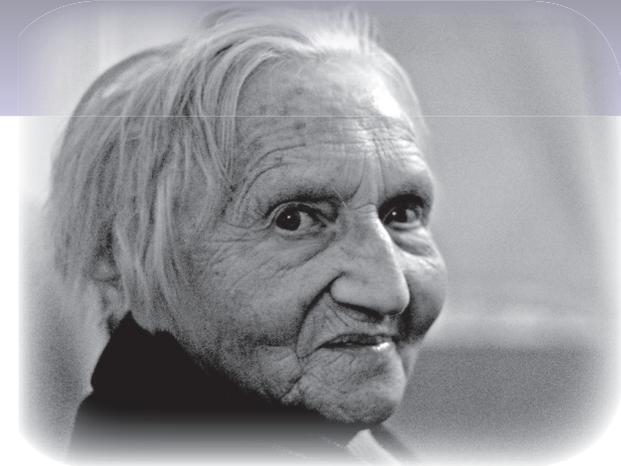


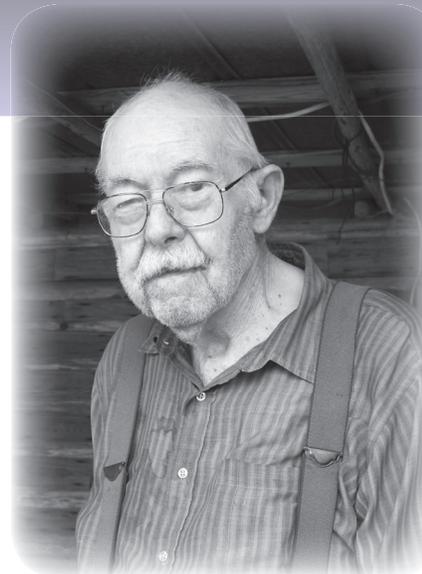
HEALTH CARE DISPARITIES AMONG CHARLESTON'S ELDERLY HOW CAN WE BRIDGE THE GAP?

Alicia Nielsen-CHP, Andre Eaddy-COM, Anna Vukin-CHP, Brie Dunn-COPH, Christine Walters-CGS,
Emily Wheeler-CHP, Kara Grasso-CDM, Jim Howell-CDM, Robyn Brewer-COM

Medical University of South Carolina, South Carolina



Old Woman: Photography by NMA Photography



Old Man: Photography by Judy Baxter

GOALS

1. Identify the attitudes of the elderly towards three main components of healthcare: access, communication, and prescription drug coverage.
2. Explore the outlooks that caregivers and providers have for improving the healthcare situation of the elderly population.
3. Develop ideas that will help reduce the disparities found in our study population.

BACKGROUND

An aging population, together with rising health care costs and rapid health system change, presents a major obstacle in the delivery of medical care to older Americans. Most recent studies indicate that the elderly represent approximately 12.4% of the population of the US and 12.6% of the population in South Carolina¹. Several health care issues directly involve the elderly while having a simultaneous indirect influence on their families - hypertension, arthritis, heart disease, malignancy, and diabetes. These chronic diseases shed light on healthcare problems such as access to care, access to medication, and understanding of disease processes. Although these issues also cause strife within the entirety of our national population, they are especially relevant to the medical requirements of the elderly. In addition, the unique challenges in providing and financing health care services for older people require a targeted research focus and a genuine effort to heed the recommendations of providers who deal with these issues on a day-to-day basis.

The elderly truly face many impediments to good health care. This project was intended to discover more about the barriers to access, communication, and prescription drugs directly from the people affected most - the elderly, their providers, and their caregivers. We hope to use this information to propose ideas to help improve the quality of health care for the aging population within South Carolina and across the United States.

METHODS

In order to ascertain the most prevalent health care disparities, we interviewed elderly people, their caregivers, health professionals in geriatric specialties, and other advocates about what they view as the greatest obstacles to health for the geriatric population. IRB approval was attained (HR 16851) and each member of our group had the opportunity to conduct interviews, record and review data. Interviews at Canterbury House, MUSC, Meals on Wheels and West Ashley Church of God were conducted. The locations were chosen in an attempt to gain a broad perspective from elderly of various socio-economic levels and health conditions within the community. The survey began with general questions and based on the responses followed up with a targeted subset of questions in the areas of access, communication, and prescription drugs. Providers and caregivers that were interviewed were also asked for their suggestions about how to improve the current healthcare system.

