

2010-2011 Health Needs Assessment

BACKGROUND

Lakeview Action Coalition (LAC) is a non-profit, multi-issue community organization. The Coalition is comprised of 48 institutional members, including religious congregations, non-profit agencies, banks, business associations, a credit union and a senior citizens caucus. These diverse institutions are stakeholders in the Chicago communities of Lakeview, Lincoln Park, North Center, and Uptown. LAC organizes the community around issues of social and economic justice, one of which is access to healthcare.

In July 2009, the Lakeview Action Coalition convened a summit with local healthcare stakeholders. The goal was to identify opportunities for collaboration to increase access to primary and preventive care in Lakeview and Uptown. Participants included the four local hospitals (Advocate Illinois Masonic, Resurrection St. Joseph, Thorek and Weiss), County Commissioner Gainer, Alderman Shiller and Alderman Tunney's staff, Heartland Health Outreach and community leaders active with LAC. At the meeting, Heartland Health Outreach gave a presentation on Federally Qualified Health Centers and models of health center-hospital partnerships. All participants were enthusiastic about developing a new model for care and collaboration in our community. LAC agreed to conduct a health needs assessment and then reconvene the group to examine the results.

PROJECT OVERVIEW

The health needs assessment consisted of two components—a survey and focus groups. The goal was to identify the greatest health needs and barriers to care for the uninsured, underinsured, and those with Medicaid or Medicare in Lakeview and Uptown. The needs assessment focused on this particular population because it includes the most vulnerable members of society who are most subject to healthcare inequities and who are least able to raise their concerns.

During the summer of 2010, volunteers for Lakeview Action Coalition's health care task force collected 394 surveys from individuals at LAC member institutions and at other major community sites, such as the library. The survey was designed and the data were analyzed by a team of graduate nursing students at DePaul University. The goal of the survey was to identify the population's primary care needs and determine barriers to care. These objectives were accomplished by answering the following research questions:

Demand for healthcare services by low income patients exceeds supply.

—provider participant

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Navigation of the healthcare system is complex and cumbersome. So many people give up.

—provider participant

[I] need a primary care physician I can establish a relationship with. [I am] tired of bouncing from one community health center to the next with no continuity of care.

—consumer participant

- **What are the primary care needs of the residents?**
- **What are the perceived barriers to primary care access?**

The second component of the health needs assessment was comprised of three community focus groups held in October and November 2010. One focus group was for health care providers; ten local service providers participated. The other two focus groups had a combined seventeen healthcare consumer attendees. Again, participants were recruited from LAC member institutions. To better identify the needs and barriers of the Lakeview/Uptown community, each group was asked the same specific set of questions. The questions asked of the three groups collectively, were as follows:

- **What are the greatest health needs or concerns for you or people you know in the Lakeview and Uptown communities?**
- **Describe the access to healthcare in the Lakeview and Uptown communities.**
- **Describe how you, or people you know, use healthcare in the Lakeview and Uptown communities?**
- **Describe the quality of healthcare in the Lakeview and Uptown communities.**
- **What additional healthcare services would you like to see developed in the Lakeview and Uptown communities?**

SUMMARY OF FINDINGS

The findings of the health needs assessment confirmed that the population surveyed faces many challenges in accessing care and maintaining good health. The network of clinics and healthcare agencies in Lakeview and Uptown can be examined as a microcosm of the nation's healthcare system. It struggles with similar problems: fragmentation, inefficiency, barriers to access, lack of coordination among providers, long wait times for diagnostic tests and surgeries, and the limited availability of specialty services. At the center of the web are consumers and providers who want a health system that works to help their community to stay well.

LAC believes that everyone in Lakeview and Uptown deserves access to health promotion, illness prevention, and the direct medical services that they need to optimize good health. Yet the poor and the uninsured continue to face substantial barriers that limit their access to healthcare services.

Results from the survey and focus groups reflected similar findings.

The survey data indicated that the three greatest healthcare needs or concerns in Lakeview and Uptown are:

1. **Maintenance/treatment of chronic conditions**
2. **Cost of care**
3. **Dental health**

The survey data identified that the three biggest barriers to care in Lakeview and Uptown are:

1. **Cost of care/unable to afford the services**
2. **Lack of insurance**
3. **Lack of transportation**

The focus groups resulted in four key themes regarding the greatest health needs or concerns:

1. **There is difficulty accessing needed health care due to high cost/lack of affordable health insurance.**
2. **There is a lack of information regarding available services that are affordable.**

3. **The health system is not set up well to work with certain populations.**
4. **Health care systems are designed to treat illness, rather than promote wellness.**

When considering the results of both components of the health needs assessment in conjunction with one another, the following issues in accessing healthcare services in Lakeview and Uptown become evident:

1. **Socio-economic** (*lack of insurance, inability to pay out of pocket*): The target population experiences difficulty accessing needed healthcare due to high cost of care and/or lack of affordable health insurance. Consumers and providers indicate that the uninsured use the ER for both primary care and chronic care because they lack insurance. Also it was noted that people delay seeking care due to cost until their health is compromised.
2. **Organizational** (*lack of available information on services, long wait times/hours of operation/availability of physician, access to specialty care/Rx*): Consumers report that long wait times prevent them from accessing care. This extends to access to: prescription drugs, follow-up care, an available doctor, and the limited availability of specialty services. Also noted was the lack of information on available services.
3. **Cultural** (*health beliefs, attitudes and behaviors, provider beliefs and behaviors*): Consumers and providers indicate the lack of cultural competency as an access barrier. Specific cultural groups mentioned were LGBT, homeless, mentally ill, disabled, and youth.
4. **Structural** (*healthcare system fragmentation, lack of provider coordination*): Providers focus on the fact that they do not always know when quality centers have openings, which they blame on a lack of communication among providers. Consistent care by the same provider also does not occur enough, which makes it difficult to provide or receive preventive care.

RECOMMENDATIONS

In response to the findings, Lakeview Action Coalition is committed to reconvene the healthcare service providers and healthcare consumers, represented by LAC's healthcare task force, in Lakeview and Uptown to consider the results and recommendations of the Health Needs Assessment. Together this group can agree upon action steps for existing organizations to partner together to better utilize existing resources and create new resources to address current deficiencies. The reports from the surveys and the focus groups each make their own set of recommendations.

In their research report, the nursing students recommended bringing additional resources to serve Lakeview and Uptown in the form of a Federally Qualified Health Center (FQHC). FQHCs are non-profit, community driven healthcare providers. Their mission is to serve low-income and medically underserved areas. They provide high-quality, affordable, primary and preventive care, as well as dental, mental health, substance abuse, and pharmacy services. The nurses reported that an FQHC would address the barriers of cost and lack of insurance that survey respondents indicated, as well as respondents' concern about their chronic health needs.

The research report based on the findings of the survey data yielded the following recommendations to address the main barriers to accessing healthcare:

- **A federally qualified community health center to serve Lakeview and Uptown**
- **Services offered on a sliding scale to address the issue of affordability**
- **Mental and dental health services available in addition to primary care**

Since I do not have income, Medicaid or insurance to pay for healthcare, I either go to the hospital or forgo healthcare altogether.

—consumer participant

There is great need in Uptown for better, more accessible, and more affordable care.

—consumer participant

City clinic costs too much to see a nurse. I owe them money. I can't pay what I owe. I can't pay to get a current check-up.

—consumer participant

I can't get a prescription without a check-up first, and even if I did, I can't afford my medications, even though all of these things are provided at a reduced rate.

—consumer participant

Laura McAlpine, the focus group facilitator, also made recommendations based on the findings from the focus groups. Healthcare providers indicated that there is greater demand for services for low-income, uninsured individuals than there is supply. Healthcare consumers also reported a need for additional services. Both groups identified a lack of coordination amongst the existing service providers. Laura McAlpine's recommendations are as follows:

- **System Navigator and Convener:** Both consumers and providers reported a need for a neutral convener and a system navigator in the community. Both groups also noted Lakeview Action Coalition as a logical entity to play this role.
- **Add a Community Clinic:** Consumers reported a need for an additional community clinic, as long as it will be designed to resolve the problems noted earlier that safety net clinics currently face in Lakeview and Uptown.
- **Increase Culturally Competent Care:** Providers noted the importance of culturally competent care and designated specific areas.
- **Increase Specialty Care:** Providers recommended a number of different specialties to be provided for low-income residents.

Lakeview Action Coalition looks forward to continuing the conversation with health-care providers to determine a plan to resolve the needs highlighted within the assessment findings. Both components of the health needs assessment illustrated a clear demand for more healthcare services to serve low-income, uninsured members in our communities. Throughout the process of conducting the health needs assessment, it became clear that service providers are not in communication with one another and there is no mechanism for communication between service providers and consumers.

It is Lakeview Action Coalition's goal to bring these two constituencies together to discuss the findings of the health needs assessment, identify how the current services can be more efficiently utilized, partner to bring more resources to the community in the form of a health center, and work together to create a secure regional healthcare safety-net.

SURVEY QUESTIONS AND RESPONSES

	Lakeview/Uptown	Lincoln Park/Other	Cumulative Totals
IN YOUR OPINION, YOUR CURRENT HEALTH STATUS IS:			
Excellent	9 (4.15%)	13 (7.65%)	22 (5.68%)
Very Good	47 (21.66%)	23 (13.53%)	70 (18.09%)
Good	79 (36.41%)	64 (37.65%)	143 (36.95%)
Fair	64 (29.49%)	55 (32.35%)	119 (30.75%)
Poor	18 (8.29%)	15 (8.82%)	33 (8.53%)

	Lakeview/Uptown	Lincoln Park/Other	Cumulative Totals
YOUR HEALTH INSURANCE STATUS:			
Private	27	14	41
Uninsured	102	67	169
Medicare	68	56	124
Medicaid	57	51	108

	Lakeview/Uptown	Lincoln Park/Other	Cumulative Totals
IF INSURED, SELECT THE TYPE OF COVERAGE THAT YOU CURRENTLY HAVE (CHECK ALL THAT APPLY)			
Health	90	78	168
Vision	39	41	80
Dental	31	43	74
Prescription	70	57	127
Mental Health	39	32	71
DKN	8	8	16
Not insured	83	58	141

PRIMARY CARE

	Lakeview/Uptown	Lincoln Park/Other	Cumulative Totals
YOUR LAST ROUTINE DOCTOR'S VISIT WAS:			
Within 1 year	156 (73.24%)	122 (73.94%)	278 (73.54%)
1-2 years	22 (10.33%)	10 (6.06%)	32 (8.47%)
2-5 years	15 (7.04%)	15 (9.09%)	30 (7.94%)
Over 5	12 (5.63%)	9 (5.45%)	21 (5.56%)
Never	8 (3.76%)	9 (5.45%)	17 (4.50%)

	Lakeview/Uptown	Lincoln Park/Other	Cumulative Totals
WHERE DO YOU GO FOR ROUTINE HEALTH CARE?			
Physician Office	72	57	129
ER	30	35	65
Urgent Care	6	5	11
Community Clinic	67	54	121
Health Dept.	23	14	37
Other	32	21	53
Don't Seek	17	8	25

	Lakeview/Uptown	Lincoln Park/Other	Cumulative Totals
YOU ARE ABLE TO VISIT A DOCTOR WHEN NEEDED:			
Always	93 (42.86%)	84 (50.91%)	177 (46.34%)
Sometimes	73 (33.64%)	61 (36.97%)	134 (35.08%)
Seldom	36 (16.59%)	14 (8.48%)	50 (13.09%)
Never	15 (6.91%)	6 (3.64%)	21 (5.50%)

IF YOU ANSWERED SELDOM OR NEVER TO THE PREVIOUS QUESTION, SELECT WHY (CHECK ALL THAT APPLY):

No Insurance	60	33	93
Can't Afford	46	21	67
No Appt.	9	8	17
No Transport.	12	12	24
Dr. Too Far	5	6	11
Other	8	7	15
NA	79	77	156

DO YOU TRAVEL OUTSIDE YOUR NEIGHBORHOOD (I.E. LAKEVIEW OR UPTOWN) TO RECEIVE CARE?

Yes	130 (61.61%)	107 (65.64%)	237 (63.37%)
No	81 (38.39%)	56 (34.36%)	137 (36.63%)

IF YOU CHECKED YES, WHERE DO YOU GO AND WHY?

Cook County Hospital	30	6	36
Core Center	2	2	4
County Fantas	1		
Weiss Hospital	3		
VA Hospital	6	2	8
Illinois Masonic	5		
Irving & Western (primary care physician)	1		
Rush University Medical Center	2		
Northwestern Memorial Hospital	10	3	13
Swedish Covenant	2		
St. Joseph	3		
Advocate	1		
Thorek	1		
U of Chicago	1		
UIC - Dental	1		
UIC - James Jordan	1		

SEIU Local 4 has insurance HMO Clinic (Ashland/Congress)	1		
Grad school clinic on south side	1		
Southside Health Clinic	1		
Urgent Care Clinic - Loop (free student discount)	1		
CWHC	1		
Howard Brown	1		
Heartland	11		
Irving Park Community Clinic	1		
Chicago Family Health	1		
Thresholds Nurse Practitioner	1		
Urgent care clinics/ ER/sliding scale clinics	1		
Access Community Health Network	1	1	2
Circle Health Care (primary check-ups)	1		
Denny Clinic (Chicago/State) Lawson YMCA Building	1		
Walgreens	1		
Downtown	2	2	4
Michigan/Lake - Vision	1		
Uptown	2		
Rogers Park - Dental	1		
Argyle / Winthrop	1		
Lawndale	1	1	2
Near north	1		
Edgewater - free services		1	
Suburbs, out of state	1		
Park Ridge Psych Specialized Services	1		
California, same physician for years	1		
Cottage Grove Center in Chicago Heights	1		
95 & Damen	1		

	Lakeview/Uptown	Lincoln Park/Other	Cumulative Totals
Westside (homeless shelter)	1		
Lakeview		1	
Thorndale		1	
Woodlawn		1	
Albany Park		1	
Evanston		1	

CHECK ANY OF THE FOLLOWING PREVENTATIVE PROCEDURES YOU HAVE HAD IN THE LAST YEAR (CHECK ALL THAT APPLY):

	Lakeview/Uptown	Lincoln Park/Other	Cumulative Totals
Mammogram	49	31	80
Breast	47	27	74
Pap Smear	48	32	80
Glaucoma	34	24	58
Flu Shot	88	53	141
H1N1 Flu Shot	65	32	97
Colon/Rectal	35	25	60
BP	161	111	272
Blood Sugar	108	75	183
Skin Cancer	24	10	34
Prostate Cancer	27	14	41
Testicular	20	9	29
Cholesterol	88	52	140
STD	41	36	77
Vision	78	66	144
Hearing	26	29	55
CV	54	23	77
Bone Density	30	19	49
Dental	72	44	116
Other	27	18	45
Hemocult	1		
Arthritis, pain anesthesia clinic treatments	1		
Kidney ultrasound	1		
CT scan-MRI	1		
H1C Test		1	
Chest xray		1	
Xrays for right/left knee		1	
Tb Test		2	
Blood tests (enzymes)		1	

	Lakeview/Uptown	Lincoln Park/Other	Cumulative Totals
ARE YOU AFFECTED BY ANY OF THE FOLLOWING CHRONIC CONDITIONS? (CHECK ALL THAT APPLY)			
Arthritis	69	49	118
Depression	86	62	148
Heart Disease	26	17	43
HTN	63	39	102
Other	36	20	56
Asthma	30	23	53
Diabetes	26	15	41
Hepatitis	8	7	15
Kidney	5	6	11
Cancer	9	7	16
Glaucoma	6	22	28
H. Cholesterol	46	14	60
Liver	4	6	10
COPD	12	11	23
HB/Ulcers	21	12	33
HIV/AIDS	16	18	34
Obesity	34	13	47

IN THE LAST YEAR, HAS COST PREVENTED YOU FROM BUYING PRESCRIPTION MEDICATIONS?

