



**Southern Rural Access Program Spring Meeting  
Memphis, TN  
April 24, 2003**

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## **Using Community Survey Results to Influence:**

# **Early Results of the SRAP Evaluation's Access-to-Care Survey**

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UNC-Chapel Hill



# Presentation Overview

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- **update on program logics and report data**
- **understanding and measuring access to care**
- **early findings from SRAP access survey**



## **Phase II Program Logics and Progress Report Data**

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- **all logic models are completed: thanks!**
- **progress reports are coming in regularly**



## Phase II Program Logics and Progress Report Data

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- all logic models are completed: thanks!
- progress reports are coming in regularly
- **\*\*\* evaluation team will only be tracking outcome objectives**
  - we refined which objectives we will track as outcomes
  - includes approximately 1/3 of objectives



## Phase II Program Logics and Progress Data

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- **NPO will monitor progress on all objectives**



## Phase II Program Logics and Progress Data

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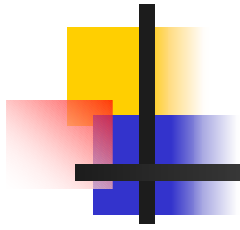
- NPO will monitor progress on all objectives
- **Why the focus?**
  - **progress in implementation is primarily an issue of SRAP management, not evaluation**
  - **to allow the evaluation to focus on monitoring outcomes and impact (health professionals, access indicators)**
  - **implementation success is generally accepted**



# Examples of Outcome Objectives Evaluation Will Track

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- **Whether targeted number of participants completed a program. [dose]**
- **Whether participants learned what was intended. [knowledge/attitudes]**
- **Whether subsequent careers and choices changed. [behavior]**



# **Access to Health Care**





## Access to Health Care: Importance

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- **Fundamental to notions of people's health and equality in health and health care**
- **One of the three basic measures of a sound health care system: access, quality, cost**
- **THE focus of the SRAP**
- **Central to all of *our* work and personal goals**



# Access to Health Care

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**But what is it?**



# Access to Health Care: Definition

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- **Number of visits to practitioners (“realized access”)  
Anderson and Aday**



# Access to Health Care: Definition

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- Number of visits to practitioners (“realized access”)  
Anderson and Aday
- **Absence of barriers to needed care**  
**Donabedian**



# Access to Health Care: Definition

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- Number of visits to practitioners (“realized access”)  
Anderson and Aday
- Absence of barriers to needed care  
Donabedian
- **Number of visits, *plus* timeliness and quality of care**  
**IOM**



# Access to Health Care: Measurement

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- **How do we know when access is good?**



# Access to Health Care: Measurement

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- How do we know when access is good?
- **What measures should be used to evaluate access?**
  - regular source of care?
  - # of office visits?
  - having health insurance?
  - quality of care?



# Access to Health Care: Measurement

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- **“There is no gold standard in the access measurement field”**

**Survey questions should match the purpose for which the data are to be used.**

**(Jim Knickman, Health Affairs, 1998)**





# Access to Health Care: Measurement lessons learned

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- **Access has many dimensions that should be measured**



# Access to Health Care: Measurement lessons learned

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- Access has many dimensions that should be measured
- **Access should be assessed with respect to:**
  - a specific type of health service
  - a relatively recent past period of time
  - for specific individuals, not families
  - for specific groups



# **Health Care Access Survey in the SRAP Evaluation**



# Access Survey in the SRAP Evaluation

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- **Why?**

- **Foundation wanted outcomes demonstrated.**
  - including measures of communities' access
  - program effects can only be guessed at unless formally measured



# Access Survey in the SRAP Evaluation

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- Why?

- Foundation wanted outcomes demonstrated.
- **No data available from other sources.**



# Access Survey in the SRAP Evaluation

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- **Why?**

- Foundation wanted outcomes demonstrated.
- **No data available from other sources.**
  - all available national data do not allow state, sub-state or rural assessments (MEPS, NHIS)



# Access Survey in the SRAP Evaluation

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## ■ Why?

- Foundation wanted outcomes demonstrated.
- No data available from other sources.
  - all available national data do not allow state, sub-state or rural assessments (MEPS, NHIS)
  - **Healthy People 2010: “The availability of data . . . may be somewhat limited at the State level and it represents a substantial challenge for measurement at the local level.”**



# Access Survey in the SRAP Evaluation

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- **Why?**

- Foundation wanted outcomes demonstrated.
- No data available from other sources.
- **Opportunity for something a little new.**





# Access Survey in the SRAP Evaluation

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## ■ Why?

- Foundation wanted outcomes demonstrated.
- No data available from other sources.
- **Opportunity for something a little new.**
  - **gather within-state, rural-specific access data for contiguous US states**
  - **assemble a wide array of data on access to outpatient medical services**



# Access Survey in the SRAP Evaluation

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## ■ Why?

- Foundation wanted outcomes demonstrated.
- No data available from other sources.
- Opportunity for something a little new.
- **Hoped detailed access data would be useful to SRAP grantees in planning and evaluation.**



## **SRAP Access Survey**

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- **Telephone survey; P.R.C., Inc. of Omaha**
- **600 adults in SRAP-targeted rural counties of each state (4,800 total)**
- **English and Spanish**
- **November 2002 – May 2003**
- **Follow-up survey ~ 2005-6**



# SRAP Access Survey

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## ■ Target population:

- **150 rural counties (omitted 7 urban counties)**
- **2.52M adult population**
- **19.6% adults below poverty**
- **36.7% African Americans**
- **2.4% Hispanics**



