Understanding Barriers that Influence the Healthcare of South Carolina's Poor

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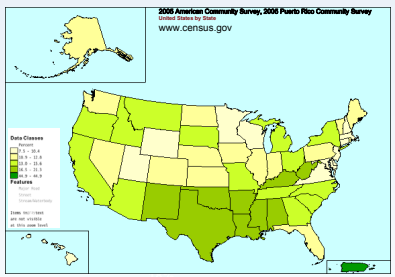
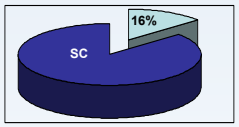
Introduction/Aim

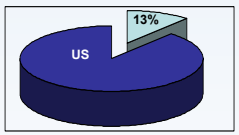
The overall aim of this project is to understand the barriers to healthcare as they relate to the South Carolina community living below the national poverty line. Specifically, we studied a diverse representation of members below the national poverty line in Charleston, South Carolina. In order to better understand this sector of the population, we developed a qualitative interview format that assessed quality and access to healthcare. The interview was used to determine the most important factors that behave as barriers to adequate healthcare for members of this socioeconomic level. We collected this data in the hope that providers will consider this information when formulating plans for addressing these disparities.

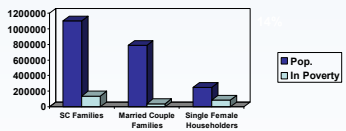
Background

Demographics of Poverty: Putting a Face On South Carolina's Poor









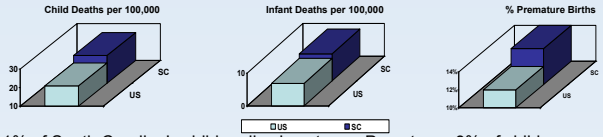
- 16% of South Carolina's population is below the poverty line vs. 13% of the US population.
- In 2005, 15.9% of the US population did not have insurance coverage.
- Among families in South Carolina, single female householders are among the poorest.
- Females, children, Hispanics and those without a high school education have higher percentages of poverty.

Demographics and Poverty in SC

Demographics		Number in Poverty	Population	Percent
Gender	Male	260,952	1,979,561	13.18%
	Female	377,691	2,121,640	17.80%
Age	<18 yrs.	229,001	1,009,444	22.69%
	18-64 yrs.	351,035	2,586,169	13.57%
	>65 yrs.	58,607	505,588	11.59%
Race	Caucasian	282,728	2,766,890	10.22%
	AA	315,090	1,169,697	26.94%
	Asian	6,251	44,560	14.03%
	Hispanic	38,862	133,875	29.03%
Education	<12 yrs	129,168	498,450	25.91%
	HS Grad	110,621	856,809	12.91%
	Some College	57,527	742,798	7.74%
	College Grad	21,206	625,257	3.39%

http://www.census.gov/hhes/www/poverty/poverty05/tables05.html

- In 2003 South Carolina exceeded the national average for child deaths, infant mortality, and premature births.



- 11% of South Carolina's children live in extreme Poverty vs. 8% of children nationally. http://www.aecf.org/kidscount/sld/index.jsp

Methods

Methods for the qualitative interview of quality and access to healthcare for people of poverty in Charleston include a structured interview. The interviews were conducted at several community settings within Charleston. Settings included: The ECCO Free Dental Clinic, Crisis Ministries and North Woods Prenatal Clinic.

A Structured Interview of Quality and Access to Health Care

Hi, I'm a student at MUSC and I'm trying to understand health care in the community. Do you have time to talk for a few minutes? I'm new to Charleston and trying to understand the health care system from the view of people who use it, like you. **OR** I want to become the best health provider I can but I'm starting to see that sometimes people who give health care and hospitals don't always give the services people need.

1. Could you describe where you or your family goes to get health services?
What it was like the last time you needed medical attention? "
Describe a typical time you got sick and needed health care.
Prompts: (we want to know more about how they seek help in getting medical assistance) What kind of difference does the kind of health insurance you have make?

2. Quality of medical service: What is your regular doctor like? If they don't have a doctor, why?

3. Can you describe your typical experience with healthcare?

4. What barriers have prevented you from getting proper care? What kind of barriers have you heard that friends or family members had when they went to try to get health care?

5. If you could change the way we're being trained to make better (fill in the blank: doctors, dentists, physical therapists, nurses, etc.) health providers, what would you say we should learn….about patients? ….to make the health system and hospitals better?

6. What does the government have to do to make health care better?

Data analysis included the examination of transcripts collected from seven interviews intended to identify the availability and quality of, access to, and barriers to health services. Common themes in the transcripts were identified according to the recurrence of like words and phrases capturing the opinions and experiences of those interviewed.

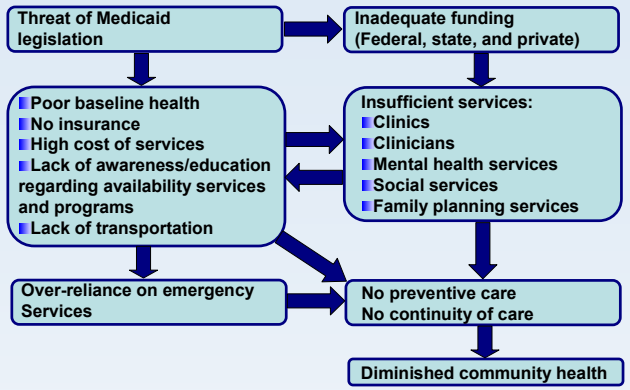
Results

The individuals interviewed painted a stark reality of the plight faced by Charleston's impoverished community. These quotes reflect the defeated nature of their perspectives in a system unable to meet their needs.

"Eyes and teeth are not quite as important."

"I wait 'til my teeth get bad enough so they can pull them."

"We pray and try every home remedy we can and then we do what we have to do."



Medicaid legislation and inadequate funding has a concomitant effect on both the delivery and receipt of health care. The inability to get insurance with the inadequacy of available services places undue stress on urgent care facilities, prevents initiatives toward preventative and continued care, and further diminishes the overall health of Charleston's poor.

Conclusions

There are many faces to poverty. The relationship between poverty and poor health is complex and differs by many social and demographic characteristics including race, gender, age and education. From the perspective of impoverished individuals in the Greater Charleston Area, key barriers to healthcare include knowledge and education concerning available resources, transportation, access to health insurance/out-of-pocket costs of services. The care available to the poor in Charleston is limited to catastrophic cases. Many individuals wait until problems *must* be addressed to seek care. The reasons they wait include limited transportation, time, long waiting lines, and fear of emergency room billing. For many individuals healthcare becomes a secondary concern after finding shelter and food. Many do not understand the importance of healthcare for their future, and many have feelings of learned helplessness that creates barriers to receipt of available services. Individuals are at the mercy of bureaucratic policies often written by those "out-of-touch" with the realities of poverty stricken citizens.

Future Direction and Policy

- Resources in the community should be pooled and reallocated in an organized fashion that proportionately meets the needs of the community.
- Coordinate efforts of various agencies to streamline and promote continuity of care.
- Educate patients regarding location and availability of services.
- Funding for needed services must be fought for on all levels.
- Legislation which further limits the availability of health care to the poor must be challenged by advocates in the health care system.
- Those individuals who fall between the coverage of private insurance and government aid should become the social responsibility of the healthcare community.