

Louisiana HABITS:
A Tool for
Informing Community
Decision-Making

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Resources & Methods:

What Is Louisiana HABITS?

- *Louisiana HABITS* – “Healthcare Access Barriers In The State”
- Developed by HICA in conjunction with LRHAP, SWLAHEC, CLAHEC, and the Rapides Foundation
- Built on questions from widely used surveys:
 1. CDC’s Behavioral Risk Factor Surveillance System (BRFSS)
 2. Medical Expenditure Panel Survey (MEPS)
 3. North Carolina Health Profile Survey (NCHP), and other studies
- Survey methodology to better address locally significant barriers through sufficiently dense sampling
- Administered in two phases or “rounds”:
 1. Random telephone survey to measure general population, and
 2. In-person interviews to profile vulnerable populations
- No personally identifiable data collected retained
- Tailored for use with “healthy communities” initiatives

Results Inform Local Leadership, not Washington!

Where Has Louisiana HABITS Been Used?

- All of Regions IV, V, and VI
 - plus one parish each in Region III and Region VII
- 22 parishes in total:
 - Acadia
 - Allen
 - Avoyelles
 - Beauregard
 - Calcasieu
 - Cameron
 - Catahoula
 - Concordia
 - Evangeline
 - Grant
 - Iberia
 - Jefferson Davis
 - Lafayette
 - La Salle
 - Natchitoches
 - Rapides
 - St. Landry
 - St. Martin
 - St. Mary (twice)
 - Vermilion
 - Vernon
 - Winn

Resources & Methods: Why Two “Rounds”?

- The telephone survey approach fails to sample households without telephones!
 - Some 4.9% of households in Region IV are without telephones -- varying by parish. (*Census 2000*)
- Households without telephones are very likely to also experience “access to healthcare” barriers!
 - This is why we also conducted an in-person round of interviews with persons in vulnerable populations.

Census 2000	Occupied Housing Units	# without telephone service	% without telephone service
Acadia	21,142	1,278	6.0%
Evangeline	12,736	1,105	8.7%
Iberia	25,381	1,301	5.1%
Lafayette	72,372	1,751	2.4%
St. Landry	32,328	2,224	6.9%
St. Martin	17,164	1,090	6.4%
Vermilion	19,832	1,023	5.2%
Total	200,955	9,772	4.9%

Resources & Methods: Sampling Methodology

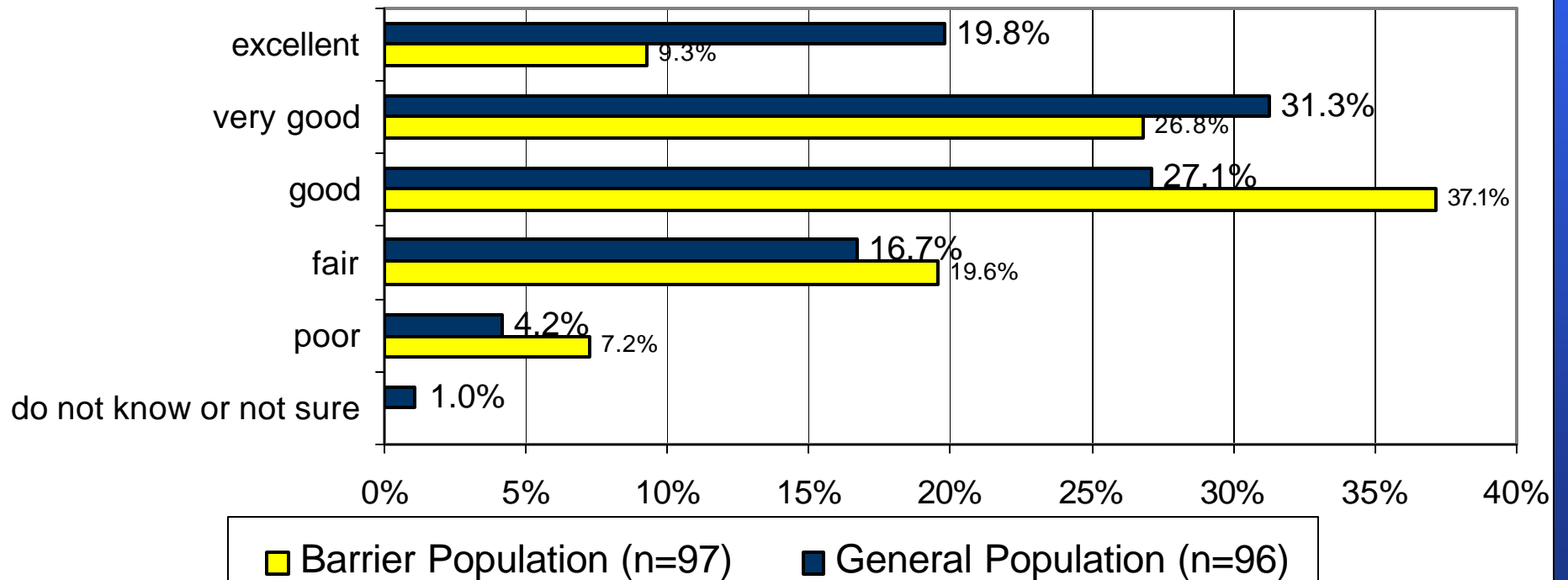
- First round based on at least 96 random-digit-dialed (RDD) telephone interviews of households
- Second round based on at least 96 interviews of households with “barriers”
- Response was entirely voluntary; each respondent could terminate the interview at any time or could refuse to answer any given question; only completed interviews were used in the analysis
- Statistics that follow are based on 96 (if everyone answered) or on a smaller number (if fewer answered)
- The statistics shown have error rate of $\pm 10\%$ (95% confidence)

Resources & Methods: Workplan and Timeline

- ✓ Collected parish baseline data by telephone survey
- ✓ Developed in-person interview schedule with the Office of Family Support and Office of Public Health
- ✓ Conducted in-person interviews at the Office of Family Support and at the Parish Health Unit
- ✓ Built database of findings
- ✓ Analyzed data to form conclusions on barriers to access
- ✓ Presented findings/conclusions/recommendations to LRHAP and to parish planning group

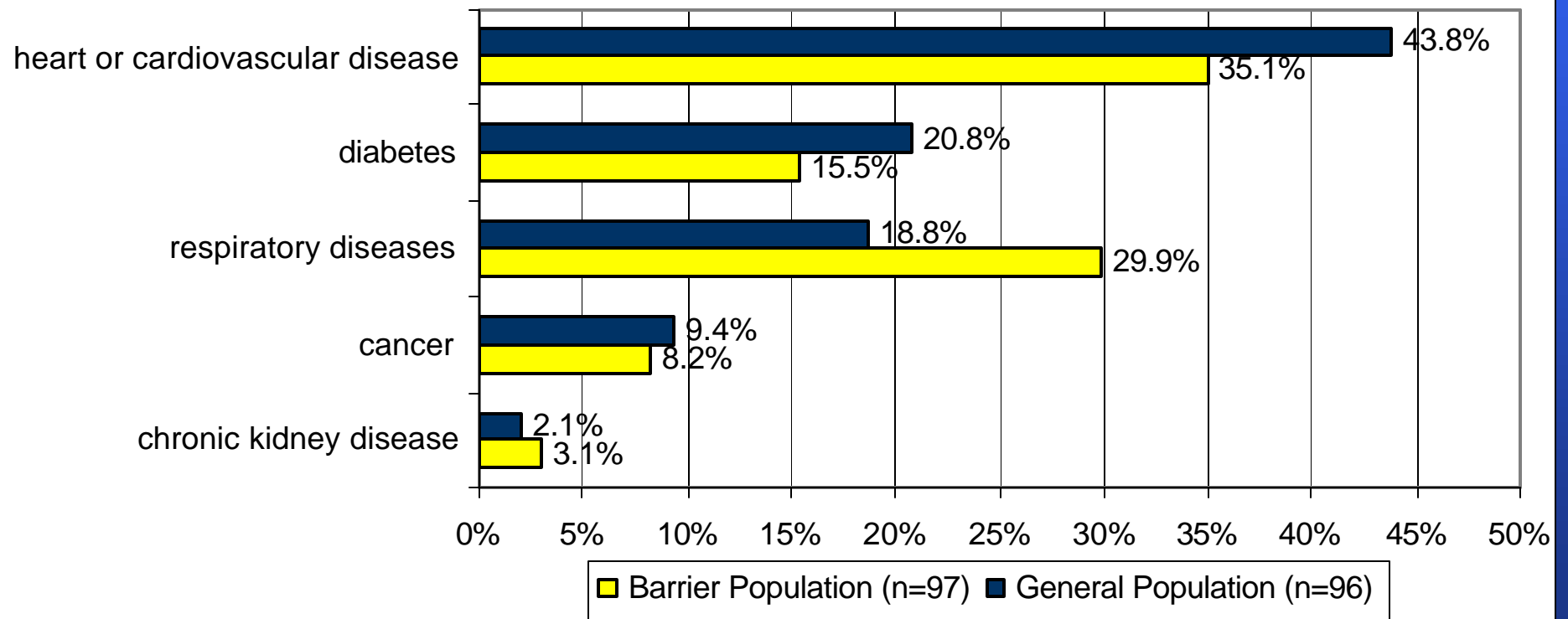
Beauregard Parish Findings: Health Status