General Survey Questions

- What do you like best about the current healthcare system?
- What do you think is the biggest problem with the healthcare system?
- If you could change one thing, what would it be? Why?
- Is there someone who can regularly help you with your healthcare issues?
- What is your greatest fear about healthcare?

RESULTS

When we spoke with a handful of elderly people from a variety of settings, we received a wide range of responses. The issue raised most frequently was that of Medicare Part D and prescription drugs. The following paragraphs are summaries of the elderly patients' feelings based on the survey.

ACCESS: Our populations overall had good access to healthcare.
Transportation: self-driven, family support, or community support (churches, assisted living homes, United Way). A few still had physicians who would visit their home.

Insurance: All reported that they have some type of insurance to pay for appointments including coverage through AARP, private insurance, or Medicare/Medicaid.

COMPREHENSION/RELATIONSHIP/COMMUNICATION:

Relationship: The surveys expressed an overall satisfaction regarding relationships with their physicians. Continuity of care was a large factor in the satisfaction of our populations, as most respondents have been seeing the same physician for years

Communication: Overall, communication with providers was positive with no rushed appointments or unclear directions. Any negative experiences were quickly resolved after letting the provider know.

Comprehension: Most said they did not have any problems understanding instructions.

MEDICARE PART D/PRESCRIPTION DRUGS:

Medicare Part D: Many of our interviewees felt that this plan is difficult to understand, hard to choose the best plan, and does not adequately address cost of prescription drugs. They stressed the importance of providers, family members and advocates in assisting with these tasks.

Cost: Every person we spoke with was able to take all of their medications; cost did not prevent access. While some have to pay money out of pocket, others had insurance that took care of the entire cost.

The interviews with providers and caregivers at the Canterbury House and Meals on Wheels offered many suggestions and alternative solutions to help decrease diminished access and disparities.

INCREASE PUBLIC AWARENESS OF THE ELDERLY:

- Designate older adults as a priority population.
- Encourage more people to act as advocates for the elderly.

MODIFY STANDARD MEDICAL PROCEDURES:

- Impress upon healthcare providers the need to routinely assess the functional status of their elderly patients.
- Include caregivers in health care decisions such as appointment scheduling and treatment plans.
- Reinstigate the "house call" practice of the family physician.

IMPROVE SUPPORT SERVICES:

- Make transportation available to those who lack family or advocate support that enables healthcare access.

EXPAND RESEARCH OF THE ELDERLY:

- Urge drug companies to include older adults in their clinical trials. A dramatic disconnect exists between the documented side effects of medications and those that actually manifest in elderly patients.



- Undertake a major research initiative to improve the health and health care of older Americans with cost-effective interventions and preventative medical coverage as priorities².
- Continue a dialog with stakeholders, researchers, and other Federal agencies to further develop an agenda for aging research.

Improving the quality of care for older people is likely to have a substantial impact on their functional status and quality of life. The under use of effective interventions, the overuse of interventions shown to be ineffective, and the misuse of others (especially poly-pharmacy) have all been well documented in the elderly³.

DISCUSSION

Challenges

- Gaining IRB approval - unrealistic time expectations prevented interviews with providers, patients, and community groups until after Christmas break.
- Selecting the right balance of community groups to reach senior citizens of various financial means required extra thought and planning.
- Designing a survey that would adequately take into account personal perceptions of disparities and not our own preconceived notions.

Successes

- Creating an IRB approved survey and research project.
- Gaining the cooperation of a variety of community services for the elderly.
- Utilizing our survey to gain an accurate picture of the needs of the aging population in Charleston.

Recommendations for Future Study

- A need exists to coordinate and collaborate across research in the area of geriatrics, the chronically ill, and the disabled as all three overlap.
- The dramatic disconnect that exists between the documented side effects of medications and those that actually manifest in elderly patients should continue to be explored.
- Medicare Part D is still not consistently meeting the needs of its intended population and more research into who exactly is not being served should be addressed.