

Healthcare Access Barriers Report: *Findings, Sources, Definitions, and Notes*

La Salle Parish, Louisiana 2000-2001

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A Study Directed by the
Central Louisiana Area Health Education Center (CLAHEC)

Data Gathered and Analyzed by the
Health Informatics Center of Acadiana (HICA) at The University of Louisiana at Lafayette

in Collaboration with CLAHEC and the Louisiana Rural Health Access Program (LRHAP)
of the Louisiana State University Health Sciences Center

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HEALTHCARE ACCESS BARRIERS IN LA SALLE 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 on 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 Central Louisiana, specifically the parishes of Grant, La Salle, Rapides, and Winn. Data so collected could be used to serve as a baseline for Healthy People 2010 initiatives in Central Louisiana. Goals 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 Rapides Foundation of Alexandria, Louisiana, consistent with its agenda to support healthcare access initiatives in Central Louisiana.

Study Leadership and Partnerships

This Study was directed by Central Louisiana Area Health Education Center (CLAHEC), which was also responsible for the Primary Care Provider Survey component of the Study. Playing a key role in the effort was 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. Existing healthcare utilization data were obtained under the auspices of Louisiana State University Health Sciences Center (LSUHSC) in New Orleans.

Intended Audiences

The authors of this report recognize that there are four audiences that may have distinctive yet overlapping interests in the results of this Study. Those audiences are (1) the Board of Trustees and staff of The Rapides Foundation, (2) potential healthcare access initiative leaders who may seek funding from the Foundation, (3) community leaders and the general public in the Study Area parishes, and (4) researchers. No one style of report may fulfill all of the needs of the distinct audiences. This report is intended primarily for the first two audiences, providing moderately detailed information reflecting findings of the primary research efforts of this Study. The third audience may be better served by reviewing a booklet entitled “Healthcare Access Barriers in Central Louisiana: La Salle Parish Louisiana 2000-2001,” which may be published later at the discretion of The Rapides Foundation. Researchers in the fourth audience are referred to The Rapides Foundation staff for possible access to raw data sources.

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 which 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 school-based health center administered by CHRISTUS St. Frances Cabrini Hospital, the state hospital system, the Medicaid program, the Louisiana Office of Public Health, and the Louisiana Hospital Association.

Supply of Healthcare Providers

Summary. The following licensing databases were consulted: the database of the Louisiana State Board of Medical Examiners (LSBME), responsible for licensing physicians and physician assistants, and the database of the Louisiana State Board of Nurses (LSBN) responsible for licensing nurse practitioners. The mailing addresses that are reported to these licensing boards by the healthcare professional may or may not be their practice addresses. The primary or secondary specialty reported to the licensing boards may or may not be the specialty currently being practiced by the healthcare professional. Therefore, no conclusive evidence of the sites or current specializations of their practices was available. In part to overcome this limitation, the Louisiana Office of Public Health (OPH) has conducted an “Environmental Scan.” Provider compliance with this census was voluntary and substantially incomplete in most areas of the state. Because the existing data sources were found lacking, this Study found it necessary to undertake its own **Primary Care Provider Survey**, the results of which are reported herein.

Preparation for the survey. In June, 2000, CLAHEC’s data technician requested data about primary care physicians and physician assistants – name, address, phone number, primary and secondary specialty – in Grant, LaSalle, Rapides, and Winn Parishes from the Louisiana State Board of Medical Examiners (LSBME). In addition, the data technician requested information about nurse practitioners in the same four parishes from the Louisiana State Board of Nursing (LSBN). The data in both LSBN’s and LSBME’s databases were collected December, 1999. All physicians licensed to practice in either of the four parishes studied, who identified any primary care specialty, i.e., Family Practice, General Practice, Internal Medicine, Pediatrics, Obstetrics, Gynecology or Ob/Gyn - as their primary or secondary specialty, and all Physician’s Assistants and Nurse Practitioners were asked to participate in the primary care provider survey.

Additional providers were identified from medical staff lists obtained as confidential information from local hospitals in the three parishes housing those facilities. Those providers missing from the databases of the licensing boards included ones new to the community, newly-licensed to practice in the state, currently practicing in a primary care specialty in one of the studied parishes though listed by the LSBME or LSBN as licensed to practice in a parish outside the study area, or physicians currently practicing in a primary care specialty while not acknowledged as doing so in the data received from the LSBME.

Methodology. Dillman's¹ protocol for mail surveys was employed in this study. In late November, 2000, each provider received a pre-notification letter that informed the participant about the study – its purpose, sponsoring and participating organizations, individual responsibilities, and reasons to participate – and stated that they would receive a survey tool soon. The following week, they received a survey packet consisting of cover letter and one-page survey with instructions for returning the completed survey by fax or mail. Survey tools were mailed to 26 nurse practitioners, 13 physician assistants, and 180 physicians. Additional tools were sent as names not appearing on the 1999 lists were added. The final number of surveys sent totaled 275 (231 physicians, 14 physician assistants, and 30 nurse practitioners).

Two weeks after mailing the initial survey packet, a postcard was sent to each provider who had not yet returned the survey tool. Two weeks after mailing the postcard, those providers who still had not responded received another complete survey packet with survey tool and cover letter, urging them to complete and return the tool. Two weeks after the second survey packet was mailed, if contact information were available, the researcher called the provider's office, requesting validation of practice specialty and main office address. The telephone number was retrieved from the local telephone book or Directory Assistance if no other source was available.

¹Dillman, D. (2000). Mail and Internet Surveys: The Tailored Design Method (2nd edition). New York: John Wiley & Sons, Inc.

Return Rates in La Salle Parish. Responses were received from 87.5% (7) of the physicians licensed by the LSBME and living in La Salle Parish. There were no nurse practitioners licensed by the LSBN or Physician Assistants licensed by the LSBME and living in La Salle Parish

Results in La Salle Parish. Results of the Primary Care Provider Survey indicate that five (5) primary care physicians practice in La Salle Parish, representing the following primary care specialties: Family Practice, one (1); General Practice, one (1); Internal Medicine, two (2); Obstetrics/Gynecology, zero (0); Pediatrics, zero (0); Osteopathy, one (1). One nurse practitioner practices part-time (13 hours per week) in La Salle Parish at two school-based health centers. No physician assistants practice at least part-time in La Salle Parish.

Utilization of Healthcare Services

Summary. The Study Team was given the opportunity to review healthcare service utilization data -- without patient identifiers – for persons residing in the Study Area and for providers practicing in the Study Area. Sources of this data were the Louisiana Medicaid program, the Louisiana Office of Public Health, Huey P. Long Medical Center ambulatory services (through the LSUHSC Health Care Services Division (HCSD)), and the Louisiana Hospital Information Network (LHIN). The Study Team recognizes that, as insightful as these data are, their view of healthcare services utilization in the Study Area is incomplete since no repository of encounter data exists for all services rendered by public and private healthcare providers.

Preparation for utilization data acquisition. Somewhat ironically, the goal of the Study Team was to learn about healthcare services not sought and thus not provided, due to the presence of healthcare access barriers! The Team did recognize, however, that utilization data about services sought and provided by persons in the “near barrier population” might prove to be a reasonable surrogate – an approximate “mirror” of the level of care that the “barrier population” might seek if there were no barriers. On this basis, the Study Team determined that utilization data from the Parish Health Units, from the Medicaid program, from school-based health centers, and from the regional state-run charity hospital (LSUHSC Huey P. Long Medical Center) would be requested from the appropriate agencies. In addition, the Team learned that it would be possible for it to obtain hospital discharge data from the Louisiana Hospital Information Network (LHIN), a service of the Louisiana Hospital Association (LHA).

Geographical (but not personal) identification. Since the goal of the Study Team’s interest in utilization data was to learn how healthcare services are employed by residents in each of the Study Area parishes, any data requested by the Team must be available with some sort of geographical locator. Data sources that were not resolvable to at least the parish level would not be useful. The Study had no interest in personally identifiable information and would in fact have been prohibited from accessing personally identifiable information in the Institutional Review Board application process. It was determined that, to be useful to this Study, any data requested must include the zipcode of both the patient and the provider, and possibly also the telephone number of both, the latter for geographical mapping purposes only. All data sources agreed to forward the former but not the latter; however, the first three digits (the exchange) of the patients’ telephone numbers were forwarded as a compromise.

Costs of utilization data acquisition. Useful sources of healthcare services utilization data were carefully considered, as was the likelihood that costs might be incurred in their acquisition. A modest fee for programming the extraction of the Medicaid program data was required. Medicare data would have had a substantial acquisition cost associated, so it was not requested.

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 which 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 telephone-only interviews were inaccurate when a certain fraction of all households have no telephone. Review of market research data suggested that between 8% and 15% of households in Central Louisiana are without working telephones, varying by parish. This percentage is likely to have a substantial 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 telephone 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 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:

- Supply of Healthcare Providers, including the number of primary care physicians, nurse practitioners, and facilities in the following categories:
 - Primary Care Professionals
 - Primary Care Clinics or Health Centers, Freestanding
 - Primary Care Clinics or Health Centers, Hospital-Based
 - Hospitals, Community (general, short-term, acute care)

- Utilization of Healthcare Services, including Medicaid claims, Parish Health Unit visits, Huey P. Long Medical Center clinic visits, and/or hospital admissions associated with the previously documented categories of primary care healthcare providers:
 - Primary Care Professionals
 - Primary Care Clinics or Health Centers, Freestanding
 - Primary Care Clinics or Health Centers, Hospital-Based
 - Hospitals, Community (general, short-term, acute care)

- 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

Supply of Healthcare Providers

The following sources of information were consulted in pursuit of information as to the number and types of healthcare professionals serving La Salle Parish: the Louisiana State Board of Medical Examiners (LSBME), the Louisiana State Board of Nursing (LSBN), Louisiana Office of Public Health (OPH) Environmental Scan. Some confusion among sources was noted, especially in that the licensing bureaus may have had the home address on record instead of the practice address for certain entries. As a result, a Primary Care Provider Census was conducted as a part of the current study. Findings of that census are reported below, first for individual professionals.

Primary Care Professionals	# Practicing in La Salle Parish	Notes
Family Practice Physicians	1	Louisiana State Board of Medical Examiners (LSBME) reports 2 Family Practice Physicians, but the current study learned that only 1 Family Practice Physician maintains a practice office in LaSalle Parish. The other Family Practice physician has recently become a physician in an Emergency Department of a regional hospital. The current study also learned that one additional Family Practice Physician has responsibilities for 12 School-Based Health Centers in Central Louisiana, and spends 8 hours every other week in LaSalle Parish – thus serving only about 10% of the time in LaSalle Parish.
General Practice Physicians	1	Louisiana State Board of Medical Examiners (LSBME) reports 2 General Practice Physician, but the current study validated only one.
Internal Medicine Physicians	2	LSBME reports 4 physicians specializing in Internal Medicine, but one is actually an osteopathic physician, and one is now practicing Emergency Medicine.
Obstetrics/Gynecology Physicians	0	
Pediatric Physicians	1(part-time)	One pediatrician practices two days per week in LaSalle Parish.
Osteopathic Physicians	1	Doctor of Osteopathy (D.O.)
Family Nurse Practitioners	0	
Pediatric Nurse Practitioners	1 (part-time)	Louisiana State Board of Nursing (LSBN) reports no Pediatric Nurse Practitioners in LaSalle Parish, but the current study learned that one nurse practitioner has responsibility for 2 School-Based Health Centers in LaSalle Parish and spends 13 hours weekly in those centers.
Physician Assistants	0	

The geographic distribution of primary healthcare providers in LaSalle Parish is depicted in the map on the following page.

In addition to individual healthcare professionals, the following types of institutional providers were considered when identifying potential sources of primary care services. In some instances, the principal services offered by an institution are not what would be typically considered “primary care,” i.e., hospitals principally offer acute care services.

Primary Care Clinics or Health Centers, Freestanding	# Located in La Salle Parish	Notes
Centers, Community Health (Federally funded)	0	
Centers, School-Based Health (SBHC)	2	CHRISTUS St. Frances Cabrini Hospital’s School Based Health Centers serve fourteen schools in three parishes, 2 schools within La Salle Parish. <ul style="list-style-type: none"> • 1 full-time physician rotates through the 14 centers, visiting each at least twice monthly; he spends an average of 8 hours per week in centers in La Salle Parish • 1 nurse practitioner works an average of 13 hours weekly at the 2 centers in La Salle Parish • A staff of registered nurses, social workers, mental health providers, and various clerical assistants support these SBHCs
Clinics, Faith-based	0	
Clinics for the working poor, “Free”	0	
Clinics, Rural Health	0	
Clinics, State-owned	0	
Clinics, Walk-in	0	
Parish Health Units	1	La Salle Parish Health Unit, 305 N 1 st Street, Jena 71342

Primary Care Clinics or Health Centers, Hospital-based	# Located in La Salle Parish	
Clinics, Hospital-based (non-governmental)	0	No non-governmental hospital-based clinics in LaSalle Parish
Clinics, Hospital-based (State-owned)	0	No state-owned hospital-based clinics in LaSalle Parish
Clinics, Hospital-based (Military or Veterans)	0	No military or veterans hospital-based clinics in LaSalle Parish

Hospitals, Community (general, short-term, acute care)	# Located in La Salle Parish	
Community Hospitals (Not-For-Profit or For-Profit)	2 (101 beds)	Hardtner Medical Center in Urania has 41 beds. LaSalle General Hospital in Jena has 60 beds.
Community Hospitals (State-owned)	0	No state-owned community hospitals in LaSalle Parish
Federal Hospitals (Military or Veterans)	0	No military or veterans hospitals in LaSalle Parish

Utilization of Healthcare Services

In Louisiana, there is no universal state-mandated reporting of primary care utilization data, such as visits to the doctor. Instead, this study had to rely on a variety of sources of information to provide insight into the level of care sought and provided in the study area. The following sources of information were consulted to estimate the number and types of primary care visits involving residents of La Salle Parish.

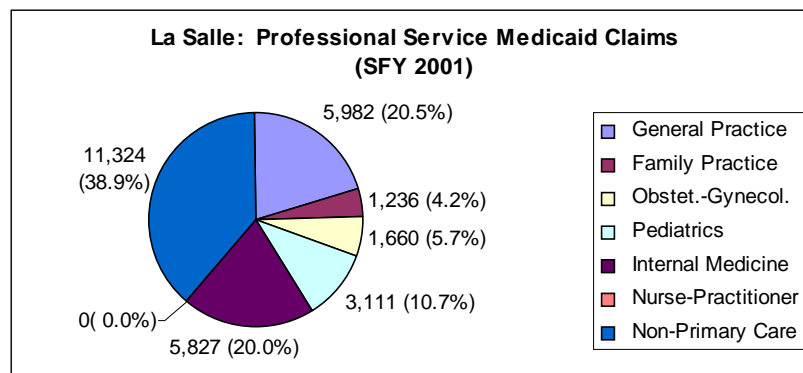
1. Ambulatory care claims data from the Louisiana Medicaid program
2. Clinic visit data from the LSUHSC-operated Huey P. Long Medical Center and Clinics
3. Hospital discharge data from the Louisiana Hospital Information Network (LHIN)
4. Parish Health Unit visit data from the Louisiana Office of Public Health (OPH) Region VI
5. Visit data from the School-Based Health Center program (SBHC)

In other parishes in the study area, additional sources of information were found to be available to the researcher, including:

6. Visit data from a Rural Health Clinic (CHRISTUS St. Frances Cabrini Family Care Unit)
7. Visit data from the Working People's Free Clinic (Alexandria)
8. Visit data from various faith-based clinics or wellness programs, including the Enterprise Baptist Church Neighborhood Clinic and the St. Matthew's Baptist Church Wellness Center (Alexandria)

The following tables detail specific information gathered from the above sources.

By Claim-Parish (Eligibility-Parish of Medicaid Recipient)	Number of Claims*	Percentage of Parish	Percentage of 11-Parish Region**
LaSalle	29,140	100.000%	2.945%
General Practice	5,982	20.528%	4.785%
Family Practice	1,236	4.242%	1.249%
Obstet.-Gynecol.	1,660	5.697%	2.648%
Pediatrics	3,111	10.676%	1.809%
Internal Medicine	5,827	19.997%	6.665%
Nurse-Practitioner	0	0.000%	0.000%
Total Primary Care	17,816	61.139%	3.255%
Non-Primary Care	11,324	38.861%	2.561%



* "Claim" indicates paid line items on physician-submitted HCFA-1500.
** "11-Parish Region" is the Rapides Foundation Service Area.

Primary Care Clinics or Health Centers, Freestanding	Patient Visits <i>in La Salle Parish by La Salle Parish Residents</i>	Source or Notes
Centers, Community Health (Federally funded)	0 patient visits	No Federally Qualified Health Centers in La Salle Parish
Centers, School-Based Health (SBHC)	500 patients (3,761 visits)	SBHC Visit Data, August, 2000 – March, 2001
Clinics, Faith-based	0 patient visits	No faith-based clinics in La Salle Parish
Clinics for the Working Poor, "Free"	0 patient visits	No free clinics for the working poor in La Salle Parish
Clinics, Rural Health	0 patient visits	No rural health clinics in La Salle Parish
Clinics, State-owned	0 patient visits	No state-owned clinics in La Salle Parish
Clinics, Walk-In	0 patient visits	No walk-in clinics in La Salle Parish
Parish Health Units	3,936 patient visits	OPH PHU Visit Data, April 1, 1999 – March 31, 2000

Primary Care Clinics or Health Centers, Hospital-based	Patient Visits by La Salle Parish Residents	Source or Notes
Clinics, Hospital-based (non-governmental)	Not Available	No non-governmental hospital-based clinics in La Salle Parish
Clinics, Hospital-based (State-owned)	1,461 patient visits	Huey P. Long Medical Center ambulatory care data, January-December 2000
Clinics, Hospital-based (Military or Veterans)	Not Available	No military or veterans hospital-based clinics in La Salle Parish

Hospital admissions and discharges are not considered “primary care.” Care provided in hospitals is usually for “acute” or “chronic” illness rather than preventive or primary care. Still, it is of interest to examine the locations of hospitals that are used by La Salle Parish Residents when hospitalization is required. The following table lists Central Louisiana hospitals used by La Salle Parish residents.

