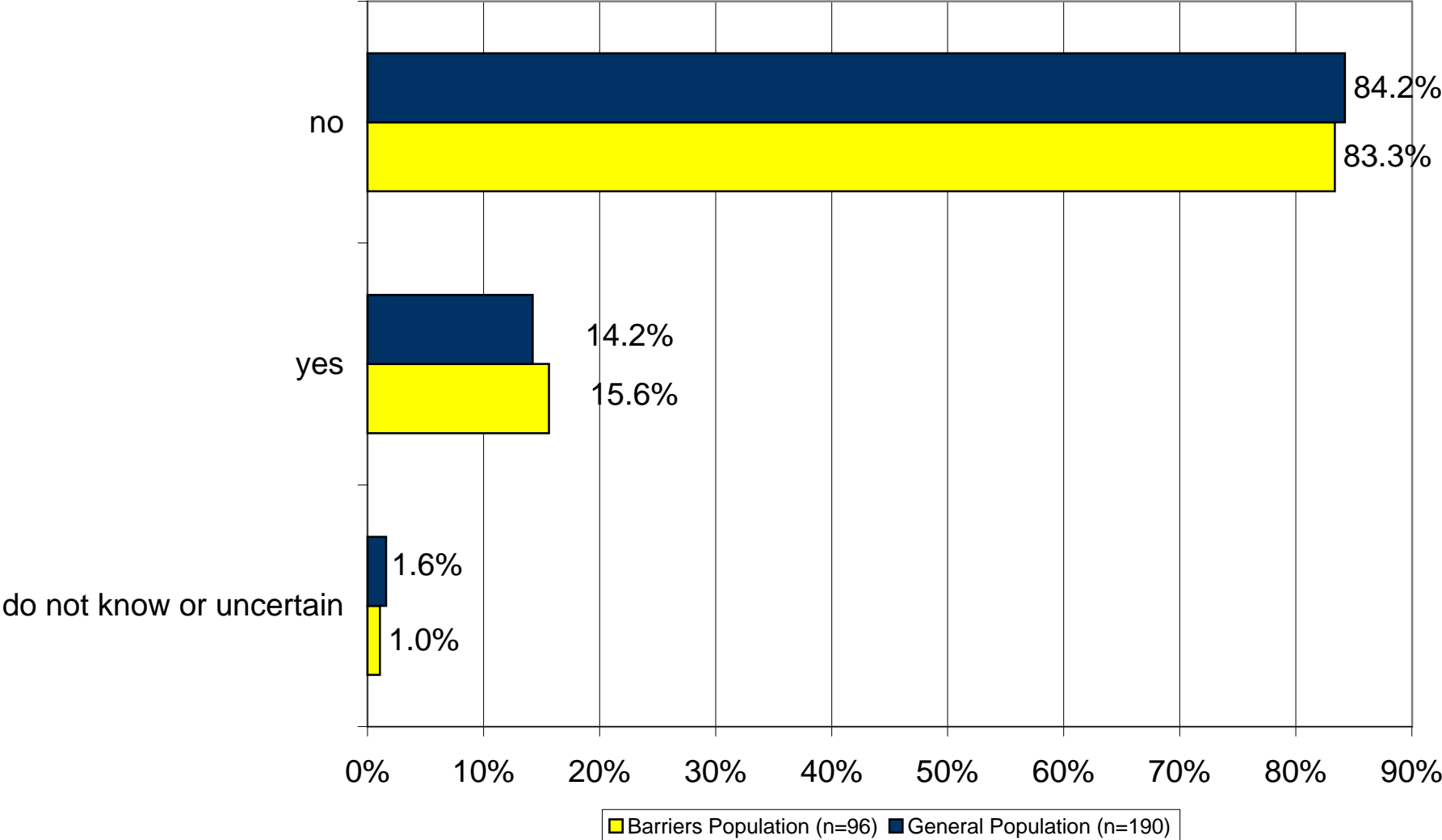
S101: Age of Respondents



S102: Race of the Respondents