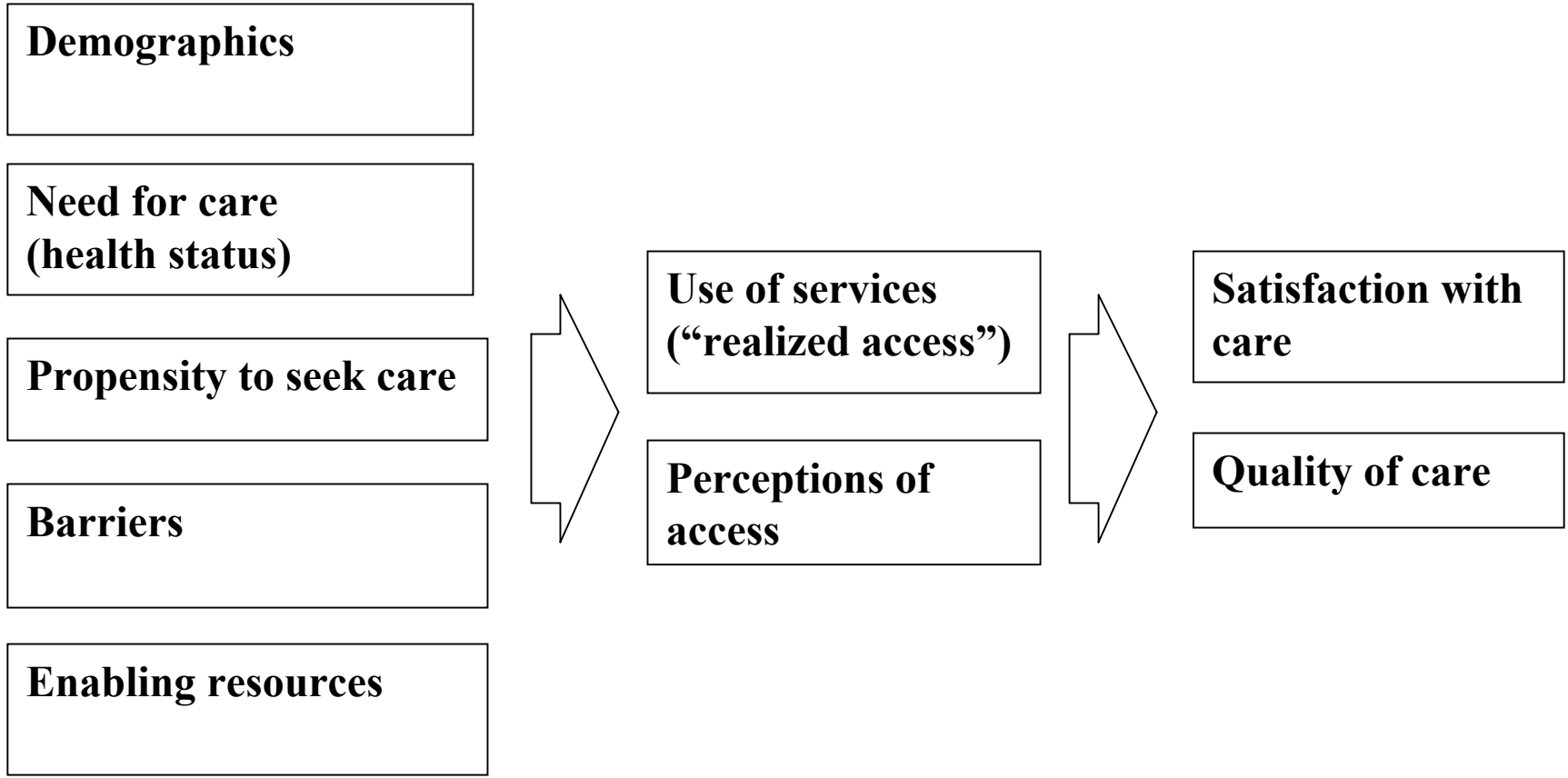
## **SRAP Access Survey: Focus**

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- **Access to outpatient routine care (mostly primary care)**
- **For adults**
- **Over past year**
- **Used items from previous national surveys, published studies, and some new items**



# Access to Health Care: Model



**Precursors**

**Use of Services**

**Outcomes**



# SRAP Health Care Access Survey

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- **Data presented today**

- **4,237 respondents to date**
  - **506 to 573 respondents per state**
  - **50% overall response rate; 44% to 55% per state**



# 4,237 Respondents

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## ■ Gender

- 66% female

## ■ Age

- 21%  $\geq$  65 y

## ■ Race-ethnicity

- 28% African American
- 1.9% Hispanics

## ■ Misc.

- 18% < high school degree
- 54% married
- 6.6% unemployed





## Handling Data

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- **All data are weighted for gender, age and county size.**



## Handling Data

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- All data are weighted for gender, age and county size.
- **Not age-adjusted.**



# Handling Data

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- All data are weighted for gender, age and county size.
- Not age-adjusted.