Hospitals, Community (general, short-term, acute care)	# Admissions of La Salle Parish Residents	Source or Notes
Allen Parish Hospital	Not Reported	This facility was not a reporting member-subscriber of the Louisiana Hospital Information Network in 1999.
Avoyelles Hospital	0	Louisiana Hospital Information Network, 1999
Bayne-Jones Army Community Hospital	Not Reported	This facility was not a reporting member-subscriber of the Louisiana Hospital Information Network in 1999.
Bunkie General Hospital	0	Louisiana Hospital Information Network, 1999
Byrd Regional Hospital	0	Louisiana Hospital Information Network, 1999
CHRISTUS - St. Frances Cabrini Hospital	279	Louisiana Hospital Information Network, 1999
Department of Veterans Affairs Medical Center	Not Reported	This facility was not a reporting member-subscriber of the Louisiana Hospital Information Network in 1999.
Hardtner Medical Center	Not Reported	This facility was not a reporting member-subscriber of the Louisiana Hospital Information Network in 1999.
Huey P. Long Medical Center	74	Louisiana Hospital Information Network, 1999
La Salle General Hospital	Not Reported	This facility was not a reporting member-subscriber of the Louisiana Hospital Information Network in 1999.
Natchitoches Parish Hospital	Not Reported	This facility was not a reporting member-subscriber of the Louisiana Hospital Information Network in 1999.
Oakdale Community Hospital	0	Louisiana Hospital Information Network, 1999
Rapides Regional Medical Center	480	Louisiana Hospital Information Network, 1999
Riverland Medical Center	15	Louisiana Hospital Information Network, 1999
Savoy Medical Center	0	Louisiana Hospital Information Network, 1999
Ville Platte Medical Center	0	Louisiana Hospital Information Network, 1999
Winn Parish Medical Center	26	Louisiana Hospital Information Network, 1999

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 also 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 (96 Households)	Barrier Population (100 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>	190	196
<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>	16	39
<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>	27	48
<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>	17	23
<i>Seniors:</i>	<i>How many persons 65 years of age or older are among the family members in your household?</i>	48	35
<i>WrkngPhn:</i>	<i>Do you have a working phone in your household?</i>	100%	83.0%
<i>Internet:</i>	<i>Do you have access to the Internet from your household?</i>	29.2%	15.0%

The geographic distribution of respondent home addresses is depicted in the map on the following page.

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 La Salle Parish</p>	<p align="center"><u>General Population</u> based on a random sample, conducted by telephone, of 96 households <u>with</u> working telephones</p>	<p align="center"><u>“No-Phone Population”</u> based on a random sample, conducted in person, of 19 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: 85.8% vs. 14.2% in 1990</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>20.8%</p>	<p>68.4%</p>	<p>27.6%</p>
<p>2. <u>Problem obtaining prescribed medications</u></p>	<p>17.7%</p>	<p>48.0%</p>	<p>22.0%</p>
<p>One or more household members currently ...</p> <p>3. <u>Lack of health insurance coverage</u> or a “medical card”</p>	<p>18.8%</p>	<p>73.7%</p>	<p>26.6%</p>
<p>Overall percentage of “Barrier Households” i.e., the household has Barrier 1 and/or Barrier 2 and/or Barrier 3.</p>	<p>40.6%</p>	<p>89.5%</p>	<p>47.5%</p>

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

(Totals in each category may add to less than 100% due to refused answers; employment status category may add to more than 100% due to multiple employments per respondent.)

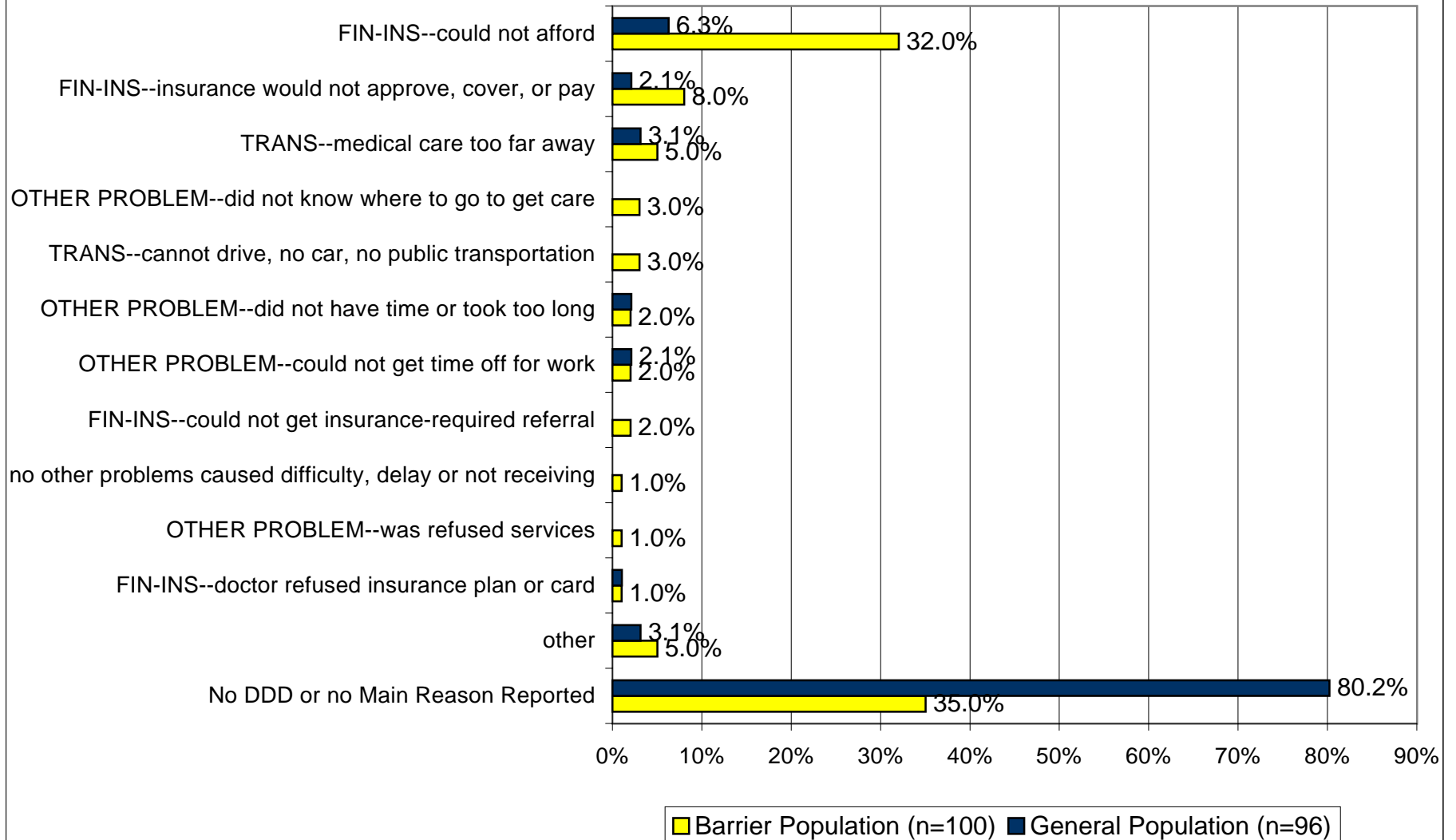
DEMOGRAPHIC CATEGORIES	BARRIER		
	Had Difficulty Obtaining, Delayed, or Did not Receive Needed Care, in last 12 months (66 cases)	Had Problems Obtaining Prescribed Medications, in last 12 months (46 cases)	Lack Health Insurance, currently (61 cases)
Age			
18-29	15.2%	8.7%	21.3%
30-39	30.2%	17.4%	24.6%
40-49	10.6%	13.0%	14.8%
50-59	15.1%	17.4%	19.6%
60-69	21.2%	34.8%	18.1%
70-79	6.1%	4.4%	1.6%
80+	1.5%	4.4%	0%
Race			
White – Caucasian	78.8%	8.3%	75.4%
Black – African-American	19.7%	21.7%	24.6%
Other or multi-cultural	1.5%	0%	0%
Spanish or Hispanic Origin			
Yes	4.5%	2.2%	6.6%
No	93.9%	97.8%	91.8%
Marital Status			
Married	53.0%	56.5%	50.8%
Single (widowed, divorced, separated, never married)	47.0%	43.5%	49.2%
Highest Grade or Year of School Completed			
Grades 1-8	15.2%	15.2%	13.1%
Grades 9-11	27.3%	28.3%	36.1%
Grades 12 or GED (graduated high school)	39.4%	43.5%	36.1%
College 1-3 years	13.6%	8.7%	13.1%
College 4 years or more (college graduate)	4.5%	4.3%	1.6%

Current Employment Status			
Employed Full-Time for Wages Outside the Home	18.2%	6.5%	11.5%
Employed Part-Time for wages Outside the Home	9.1%	6.5%	11.5%
Self-Employed	1.5%	4.3%	1.6%
Out or Work for More than 1 Year	24.2%	15.2%	26.2%
Out or Work for Less than 1 Year	7.6%	10.9%	11.5%
Homemaker	22.7%	30.4%	36.1%
Student	4.5%	2.2%	3.3%
Retired	16.7%	23.9%	9.8%
Unable to Work	21.2%	17.4%	13.1%
Annual Household Income, from all sources			
Less than \$10,000	43.9%	52.2%	47.5%
Between \$10,000 and \$15,000	16.7%	13.0%	18.0%
Between \$15,000 and \$20,000	7.6%	4.3%	9.8%
Between \$20,000 and \$25,000	7.6%	15.2%	9.8%
Between \$25,000 and \$35,000	7.6%	6.5%	3.3%
Between \$35,000 and \$50,000	6.1%	2.2%	1.6%
Between \$50,000 and \$75,000	3.0%	0%	0%
More than \$75,000	0%	0%	0%

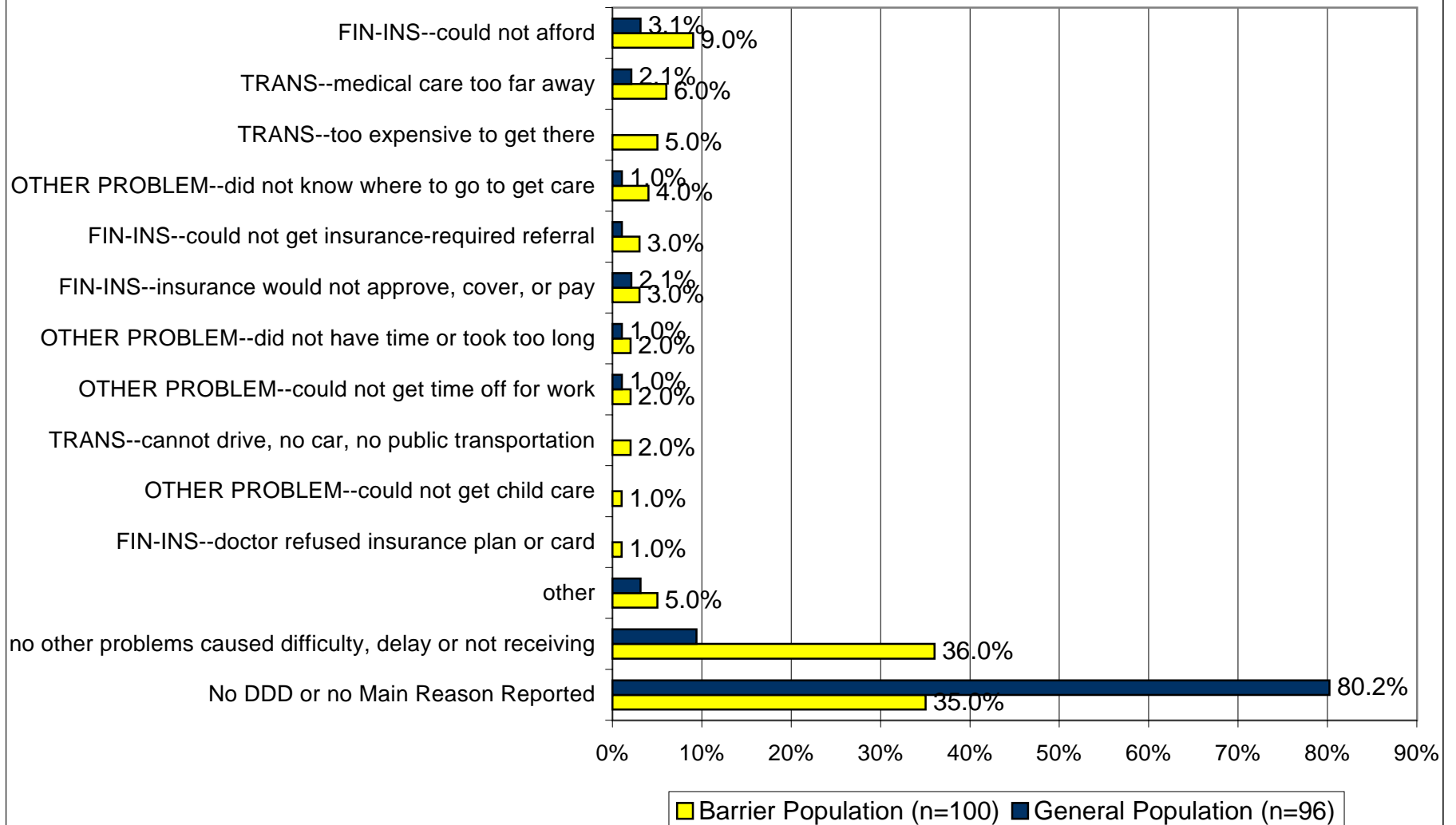
Details from the *Louisiana HABITS* “Barriers Sequence” of questions are given in the next series of charts, comparing responses of the 101 households in the General Population and the 96 households in the Barrier Population:

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>

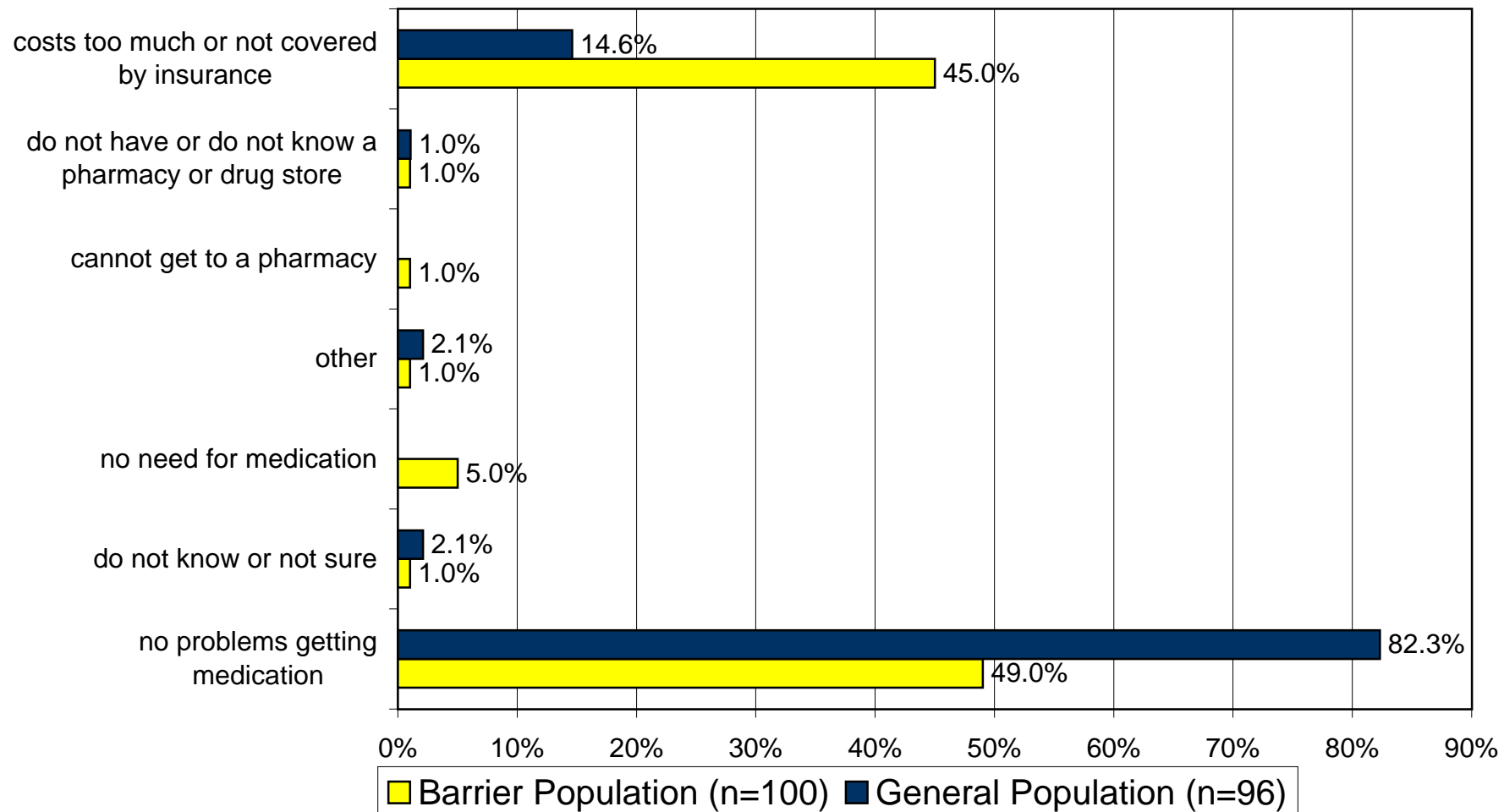
AC25-A: Main reason causing "Difficulty" in obtaining care, "Delayed" obtaining care, or "Did not Receive" needed care