S11: General Health of the Respondents



Beauregard Parish Findings: *Illnesses in Household*

WhchChrn: Illnesses Diagnosed in Household



Findings:

Access Barriers -- Defined

- 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:

One or more household members had some problem in the last 12 months ...

1. 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. Problem obtaining prescribed medications

or

One or more household members currently ...

3. Lack of health insurance coverage or a “medical card”.

Findings:

Comparison of Region IV Parishes

Barrier	Acadia Parish (2003)	Evangeline Parish (2002)	Iberia Parish (2002)	Lafayette Parish (2002)	St. Landry Parish (2002)	St. Martin Parish (2001)	Vermilion Parish (2001)	Region IV Weighted Average
DDD	16.5%	<u>31.3%</u>	19.3%	<u>26.2%</u>	20.6%	20.3%	15.4%	22.1%
Medications	9.3%	<u>18.3%</u>	<u>12.9%</u>	8.0%	<u>15.4%</u>	<u>16.7%</u>	<u>12.5%</u>	11.8%
Insurance	<u>31.9%</u>	<u>35.5%</u>	<u>25.0%</u>	15.3%	<u>26.2%</u>	<u>33.5%</u>	<u>24.7%</u>	23.9%
OVERALL	<u>43.2%</u>	<u>52.0%</u>	36.6%	39.9%	39.4%	<u>49.3%</u>	38.5%	41.2%

Green => “better” than Region IV population-weighted average

Red => “worse” than Region IV population-weighted average

Findings: Comparison with Region V Parishes

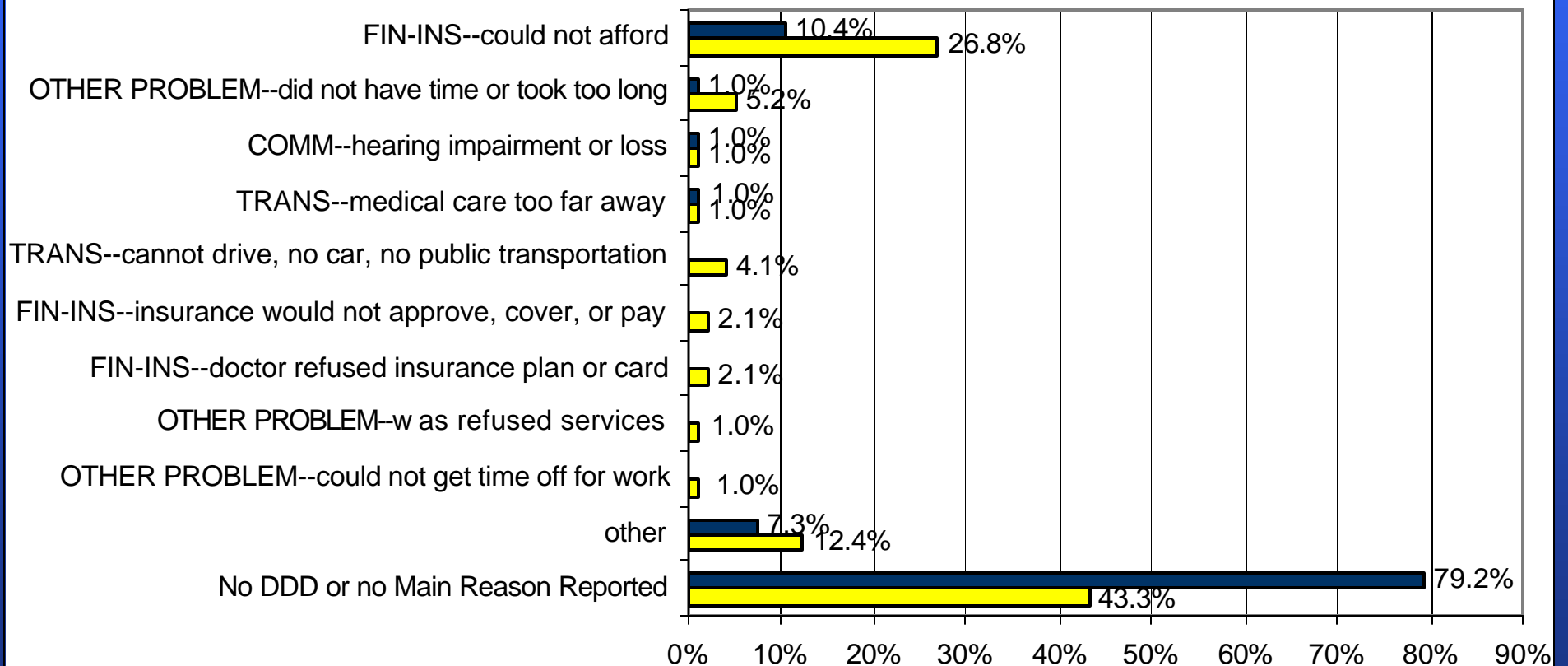
Barrier	Allen Parish (2001)	Beauregard Parish (2004)	Calcasieu Parish (2004)	Cameron Parish (2004)	Jefferson Davis Parish (2003)	Region V Weighted Average
DDD	<u>21.9%</u>	<u>22.7%</u>	17.4%	17.4%	16.1%	19.1%
Medications	<u>20.5%</u>	16.3%	<u>18.2%</u>	16.4%	12.3%	16.7%
Insurance	<u>32.5%</u>	27.2%	18.1%	25.1%	<u>34.3%</u>	27.4%
OVERALL	<u>50.0%</u>	40.9%	33.8%	38.0%	<u>48.4%</u>	42.2%