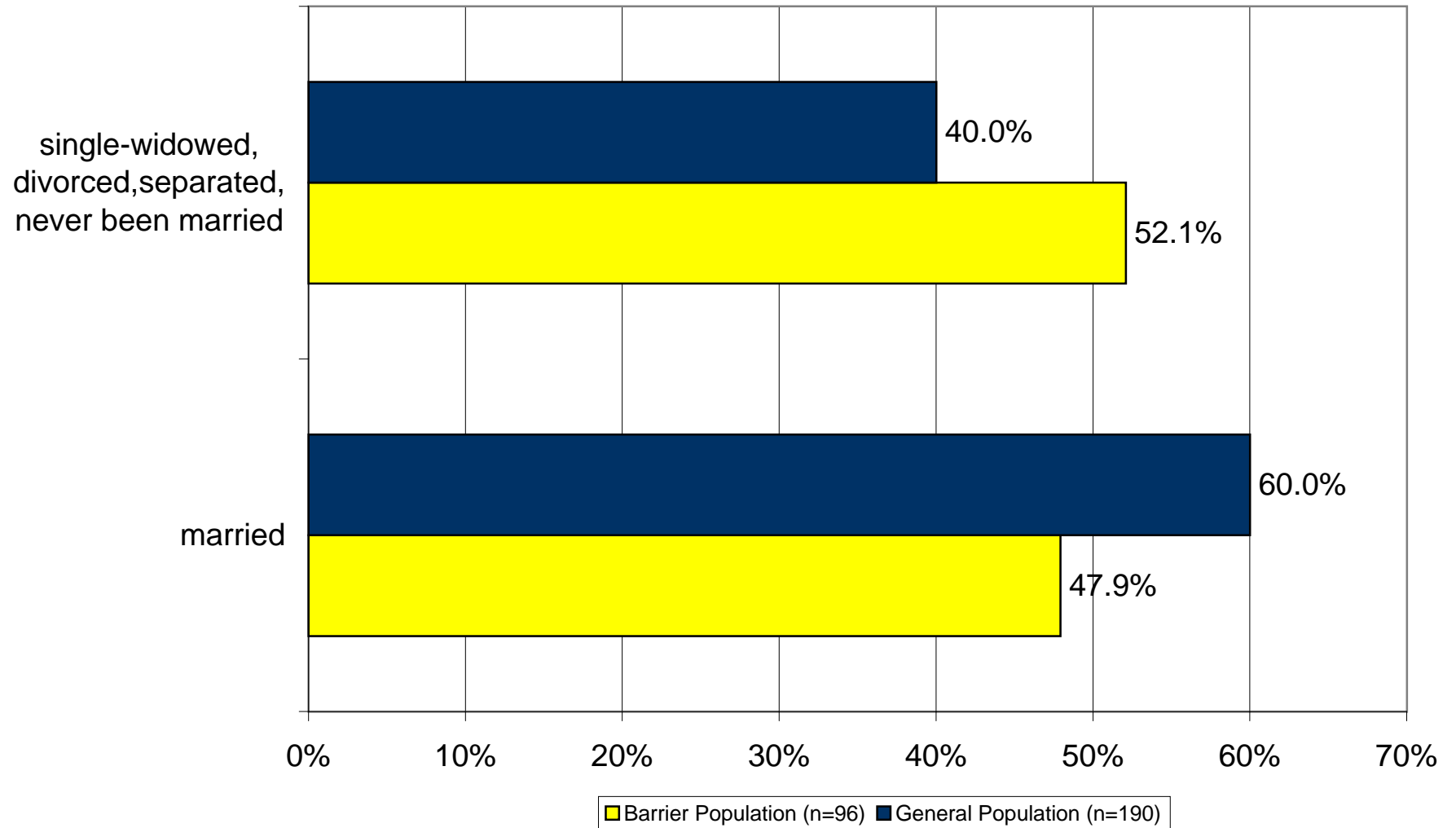


S103: Respondents of Spanish or Hispanic Descent

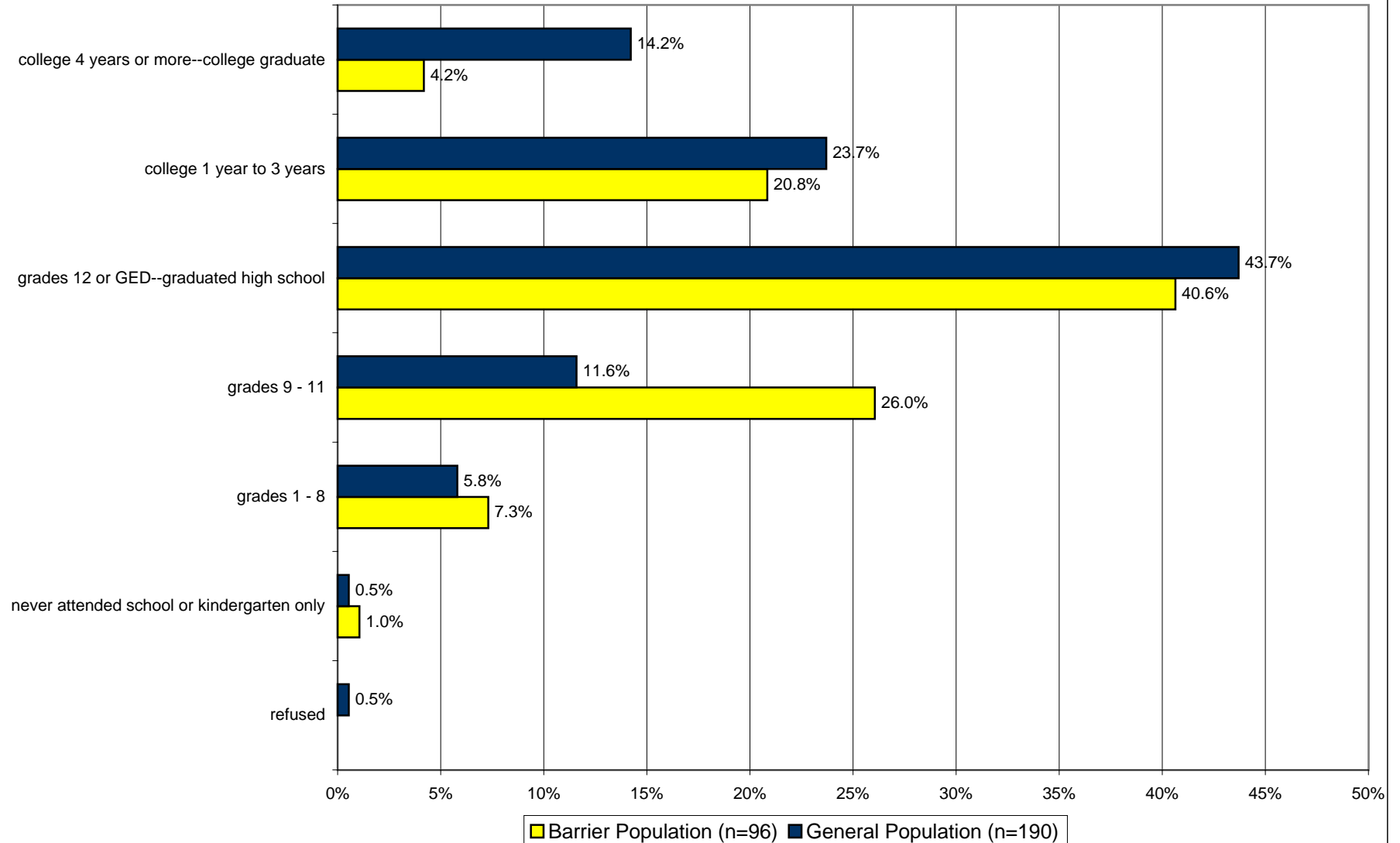