## Caution!!

- **Data are brand new**
- **We're new handling these data**



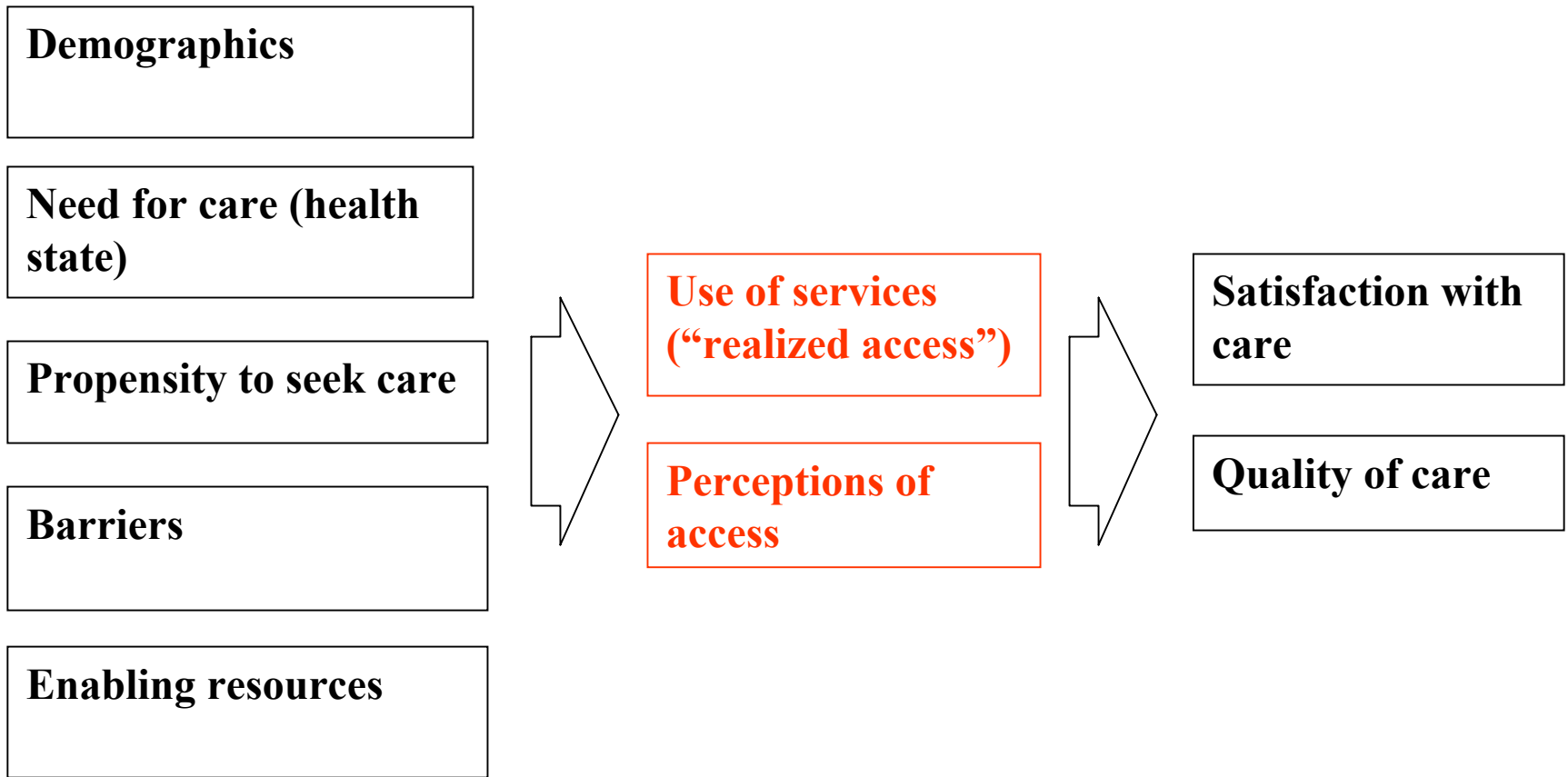
## Show Survey Data for *Yourstate*

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- ***Yourstate* is an actual SRAP state**
- **Data shown will be this state's actual findings**
- **Is it your state?**



# Access to Health Care: Model



**Precursors**

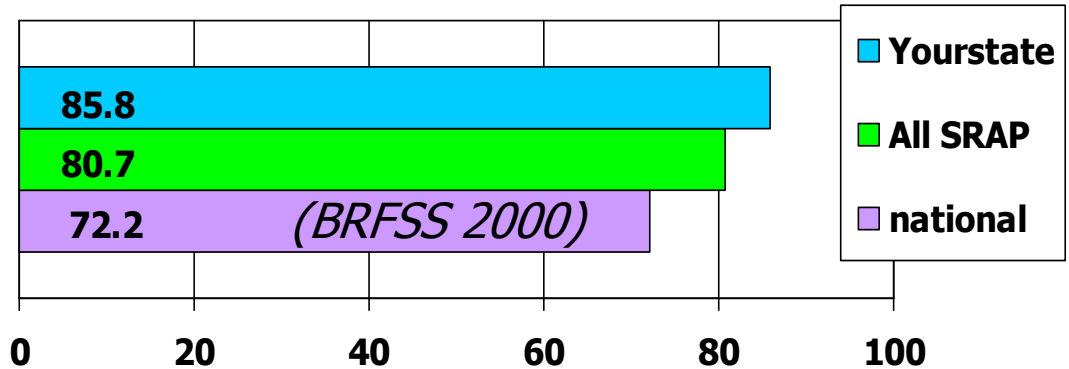
**Use of Services**

**Outcomes**

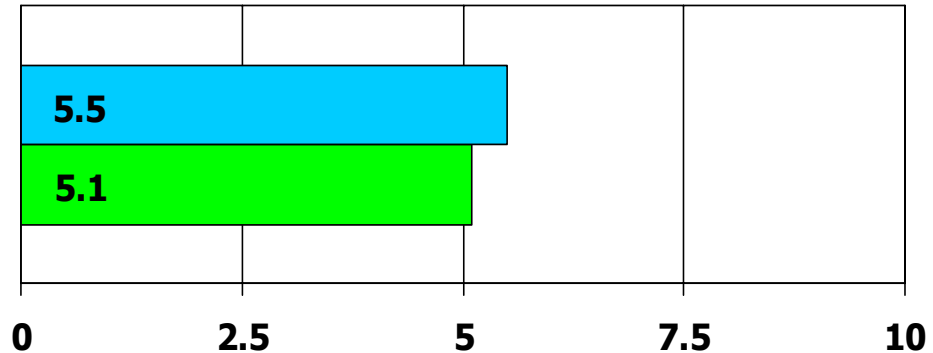


# Yourstate: Realized Access Indicators

% w/ a doctor visit in past year



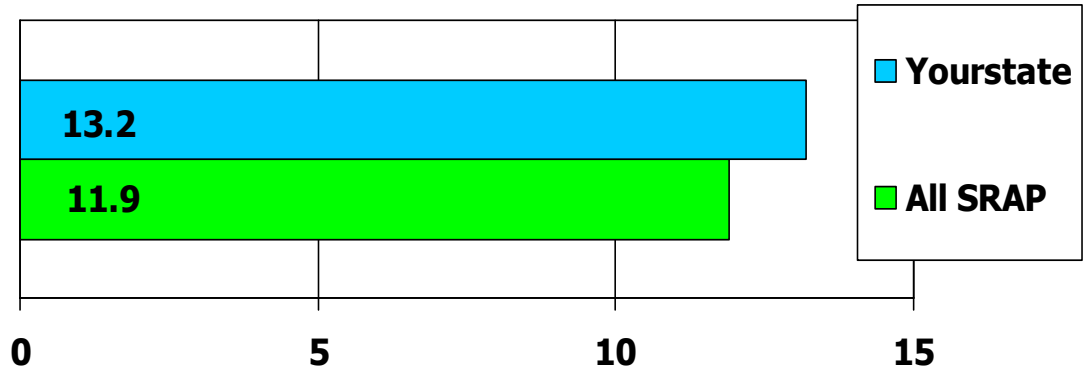
Average # doctor visits in past year



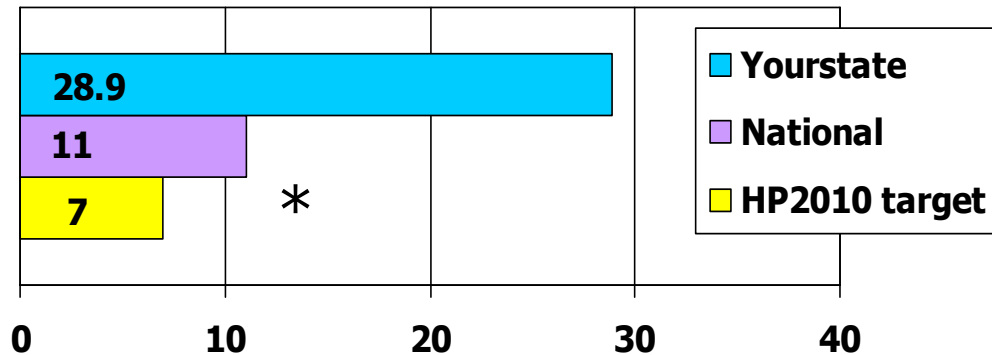


# Yourstate: Realized Access Indicators

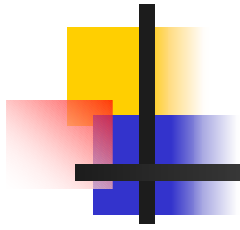
% who did not get needed health care in past year