Green => “better” than Region V average

Red => “worse” than Region V average

Beauregard Parish Findings: Main Reasons for Barriers

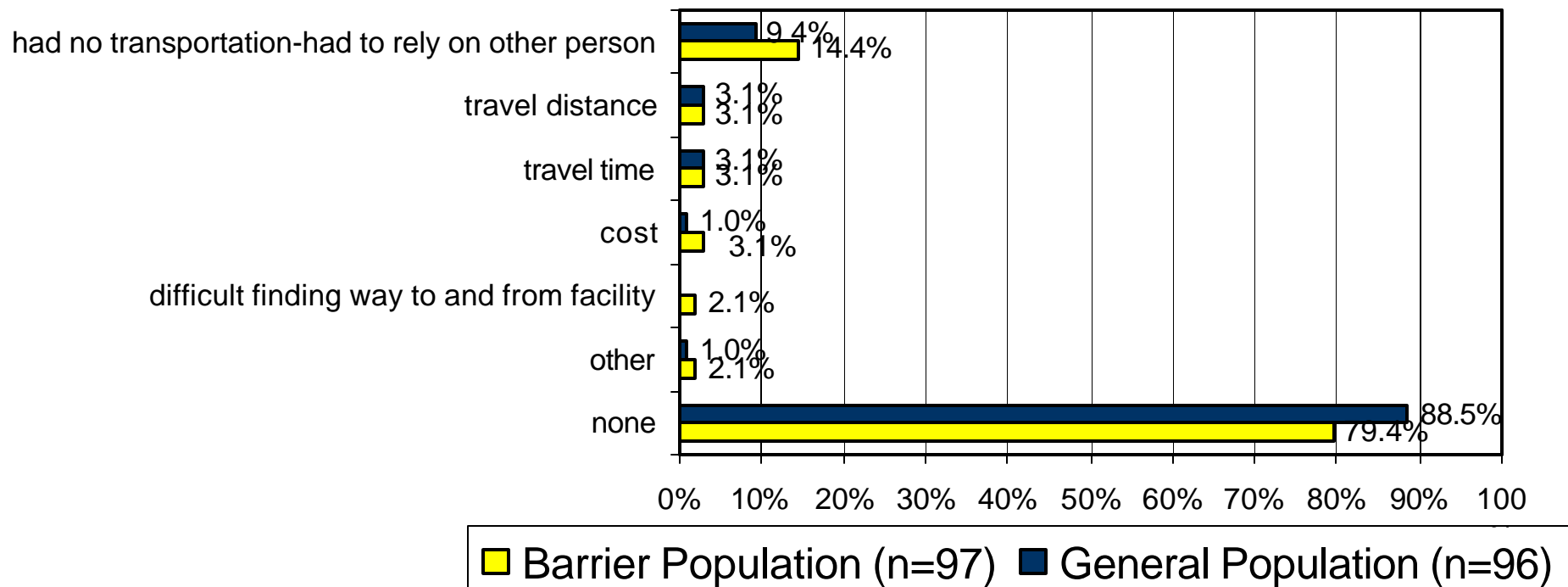
AC25-A: Main reason causing "Difficulty" in obtaining care, "Delayed" obtaining care, or "Did not Receive" needed care



■ Barrier Population (n=97) ■ General Population (n=96)

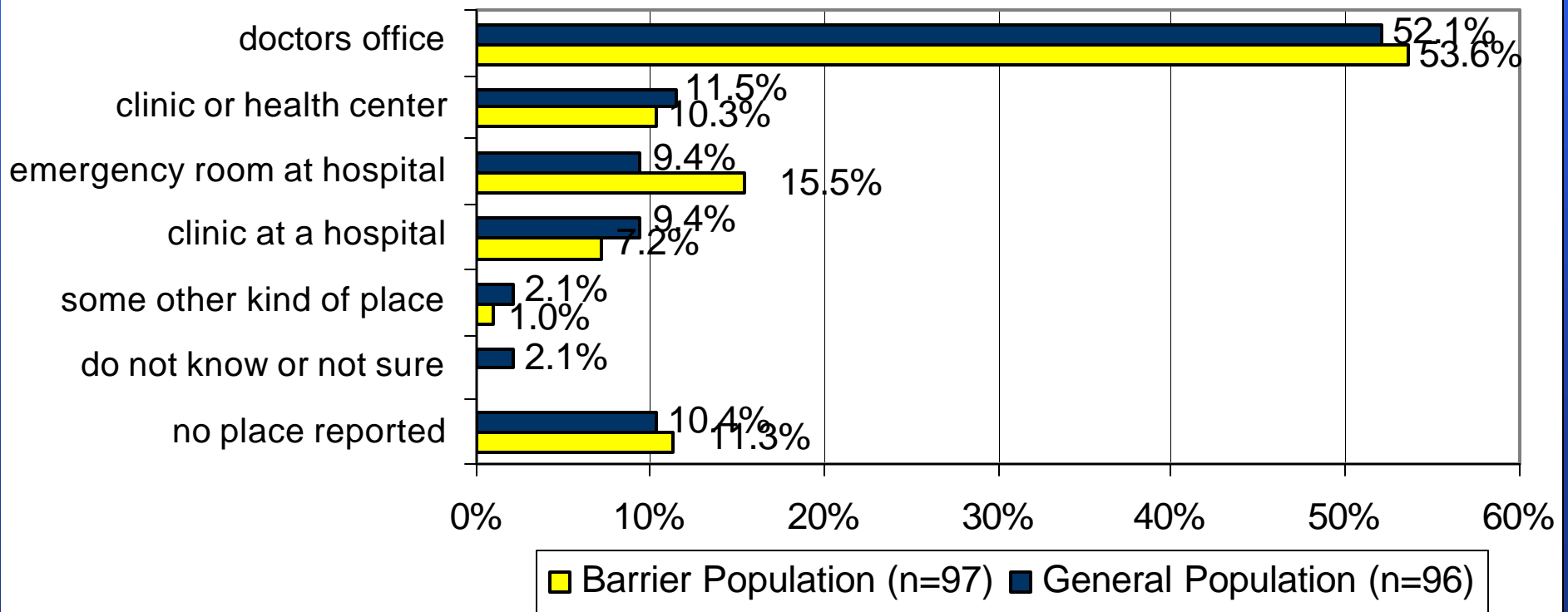
Beauregard Parish Findings: Transportation

AM23: Problems Getting To and From the Doctor



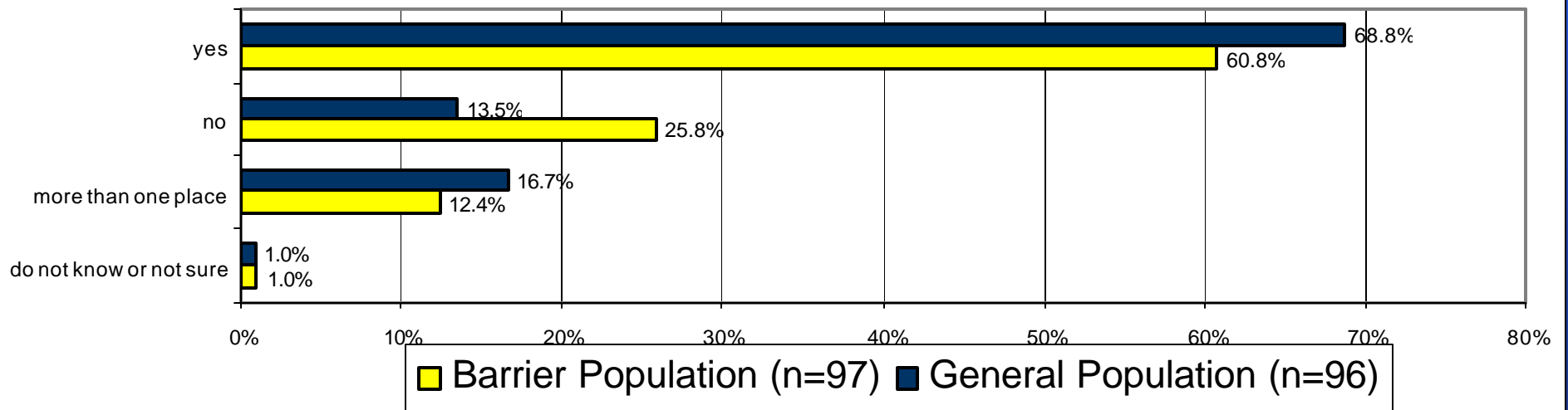
Beauregard Parish Findings: Source of Care

