

**COMMUNITY ACCESS PROGRAM
(CAP) PROJECT**

FINAL REPORT

EMERGENCY ROOM UTILIZATION STUDY

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INTRODUCTION:

The Community Access Program (CAP) project has been developed to build the infrastructure for a continuum of medical, dental and mental health care from the level of prevention to tertiary care. The target population is the Tulsa Metropolitan Statistical Area (MSA) which includes Tulsa, Osage, Rogers, Wagoner and Creek counties in northeastern Oklahoma. The population of the Tulsa MSA is 803,570 with an estimated 160,000 non-elderly (under age 65) being uninsured. The specific target population for the project is the uninsured or underinsured non-elderly adults (under age 65) and children with family incomes at or less than 185% Federal Poverty Level (FPL).

The uninsured population is defined as being potentially eligible for an insurance program but not enrolled or as being determined ineligible for Medicaid by the Department of Human Services (DHS). The uninsured includes pregnant women and children who are eligible for Medicaid but have not enrolled or their enrollment has lapsed at the time of a medical need. The underinsured is defined as possessing a health insurance plan which is not inclusive of preventive and/or primary care.

The target population either accesses the safety net providers of the Community HealthNET or the emergency room (ER) of area hospitals. Utilizing the funding provided by the CAP grant, the Community HealthNET has taken a leadership role to develop a comprehensive plan for expanded health care access for the target population. This plan depends on the collaborative efforts of the Community HealthNET members which include Community Service Council, Indian Health Care Resource Center, Margaret Hudson Program, Morton Comprehensive Health Services, Oklahoma State University College of Osteopathic Medicine, Planned Parenthood of Arkansas and Eastern Oklahoma, Tulsa City-County Health Department and the University of Oklahoma Health Science Center Tulsa (OUHSC).

The objectives of the CAP project plan include conducting a thorough needs assessment of the target population for primary medical, dental and mental health care; developing a business and strategic plan for a 24/7 Care Center and a Community Health Information System (CHIN); expanding the centralized appointment system to a Healthline; establishing a comprehensive nurse line service and triage function for the 24/7 Care Center; addressing clinical system integration issues with an interagency taskforce; developing an interagency nonprofit partnership and a community-based governance model; and developing a financial plan for sustainability and stability.

As part of the needs assessment requirement, 1000 patients were surveyed in five Tulsa hospital ERs to determine the pattern of utilization; the resulting analysis of this data is integral in determining the need for a 24/7 Care Center. In addition to being able to quantify who is using the ER for treatment, it is equally important to understand when and why they are using the ER if this project is going to be effective in providing health care access outside of the ER environment.

METHODOLOGY:

In the CAP study, emergency room clients were asked to participate in a survey to determine the utilization patterns of the emergency rooms in the Tulsa MSA. Each participant was given a choice of filling out a survey form or completing the survey through an interview process. The survey questionnaire consisted of forty-five questions, including open-ended, closed-ended and Likert scale questions. After the survey was completed, the data collector was provided with the acuity level of care information by an authorized hospital professional. The acuity level of care was adjusted according to information provide by the five hospital emergency rooms in the following manner: resuscitation (level 1), emergency (level 2), urgent (level 3) and non-emergency (level 4).

The survey process was conducted in four different time periods: Monday through Friday, during the day (period 1); early evening (period 2); late evening (period 3); and Saturday through Sunday, daytime and evening hours (period 4). The surveys were collected in five different emergency rooms: Hillcrest Medical Center; Saint Francis Hospital, Saint John Hospital, Tulsa Regional Medical Center, and Southcrest Hospital.

The sample consisted of a total of 1000 randomly selected participants; 250 were selected per each defined time period and 200 were collected from each of the five hospitals. Either the patient or their representative volunteered to participate in the survey. Participants were allowed to withdraw from the study at any given time without consequences. Graduate students from OU-Tulsa were used for survey collection, data entry, data analysis and interpretation of the data obtained from the five different sites.

The Institutional Review Board of OUHSC-Tulsa approved the methodology and consent form for the study. Care was taken to meet the HIPAA requirements for anonymity and privacy. Each participant was told that involvement in the study was voluntary and that there was no obligation to participate in the study. They were assured refusal to participate would not affect their treatment in the hospital. Patients who agreed to take part in the study were told their participation would take approximately half an hour. After having the survey explained to them, all subjects signed informed consent forms that fully clarified the facts associated with the study. In addition, each individual was given the opportunity to request the results of the study.

RESULTS:

The acuity level of the patients in the study revealed that only 5% were in critical condition (level 1) while another 22% were true emergency cases (level 2). Of the remaining patients surveyed, 43% were reported as urgent cases requiring emergency intervention within 48 hours (level 3) and the remaining 30% of the subjects received treatment in the emergency rooms for non-urgent conditions (level 4).

Of those participants in the survey, 54% were the actual patient; other frequent respondents were mothers of the patient (19%) and the spouse (8%). The population included 55% females and 45% males. The predominant population seeking treatment in the emergency room were Caucasian (62%) followed by African-American (22%) with a significantly smaller proportion of Native American (7%), Hispanic/ Latino (6%).

The largest group of patients in the study include those between the ages 0-19 (29%); 17% were ages 0-9 and 12% were ages 10-19. The second largest age group were young adults ages 20-29 (24%). Patients age 50 and over represented 16% of the sample population. Although 46% of the patients reported being single or never married, there is no significance since almost one third of the patients were 19 years of age or younger.

The educational level of the patients revealed that 34% had an 8th grade education or less; 27% of the patients graduated from high school or received a GED; 23% reported some college or technical education; and 10% indicated having attended 4 years of college or more. Again this demographic characteristic is reflective of the large number of children in the survey. Of more significance is the educational level of the primary wage earner, which showed that 33% graduated from high school or received a GED compared to 16% having only an 8th grade education or less.

