

Appalachian Rural Health Institute

ARHI

COMMUNITY HEALTH ASSESSMENT

Access to Health Services and Health Information

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COMMUNITY HEALTH SERVICES and DIABETES ASSESSMENT

In all, 434 surveys were completed by the needs assessment participants. Of the 434 participants, 7 were under 18 years old and these cases were eliminated. Fourteen surveys were collected by participants in Meigs County, a county not included in this study and were eliminated from the analysis. This left 413 cases that were analyzed for the purposes of this report. As with any data collection, some participants did not fully complete every survey question. However, it was decided to retain these surveys and identify when data was missing for particular variables and report the missing data. The variables of age and education were regrouped and categorized for ease of analysis and reporting.

SUBJECTS

The sample represents two distinct participant groups: those seeking health care services or accompanying those seeking medical services, and those who may also have been seeking health services, but were encountered in community rather than medical settings. Some participants encountered in other community settings might have been seeking health care, but were as likely to not regularly use health care services. Participants encountered in health care settings provided a convenience sample of persons diagnosed with diabetes.

A total of 413 useable surveys were analyzed with 182 surveys collected in Athens, 63 from Hocking, 81 from Pike, and 85 from Vinton Counties. A total of 72.2% of the participants were female and 27.4% were male. One half of participants (50.1%) ranged from 34 to 64 years of age.

Data were collected in Athens, Hocking Pike, and Vinton Counties, but only some of the participants (n = 335) resided in the county where they were encountered. Participants from neighboring counties and the state of West Virginia were encountered in health care and community settings. Most persons with another county of residence were interviewed in Athens County (29.8%). Some of the participants from Hocking (12.7%), Pike (13.6%), and Vinton (8.2%) counties identified a county of residence different from the counties where data was collected. More participants between 18 to 34 years of age were encountered in Hocking County, in the other three counties most participants were between 35 to 64 years old. While 8.5% of the participants did not complete high school, 56.2% reported completing high school or having some college but not a degree. A total of 28.1% had an Associates Degree or higher.

ACCESS to HEALTH CARE SERVICES

Access to health care services included issues such as transportation, availability of medical specialists, phone access, distance from medical care centers, and costs of care. One person describing access concerns wrote, "Feeling well enough to drive there...if I need it quickly. We have to call for transportation a week ahead of time." Another person wrote, "Dieticians are hard to contact—spend little time with [the] client and I may still have questions."

Many reported little trouble obtaining medical care when it was needed, but a portion of each county's population identified concerns. While 53% of the participants reported "rarely" or "never" having problems related to the cost of health care and seeking assistance when they were sick, 47% said that they either "frequently" or "always" have trouble. Sixty-four percent reported that they "rarely" or "never" had trouble seeing a doctor when they needed care, but 36% said they "sometimes," "frequently" or "always" had trouble. Although 68% of the participants thought that they "always" get the care they needed when they see a doctor, 28% thought that it was only "sometimes" what they needed.

Health care insurance was an important factor in obtaining health care services. Some (8%) reported that they had no health insurance. One person without insurance wrote, "Need a medical card, have trouble getting aid." Some people indicated that various people within their household were covered under different insurance plans. Some participants had Medicare and Medicaid (3%) and a few Medicare recipients also reported having private insurance (2%). Only a few persons (n = 3) reported insurance related to military service. 4% of participants (n=15) reported that they had health insurance from their job, other participants (4.3%) wrote in the names of private insurances that provided them with coverage, and a few (n = 3) indicated they were covered by parents' plans. Participants' ages influenced kinds of health insurance available. A number of participants reported "always or frequently" having trouble getting medical care due to the costs. This affected 7.2% of those 65 years or older, 20.7% of those ages 35 to 64 years, and 22.8% of those aged 18 to 34 years old in the study.

ACCESS to HEALTH INFORMATION

Access to health information was a concern for persons uninsured or under-insured and when residents lived in areas underserved by health professionals. When participants were asked if they knew where to get the information they need about health concerns, 17% said they “sometimes” knew where to get the information and 4% said that they “rarely” or “never” knew where to get needed information. While 80% reported that it was “easy to understand” instructions given by health care workers, 16% thought information was “somewhat difficult” to understand and 4% reported it was “hard” or “very hard” to understand. In order to better understand perceptions about the usefulness of health information obtained from health care workers, the following question was asked: “Does the information you receive from health care workers help you get better?” Four percent of the participants said the information “rarely” or “never” helps them get better and 22% said it only “sometimes” helps them get better.

This study may not have fully ascertained levels of access or usefulness of health information due to the generalness of questions and the chance that participants may have over-estimated their abilities. Additional study is warranted in this area.

Differences were noted among the county residents’ knowledge of where to locate needed health care information. Those from Vinton County (64%) were less likely to “always” or “usually” know where to obtain health information than those in Athens (85%), Hocking (81%) or Pike (81%). In fact, 10% of participants from Vinton County “rarely” or “never” know and 26% only “sometimes” know where to get health information. Participants differed little on their perceptions about ease of understanding health information obtained through TV, radio or the newspaper with many viewing it “hard” or “very hard” to understand. Pike and Vinton County residents were less likely to view health information as “easy” or “very easy” to understand.