Source: Iberia Parish HABITS 2002

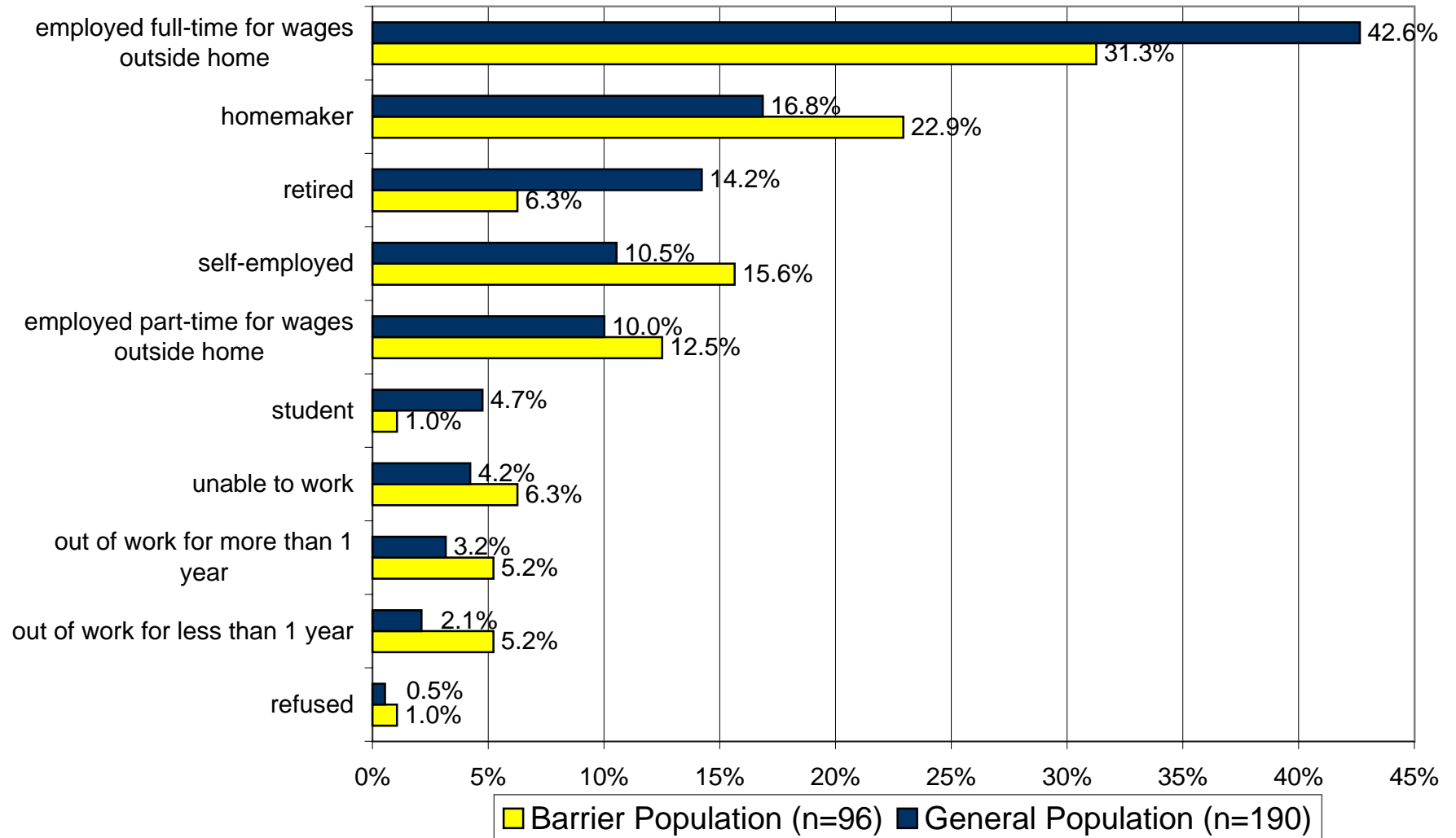
S104: Marital Status of Respondents