Yes	91 (42.92%)	60 (38.96%)	151 (41.26%)
No	92 (43.40%)	71 (46.10%)	163 (44.54%)
N/A	29 (13.68%)	23 (14.94%)	52 (14.21%)

DENTAL HEALTH SERVICES

YOU ARE ABLE TO VISIT A DENTIST WHEN NEEDED:

Always	47 (23.04%)	37 (22.98%)	84 (23.01%)
Sometimes	50 (24.51%)	44 (27.33%)	94 (25.75%)
Seldom	36 (17.65%)	31 (19.25%)	67 (18.36%)
Never	71 (34.80%)	49 (30.43%)	120 (32.88%)

WHEN IS THE LAST TIME YOU VISITED A DENTIST:

Within 6 mo.	56 (27.59%)	43 (27.39%)	99 (27.50%)
Within 1 yr.	35 (17.24%)	22 (14.01%)	57 (15.83%)
More than 1 yr.	112 (55.17%)	92 (58.60%)	204 (56.67%)

IN THE LAST YEAR, HAS COST PREVENTED YOU FROM SEEING THE DENTIST?

Yes	122 (59.51%)	92 (58.60%)	214 (59.12%)
No	83 (40.49%)	65 (41.40%)	148 (40.88%)

	Lakeview/Uptown	Lincoln Park/Other	Cumulative Totals
MENTAL HEALTH SERVICES			
DO YOU CURRENTLY VISIT A MENTAL HEALTH PROFESSIONAL? IF YES, WHERE DO YOU OBTAIN THESE SERVICES?			
Yes	58 (28.16%)	41 (26.80%)	99 (27.58%)
No	148 (71.84%)	112 (73.20%)	260 (72.42%)
IF YES, WHERE DO YOU OBTAIN THESE SERVICES?			
Cook County Fantus	1		
Core	2	1	3
Illinois Masonic	2	3	5
St. Joseph's Hospital	1	1	2
Stroger, but switching to Northwestern	1		
Private practice affiliated with NMH	1		
NMH's Stone Institute	1		
Northwestern Hospital		5	
Jackson Park Hospital	1		
Mount Sinai	1	1	2
VA Hospital	5	1	6
UIC		1	
DePaul University	1		
Community Counseling Centers of Chicago	5	1	6
Thresholds	5	2	7
Heartland Health	4	1	5
Howard Brown	2	1	3
Lawrence Ave Health Center	2		
CCLV, Dircin Center for Recovery	1		
Lakeview Counseling Center	1		
CWHC	1		
Reade zone	1		
OM Sight	1		
Asian Human Services	1		
4th Pres. Ch.	1		
Northstar	1		
21st Century Seniors-Montrose		1	
Lincoln Square		1	

	Lakeview/Uptown	Lincoln Park/Other	Cumulative Totals
2020 North Clyborn		1	
Dr. Reinstein at Kenmore & Lawrence	1		
Dr Office at 1000 Oakdale Ave	1		
Tinley Park		1	
Oak Park		1	
Live Oak		1	
Park Ridge and Skokie	1		

IF YOU DO NOT CURRENTLY HAVE MENTAL HEALTH SERVICES, DO YOU FEEL THAT YOU NEED THEM?

Yes	51 (31.10%)	54 (41.86%)	105 (35.84%)
No	113 (68.90%)	75 (58.14%)	188 (64.16%)

IF NEEDED, ARE YOU ABLE TO OBTAIN MENTAL HEALTH SERVICES? IF NOT WHY?

Yes	81 (42.41%)	39 (28.68%)	120 (36.70%)
No	47 (24.61%)	50 (36.76%)	97 (29.66%)
N/A	63 (32.98%)	47 (34.56%)	110 (33.64%)

IF NOT WHY?

No insurance	4	5	9
Too much money/cost	4	3	7
Long waiting list	1	2	3
Maybe I won't know how to get help	2		
Used up behavioral health benefits	1		
Don't know	1		
Not fully; impossible to get access to a psychiatrist for meds evaluation	1		
Although places offer sliding scale, sometimes it's not do-able for me.	1		
I already am affiliated with an agency which I am not satisfied with	1		
Would like therapy but is unaffordable. I just go for mediation check-ups.	1		
No idea where to find them and couldn't afford in any case	1		

	Lakeview/Uptown	Lincoln Park/Other	Cumulative Totals
Lack of respect for people who need free options-not that completely free is available anyway	1		
No space at sliding scale clinics, underinformed professionals on transgender issues	1		
Prohibited by Medicaid co-payments		1	
Never Asked		1	
Not offered and unemployed		1	

IN THE LAST YEAR, HAS COST PRENTED YOU FROM SEEING A MENTAL HEALTH PROVIDER?

Yes	37 (18.78%)	22 (15.94%)	59 (17.61%)
No	88 (44.67%)	64 (46.38%)	152 (45.37%)
N/A	72 (36.55%)	52 (37.68%)	124 (37.01%)

HEALTH BEHAVIORS

DO YOU CURRENTLY SMOKE CIGARETTES?

Yes	85 (40.67%)	56 (34.78%)	141 (38.11%)
No	124 (59.33%)	105 (65.22%)	229 (61.89%)

HOW LONG?

1 year	3	2	5
3 years		1	
5 years	2		
6 years	3	1	4
8 years	2		
9 years		4	
10 years	7	6	13
15 years	6	3	9
18 years		1	
20 years	10	2	12
25 years	5	2	7
30 years	15	1	16
35 years	3	3	6
40 years	8	3	11
46 years	1		

	Lakeview/Uptown	Lincoln Park/Other	Cumulative Totals
50+ years	4		
Too many	3		

HOW MANY CIGARETTES DO YOU SMOKE PER DAY?

1-4	15	7	22
2 cigars	1		
2		2	
3	2		
5	4	2	6
5-10	11		
10	10	8	18
10-20	6	3	9
20	16	1	17
30	1		
40	3		

DO YOU DRINK ALCOHOL?

Yes	84 (40.19%)	55 (34.16%)	139 (37.57%)
No	125 (59.81%)	106 (65.84%)	231 (62.43%)

HOW MANY DRINKS PER WEEK?

1-2	18		
1-4		7	
2-3		1	
3	13		
4	7		
5-7	6	2	8
6	2		
7-10	1		
10		8	
10-20		2	
14	6		
15		1	
20		1	
2 per month	3		
Many; 1 pint vodka per day plus beers	1		
Enough	1		
1 gallon of whiskey/week,			

	Lakeview/Uptown	Lincoln Park/Other	Cumulative Totals
sober for 1 month	1		
Two gallons per week	1		
About 2 40-oz of malt liquor, average	1		
1 bottle of wine	1		
3 6-packs of beer or 2 bottles of wine	1		

DO YOU USE ILLICIT DRUGS?

Yes	17 (8.17%)	8 (5.03%)	25 (6.81%)
No	191 (91.83%)	151 (94.97%)	342 (93.19%)

DO YOU EXERCISE?

Yes	160 (74.07%)	109 (66.87%)	269 (70.98%)
No	56 (25.93%)	54 (33.13%)	110 (29.02%)

IF YES, HOW OFTEN?

Everyday	52	24	76
5xs/week	10		
3-4xs/week	16	3	19
3 xs/week		6	
2-3xs/week	9	3	12
2xs/week	7	2	9
1-2xs/week	14	3	17
Occasionally	8	2	10
Rarely	5		

DO YOU HAVE ACCESS TO A RECREATIONAL FACILITY (I.E. YMCA)?

Yes	101	66	167
No	107	95	202
Travel Outside YES	20	18	38
Travel Outside NO	43	29	72

IF YOU DO NOT HAVE ACCESS, WHY?

Not sure where closest affordable facility is	2		
Not in area/too far	7	1	8
No money/cost	22		
Most of the time I'm walking	4		

	Lakeview/Uptown	Lincoln Park/Other	Cumulative Totals
I have not gone to a facility to sign up and join	1		
Local school has swim facility during summer	1		
63rd Stony moved		1	
My neighborhood is so bad		1	
I sold my car		1	
Access to fitness classes at Ezra		1	
ACCESSIBILITY			

HAS ACCESS TO TRANSPORTION EVER LIMITED YOU FROM VISITING A HEALTHCARE FACILITY?

Yes	64 (29.77%)	54 (32.93%)	118 (31.13%)
No	151 (70.23%)	110 (67.07%)	261 (68.87%)

IF YES, PLEASE DESCRIBE:

No bus fare / pass	8	6	14
Too much money/cost	8		
Transportation/ can't get there		8	
Only in the case that CTA takes so long and limited	3		
2-3 bus rides	2		
Must walk		2	
I am handicapped	2		
Too far	1		
Sometimes	1		
I wasn't able to provide for myself without work.	1		
I have a hard time walking.	1		
I have to keep other appointments and take care of family commitments	1		
We missed one appointment	1		
Sometimes I have to see a specialist so far away	1		
I have a walker; it is hard to get around; when I have seizures I am reluctant to use public transit	1		

	Lakeview/Uptown	Lincoln Park/Other	Cumulative Totals
They don't work Saturdays	1		
Don't always want to go to the south side, especially in the winter weather	1		
No clinics in the area except Walgreens	1		
When I lived far south, I couldn't access caring healthcare	1		
unemployment insurance is interrupted, like it was in May 2010, then I have no money to go anywhere or to get any kind of healthcare		1	
Homeless, unemployed, broke		1	

HAS ACCESS TO CHILDCARE EVER LIMITED YOU FROM VISITING A HEALTHCARE FACILITY?

Yes	10 (4.81%)	6 (3.97%)	16 (4.46%)
No	198 (95.19%)	145 (96.03%)	343 (95.54%)

IF YES, PLEASE DESCRIBE:

I do not have enough money to travel to a healthcare facility	2		
Have 4 year old & newborn	1		
Can't afford to provide insurance	1		

NUMBER OF DAYS YOU HAVE BEEN TOO SICK TO WORK OR CARRY OUR YOUR USUAL ACTIVITES DURING THE PAST 30 DAYS:

None	92 (43.60%)	85 (56.29%)	177 (48.90%)
1-2 Days	47 (22.27%)	26 (17.22%)	73 (20.17%)
3-5 Days	33 (15.64%)	18 (11.92%)	51 (14.09%)
6-10 Days	16 (7.58%)	8 (5.30%)	24 (6.63%)
More than 10 Days	23 (10.90%)	14 (9.27%)	37 (10.22%)

SOURCES WHERE YOU OBTAIN MOST HEALTH RELATED INFORMATION (CHECK UP TO 3):

Dr./Nurse/Rx	117	93	210
Family/Friends	79	66	145
Internet	66	41	107

	Lakeview/Uptown	Lincoln Park/Other	Cumulative Totals
News/Mag/TV	55	29	84
Other	29	23	52
Health Dept.	28	22	50
Church	16	23	39
Public Library	19	10	29
School	12	9	21
Health Help Line	8	10	18
Healer	5	6	11

DEMOGRAPHIC INFORMATION

GENDER

Male	110 (50.93%)	76 (52.41%)	186 (51.52%)
Female	106 (49.07%)	69 (47.59%)	175 (48.48%)

AGE

Less than 20	1 (0.47%)	6 (4.41%)	7 (2.01%)
20-29	27 (12.74%)	11 (8.09%)	38 (10.92%)
30-39	20 (9.43%)	15 (11.03%)	35 (10.06%)
40-49	38 (17.92%)	35 (25.74%)	73 (20.98%)
50-59	60 (28.30%)	36 (26.47%)	96 (27.59%)
60-69	32 (15.09%)	15 (11.03%)	47 (13.51%)
70-79	23 (10.85%)	11 (8.09%)	34 (9.77%)
80+	11 (5.19%)	7 (5.15%)	18 (5.17%)

INTERSECTION

Lakeview	143 (65.30%)	0 (0.00%)	143 (36.29%)
Lincoln Park	0 (0.00%)	20 (11.43%)	20 (5.08%)
Uptown	76 (34.70%)	0 (0.00%)	76 (19.29%)
Blank	0 (0.00%)	100 (57.14%)	100 (25.38%)
Other	0 (0.00%)	55 (31.43%)	55 (13.96%)

ETHNICITY

African-American	61 (28.24%)	56 (40.29%)	117 (32.96%)
Native American	4 (1.85%)	6 (4.32%)	10 (2.82%)
Asian	3 (1.39%)	4 (2.88%)	7 (1.97%)
Latino	9 (4.17%)	4 (2.88%)	13 (3.66%)
Caucasian	102 (47.22%)	47 (33.81%)	149 (41.97%)
Pacific Islander	0 (0.00%)	0 (0.00%)	0 (0.00%)
Hispanic	13 (6.02%)	6 (4.32%)	19 (5.35%)

	Lakeview/Uptown	Lincoln Park/Other	Cumulative Totals
Multi	9 (4.17%)	7 (5.04%)	16 (4.51%)
Indian	1 (0.46%)	1 (0.72%)	2 (0.56%)
Other	14 (6.48%)	8 (5.76%)	22 (6.20%)

PRIMARY LANGUAGE

English	157 (85.79%)	79 (80.61%)	236 (83.99%)
Spanish	16 (8.74%)	5 (5.10%)	21 (7.47%)
Russian	4 (2.19%)	8 (8.16%)	12 (4.27%)
Other	6 (3.28%)	6 (6.12%)	12 (4.27%)

MARITAL STATUS

Married	18 (8.57%)	10 (6.99%)	28 (7.93%)
Divorced	46 (21.90%)	30 (20.98%)	76 (21.53%)
Partnered	18 (8.57%)	8 (5.59%)	26 (7.37%)
Never Married	95 (45.24%)	65 (45.45%)	160 (45.33%)
Separated	13 (6.19%)	10 (6.99%)	23 (6.52%)
Widowed	20 (9.52%)	20 (13.99%)	40 (11.33%)

EDUCATION

Less than HS	27 (12.50%)	14 (10.37%)	41 (11.68%)
HS/GED	53 (24.54%)	38 (28.15%)	91 (25.93%)
AD	12 (5.56%)	31 (22.96%)	43 (12.25%)
Some College	57 (26.39%)	22 (16.30%)	79 (22.51%)
BA/BS	52 (24.07%)	15 (11.11%)	67 (19.09%)
Graduate Degree	15 (6.94%)	15 (11.11%)	30 (8.55%)

HOW MANY INDIVIDUALS (INCLUDING YOURSELF) LIVE IN YOUR HOUSEHOLD?

1	143 (70.79%)	39 (33.62%)	182 (57.23%)
2	38 (18.81%)	52 (44.83%)	90 (28.30%)
3	6 (2.97%)	12 (10.34%)	18 (5.66%)
4	7 (3.47%)	3 (2.59%)	10 (3.14%)
5	4 (1.98%)	3 (2.59%)	7 (2.20%)
6	2 (0.99%)	4 (3.45%)	6 (1.89%)
More than 6	2 (0.99%)	3 (2.59%)	5 (1.57%)

HOW MANY ARE DEPENDENTS?