One-third of those surveyed (33%) reported an annual household income of less than \$15,000 compared to 10% reporting annual household earnings of more than \$50,000. Approximately one-half (49%) of the respondents reported that the primary wage earner presently works for an organization or business; however, almost a third (31%) reported being currently unemployed. The primary insurance coverage for 29% of the participants was provided by an employer or group plan, followed closely by 22% Medicaid (which includes SoonerCare, Heartland, and Unicare). More importantly, 19% of the respondents reported they did not have any type of insurance coverage.

The household population distribution revealed that 45% of the participants were living in a household consisting of either two or three members. Single member households made up 14% of the respondents in the study. The survey also revealed that 34% of the respondents had no one under the age of 18 living in the household.

Of those surveyed, 38% reported they visited a doctor or a clinic within the last 30-90 days, approximately 20% indicated they had seen a doctor or visited a clinic within the last 7-14 days and 20% report that they did not remember the last time they visited a doctor or clinic. When asked about dental care, 20% of the participants indicated dental care had been received within the past six months; 19% hadn't seen a dentist in more than three years and 21% of those surveyed were not sure when they had last visited a dentist.

When asked what type of health care professional most sought for treatment, 73% of the respondents reported they seek treatment from a doctor most often compared to 12% who do not have a regular health care professional. 71% of the respondents stated they have been using the same place for health care during the past 12 months, while almost 22% respondents indicated they have changed the place they usually go to seek health care treatment. Of those who indicated they did change the place they go to receive health care, 10% indicated they had changed for reasons relating to insurance; 5% changed for reasons related to the care received; and 6% change for convenience.

The majority of the participants (74%) sought medical treatment in the emergency room during the past twelve months four times or less; 22% reported going 1-2 times and 52% stated they had sought medical treatment in the ER 3-4 times. Approximately 38% of the respondents reported that other members in their immediate household have gone to the emergency room 3-4 times for medical treatment within the last 12 months compared to the 30% of other family members going 1-2 times.

Of those surveyed, 25% indicated they would not have come to the ER today if they had been able to arrange for doctor's appointment within 24 hours; however, almost

55% surveyed said they would have come to the ER today even if they could have been able to schedule a reasonable timed appointment. The survey revealed 54% respondents indicated they would go to the ER if they had difficulty obtaining service from a clinic, doctor's office, or other provider; 18% indicated they would go without treatment; and 15% indicated they would treat themselves. Of those surveyed, 53% indicated they usually go to a doctor's office when in need of medical attention compared to 9% who indicated they do not have a regular place to receive medical care. Smaller percentages indicated they go to either the OU clinic (8%); OSU clinic (4%); Indian Health Care (4%); or Morton Clinic (3%). Of the respondents surveyed, 54% favor the doctor's office for routine or preventive care as compared to 13% who indicated they have no place to go for preventive care. Again smaller percentages indicated they go to the following for preventive care: OU clinic (9%), OSU Clinic (4%), Morton Clinic (4%), and Indian Health Clinic (3%).

A significant number of participants indicated that if medical care had been delayed during the past twelve months, the primary reason was the lack of being able to get an appointment soon enough. Other reasons identified by the patients were: the doctor's unwillingness to accept their type of insurance, lack of funds to pay for the visit, having to wait too long once they had arrived, and not being able to get through on the telephone. According to those surveyed, the primary reason for their not obtaining medical care from a doctor's office, clinic or non-emergency facility during the past twelve months was lack of being offered a "timely" appointment. The second most frequently cited reason was that the participant had no health insurance.

The long wait in the emergency room was the most frequently cited reason for having difficulty in obtaining medical care from a hospital emergency room in the past twelve months; this is followed by lack of health insurance and the inability to afford an emergency room visit or co-pay. The overwhelming indication for the reason for the visit to the emergency room on the date the survey was completed was the need for immediate treatment. The next most frequently cited reasons were there was no other place available for their treatment and/or they had called a doctor and were told to go to the emergency room.

Of those surveyed, 35% indicated they either agree or might agree that they would not have come to the ER today if they could have called a nurse for medical advice. The survey revealed 52% of the participants would have still gone to the emergency room. Although 55% percent of the participants indicated it is easier or might be easier to get treatment in the emergency room than in a clinic or a doctor's office, 32% disagree that it is easier to receive treatment in the ER compared to a clinic or doctor's office.

A significant portion (81%) indicated it was urgent or might be urgent for them to receive treatment today compared to 5% who stated it was not urgent. While 45% agree or might agree that the emergency room is the only option they have when unable to pay, 39% of those surveyed indicated that the emergency room is not the only place they can go for care when unable to pay. Nearly 73% of the participants agree or might agree that, if given a choice, they would prefer to receive non-emergency care in a clinic or a doctor's office rather than in the emergency room. Only 12% indicated they prefer non-emergency treatment in the emergency room. Of those surveyed, 37% agree or might agree that today's visit is a result of a doctor's advice to seek treatment in the emergency room, compared to 48% of the participants who had not been advised by a doctor to seek

treatment in the emergency room. Of those surveyed, 49% agree or might agree that it is more important to be seen by the same doctor than to receive immediate care. 35% of the sample population believes it is more important to receive immediate care.

Of those surveyed, 39% indicated that they agree or might agree that they may not have gone to the ER if a week-end clinic was available; while 43% of the respondents indicated that they would have still come to the ER even if an evening or weekend clinic was available. A significant 73% of participants agree or might agree they would like a place where they could be seen by the same person when needing treatment compared to the 10% that indicated they would not need such a place. Almost 47% surveyed agree or might agree that they might not have come to the emergency room today if they had information available about where to receive emergency care; however, 36% disagreed and would have come anyway.

While 76% of the participants agree or might disagree that extended hours during week and weekend hours for clinics or doctors' offices are important, 10% did not find this important. The majority of the participants surveyed (78%) believe it is very important or important to be able to call anytime of day to make appointments to see the doctor, while 8% indicated it is not important. Slightly under half (46%) of the participants indicated that free transportation to a clinic or doctor's office was very important or important; while a total of 38% considered this to not be unimportant. Two thirds of the respondents (66%) indicated they consider medical care based on income and ability to pay to be important; 20% did not consider this important. Half of those surveyed indicated that childcare is important for patients receiving medical care, while another 34% considered child care not to be important.

