

Louisiana HABITS in St. Mary Parish, Louisiana:
Comparing Results
from the May-June 2003 Household Survey
with the December 2000 Survey

November 20, 2003

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 ST. MARY 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 Leadership and Partnerships

Two separate studies have now been directed in St. Mary Parish 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.

Study Purpose and Financial Support

The purposes of the two studies on which this document reports were to collect, first, baseline data on access to healthcare in South Central Louisiana, specifically in St. Mary Parish, and then comparative data approximately 30 months later. Data so collected could be used to serve as reference points for Healthy People 2010 initiatives in St. Mary Parish. The two studies were funded as follows: the first, in December 2000, by a grant from The Robert Wood Johnson Foundation; the second, in late May (May 20) through early June (June 5) 2003, by a grant from the Health Resources and Services Administration (HRSA).

Intended Audiences

The authors of this report recognize that the principal audiences for the results of this report are the Bayou Teche Community Health Network and the St. Mary Parish Chamber of Health. 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 these studies.

What Is a “Healthcare Access Barrier”?

For the purposes of these studies, 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 in the last 12 months 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

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 (190 in St. Mary Parish in both December 2000 and May-June 2003), to determine the proportion of the **general population** of households which report having a healthcare access barrier.

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 1990 U. S. Census data suggested that 11.3% of households in St. Mary Parish were without working telephones at that time. Although Census 2000 data appropriate to this point was not available at the time of this writing, 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 same 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. (Both the December 2000 and the May-June 2003 *Louisiana HABITS* studies St. Mary Parish were random-dialed telephone interview samplings of the general population only. The December 2000 study was, however, followed up by an in-person round in the Spring of 2001.)

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 at least 96 households in the general 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. (In St. Mary Parish a sample size of 190 general population households has been used, yielding an error interval of $\pm 7.1\%$.)

FINDINGS

Selected findings of these studies 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 of St. Mary Parish 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		<u>December 2000</u> General Population (190 Households)	<u>May-June 2003</u> General Population (190 Households)
Question Identifier	<u>Full Text of the Question</u>		
<i>Adults:</i>	<i>Counting yourself, how many adults are among the family members in your household?</i>	371	372
<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>	60	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>	77	70
<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>	49	32
<i>Seniors:</i>	<i>How many persons 65 years of age or older are among the family members in your household?</i>	59	59
<i>WrkngPhn:</i>	<i>Do you have a working phone in your household?</i>	100% have a working phone	100% have a working phone
<i>Internet:</i>	<i>Do you have access to the Internet from your household?</i>	41.1% have Internet access	51.6% have Internet access

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 the studies’ basis for determination of the responding household’s membership in the “Barrier Population.”

<p style="text-align: center;">Healthcare Access Barriers in St. Mary Parish</p>	<p style="text-align: center;"><u>December 2000</u> <u>General Population</u> based on a random sample, conducted by telephone, of 190 households <u>with</u> working telephones</p>	<p style="text-align: center;"><u>May-June 2003</u> <u>General Population</u> based on a random sample, conducted by telephone, of 190 households <u>with</u> working telephones</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>17.9%</p>	<p>17.4%</p>
<p>2. <u>Problem obtaining prescribed medications</u></p>	<p>21.1%</p>	<p>13.2%</p>
<p>One or more household members currently ...</p> <p>3. <u>Lack of health insurance coverage</u> or a “medical card”</p>	<p>23.7%</p>	<p>25.8%</p>
<p>Overall percentage of “Barrier Households”</p>	<p>39.5%</p>	<p>40.0%</p>

St. Mary 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. Cases included in the columns labeled "December 2000" include barrier households interviewed in person during the Spring of 2001.)

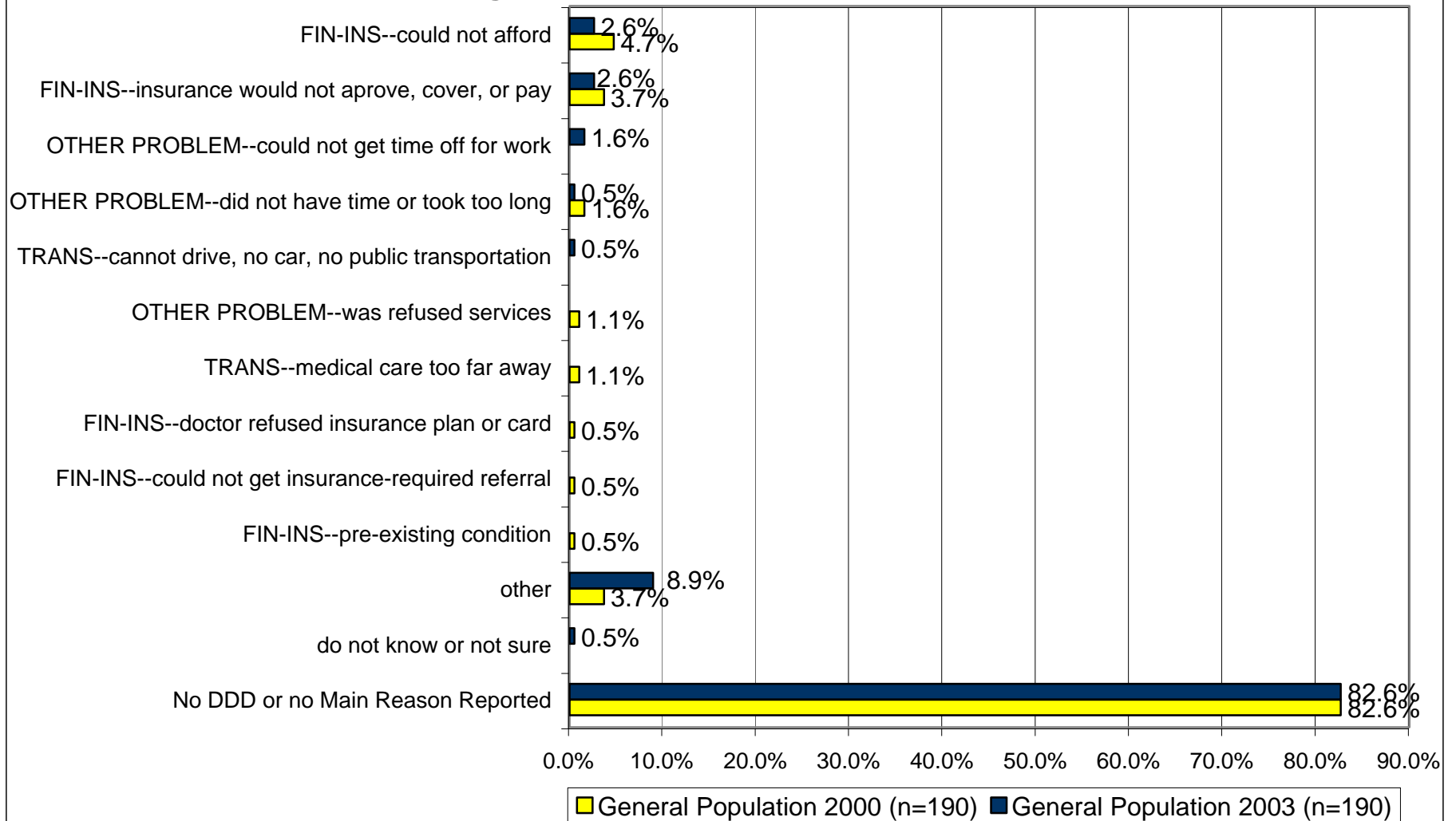
DEMOGRAPHIC CATEGORIES		BARRIER					
		Had Difficulty Obtaining, Delayed, or Did not Receive Needed Care, in last 12 months		Had Problems Obtaining Prescribed Medications, in last 12 months		Lack Health Insurance, currently	
		December 2000 (46 cases)	May-June 2003 (33 cases)	December 2000 (52 cases)	May-June 2003 (23 cases)	December 2000 (62 cases)	May-June 2003 (49 cases)
<i>Louisiana HABITS Study Date</i>							
Number of Cases							
Age	Census 2000						
Under 20 (but responding as healthcare decision maker for household)	N/A	4.3%	0%	1.9%	0%	6.5%	0%
20-24	5.9%	15.3%	6.1%	5.8%	0%	16.1%	12.3%
25-34	12.6%	17.4%	18.1%	19.2%	26.1%	17.7%	22.4%
35-44	16.1%	15.2%	18.2%	21.2%	13.0%	21.0%	20.4%
45-54	12.8%	23.9%	27.3%	32.7%	13.1%	22.6%	16.4%
55-59	4.9%	6.5%	15.1%	3.8%	13.0%	9.6%	6.1%
60-64	4.2%	6.5%	6.1%	7.7%	8.7%	4.9%	10.2%
65-74	6.4%	4.4%	6.1%	5.8%	21.8%	1.6%	8.2%
75-84	3.5%	6.5%	3.0%	1.9%	4.3%	0%	2.0%
85 years and older	1.1%	0%	0%	0%	0%	0%	0%
Race	Census 2000						
White – Caucasian	62.8%	69.6%	69.7%	61.5%	52.2%	72.6%	71.4%
Black – African-American	31.8%	28.3%	27.3%	36.5%	43.5%	25.8%	24.5%
Other or multi-cultural	5.4%	2.2%	3.0%	1.9%	4.3%	1.6%	2.0%
Spanish or Hispanic Origin	Census 2000						
Yes	2.2%	0%	9.1%	1.9%	13.0%	1.6%	6.1%
No	97.8%	97.8%	81.8%	98.1%	82.6%	96.8%	91.8%
Marital Status	Census 2000						
Married	N/A	45.7%	45.5%	42.3%	65.2%	45.2%	42.9%
Single (widowed, divorced, separated, never married)	N/A	54.3%	54.5%	57.7%	34.8%	54.8%	57.1%

DEMOGRAPHIC CATEGORIES		BARRIER					
		Had Difficulty Obtaining, Delayed, or Did not Receive Needed Care, in last 12 months		Had Problems Obtaining Prescribed Medications, in last 12 months		Lack Health Insurance, currently	
		December 2000	May-June 2003	December 2000	May-June 2003	December 2000	May-June 2003
<i>Louisiana HABITS Study Date</i>		December 2000	May-June 2003	December 2000	May-June 2003	December 2000	May-June 2003
Number of Cases		(46 cases)	(33 cases)	(52 cases)	(23 cases)	(62 cases)	(49 cases)
Highest Grade or Year of School Completed	Census 2000						
Grades 1-8	N/A	13.0%	3.0%	11.5%	4.3%	12.9%	4.1%
Grades 9-11	N/A	26.1%	15.2%	26.9%	34.8%	17.7%	20.4%
Grades 12 or GED (graduated high school)	N/A	39.1%	57.6%	32.7%	39.1%	43.5%	55.1%
College 1-3 years	N/A	13.0%	18.2%	17.3%	17.4%	17.7%	12.2%
College 4 years or more (college graduate)	N/A	8.7%	6.1%	11.5%	4.3%	8.1%	8.2%
Current Employment Status	Census 2000						
Employed Full-Time for Wages Outside the Home	N/A	32.6%	30.3%	32.7%	34.8%	22.6%	40.8%
Employed Part-Time for Wages Outside the Home	N/A	13.0%	9.1%	9.6%	13.0%	17.7%	10.2%
Self-Employed	N/A	0%	0%	0%	0%	4.8%	10.2%
Out or Work for More than 1 Year	N/A	17.4%	12.1%	15.4%	8.7%	14.5%	10.2%
Out or Work for Less than 1 Year	N/A	6.5%	3.0%	7.7%	0%	9.7%	6.1%
Homemaker	N/A	19.6%	18.2%	17.3%	17.4%	30.6%	14.3%
Student	N/A	2.2%	6.1%	1.9%	0%	3.2%	4.1%
Retired	N/A	8.7%	12.1%	7.7%	21.7%	1.6%	8.2%
Unable to Work	N/A	13.0%	15.2%	15.4%	8.7%	6.5%	10.2%
Annual Household Income	Census 2000						
Less than \$10,000	N/A	23.9%	24.2%	23.1%	21.7%	25.8%	14.3%
Between \$10,000 & \$15,000	N/A	17.4%	12.1%	26.9%	8.7%	21.0%	20.4%
Between \$15,000 & \$20,000	N/A	10.9%	21.2%	11.5%	17.4%	11.3%	22.4%
Between \$20,000 & \$25,000	N/A	8.7%	3.0%	5.8%	4.3%	9.7%	10.2%
Between \$25,000 & \$35,000	N/A	10.9%	15.2%	11.5%	13.0%	8.1%	6.1%
Between \$35,000 & \$50,000	N/A	10.9%	9.1%	5.8%	8.7%	11.3%	8.2%
Between \$50,000 & \$75,000	N/A	4.3%	6.1%	5.8%	8.7%	3.2%	6.1%
More than \$75,000	N/A	4.3%	0%	1.9%	0%	1.6%	0%

Details from the *Louisiana HABITS* “Barriers Sequence” of questions are given in the next series of charts, comparing responses of the households in the General Population of the December 2000 survey and those in the May-June 2003 2000 survey:

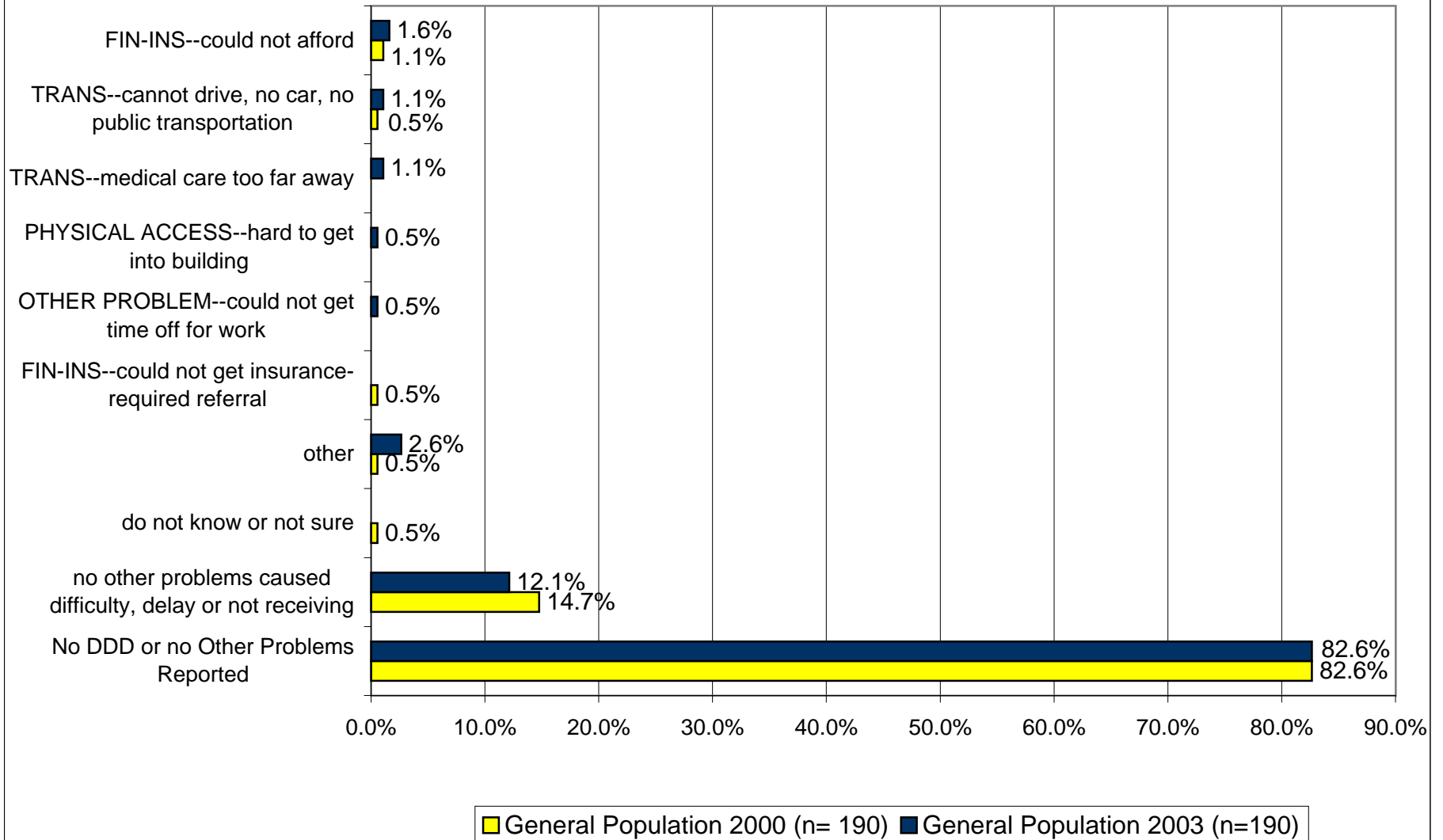
Question Identifier	Full Text of the Question
AC25-A	<i>What was the MAIN reason that caused family members' difficulty, delay, or not receiving needed health care?</i>
AC26	<i>Were there OTHER problems?</i>
Medicate	<i>Was there a time during the last 12 months when you were unable to get medications 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



Sources:
 St. Mary Parish HABITS December 2000 and
 St. Mary Parish HABITS May-June 2003

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

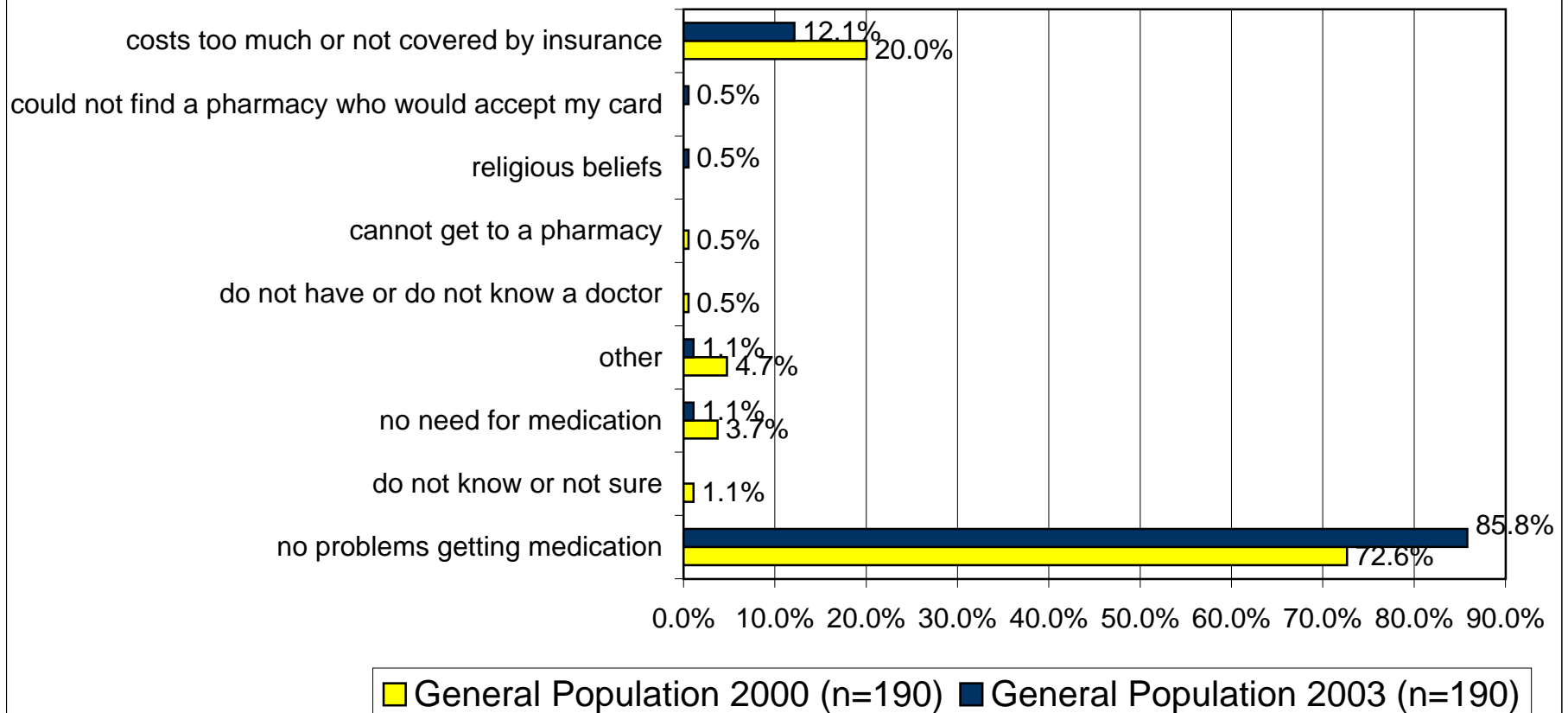


Sources:

St. Mary Parish HABITS December 2000 and

St. Mary Parish HABITS May-June 2003

Medicate: Problems with Obtaining Prescribed Medication

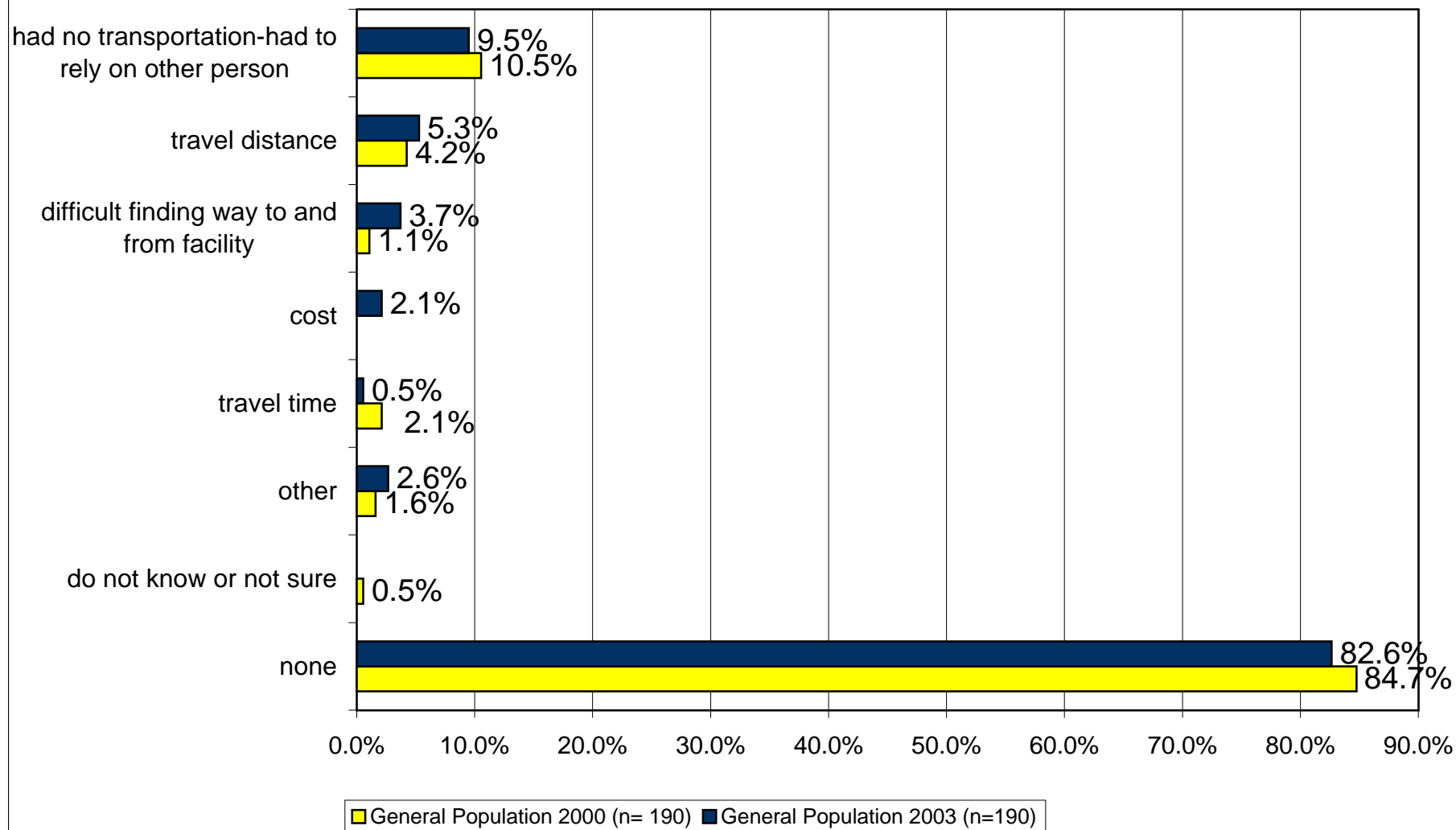


Sources:

St. Mary Parish HABITS December 2000 and

St. Mary Parish HABITS May-June 2003

AM23: Problems Getting To and From the Doctor

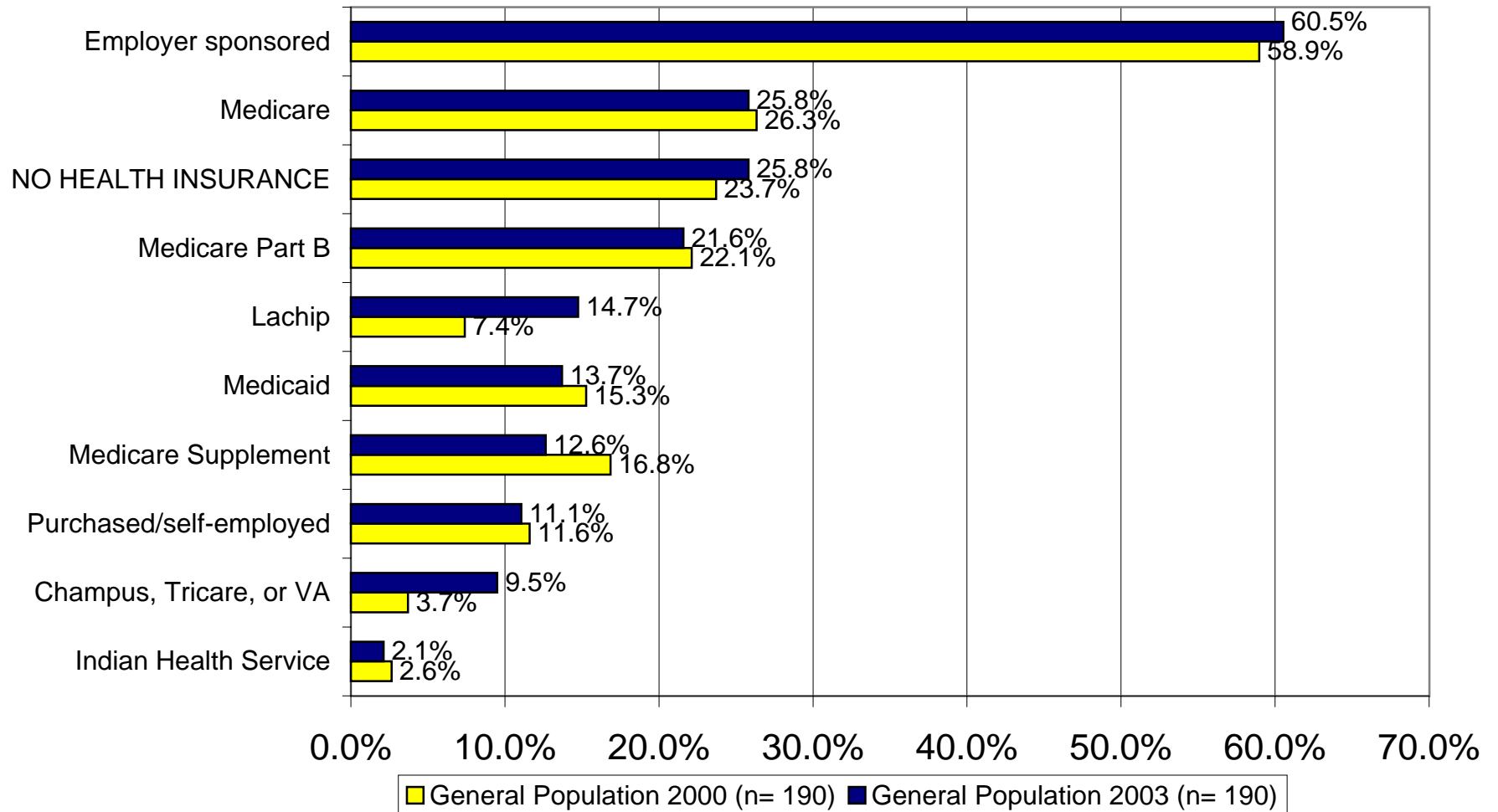


Sources:

St. Mary Parish HABITS December 2000 and

St. Mary Parish HABITS May-June 2003

Ins 1- Ins 8: Percentage of Households having at least one person with listed Coverages



Sources:

St. Mary Parish HABITS December 2000 and

St. Mary Parish HABITS May-June 2003

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

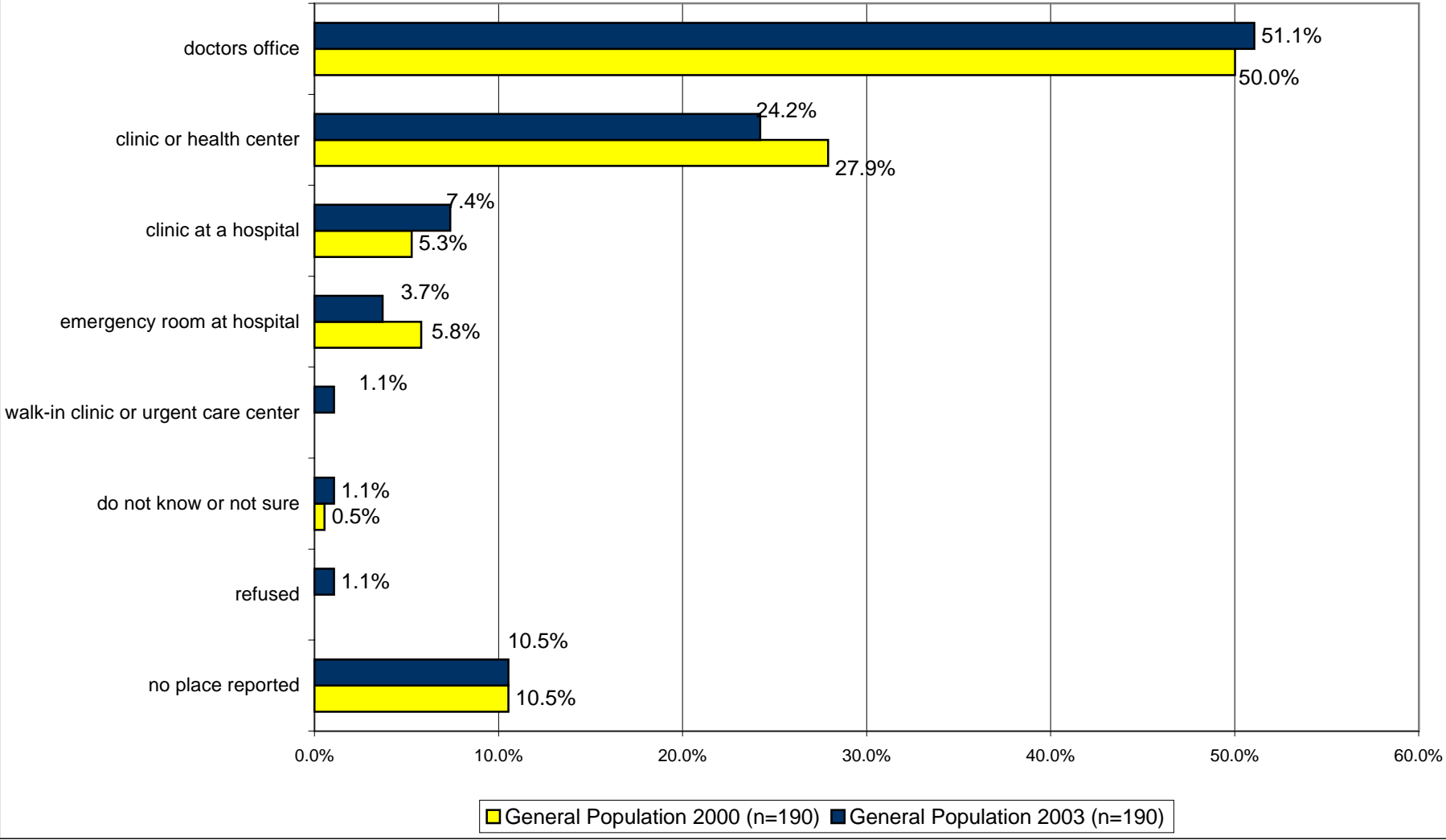
- M44 *If there is ONE PARTICULAR clinic, health center, doctor's office, or other place that the family members in your household usually go to if they are sick or need advice about their health, what kind of a place is that?*
- M45 *Do you have one person you think of as your household's MAIN personal 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 78.3% of the December 2000 General Population went most often to a provider location within St. Mary Parish while 21.7% traveled to a provider location outside of the St. Mary Parish. In the May-June 2003 survey of the General Population, 81.2% went most often to a provider location within St. Mary Parish while 18.8% traveled to a provider location outside of the St. Mary Parish.

<i>Louisiana HABITS</i> Study Date	December 2000 (161 respondents)		May-June 2003 (158 respondents)	
Population	“Place gone most often for healthcare” is within St. Mary Parish	“Place gone most often for healthcare” is outside of St. Mary Parish	“Place gone most often for healthcare” is within St. Mary Parish	“Place gone most often for healthcare” is outside of St. Mary Parish
General Population	78.3%	21.7%	81.2%	18.8%

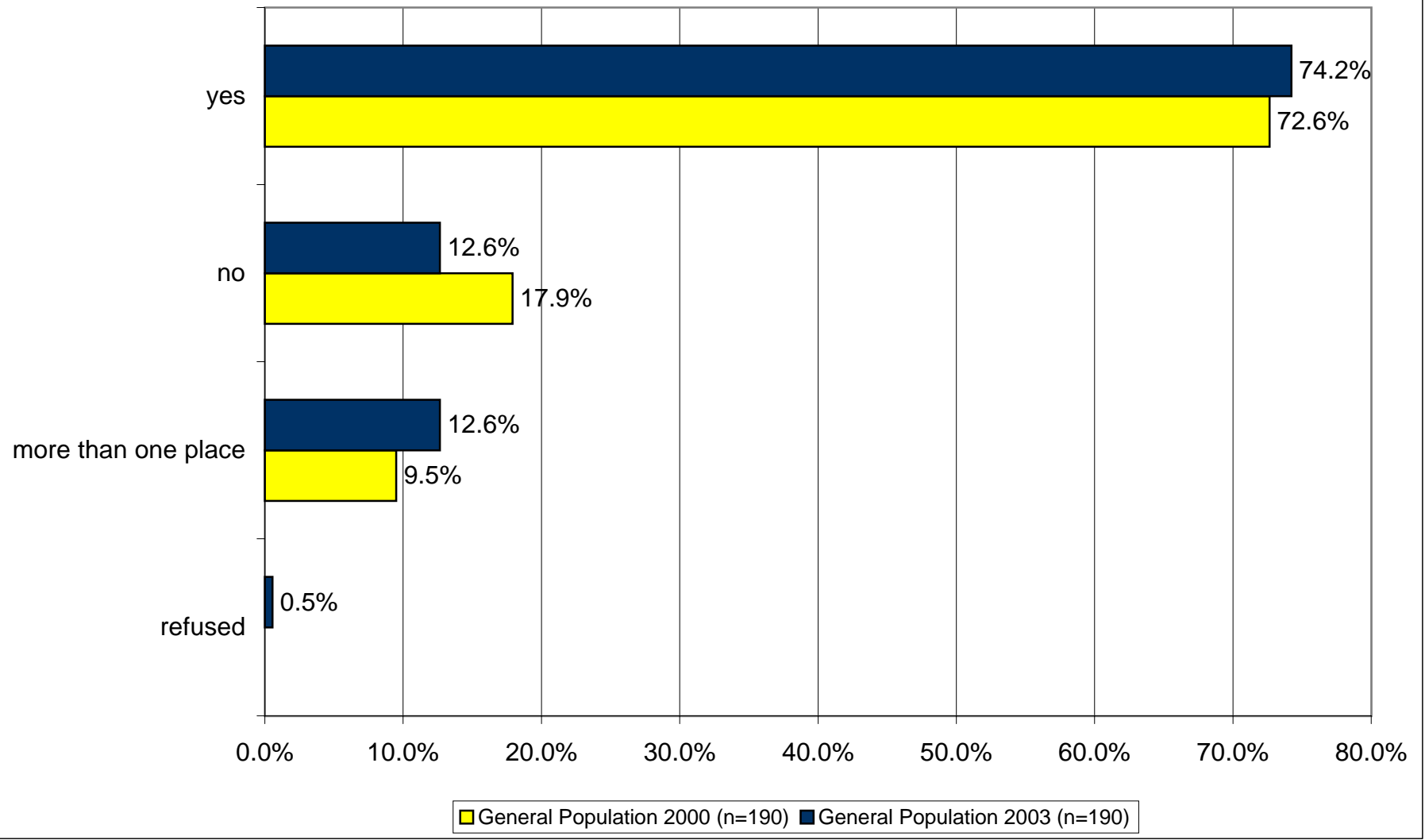
The series of graphs of the following pages compares responses of the households in the General Population of the December 2000 survey and those in the May-June 2003 2000 survey to questions in the *Louisiana HABITS* Care Source Sequence.

M44: Place that family members go most often for healthcare



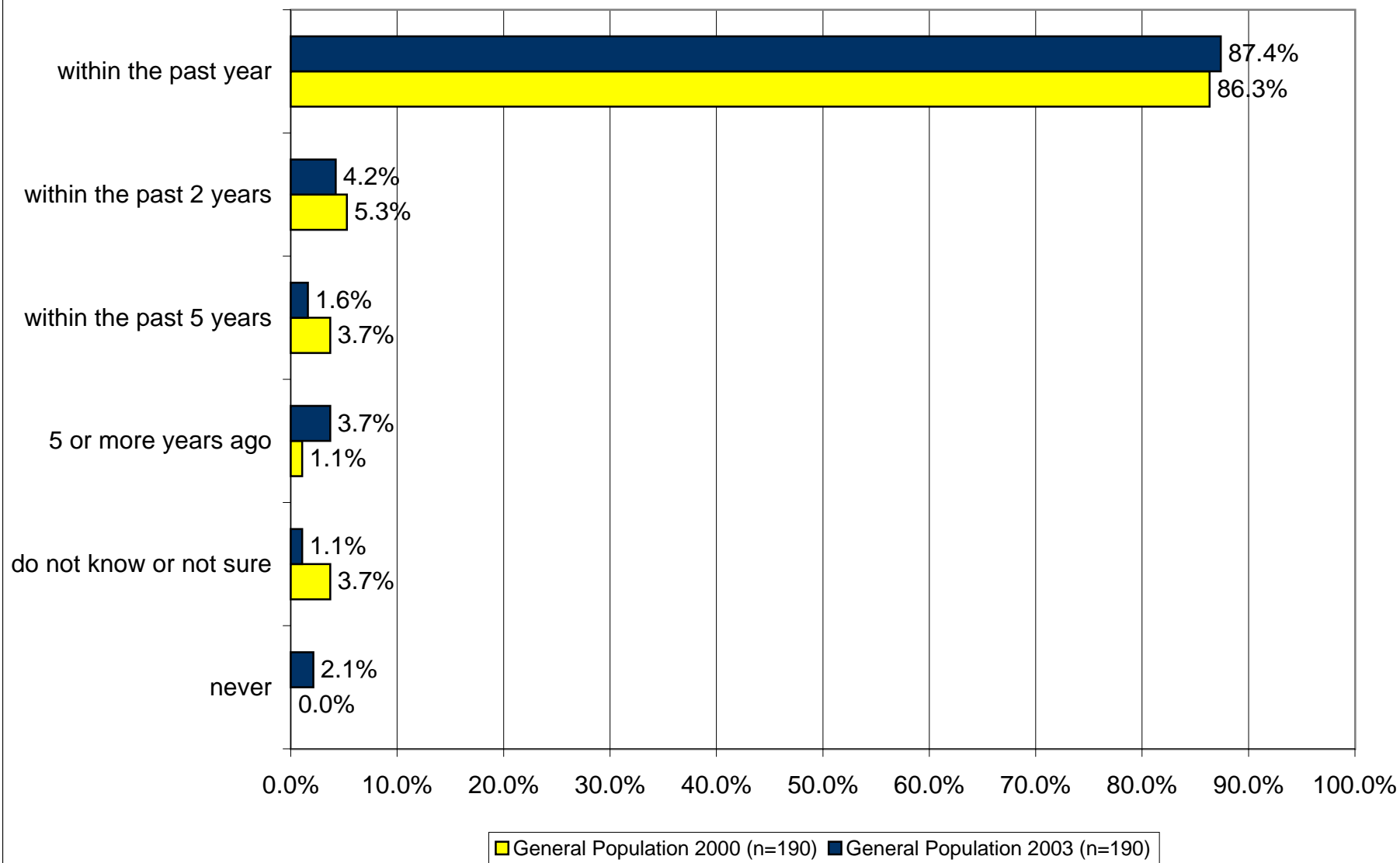
Sources:
 St. Mary Parish HABITS December 2000 and
 St. Mary Parish HABITS May-June 2003

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



Sources:
 St. Mary Parish HABITS December 2000 and
 St. Mary Parish HABITS May-June 2003

S27: How long since family members' last checkup?



Sources:

St. Mary Parish HABITS December 2000 and

St. Mary Parish HABITS May-June 2003

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

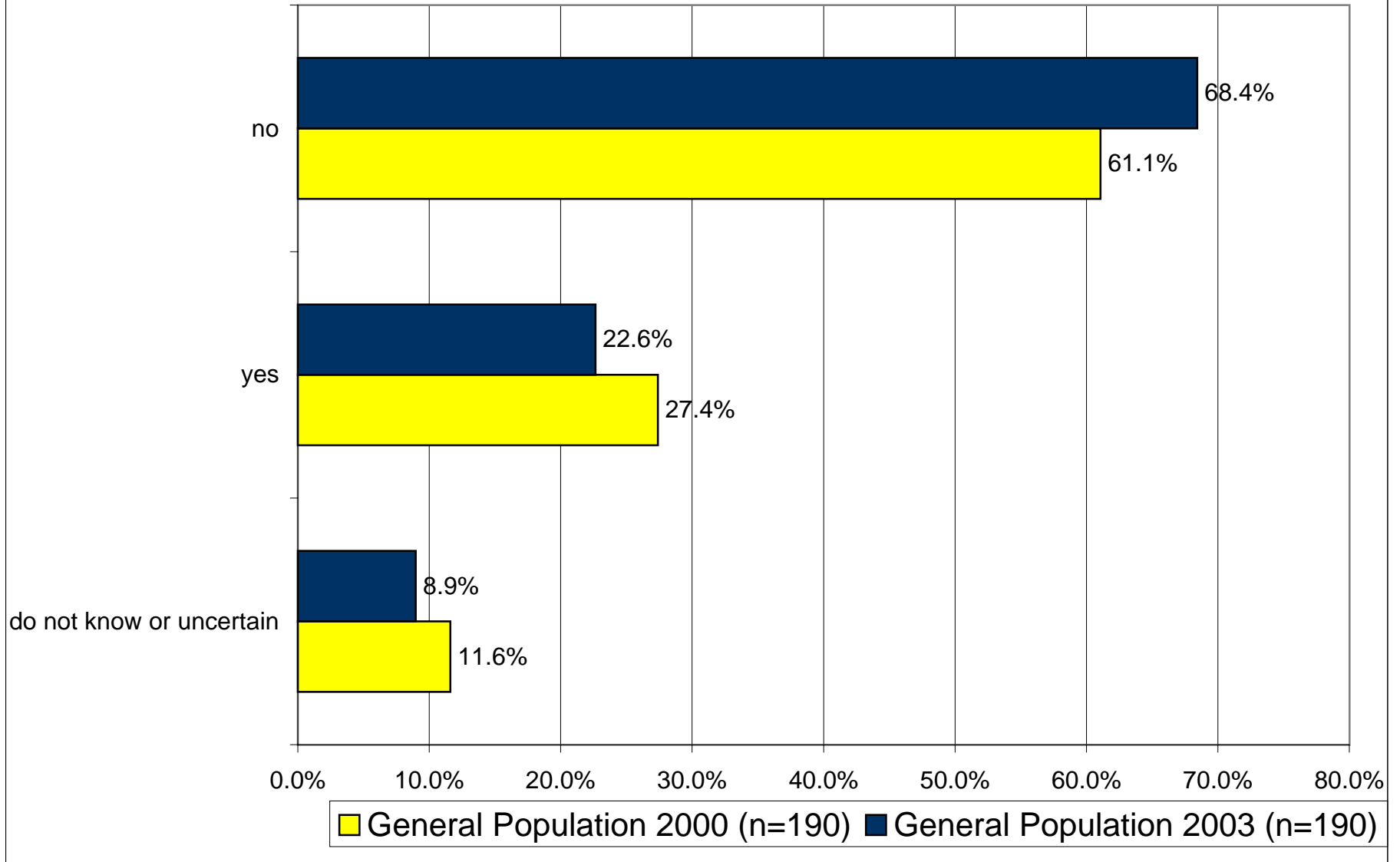
Identifier

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>

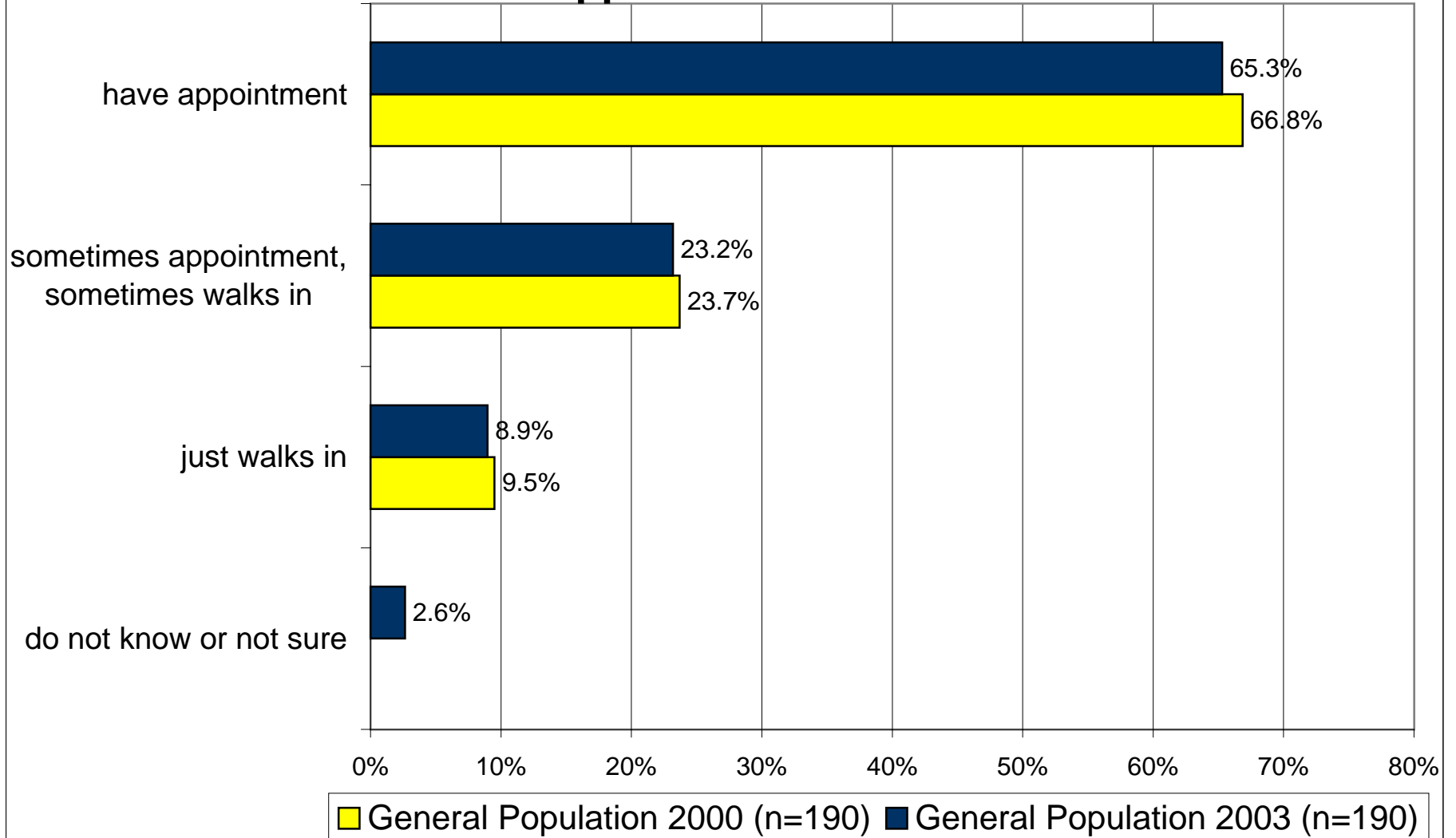
The series of graphs of the following pages compares responses of the households in the General Population of the December 2000 survey and those in the May-June 2003 2000 survey to questions in the *Louisiana HABITS* Satisfaction Sequence.

AC15: Office hours nights or weekends?



Sources:
St. Mary Parish HABITS December 2000 and
St. Mary Parish HABITS May-June 2003

AC16: Appointment or Walk-in?

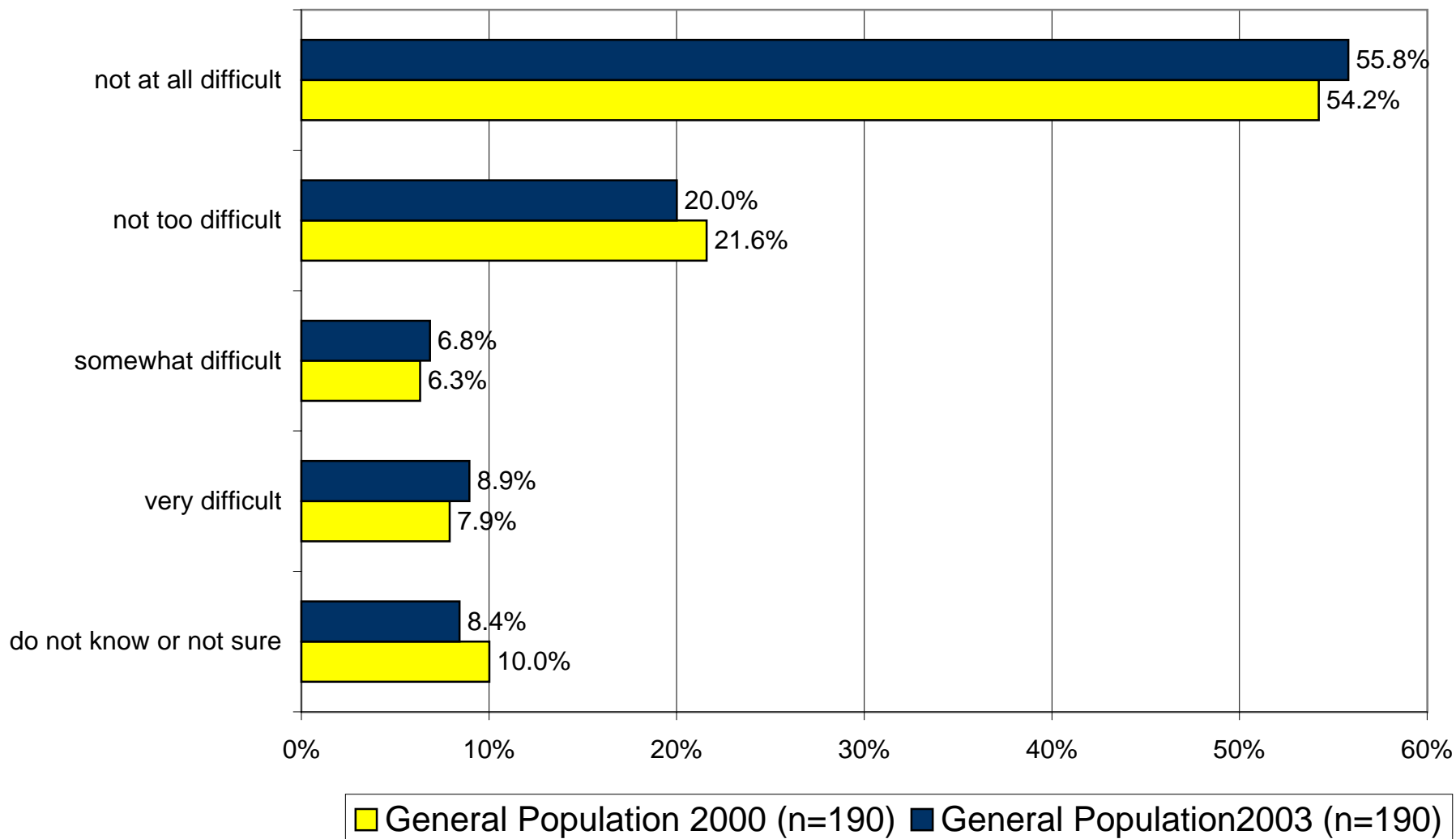


Sources:

St. Mary Parish HABITS December 2000 and

St. Mary Parish HABITS May-June 2003

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

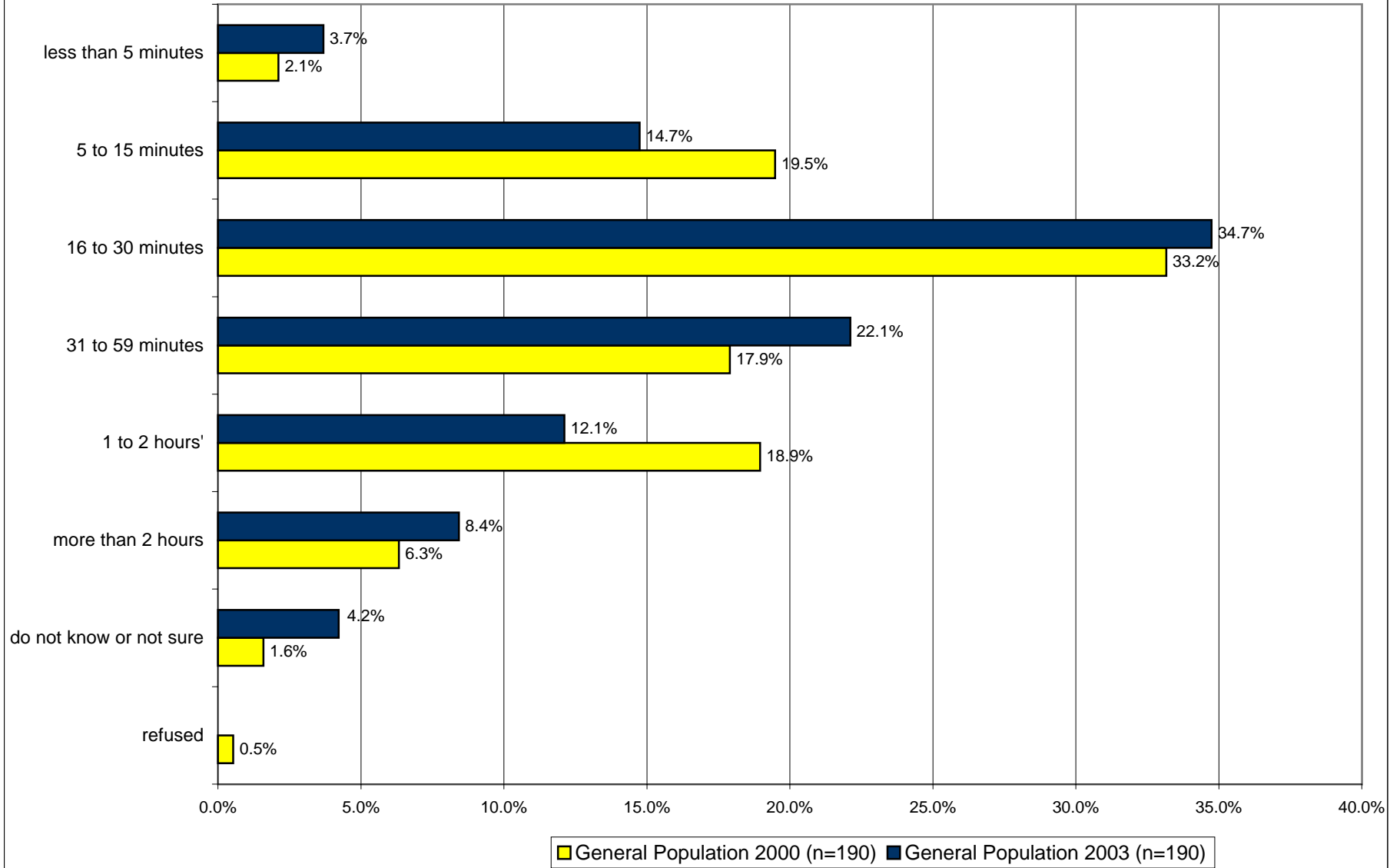


Sources:

St. Mary Parish HABITS December 2000 and

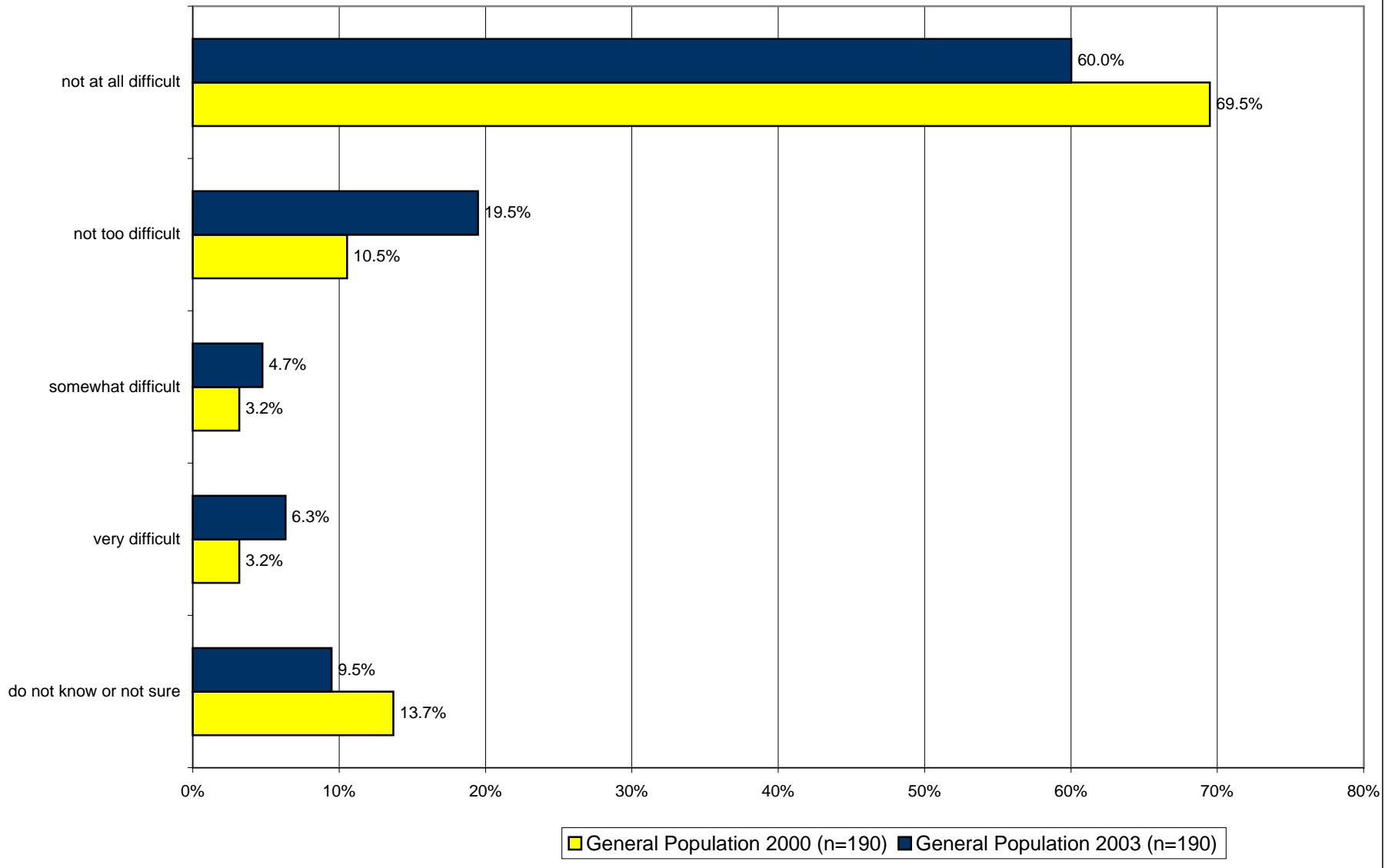
St. Mary Parish HABITS May-June 2003

AC18: How long do you wait after you arrive?