1	15 (48.39%)	19 (73.08%)	34 (59.65%)
2	7 (22.58%)	2 (7.69%)	9 (15.79%)
3	5 (16.13%)	3 (11.54%)	8 (14.04%)

	Lakeview/Uptown	Lincoln Park/Other	Cumulative Totals
4	3 (9.68%)	0 (0.00%)	3 (5.26%)
5	1 (3.23%)	2 (7.69%)	3 (5.26%)
6	0 (0.00%)	0 (0.00%)	0 (0.00%)

TOTAL HOUSEHOLD INCOME

Less than \$15,000	123 (57.48%)	81 (59.56%)	204 (58.29%)
\$15,000-\$24,999	39 (18.22%)	13 (9.56%)	52 (14.86%)
\$25,000-\$34,999	15 (7.01%)	1 (0.74%)	16 (4.57%)
\$35,000-\$49,999	7 (3.27%)	6 (4.41%)	13 (3.71%)
\$50,000-\$74,999	5 (2.34%)	2 (1.47%)	7 (2.00%)
\$75,000 or more	3 (1.40%)	3 (2.21%)	6 (1.71%)
None	22 (10.28%)	30 (22.06%)	52 (14.86%)

EMPLOYMENT STATUS (CHECK ALL THAT APPLY)

Employed	47	25	72
Full-Time	17	15	32
Part-Time	26	11	37
Homemaker	5	7	12
Unable to work	52	29	81
Student	11	8	19
Unemployed 1 year +	52	42	94
Unemployed -1 year	15	14	29
Retired	45	29	74

QUALITATIVE SURVEY DATA

WHAT ARE YOUR GREATEST HEALTH NEEDS OR CONCERNS?

- Affordable health care (13)
- Medication costs (12)
- None at the moment (11)
- Dental health (10)
- No insurance (9)
- Eat a better diet, lose weight, overall be healthy (9)
- Everything (8)
- Hypertension (7)
- Diabetes (4)
- Arthritis (4)
- High cholesterol (3)
- Cancer (3)
- My foot (3)
- Staying independent as I age, continued active lifestyle (2)
- Routine check-ups, including dentist (2)
- Lack of access to specialized care
- Access to health care that will meet my future health needs as I get older.
- An easily accessible health center
- To get a community health care clinic in my area
- Transportation, medical card, no money
- Transportation to DVA Healthcare Facility
- Traveling to VA and Keeping Appt.
- No family near, money, transportation, language
- I don't always know where in my community I can go if I get sick.
- That I might be able to get to the clinic, if I need to.
- Take care of myself, medicate everyday
- Taking medication on regular basis, depression
- Remembering to take my meds, back pain
- Continued to access my psych meds - even missing 1 day leads to severe depression and suicidal ideation.
- Affordable, full time job with benefits.
- Affordable Health Care close to public transportation
- City clinic costs too much to see a nurse. I owe them money. I can't pay what I owe. I can't pay to get a current check-up. I can't get a prescription without a check-up first, and even if I did, I can't afford my medications, even though all of these things are provided at a reduced rate.
- Steady income, back-rent paid up, and school paid
- Getting an affordable healthcare clinic in my area
- Get off of public aid spenddown!
- Medication costs, expensive tests eg. CT scans and MRIs, X-Rays

- Help with paying for doctor visits and prescriptions
- My biggest concerns is having to tote groceries no matter what kind of weather since I don't own a car. A major concern is can I really afford it. (Too much of Medicare is already subtracted from social security.)
- I will lose private insurance when I turn 65.
- Unable to visit regularly due to cost, uncomfortable visiting doctor due to fear of "lecturing"
- Being seen if I don't have the co-pay money. If I get prescriptions, I can't pay for them.
- My greatest concern is that healthcare resources will be cut back because of the economy. I rely on clinics where funding may be negatively affected.
- That Medicaid will stop.
- Health coverage, especially hospital, medicine coverage, prescriptions coverage
- Insurance for my kids and language factor
- Underinsurance-preexisting conditions, had to accept 10,000 deductible with riders
- Some of my 07 medical card does not cover all my meds especially when it comes to my digestive system.
- Since I am unemployed I cannot afford to purchase health insurance with my cardiovascular condition and my family.
- Cost: not getting care in time or at all because of insurance and not being able to get insurance because of past care.
- I would like to have insurance and have a personal doctor instead of going to county.
- How long we will be able to afford private insurance
- Getting regular check-ups and preventive screening. I don't get to do that so I don't know if something might be wrong.
- Need a primary care physician I can establish a relationship with. Tired to bouncing from one community health center to the next with no continuity of care. I am taking antidepressants but want to stop, don't have affordable psychiatrist and don't want to do it on my own. Haven't had a therapist/psychiatrist since being prescribed 2 years ago.
- Regular checkups would be nice, but emergency care is my real fear. Any significant emergency would bankrupt me instantly.
- No one is able to diagnose my symptoms
- That I need a doctor that I can see at least once a month. So that I can keep in touch with my body and mind.
- My need is to see a doctor.
- Quality healthcare
- Illness
- Preventative care and wellness
- Diabetes, depression
- Diabetes, depression, hypertension, high cholesterol, and snoring at night
- Diabetes and neck pain and knees and leg pain. Afraid I will need a wheelchair.
- Diabetes and High Cholesterol
- Degenerative diseases as I age; heart, diabetes, high BP
- My diabetes, my arthritis
- Diabetes, medication
- Diabetes, anxiety, depression
- Depression
- Depression, alcoholism, weight loss, back pain
- Depression, birth control
- Depression, high blood pressure, eyesight, dentures/no teeth, access to regular checkups, preventative care
- I am in need of mental health services and medications.
- Mental health, dental care, general care, lack of insurance, and I was in an accident recently, so the importance

- of insurance has increased.
- Mental, physical, vision, etc
- Mental-physical
- Mental health care
- Many needs for both physical and mental health
- Dementia, osteoporosis, eye problems
- I struggle with depression, for which I seek counseling and anti-depressants. I have lots of back/neck pain but can't afford a chiropractor. I have IBS or some stomach/gastro problems that have not been addressed fully.
- I need access to healthcare and mental health facility
- Mental Health
- Major depression and anxiety. Counseling at NMH may end soon (resident is done with program) and I feel I still need a counselor but major depression is abating but still feel need guidance.
- Depression, asthma, former smoker (cancer)
- That there needs to be a lot of focus on mental health needs. Please I beg all that is involved.
- Trying to live with rheumatoid arthritis. Other areas of concern: hearing, sight, feet.
- arthritis, kidney, back pain
- Joints
- My knees are limiting my ability to exercise which will create new health problems.
- Asthma
- I need my asthma, my high blood pressure. Also I need to see a dentist ASAP.
- Asthma, high cholesterol
- Asthma, allergies, air pollution, reflux. To be able to go out and walk in the clean air when it is not too hot or cold.
- High BP, colon, Prostate
- Check-ups, high blood pressure, cholesterol. Afraid not getting test enough or getting enough care to take care of it.
- Hypertension, neuropathy (feet)
- Blood pressure, eyes they are bad
- Heart – hypertension
- Heart conditions, blood flow
- Heart attack-cause
- Cardiovascular disease, prescriptions
- High cholesterol and High Blood Sugar
- Having a liver biopsy; dental
- Pregnancy
- Mammograms, gynecologist
- Sexual health
- Endometriosis and mental health
- Routine and regular women's general health care, treatment, follow-up, and referrals
- It's extremely difficult to get an appointment for women's healthcare without insurance, so I get my pap smears with my internist.
- Gynecologist: I have fibrous breasts so I find "lumps" quite often, need ultrasound; also need dermatology and mental health
- I would prefer prevention rather than symptoms being treated with medication. Most doctors I have gone to know nothing about nutrition. I just changed my doctor last week to a more holistic doctor.

- Eczema
- Have psoriasis and can't afford the doctors or medications/treatments to control it
- Facilities for swimming and other individual exercises
- Weight loss (for surgery, arthritis, knee replacement), diet/exercising, quit smoking, dental (can't afford partial and hard to budget for cleaning)
- I was able to find a chiropractor who was willing to help twice a month for free and this has been a blessing.
- Parkinsons
- Hearing, dental and vision not included in affordable insurance, 'donuthole' in medicare prescription plans
- Vision
- Vision, liver
- Vision, hormones, STD, health screening, transgender psych appointments
- My eyes
- I need a medical card that has been deny many years at the Public office on Chicago & Keystone. Need eye glasses and eye treatment. I got hit in the eye in March 2010 and I been to University of Illinois for treatment in April 2010 and they were concerned and very nice to me.
- Checkups for eyes, blood sugar, hypertension, thyroid
- Eyes, teeth and feet
- Greatest needs would be vision check & dental aid. Concerns are that I might lose my right eye or have some internal problem.
- Dental, personal health
- Dental and vision
- Dental, primary care, mental health
- Dental cost; specialist accessibility; money; medicines not covered by co-pay; deteriorating health, conflicting healthcare options, lack of free screenings
- Trying to get Dental implants
- Dental and regular appointments with my nurse practitioner to monitor my health and any concerns.
- Dentist for the women here at Marah's Place or Deborah Place.
- I need a dentist, a cardiologist, a general practitioner.
- Dental, vision.
- Need dentist and hearing aids
- Dental, Vision, Mental Health
- Dental and dermatology
- Dentures
- Regular dental hygienist visits with regular cleaning, more clinic test run when having a doctor's visit, in the from the public healthcare provider
- My seizures and diabetes. My mouth. I desperately need to see a dentist.
- Hearing aid-eye exam
- Hearing aids
- Healthcare, dietary
- Eating healthy, need my vision checked and time to see dentist again, need money for dental partials which I don't have.
- Keeping myself from becoming a diabetic, get my weight down to under 200 lbs.
- At risk for diabetes, depression, weight, other

- Quit smoking
- Stop smoking, lose weight, more exercise, to get medical marijuana law passed
- Getting exams such as colonoscopy
- GERD and swallow problems, memory lapses
- My heart and gallbladder. Also alcoholism. I have bad gallstones.
- From the conventional perspective no, NO! Because they solely address the cures as opposed to the cause. Conventional I am 68 years old, am overweight, and have multiple health concerns: achilles heel, bone spurs, arthritis (legs & hands), high blood pressure, other concerns (panic attacks, chest pains).
- (business as usual) is, in fact, complimentary integrate-Alternative medicine. Harmony with nature is healthcare accessible. Gen 1.26 portal to the creator intention as oppose to gen 9 portal of the creator allowance. What is sustainable?
- I am concerned about redness/irritation on my legs
- Swelling in legs
- Preventing the necessity of another surgery related to my heard and aneurysms in my back
- Due to problems with my back, it is very difficult to get services. This has made my application for disability to be denied.
- Pressure on spinal nerves that cause some paralysis when I walk
- Injuries suffered while in the military (joints), dental, vision-need glasses
- Back problems from lifting
- Concerns: back pain; Needs: gynecologist, general check-up, dental
- Have longterm injuries and sleep apnea, not getting these treated properly due to poverty
- I go to Heartland health Outreach and it takes too long to get an appointment. I have to go very far to see a specialist. Sometimes I have no transportation. Also sometimes a waiting list for dental care, which is only pulling teeth and cleaning
- 1. Right knee operation 2. Incontinence from operation 3. Dental plates-al teeth have to be pull, infected
- My L4 and L5 in my back give me great pain and I rate it as a 10
- Maintain high CD4 count and low viral load
- HIV meds
- HIV
- HIV Care, public housing (I live in a recovery home for homeless at risk HIV-positive persons)
- Transition medications (hormones, bloodwork, etc); counseling for trauma/PTSD and GLBT specific issues (transgender)
- Being treated for left leg swelling from bloodclots. Swelling going down slowly!
- Treatment for anemia
- Preventive care, ongoing conditions (celiac + other food allergies), dental, vision, mental
- Walking and breathing
- Respiratory disease
- Recently diagnosed with acute hives but the trigger is unknown. Can't afford the allergy testing needed to determine the cause. ER visit not covered by high deductible plan (deductible >25% annual income)
- Cancer, heart problems, cholesterol, dental
- My greatest concerns are my old age and retirement health
- Health, food, housing, friends, money
- Poor balance, always tired, no energy, dizzy spells
- Balance
- Brittle bones
- Living Alone

- I would like my sinuses treated.
- Continue to get better
- Peace of Mind, home and family.
- Liver treatment, high blood pressure
- Respect for living will & power of attorney, end of life care
- Just to hopefully keep my appointments.
- Enlarged prostate, sciatic nerve
- I have a thyroid condition and need to visit the doctor every 3 months.
- So far so good, using Heartland and Cook County
- My daughter had x-rays 2 times because children's Memorial Hospital botched them. The outcome of my complaint to them will be nothing-since they will be paid for the mis-diagnosis (they couldn't see a broken toe!!!) and as a bonus, my daughter will have been exposed to radiation two times! The hospital wins, my daughter loses. She had to walk around untreated for 10 days thanks to their lack of skill and yes it was during the week-no wknd staff! medicaid \$ to waste!

IN YOUR OPINION, IS HEALTH CARE AFFORDABLE IN YOUR COMMUNITY? PLEASE EXPLAIN.

- No, too expensive, only for some (86)
- Yes, for me (28)
- I don't know (12)
- Doctors fees are too high, especially if you are uninsured (8)
- No community clinic available in the community (2)
- No. Expensive & language barrier (2)
- No my community is homeless
- Not applicable for me, but for everyone else yes.
- No. Medical aid only goes to people with children as a disability. Single individuals get billed enormously.
- No. I live in an upper class neighborhood where most people have insurance. If you have no insurance, you must pay and I cannot afford the cost.
- No. The waiting list at places like Howard Brown is too long. I couldn't see a doctor there because I didn't have insurance. Then after I offered to pay out of pocket they said, "Sorry, we can't take you in unless you have insurance." How absurd is that? Where else am I supposed to go then? I also want to see a gay-friendly doctor and I don't know where to go besides Howard Brown. Maybe Stroger, but that's far away.
- No, I don't think it is. If I didn't have Medicare and Medicaid I couldn't afford it. Prevention is the best way to go, but Illinois is charging the highest in the nation for organic food.
- No it's not especially in the ghetto and around Western & Warren & Chicago Ave. & Division & Pine & North Ave. & Long & Laramie St. Bad bus system.
- No! I have to travel to Cook County when I see a doctor.
- No! Need transportation and medical centers.
- No! The average visit costs \$100+ without insurance. For someone who works part time with no government assistance, this can be too expensive.
- No. I live below the poverty level and am afraid to go above it because I would probably lose benefits I receive (healthcare) and cause me stress I can't afford.
- No. Every time something new hits society and gets harder and harder with healthcare to receive it.
- No. Illinois has no safety net. Maine (where I used to live) did.
- No, there are not enough free services for the uninsured. The free services that are available are for limited health concerns.