CONCLUSION:

The purpose of this study is to understand why people are using the emergency room for treatment of illnesses that can be managed in a clinic or physician's office. Along these lines, the study attempts to determine whether the patients showing up in Tulsa hospitals emergency rooms really need immediate emergency medical attention.

The socio-economic demographics of the patient, as well as the type of health insurance coverage, contribute to the explanation why patients choose to use the ER for non-emergency treatment. The study has collected this data and other demographic characteristics of the patient and of the patient's household.

For this survey population, the data collected confirms the observations of the health care community in Tulsa:

- Of the survey population treated in the ER, 30% were for non-emergency conditions; however, an additional 43% could have received medical treatment in a non-emergency treatment facility if they would have been able to receive treatment within the next 48 hours.
- Families (62%) with an income of less than an annual income of \$30,000 utilize the ER more frequently than those with higher income levels.

- Participants in this survey (76%) agree that offering extended hours during the week and weekend for clinics or doctor's offices is important.
- Gender, race, age, education and financial status are good predictors of ER usage.
- In this sample, children (28%) are more frequent patients in ER than the older patient (15.5%). Next to children, young adults (24%) are the most frequent patients in ER.
- Many of those surveyed had a high school education or better (60%) and the primary wage earner in the family is working full or part time (65%).
- Most patients in the ER have some form of insurance coverage (75%) and a significant number are covered by an employer's plan (28%).
- The type of health professional the typical ER patient sees most often is a doctor (73%) and two-thirds of this sample have been seen by a doctor or in a clinic in the past 90 days.
- At least half of the participants indicated they used the ER more than 2 times during the past 12 months; therefore, they appear to be using it as a source of primary care.

Less than half (48%) of the respondents in this survey would use a nurse hotline for advice on a medical problem instead of coming to the ER. Since this is one of the stated objectives of the CAP project, this patient bias needs further study before making a commitment of resources. The bias might be a result of not understanding the benefits of a nurse hot line or of simple resistance to trying something new.

Three hundred of those who consented to participate in the survey requested a summary of the findings. A brief summary of the project and results was mailed with letter of appreciation for their participation from the principal investigator.

RECOMMENDATIONS:

- Some of the questions on the survey should be modified to yield more complete and accurate data. Specifically, it would be much clearer to ask patients to select only one response rather than asking them to rank their top three concerns on questions 27-30.
- The 45 question survey should be shortened to better accommodate respondents during a stressful or tiring event such as an unexpected visit to the emergency room for medical treatment.

Characteristics of Study Population in Four-Time Periods

	Time Period 1	Time Period 2	Time Period 3	Time Period 4
Total Sample Size (N=1000)	N= 246	N= 251	N= 247	N=256
Gender	Female-136 Male-110	Female-146 Male-105	Female-134 Male-113	Female-138 Male-118
Primary Insurance Coverage				
• Employer (group)	59	72	83	76
• Self (individual)	21	23	23	21
• Spouse	8	15	11	7
• Parent	8	9	10	10
• Medicare	27	13	24	15
• Medicaid – SoonerCare	16	11	11	13
• Medicaid – Heartland	21	34	27	29
• Medicaid – Unicare	13	16	12	19
• No Coverage	57	48	32	51
• Others	14	9	10	11
Education Level of Patient				
• Less than 8 th grade	39	49	48	61
• Completed 8 th grade	41	32	35	31
• High School Graduate/ GED	75	66	65	65
• Some College/ Tech/ Vocational	48	67	53	60
• 4 year College Graduate or higher	23	26	33	20
• Unknown	16	9	8	12
• N/A	4	2	5	7
Annual Income for Household				
• < \$15,000	90	85	71	86
• \$15,000 -\$30,000	65	79	61	81
• \$30,000 - \$50,000	34	26	57	46
• > \$50,000	22	30	26	18
• Unknown	25	27	24	21
• N/A	10	4	8	4

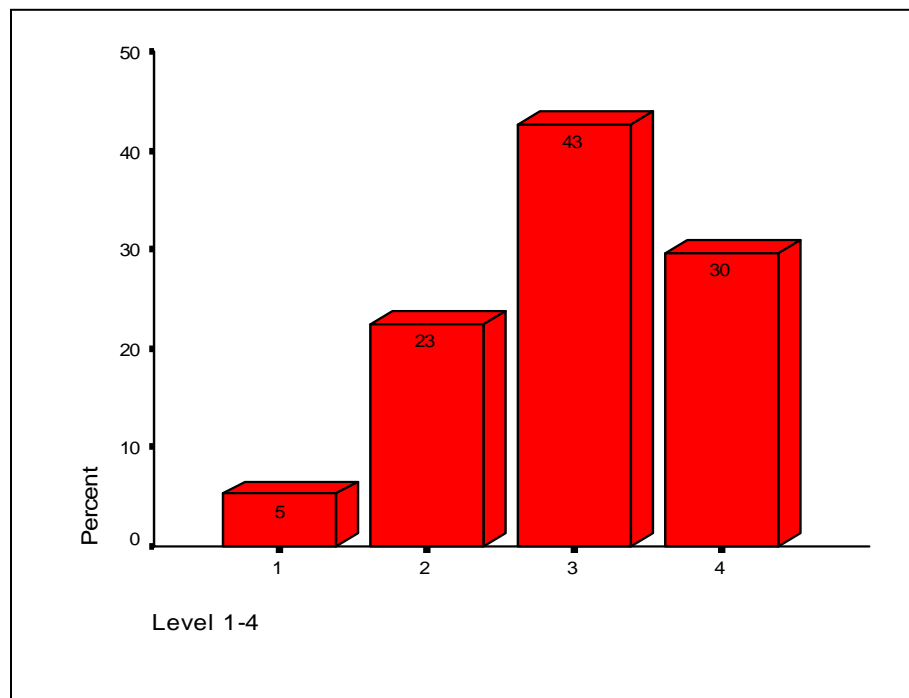
Acuity Level of Study Population in Four-Time Periods

	Time Period 1	Time Period 2	Time Period 3	Time Period 4
Total Sample Size (N=1000)	N = 246	N = 251	N = 247	N = 256
Acuity Level of Care				
• Level 1	14	14	12	13
• Level 2	45	64	52	64
• Level 3	91	104	112	119
• Level 4	96	69	71	60

ACUITY LEVEL

The acuity level of the patients in the study revealed that 5% were in critical condition; 22% were reported as emergency cases, and 43% were reported as urgent cases. However, 30% of the patients received treatment in the emergency rooms for non-urgent conditions.