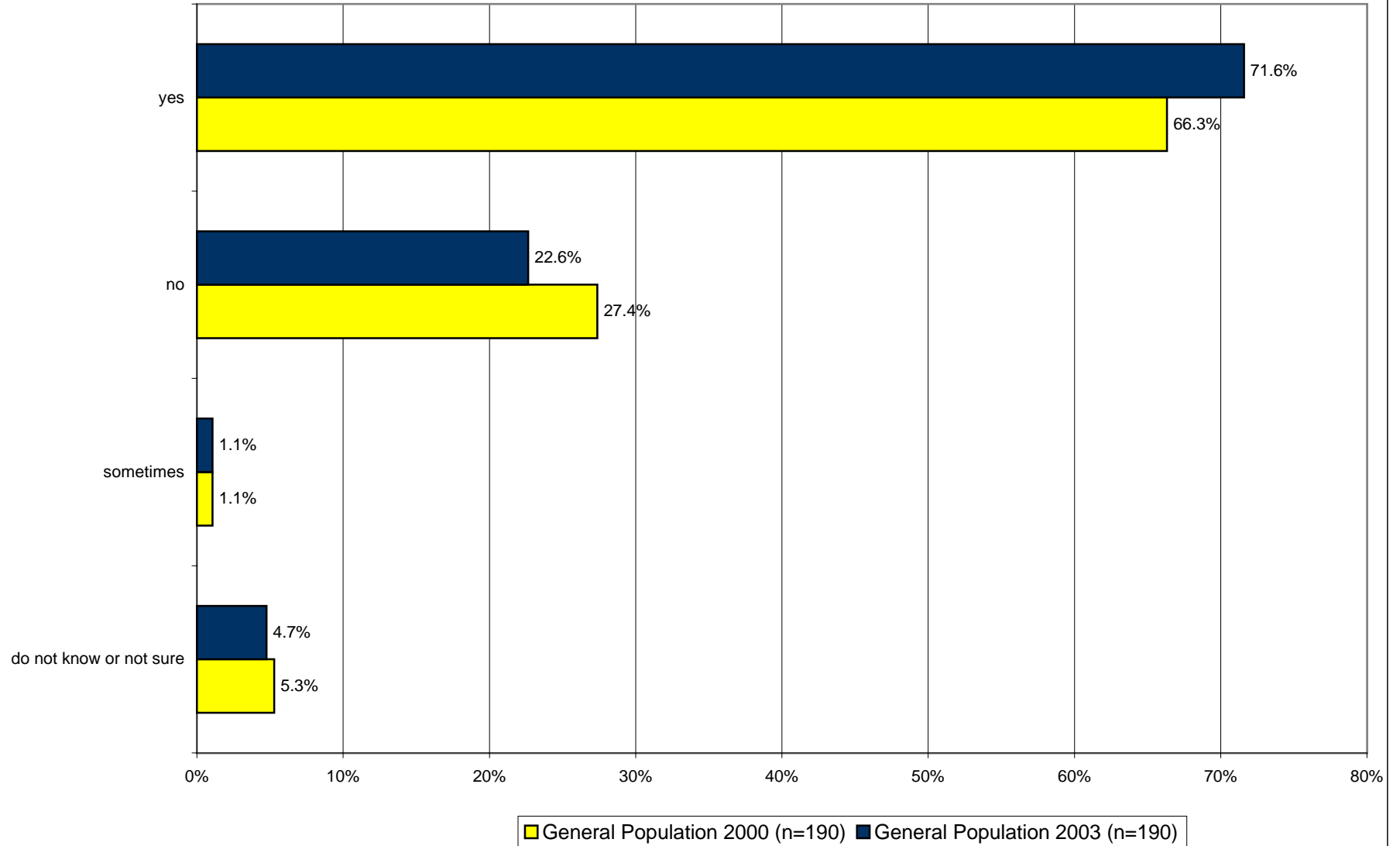
Sources:
 St. Mary Parish HABITS December 2000 and
 St. Mary Parish HABITS May-June 2003

AC19: Difficult to contact provider by telephone?



Sources:
 St. Mary Parish HABITS December 2000 and
 St. Mary Parish HABITS May-June 2003

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



Sources:
St. Mary Parish HABITS December 2000 and
St. Mary Parish HABITS May-June 2003

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

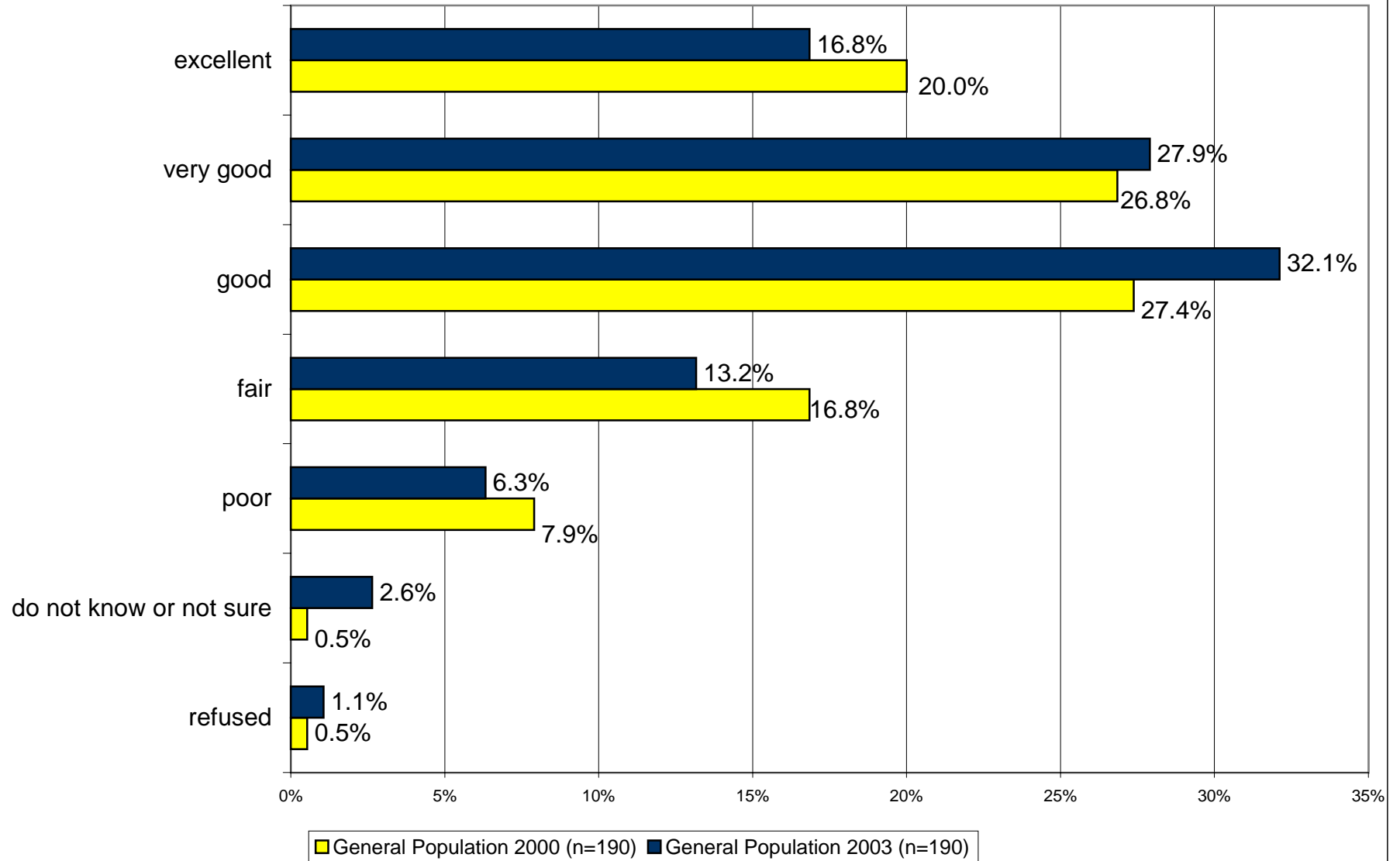
Identifier

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 compares responses of the households in the General Population of the December 2000 survey and those in the May-June 2003 2000 survey to questions in the *Louisiana HABITS* Health Status Sequence.

S11: General Health of the Respondents

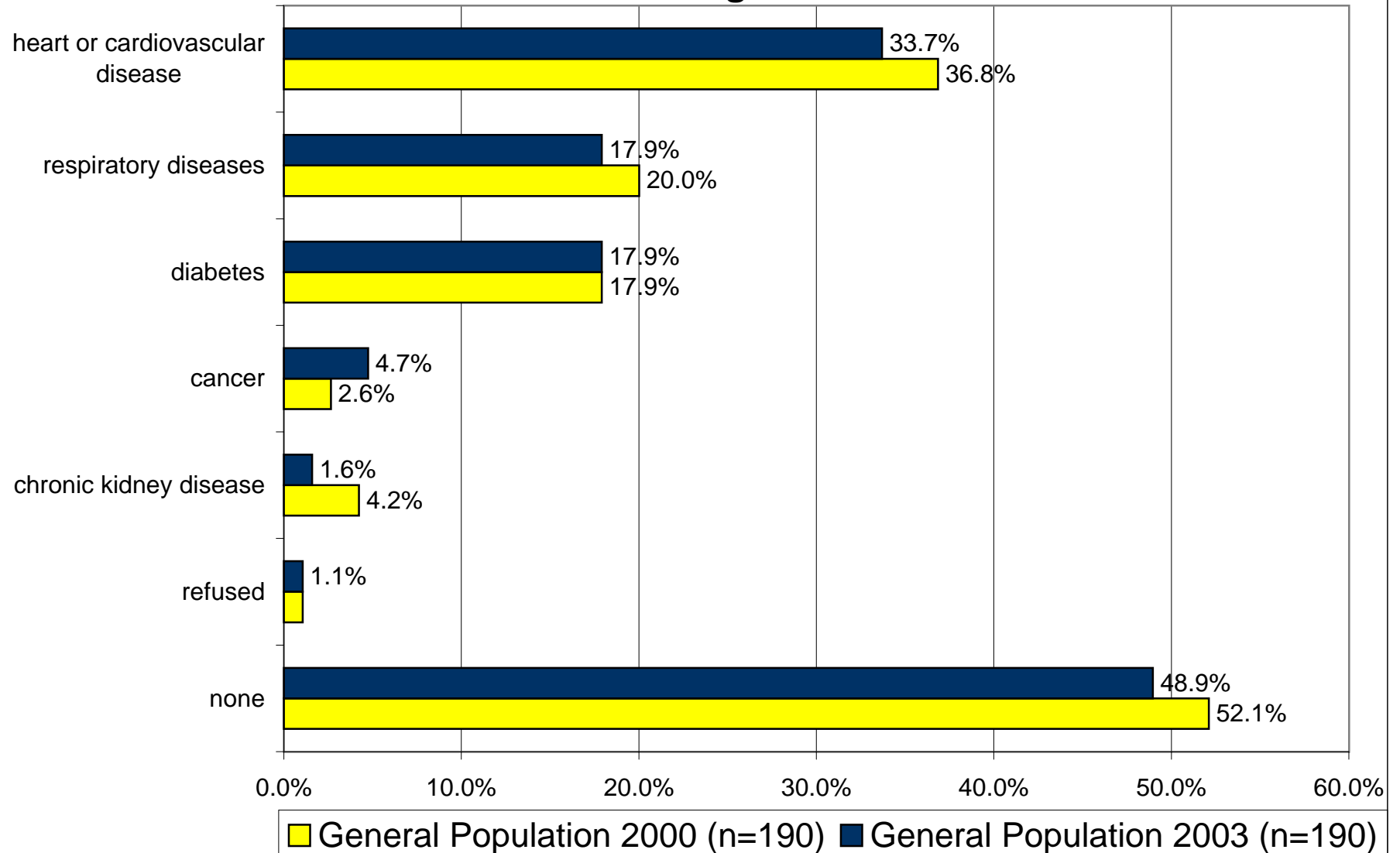


Sources:

St. Mary Parish HABITS December 2000 and

St. Mary Parish HABITS May-June 2003

WhchChr: Illnesses Diagnosed in Household

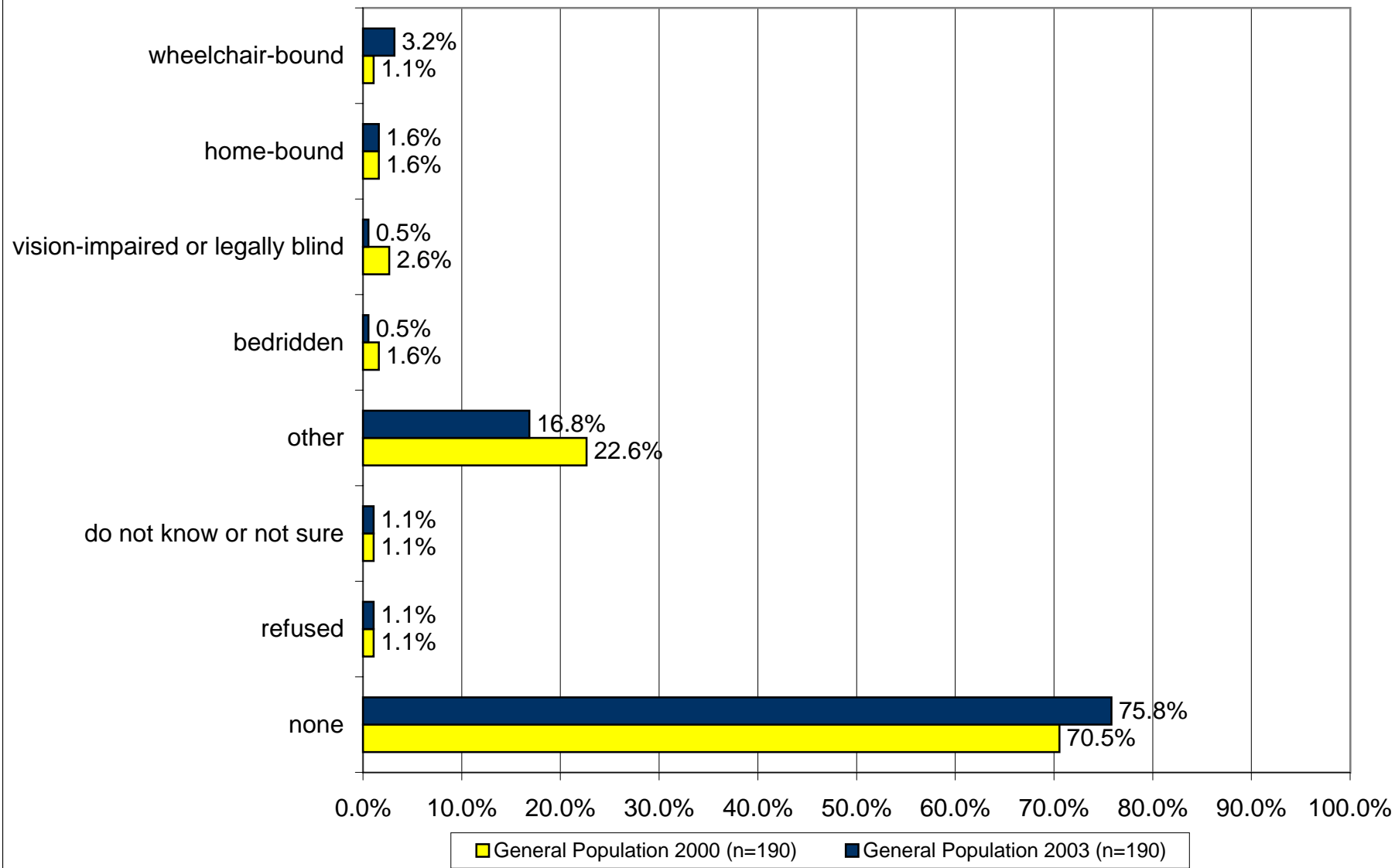


Sources:

St. Mary Parish HABITS December 2000 and

St. Mary Parish HABITS May-June 2003

MobilMts: Family Members' Mobility Limits



Sources:

St. Mary Parish HABITS December 2000 and

St. Mary Parish HABITS May-June 2003

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

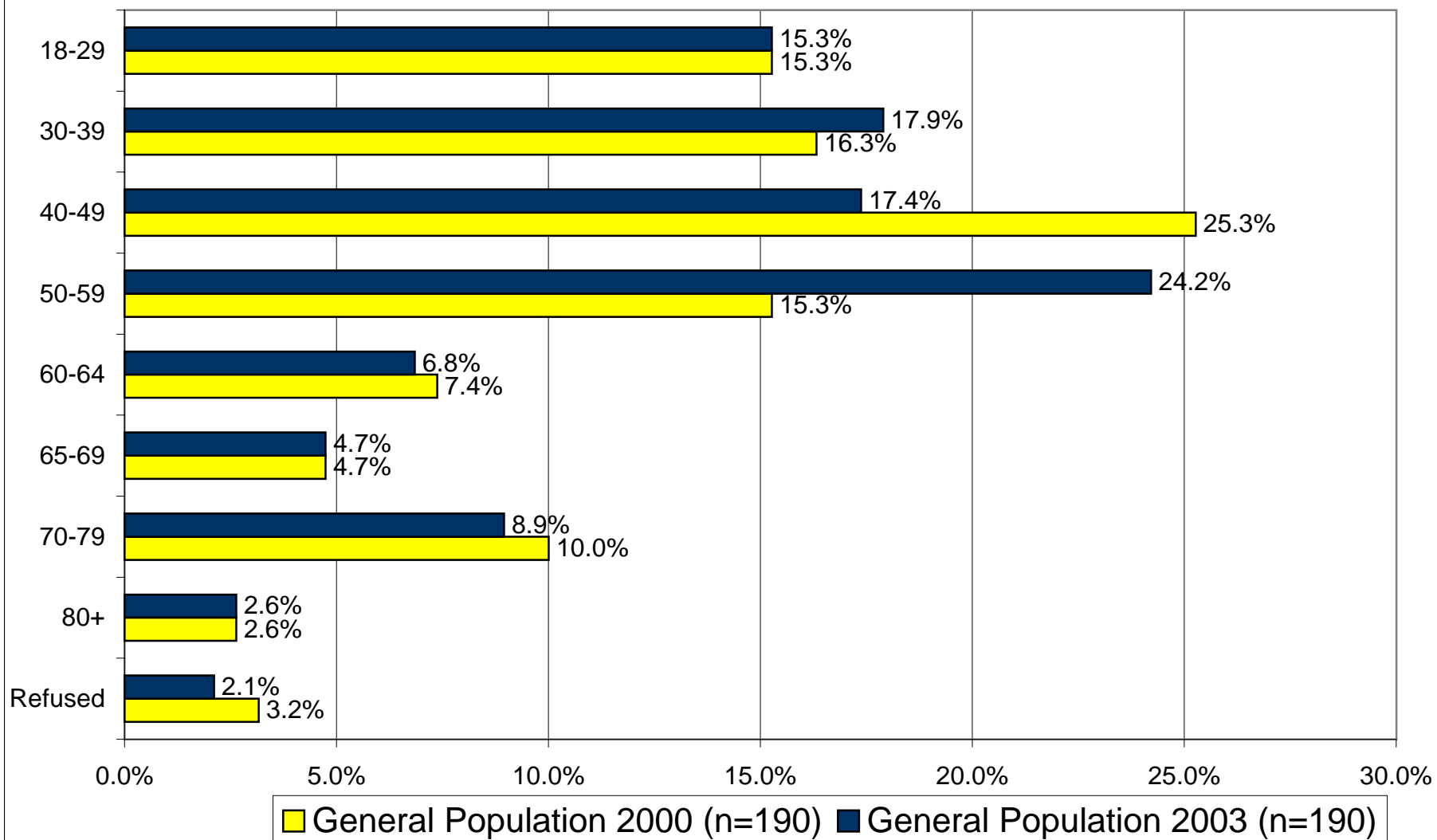
Identifier

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 of respondent.</i>

The series of graphs of the following pages compares responses of the households in the General Population of the December 2000 survey and those in the May-June 2003 2000 survey to questions in the *Louisiana HABITS* Demographics Sequence.

S101: Age of Respondents

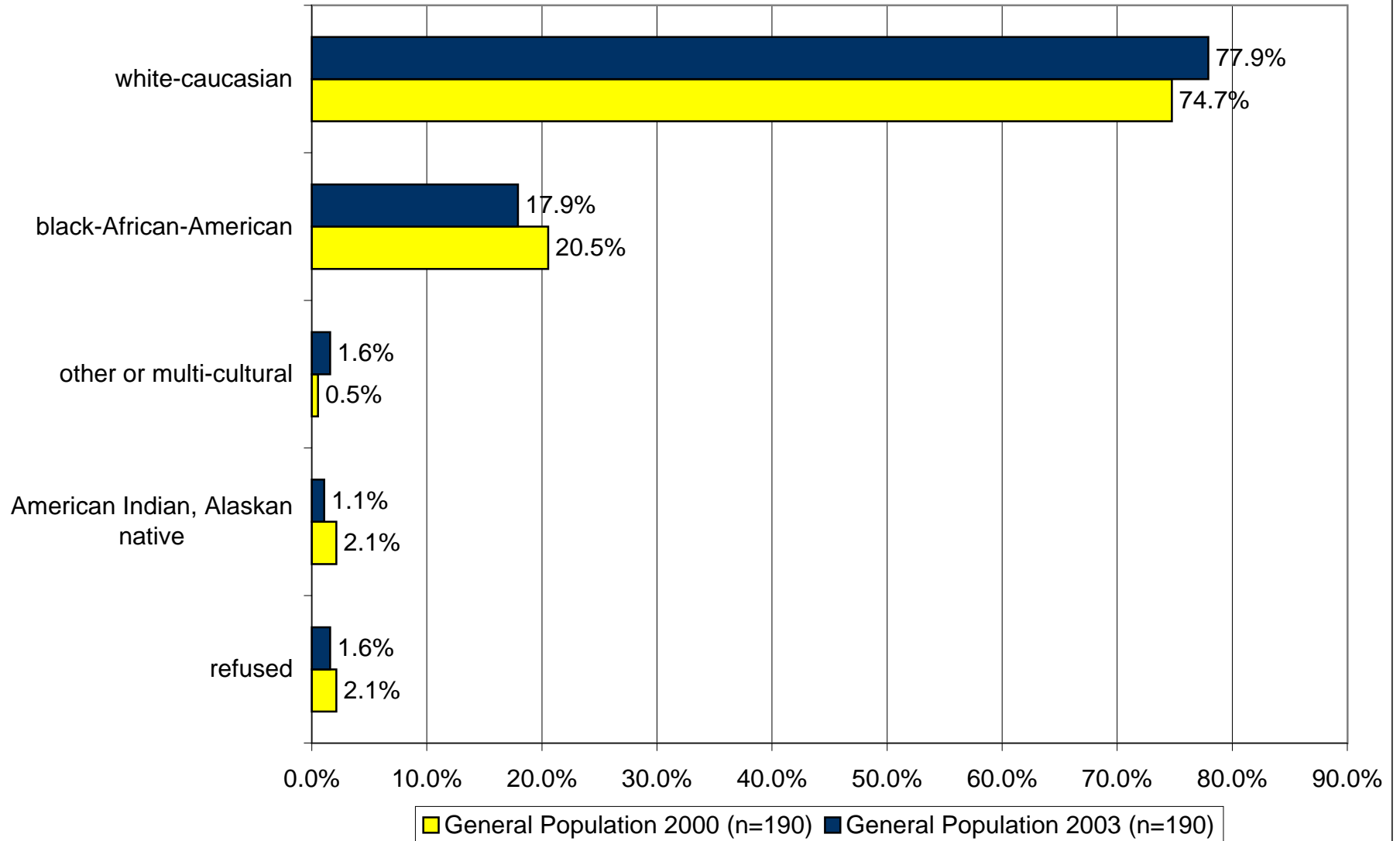


Sources:

St. Mary Parish HABITS December 2000 and

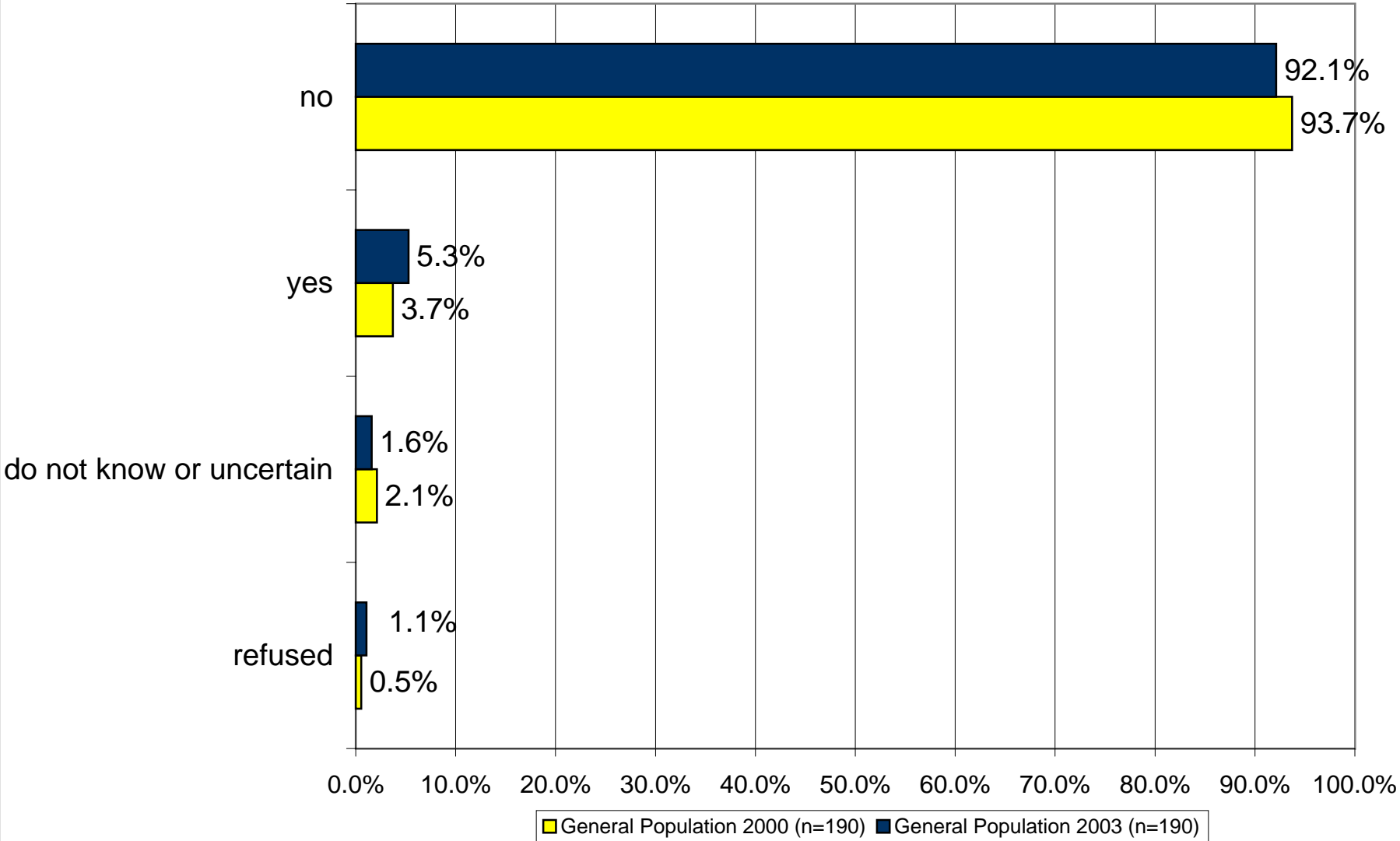
St. Mary Parish HABITS May-June 2003

S102: Race of the Respondents



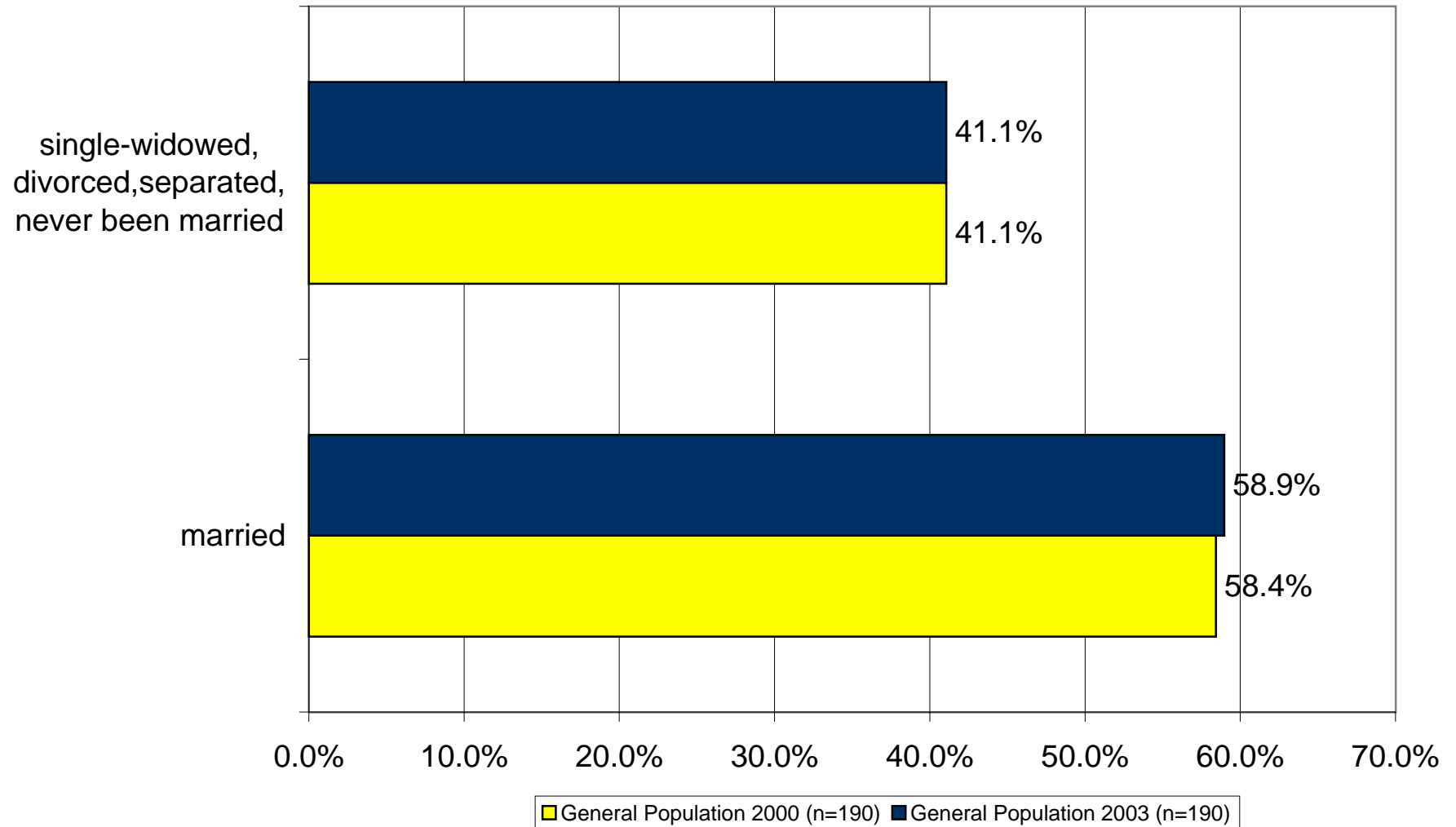
Sources:
St. Mary Parish HABITS December 2000 and
St. Mary Parish HABITS May-June 2003

S103: Respondents of Spanish or Hispanic Descent



Sources:
 St. Mary Parish HABITS December 2000 and
 St. Mary Parish HABITS May-June 2003

S104: Marital Status of Respondents

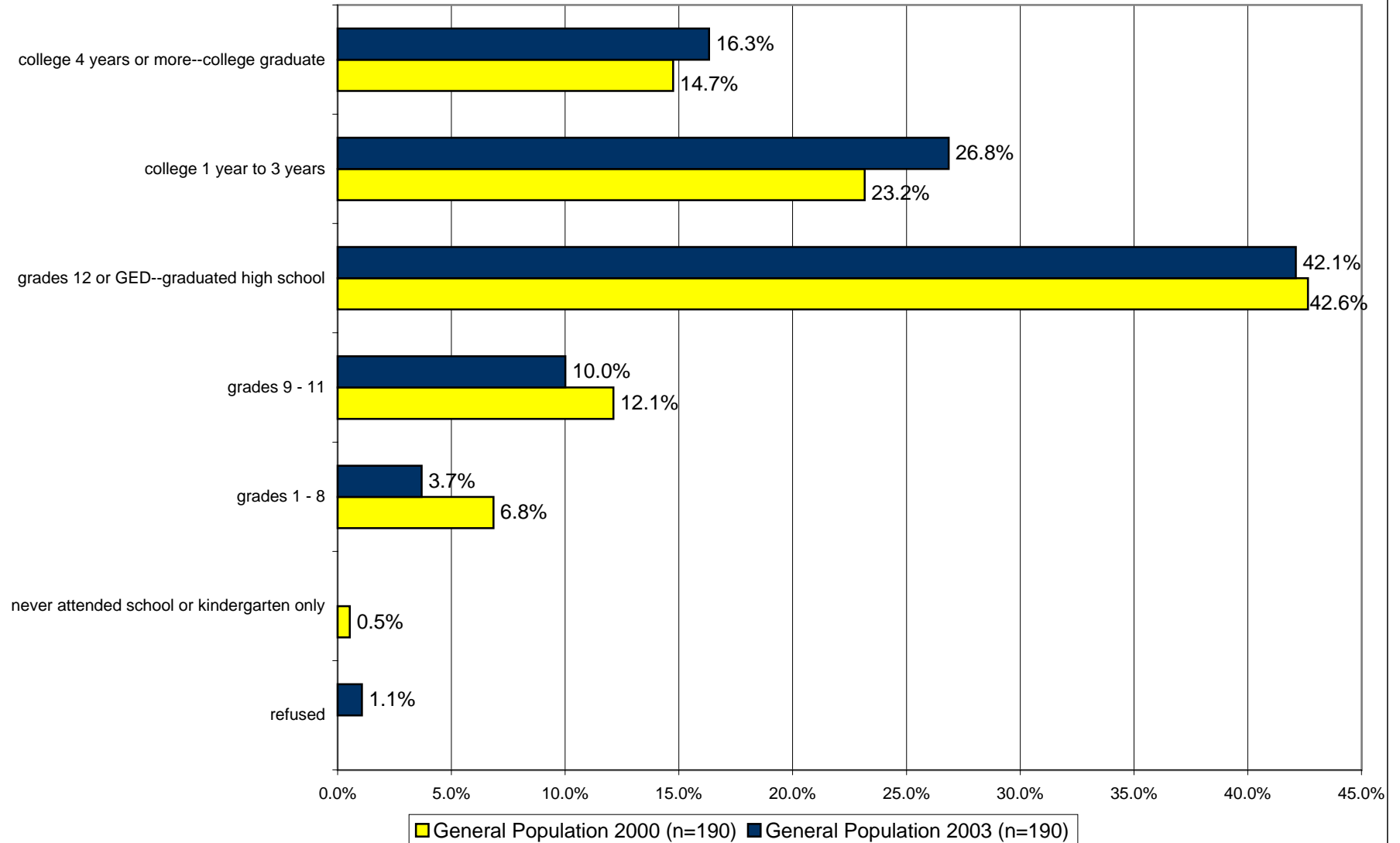


Sources:

St. Mary Parish HABITS December 2000 and

St. Mary Parish HABITS May-June 2003

S106: Respondents' Highest Grade of School Completed

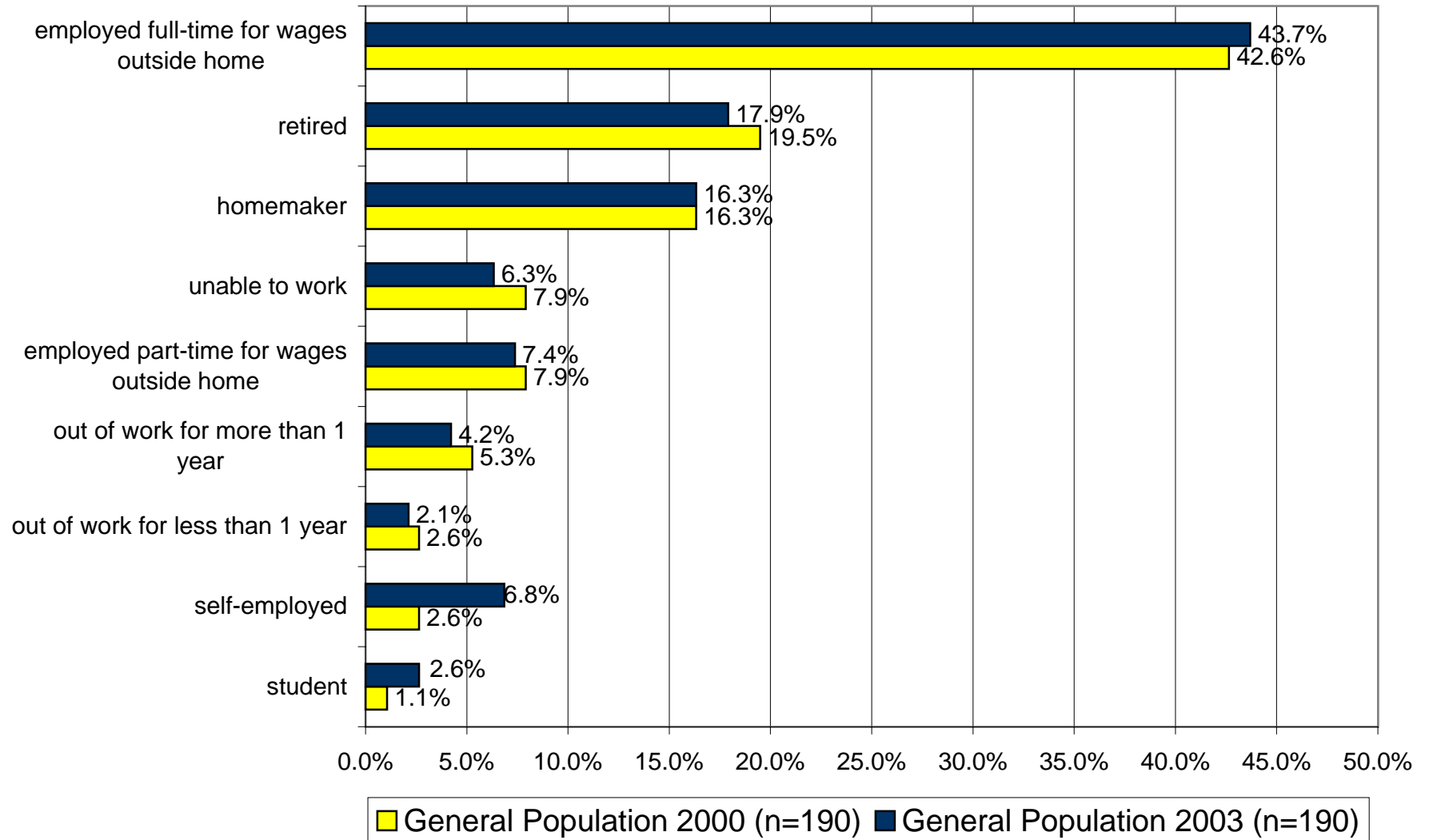


Sources:

St. Mary Parish HABITS December 2000 and

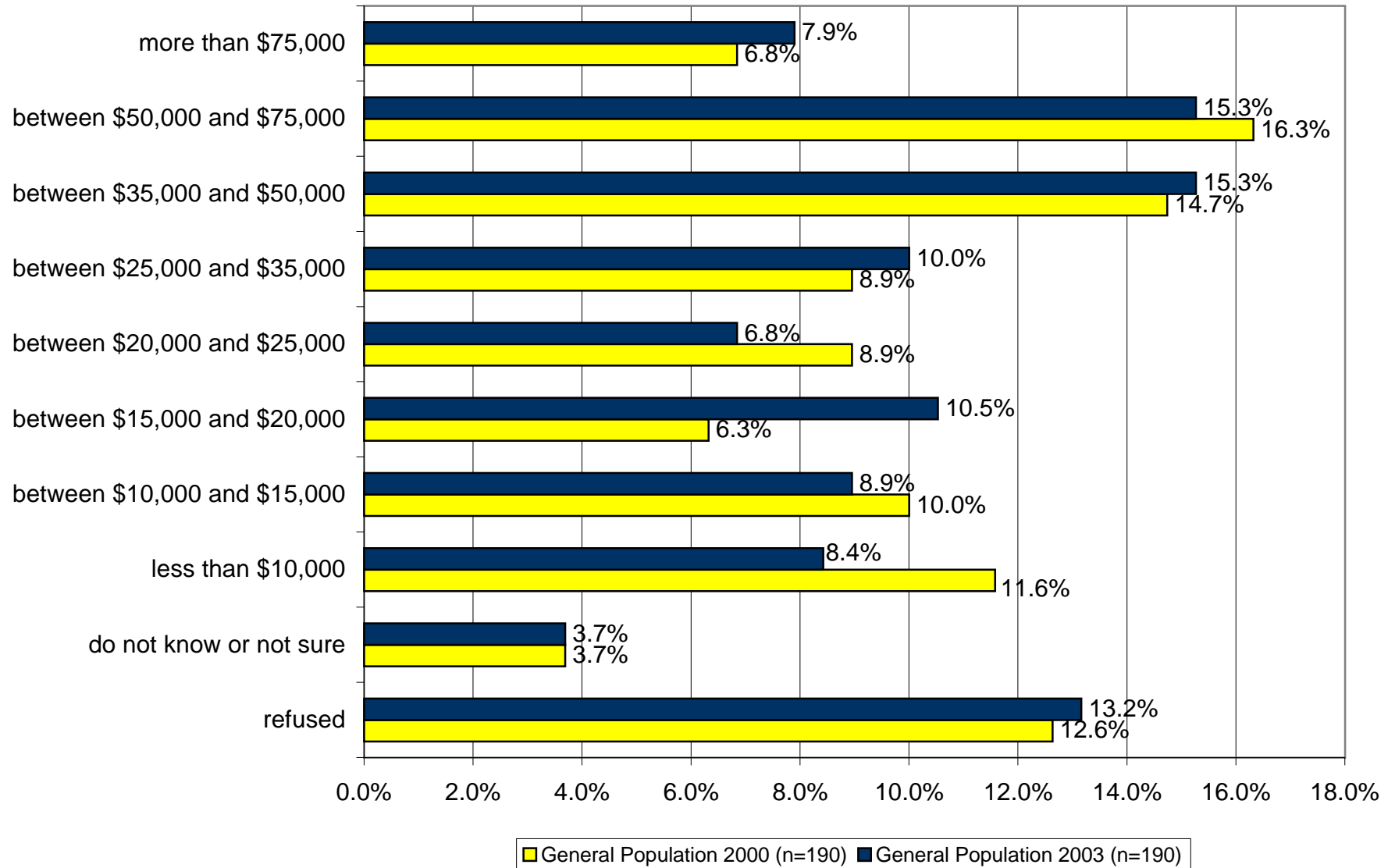
St. Mary Parish HABITS May-June 2003

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



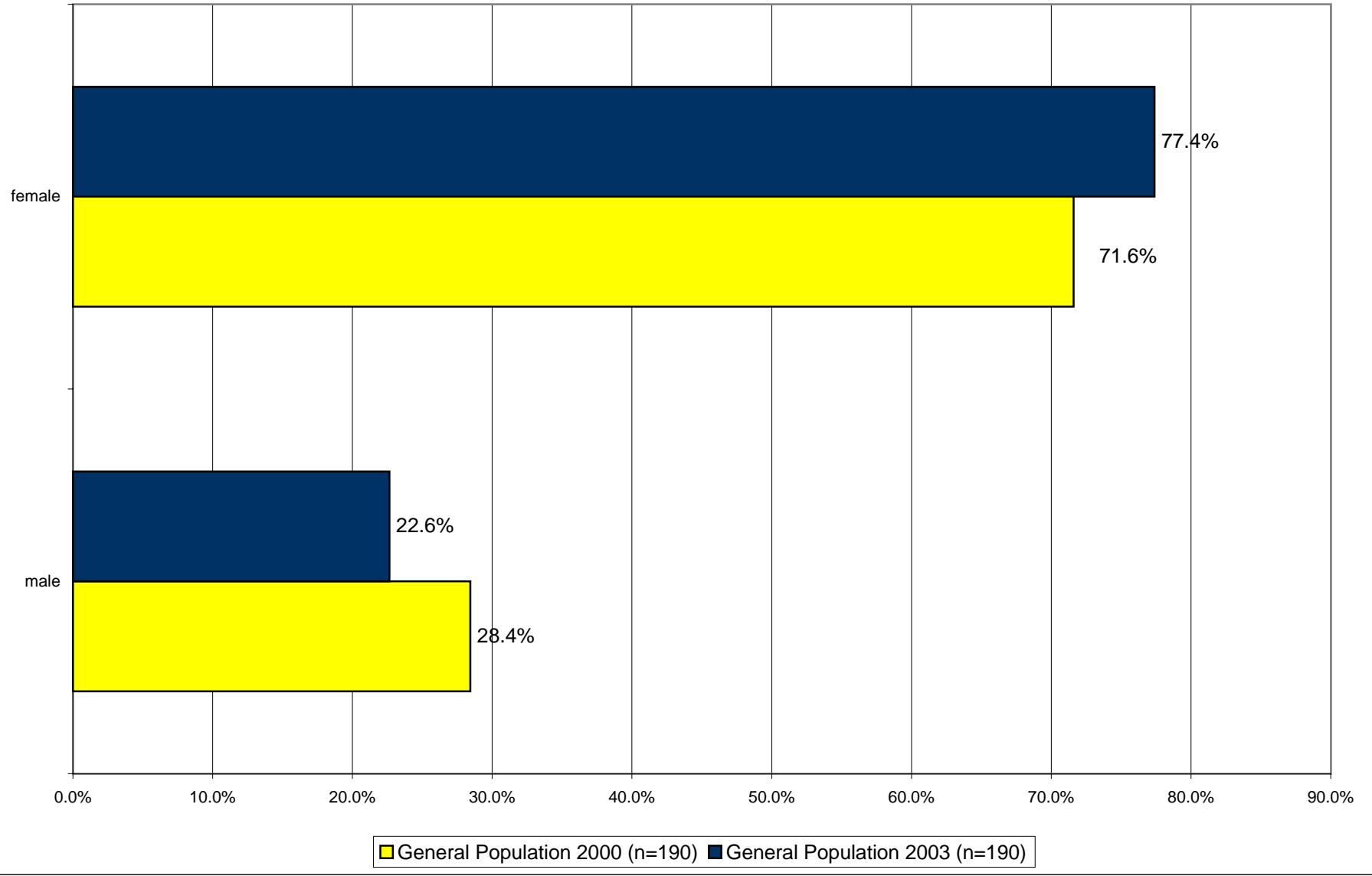
Sources:
 St. Mary Parish HABITS December 2000 and
 St. Mary Parish HABITS May-June 2003

S108: Household Income from all sources



Sources:
 St. Mary Parish HABITS December 2000 and
 St. Mary Parish HABITS May-June 2003

S1018: Respondents' Gender



Sources:

St. Mary Parish HABITS December 2000 and

St. Mary Parish HABITS May-June 2003

CONCLUSIONS

Conclusions Specific to St. Mary Parish

The Study Team has drawn the following conclusions regarding the general population of St. Mary Parish, by comparing results of *Louisiana HABITS* household surveys of the May-June 2003 study to those of the December 2000 study – an intervening period of approximately 2½ years or 30 months. In each study, survey respondents who made or shared in making healthcare decisions for family members in 190 randomly selected households were interviewed over the telephone. Based on the Census 2000 estimated total number of St. Mary households (19,317) and the consistent 190 sample sizes, survey results from each study have a margin of error of $\pm 7.1\%$. Differences between findings of the two studies must thus exceed 7.1% to be considered statistically significant. Such findings are underlined in the list appearing below:

- 40.0% of St. Mary Parish households experienced some type of healthcare access barrier (as defined in the *Louisiana HABITS* methodology) in May-June 2003, compared to 39.5% in December 2000 – not considered to be a statistically significant difference, but rather to confirm the level of incidence of healthcare access barriers among St. Mary households. (See table on page 7.)
- 17.4% of St. Mary Parish households experienced healthcare access barriers in the form of “problems obtaining healthcare services in the previous 12 months (including difficulty in obtaining care, delayed seeking of care, or not receiving the care they thought they should have)” in May-June 2003, compared to 17.9% in December 2000. This is not considered to be a statistically significant difference, but instead confirmation of the level of incidence of this type of healthcare access barrier among St. Mary households. (See table on page 7.)
- 13.2% of St. Mary Parish households experienced healthcare access barriers in the form of “problems obtaining prescribed medications in the previous 12 months” in May-June 2003, compared to 21.1% in December 2000. This difference is considered to be a statistically significant reduction in the prevalence of this type of healthcare access barrier! The improvement may be attributable to the creation during the 30-month interval between studies, of the pharmaceutical assistance program organized by the Bayou Teche Community Health Network (ByNet) with funding provided since November 2002 by the federal Health Resources and Services Administration (HRSA) through its Community Access Program (CAP) grant. (See table on page 7.)
- 25.8% of St. Mary Parish households experienced healthcare access barriers in the form of “one or more household members currently lacked health insurance coverage or a medical card” in May-June 2003, compared to 23.7% in December 2000. This is not a statistically significant difference, but confirms the level of incidence of this type of healthcare access barrier among St. Mary households. (See table on page 7.)
- “Could not afford” or “insurance would not approve, cover, or pay” are the most common reasons for having difficulty in obtaining care, delaying obtaining care, or not receiving needed care, cited by 5.2% of the general population in May-June 2003, down somewhat (but not significantly) from 9.4% in December 2000. (See chart on page 11.)
- “Costs too much or not covered by insurance” is the most common reason for having problems with obtaining prescription medications, cited by 12.1% in May-June 2003, down significantly from 20.0% in December 2000. (See chart on page 13.)

- 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 9.5% in May-June 2003, and by 10.5% in December 2000 – not considered to be a statistically significant difference, but considered to be confirmation of the level of incidence. (See chart on page 14.)
- In May-June 2003, 25.8% of St. Mary Parish households included at least one family member who lacks health insurance, a slight increase but not a statistically significant difference from the 23.7% reporting this situation in December 2000. (See chart on page 15.)
- In May-June 2003, 60.5% of St. Mary Parish households included family members who have health insurance coverage through an employer-sponsored plan, compared to 58.9% in December 2000 – not a statistically significant difference, but confirming the level of incidence. (See chart on page 15.)
- In May-June 2003, 25.8% of households had at least one family member covered through Medicare and 13.7% through Medicaid, while in December 2000 the comparable rates were not significantly different – 26.3% through Medicare; 15.3% through Medicaid. (See chart on page 15.)
- In the area of health insurance coverage, one finding in which there was a significant difference between the May-June 2003 numbers and the situation of 30 months earlier in December 2000 was the proportion of St. Mary Parish households in which at least one family member was covered by LaCHIP. In May-June 2003, that proportion was 14.7%, up significantly from 7.4% in December 2000. This difference may be explained by the substantial effort of many parties to inform the public of the availability of Louisiana’s Children’s Health Insurance Plan. (See chart on page 11.)
- Source of care – the place family members go most often for healthcare – did not vary significantly among St. Mary households between December 2000 and May-June 2003. In May-June 2003, 87.3% of St. Mary Parish households reported having a place that family members go most often for healthcare; for 51.1%, that place is a doctor’s office; for 7.4%, a clinic at a hospital; for 3.7%, the emergency room at a hospital; for 24.2%, a clinic or health center. In December 2000, 89.0% of St. Mary Parish households reported having a place that family members go most often for healthcare; for 50.0%, that place is a doctor’s office; for 5.3%, a clinic at a hospital; for 5.8%, the emergency room at a hospital; for 27.9%, a clinic or health center. (See chart on page 17.)
- In May-June 2003, only 12.6% of St. Mary Parish households reported not having a person they think of as their household’s main personal doctor or healthcare provider, down substantially but not yet “significantly” in the strict statistical sense, from 17.9% in December 2000. (See chart on page 18.)
- Experiences of St. Mary Parish households were relatively unchanged between December 2000 and May-June 2003 with respect to availability of after hours providers, appointments vs. walk-in policies of providers, wait times after arrival, difficulty or contact provider by telephone, and medication inquiries. (See chart on pages 21-26.)
- The self-reported general health of respondents representing households in the May-June 2003 survey was similar to that reported in December 2000 – 51.6% of the recent group reported good, fair, or poor health while only 52.1% of earlier group reported their health to be good, fair, or poor. (See chart on page 28.)

- The rates of presence of physician-diagnosed cases of chronic diseases that are among the leading causes of death are little changed between the December 2000 survey and the May-June 2003 survey. (See chart on page 29.)
- The rates of incidence of mobility limits of family members are not significantly different between the December 2000 survey and the May-June 2003 survey. (See chart on page 30.)
- It may be misleading to read too much into apparent differences the age distribution of 40- to 59-year-old respondents (see page 32) that occur between the December 2000 and the May-June 2003 surveys. The sum of percentages of 40- to 49-year-old and 50- to 59-year-old respondents – 40.6% in December 2000 and 41.6% in May-June 2003 – is relatively unchanged during the period. The shift to a somewhat older sample in the more recent survey may reflect the aging of a population of “baby-boomers” in St. Mary Parish.
- In general, analysis of the age distribution of survey respondents (who “make or share in making healthcare decisions for family members in the household”) suggests that healthcare access barriers are disproportionately borne by the young. (See table on page 8.)
- A dramatic decrease in experiences by the 35- to 54-year-olds is noted between December 2000 and May-June 2003 relative to the “medication barrier,” i.e., “problems obtaining prescribed medications,” but is nearly offset by a dramatic increase in the proportion of 65- to 74-year-olds experiencing the same barrier. (Perhaps the ByNet pharmaceutical assistance program, cited above, is serving a particularly responsive segment of the population and has not yet become known by other segments?)
- No clear variation between the December 2000 and the May-June 2003 samples is evident in other categories of respondent demographic data: race, Spanish ethnicity, marital status, highest education level, employment status, household income, or gender. (See charts on pages 33-39.)
- Both the December 2000 and the May-June 2003 samples seem somewhat equally unbalanced in that “black/African-American” respondents may be under-represented as Census 2000 data suggest that 31.8% of St. Mary Parish citizens are “black/African-American.” (See Census 2000 racial data in the table on page 8.) This sampling bias was not intentional, and the reason for it is debatable – perhaps a result of proportionally fewer black households with telephones?
- Racial disparities are not particularly evident in comparing the proportion of whites and blacks experiencing “difficulty, delay, or non-reception of care in the last 12 months,” especially when the above-mentioned sampling bias is considered, although that experience appears relatively unchanged between December 2000 and May-June 2003. (See table on page 8.)
- Whites do seem to have a disproportionately high experience of lacking health insurance, consistent between the December 2000 and the May-June 2003 samples. (See table on page 8.)
- Racial disparities seem evident when analyzing barriers related to “problems obtaining prescribed medications.” This particular barrier seems to affect “black/African-American” households in St. Mary Parish disproportionately in comparison to their “white/Caucasian” counterparts. Furthermore, a statistically significant increase in this disproportionality appears between the December 2000 data (36.5% of “black/African-American” experienced the “medication barrier”) and the May-June 2003 data (43.5% of “black/African-American” experienced the “medication barrier”). (See “medication barrier” data in the table on page 8.) (To repeat a previous parenthetical comment, perhaps the ByNet pharmaceutical assistance program, cited above, is serving a particularly responsive segment of the population and has not yet become known by other segments?)

In the December 2000 *Louisiana HABITS* study and its round of follow-up in-person interviews in the Spring of 2001, several other conclusions were drawn regarding the typical characteristics of households experiencing healthcare barriers. Since the make-up of the May-June 2003 sample seems to closely replicate that of the previous survey, several of the conclusions original reported in “*Louisiana HABITS* Report: St. Mary Parish Louisiana August 31, 2001” are still germane. Those are also printed here, below, with percentages for the May-June 2003 general population noted in square brackets:

- Educational disparities, in terms of highest grade of school completed, are apparent when comparing the general population of St. Mary 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 [43.1% in May-June 2003], only 17.5% of the barrier population respondents reported that level of education. 18.9% of the general population [13.7% in May-June 2003], compared to 33.0% in the barrier population, reported not finishing high school.
- Employment disparities are clear when comparing the general population of St. Mary 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 [43.7% in May-June 2003], only 27.8% of the barrier population respondents reported that circumstance. “Able but unemployed” was reported by 7.9% of the general population [6.3% in May-June 2003], but by 19.6% of the barrier population.
- Household Income disparities are dramatically apparent when comparing the general population of St. Mary Parish to respondents from that group of households that experience barriers to healthcare access. While 27.9% of respondents in the random sample of the general population reported household incomes from all sources to be less than \$20,000 per year [27.8% in May-June 2003], 53.6% 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 these studies. In the case of the random telephone survey of the general population, the high proportion of female respondents (71.6%) [77.4% in May-June 2003] 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, 86.6% 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 these studies has never been collected or reported previously, with this level of local intensity.
- The margin of error ($\pm 7.1\%$.) resulting from the sample size selected for these studies is appropriate to their goals, i.e., the creation of a baseline measures 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 these studies should be principally used as a baseline for comparison with studies undertaken after improvement initiatives are implemented.
- Data collected in these studies are considered locally definitive and predictive, but without further times-series of comparable 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. Re-sampling approximately every 30 months is suggested as a continuing strategy.