- No, the limited healthcare that we have “public healthcare facility” is limited in its scope on how much care is given to an individual patient.
- No, I am underinsured and can't cover all my meds.
- No, healthcare is very expensive. I could not afford my HIV and other meds if I did not have Medicaid.
- No-having to use County is time consuming and not often enough can't go when I need to due to waiting lists.
- No don't take public aid
- No. before I had Medicare, it was very difficult to get
- No, because some people are without medical insurance and cannot afford to visit a doctor or buy medical ins.
- No Uptown is very dirty and dangerous community. I have to work very hard to create positive exposures to counteract the negative attitudes (drugs, smoking, drinking, poverty) which are persuasive in Uptown especially
- NO. Because a lot of people around the neighborhood don't have jobs and therefore cannot afford healthcare
- No, I use only Social Security to pay all my bills 1734.50
- No, I'm not working, no transportation, no money
- No, there is so many people who can't afford it.
- No its not affordable because you have to pay for medicine
- No, some doctors don't accept insurance like Medicare
- No. It's not affordable. Fees are too high and for affordable health you have to travel out of your community.
- No, Because it's hard to trust people these days, especially in your mouth.
- No, high end taxes, no income
- No health care in my community... health care outside community affordable
- No. Health is to expensive especially when you have no income
- No, Lincoln Park is a very wealthy area for some but not for all
- NO, all the health providers-advocate- humana etc don't want to invest in the Community because of high rent and lower profit.
- Nope. It costs me \$300 each month. When I make only \$700/month, it's killer.
- No. Because there is a Health Department. But I had to wait for a long time for appointment.
- No, well, yes at CWHC
- Not at all! Neither basic healthcare nor insurance is affordable.
- No-I don't work because diabetes and had a stroke. In housing program.
- No. I've had to stop taking some prescriptions due to cost and unable to obtain financial assistance
- No. It's limited to the middle and upper classes, and even if you have insurance they'll probably screw you out of anything expensive.
- Not for uninsured, but this is true in all communities
- No the cost of healthcare for people with no health insurance is basically non-existent
- No, because health insurance isn't available for all. Even with “affordable” sliding scale clinics, funding is too often an issue, and sometimes, space is an issue.
- Not for the uninsured, and docs are clueless as to the cost of medicines and procedures
- No. I am happy they have now made flu shots available at pharmacies. Wish they would have started that sooner and do it for more preventive medicines and procedures.
- No...many seniors don't have healthcare beyond Medicare
- No. My doctor gave me a prescription for medicine. I took it to Walgreens. With my insurance, it cost \$372 for 90 days. For me to pay was \$342. It's ridiculous. My doctor had to change my prescription for less money.
- No, healthcare is on a sliding scale but just because your paperwork says that you can afford to pay some nominal fees,

the reality is that the fee and drug costs are out of reach for many.

- No, it isn't. Health costs got out of control over 10 years ago and since I lost COBRA, I haven't been able to afford good consistent healthcare.
- No for most people-I had to go into poverty to get treatment and its not a wonderful place to be... I frequently worry about my physical safety and about getting enough to eat. I lived a nice middle class life as an engineer. I never dreamed that I would be in this place, but health cost brought me here.
- Healthcare is not affordable in my community. If you go to the free clinic you must get there early and stand in line. The first ten get to see a doctor without an appointment.
- Yes it is and I love where I'm going as far as my clinic.
- Yes. Because I get my medication from CVS Pharmacy through the mail order or from the store across the street.
- Yes, only a small out of pocket expense for prescriptions
- Yes for white and minority American, but may be less so for other racial or immigrant group
- Yes, with insurance/Medicare/Medicaid (15)
- Yes through Chicago health Outreach
- Yes. I am healthy and have good supplemental insurance
- Yes if I remain homeless/indigent.
- Yes, free clinics/providers
- Yes there are agencies that provide services to low income people.
- Yes. Medicare & VA Hospital available to me.
- Yes, living in Uptown and being homeless, I get access to services at no cost. When I am housed I will have to pay and can't afford many of the services I get.
- Yes. Medication is too high and cannot afford to purchase it.
- Yes, many folks in my community are affluent. Medicare and Medicaid helps
- Yes-my Medicaid has been so helpful, I seldom have to pay more than a few dollars
- Yes, I have an agency to help and refer me to a practitioner.
- Yes and no. The government provides public health.
- Yes! Thank goodness for sliding scale clinics.
- Yes, with public and private, Heartland and Cook County Hospital
- Yes for me, but I know others who have less access because they have worse insurance, etc...there are some low cost options, though
- Yes, due to heartland in Uptown
- Yes, through Heartland Health Center
- Heartland is working good when I need medical care.
- It's affordable for people that have insurance, but for people that have no income it's not affordable.
- I think it is affordable for healthcare
- My 07 card covers doctors fees if I don't worry so much about it.
- I go to Heartland, so it's affordable. But in this neighborhood, probably not.
- With Heartland it is
- There is affordable healthcare, however you have to be willing to wait a long time (i.e. Heartland). There is great need in Uptown for better, more accessible, and more affordable care.
- Medicare helps me get healthcare
- I think so, some I wonder why American's need to pay for healthcare, when every person in the world needs and should have free care. It would make our nation much stronger with more healthier people

- I don't know as I have none at my part time and getting to free health care is time consuming.
- I do not know but it seems there is always a way if only through ER at hospital
- I do not know. It's unrealistic. Never in my life have I been in this situation
- I really don't know because I go to a clinic in Uptown.
- Sliding scale can still be expensive when you live paycheck-to-paycheck.
- At County you can get help, but better have a lot of time available.
- Everyone having access to see the people they need to see
- In the middle (affordable for some, not for others); the economy is ugly
- I go to the Board of Health and have to pay, so what may be affordable for some, cannot be affordable for others. And then I am referred to other places for healthcare. So it's not affordable in my community.
- I just pay bills
- We need it so us youth could travel within our limits
- My behavioral health benefits are used up but I still need help for depression and alcoholism
- Prescription costs are too high. I take pills for allergies. That amount should be used for social security.
- This is why I've been going to Cook County for so many years. Lately the illegal forgiveness have invaded the hospital and interpretations needed for doctors has really clogged up the system. Insurance is a joke.
- My budget controls and restricts my needs/choices. Yes, but limits it.
- Since I am unemployed I cannot afford to pay medical fees.
- Is dependent on a person's income.
- There are advisors as well as social workers to make facilities and programs plans available.
- Good doctor hard to find
- We need a real national health plan!
- It is very difficult to determine since I do not have income, Medicaid or insurance to pay for healthcare. I either go to the hospital or forgo healthcare altogether.
- It is a greater problem than just our community but many people, including friends, need help and can't afford it. Ezra should provide clinic or services.
- If you are employed and have insurance to pay YES... otherwise there is County Medical Center where you have to wait up to 10 or 12 hours to be see by a doctor?
- It is right now, only because of places like Heartland Health Alliance. If sliding scales are ever terminated, I don't know what I would do.
- Medical costs are completely out of line and unaffordable
- Some times-depends on individual abilities
- If you are properly insured-an HMO is better than a PPO - the cost with an HMO is always very clear
- I haven't compared it to other communities but I would have to say that healthcare in general is extremely expensive
- If it wasn't for Medicare and Medicaid I'd be dead and broke
- Is health care affordable in any community? This question makes no sense. If neighborhoods had anything to do with our health care costs, we'd all have socialized medicine because we live in the U.S. I am limited in my health care by the places that I work, the amount of money I make, my gender, my age, my understanding of what I need and am not getting. Yes, my neighborhood has hospitals and health clubs, but who cares if I go broke trying to access them?
- Health care feels very overwhelming. I see many places I could go but I'm so afraid of not having enough money or not receiving thoughtful care that I usually don't go in.
- If you have insurance, yes. But insurance is EXPENSIVE! I just moved to Lakeview less than 1 month ago so I haven't looked for new services yet.

- CWHC is great. However, it has limited services. If it's not gynecological, I probably can't get it or afford it.
- I really can't complain, thanks Medicare
- Medicare may stop and leave me without help
- For me, I get primary care through Howard Brown that is mostly affordable but they are the only option and only community clinic. I cannot however access any mental health services affordably because of overcrowding of the services.
- It's okay because the government pays
- It's very expensive to be poor. Everything costs more when you don't have insurance.
- It's okay. But it really doesn't provide for dental cleaning. I wish they could have a van for people to ride (sort of like a taxi or iGo car) to go to a public laundromat for preventive disease. Since it's hard to carry a laundry cart full of dirty clothes on the bus when it is crowded and sometimes they don't even let them on with a larger laundry cart. It would be safer and cleaner for the community also, not just the person doing their laundry.
- With LOL at Fantas

IN YOUR OPINION, IS HEALTH CARE ACCESSIBLE IN YOUR COMMUNITY? PLEASE EXPLAIN.

- Yes (22)
- No (14)
- Yes, only if you have money/insurance (13)
- I don't know (5)
- Yes thanks to Weiss Hospital
- Yes. I see clinics and other providers when I walk through it.
- Yes. County helps a lot. Some neighborhood clinics are helpful. But without insurance sometimes you have to wing it.
- Yes, but sometimes there are language barriers because the neighborhood is predominantly Latino. But overall better healthcare if I lived in a predominantly African-American neighborhood. Sad, but true.
- Yes, several infectious specialists that accept Medicaid and Medicare
- Yes for white and minority American, but may be less so for other racial or immigrant group
- Yes it's within walking distance.
- Yes. I haven't been turned away to any of the hospital in the community.
- Yes, but only because I have HIV and am below the poverty level do I receive services - which is lab work - I do not take meds and haven't for 22 years.
- Yes, but using public transportation like train or the bus.
- Yes, but it's a long process to see one.
- Yes. Improving accessibility is a good thing for those with disabilities.
- Yes! It's ok if you're homeless like myself. It's not too bad.
- Yes, being homeless I get to walk 2 blocks to the medical doctor and 5 blocks to the chiropractor.
- Yes, but if you're disabled it can be very difficult to get there.
- Yes, I have no problem accessing it.
- Yes, clinics in the area get me in
- There are two hospitals in the immediate area.
- Yes, through Heartland
- Yes through Heartland Alliance
- Yes. I can walk to or walk 1/2 block to bus to my doctors and hospital
- yes, 3 blocks from St. Joseph hospital, pharmacy
- Yes because I get Medicaid and I go to Howard Brown

- Yes, at the LV counseling center on Sheffield near Belmont, I think.
- Yes, but I'm HIV+ so there are facilities for that.
- Yes, but not affordable
- Yes, I am a widow and Army veteran. My husband was a veteran.
- Yes because I live in Humbolt Park but up in Lakeview we need them because they are hard to find.
- Yes, the bus takes me to my doctor
- Yes & no. Yes because it's there. No because the lines are ridiculous & visit times do not coincide with my work schedule.
- Yes/No. Health care is accessible for those who can afford it or have health care insurance benefits through their jobs. However, people with no jobs or income have less accessibility which means debts for the uninsured. Not fair!
- Yes and No, There is a Health Care place but you must be homeless to be a client than there's Weiss hospital, but you must be insured to be seen.
- No. I have to take 2-3 buses/el to go to doctors, dentist, hospital
- No, no clinics, no affordable doctors, etc
- No. People don't know where to go or how it works. Also there is a great deal of stigma related to seeking health care, especially mental health.
- Not really, unless you have insurance, then there are plenty of private physicians available.
- No because there aren't clinics that could offer affordable health care in our community.
- No. The wait lists are too long. Also, I'm pretty well-educated and yet I don't know where to look/go to find healthcare. Something as essential as healthcare should be easy to find...that's the part of being accessible too!
- Not at all. Private insurance is needed everywhere in the neighborhood or you can't get treated.
- No, a lot of the places available only cater to certain people.
- No. But there is a Health Department. But I waited a long time for an appointment.
- No. only certain doctors will see you depending on the type of medical coverage you have (or don't have)
- No, they need to help more people
- No. I found Community Health but there is nothing local that is affordable
- No, not quality care. If you want to pay someone to tell you it's all in your head and put you on antidepressants, that's probably available everywhere.
- No, the only reason I have healthcare is because the shelter I stay in provides it to me free of cost
- No, nothing low-cost or affordable available
- Not free dental
- Health care is not accessible because of the cost and lack of insurance coverage.
- The community clinics are a great help but are very limited and the wait is overwhelming sometimes and the care is sometimes very sloppy. Sometimes it feels like you get thrown into the same category as some of the careless homeless people who cause some of their health issues.
- Don't know yet the availability of free or low cost care in this community
- Don't know. I have wonderful care at County. When I've been going there for so long I know the system quite well.
- Need more mental health services
- Nothing for poor or homeless. Seniors have to beg. Money is big issue. Insurance.
- It is accessible, but not necessarily affordable for everyone.
- Somewhat, it's not easy but for a healthy young person, I can get most of my needs met if I work extremely hard and am very careful
- Give everyone the care they need.
- Illinois Masonic is very accessible

- There certainly are providers galore in Lakeview BUT most of them are way! too expensive without insurance.
- I love Weiss Memorial. Try to use it for most things.
- It's accessible but the services offered are bad.
- There is healthcare accessible in my area but all of the facilities are overburdened. Each facility limits the number and type of patients they will see. There are no dentists at all, unless you are HIV+. Eyecare is rare.
- Since I am insured I can get medical care but behavioral health and dental are too expensive
- Seems to be. Most people in my senior building seem to be able to get help when needed.
- Easy to get to Heartland
- Of course. If somebody pays attention. These people need help from anything they can get or offered to them.
- Heartland is good and refers me to places I can get to. I have to go to County in Sept. 10' but I guess my case manager @ Ezra will hopefully provided.
- In my perspective healthcare is accessible anywhere in the world if you have the right or proper insurance that the facility you are trying to gain healthcare from takes that insurance. In my community there is a hospital a few blocks away from where I live, but you need insurance. There are not clinics that you can go to so you can receive healthcare from the immediate area.
- It is accessible to a point, if you have income or insurance
- If care were cheaper it would be more accessible. I've had several strokes, nervous breaks and know 1st hand that it needs to be more affordable and accessible. Ezra would be the best place, as it already is trying to serve this community as best it can.
- Need more access to affordable in-neighborhood general/primary care
- Just moved into Bonventure and change medical up north, so everything is where I can go and get proper medical attention.
- A few places, but some don't provide the full treatment.
- Marah's Place or Deborah Place

FOCUS GROUP QUESTIONS AND RESPONSES

FOCUS GROUP #1: PROVIDERS – 10 PARTICIPANTS
TUESDAY, OCTOBER 26, 2010, 8:00AM-10:00AM
CENTER ON HALSTED 3656 N HALSTED ST CHICAGO, IL 60613

1. WHAT ARE THE GREATEST HEALTH NEEDS OR CONCERNS FOR YOU OR PEOPLE YOU KNOW IN THE LAKEVIEW AND UPTOWN COMMUNITIES?

- Accessible
- Medication
- Specialty care
- Behavioral health and psychiatric care,
- Social service health issues (e.g. homelessness)
- Lack of:
 - Dental care: currently only one annual preventive care visit is offered for Medicaid patients
 - Vision care
- Cultural competency for non-mainstream communities (e.g. homeless; LGBT)
- A need for Improved access to care, currently demand exceeds supply for low income patients
 - Homeless patients biggest issues are breaking through barriers , and concerns with losing possessions
 - Transitional housing , makes it difficult for patients to keep appointments
- Lack of access to primary prevention especially for:
 - obesity
 - tobacco
- Currently nutrition services are not culturally competent
- Lack of information and services for :
 - Pain management
 - Addiction
 - Dementia
 - Care giver support
 - Fall prevention
 - Chronic care- independent living