Acuity Levels	Frequency	Percent	Cumulative Percent
1	53	5.3	5.3
2	225	22.5	27.8
3	426	42.6	70.4
4	296	29.6	100.0
Total	1000	100.0	



Demographics of the Study Population Related to Insurance Coverage

	Insured	Uninsured
Sample Size = 945 *N/A=55	N= 757	N= 188
Gender	Female - 32 Male - 325	Female - 91 Male - 97
Race		
• Caucasian	489	106
• African/American	165	48
• Hispanic/Latino	36	19
• Asian/Pacific	6	1
• Native American	41	11
• Other	17	3
• N/A	3	0
Education Level of Patient		
• Less than 8 th grade	173	20
• Completed 8 th grade	88	40
• High School Graduate/GED	185	73
• Some College/Tech/ Vocational	178	40
• 4 year College Graduate or more	87	6
• Unknown	32	7
• N/A	14	2
Annual Household Income		
• < \$15,000	218	97
• \$15,000 - \$30,000	228	50
• \$30,000 - \$50,000	145	14
• > \$50,000	92	0
• Unknown	56	27
• N/A	18	0
Employment Status of Primary Wage Earner		
• Full time	474	80
• Part time	52	25
• Seasonal	6	6
• Not employed	216	77
• N/A	9	0

*N/A=55; number of the 1000 surveyed who did not respond to Q11.

Characteristics of Study Population at Five Hospital Locations

	Hillcrest Medical Center	St. John Medical Center	Saint Francis Hospital	Tulsa Regional Medical Center	Southeast Hospital
Total Sample Size (N=1000)	N= 200	N= 199	N= 201	N= 200	N= 200
Gender	Female 132 Male 68	Female 95 Male 104	Female 119 Male 82	Female 98 Male 102	Female 110 Male 90
Acuity Level of Care					
• Level 1	2	8	0	22	21
• Level 2	20	15	21	100	69
• Level 3	74	73	138	61	80
• Level 4	104	103	42	17	30
Education - Patient					
• Less than 8 th grade	15	16	5	17	5
• Completed 8 th grade	22	24	24	13	14
• High School Graduate/GED	94	60	55	54	66
• Some College or Vo-Tech	36	49	91	54	75
• 4 year College Graduate or higher	11	23	26	8	40
• N/A	22	27	0	54	0
Annual Income					
• \$15,000 or less	87	74	41	92	38
• \$15,000 - \$30,000	50	49	59	57	71
• \$30,000 - \$50,000	16	26	68	19	34
• \$50,000 or more	6	21	23	3	43
• Unknown	30	20	8	25	14
• N/A	11	9	2	4	0

Total Sample Size (N=1000)	N= 200	N= 199	N= 201	N= 200	N= 200
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Primary Insurance Coverage

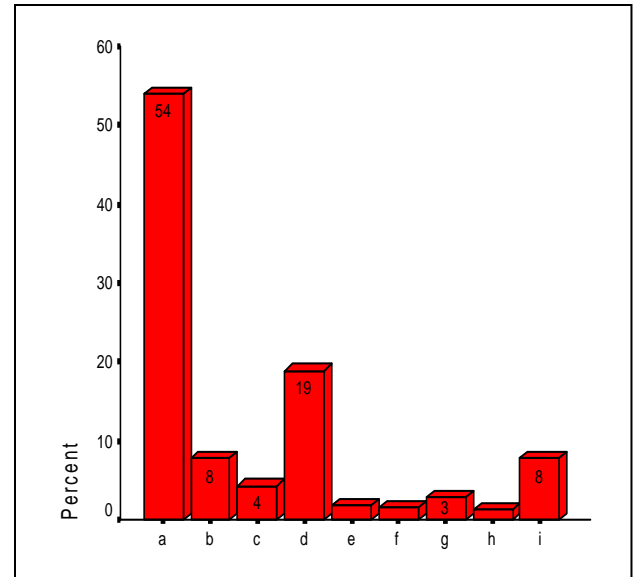
• Employer (group)	17	48	88	55	82
• Self (individual)	23	18	15	17	15
• Spouse	9	9	9	9	5
• Parent	13	5	11	6	2
• Medicare	10	25	19	4	21
• Medicaid - SoonerCare	21	6	9	4	11
• Medicaid – Heartland	51	14	2	25	19
• Medicaid – Unicare	26	8	3	19	4
• No Coverage	21	49	34	50	34
• Others	7	13	11	7	6
• N/A	2	4	0	2	1

Frequency and Percentage Results for Each Survey Question

Q1. Relationship of survey respondent to the patient

Fifty-four percent of the surveys were filled out by the actual patient, 19% of the respondents were the mother of the patient and 8% of the surveys were answered by a spouse.