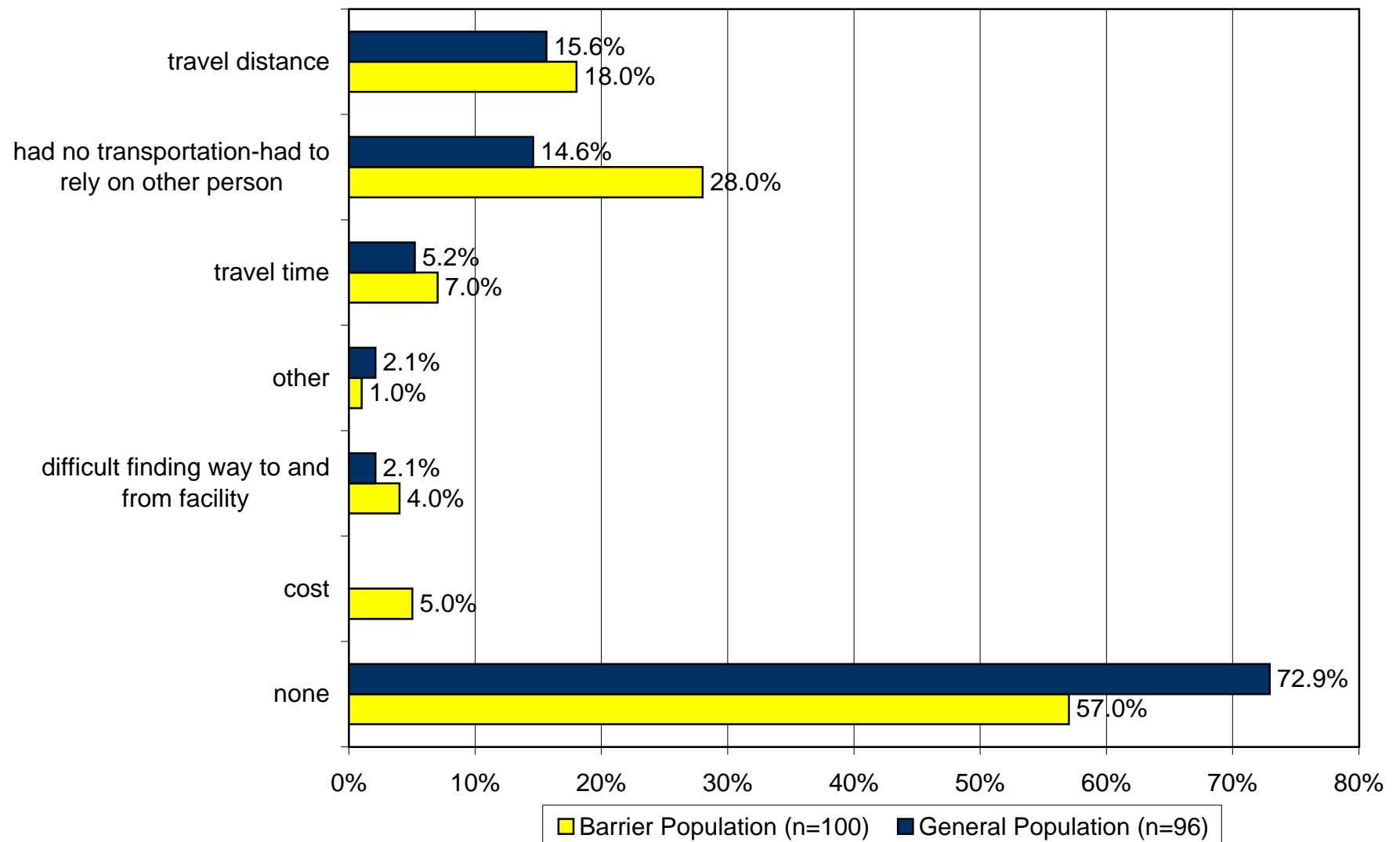
AC26: Other problems causing "Difficulty" in obtaining care, "Delayed" obtaining care, or "Did not Receive" needed care



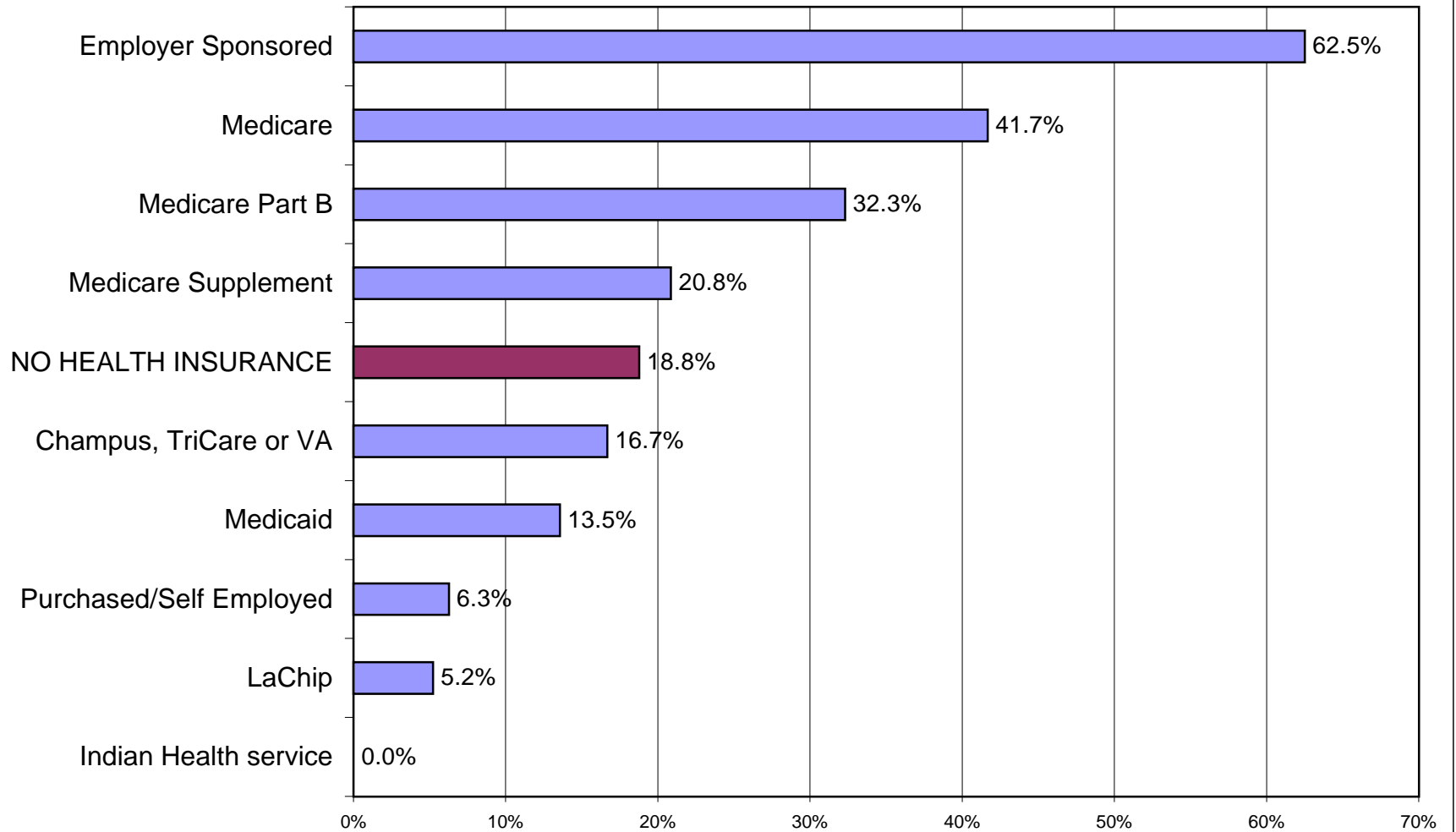
Medicate: Problems with Obtaining Prescribed Medication



AM23: Problems Getting To and From the Doctor

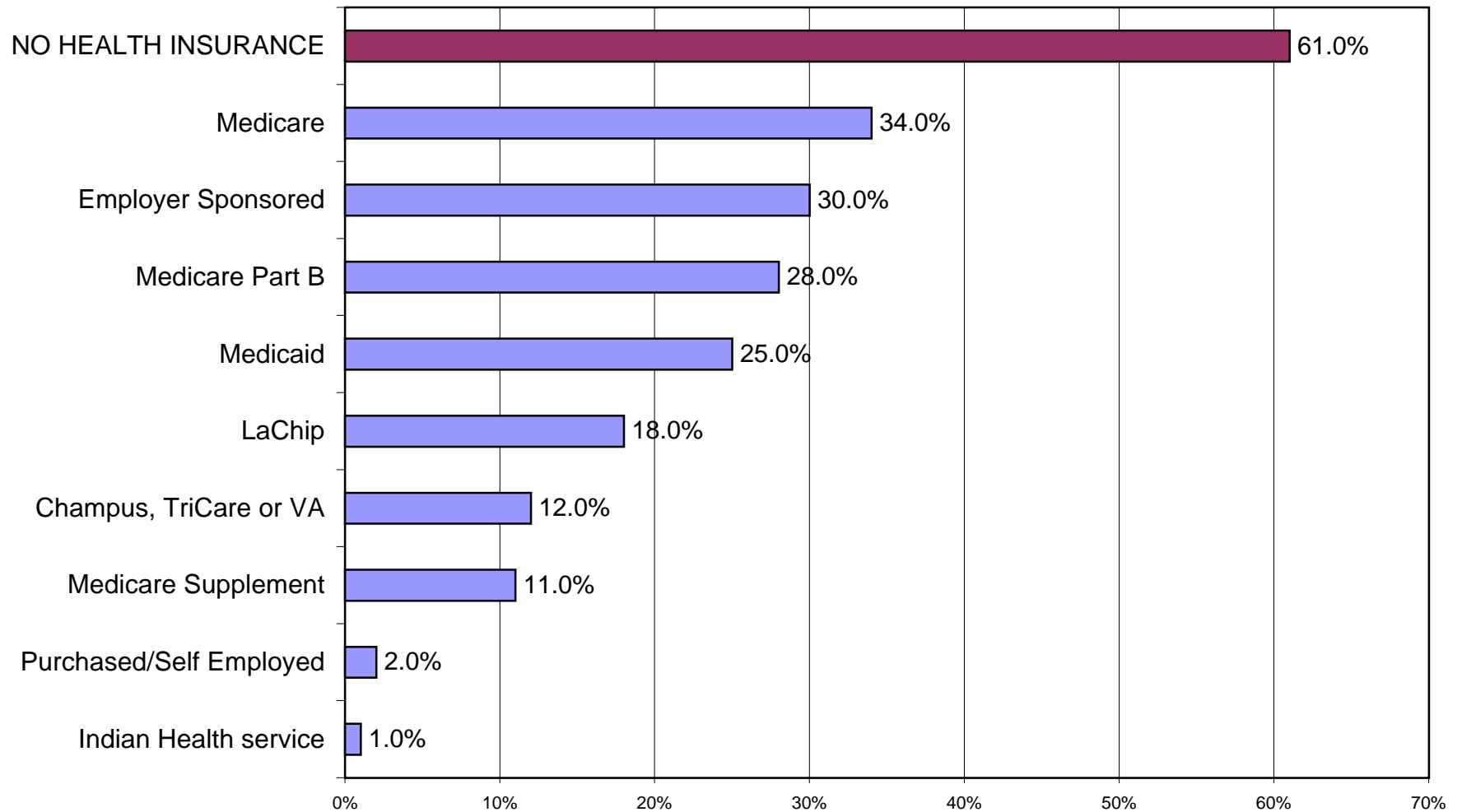


Ins1-Ins8: Percentage of "General Population" households having at least one person with listed health coverages



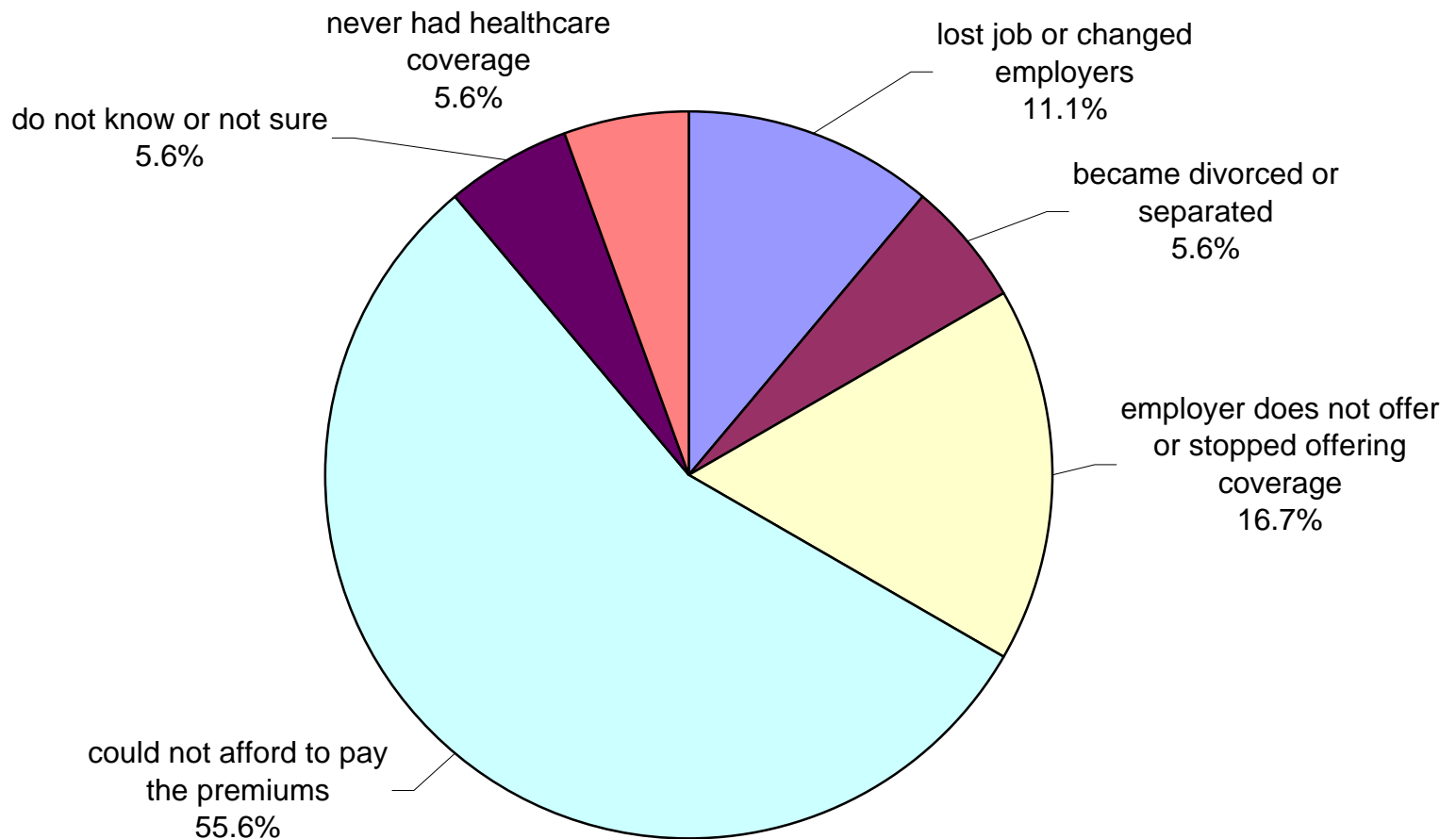
**96 Households with 209 Coverages
(i.e., each household has 2.18 coverages on the average)**

Ins1-Ins8: Percentage of "Barrier Population" households having at least one person with listed health coverages