M44: Place that family members go most often for healthcare



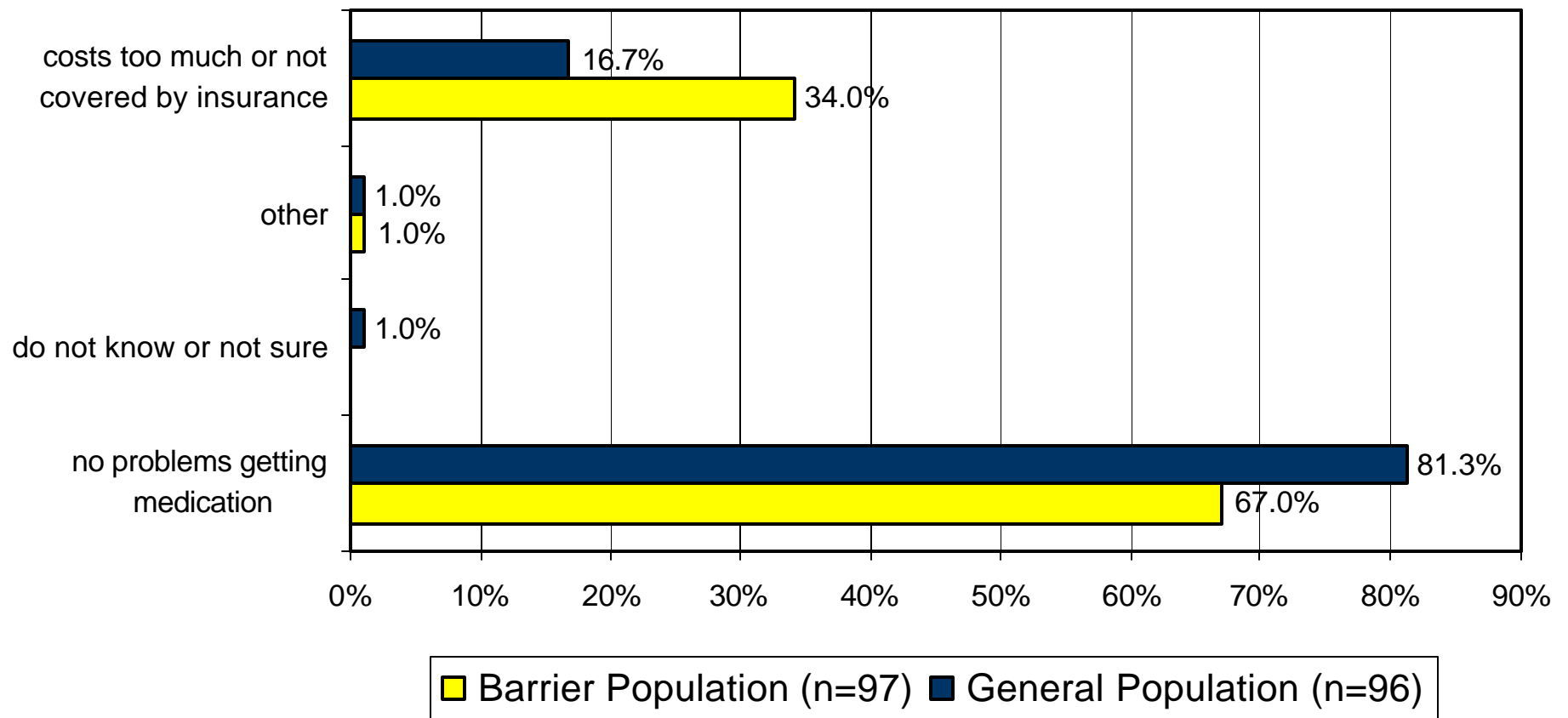
Beauregard Parish Findings: *Source of Care (continued)*

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



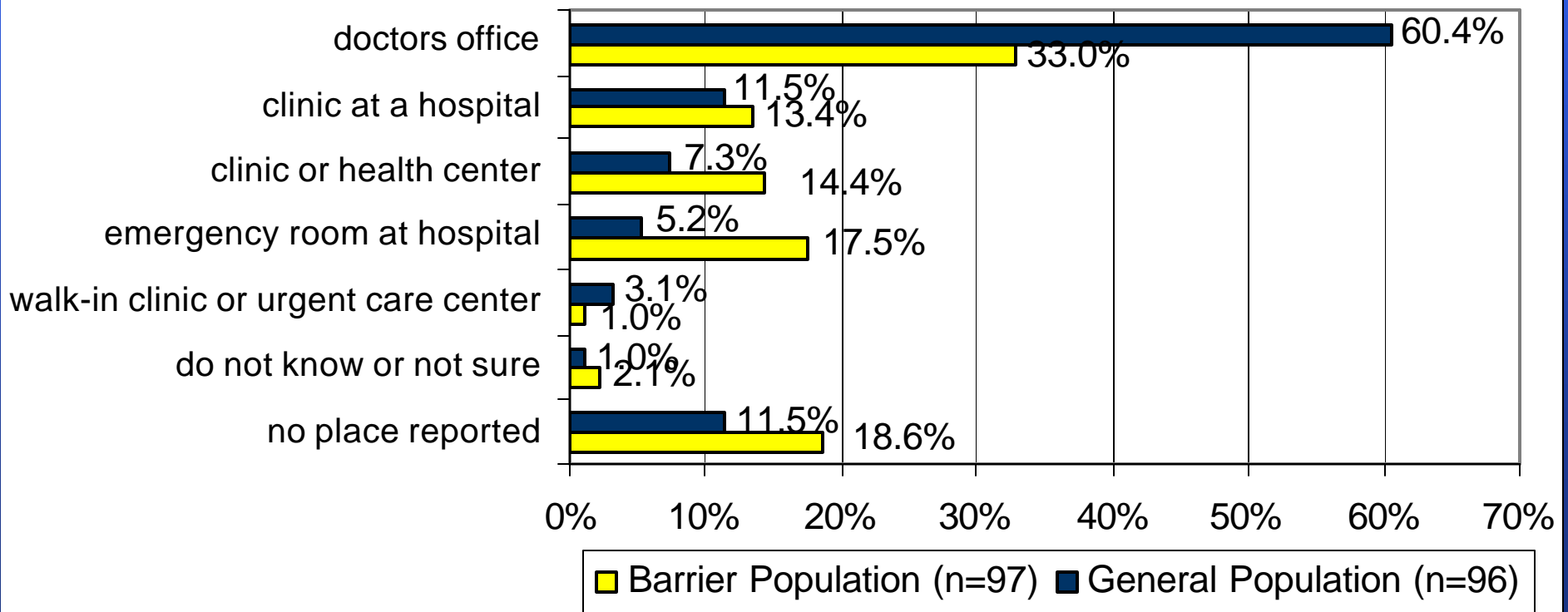
Beauregard Parish Findings: *Prescribed Medications*