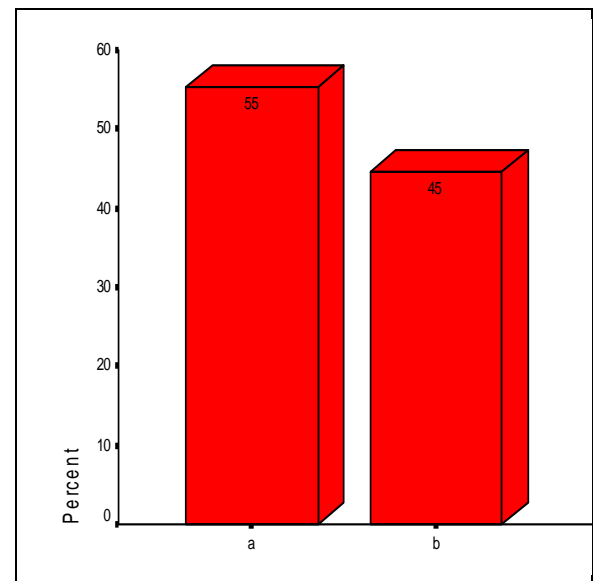
	Frequency	Percent	Cumulative Percent
a. Self	539	53.9	53.9
b. Spouse	77	7.7	661.6
c. Father	43	4.3	65.9
d. Mother	189	18.9	84.8
e. Brother/Sister	18	1.8	86.6
f. Grandparent	16	1.6	88.2
g. Son/Daughter	29	2.9	91.1
h. Guardian	12	1.2	92.3
i. Other	77	7.7	100.0
Total	1000	100.0	



Q2. Gender Distribution

The participating population included 54% females and 45% males. The gender distribution indicates that more females seek treatment in the ER than males.

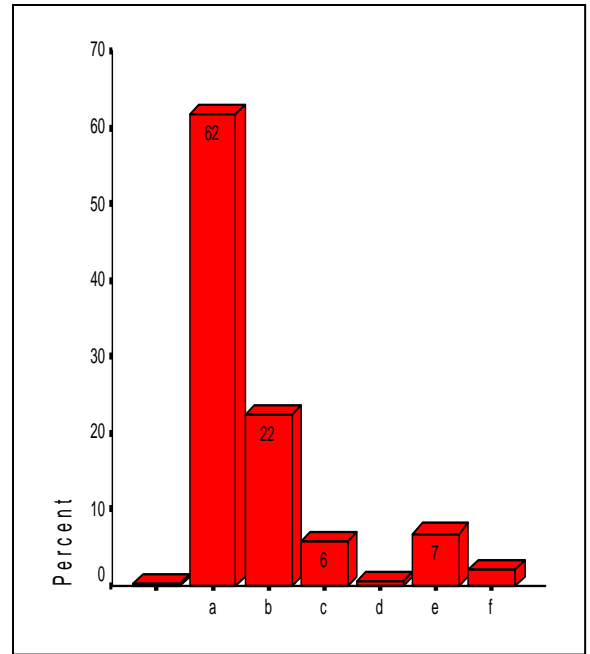
	Frequency	Percent	Cumulative Percent
a. Female	554	55.4	55.4
b. Male	446	44.6	100.0
Total	1000	100.0	



Q3. Racial Distribution

The predominant population seeking treatment in the emergency room were Caucasian (62%) followed by African- American population (22%) and a significantly smaller population of Native American (7%), Hispanic/ Latino (6%).

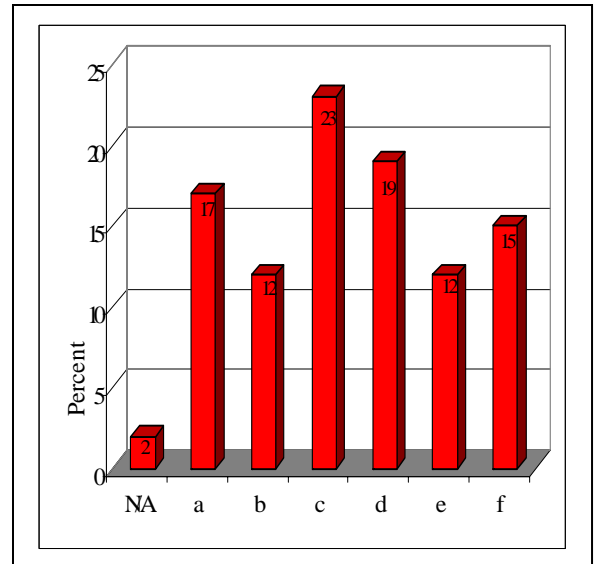
	Frequency	Percent	Cumulative Percent
a. Caucasian	618	61.8	61.8
b. African/American	223	22.3	84.1
c. Hispanic/Latino	59	5.9	90.0
d. Asian/Pacific	7	.7	90.7
e. Native American	69	6.9	97.6
f. Other	21	2.1	99.7
Total	997	99.7	
N/A	3	.3	100.0
Total	1000	100.0	



Q4. Age Distribution

Two age groups combined – ages 0-9 (14%) and ages 10-19 (13%) - indicate that children were the largest age group of patients seeking treatment in the emergency room (27%). The second largest age group consist of patients ages 20-29 (24%). Patients ages 50 and over represented 16% of the population.

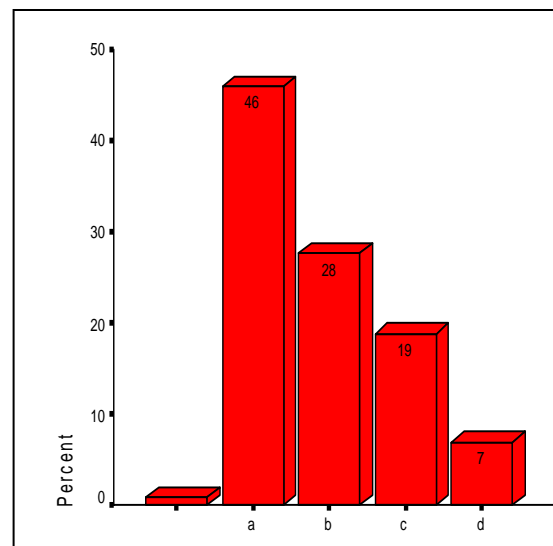
Age Groups	Frequency	Percentage	Cumulative Percent
0 - 9 Years	142	14.2	14.2
10-19 Years	134	13.4	27.6
20-29 Years	244	24.4	52.0
30-39 Years	186	18.6	70.6
40-49 Years	117	11.7	82.3
50 and over	155	15.5	97.8
Total	978	97.8	
N/A	22	2.2	100.0
Total	1000	100.0	



Q5. Marital status of the patient

The marital status of patients treated in the emergency room indicates 46% were single or had never been married. This correlates with the high number of children under the age of 18 seeking treatment. Of the total number of respondents, 28% indicated they were currently married compared to 19% which stated they were divorced or widowed.