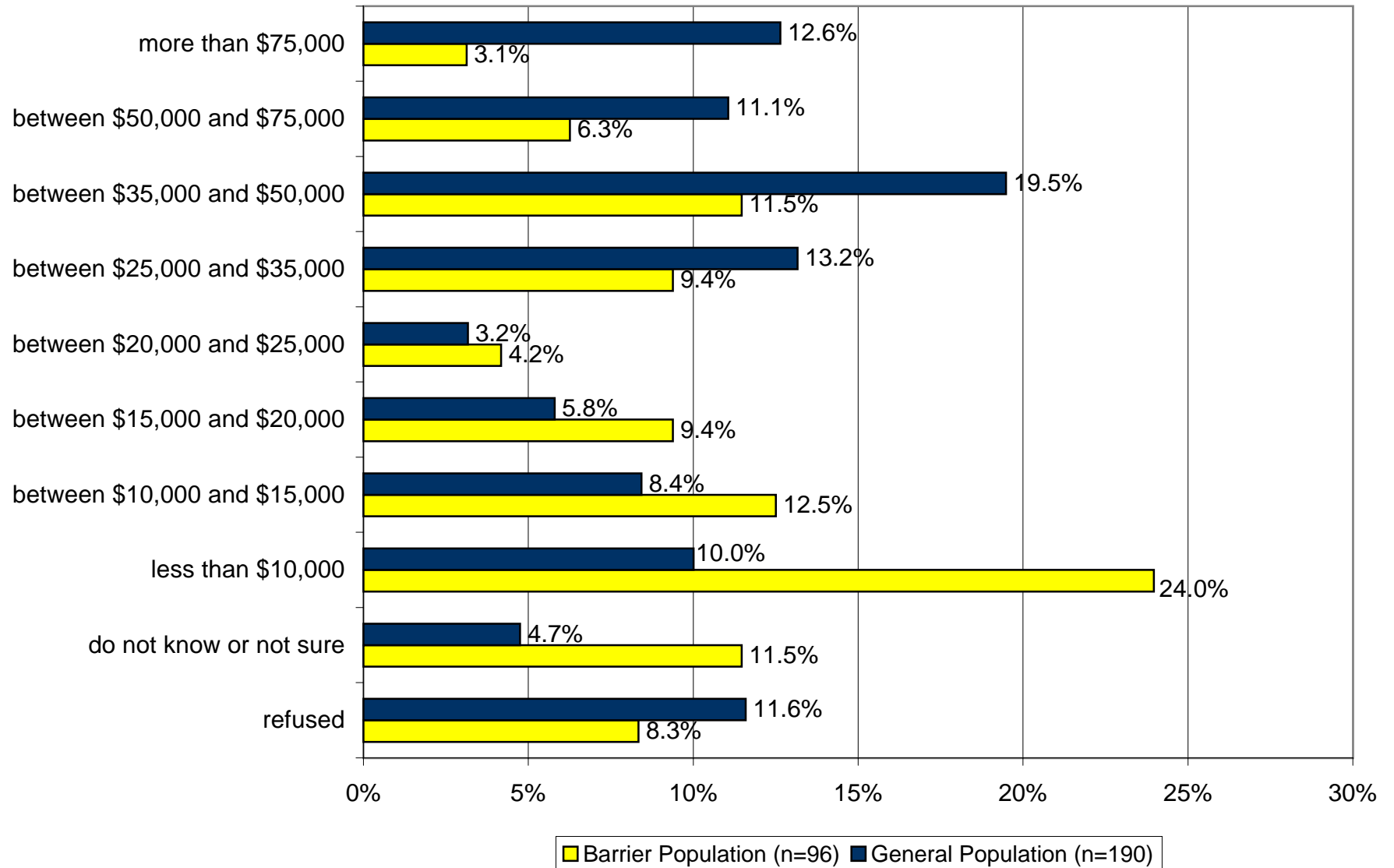
S106: Respondents' Highest Grade of School Completed