2. DESCRIBE THE ACCESS TO HEALTHCARE IN THE LAKEVIEW AND UPTOWN COMMUNITIES.

Well

- There are plenty of providers
- Primary care
- Some locations have good access to comprehensive care
- Getting the message out
- Emergency and trauma care
- Special programs (e.g. breast cancer)
- FQHCS- comprehensive care for primary care

Gaps

- Lack of:
 - Basic transportation
 - Cultural competency- LGBT, especially transgender
 - Access to surgery and other procedures
- Quality centers fill up quickly
- Patients tend to return to the emergency room

- Patients are not informed on where to access services and care
- Extended delays for getting an appointment with a provider are difficult as well as long wait times at provider office once an appointment is obtained
- In order for a patient to receive specialty care, negotiation is needed
- Residents have multi-layered issues
- Medicaid imposed medical limitations (access to certain medicines, services)
- Mental healthcare is accessed as a last resort

3. DESCRIBE HOW YOU, OR PEOPLE YOU KNOW, USE HEALTHCARE IN THE LAKEVIEW AND UPTOWN COMMUNITIES?

- Public Aid patients must choose a primary provider; these patients do not always go to the clinic they are assigned to.
 - This may cause long-term issues with health reform
- Many patients access the emergency room as their primary care/ chronic care center
- Health problems impact how people use healthcare
 - Systems not set up well to work with certain populations (e.g. learning disabled, homeless, mentally ill)
- There is no universal sense of value for prevention
- Have to do primary care outside of Lakeview/Uptown, but can find hospital/some specialty care/mental health in Lakeview/Uptown
- Patients with medication addiction find themselves shifted around in the system
- When older adults have strong primary care and family, centers can help them well. Relationship to social service is important
 - Those without primary care struggle
- Navigation of the system is complex and cumbersome- people may give up
- Patients in need may not attempt to access care due to fear of accumulating bills
- Many providers underestimate the complexity
- There is a need for a connector in the community, that is both at system level and at the individual level

4. DESCRIBE THE QUALITY OF HEALTHCARE IN THE LAKEVIEW AND UPTOWN COMMUNITIES.

- There are insufficient providers for immigrants and refugees
- Cultural competency for:
 - Homelessness
 - LGBT
 - Immigrant and refugee
 - Older adults/ seniors
 - The working poor
 - Mentally ill
 - Uninsured
 - Substance abuse patients
 - Minorities
 - Sex workers
 - Adolescents (specialty, e.g. disabled hearing impaired)
- Nursing home residents receive varying quality care.
 - Providers change often
 - Hard to find ICF's with quality care
- There are high quality services available, but there is poor communication amongst providers
 - At the community level
 - There is a need for a neutral convener (LAC or CDPH or city center)
 - Previous examples include- (Northeast District Health council-10 years ago, VNA funded for homeless providers, CDPH health communities e.g. Albany Park)

5. WHAT ADDITIONAL HEALTHCARE SERVICES WOULD YOU LIKE TO SEE DEVELOPED IN THE LAKEVIEW AND UPTOWN COMMUNITIES?

- Specialty needs
- Connect available care and remove indentified barriers. Implementation of a central navigator (website, e.g. Leslie's List)
- Are all centers currently at capacity (this data should be compiled)
- Examine Access DuPage: As a model for cooperative sharing
- Develop a community health model – services only for uninsured - removes financial barriers
- Building a Healthier Chicago model: pilot in Austin
- Develop better mental health care
- Develop better disability services : model = SOAR
- Vet Net model- Dave Rogers- Benefits check up system- database
- EMR – move to interface- bridge systems
- Specialty care
 - Dental
 - Vision
 - Hearing
 - Podiatry
 - Psychiatric
 - Pharmacy
 - Physical therapy
 - Surgery
 - Ortho
 - Radiology
 - Colonoscopy
 - Diagnostic
 - Disease screening
 - Durable medical equipment

FINAL THOUGHTS

- High level navigator, that is general
 - We have some disease specific navigation
- Cultural competency is part of the navigators
 - Non- verbal's, sensitivity
- Navigation should not be the provider function
- Varying populations – those with special intensive needs for navigation and those that need simple access points
- Bring in CDPH and the State of IL , along with providers @ CCHHS
 - Public health transformation
- Take stock in diverse organizations already here (partnerships make us successful)
- A plan for encouraging private provider participation
- Providers reaching out to the patient
 - E.g. telemedicine

FOCUS GROUP #2: CONSUMERS – 6 PARTICIPANTS
WEDNESDAY, OCTOBER 27, 2010, 6:30PM-8:30PM
4040 N. SHERIDAN ROAD

1. WHAT ARE THE GREATEST HEALTH NEEDS OR CONCERNS FOR YOU OR PEOPLE YOU KNOW IN THE LAKEVIEW AND UPTOWN COMMUNITIES?

- Long wait times for appointments.
- Access to affordable healthcare for the uninsured.
- Long waits for surgery at Stroger Hospital
- Lack of medical supplies at Stroger Hospital
- Adequate food and nutrition
 - Lakeview pantries are good, but mainly for emergency food; with 30% increase in demand. There is some accessibility but a lack of sustainable food.
- Self-employed hard to get insurance
 - Not all cover maternity or birth control
- 311 is a great resource for social services
- Lack of access to medication
- Mt. Sinai Interfaith House, Heartland, CWHC, and Illinois Masonic are all good medical centers.
- Stroger Hospital and its long wait times and difficulty getting prescriptions, but they have great doctors.

2. DESCRIBE THE ACCESS TO HEALTHCARE IN THE LAKEVIEW AND UPTOWN COMMUNITIES.

- PATH programs are accessible for substance abuse patients.
- Heartland is very helpful and free, but there is a waiting period for services. They offer good assistance for children.
- When uninsured and not sick, it's not a problem to wait for an appointment at a free clinic. When you are sick, this is a big problem.
- There is a considerable wait time for sick patient appointments, well patient appointments, and follow- up appointments.
- Charity programs are available to those who qualify.
- Patients experience problems when trying to negotiate reduced cost options for care.
- Residents need to be more informed and contact their alderman as well as there needs to be community advocates who communicate both with residents/ patients and the alderman.

3. DESCRIBE HOW YOU, OR PEOPLE YOU KNOW, USE HEALTHCARE IN THE LAKEVIEW AND UPTOWN COMMUNITIES?

- Payment for services is an obstacle, and there is a lack of affordable services.
- Primarily emergency room use, for immediate care health concerns. There are not enough individual doctors. ER is always open so it's easy to use it.
- Emergency rooms used frequently are Illinois Masonic, Weiss, and Swedish Covenant.
- Clinics should have an urgent care center, as well as a fast track option, 24 hour access, and a primary Physician that is permanently staffed for each location.
- Stroger Hospital should expand with 24 hour access locations spread out.
- There needs to be data compiled on the cost vs. care vs. wait time vs. need at ER's to give people information about how best to navigate the system.

4. DESCRIBE THE QUALITY OF HEALTHCARE IN THE LAKEVIEW AND UPTOWN COMMUNITIES.

Good

- Many facilities are clean and state of the art.
- Some facilities have a permanent primary care physician so that you're not seen by a different physician each time.
- Quality providers are available
- Services are low or no cost
- Sick patients are available to access needed medication
- There is access to mental health services, classes and groups
- Some facilities offer short- to no wait services, as well as comprehensive care
- Some facilities offer information on services and healthcare concerns as well as multi lingual staff.
- Comprehensive
- There is an availability of homeless services – more services than for people who are not homeless

Bad

- Some facilities are dirty
- Facilities that have physicians who don't take a full medical history when seeing patient for the first time
- Needed tests aren't always performed.
- The cost of services are not affordable at all clinics
- If you are really low income or high income, you can get services. People in the middle struggle to get health care.

Barriers

- Transportation
- Job won't let people take time off
- Self-employed don't have paid sick time
- Long wait times
- Information – where to go? How to get it?

5. WHAT ADDITIONAL HEALTHCARE SERVICES WOULD YOU LIKE TO SEE DEVELOPED IN THE LAKEVIEW AND UPTOWN COMMUNITIES?

- If a clinic opens, will it be the same problem that we just defined, with long wait times and limited eligible groups? Who will be served?
- Will they offer services to patients who do not fit the defined population chosen?
- The development of a general no cost clinic, and determine who they will serve.
- Consolidation and coordination of the system that currently exists.
- Community services navigator and networker.
- Knowledge of who has list of services and service providers.
- Dental and vision services
- A website for healthcare resources- especially free or low cost resources in language that clear, and direct.
- Alternate therapies inclusion in services offered.

FOCUS GROUP #3: CONSUMERS – 11 PARTICIPANTS
WEDNESDAY, NOVEMBER 17, 2010, 6:30PM-8:30PM
4040 N. SHERIDAN ROAD

1. WHAT ARE THE GREATEST HEALTH NEEDS OR CONCERNS FOR YOU OR PEOPLE YOU KNOW IN THE LAKEVIEW/ UPTOWN COMMUNITIES?

- Providers that accept Medicaid
- Problems with being asked for identification when you don't have an address
- Dental- huge waiting list , there are a lot of students with dental needs
- Vision
- Patients that are homeless are being cared for better then a patient who is working
- Medical needs of homeless: pneumonia, hepatitis, HIV/AIDS, leg and feet infections; also homeless youth needs
- Working poor with only catastrophic insurance – can't afford co-pay or prescriptions
- Transgendered population having trouble with access to culturally competent providers
- Lack of accessibility to affordable prescriptions for youth
- There is a long wait list for mental health /behavioral services. A dual diagnosis is needed to be eligible for housing.
- The cost of out of pocket insurance premiums –risk of debt
- Accessibility to information regarding available resources
- Lack of a unified record keeping system- patients have to recap medical history on a reoccurring basis
- Skin ailments of homeless patients; also STD's, lice, bed bugs, etc.
- Emergency rooms transferring out patients and using mental health issues are the reason to dump patients
- Difficulty with getting jobs if you are a young person

2. DESCRIBE THE ACCESS TO HEALTHCARE IN THE LAKEVIEW/UPTOWN COMMUNITIES?

- Minimal access for elderly or disabled patients/residents in Lakeview/Uptown - Lack of transportation due to no money for bus passes
- Accessibility to information regarding available resources /services- many do not have computer access or the ability to use a computer to access resources/services
- Poor "3rd class" treatment when accessing services and using a Medicaid card
- Cases of improper diagnoses: whether it is receiving no diagnosis or encouragement of false diagnosis to become eligible for services
- As a homeless person you can get access to healthcare and prescriptions are at Stroger Hospital and Heartland Alliance
- Some patients/residents need assistance with weekly transportation/bus cards to healthcare and social services offices
- Instances of patients being billed for services not covered by Medicaid
- Patients/residents with disabilities not receiving accommodations for their disability
- Wait times for services are long- in some case up to a year
- Youth patients are taken advantage of- they are not always informed of their rights, nor told about available charity care, services, etc.
- Patients that are homeless, but not residing in homeless shelters don't have access- If patients do not fall in certain categories there is no access
- Emergency rooms are available, but charity care won't cover labs, follow- up, etc. It is easy to end up with bills and to get the run around.

3. DESCRIBE HOW YOU OR PEOPLE YOU KNOW, USE HEALTHCARE IN THE LAKEVIEW AND UPTOWN COMMUNITIES?

- Repeating of health info- no unified system
- There is a variety of doctors you end up being seen by; some consistently
- Care is given in parts – not through one primary physician
- Goldie's- good resource for oral care, housing, employment assistance
- Catholic Charities will pick up medical bills- unusual
- LIFT- a good free resource that not enough people know about
- If you are assigned a bad case manager, you may not receive the care you need or that is available to you
- Circuit Breaker- helps disabled, elderly
- Patients avoid seeing a healthcare professional until their condition is severe enough for the emergency room
- DCFS youth are mandated to receive healthcare, but are not always able to find providers
- In some cases patients are being rendered a fee for transferring medical records
- OTC prescriptions are not being covered- they are too expensive
- Homeless youth don't have identification and this prevents access
- Inspiration Café is good

4. DESCRIBE THE QUALITY OF HEALTHCARE IN THE LAKEVIEW AND UPTOWN COMMUNITIES?

- 13-24 year olds with HIV/AIDs do not have adequate access to quality medication
- The 55 and older population that is receiving Medicare can get physicals but have trouble getting dental, mental health, vision services
- Wilson Eye clinic takes Medicare/Medicaid
- Case workers are not educated on all of the social service programs available
- St Joseph Hospital accepts Medicare/Medicaid and has all-in-one care
- Some workers will help you apply directly to drug companies for charity care
- Services are being cut
- Illinois Masonic has good doctors- and they're willing to cover certain expenses with charity care
- Big range among institutions
- Long waits for care affect quality- patients get sicker while waiting
- Fine print increases stress
- Illinois Masonic limits behavioral health sessions to six sessions
- Homeless men can access care at the VA hospital, Stroger Hospital, and Heartland /dental
- The system is designed to treat illness, not wellness
- We need education regarding personal hygiene
- Avery clinic/Weiss Hospital- good ,but require co-pays, especially for testing

5. WHAT ADDITIONAL SERVICES WOULD YOU LIKE TO SEE DEVELOPED IN THE LAKEVIEW AND UPTOWN COMMUNITIES?

- Educate people about what is out there
- More community meetings
- Affordable/free access to health insurance-covering mental health, vision, and dental
- Get more resources to existing providers
- Implementation of a computerized call center (similar to 911, 311) where patients/residents can call to receive information on all services/programs available, and be told their eligibility for such services/programs- in easy to access locations

such as schools, libraries etc.

- Network all the existing providers to create the “call center” idea/framework
- Stop word of mouth exchange of information-it is better if there is a command center
- 24 hour access information hotline
- Centers that can be accessed for needs such as showers, laundry, storage, basic and primary care -especially for homeless individuals (e.g. Broadway Youth Center)
- Central location with subway and bus lines
- Daycare and medical services for preschool aged children
- Expand services, and add another clinic location that is run to be sustainable-add for profit ventures (e.g. pay for parking lot)
- Educate community about people needing social services
- Address racism
- Hire qualified people from within the community
- Offer nutrition services
- Start with ourselves as volunteers
- Ensure all details are covered and explained

SURVEY REPORT

Stephanie Stuhlmuller, Jennifer Walz, Vicki Pressling | DePaul University

INTRODUCTION

Health care disparities exist in every community. Inequitable access to healthcare is present across all populations and in all communities. This is especially true for low income, underinsured, medically underserved and marginalized populations. Financial, economic, geographic, and cultural barriers make it difficult or even impossible for these vulnerable populations to access care. Coles and Porter (2008) stated that "...socially marginal and economically deprived groups have the greatest overall need for health care but are least likely to obtain it" (p. 9). This phenomenon appears particularly applicable in cities, such as Chicago, where access to health care is variable within and between neighborhoods.

Variable access to health care services throughout Chicago's neighborhoods is evidenced by the presence of Medically Underserved Areas (MUA), as designated by the U.S. Health Resources and Services Administration (HRSA). These areas have too few primary care providers, a high infant mortality, a high poverty and/or a high elderly population (2010). Access to affordable health care may be very limited or non-existent in these areas. If health care is available it is often inferior or lacking in services.