% who delayed needed health care in past year

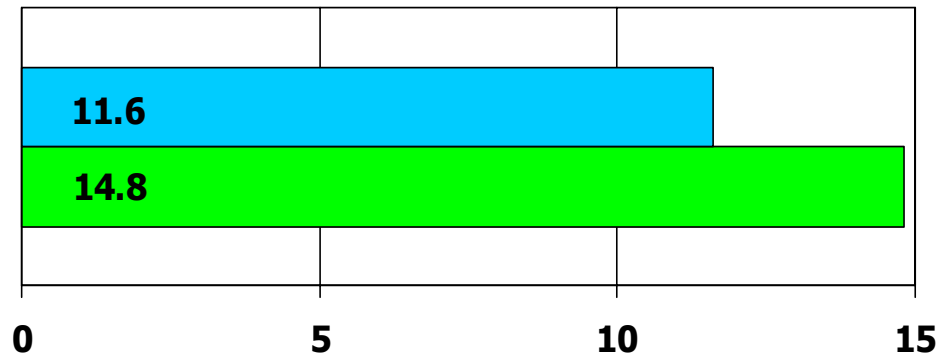


\* MEPS question was "difficulty or delays in obtaining care"

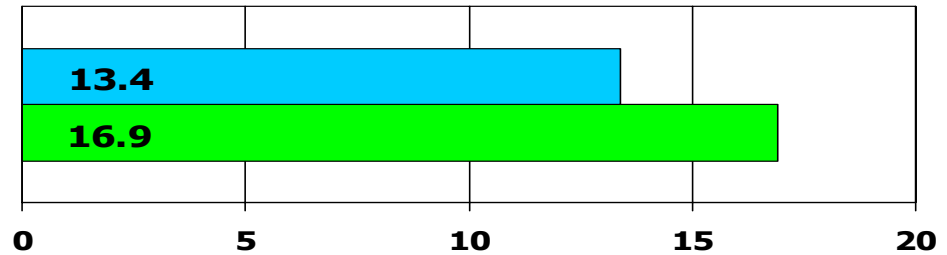


# Yourstate: Perceptions of Access

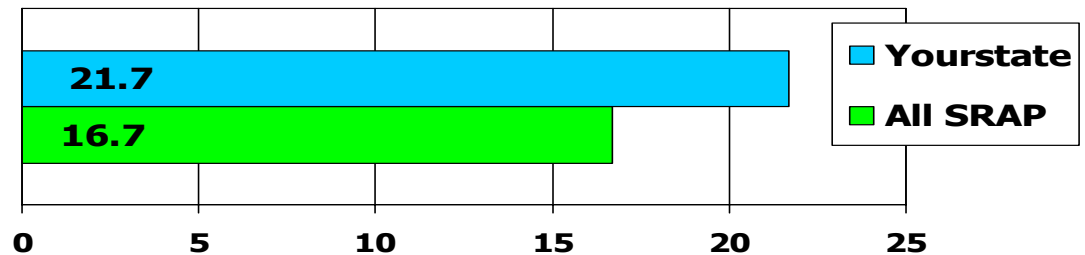
% who believe it is difficult to get routine health care