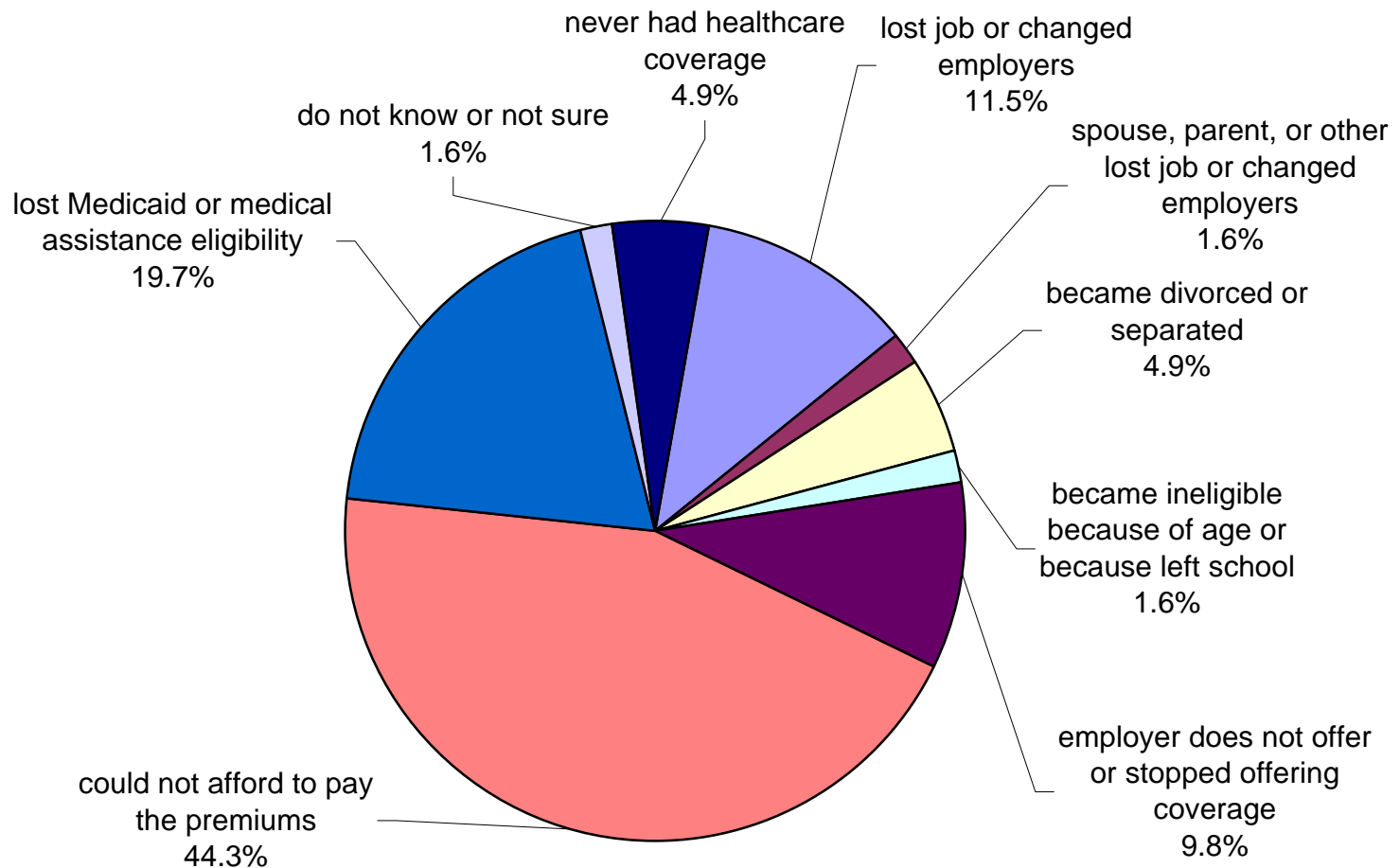


**100 Households with 222 Coverages
(i.e., each household has 2.22 coverages on the average)**

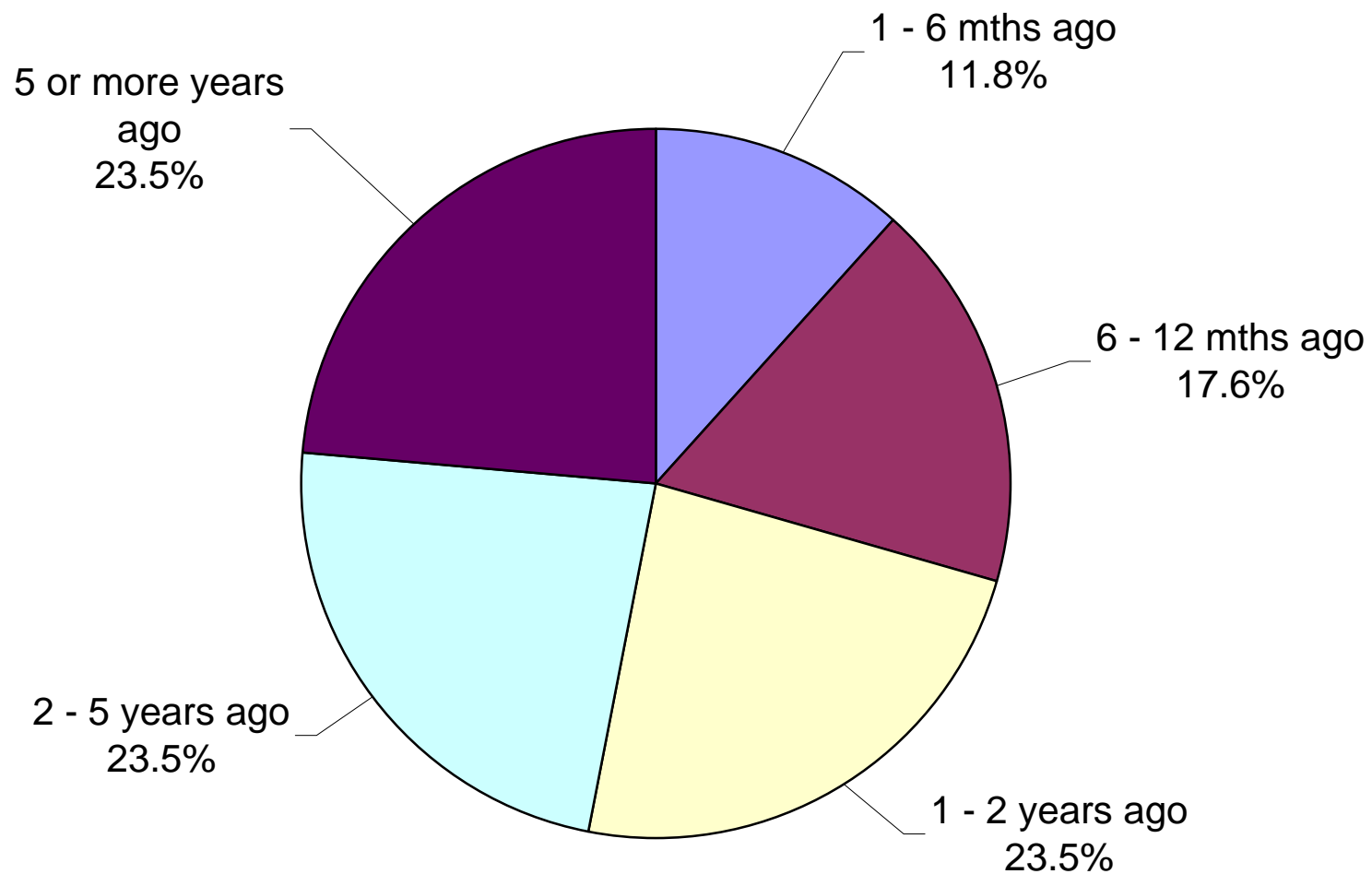
M41: Main Reason "General Population" family members are without coverage (based on 18 households without coverage)



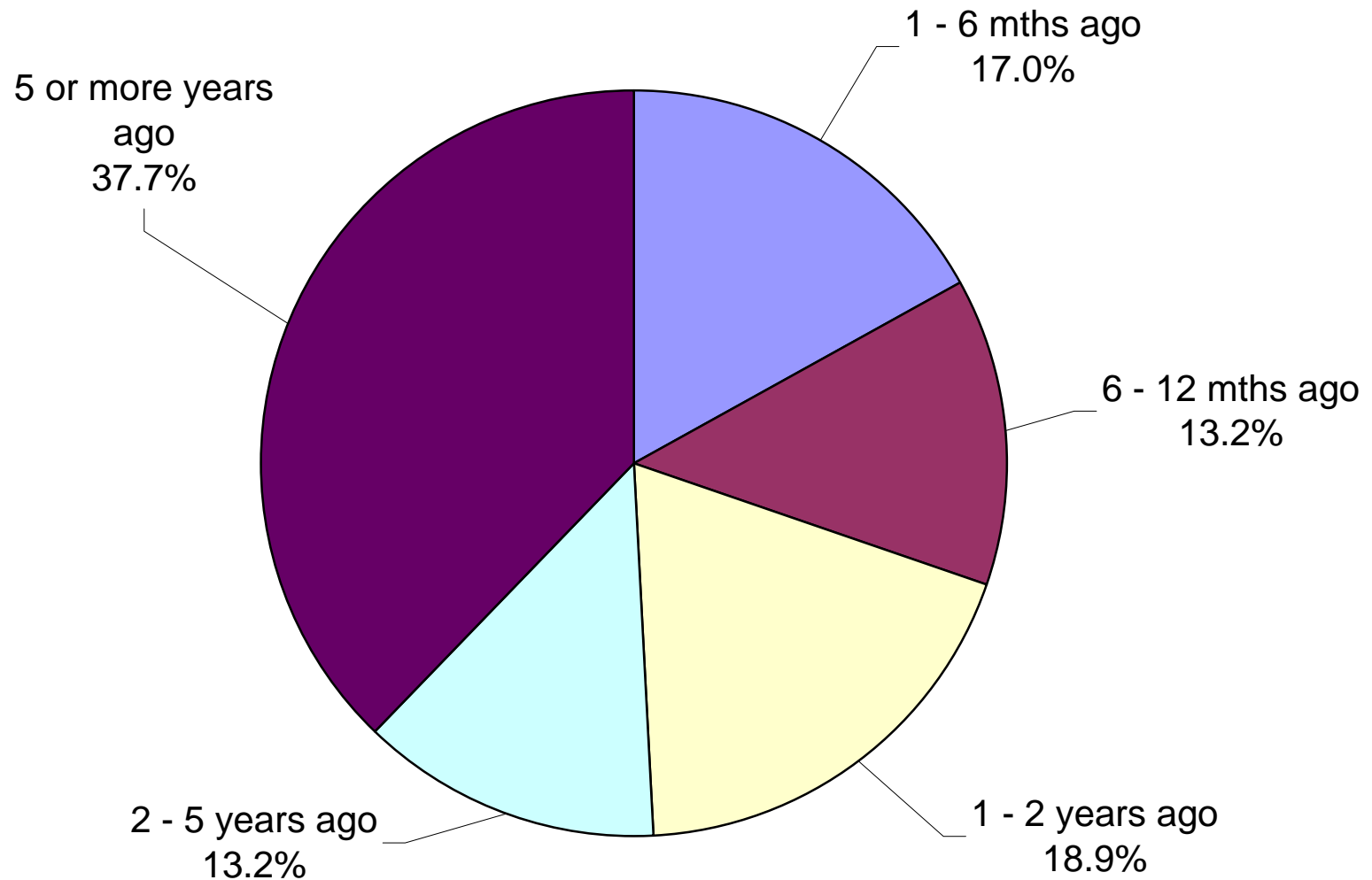
M41: Main Reason "Barrier Population" family members are without coverage (based on 61 households without coverage)



S25: How long since "General Population" family members had healthcare coverage? (based on 17 households without coverage)



S25: How long since "Barrier Population" family members had healthcare coverage? (based on 53 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

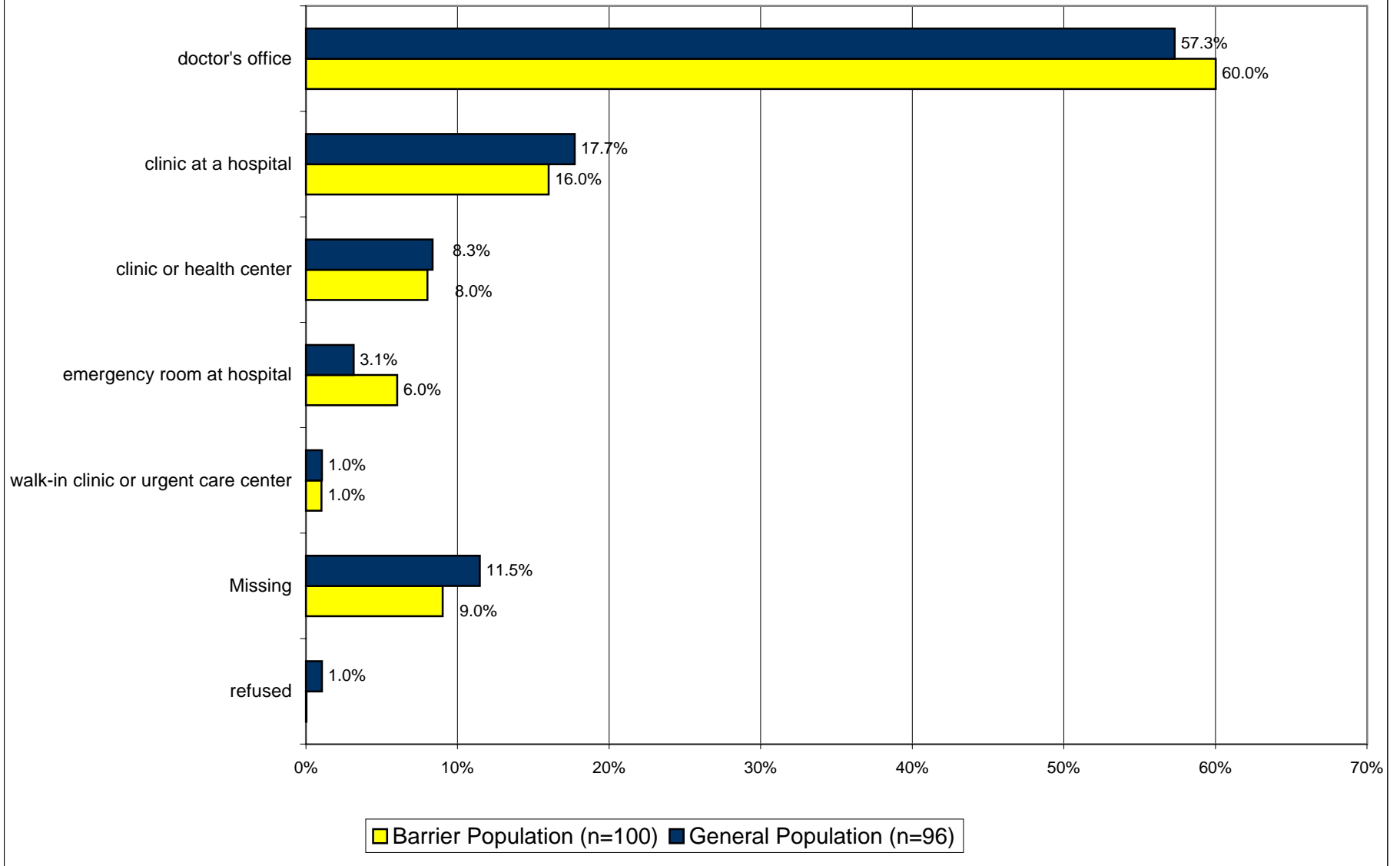
- M44 *If there is ONE PARTICULAR clinic, health center, doctor's office, or other place that the family members in your household usually go to if they are sick or need advice about their health, what kind of a place is that?*
- M45 *Do you have one person you think of as your household's MAIN personal 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 51.2% of the General Population go most often to a provider location within La Salle Parish while 48.8% travel to a provider location outside of the La Salle Parish. These proportions vary somewhat when the no-phone population and the barrier population (and its subgroups) are considered:

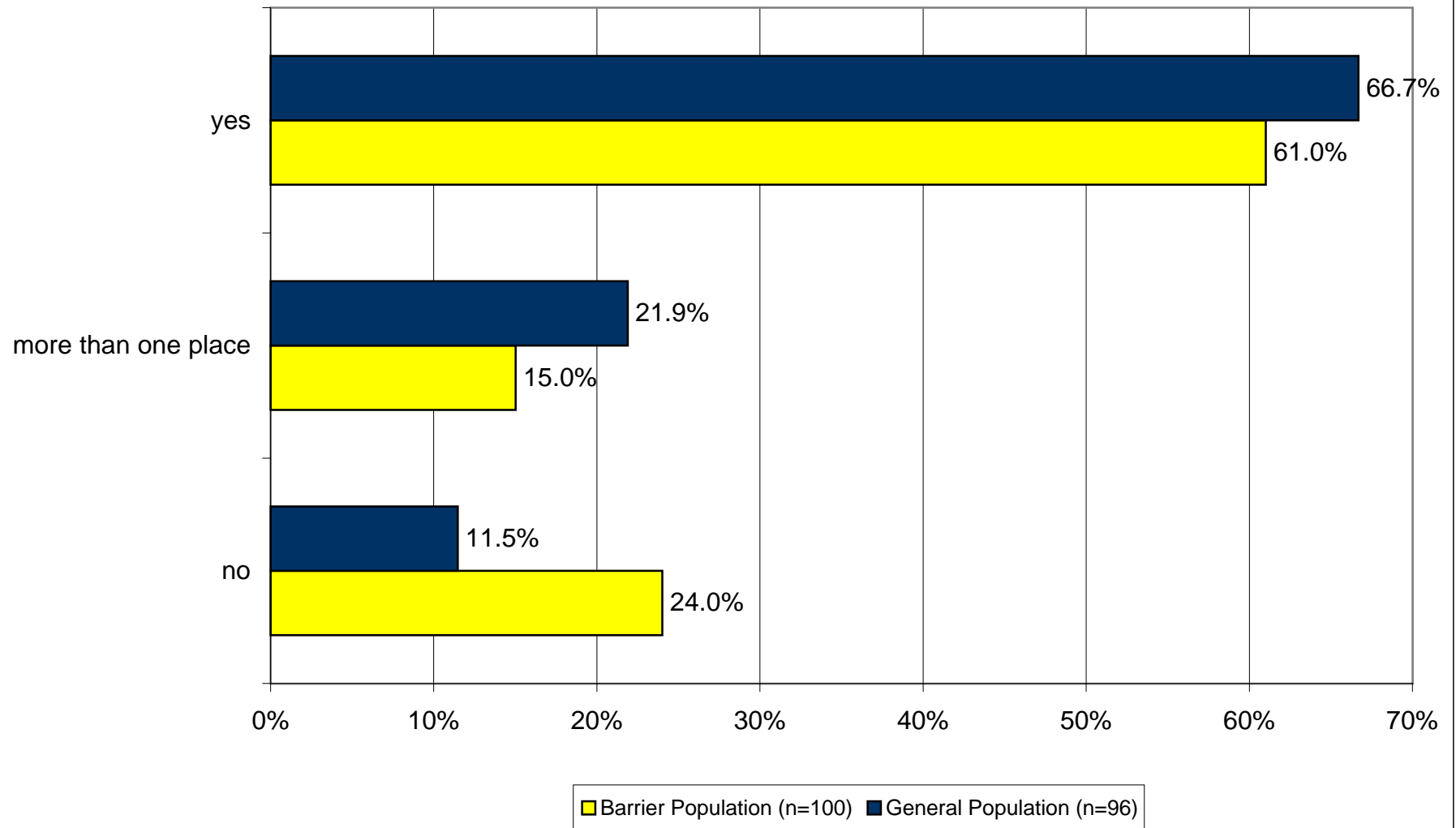
Population (# responses / # interviews)	“Place gone most often for healthcare” is within La Salle Parish	“Place gone most often for healthcare” is outside of La Salle Parish
General Population (84 / 96)	51.2%	48.8%
No-Phone Population (15 / 19)	53.3%	46.7%
Barrier Population (89 / 100)	55.1%	44.9%
DDD Population (57 / 66)	56.1%	43.9%
MedsProb Population (43 / 46)	48.8%	51.2%
No-Insurance Population (54 / 61)	53.7%	46.3%

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.

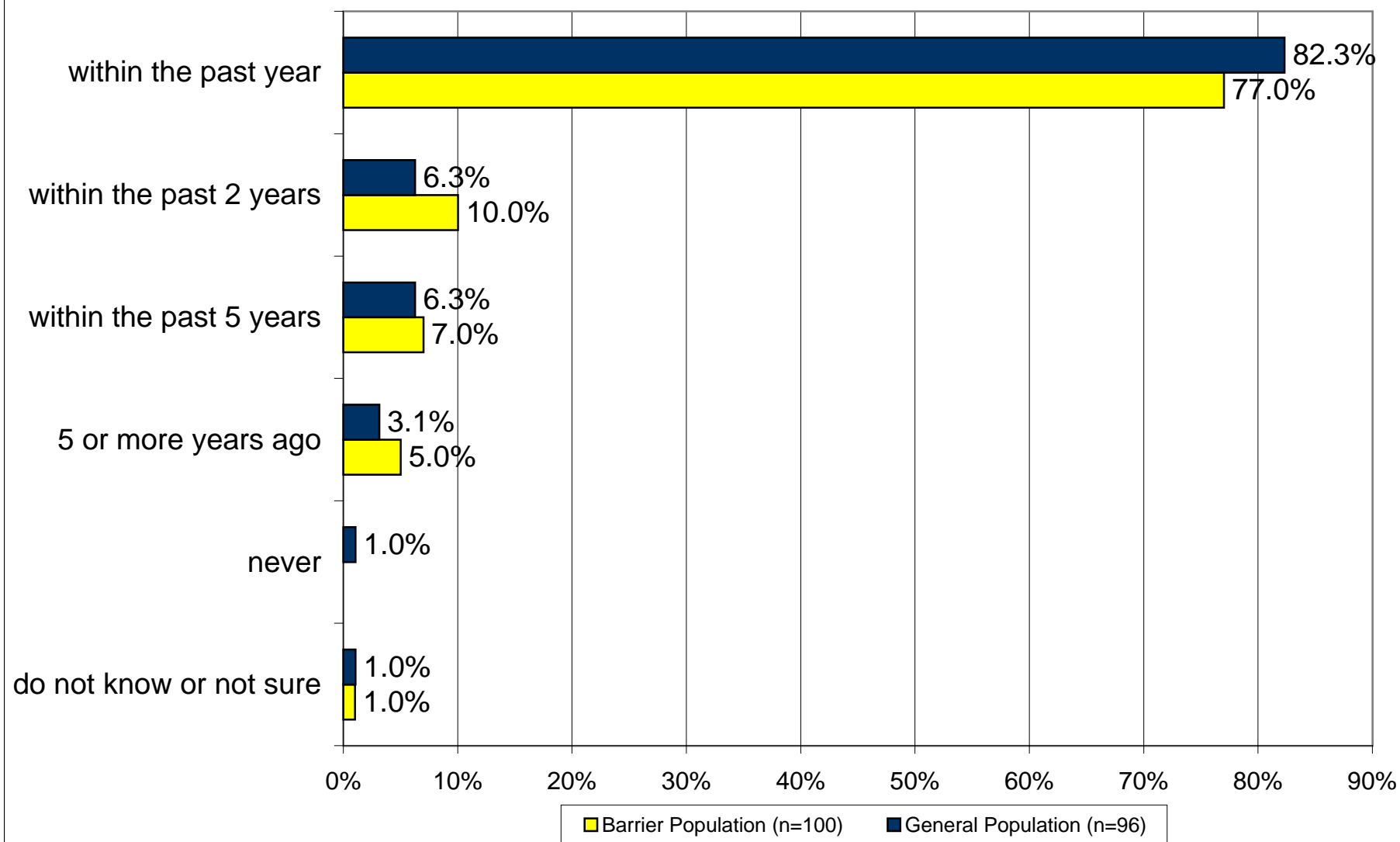
M44: Place that family members go most often for healthcare