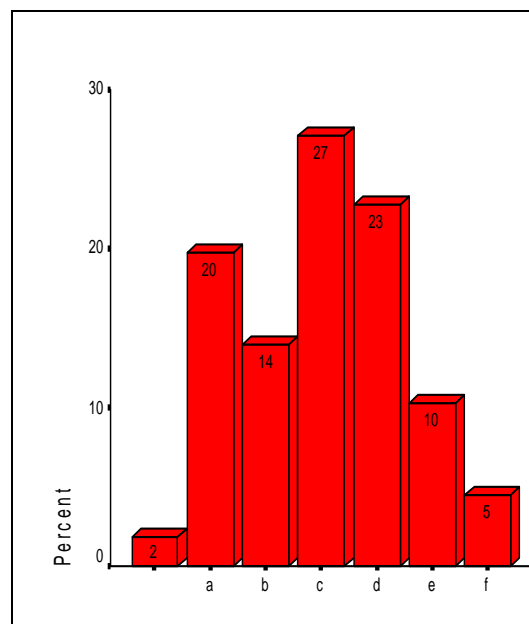
	Frequency	Percent	Cumulative Percent
a. Single or Never Married	459	45.9	45.9
b. Married	276	27.6	73.5
c. Divorced or Widowed	188	18.8	92.3
d. Separated	69	6.9	99.2
Total	992	99.2	
N/A	8	.8	100.0
Total	1000	100.0	



Q6. Education and grade level of patient

The educational level of the respondents revealed that 34% of the respondents had an 8th grade education or less; 27% of the patients graduated from high school or received a GED; 23% have received some college or technical education; and 10% of the respondents indicated having attended 4 years of college or more.

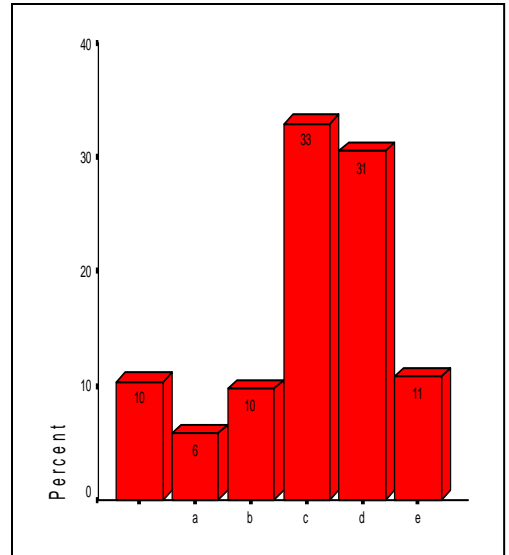
	Frequency	Percent	Cumulative Percent
a. Less than 8 th grade	197	19.7	19.7
b. Completed 8 th grade	139	13.9	33.6
c. High School/GED	271	27.1	60.7
d. Some College/Tech	228	22.8	83.5
e. 4 year College/More	102	10.2	93.7
f. Unknown	45	4.5	98.2
Total	982	98.2	
N/A	18	1.8	100.0
Total	1000	100.0	



Q7. Primary wage earner education and grade level

The educational level of the primary wage earner revealed that nearly 33% of the primary wage earners graduated from high school or received a GED; 30% received some college or technical education; and 11% of the wage earners had attended 4 years of college or more. Only 16% of the wage earners had received an 8th grade education (10%) or less (6%).

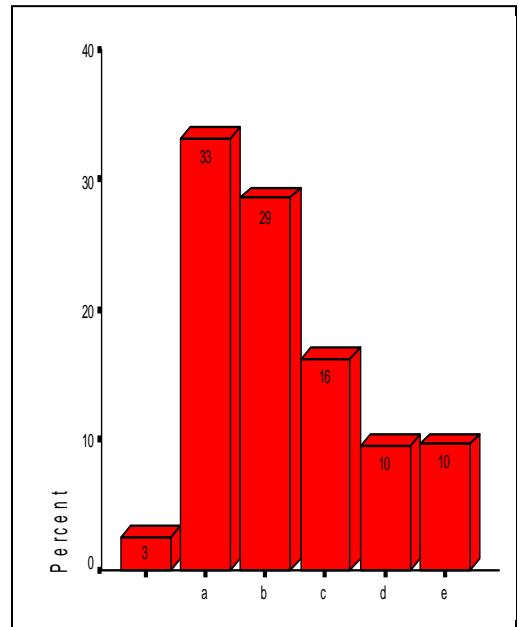
	Frequency	Percent	Cumulative Percent
a. Less than 8 th grade	58	5.8	5.8
b. Completed 8 th grade	97	9.7	15.5
c. High School or GED	329	32.9	48.4
d. Some College/Tech	305	30.5	78.9
e. 4 year College/more	108	10.8	89.7
Total	897	98.7	
N/A	103	10.3	100.0
Total	1000	100.0	



Q8. Total annual household income of patient

Over one-third of those surveyed (33%) reported an annual household income of less than \$15,000; compared to 29% who indicated an annual income between \$15,000 and \$30,000. Nearly 17% revealed an annual income between \$30,000- \$50,000 while 10% reported annual household earnings of more than \$50,000.