Medically Underserved Areas are very prominent all throughout the Chicago area. With a total of 435, Cook County has the second most MUA's in the nation (Kulkarni, 2008). They are not necessarily relative to the poorest areas; they are sometimes located among and around the richest communities. One community of Chicago that shows this dichotomous relationship is Lakeview, where the median household income is ranked among the top ten highest out of the 77 Chicago communities (Bocskay, Gibbs, Harper, Thomas, & Reina, 2005). Despite this apparent affluence, Lakeview is home to three large medically underserved areas. One additional MUA is located just north of Lakeview in the community of Uptown.

The Lakeview Action Coalition (LAC), a non-profit community-based organization, has a history of advocating for health care initiatives that serve the local low-income and/or uninsured residents of their community (Health care task force, 2010). Motivated by the presence of four MUA's and a general sense of possible health care discrepancies in the area, the Lakeview Action Coalition (LAC) expressed an interest in evaluating the accessibility and availability of health care services. They then set out on a mission to evaluate the feasibility of building a Community Health Care Center, which would serve the vulnerable populations of Lakeview and Uptown.

While LAC suspected that a large percentage of the area residents experience health care discrepancies, the extent of the problem was unknown. A lack of access to affordable health care was likely affecting the health of the entire area. In order to determine how and why residents were affected by a lack of health care resources, the population was surveyed. According to Roysse, Staton-Tindall, Badger, & Webster (2009), a thorough profiling is accomplished through a Needs Assessment, which takes into account the demographics, socioeconomic status, health status, health perceptions, health behavior, and health system utilization of the population.

PURPOSE

The purpose of this research study was to assess the health care needs of the low income, underinsured, and underserved residents in Lakeview and Uptown. More specifically, the population's primary care needs and barriers to care were determined. The Lakeview Action Coalition will utilize these findings to determine if there is a need for a Community Health Center. If a need is determined and proper funding is raised, they will go forward with plans to build a centrally located community health center that can be utilized by their residents as well as those residents of neighboring communities.

SIGNIFICANCE

There was a lack of information concerning the vulnerable populations in Lakeview and Uptown before this community assessment was completed. Since health care inequities are likely to affect low-income and uninsured/underinsured populations the most, they were of particular concern. Approximately 8.7 percent of the Lakeview population falls below the poverty line (Chicago Department of Public Health, 2006). Uptowns' low-income population is higher with 24.9 percent of the population falling below the poverty line (CDPH, 2006). These numbers indicate the presence of a significant percentage of low-income residents. This assessment gauged the magnitude of health care inequalities related to this overlooked population. Armed with the results of this study, the medical personnel and community organizers will be better equipped to focus their care and resources to the areas where it is most needed. The results determined and identified what barriers are preventing this population from seeking and/or receiving health care. If a community health center is built, more opportunities will be available for primary care prac-

tioners in the community, furthering the role of nurses and nurse practitioners, while also improving the health care services provided in Chicago.

RESEARCH QUESTIONS

The aims of this research study were to determine the presence and/or absence of perceived barriers to care and to discover the primary care needs of the community. These goals were accomplished by answering the following research questions as it pertained to the medically uninsured/underinsured and low-income population of both Lakeview and Uptown:

- **What are the perceived barriers to primary care access?**
- **What are the primary care needs of the residents?**

DATA ANALYSIS

Overall, there were a total of 394 surveys returned. Of this total, 175 surveys had to be omitted because the respondents either did not live in the Lakeview or Uptown neighborhoods, they did not specify an intersection of residence, or they did not fill out the majority of the survey before submission. Therefore, the total number included in the analysis was 219 surveys. This decision was discussed amongst the primary research investigators and the faculty advisors, and agreed upon by all.

The data was analyzed using both quantitative and qualitative methods by the primary research investigators. The primary investigators were trained in research data analysis via a graduate health statistics course at DePaul University. They have also all passed a training course in basic human research principles by the Collaborative Institutional Training Initiative. During the data analysis process, any questions pertaining to the surveys were discreetly discussed with only the faculty advisors to ensure confidentiality.

Responses for each section of the survey were tabulated and compiled. The data was analyzed using univariate statistical methods. Descriptive statistics were utilized to describe the demographics of the surveyed population and to analyze the quantitative data to identify the health care needs in the population. In addition, the qualitative data was categorized, tallied, and analyzed according to themes extracted from direct quotes. The qualitative and quantitative data sets were then put into charts, graphs, and tables to better understand the overall needs of the communities of Lakeview and Uptown.

RESULTS

Characteristics of Sample: Survey results were tabulated per the total amount of respondents per question. This resulted in a specific response rate for each question analyzed. Of 216 respondents, 50.9 percent were male and 49.1 percent were female. Of 212 respondents, 61.3 percent were between the ages of 40-79 years of age, while the median age of the population surveyed was between 50-59 years old, or 28.3 percent of respondents (Table 1). The majority of the participants surveyed indicated that they reside in Lakeview (65.3%), while only about a third resides in Uptown (34.7%). The majority of respondents were Caucasian (47.2%) and African American (28.2%). Over 65 percent of the population surveyed, indicated that they had an income less than 15,000 dollars per year.

Table 1. Characteristics of survey respondents, N is varied by question

Age (N=212)	Median= 50-59 years old		n (%)
	n(%)	Income (N=214)	
Sex (N=216)	110(50.9%)	No Income	22 (10.3%)
	106 (49.1%)	Less than \$15,000	123(57.5)
		\$15,000-\$24,999	39(18.2%)
Location (N=219)		\$25,000-\$34,999	15 (7.0%)
Uptown	143 (65.3%)	\$35,000-\$49,999	7 (3.3%)
Lakeview	76 (34.7%)	\$50,000-\$74,999	5 (2.3%)
		\$75,000 or more	3 (1.4 %)

Health Status:

The majority of people surveyed had been to a doctor for a routine visit within the last year (Table 2). They suffered from many different chronic health conditions, the top 4 being depression (47%), arthritis (37.7%), hypertension (34.4%), and high cholesterol (25.1%). Of the population surveyed, 28 percent currently utilize the services of a mental health professional. Of the population that does not presently visit a mental health profession, 31 percent indicate that they need to visit with a mental health professional. 59.3 percent had not seen the dentist within a year while 35 percent indicated that they were never able to see a dentist.

Table 2: Health Status and Routine Doctors' Visits, Frequency Distribution

Health Condition	Frequency	Percentage	Routine Visit	Frequency	Percentage
Excellent	9	4.1%	Within 1 year	156	73.2%
Very Good	47	21.7%	1-2 years	22	10.3%
Good	79	36.4%	2-5 years	15	7.0%
Fair	64	29.5%	Over 5	12	5.6%
Poor	18	8.3%	Never	8	3.8%
	n=217	100%		n=213	100%

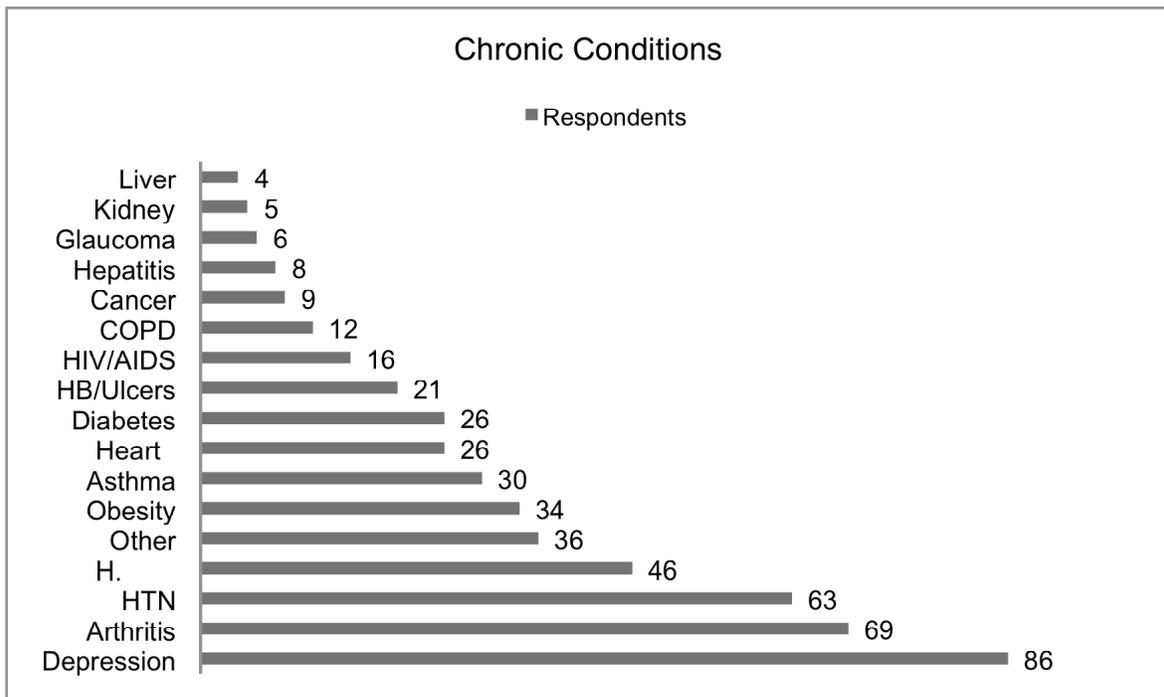


Figure 1: Survey participants were asked to mark all conditions that they were affected by.

Barriers to Care:

It appears that cost, transportation and lack of adequate health insurance were barriers to care experienced by the respondents of this survey. Respondents indicated that they were able to visit the doctor always (42.9%), sometimes (33.6%), seldom (16.6%), or never (6.9%) (Figure 2). Of the 23.5 percent that responded seldom or never, 42.9 percent cited a lack of health insurance as a factor and 32 percent indicated that cost was a factor. Cost was also shown to be a factor when buying prescriptions and visiting the dentist (Table 3). A large amount of the population surveyed marked that they traveled out of their neighborhood to receive care (61%) and 29 percent of these individuals indicated that transportation had limited their access to health care in the past.

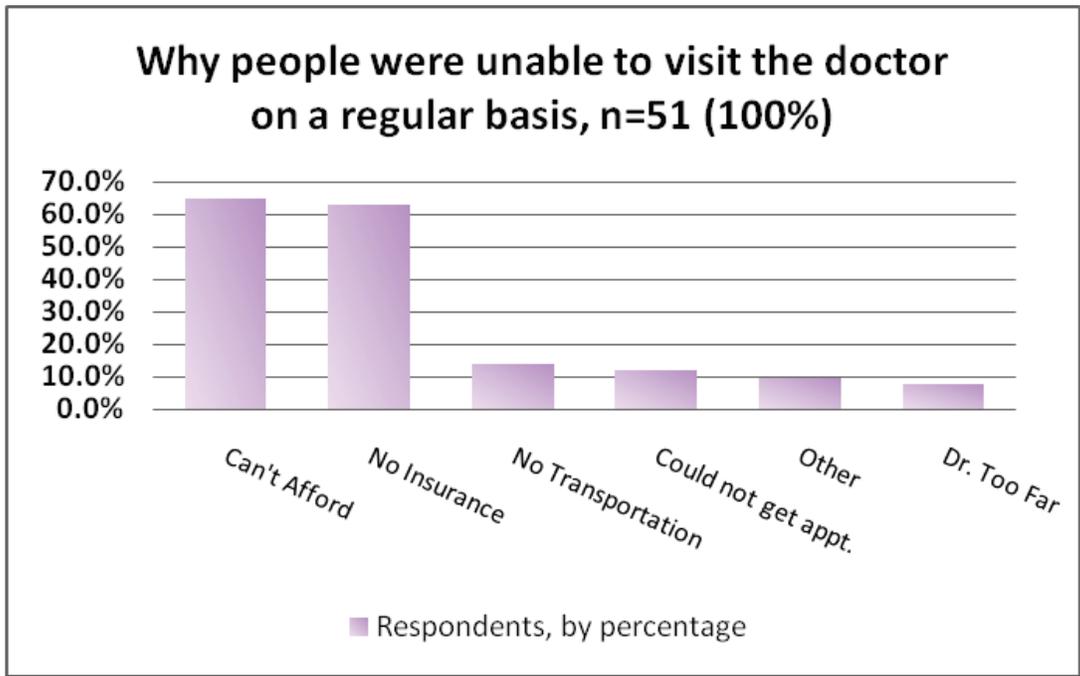


Figure 2: Tabulated responses, survey participants were asked to indicate why they were unable to visit the doctor on a always or sometimes basis.

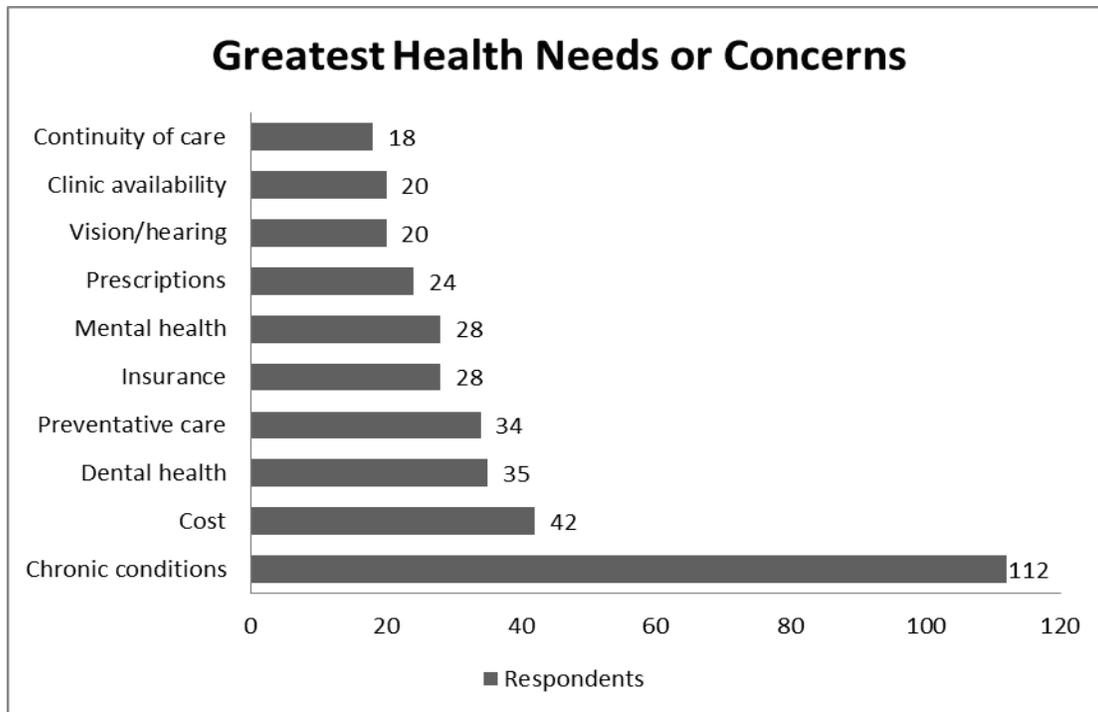
Table 3: Affect of cost on prescription purchase and dental visits by question, Frequency Distribution

Has cost prevented you from buying prescriptions in the last year?		
Response	Frequency	Percentage
Yes	91	49.7%
No	92	50.0%
Total	n=183	100%
In the last year, has cost prevented you from seeing the dentist?		
Yes	122	59.5 %
No	83	40.5 %
Total	N=205	100%

The three qualitative survey questions allowed insight into the participants' points of view. Each question was analyzed separately and themes were extracted from direct answers. In many cases, responses described more than one theme, and were therefore categorized under multiple themes. For example, in response to the first question, "What are your greatest health needs or concerns?" one participant wrote, "Mental health, dental care, general care, lack of insurance, and I was in an accident recently, so the importance of insurance has increased." When tallying up the occurrence of themes, this response was counted under varying themes. Each theme was only tallied once per response even if mentioned multiple times within one response.