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 necessarily 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

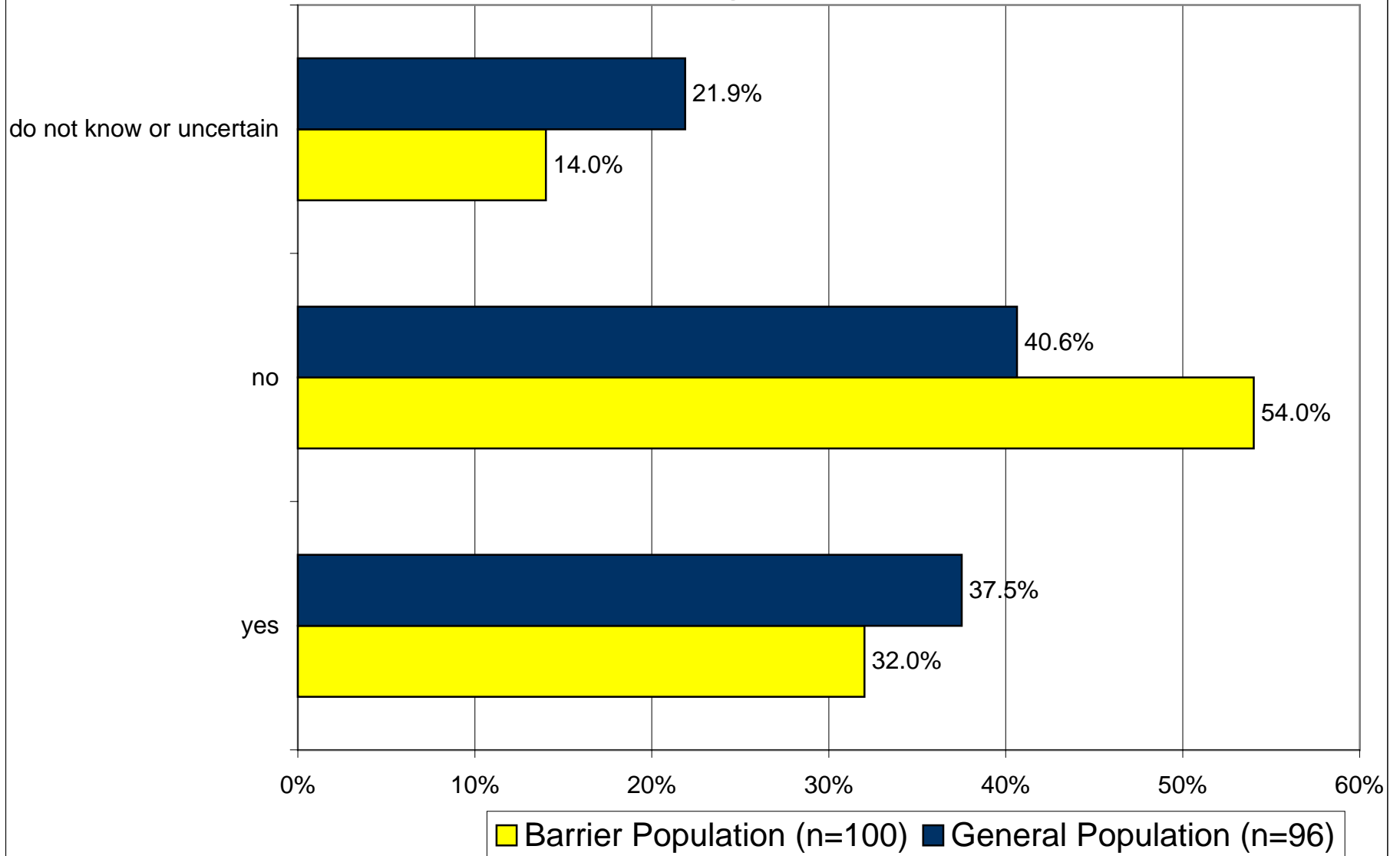
Identifier

Full Text of the Question

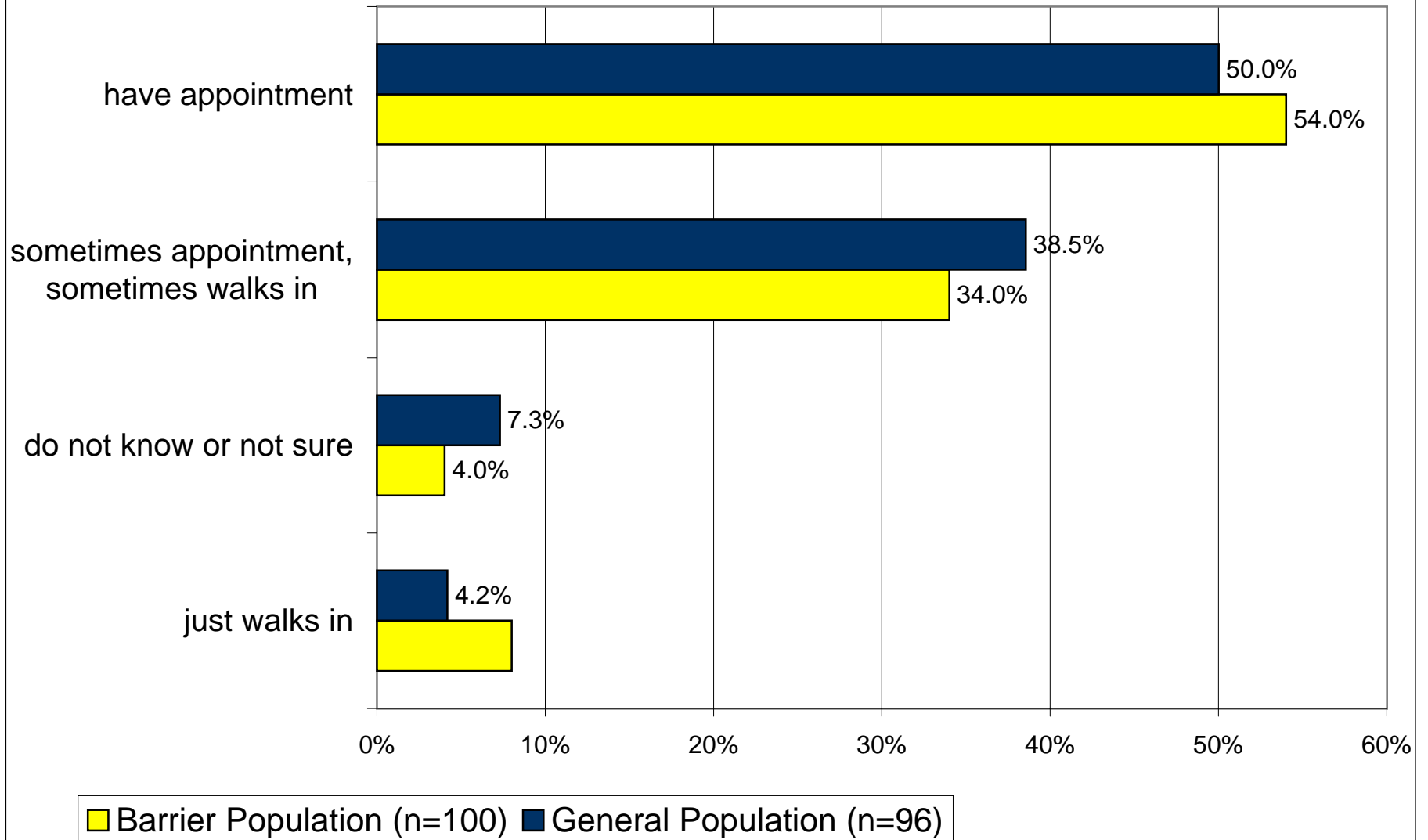
- | | |
|-------|---|
| AC15 | <i>Does [_____] / the place you most often go when you need healthcare] have office hours at night or on weekends?</i> |
| AC16 | <i>When you go there, do you usually have an appointment ahead of time, just walk in, or sometimes have an appointment and sometimes not?</i> |
| 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.

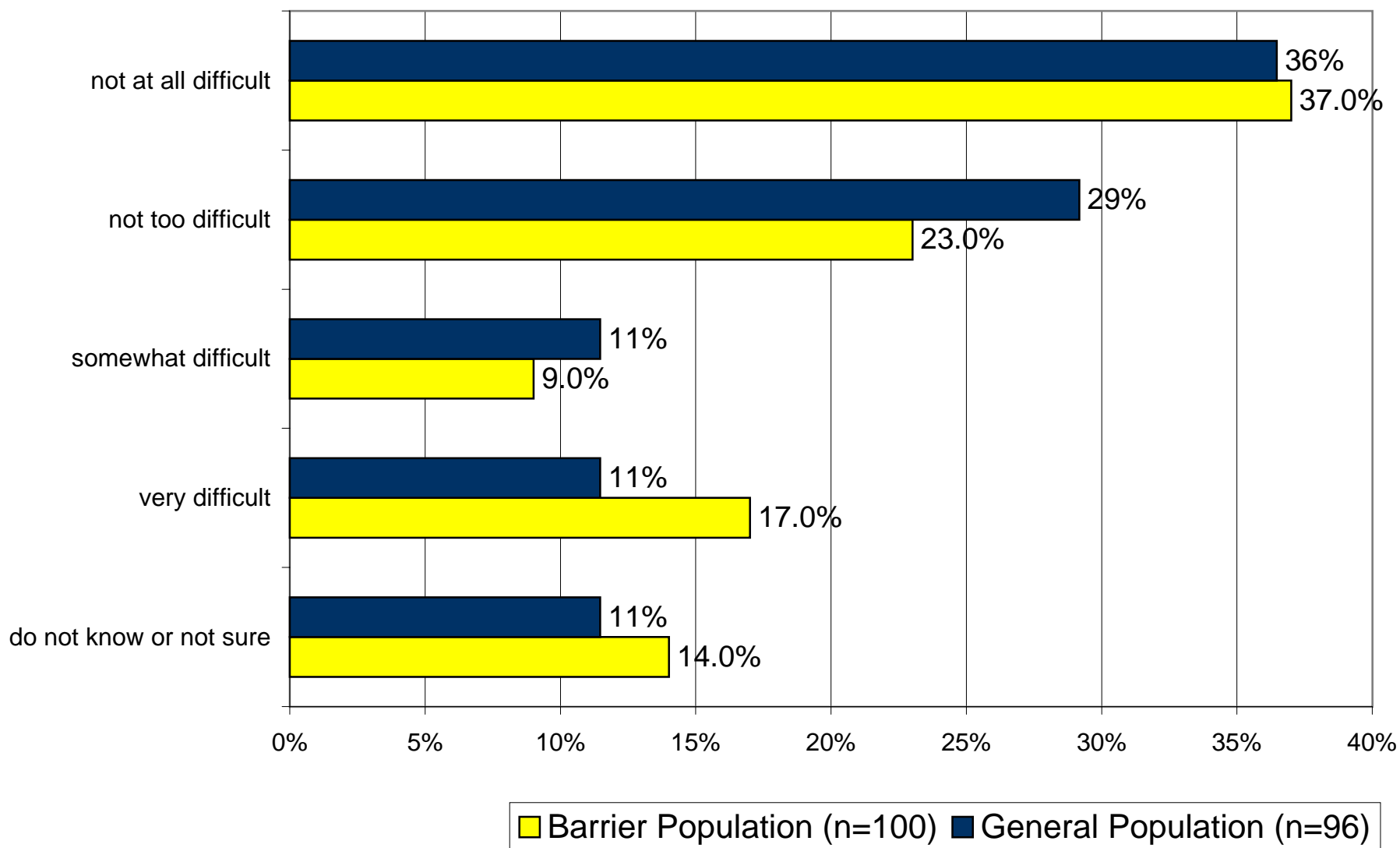
AC15: Office hours nights or weekends?



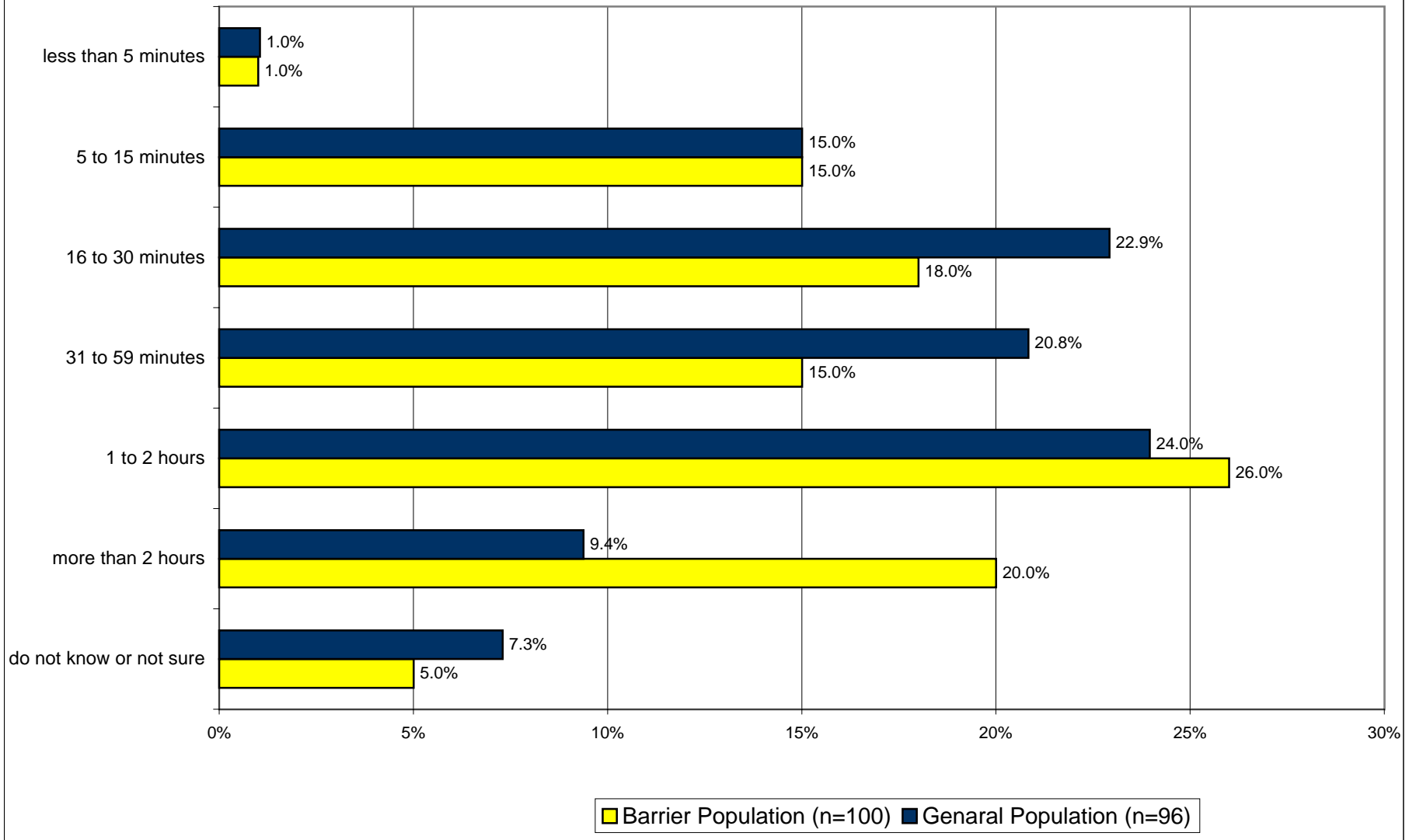
AC16: Appointment or Walk-in?



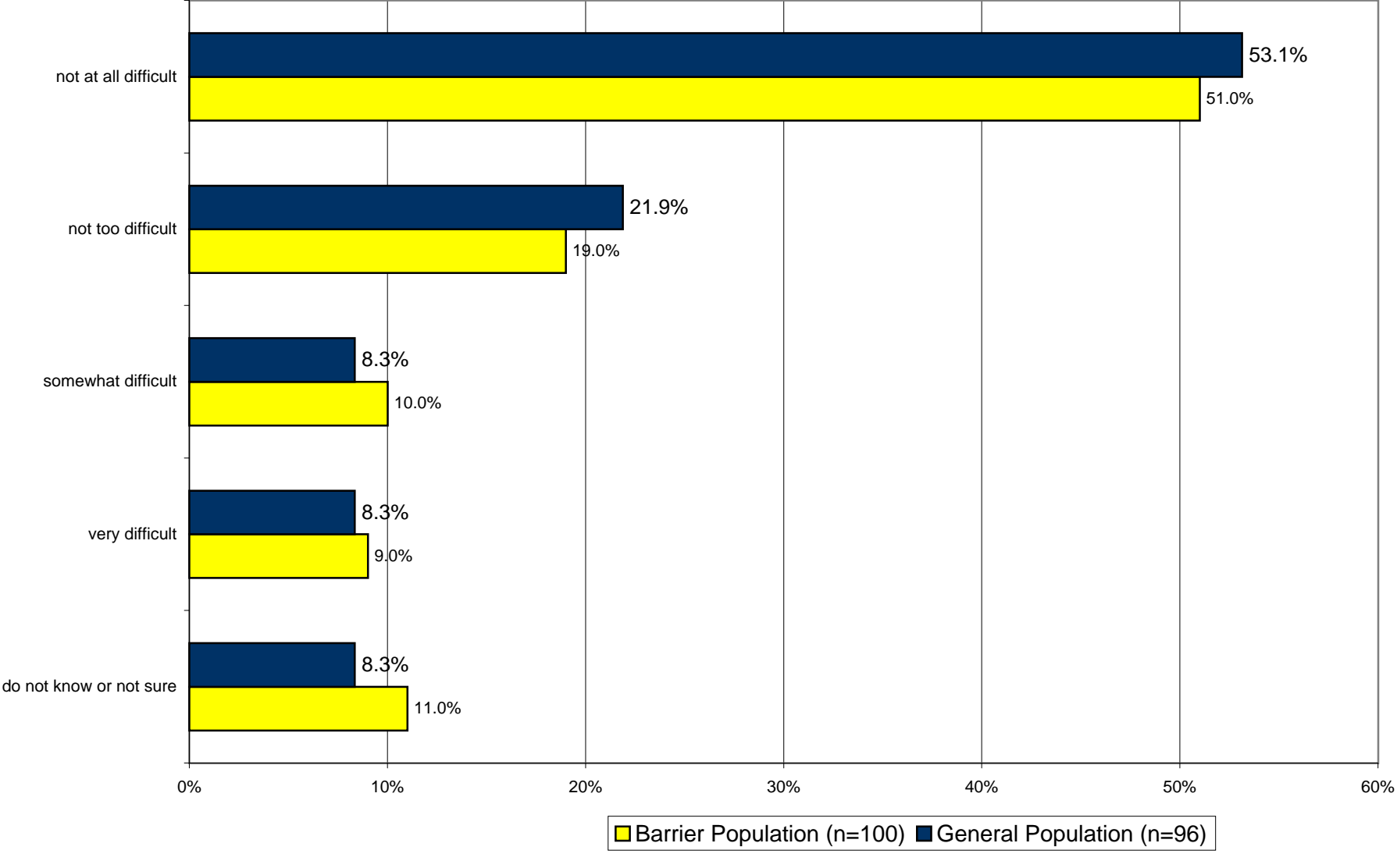
AC17: Is it difficult to get an appointment on short notice?