% who believe it is getting harder to get needed care



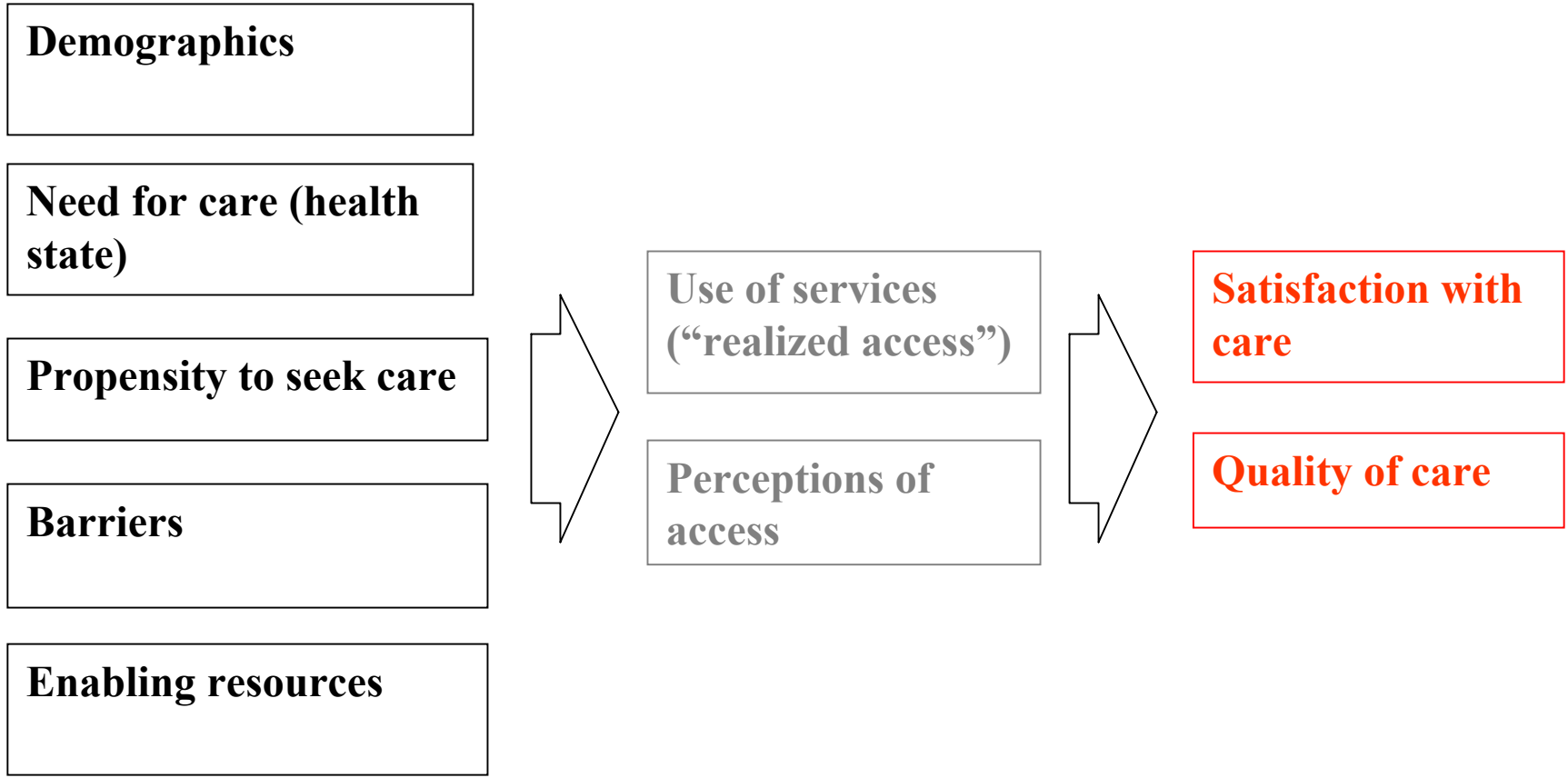
... easier to get needed care







# Access to Health Care: Model



**Precursors**

**Use of Services**

**Outcomes**

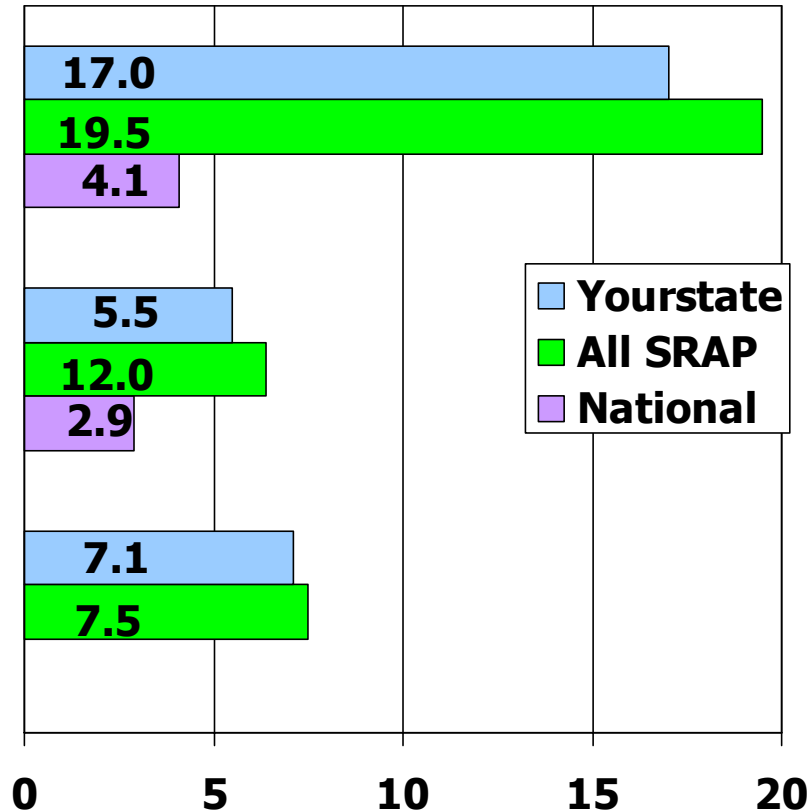


## Yourstate: Satisfaction with care

% not confident  
that doc will be of  
help

% dissatisfied  
w/quality of care

% dissatisfied w/  
care overall



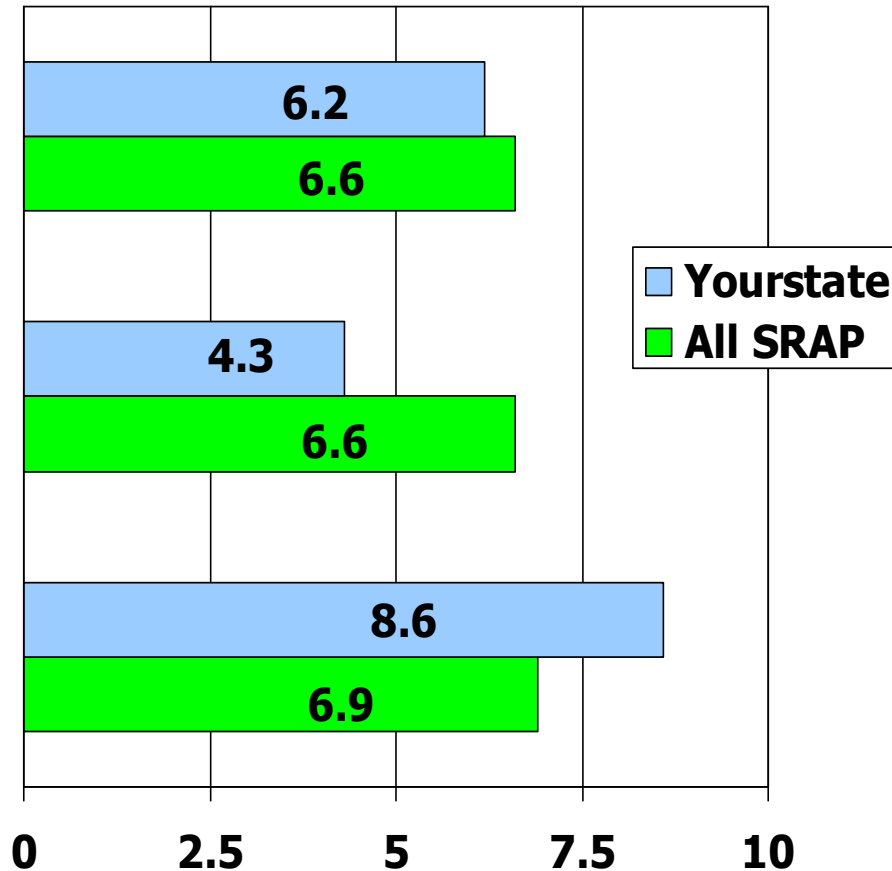


## Yourstate: Satisfaction with care

% dissatisfied w/  
concern shown

% dissatisfied w/  
getting questions  
answered

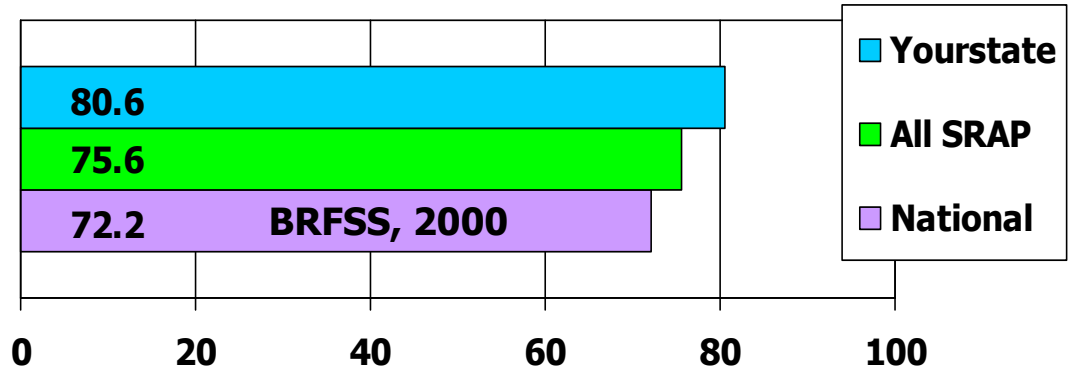
% dissatisfied w/  
feeling unwelcome  
& uncomfortable