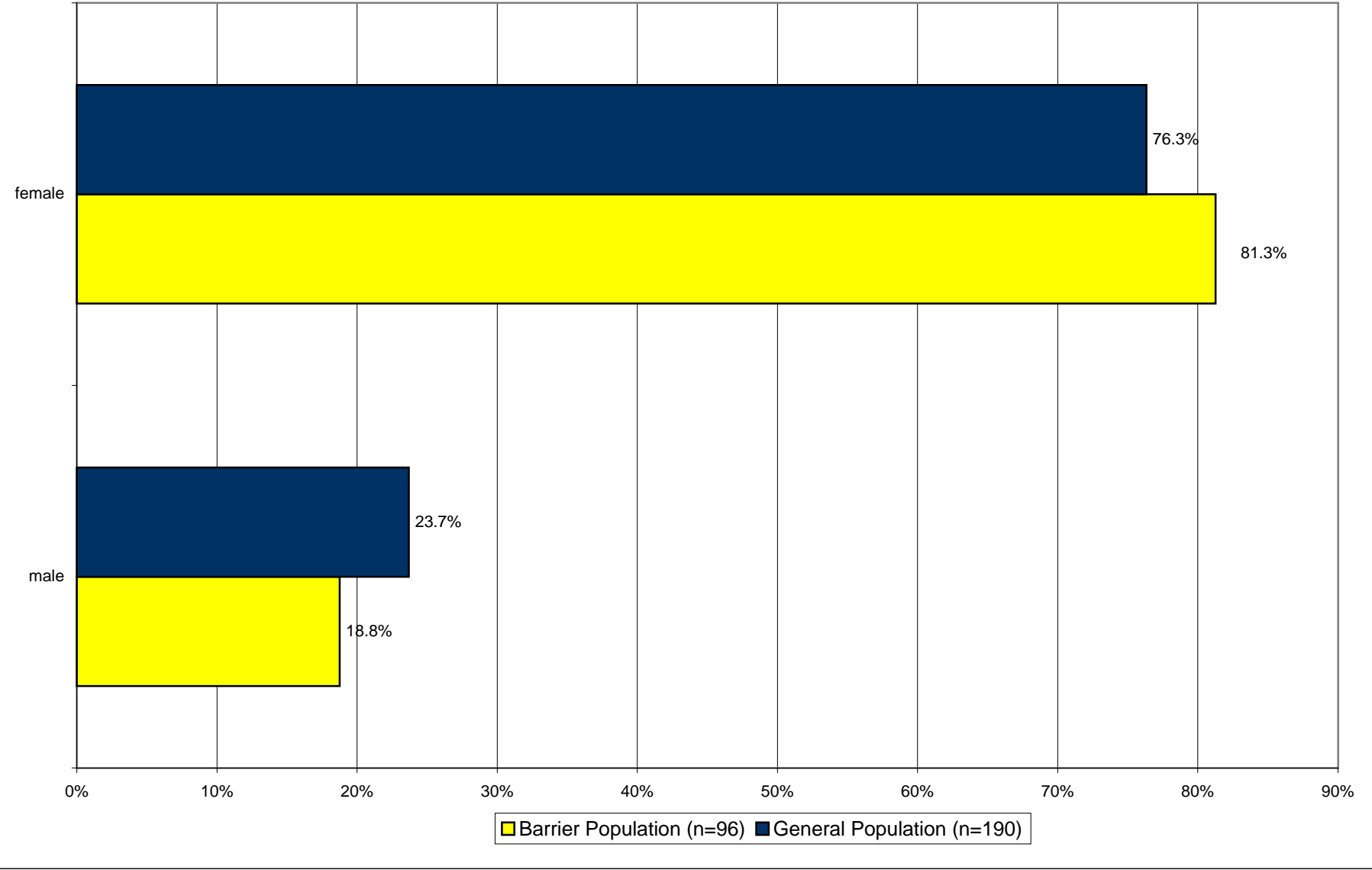
S107: Employment Status of Respondents (may reflect more than one type per respondent)