AC18: How long do you wait after you arrive?

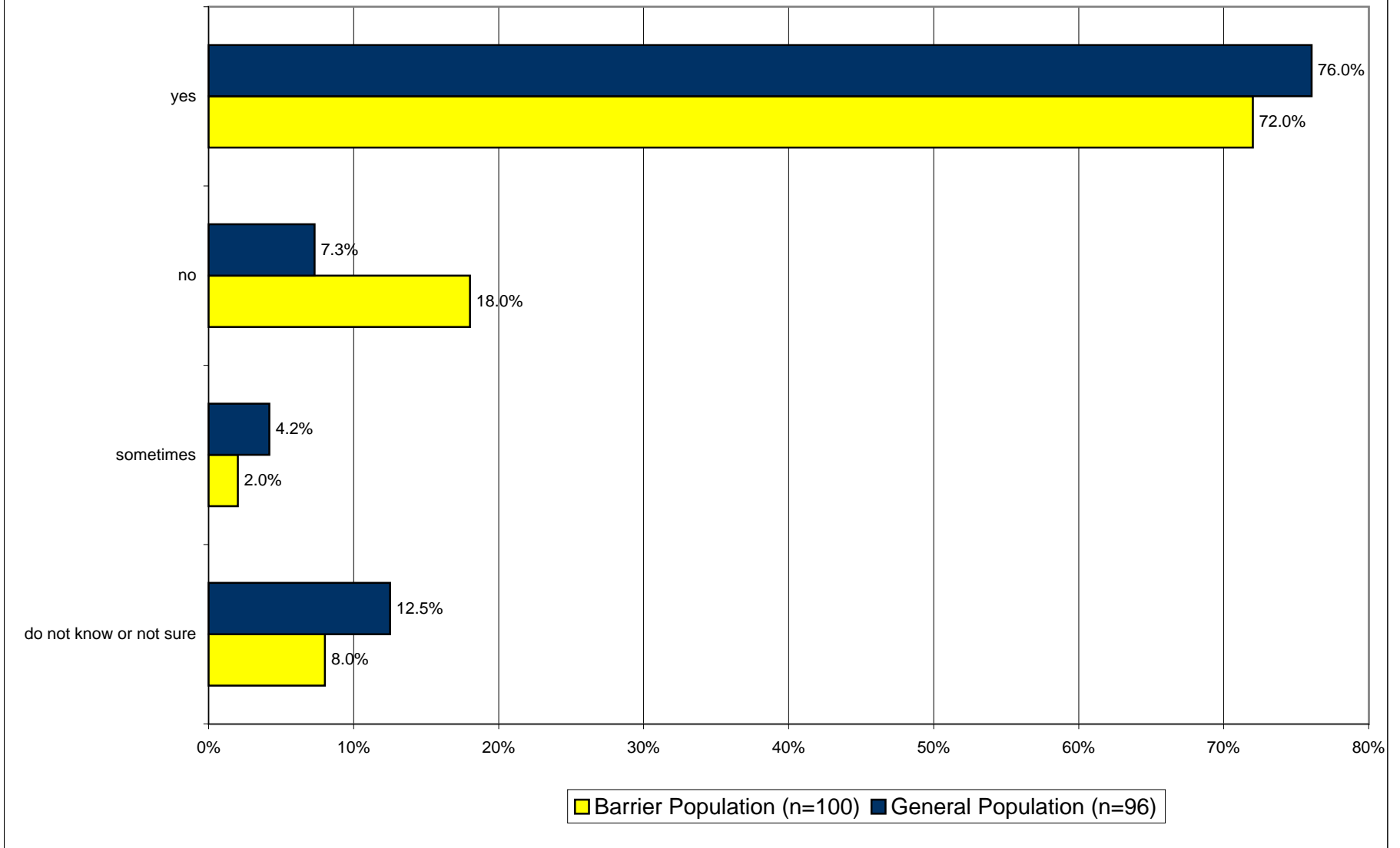


AC19: Difficult to contact provider by telephone?



Source: La Salle Parish HABITS 2000-2001

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 of the leading causes of death in Louisiana according to the 2000 Louisiana Health Report Card, but were not identified as such in that question.

Question

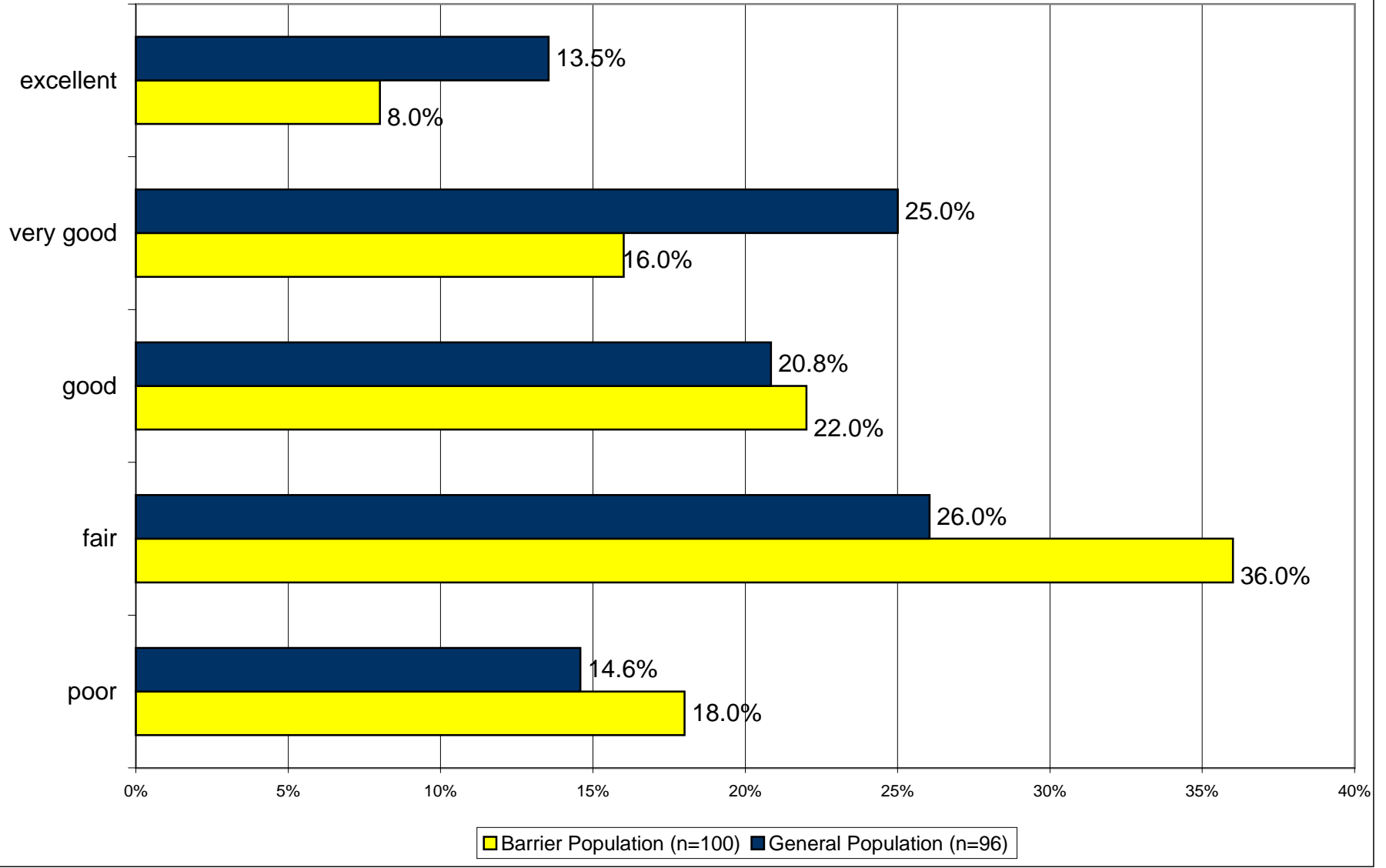
Identifier

Full Text of the Question

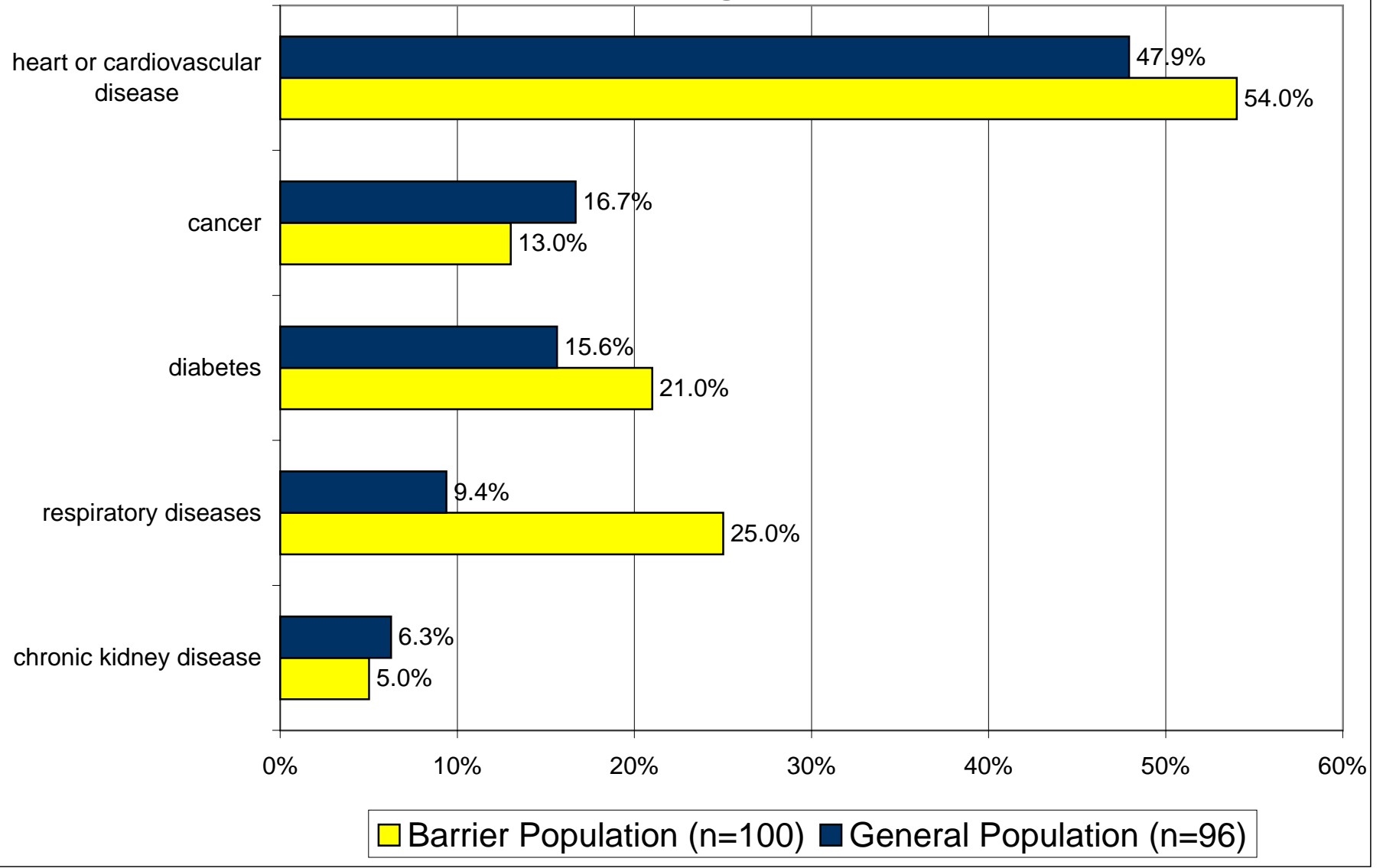
<i>S11</i>	<i>Would you say that in general your health is: Excellent, Very good, Good, Fair, Poor</i>
<i>WhchChrn</i>	<i>Which of the following illnesses has any family member in your household been told by a doctor they currently have? Cancer, Chronic Kidney Disease, Diabetes, Heart or Cardiovascular 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.