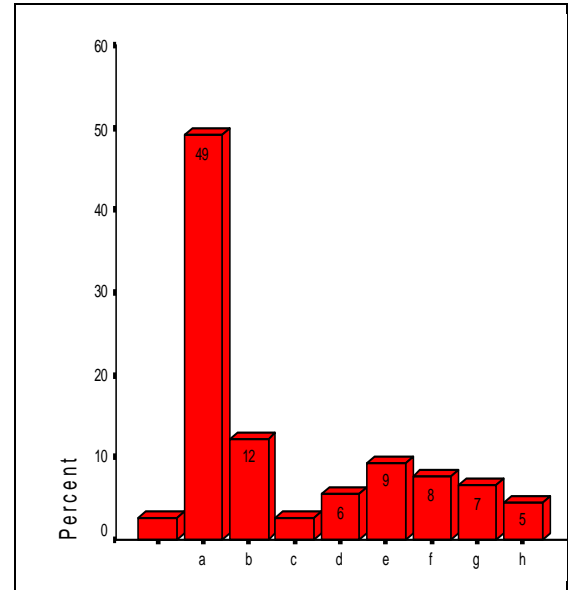
	Frequency	Percent	Cumulative Percent
a. Less than \$15,000	332	33.2	33.2
b. \$15,000 to \$30,000	286	28.6	61.8
c. \$30,000 to \$50,000	163	16.3	78.1
d. More than \$50,000	96	9.6	87.7
e. Unknown	97	9.7	97.4
Total	974	97.4	
N/A	26	2.6	100.0
Total	1000	100.0	



Q9. Primary wage earner’s present employment status

Approximately one-half (49%) of the respondents reported that the primary wage earner presently works for an organization or business. The remainder of the respondents was as follows: self-employed (12%), temporarily unemployed (9%), disabled (8%), retired (7%) and students (6%).

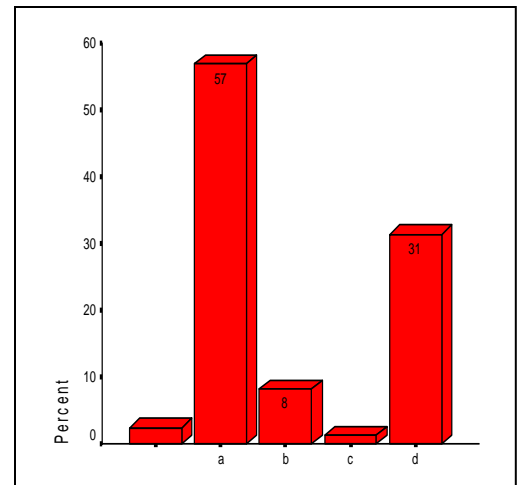
	Frequency	Percent	Cumulative Percent
a. Working for an organization or business	490	49.0	49.0
b. Self-employed	122	12.2	61.2
c. Caring for home and family	26	2.6	63.8
d. Student	55	5.5	69.3
e. Temporarily unemployed	93	9.3	78.6
f. Disabled	76	7.6	86.2
g. Retired	66	6.6	92.8
h. Other	46	4.6	97.4
Total	974	97.4	
N/A	26	2.6	100.0
Total	1000	100.0	



Q10. Primary wage earner’s current level of employment

The status of employment for more than half of the respondents (57%) indicated that the primary wage earner is employed full time, while a significant number (31%) were reported as unemployed.

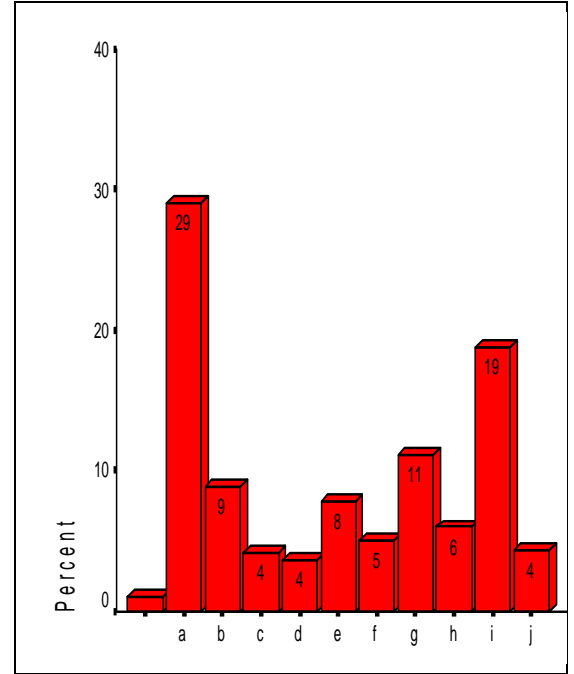
	Frequency	Percent	Cumulative Percent
a. Full time	568	56.8	56.8
b. Part time	82	8.2	65.0
c. Seasonal	12	1.2	66.2
d. Not employed	314	31.4	97.6
Total	976	97.6	
N/A	24	2.4	100.0
Total	1000	100.0	



Q11. Patient’s primary health insurance provider

Primary insurance coverage for the largest number of patients (29%) included in the survey was provided by an employer or group plan, followed closely by 22% covered by Medicaid (including SoonerCare, Heartland, and Unicare). A significant proportion (19%) of the respondents reported they did not have any type of insurance coverage.

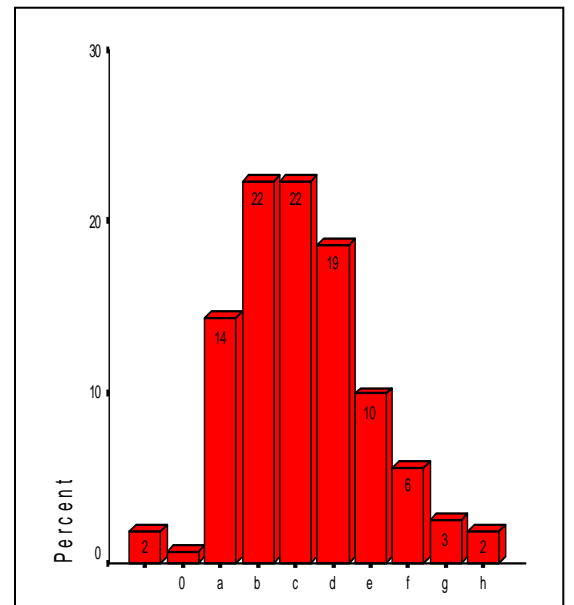
	Frequency	Percent	Cumulative Percent
a. Employer/group	288	28.8	28.8
b. Self/individual	86	8.6	37.4
c. Spouse	41	4.1	41.5
d. Parent	37	3.7	45.2
e. Medicare	79	7.9	53.1
f. Sooner Care	51	5.1	58.2
g. Heartland	111	11.1	69.3
h. Unicare	60	6.0	75.3
i. No Coverage	187	18.7	94.0
j. Other	44	4.4	98.4
Total	984	98.4	
N/A	16	1.6	100.0
Total	1000	100.0	



Q12. Number of people living in immediate household

The immediate household population distribution revealed that (45%) of participants were living in a household consisting of either two or three members, while (19%) had a household of four members. Single member households made up 14% of the immediate households.