S108: Household Income from all sources



S109: Respondents' Gender



Source: Iberia Parish HABITS 2002

CONCLUSIONS

Conclusions Specific to Iberia Parish

The Study Team has drawn the following conclusions with respect to Iberia Parish:

- 36.6% of Iberia Parish households experience some type of healthcare access barrier. 33.2% of households surveyed by random telephone calling and 100.0% of households without working telephones, sampled in person, experience a barrier of some sort.
- Financial reasons – lack of adequate health insurance coupled with high healthcare costs – are the main causes of healthcare access barriers in Iberia Parish.
- “Could not afford” is the most common reason for having difficulty in obtaining care, delaying obtaining care, or not receiving needed care, cited by 6.8% of the general population of Iberia Parish households and by 29.2% of those experiencing healthcare access barriers.
- “Costs too much or not covered by insurance” is the most common reason for having problems with obtaining prescription medications, cited by 9.5% of the general population of Iberia Parish households and by 39.6% of those experiencing healthcare access barriers.
- Transportation reasons – “had no transportation” or “had to rely on other person” – are the most common reasons for problems getting to or from healthcare providers, cited by 5.8% of the general population of Iberia Parish and by 10.4% of those experiencing healthcare access barriers.
- 21.6% of Iberia Parish households include at least one family member who lacks health insurance. 62.1% of Iberia Parish households include family members who have health insurance coverage through an employer-sponsored plan; 24.2% through Medicare; 16.3% through Medicaid; and 7.9% through LaCHIP.
- Among those households that indicate a barrier to healthcare access, the percentage of households including at least one family member without insurance is 71.9%; the employer-sponsored rate is 44.8%; 22.9% through Medicare; 30.2% through Medicaid; and 25.0% through LaCHIP.
- By far, the main reason for lack of health insurance is “could not afford to pay the premiums,” with 38% of Iberia Parish households without coverage so indicating. “Lost job or changed employers” accounted for 17%, while “employer does not offer or stopped offering coverage” accounted for 5%. Reasons determined for lack of coverage among “barrier” households were generally similar.
- 79.0% of Iberia Parish households report having a place that family members go most often for healthcare; for 53.2%, that place is a doctor’s office; for 10.0%, a clinic or health center; for 7.4%, a clinic at a hospital; for 8.4%, the emergency room at a hospital.
- Among those households that indicate a barrier to healthcare access, the percentage of households reporting a place that family members go most often for healthcare is 81.2% – 45.8% go to a doctor’s office, 13.5% attend a clinic or health center, 12.5% go to a clinic at a hospital, and 8.4% go to a hospital emergency room.