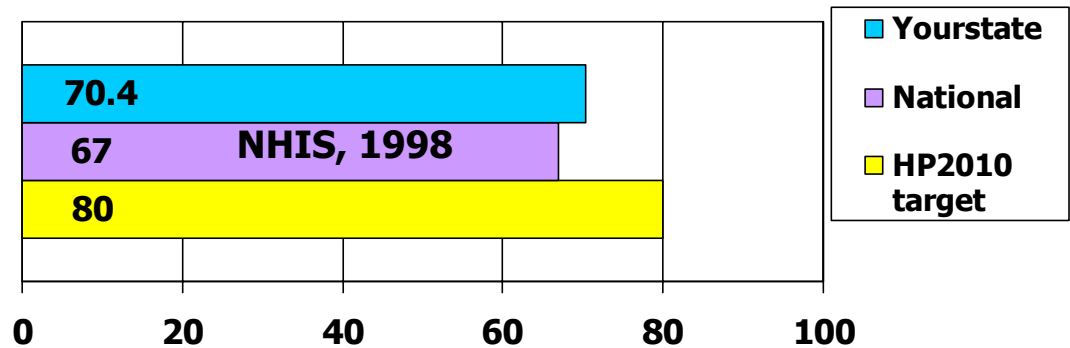


# Yourstate: Quality of care received

% who had routine check-up in past year



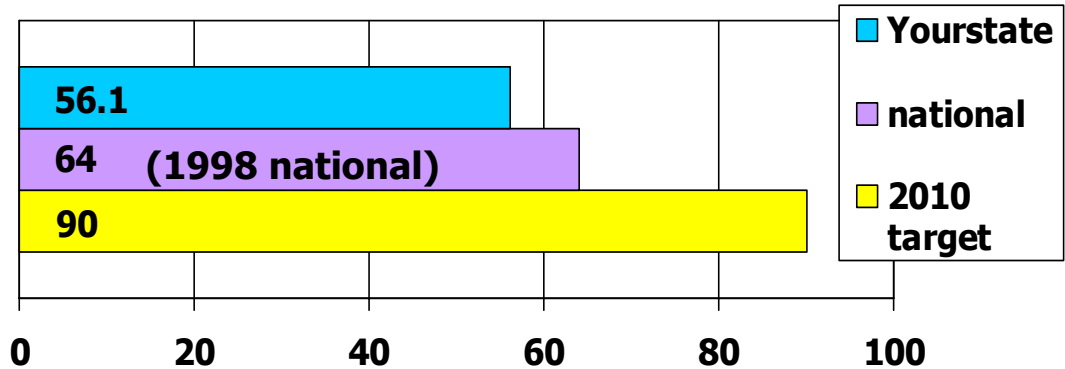
% w/ cholesterol check within past 5 years