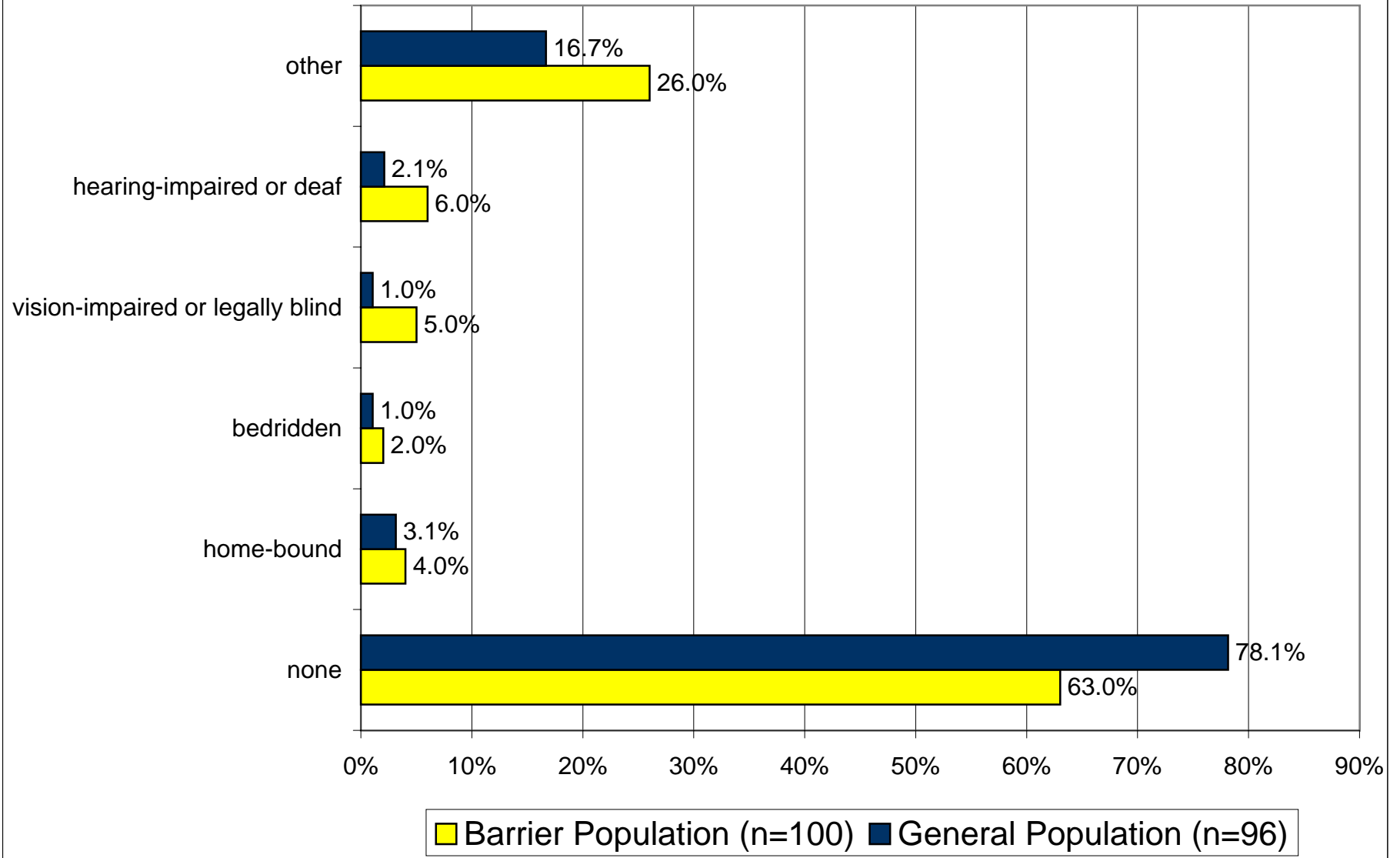
S11: General Health of the Respondents



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

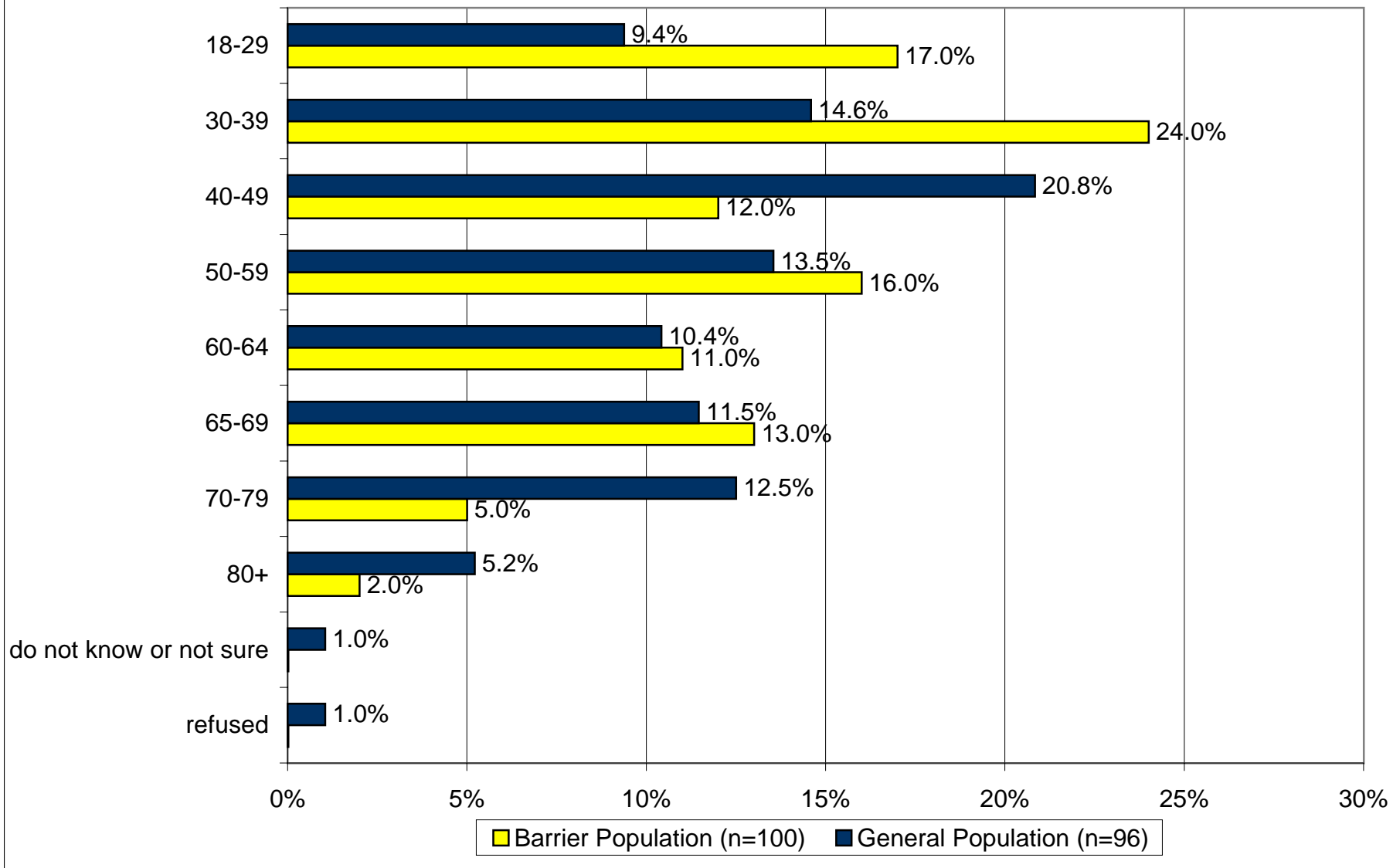
Identifier

Full Text of the Question

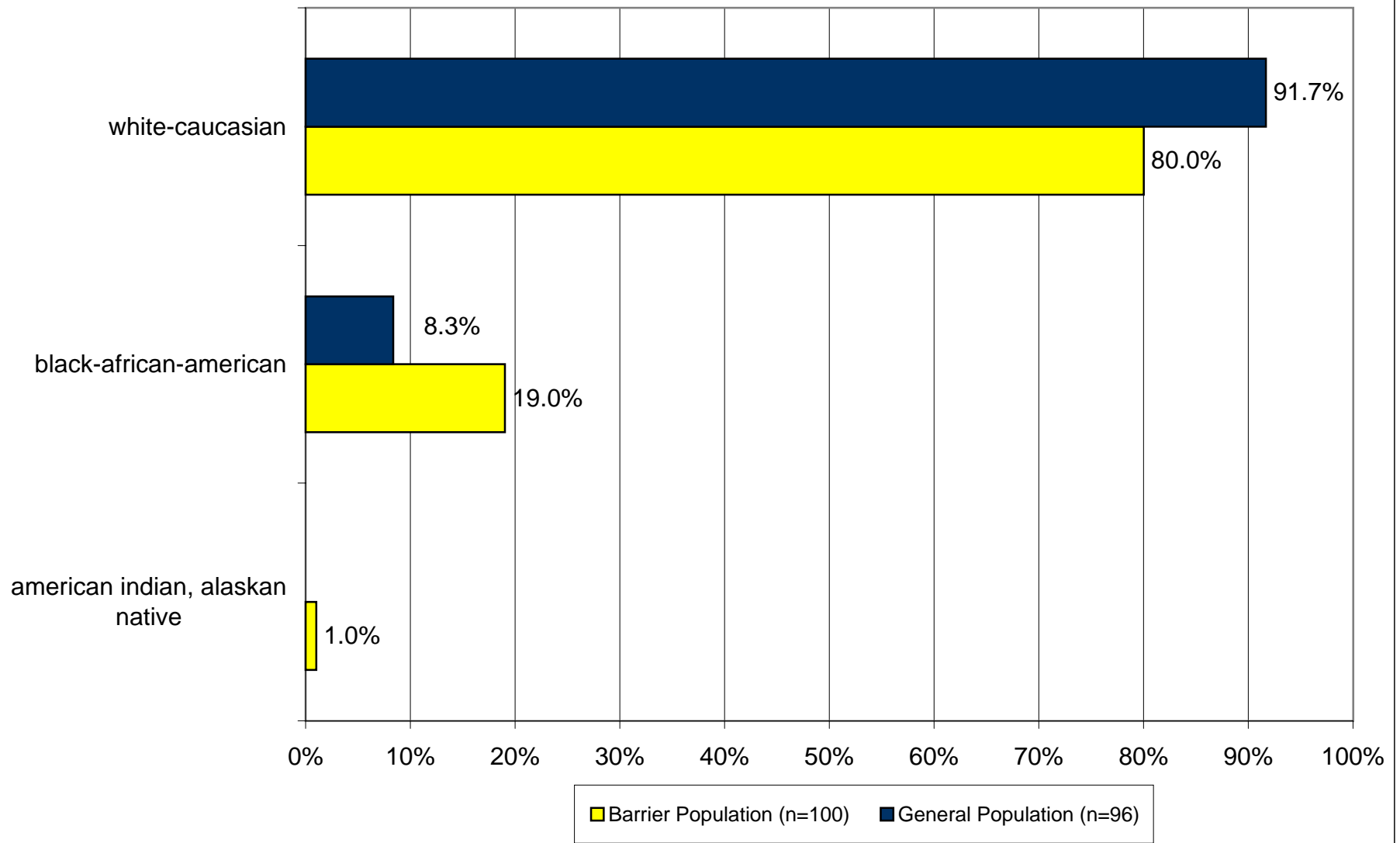
<i>S101</i>	<i>What is your age?</i>
<i>S102</i>	<i>What is your race?</i>
<i>S103</i>	<i>Are you of Spanish or Hispanic origin?</i>
<i>S104</i>	<i>Are you: Married, Single (widowed, divorced, separated, never been married)?</i>
<i>S106</i>	<i>What is the highest grade or year of school you completed?</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.