Medicate: Problems with Obtaining Prescribed Medication



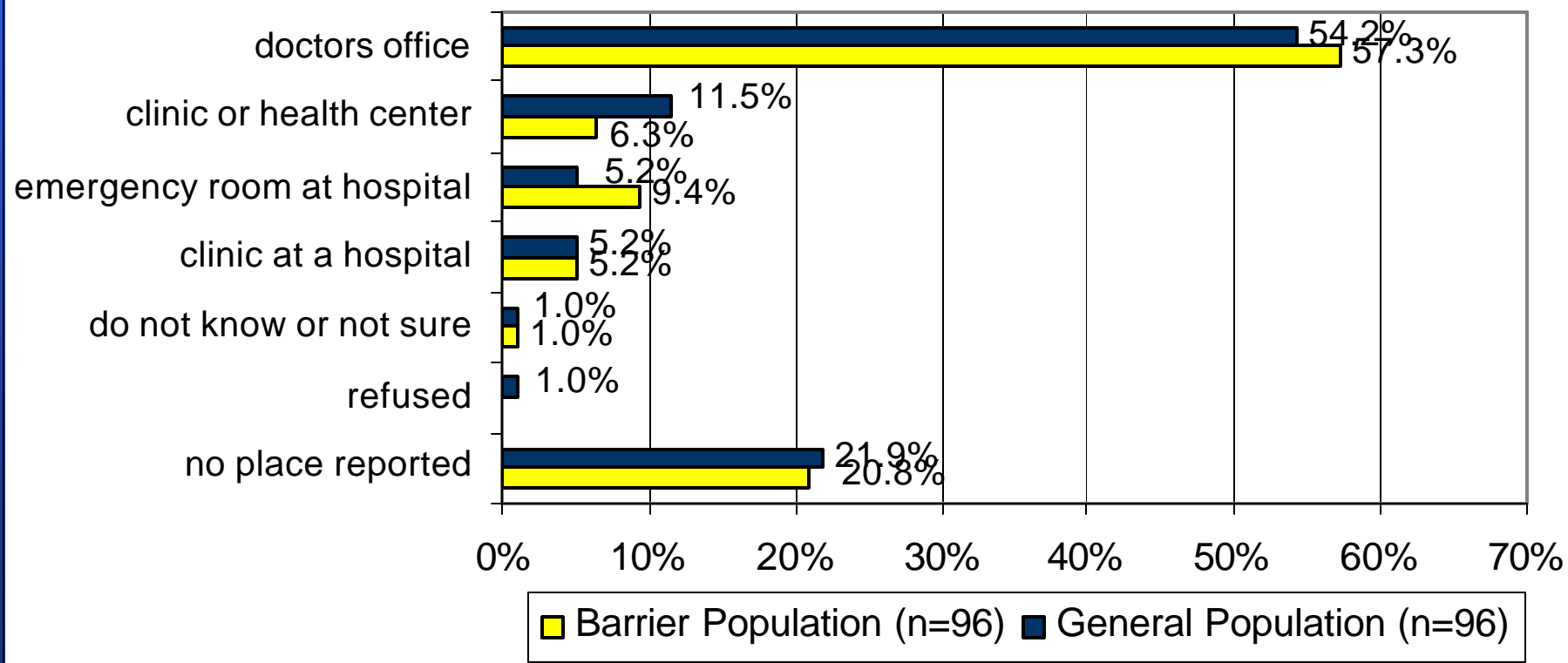
Lafayette Parish Findings: Source of Care

M44: Place that family members go most often for healthcare



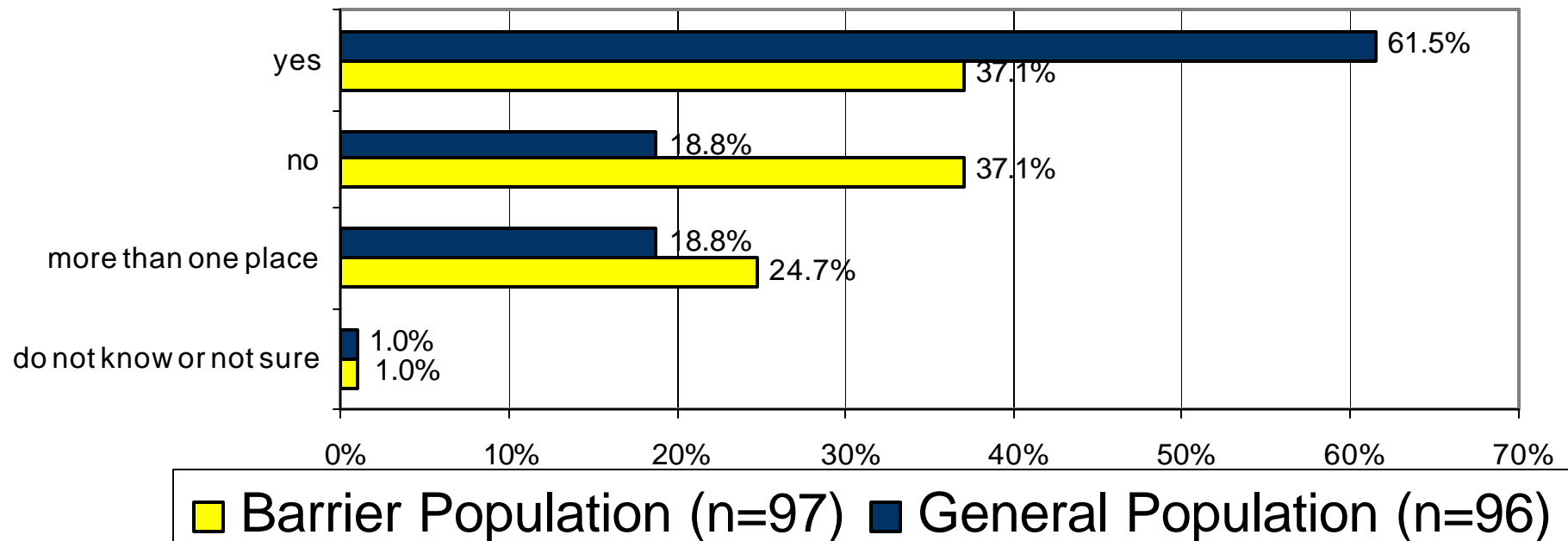
Evangeline Parish Findings: *Source of Care*

M44: Place that family members go most often for healthcare



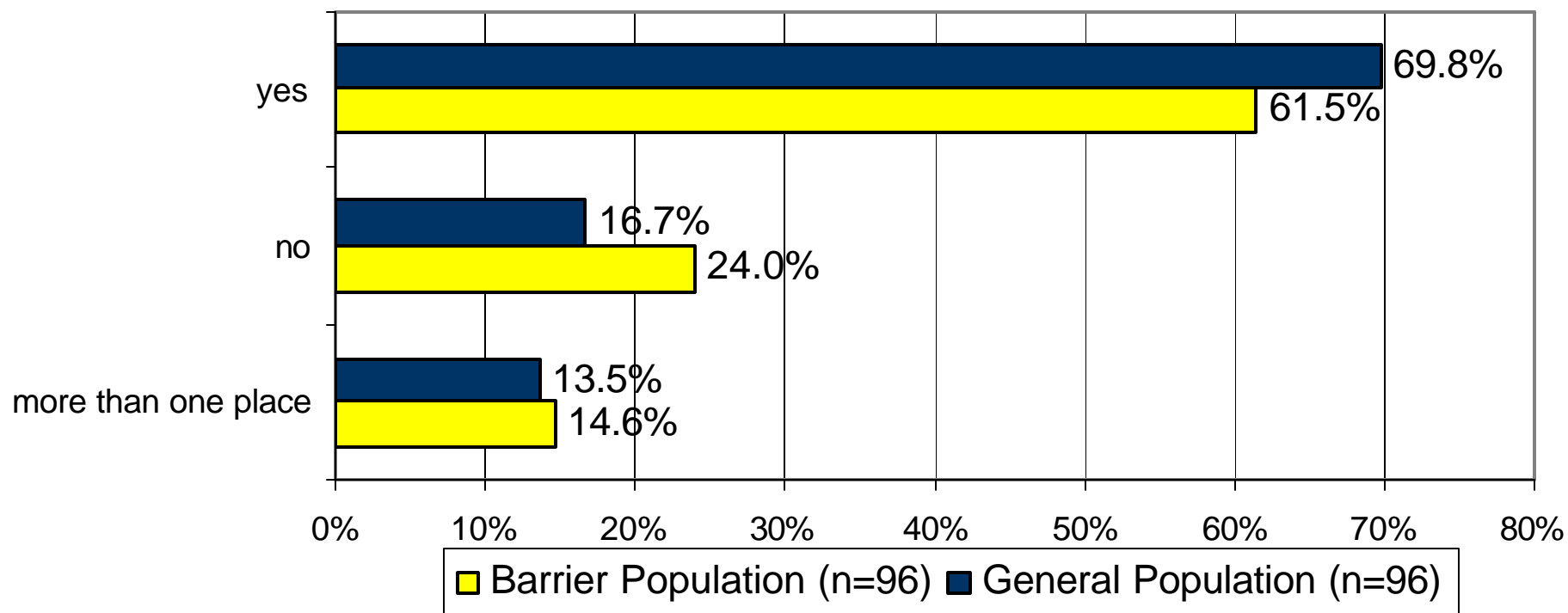
Lafayette Parish Findings: *Source of Care (continued)*