For the first qualitative question, "What are your greatest health needs or concerns?" responses were tallied into ten individual themes (Figure 3). The top three health needs or concerns were categorized as chronic conditions (31.0%), cost (11.6%), and dental health (9.7%). Chronic conditions included such illnesses as diabetes mellitus, hypertension, arthritis, etc.

Figure 3: Greatest health needs or concerns as tabulated by number of respondents to each theme.



Categorizing qualitative data into themes is helpful in illustrating overall trends; however, quotes are important to preserve the perspectives of the participants. Therefore, the following direct quotes are representative of the greatest health needs or concerns of the respondents:

- “My seizures and diabetes. My mouth. I desperately need to see a dentist.”
- “Depression, high blood pressure, eyesight, dentures/no teeth, access to regular checkups, preventative care.”
- “City clinic costs too much to see a nurse. I owe them money. I can’t pay what I owe. I can’t pay to get a current check-up. I can’t get a prescription without a check-up first, and even if I did, I can’t afford my medications, even though all of these things are provided at a reduced rate.”
- “My greatest concern is that health care resources will be cut back because of the economy. I rely on clinics where funding may be negatively affected.”
- “Arthritis of my hands.”
- For the second qualitative question, “Is health care affordable in your community?” responses were categorized into Yes, No, and I don’t know. Within these responses, some participants did not explain their answers, while other followed up with reasons why. The following are examples of some quotes taken directly from the surveys:
 - “No!”
 - “No the health in this community is too high. No one can get health care because people can’t afford it.”
 - “It is very difficult to determine since I do not have income, Medicaid or insurance to pay for healthcare. I either go to the hospital or forgo healthcare altogether.”
 - “Yes, due to heartland in Uptown.”
 - “Yes.”

The data for perceptions of affordability among participants is shown in Table 4. The majority of respondents believed that health care was not affordable in their communities (63.8%), while 30 percent thought it was, and 6.1 percent did not know. If provided, the rationales are shown below. For some responses, multiple rationales were given.

Table 4: Affordability of health care, qualitative response rates

Is Health Care Affordable in Your Community?	
NO	63.8%
Cost	
Uninsured/underinsured	
Poor neighborhood	
Not enough clinics	
YES	30.0%
Clinics available	
Insured	
I DON'T KNOW	6.1%

For the third qualitative survey question, “Is health care accessible in your community?” responses were also tallied into Yes, No, and I don’t know. Again within these answers, some participants explained their responses, while other did not. Some responses included a few different rationales, while others gave one. The following are quotes representative of the data in Table 5.

- “No because there aren’t clinics that could offer affordable health care in our community.”
- “Yes and no. There is a health care place but you must be homeless to be a client there. Then there’s Weiss hospital, but you must be insured to be seen.”
- “Yes and no. Health care is accessible for those who can afford it or have health care insurance benefits through their jobs. However, people with no jobs or income have less accessibility which means debts for the uninsured. Not fair!”
- “No, the only reason I have healthcare is because the shelter I stay in provides it to me free of cost.”
- “Yes.”

Table 5: Accessibility of health care, qualitative response rates

Is Health Care Accessible in Your Community?	
NO	36.0%
Not enough clinics	
Cost	
Uninsured/Underinsured	
YES	57.7%
Clinics available	
Insured	
I DON'T KNOW	6.3%

DISCUSSION

The purpose of this study was to determine the barriers to accessing primary care and the primary care needs of the medically underserved in Lakeview and Uptown. According to the participants, a high cost of health care and a lack of health insurance were the main barriers to receiving care. In addition, transportation was often an issue as many who were surveyed stated that they travel outside of their neighborhoods for care. Furthermore, the greatest needs expressed were chronic conditions, cost, and dental health. These findings deviate little from what was expected; these communities need better health care options.

The information revealed via the quantitative portion of the survey gave the researchers an in depth perspective on the health status of the medically underserved. This research study was intended to shed light on any health care needs experienced by the economically and medically disadvantaged residents of Lakeview and Uptown. The affordability of health care in general prevented many respondents from receiving necessary care and treatment. Prescriptions, mental health visits and dental health visits were jeopardized because a lack of affordability. This result is not surprising since these services are not usually fully covered under insurance options. Nearly 60 percent of the surveyed population had not visited the dentist within the past year. This is significant since dental care is recommended every 6 months, or twice a year. The lack of dental health is further evidence by the number of respondents who indicated that they had never visited dentists, 34.8 percent. This statistical evidence suggests that many individuals may not have access or do not know where to receive dental care.

The disparities that exist between the greater population and the sampled population are better understood when evaluated against each other. In comparison with general neighborhood statistical and demographic data published by the Chicago Department of Public Health the minority population consisting of low-income and underinsured residents are at a health disadvantage. The greater population of Uptown and Lakeview demonstrate different health needs than the population subset under examination.

Demographically, the survey responses represented a large portion of individuals above the age of 40 (77%). As of 2000, the proportion of individuals above the age of 45 residing in Uptown and Lakeview was 30.8 percent and 22.4 percent respectively. This particular age group was likely over represented in our sample for a number of reasons including the locations and demographics of the survey distributions centers as well as the fact that a large portion of the elderly have low-incomes and are in need of health care services. The elderly are particularly at risk for experiencing a burdened health care system because they are often the ones with the most chronic conditions as well as the least ability to care for oneself or to afford care.

Information related to the occurrence of chronic diseases in the Chicago population was not readily available. The only information discovered was related to the vital statistics of the population as well as hospital related illnesses. As of 2003, the three leading causes of death in both the Uptown and Lakeview neighborhoods were Heart Disease, Malignant Neoplasms (Cancer) and Cerebrovascular Diseases (Stroke). This data was in line with the top three leading causes of death in greater City of Chicago. Additional data revealed that the top three leading causes of hospitalization in Uptown were Mental Disorders-Non drug/Alcohol Related, Heart Disease and Delivery. The top three leading causes of hospitalization in Lakeview differed in rank than Uptown with Delivery being the leading cause, followed closely by Mental Disorders-Non drug/Alcohol Related. If this information was used to guide the health care needs of the low-income and underinsured community, then it would overlook the actual health care needs of the specific population. The health needs that are affecting the general population, as discovered using the survey, are not necessarily the primary health care needs of the medically underinsured. They are in need of more basic, generalized care. Their needs center on managing their chronic conditions such as depression, arthritis, hypertension and high cholesterol.

From the qualitative survey responses, it became clear that there are primary care needs that are not currently being met. From the data received, there was an overwhelming response to a need for chronic disease management, with the top three written conditions of hypertension, diabetes, and arthritis. To help manage these diseases, patients need medications, routine check-ups, and continuity of care. In order to obtain these services, people need to be able to afford the cost, which 12 percent stated was a top health care concern and 63.8 percent wrote that it was not affordable in their neighborhood. Besides the high cost, other factors contributing to lack of affordability were lack of insurance, not enough current coverage, not enough clinics, and a generally poor neighborhood. Dental health was the third most frequent health concern, which is consistent with the quantitative data. Without access to dental care, people will continue to have pain, lose teeth, contract infections, and possibly compromise future nutritional status which would create even bigger problems.

Although participants described community health care as unaffordable, more than half of respondents said health care was accessible (57.7%). For those that found health care accessible, they explained it had to do with adequate insurance coverage and existing clinics in the local area. For the 36 percent of participants that said it was not accessible, their main rationales had to do with existing clinics having too long of wait times or limited services, while others thought that there weren't enough clinics available to begin with. Therefore, there is a substantial need for more low-cost options and clinics to provide services within the Uptown and Lakeview areas.

The importance of this study cannot be understated for the Lakeview and Uptown community members, especially those considered medically underserved. It is the hope that the data within this study will bring positive change, possibly a Community Health Center (CHC), to these communities. However, it is imperative to also view this research in the larger context, through

theory as well as current literature. Comparing the study to the bigger picture will help to garner further meaning, both for the individual community and community health nursing.

Critical social theory was the theoretical framework used to underpin the research. This was a fitting theory because healthcare disparities do influence communities at their fundamental levels as the critical social theory postulates (Mohammed, 2006). Especially for these underserved community members, the lack of proper access to health care is truly burdening their lives. In several of the statements, people seemed desperate due to their inability to access mental health services or care for their chronic conditions. When not fully healthy, these people are no longer functioning and contributing members of society. The fact that Lakeview is wealthier than Uptown and still contains three MUAs speaks to the power and population inequalities at play that the critical social theory makes evident (Grams & Christ, 1992).

Because this research did not set out to determine if inequalities existed in Lakeview and Uptown but rather to determine the barriers faced by the medically underserved residents, this research can be formed into a “critical agenda” (Berman et al., 1998). Since the barriers and specific needs have been identified, such as cost, lack of health insurance, dental health, and transportation, community organizations, such as LAC, are empowered to alter the social systems in place, taking concrete steps towards positive change. Now, if LAC chooses to act, they will know the specific problems of the community, their causes, and be better equipped to decide if a CHC is truly the best solution. They now have greater knowledge about the specifics of the medically underserved of Lakeview and Uptown so that they can move forward in constructive ways.

Taken as a whole, the ideas and main points from the literature of nursing, public health, and medicine were supported throughout this research. The purpose of conducting a needs assessment, “to better understand, plan, and deliver the best health care for the people by focusing limited resources in order to maximize effectiveness for the population as a whole,” was fulfilled (Beverly et al., 2005). From the survey responses, the community members recognized the inadequate access to health care for low-income or uninsured people. Simply adding more health care providers in Lakeview and Uptown cannot solve the problem; rather, an increase in providers who serve people without insurance or with low incomes is needed. The first step to implementing change is to understand the details of the needs and weaknesses of the individual community; then, and only then, effective and efficient programs can be implemented. This research serves as only the beginning of a long process of change.

In addition, the community needs assessment satisfied the most important nursing criteria outlined in the literature review. This research study combined several types of data, including quantitative, qualitative, and epidemiological data (Reece, 1998; Melton et al., 2001). With these varying types of data, a broader and holistic view of the community was understood. In addition, this community needs assessment focused on a specific segment of the population: medically underserved in Lakeview and Uptown (Theis & Deitrick, 1987). Again, this specificity allowed the study to better determine the immediate needs to advocate for change. The danger, as pointed out in the literature, was if the focus became too narrow, specific, and biased. However, by being clear that this data represented the needs of the medically underserved and not trying to convey the representation of the overall population, no bias or skewed data developed. Finally, this research study was able to fulfill its purpose because the goals and questions were outlined before designing the needs assessment survey. This ensured maximum effectiveness, efficiency, and focus throughout (Kwekkeboom, 2005).

From public health, the definitions and strengths of the community needs assessment were reinforced. According to McCallum (2008), medically underserved are “those people who need assistance with improving their health as a result of limited access to health care due to a lack of health insurance and low income” (p.19). This established definition further reinforces that the target population was indeed reached because these exact needs were many of those conveyed throughout the surveys. In addition, it was postulated through a multifactorial risk-of-vulnerability profile, that those with low income, no insurance, and no regular primary care were more likely to need health care. The more of these factors present, the more these people would need care (Shi & Stevens, 2005). With these criteria, the medically underserved stated that they often needed additional health care services, as was predicted from the literature. While this data may seem basic, it is important to know that the research findings are indeed supported in the public health literature.

Because public health focuses on the community, it was essential that this research study also focus on the community. Partnering with LAC helped to ensure that the project remained community-based as the results would be implemented through their neighborhoods. Involving the community was an essential aspect of health promotion as health care becomes integrated and comprehensive (Merzel & D’Afflitti, 2003; Durst, MacDonald, & Parsons, 1999; Dwyer et al., 2003; Finifter, Jensen, Wilson, & Koenig, 2005). Even if the members of LAC are not the ones directly giving the health care, they can take pride in whatever next steps are needed. In addition, they will be more likely to advocate for the needed services because they were involved from the beginning.

Needs assessments must not only determine the community needs but also determine the barriers that keep the community from reaching its full potential (Declercq et al., 1997). Only knowing what the members of Lakeview and Uptown need would not be most beneficial because the barriers could be overlooked. By only addressing the needs, the same barriers still exist and inhibit the needs from being met. For example, one barrier from this study was the need to travel to receive affordable care and not always having adequate access to transportation. Even if a CHC was built to overcome the lack of affordable access, if built too far from the MUAs, care would still be prohibitive as many would find care inaccessible due to travel constraints.

In evaluating medicine literature, the strengths and weaknesses of the CHCs were noted. One strength was their ability to provide primary care, mental health, and dental care in one location. This may seem like an ideal solution because all three aspects of health care are needed in the medically underserved of Lakeview and Uptown. However, the literature also points out that they may not be the long-term solution if staff shortages continue to rise (Rosenblatt et al., 2006). Simply building a CHC may only further the safety net if staffing becomes an issue, the current trend across the nation. All possible options and solutions must be evaluated to determine how to best meet the needs and overcome the barriers. In addition, expanding the CHCs will not solve the problem if patients do not attend. According to the literature, Hispanics and African Americans are much less likely to visit a primary care provider than Caucasians (Forrest & Whelan, 2000). Ideally, all citizens need a primary care provider with whom they can build a relationship and who cares for their preventative needs. This system alone could increase the low number of preventative procedures performed in the study data. However, if the hospital emergency room remains the most frequented location for care, these relationships will not form, and health care will suffer, regardless of whether the center is built.

Finally, barriers in accessing health care often compound on top of each other (Ahmed et al., 2001). By using this study as a basis for creating the community needs assessment, some of the already determined barriers from the literature included cost and inability to pay, child care, negotiating time from work, transportation, and lack of relationships with primary care providers. From this list, cost and lack of health insurance as well as transportation were the most prohibitive for this researched community. Overall, addressing these issues would likely lower the morbidity and mortality rates in Lakeview and Uptown as higher rates are often linked to people without health insurance. Because some of the same barriers to care from this study were those depicted in the literature, this study can be moderately generalized to other populations. Perhaps most MUAs struggle with the same issues in achieving health care, and this research study offers a glimpse into the issues faced throughout the United States. Overall, the literature showed that this research study, in designing and implementing a community needs assessment, was on target with what the literature demonstrated and suggested, with respect to definitions, populations, and outcomes.

CONCLUSION

The goal of this study was to determine accessibility to health care for the medically underserved in Lakeview and Uptown in Chicago. In doing so, their primary care needs and the barriers that they face in accessing health care were ascertained. Because cost and health insurance were most prohibitive in preventing this community from seeking care, it is evident that more health care providers are needed to address this concern. In addition, transportation often limited health care visits because the majority of participants needed to travel to receive care. A federally-funded local Community Health Center in Lakeview could fulfill these needs, offering services on a sliding scale. This center would also offer mental and dental health services, both of which were cited as major concerns of the survey participants. Having access to a health care site that is both local and affordable could alleviate their worries about how to care for their chronic conditions.