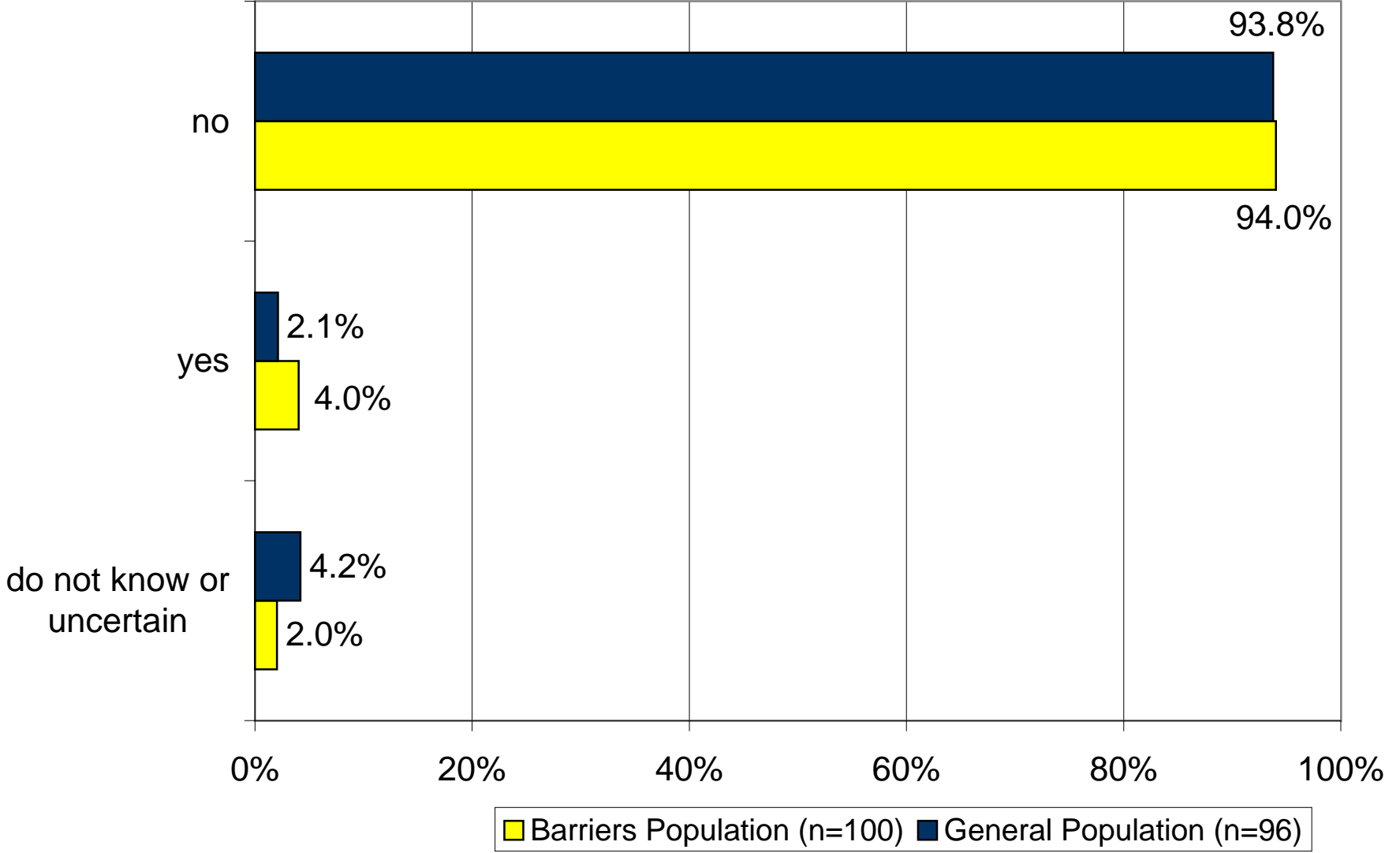
S101: Age of Respondents



S102: Race of the Respondents

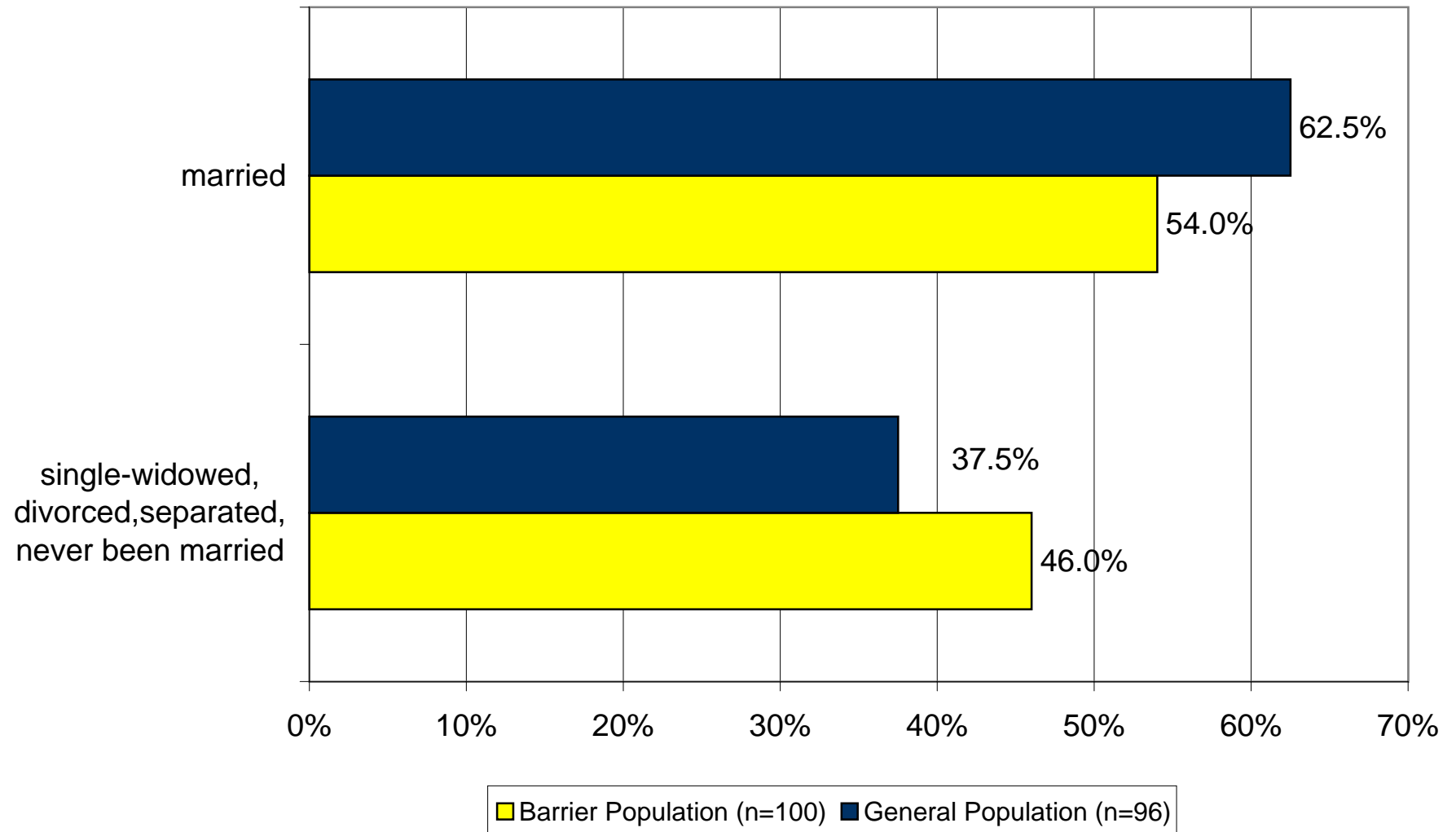


S103: Respondents of Spanish or Hispanic Descent

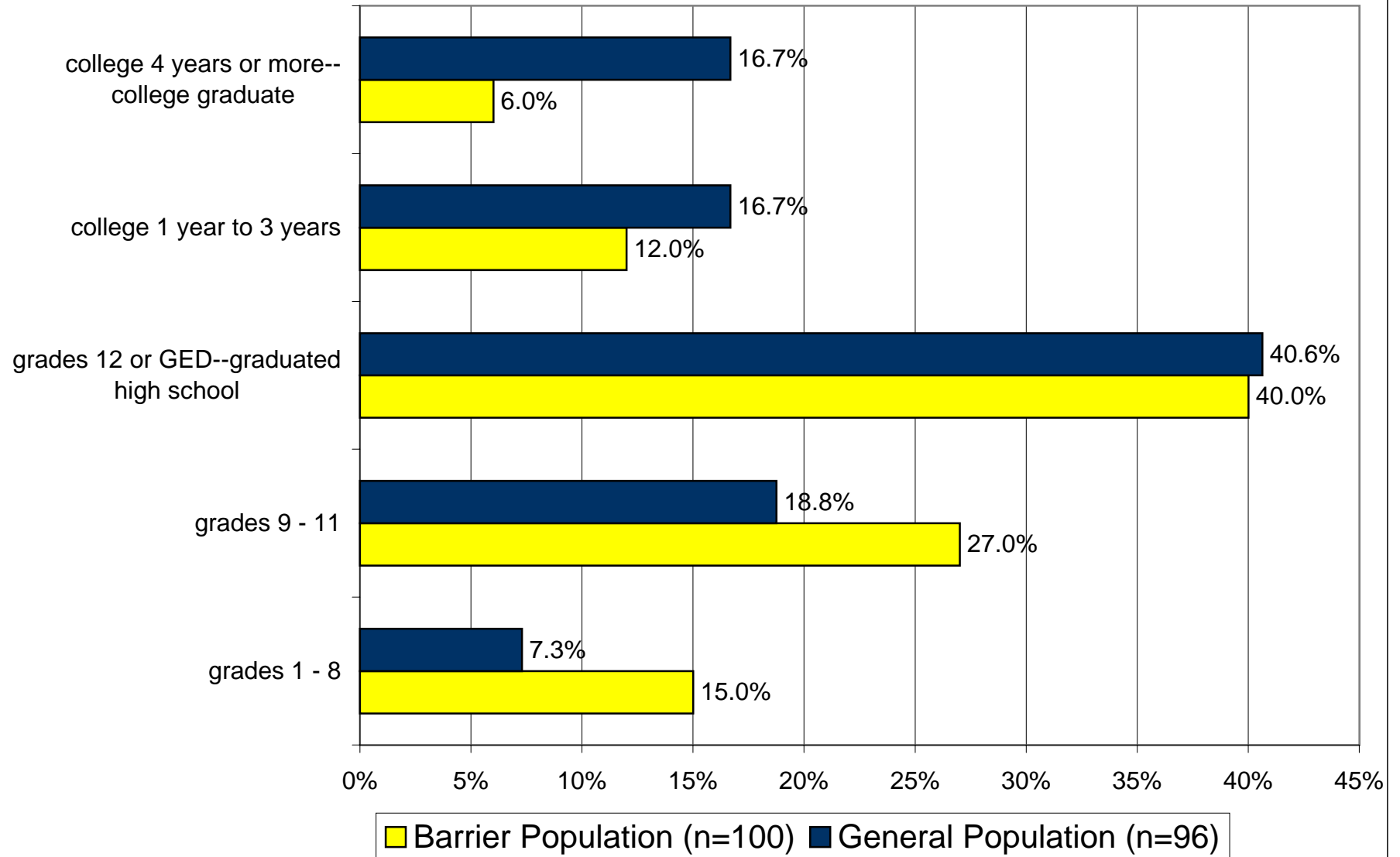


Source: La Salle Parish HABITS 2000-2001

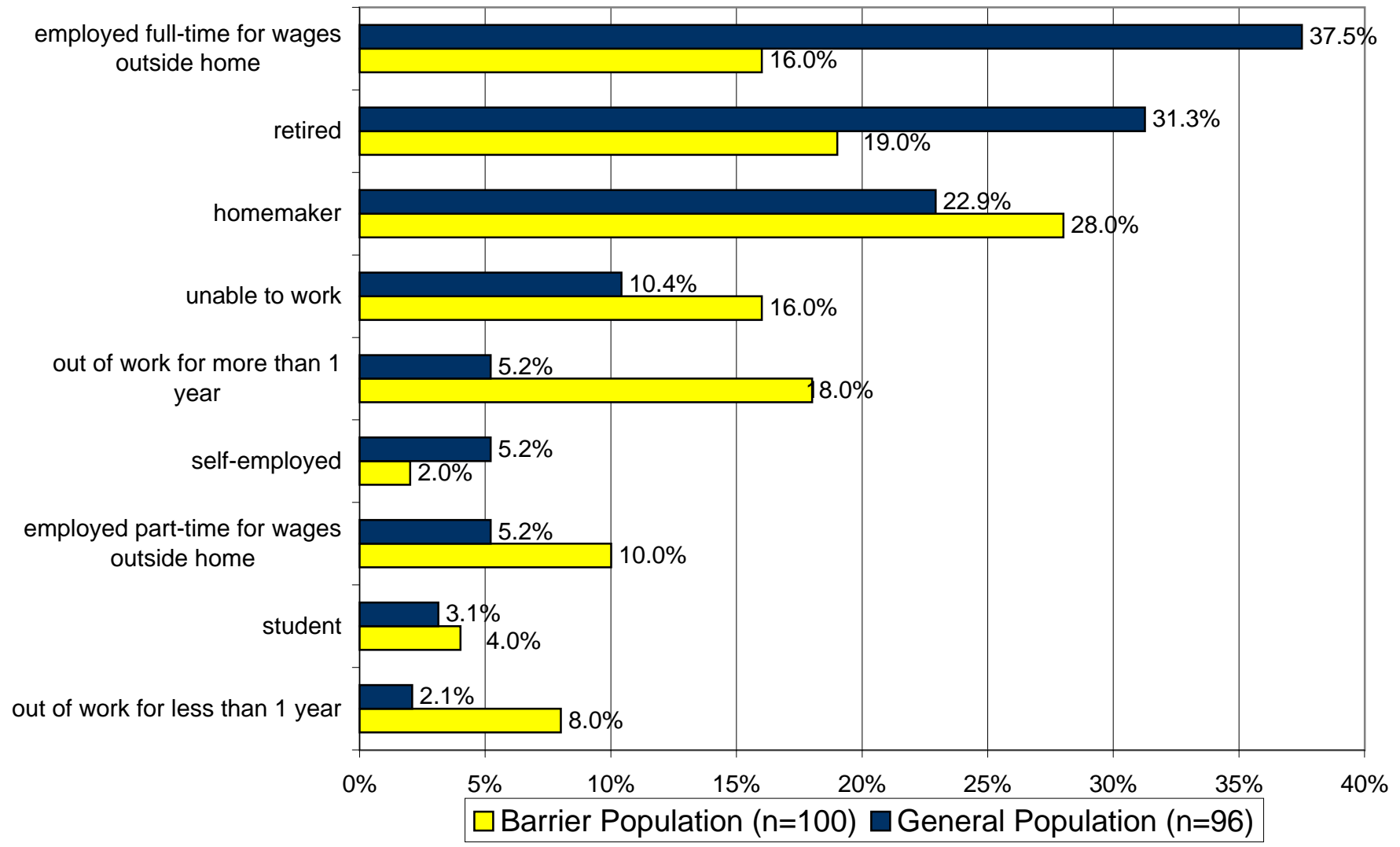
S104: Marital Status of Respondents



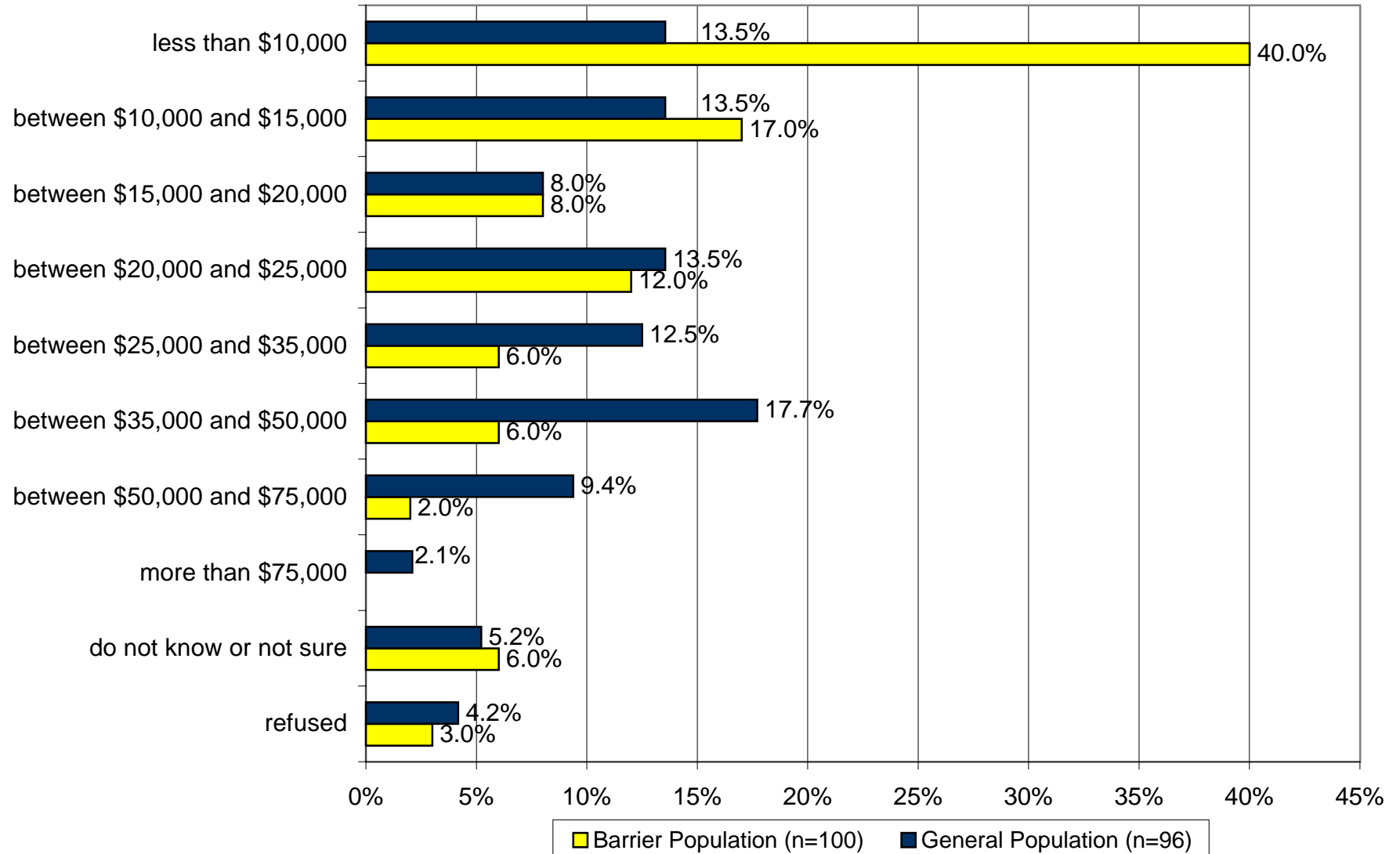
S106: Respondents' Highest Grade of School Completed



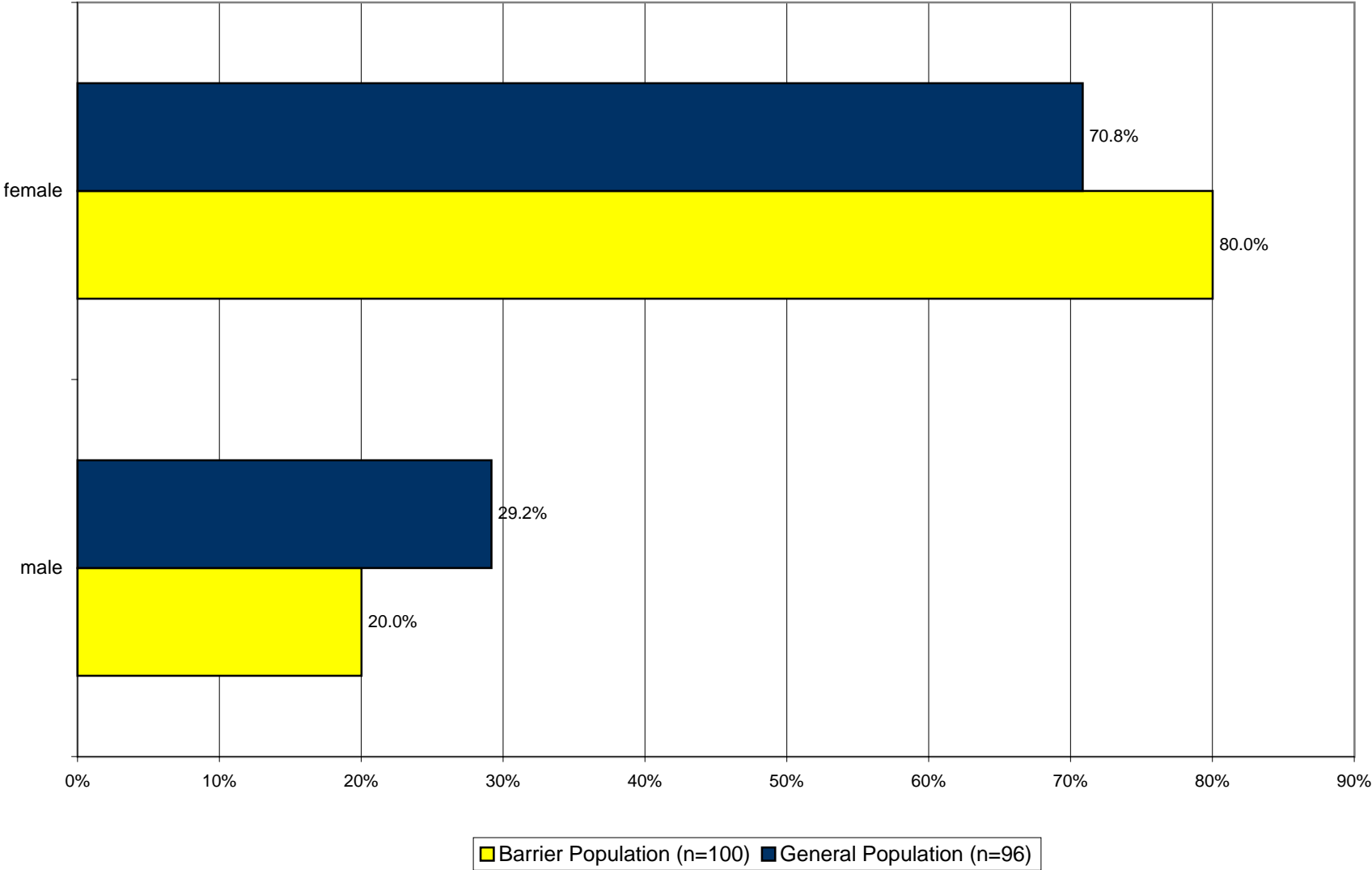
S107: Employment Status of Respondents (may reflect more than one type of employment per respondent)



S108: Household Income from all sources



S1018: Respondents' Gender



CONCLUSIONS

Conclusions Specific to La Salle Parish

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

- Of the four parishes in the Study Area, La Salle Parish scored second worst in terms of barriers reported by its residents.
- LaSalle Parish was designated by the U.S. Department of Health and Human Services as a Health Professional Shortage Area (HPSA) for Primary Care on 3/6/1997 as well as a Medically Underserved Area (MUA) with a score of 50.1 (0=completely underserved; 100= best served or least underserved).
- The Louisiana State Board of Medical Examiners reported two Family Practice Physicians, two General Practice Physicians, one Osteopathic Physician, four physicians specializing in Internal Medicine and one specializing in Pediatrics who practice in LaSalle Parish. At the time of the study the researcher identified one Family Practice Physician, one General Practice Physician, one Osteopathic Physician, two physicians specializing in Internal Medicine and one specializing in Pediatrics, though practicing in LaSalle only two days per week.
- The Louisiana State Board of Nursing reported no Family Nurse Practitioners and no Pediatric Nurse Practitioners who practice in LaSalle Parish. This study identified one Pediatric Nurse Practitioner who spends 13 hours weekly at two School Based Health Centers in the parish.
- Two community hospitals in LaSalle Parish offer 101 beds; no discharge data from those facilities were available through the Louisiana Hospital Information Network. In addition to care provided by the five full-time and one part-time physicians, healthcare within the parish was provided by the two School Based Health Centers and the LaSalle Parish Health Unit, which provided 3,936 patient visits from August, 1999, to March, 2000. Clinics at LSU HSC, Huey P. Long Medical Center reported 564 patient visits. Hospitals outside LaSalle Parish reported 1,149 discharges from LaSalle residents in 1999.
- Despite having two hospitals, La Salle Parish has only five primary care physicians; healthcare services are concentrated in two areas of La Salle Parish adjacent to those hospitals – in the parish seat of Jena and among the northwest cluster of communities in the U.S. 165 corridor.
- 47.5% of La Salle Parish households experience some type of healthcare access barrier. 40.6% of households surveyed by random telephone calling and 89.5% 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 La Salle 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 6.3% of the general population of La Salle Parish households and by 32.0% 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 14.6% of the general population of La Salle Parish households and by 45.0% of those experiencing healthcare access barriers.
- Transportation reasons – “had no transportation” or “had to rely on other person” – are common reasons for problems getting to or from healthcare providers, cited by 14.6% of the general population of La Salle Parish and by 28.0% of those experiencing healthcare access barriers. "Travel distance" is a slightly more common reason for the general population (15.6%), but only 18.0% of the barrier population reported "travel distance" being a problem.
- 18.8% of La Salle Parish households include at least one family member who lacks health insurance. 62.5% of La Salle Parish households include family members who have health insurance coverage through an employer-sponsored plan; 41.7% through Medicare; 13.5% through Medicaid; and 5.2% through LaCHIP.
- Among those households which indicate a barrier to healthcare access, the percentage of households including at least one family member without insurance is 61.0%; the employer-sponsored rate is 30.0%; 34.0% through Medicare; 25.0% through Medicaid; and 18.0% through LaCHIP.
- By far, the main reason for lack of health insurance is “could not afford to pay the premiums,” with 55.6% of La Salle Parish households without coverage so indicating. “Lost job or changed employers” accounted for 11.1%, while “employer does not offer or stopped offering coverage” accounted for 16.7%. Reasons determined for lack of coverage among “barrier” households were generally similar, except that "lost Medicaid or medical assistance eligibility" was cited by 19.7%.
- 87.5% of La Salle Parish households report having a place that family members go most often for healthcare; for 57.3%, that place is a doctor’s office; for 17.7%, a clinic at a hospital; for 3.1%, the emergency room at a hospital; for 8.3%, a clinic or health center.
- Among those households which indicate a barrier to healthcare access, the percentage of households reporting a place that family members go most often for healthcare is 91.0%. 60.0% go to a doctor’s office, 16.0% go to a clinic at a hospital, 8.0% attend a clinic or health center, and 6.0% go to a hospital emergency room.
- Only 11.5% of La Salle 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 more than doubled at 24.0%.
- Experiences of La Salle 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 – possibly 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 – 46.0% of the former group reported “good, very good, or excellent” health while 59.3% of the general population reported “good, very good, or excellent.”

- The rates of presence of physician-diagnosed cases of chronic diseases that are among the leading causes of death are similar among the general population and barrier households, with the exception that diabetes and respiratory diseases may have been diagnosed at a somewhat lower rate possibly due to a lower level of access to routine screenings among the barrier population.
- The rates of incidence of mobility limits of family members are similar among the general population and the barrier population.
- Age disparities are apparent when comparing the ages of respondents among the general population of La Salle Parish to the ages of respondents from the group of households that experience barriers to healthcare access. 41.0% of the respondents from barrier households are in the age range of from 18 to 39 years, whereas only 24.0% of respondents from the random sample of the general population are in that age range.
- Almost twice as many children (1.1 per household) under the age of 18 were identified in the households with barriers to access to primary healthcare when compared to households from the general population (0.6 per household).
- Slightly fewer persons over 65 years of age (0.36 per household) were identified in the households with barriers to access to primary healthcare when compared to households from the general population (0.5 per household).
- Racial disparities are apparent when comparing the general population of La Salle Parish to respondents from that group of households that experience barriers to healthcare access. While 91.7% of the respondents from the random sample of the general population self-reported as being “white or Caucasian” and 8.3% “black or African-American”, respondents from barrier households were 80.0% “white or Caucasian” and 19.0% “black or African-American.” [Recently released Census 2000 data suggest that the “white or Caucasian” population of La Salle Parish is 86.1%, with the “black or African-American” population being 12.2%. 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 by respondents, are apparent when comparing the general population of La Salle Parish to respondents from that group of households that experience barriers to healthcare access. While 33.4% of respondents in the random sample of the general population reported at least 1 year of college, only 18.0% of the barrier population respondents reported that level of education. 26.1% of the general population, compared to 42.0% in the barrier population, reported not finishing high school.
- Employment disparities are clear when comparing the general population of La Salle Parish to respondents from that group of households that experience barriers to healthcare access. While 37.5% of respondents in the random sample of the general population reported being employed full-time for wages outside the home, only 16.0% of the barrier population respondents reported that circumstance. “Able but unemployed” was reported by 15.6% of the general population, but by 26.0% of the barrier population.
- Household Income disparities are dramatically apparent when comparing the general population of La Salle Parish to respondents from that group of households that experience barriers to healthcare access. While 35.0% of respondents in the random sample of the general population reported household incomes from all sources to be less than \$20,000 per year, 65.0% 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 (70.8%) 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 persons were observed to be female; accordingly, 80.0% of barrier household respondents were female.

Conclusions Generally Applicable to the Study Area

With respect to Supply of primary care providers, the Study Team concludes the following:

- Primary care providers are in undersupply and are not well distributed, as evidenced by federal Health Professional Shortage Area (HPSA) designations in many areas.
- It is difficult to track an accurate list of primary care providers, as no regular census is routinely performed nor is the mix of financial classes in their caseloads known.

With respect to Utilization of healthcare services, the Study Team concludes the following:

- Not all providers accept the uninsured and Medicaid patients at a level that can absorb the demand from those groups.
- Many residents of outlying parishes travel significant distances and lose potentially productive time seeking healthcare services far from their homes.

With respect to Demand by consumers, the Study Team concludes the following:

- Barriers may be “perceived,” but perceptions become reality in the consumers’ minds.
- A large number of households surveyed reported some healthcare access barrier, primarily financial -- lack of adequate insurance is the leading cause.

Conclusions Regarding the 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 the consumer survey (*Louisiana HABITS*) in 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 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.
- Encouragement of the formation of local coalitions or consortia, to address local health problems and facilitate the development of healthcare delivery partnerships or networks – especially in rural, underserved areas.
- Encouragement of target setting by those local coalitions or consortia, relative to desired improvements in access to healthcare services – based both 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 local coalitions or consortia actively managing to their own Healthy People 2010 targets, determining priorities and planning initiatives as appropriate locally.

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.

La Salle 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.