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



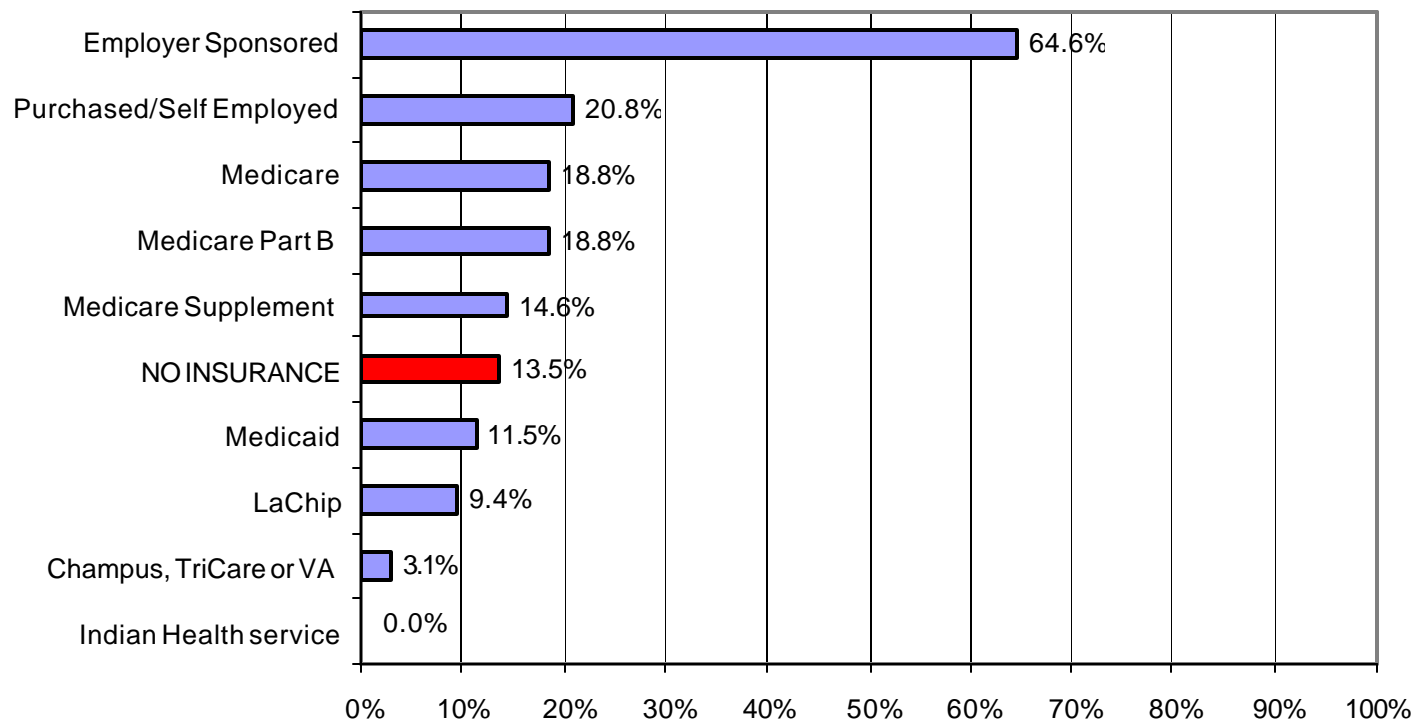
Evangeline Parish Findings: *Source of Care* (continued)

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



Lafayette Parish Findings: *Insurance Coverage*

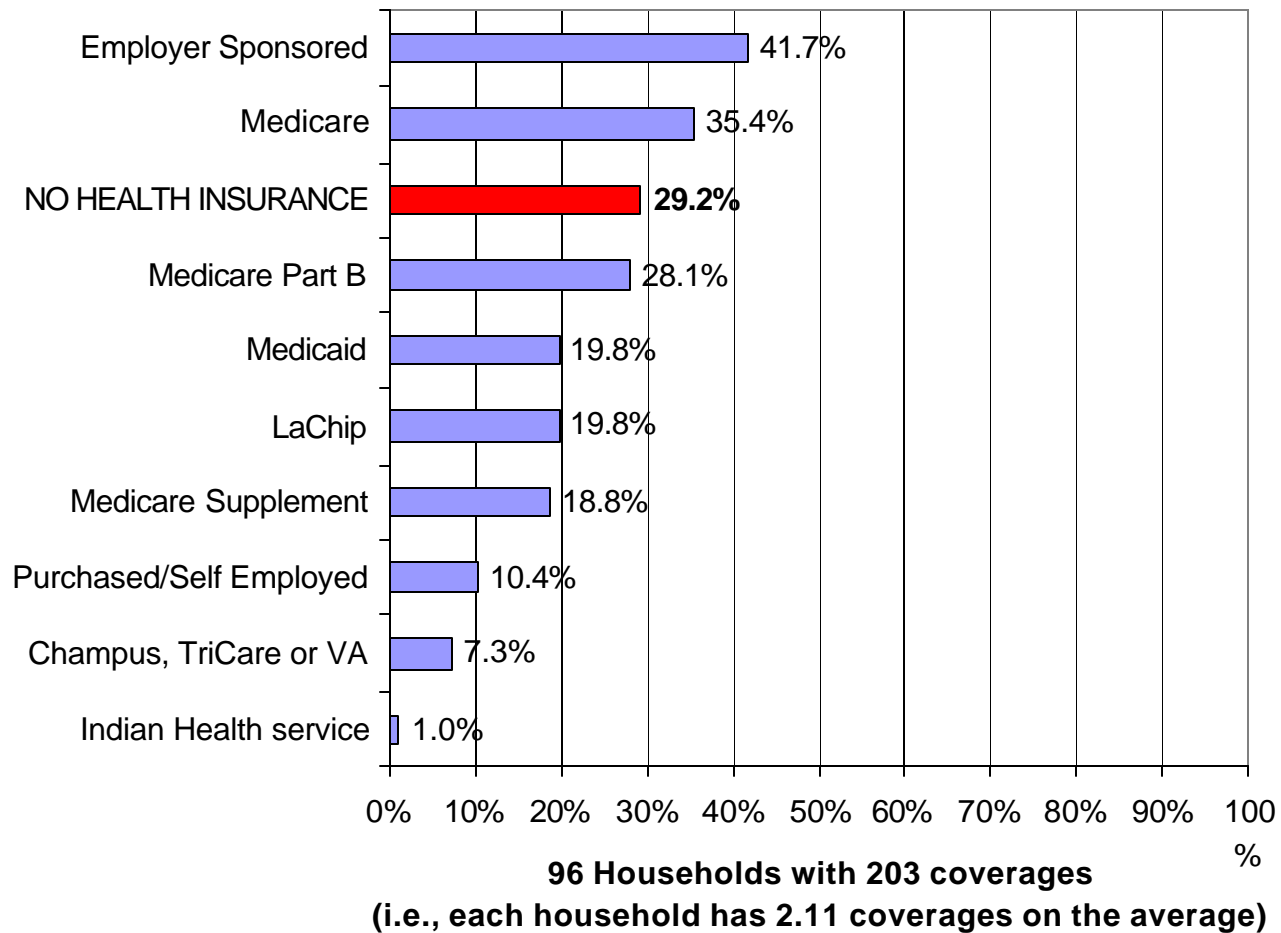
Ins 1-Ins 8: Percentage of "General Population" households having at least one person with listed health coverages