FOCUS GROUPS REPORT

Laura McAlpine, McAlpine Consulting

EXECUTIVE SUMMARY

Lakeview Action Coalition conducted a community health needs assessment in the Summer and Fall 2010. As part of this effort, community focus groups were held on October 26, 2010 with ten service provider attendees, and October 27, 2010 and November 17, 2010, with seventeen consumer attendees. To better indentify the needs and barriers of the Lakeview/Uptown community, each group was asked the same specific set of questions. The findings from the three groups collectively, are as follows:

WHAT ARE THE GREATEST HEALTH NEEDS OR CONCERNS FOR YOU OR PEOPLE YOU KNOW IN THE LAKEVIEW AND UPTOWN COMMUNITIES?

- There is difficulty accessing needed health care due to high cost/lack of affordable health insurance
- There is a lack of information regarding available services that are affordable
- The health system is not set up well to work with certain populations
- The system is designed to treat illness and not wellness

“Patients that are homeless are being cared for better than someone who is working but does not have sufficient income to have good health insurance.”

–Consumer participant

DESCRIBE THE ACCESS TO HEALTHCARE IN THE LAKEVIEW AND UPTOWN COMMUNITIES.

Positive Reponses

- Consumers find that charity programs are available to those who qualify
- Providers report that primary care, emergency care and trauma care are available

Identified Problems

- Long wait times – for appointments, and for visits once at the provider site
- Lack of access to information about available services
- Certain people don’t fit the eligibility categories and go without services
- Lack of cultural competency is a barrier to access for health care
- Negotiating reduced costs for services is stressful and difficult

“Demand for healthcare services by low-income patients exceeds supply.”

–Provider participant

DESCRIBE HOW YOU, OR PEOPLE YOU KNOW, USE HEALTHCARE IN THE LAKEVIEW AND UPTOWN COMMUNITIES?

- People use emergency rooms for both primary care and chronic care because they don’t have health insurance
- People without money or health insurance wait until their health is significantly compromised before seeking care
- People with strong family ties or social services are more likely to use primary care effectively -Provider viewpoint

*“Navigation of the health care system is complex and cumbersome, so many people give up.”
–Provider participant*

DESCRIBE THE QUALITY OF HEALTHCARE IN THE LAKEVIEW AND UPTOWN COMMUNITIES.

- Available high quality services in Lakeview/Uptown at low or no-cost include: comprehensive care, medication, mental health
- Consumers also noted the following:
 - Criteria for quality included cleanliness, state of the art, full-time primary care physicians, health information provided in multiple languages
 - Homeless patients have access to high quality services
 - Specific providers/resources were deemed high quality
- Lack of cultural competency – reported by both groups
- Consumers
 - Poor treatment by providers – inappropriate transfers; inappropriate diagnoses; discrimination if low-income
 - Segmented care
 - Not always getting needed testing
- Providers
 - Quality centers fill up quickly – no communication regarding availability
 - Not having access to the same provider reduces preventive, comprehensive care

“Homeless patient’s biggest issue is breaking through barriers once they are at the clinic. They need to bring their possessions with them to healthcare visits, and they don’t always show up for their appointments.”

–Provider participant

WHAT ADDITIONAL HEALTHCARE SERVICES WOULD YOU LIKE TO SEE DEVELOPED IN THE LAKEVIEW AND UPTOWN COMMUNITIES?

- Key Question from Consumers when asked about additional healthcare services: “If we add a new clinic, will it have the same problems we already identified, with long wait times and limited eligibility? Who will be served? How will they be served?”
- Goal identified by both consumers and provider: Affordable/free access to health insurance/health services that are inclusive of mental health, vision and dental
- Methods:
 - System Navigator and Convener: Both consumers and providers reported a need for a neutral convener and a system navigator in the community. Both groups also noted Lakeview Action Coalition as a logical entity to play this role.
 - Add a Community Clinic: Consumers reported a need for an additional community clinic, as long as it will be designed to resolve the problems noted earlier that safety net clinics currently face in Lakeview and Uptown.
 - Increase Culturally Competent Care: Provider noted the importance of culturally competent care and designated specifics areas.
 - Increase Specialty Care: Providers recommended a number of different specialties to be provided for low-income residents.

Method: There is a need for a neutral convener and a system navigator in the community (Recommended by consumers and providers)	Method: Add a community clinic (Recommended by consumers)	Method: Increase culturally competent care (Recommended by providers)	Method: Increase specialty care (Recommended by providers)
System level and individual level Consolidate and coordinate existing services Website 24-hour call center Determines eligibility Refers people to needed services Identifies costs, quality, wait time and available services	Urgent care Fast track option 24-hour access Full-time physicians Consider affiliation with Cook County Health and Hospital System	Immigrant and Refugee Working poor/uninsured Substance Abusers Sex Workers Homeless Older adults Mentally ill Racial & Ethnic minorities Youth LGBT	Dental Hearing Psychiatric Physical Therapy Ortho Colonoscopy Disease screening Vision Podiatry Pharmacy Surgery Radiology Diagnostic Durable medical equipment

BACKGROUND AND METHODOLOGY

Over the past year, the Lakeview Action Coalition (LAC) has worked to design and conduct a health needs assessment. The goals of the assessment are twofold: 1) to identify the barriers residents in Lakeview and Uptown face when they try to access healthcare, and 2) to determine the need for a community health center. In the first phase of the assessment, LAC partnered with students in the DePaul graduate nursing program to design a written survey tool. Over 350 surveys were collected summer 2010 from individuals affiliated with LAC member institutions that are uninsured, underinsured, on Medicaid or Medicare. The final report on the written survey is currently being drafted.

The second phase of this initiative is the collection of qualitative information from health care providers and consumers via focus groups. This report is a summary of the data gathered by McAlpine Consulting for Growth, which facilitated three focus groups: two with consumers and one with providers (October 26, October 27 and November 17, 2010). Advocate Illinois Masonic, Resurrection St. Joseph, Thorek Memorial Hospital and Weiss Memorial Hospital provided funding to support the work of the focus groups.

FOCUS GROUP PARTICIPANTS

Providers – 10 participants representing the following organizations:

- Advocate Illinois Masonic Medical Center
- Chicago Department of Public Health Uptown Clinic
- Counseling Center of Lakeview
- Howard Brown Health Center
- Resurrection St. Joseph Hospital
- Rush University Medical Center

- Weiss Memorial Hospital
- White Crane Wellness Center

Consumers - 17 participants (in 2 focus groups) who partner with the following community organizations:

- achurch4me – Metropolitan Community Church
- Anshe Sholom B'nai Israel congregation
- Belmont Tower Tenants Association
- Broadway United Methodist Church
- Center on Halsted - Youth program
- Chicago Coalition for the Homeless – HELLO (Homeless Experts Living Life's Obstacles)
- Chicago Women's Health Center
- EZRA Multi-Service Center
- Lakeview Pantry
- Lincoln Park Community Shelter
- Mercy Housing – Belray Apartments
- Northside Anti-Hunger Network
- Northside Housing and Supportive Services
- Temple Sholom

Using the same format for each focus group, Hannah Gelder, Organizer, Lakeview Action Coalition, welcomed the focus group participants, and turned the meeting over to Laura McAlpine, Principal, McAlpine Consulting for Growth. Laura then facilitated the meeting and took notes on the comments of the participants. Staff of the Lakeview Action Coalition did not participate in the focus groups in order to reduce any hesitancy on the part of focus group participants to share their thoughts and recommendations.

At the meetings, focus group participants were provided with two handouts. The first handout provided a summary of the current health care services in the Lakeview and Uptown communities. The second handout provided a list of the questions that were discussed at the session. The full responses to the individual questions are listed in Appendix A of this document.

FINDINGS

GREATEST HEALTH NEEDS OR CONCERNS FOR PEOPLE IN THE LAKEVIEW AND UPTOWN COMMUNITIES

Four key themes emerged regarding the greatest health needs or concerns:

1. There is difficulty accessing needed health care due to high cost/lack of affordable health insurance
2. There is a lack of information regarding available services that are affordable
3. The health system is not set up well to work with certain populations
4. The systems is designed to treat illness and not wellness

There was extensive discussion about the difficulty accessing needed health care. Lack of affordable services were identified as:

- Dental
- Vision
- Prescriptions and over the counter medication

- Behavioral health and psychiatric care
- Diagnostic procedures
- Surgery
- Pain management (Provider only response (P))
- Addiction (P)
- Dementia (P)
- Care giver support (P)
- Fall prevention (P)
- Chronic care (P)
- Social services (P)
- Specialty care (P)
- Primary prevention, especially obesity and tobacco (P)

Consumers also noted that it is hard to find providers that accept Medicaid. Self-employed/working poor are particularly challenged by co-pays, premiums and prescription coverage that are too expensive. A number of homeless participants noted their special medical needs: pneumonia, hepatitis, HIV/AIDS, leg and feet infections, skin ailments, STD's, lice, bed bugs and other infections.

Both providers and consumers agreed that the health system is not set up well to work with certain populations – e.g. youth, homeless, LGBT, disabled, mentally ill, learning disabled. Providers felt that this is especially true for people with multi-layered health and social issues, and that many providers underestimate the complexity. Consumer believe there are gaps even for the elderly who have Medicare.

ACCESS TO HEALTHCARE IN THE LAKEVIEW AND UPTOWN COMMUNITIES

Positive Responses

Consumers find that charity programs are available to those who qualify. They also have experienced case workers who can help get people hooked up with social services or affordable health care. They are able to name institutions that take Medicaid and Medicare. They did specify emergency food as an available service. Providers reported that primary care, emergency care and trauma care is sufficiently available in the Lakeview/Uptown communities. They also noted comprehensive care is available in some locations, particularly the federally qualified health centers.

Identified Problems

Consumers and providers noted the following problems:

1. Long wait times – for appointments, and for visits once at the providers office
2. Lack of access to information about available services
3. Certain people don't fit the eligibility categories and go without services
4. Lack of cultural competency is a barrier to access for health care
5. Negotiating reduced costs for services is stressful and difficult

The long wait times also extended to access to prescriptions, follow-up diagnostic tests and surgeries. Consumers reported that wait times can be up to one year. Consumers also spoke extensively about the information problem, and felt that residents should become advocates for health care. Certain populations were identified as having more difficulties getting information, such as homeless and youth. Limited computer access also made this more difficult for some.

In addition to lack of information, both consumers and providers talked extensively about the lack of cultural competency as an

access barrier, highlighting in this area LGBT, homeless, mentally ill, disabled, and youth. Consumers also spoke about the lack of a unified record keeping system, so that they were forced to repeat medical information with different providers.

HOW PEOPLE USE HEALTHCARE IN THE LAKEVIEW AND UPTOWN COMMUNITIES

Both consumers and providers discussed the fact that people use emergency rooms for both primary care and chronic care because they don't have health insurance. Consumers report that ER's are always open so it's easy to use. The ER's used frequently are Advocate Illinois Masonic Hospital, Weiss Memorial Hospital and Swedish Covenant Hospital.

Both groups also noted that people wait until their health is severely compromised before seeking care, due to concerns about payment. Providers report that people with strong families or social services are more likely to use primary care effectively. They believe that navigation of the health care system is complex and cumbersome, and many people give up. The ER's seem an easier access point. Providers also noted that Medicaid patients in managed care must choose a primary care provider and go to the clinic they are assigned to. This doesn't always happen, which may become a bigger issue with health reform implementation.

QUALITY OF HEALTHCARE SERVICES IN THE LAKEVIEW AND UPTOWN COMMUNITIES

High Quality

Consumers and providers noted high quality services in the area, although consumers were able to be specific about which ones while providers were silent on this point. Comprehensive care, medication and mental health were all deemed high quality in Lakeview/Uptown by both groups. Consumers also noted particular criteria for quality, including cleanliness, state of the art facilities, use of full-time physicians, and availability of health information in multiple languages. The participants who have experienced homelessness report an ability to receive high quality services.

The following specific resources that were noted as high quality by consumers:

- 311 referrals
- Stroger Hospital
- Mt. Sinai
- Interfaith House
- Heartland
- Chicago Women's Health Center
- Lakeview food pantries
- PATH program for substance abuse
- Goldie's Place
- Catholic Charities
- LIFT-Chicago
- Circuit Breaker
- Inspiration Café
- Avery Clinic at Weiss Memorial Hospital

Poor Quality/Identified Problems

Consumers and providers had different perspectives on quality problems, yet did both agree that the lack of cultural competency was a quality problem, in addition to an access problem. Consumers emphasized the poor treatment people receive from providers, such as:

- Emergency room staff inappropriately transferring patients out - will diagnose them with mental health issues
- "3rd class" treatment when accessing services with a Medicaid card

- Improper diagnosis or encouragement to falsify diagnosis in order to be eligible for services (e.g. mental health diagnosis when person does not have a mental health issue)
- People being billed for services not covered by Medicaid
- Bad caseworkers may stop you from getting the care you need
- Lack of comprehensive care with some initial visits
- Lack of needed testing

Providers focused on the fact that they don't always know when quality centers have openings, which they blame on a lack of communication among providers. Consistent care by the same provider also doesn't happen enough, which makes it difficult to do prevention well. They noted that nursing home residents are particularly vulnerable to this problem, and that people with medication addiction find themselves shifted around the system.

ADDITIONAL HEALTHCARE SERVICES TO BE DEVELOPED IN THE LAKEVIEW AND UPTOWN COMMUNITIES

The consumers started this discussion with a key question: "If we add a new clinic, will it have the same problems we already identified, with long wait times and limited eligibility? Who will be served? How will they be served?"

Affordable/free access to health insurance/health services that are inclusive of mental health, vision and dental is identified by both consumers and providers as the logical goal to meet the challenges already discussed. They also agreed on a method to meet this goal, and also named the Lakeview Action Coalition as the entity to move this method forward:

- Identify a neutral convener/system navigator in the community, which is both at the system level and at the individual level, to consolidate and coordinate existing services.

This convener/navigator should have a website and a 24-hour call-center (similar to 311) that provides the information on available free/low-cost resources in multiple languages and accessible literacy level. This should include determination of eligibility of services. Information on cost, quality, wait time and service provision should be provided on all locations so people can navigate the system better. Providers suggested model examples to explore: Northeast District Health Council; CDPH Healthy Communities; VNA funded group of homeless providers; Building a Healthier Chicago; Access DuPage.

Consumers also would like to see the start of a new community clinic. The community clinic should have urgent care, as well as a fast track option, 24-hour access and physicians that are full-time. They suggested that the clinic be affiliated with the Cook County Health and Hospital System, which is seeking to have 24-hour access locations throughout the county.

Providers suggested two additional methods: increasing cultural competency and increasing specialty care. They specified the following communities and groups in need of culturally competent care:

- Homeless
- LGBT
- Immigrant and refugee
- Older adults
- Working poor/uninsured
- Mentally ill
- Substance abusers
- Racial and ethnic minorities
- Sex workers
- Youth

They also noted the needed specialty care services:

- Dental
- Vision
- Hearing
- Podiatry
- Psychiatric
- Pharmacy
- Physical therapy
- Surgery
- Ortho
- Radiology
- Colonoscopy
- Diagnostic
- Disease screening
- Durable medical equipment

CONCLUSION

Lakeview Action Coalition will need to study these focus group findings in conjunction with the results of the health assessment survey to find additional themes and recommendations. The focus group participants clearly recommend that LAC take a leadership role in creating more access to health services, particularly given that they are a logical bridge between consumers and providers, as well as a trusted partner in the Lakeview and Uptown Communities. With this information, LAC is now poised to create new action items to address access to health care.