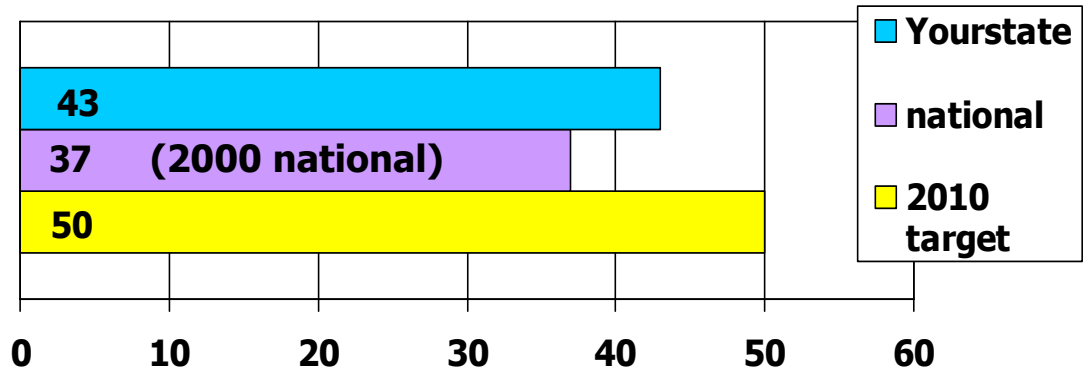


# Yourstate: Quality of care received

% over 64 y with flu shot in past year

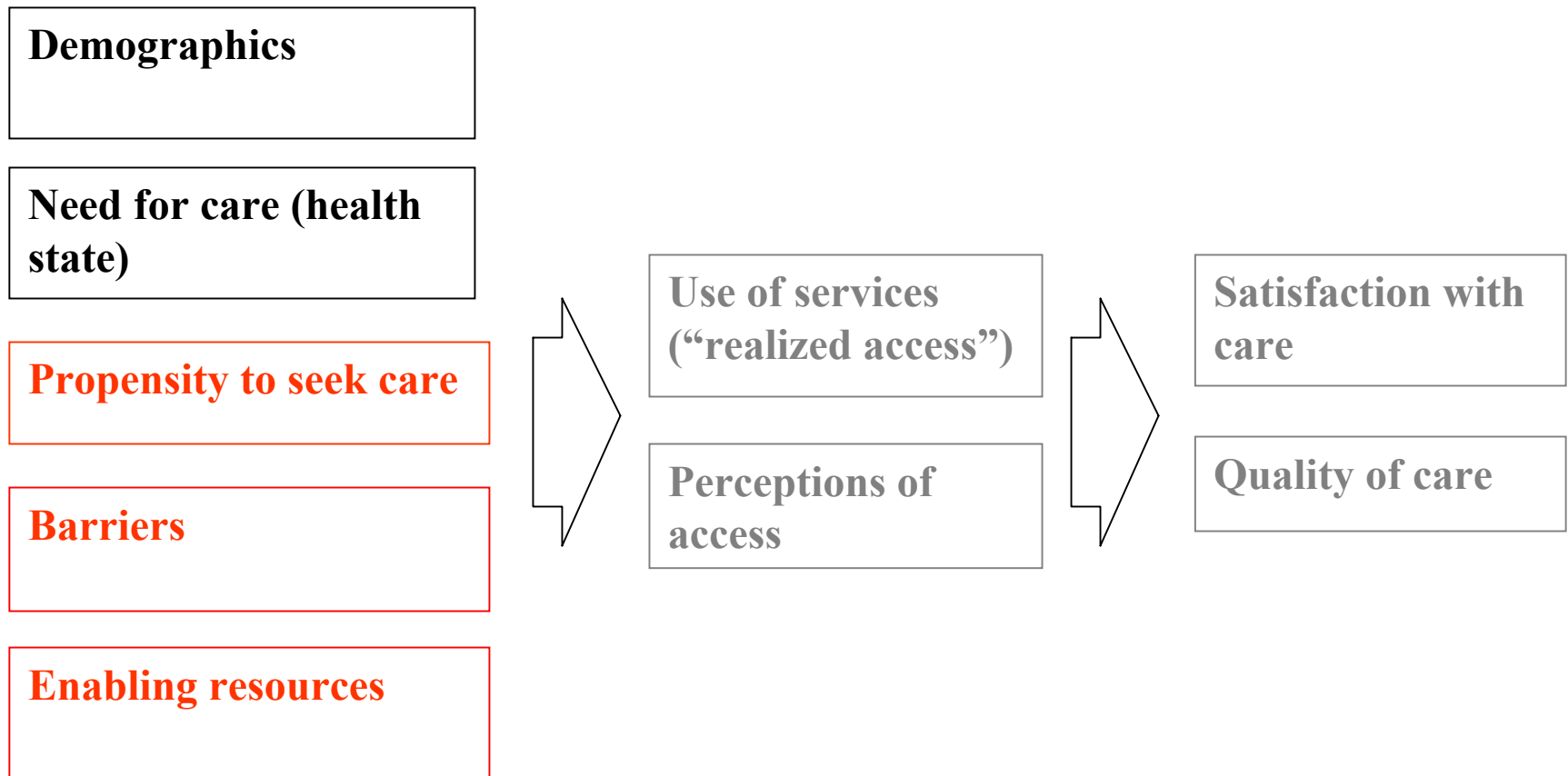


% over 54 y who have ever had sigmoidoscopy or colonoscopy





# Access to Health Care: Model



**Precursors**

**Use of Services**

**Outcomes**

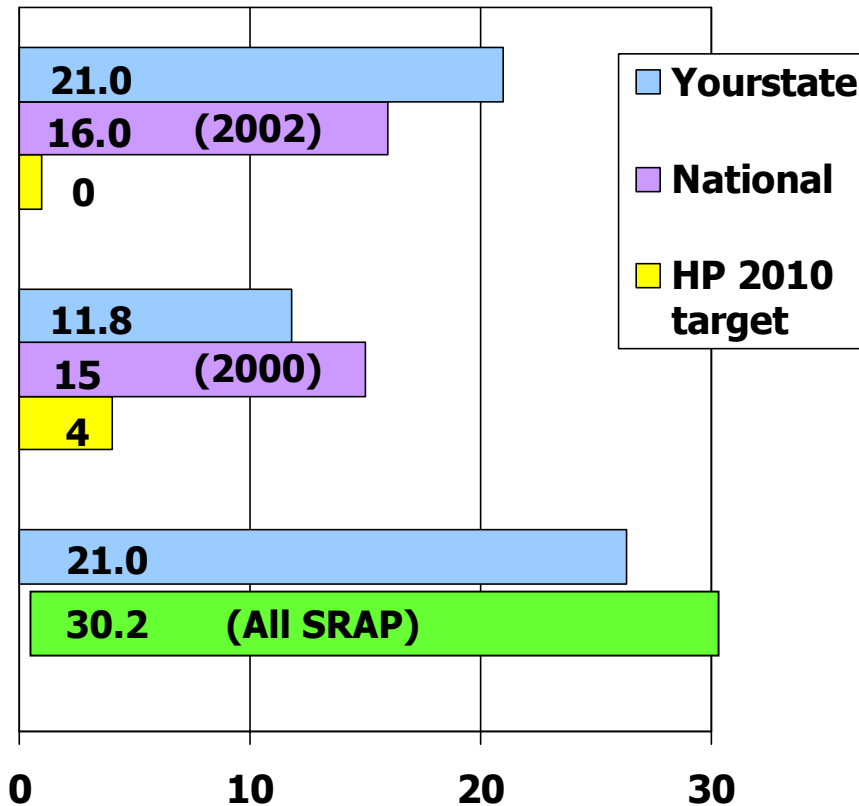


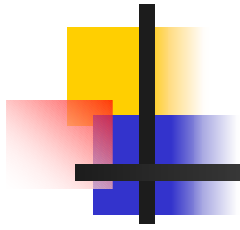
# Yourstate: Barriers/Enabling factors to care

% uninsured  
(among < 65 y.o.)

% w/o usual  
source of care

% who prefer self-  
treatment



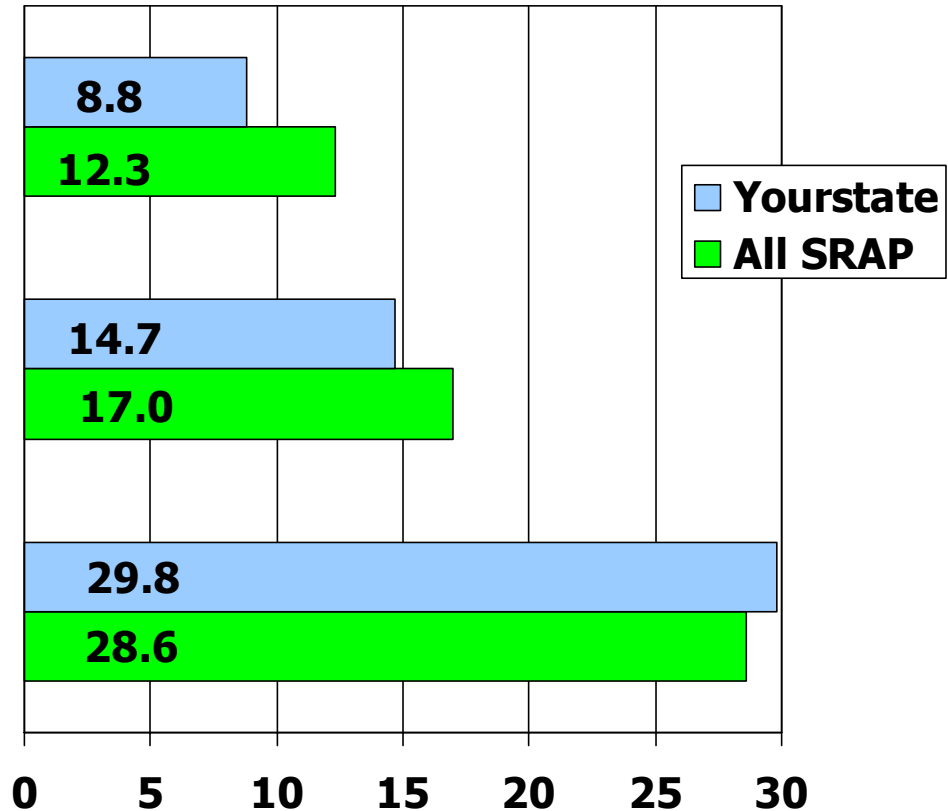


## Yourstate: Office barriers

% rating it difficult to get appt within 1-2 days

% rating it difficult to reach physician by phone

Mean wait time in office (minutes)