Level of education was a factor in access to health care information. When level of education was factored in to try to better understand ease of locating health information when needed, 9% of those who did not complete high school and 5% of those who did complete high school “rarely” or “never” knew where to obtain needed health information. However, 92% of those who are college educated “usually” or “always” knew where to obtain needed health information. Seventy-seven percent of those with a high school education and 66% of those without a high school education reported the same level of ease in locating needed health information. Gender seemed unimportant in perceptions about being treated with respect by health care workers. When comparing gender, only slight differences were noted with comfort in asking doctors versus nurses about health information. However, in Vinton County participants were more comfortable asking nurses (83%) for health information than doctors (78%).

The effectiveness of communication between persons seeking health care information and those in a position to provide it is often influenced by perceptions of treatment during the time of interaction. Participants were asked to identify whether they were treated with

respect when they see a health care worker. Although 88% said they were either “always” or “usually” treated with respect, 11% said they were “sometimes” treated with respect, and 1% said they were “seldom” treated with respect. This raises questions about care outcomes when persons perceive interactions with health care providers as disrespectful.

CONCERNS ASSOCIATED WITH HEALTH INFORMATION

Participants were provided a space to write the biggest problems they encounter in getting needed health information. While some left the area blank, 8% (n = 33) wrote that they did not have any problems getting the health information that they needed. However, a large number of respondents wrote comments that are grouped together into nine categories that identify some common concerns (Table 1). Many participants identified more than one concern.

Table 1
Respondent Concerns about Health Information

Problems Getting Health Information Needed	Number of Respondents	Percent of Respondents
Health care access issues	35	7%
Availability of understandable and current information	24	6%
Lack of insurance coverage/affordability	23	5.5%
Doctors providing understandable explanations	22	5%
Doctors/nurses listening and/or communication skills	17	4%
Scheduling a physician appointment	15	3.6%
Doctors ill- informed about needed health information	11	3%
Computer or Internet access issues	8	2%
Information overload/conflicting information	7	1.7%

Some wrote comments that expressed concerns about relationships with physicians or other health care providers when seeking health related information. When participants were asked, “When you ask doctors questions do you get answers that are useful to you?” While 72% said answers were either “always” or “frequently” useful, 25% said they were only “sometimes” useful, and 3% reported the answers were “never” or “seldom” useful. This 28% of persons that found health care providers provision of health information as less useful may be an important group to consider ways to develop innovative methods of intervention that are more culturally sensitive.

Specific concerns noted about obtaining information from physicians:

- Physician does not ask the right questions
- Doctors’ sometimes act as if they are “demi-gods”
- Doctor takes 2-3 visits before finding out the problem

- Respondent uncertain about when to go to the doctor “resident” replaced with client or patient or respondent
- Respondent uncertain about which doctor to go see
- Doctors fail to follow-up (e.g., test results, instructions given, etc.)
- Doctor lacks sincere interest in patient concerns
- Doctors are too rushed
- Patients do not like bothering the doctor

Common themes about concerns when obtaining health information:

- Reluctant or anxious about asking questions
- Unsure how to ask questions
- Forget to ask intended questions
- Information obtained not helpful enough
- Uncertain how to apply information received for care needs
- Unsure who to believe when doctors disagree
- Information provided too often inadequate to fully answer questions
- Uncomfortable asking health providers questions

Respondents also suggested that they (a) had difficulty getting health care services coordinated in ways so that they can meet their health care needs and (b) had problems getting their medical history from prior physicians to doctors they were presently seeing. Several of the health information needs described by survey respondents could lend themselves to interventions with potential to improve patient-physician relationships, access to health information, and usefulness of needed health information.

SPECIFIC AREAS of HEALTH INFORMATION NEEDS

When respondents were asked to identify specific health topics areas where better information was needed, a large number of subjects were identified. Some did not answer, a few wrote in something like “can’t think of anything,” but most identified one or more topics. A key area of interests was information about heart disease (n = 47), hypertension (n = 17), cholesterol (n = 7), and stroke (n = 3). Forty-four persons identified cancer prevention or treatment and others identified specific kinds of cancers: Breast (n = 7), cervical (n = 3), prostate (n = 2), skin/melanoma (n = 1), testicular (n = 1), pharyngeal (n = 1), colorectal (n = 3), and prostate (n = 1).

There were various areas in which participants wanted more information. Forty-one participants noted needs for more information about diabetes. However, while 31 thought information about weight control was needed, only three wanted exercise information. Mental health concerns included depression (n = 8), dementia (n = 3), mental health (n = 3), anxiety (n = 2), autism (n = 1), and psychological health (n = 1). A number of persons wrote that they needed information pertaining to women’s health issues (n = 20), men’s health (n = 2), and aging (n = 4). Others wanted information about children pertaining to development, behavior, and diseases (n = 9).

Respondents identified a variety of disorders where more information was desired: ADD/ADHD (n = 5), allergies (n = 3), Alzheimer's disease (n = 5), arthritis (n = 13), asthma (n = 9), back conditions (n = 6), eyesight (n = 5), fibromyalgia (n = 4), foot care (n = 2), gout (n = 3), headaches (n = 2), kidney problems (n = 5), liver (n = 2), lungs or respiratory problems (n = 11), lupus (n = 4), neurological disorders (n = 3), skin disorders (n = 2), and thyroid (n = 6). Six persons wanted information about smoking and four wanted information about preventative care. Several identified information needs related to general health care issues such as health insurance or services (n = 12), alternative medicine (n = 3), medication (n = 10), programs to help with bills (n = 2), environmental risks (n = 4), vitamins/herbs (n = 4), viral diseases (n = 3). Other concerns identified were related to medication use, interactions, and side effects.