**96 Households with 169 coverages
(i.e., each household has 1.76 coverages on the average)**

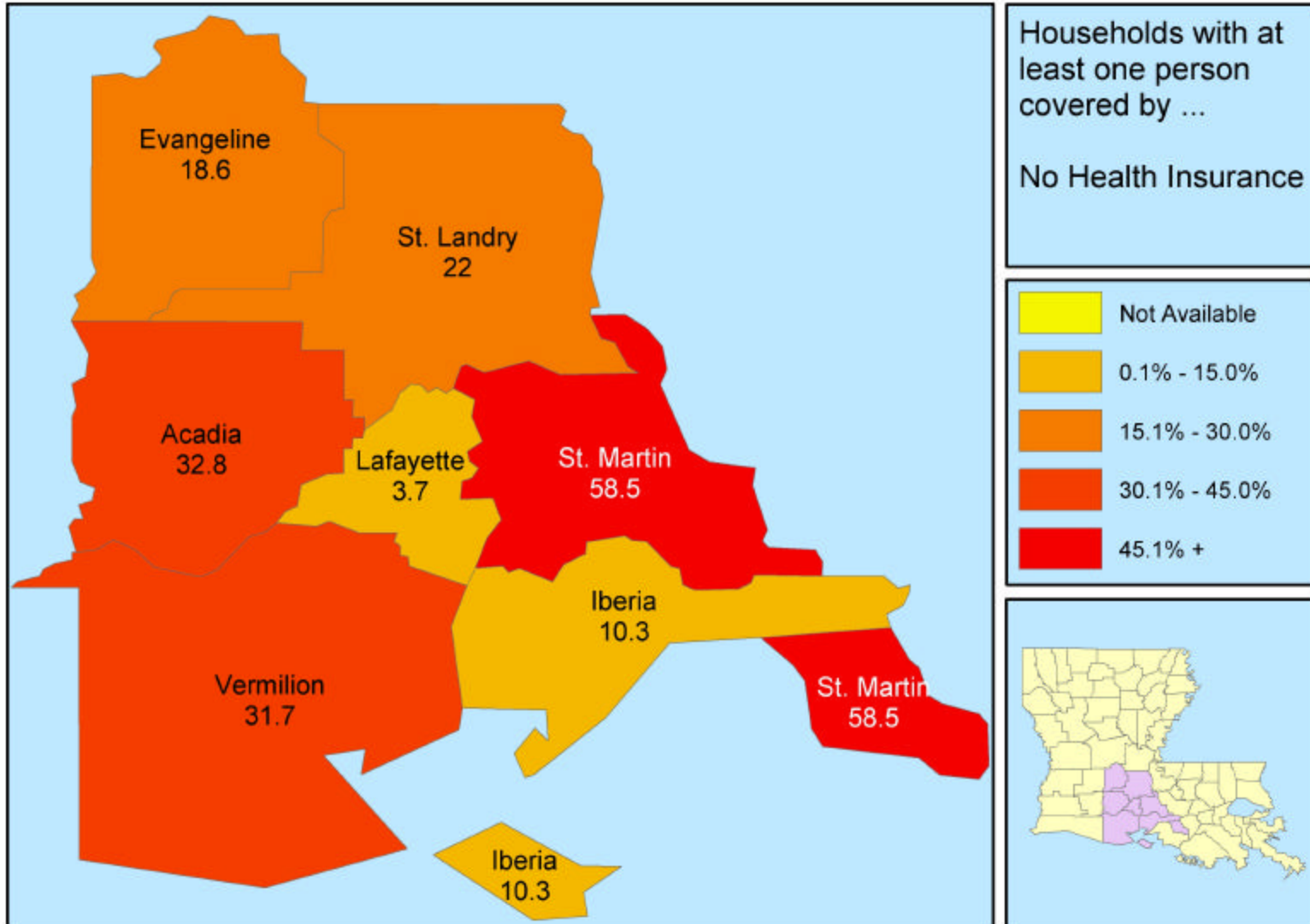
Evangeline Parish Findings: Insurance Coverage

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

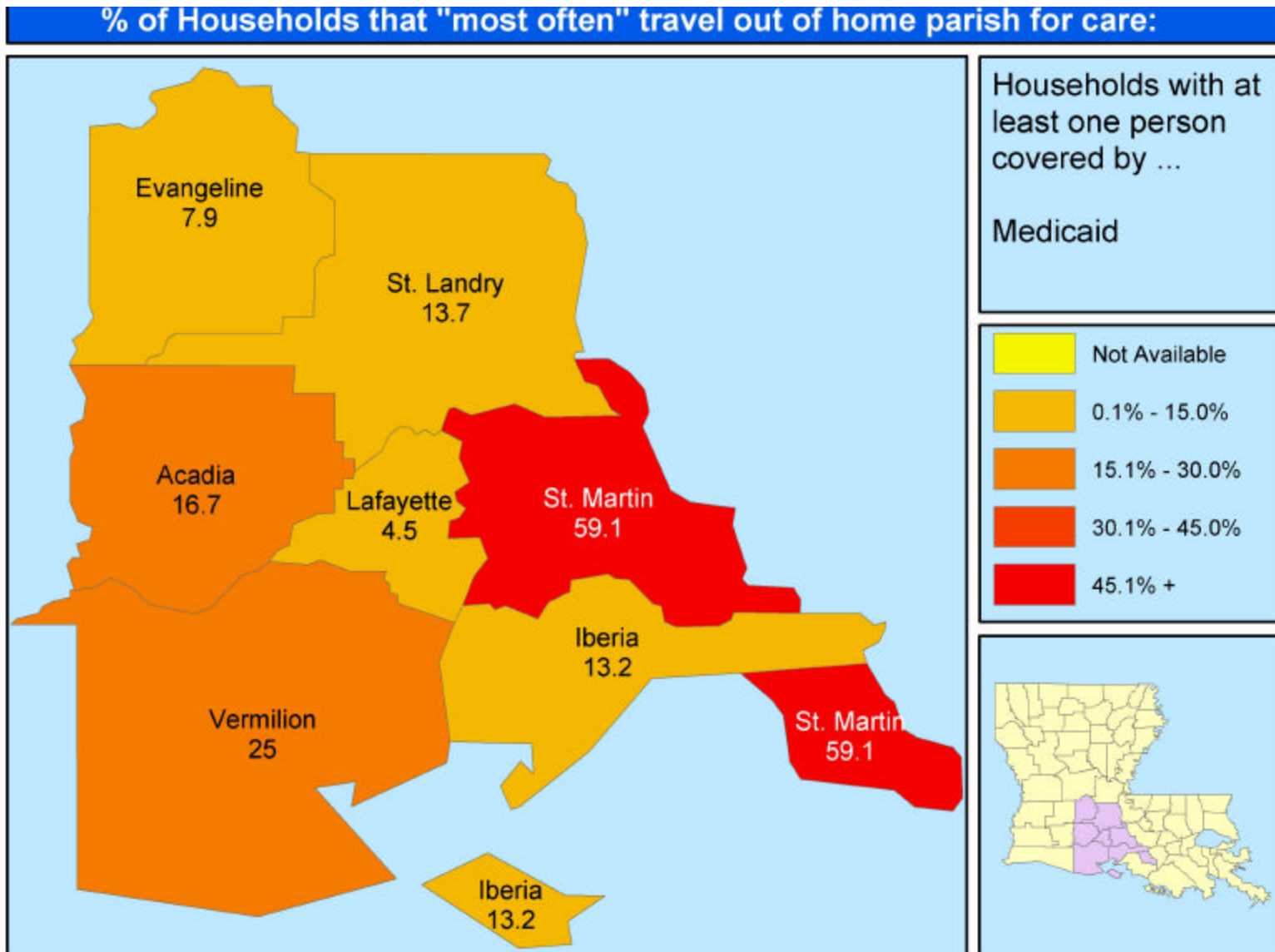


Where do the Uninsured go for care?