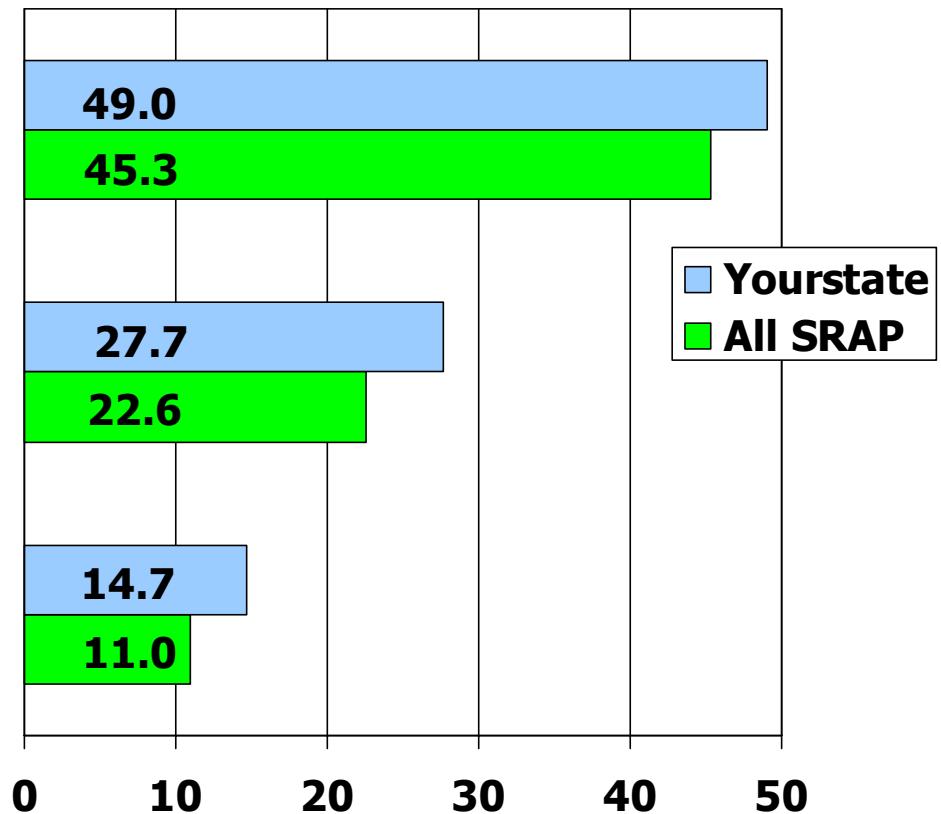


# Yourstate: Local doctor availability and travel barriers

% perceive too few local physicians

Mean travel time to office (minutes)

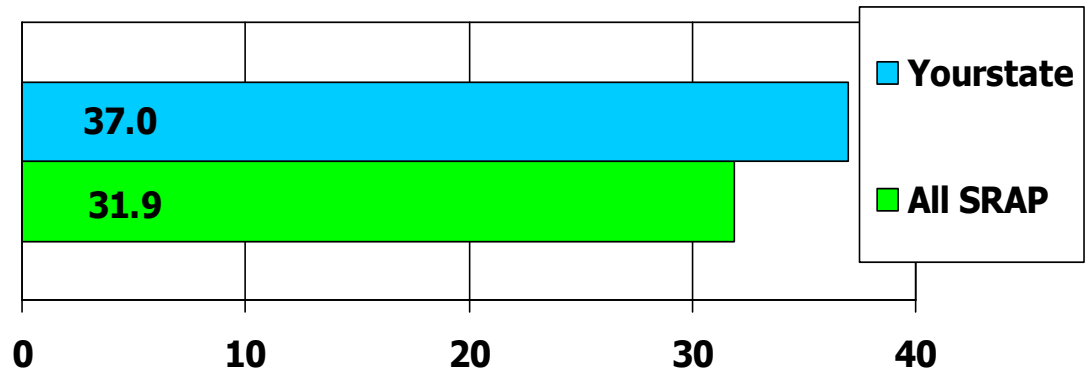
% rating travel to office as difficult





## Yourstate: Other perceived barriers

% perceiving  
race/ethnicity is a  
barrier to care in  
community





## Yourstate: Other perceived barriers

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- Reasons given for not getting or postponing needed care:

### Yourstate (n=117)

- Did not want to go
- Cost
- No time/Too busy
- Couldn't get appt quickly
- Transportation
- Waited to see if I got better
- Employer



## Yourstate: Other perceived barriers

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- Reasons given for not getting or postponing needed care:

### Yourstate (n=117)

- Did not want to go (29)
- Cost (23)
- No time/Too busy (17)
- Couldn't get appt quickly
- Transportation
- Waited to see if I got better
- Employer

### All SRAP states (n=1436)

- Cost (416)
- Did not want to go (282)
- No time/too busy (203)
- Waited to see if I got better
- Transportation
- No insurance
- Couldn't get appt quickly
- Do not like going to doctors



## Yourstate: Other perceived barriers

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- Perceived greatest changes needed for local health care system:

### Yourstate

- No changes (n=77)
- More doctors (n=69)
- Transportation (n=39)
- Costs of care (n=29)
- Prompter care (n=22)



## Yourstate: Other perceived barriers

---

- Perceived greatest changes needed for local health care system:

### Yourstate

- No changes (n=77)
- More doctors (69)
- Transportation (39)
- Costs of care (29)
- Prompter care (22)

### All SRAP states

- No changes (n=849)
- More doctors (602)
- Costs of care (416)
- Transportation (194)



## Yourstate: Summary of Access

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- ***Compared to other adults in the US and/or Southeast, adults of the Yourstate like to doctor and do so relatively often, yet feel they would go even more often if not for barriers.***
- ***Although they generally have a usual source of care, they travel somewhat further to get there and feel there aren't enough physicians locally.***



## Yourstate: Summary of Access

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- ***They are generally satisfied with the customer service they receive, but have concerns about the quality of care and whether their physicians will help their problems. Some prevention service rates are, indeed, low.***
- ***Their own attitudes about doctoring and about the convenience and logics of getting care--all personal issues--are important self-reported barriers.***
- ***Lack of insurance and racial barriers are also significant issues.***





## **Yourstate:** Interventions Suggested by Data

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- **Further evaluate quality of care in region; address quality if confirmed to be a problem.**
- **Design consumer education interventions to teach:**
  - **when doctoring is appropriate.**
  - **appropriate self-care for when one chooses not to see a doctor.**
  - **how to advocate for one's health needs when seeing a doctor.**
- **Expand health insurance coverage.**
- **Clarify and address racial barriers to care.**



# Future Steps with These Data

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- **Age-adjust analyses.**
- **Sub-group analyses**
  - **race**
  - **smallest rural counties**
  - **poorest counties or individuals**
  - **elderly**
- **Complete search for comparison data.**



## Future Steps with These Data

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- **How should these data be made available to individual states/grantees?**