- Only 14.7% of Iberia Parish households do not have a person they think of as their household's main personal doctor or healthcare provider; among households experiencing barriers, that percentage is considerably larger at 21.9%.
- Experiences of Iberia Parish households in general are similar to those of households experiencing barriers with respect to provider office hours, appointments, telephone contact, and medication inquiries, but persons in barrier households expressed a longer average wait time after arrival for an appointment – presumably the effect of crowding at the particular provider facilities they go most often.
- The self-reported general health of respondents whose households experience barriers to healthcare access appears on the average to be somewhat worse than that of respondents in the randomly sampled general population – 64.6% of the barrier group reported good, fair, or poor health while only 46.3% of the general population reported their health to be good, fair, or poor.
- The rates of presence of physician-diagnosed cases of chronic diseases that are among the leading causes of death are higher in the barrier households population when compared to rates in the general population and, with the exception that cancer diagnoses were reported at the same rate.
- The rates of incidence of mobility limits of family members are generally similar among the general population and the barrier population.
- Age disparities are apparent when comparing the general population of Iberia Parish to respondents from that group of households that experience barriers to healthcare access. 30.2% of the respondents from barrier households are in the age range of from 18 to 29 years, whereas only 12.6% of respondents from the random sample of the general population are in that age range.
- Racial disparities are apparent when comparing the general population of Iberia Parish to respondents from that group of households that experience barriers to healthcare access. While 75.8% of the respondents from the random sample of the general population self-reported as being “white or Caucasian” and 18.9% “black or African-American”, respondents from barrier households were 58.3% “white or Caucasian” and 36.5% “black or African-American.” [Recently released Census 2000 data suggest that the “white or Caucasian” population of Iberia Parish is 65.1%, with the “black or African-American” population being 30.8%. At this time, it might appear that white households were over-represented in the random sample. This cannot be verified at this point, however, until Census 2000 data on occupied housing units without telephones by race of householder becomes available, since a disproportionality may exist between white and black households without telephones.]
- Educational disparities, in terms of highest grade of school completed, are apparent when comparing the general population of Iberia Parish to respondents from that group of households that experience barriers to healthcare access. While 37.9% of respondents in the random sample of the general population reported at least 1 year of college, only 25.0% of the barrier population respondents reported that level of education. 12.4% of the general population, compared to 33.3% in the barrier population, reported not finishing high school.
- Employment disparities are clear when comparing the general population of Iberia Parish to respondents from that group of households that experience barriers to healthcare access. While 42.6% of respondents in the random sample of the general

population reported being employed full-time for wages outside the home, only 31.3% of the barrier population respondents reported that circumstance. “Able but unemployed” was reported by 5.3% of the general population, but by 10.4% of the barrier population.

- Household Income disparities are dramatically apparent when comparing the general population of Iberia Parish to respondents from that group of households that experience barriers to healthcare access. While 24.2% of respondents in the random sample of the general population reported household incomes from all sources to be less than \$20,000 per year, 45.9% of the barrier population respondents reported that circumstance.
- Although respondents were overwhelmingly female rather than male in both the general population and the barrier population, this sampling bias need not suggest invalidation of the results of this Study. In the case of the random telephone survey of the general population, the high proportion of female respondents (76.3%) is more than likely explained by the initial call dialog in which the interviewer asks to speak to a person who “makes or shares in making the healthcare decisions for family members in the household;” that role appears to be assumed primarily by a female member of the household, hence if a male answered the call the interviewer was referred to a female respondent if one was available. In the case of the in-person interviews held at the Office of Family Support and the Health Unit, most patients or persons accompanying patients were observed to be female; accordingly, 81.3% of barrier household respondents were female.

The Study Team has also drawn the following conclusions with respect to application of findings:

- Some of the data collected in this Study has never been collected or reported previously, with this Study’s level of local intensity.
- The margin of error ($\pm 10\%$) resulting from the sample size selected for this Study is appropriate to the goals of the Study, i.e., the creation of a baseline measure of causes and effects of barriers to access to healthcare. More narrow margins of error can only be achieved with substantially increased sampling rates that would necessitate additional expense.
- At this time, the data reported in this Study should be principally used as a baseline for comparison with studies undertaken after improvement initiatives are implemented.
- Data collected in this Study are considered locally definitive and predictive, but without comparative data, trends cannot be discerned.
- While consumer surveys do measure “perception” rather than “truth” and healthcare access barriers may be “perceived” rather than “actual,” it is important to recognize that perceptions can in fact become reality if deeply felt by the consumer.
- Repeated consumer surveys will be useful in understanding trends and monitoring the effectiveness of barrier-elimination interventions.