% of Households that "most often" travel out of home parish for care:

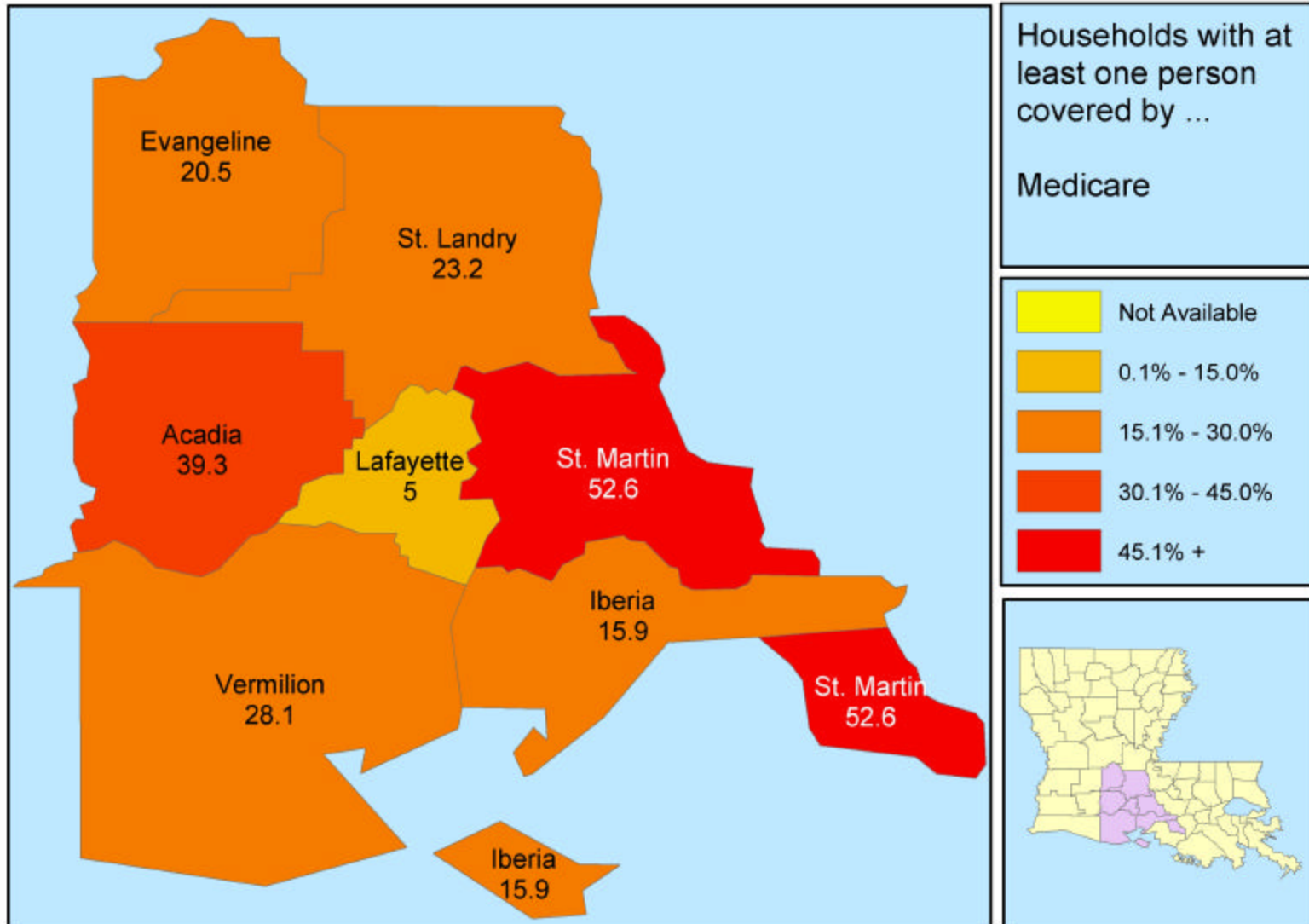


Where do Medicaid enrollees go for care?



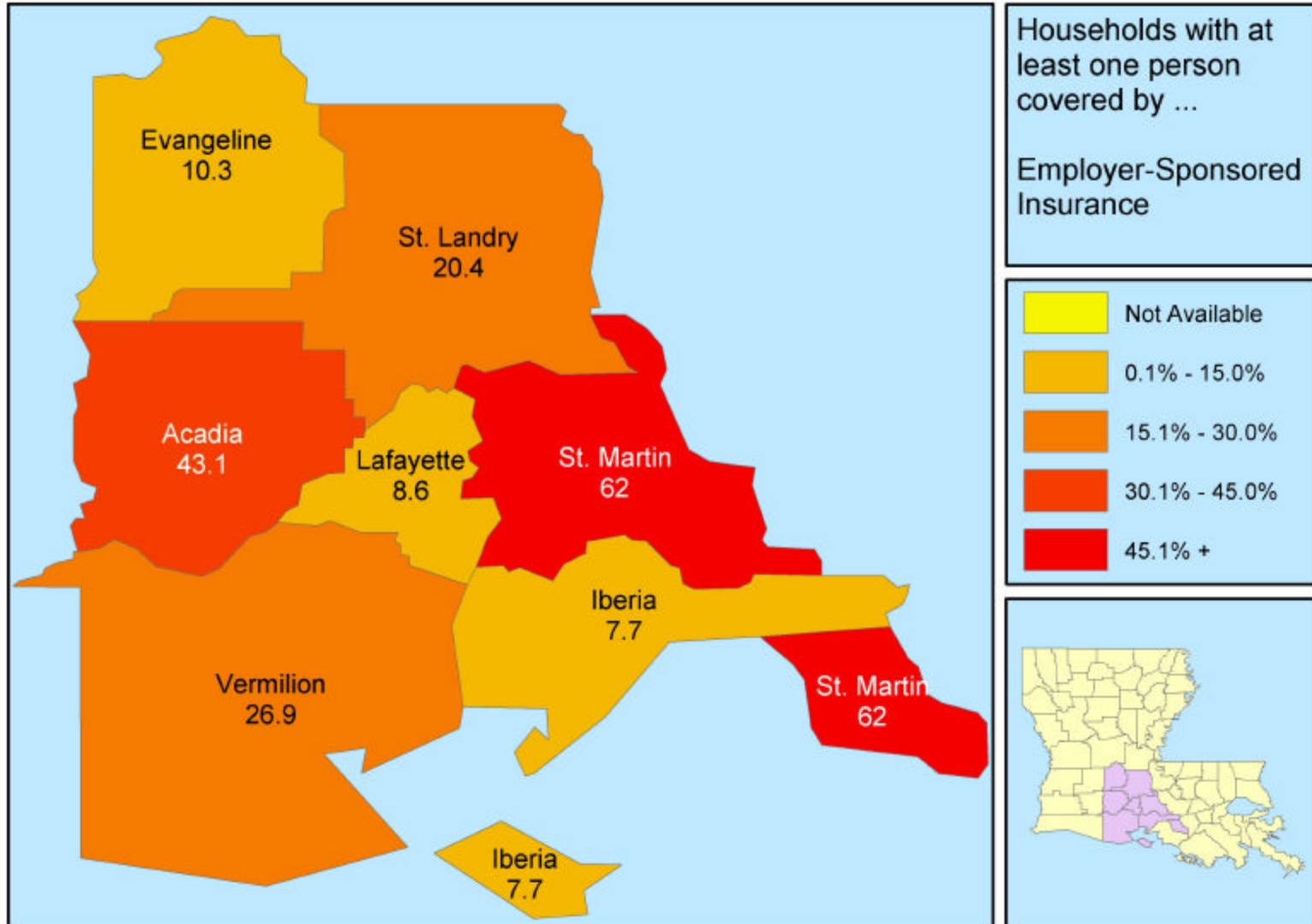
Where do Medicare enrollees go for care?

% of Households that "most often" travel out of home parish for care:



Where do employer-insureds go for care?

% of Households that "most often" travel out of home parish for care:



Concluding Observations

- Access to healthcare is not uniform across Louisiana.
- The proportion of persons who have a regular source of care varies by parish, but seems unexpectedly higher in rural areas among persons in “barrier populations.”
- Lafayette Parish has an abundance of providers and facilities, yet more than ¼ of its population reports having difficulty obtaining care, delaying care for various reasons, and not getting the care it feels it needs.
- Rural Region IV parishes have provider shortages, causing flight of healthcare dollars toward Lafayette – dollars spent by insured persons who also have access to transportation.
- Careful review of available regional data should inform the policy decisions of the regional healthcare consortia.
- Gathering of additional Region-specific data may prove useful where only statewide statistics are now available.

prepared at the

Health Informatics Center of Acadiana

*a commitment to education, research, and
community service in health informatics!*

Region IV & V Louisiana HABITS reports
and other regional data tools
can be downloaded from

<http://hica.louisiana.edu>

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