RECOMMENDATIONS

The Study Team respectfully suggests consideration of the following recommendations relative to reducing healthcare access barriers:

- Encouragement of the local Community Health Network's setting targets for local improvements in access to healthcare services, based on the findings and conclusions of this Study and on the suggestions incorporated in Healthy People 2010, the U. S. Surgeon General's program for improving community health status.
- Encouragement of the local Community Health Network's managing to their own Healthy People 2010 targets, determining priorities and planning initiatives as appropriate locally.
- Encouragement of the local or regional medical societies' and healthcare professional associations' publishing of a single comprehensive directory of services, both in print form and as a website. The audiences for these publications should be both referral and case management services and the general public.

THE COMMUNITY CAN ...

- 1. Gather information about local providers and services.**
Your community can benefit from knowing what services are available and what hours of operation they have, as well as what types of coverage they will accept.
- 2. Form a phone-tree for people to use when they need care and need assistance getting there.**
Many people do not have access to transportation. If this is a problem in your parish, consider raising money to buy or rent a van or bus for medical purposes. Your community group can coordinate to care for vulnerable groups, such as children, the elderly and the disabled.
- 3. Help community members to find appropriate coverage.**
Medicaid and LaCHIP both need to be *APPLIED FOR*. Recruit someone to volunteer their services advising people about their health care options and helping them apply for coverage.
- 4. Create a list of daycare options and design transportation options for children in daycare.**
Encourage providers to visit schools and day-cares to be available for children and their families for education, screenings and care.
- 5. Hold health fairs with screenings and build in a follow-up method.**
Preventive services, such as screenings, are only useful if action is taken. When your group plans a health fair, engage local providers who will do a more thorough examination on the spot and follow-up.
- 6. Encourage employers with small businesses to work together to provide health insurance for workers.**
Small businesses, through their Chambers of Commerce and other networking organizations, may be able to pool resources to provide more affordable options for their employees and employees' families.

Iberia Parish Health Profile 1999, pp. 141-142, Louisiana Office of Public Health.

SELECTED TERMS

Access to Healthcare: Convenient availability of *healthcare providers* together with appropriate mechanisms (insurance, health plans, government programs, etc.) to minimize the risk of unexpected expense of obtaining their services.

Health: A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity (World Health Organization)

Healthcare: Any activity or procedure intended to sustain or restore *health*.

Healthcare Access Barriers: Anything that impedes or prevents access to healthcare. There are three classes of barriers to access to healthcare:

1. Financial – including cost, lack of insurance, etc.
2. Structural – including supply and location of caregivers, etc.
3. Personal – including mobility, language, etc.

Health Insurance: The contractual relationship existing when one party (the insurer), for a consideration, agrees to reimburse another (the insured) for healthcare costs related to the insured's loss of health caused by disease or bodily injury.

Healthcare Providers: Physicians (MDs & DOs) and other practitioners of *healthcare* – including advanced practice nurse practitioners (NPs), physician assistants (PAs), nurses (RNs, LPNs), dentists (DDSs), optometrists (ODs), chiropractors (DCs), pharmacists (RPhs), licensed physical therapists (LPTs), certified nurses aides (CNAs), and others – who provide *healthcare* in office practices, clinics, home settings, pharmacies, rehabilitation centers, and other venues; facilities such as hospitals are considered “institutional” *healthcare providers*.

Medicare (Title XVIII): A *health insurance* program sponsored by the U. S. federal government for people aged 65 and older, for persons who have been eligible for Social Security disability payments for more than two years, and for certain workers and their dependents who need kidney transplantation or dialysis; Medicare presently does not include a prescription drug benefit.

Medicaid (Title XIX): A federally aided, state-operated and administered program that provides *health insurance* for certain low-income persons in need of *healthcare*; in Louisiana, Medicaid includes a prescription drug benefit.

Nurse Practitioner: A registered nurse (RN) qualified and specially trained to provide *primary care*, generally under the supervision of a *physician* but not necessarily in his or her presence; also known as an “advanced practice nurse.”

Physician: A professional person qualified by education and authorized by law to practice medicine; to be a *physician*, the person must hold the academic degree Doctor of Medicine (MD) or Doctor of Osteopathy (DO), only.

Physician Assistant: A specially trained and licensed individual who performs tasks otherwise performed by a *physician*, under the direction of a supervising *physician*.

Primary Care: Basic or general *healthcare* that emphasizes the point at which the patient first seeks assistance from a *healthcare provider*; care of the less complex and more common illnesses.

Primary Care Providers: *Healthcare providers* who principally offer *primary care* services, including *physicians* (MDs & DOs) and *nurse practitioners* (NPs) who specialize in general practice, family practice, internal medicine, pediatrics, or gynecology and obstetrics; *physician assistants* (PAs) may provide primary care under the supervision of a physician.