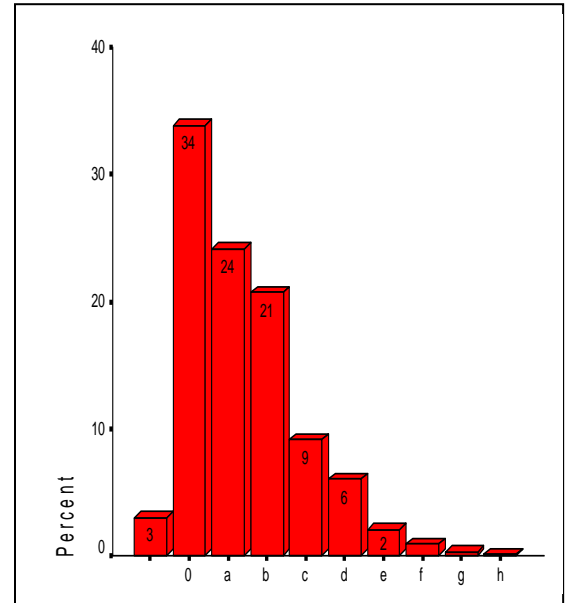
	Frequency	Percent	Cumulative Percent
0 = homeless	1	1.0	1.0
a = one	143	14.3	15.3
b = two	223	22.3	37.6
c = three	223	22.3	59.9
d = four	186	18.6	87.5
e = five	99	9.9	88.4
f = six	56	5.6	94.0
g = seven	25	2.5	96.5
h= eight or more	19	1.9	98.4
Total	984	98.4	
N/A	19	1.9	100
Total	1000	100.0	



Q13. Number of people living in the immediate household under 18 years of age

The survey revealed that 34% of the population surveyed had no one under the age of 18 living in the household; 24% had only one person under 18 living in the household; 21% had two people living in the household under 18 compared to 9% with three people under 18 living in the immediate household.

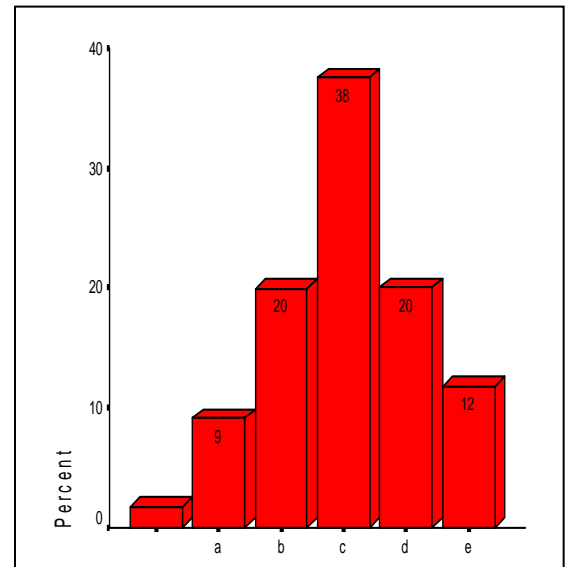
	Frequency	Percent	Cumulative Percent
0 = under 18	338	33.8	33.8
a = 1	241	24.1	57.9
b =2	207	20.7	78.6
c =3	91	9.1	87.7
d =4	60	6.0	93.7
e =5	20	2.0	95.7
f =6	9	.9	96.6
g =9	3	.3	96.9
h =10	1	.1	97.0
Total	970	97.0	
N/A	30	3.0	100.0
Total	1000	100.0	



Q14. The last time the patient was seen by a doctor or in a clinic

Of those surveyed, (38%) reported they had visited a doctor or a clinic within the last 30-90 days. Approximately 20% indicated they had seen a doctor or visited a clinic between the last 7-14 days, while 20% report that they do not know the last time they visited a doctor or clinic.

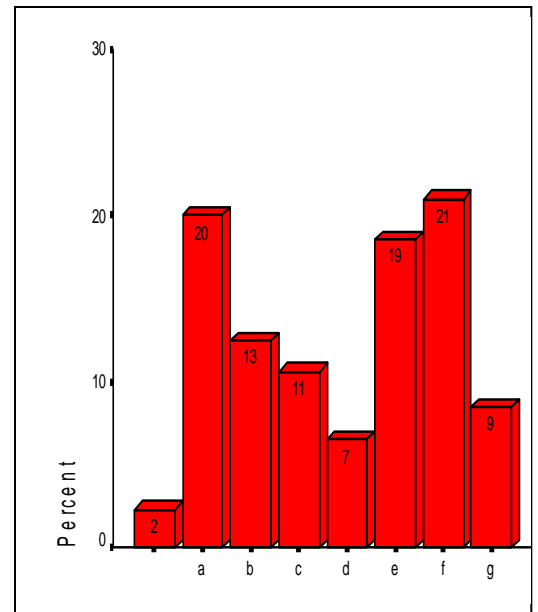
	Frequency	Percent	Cumulative Percent
a. Within last 24 hours	91	9.1	9.1
b. Within last 7-14 days	199	19.9	29.0
c. Within last 30-90 days	375	37.5	66.5
d. Unknown	200	20.0	86.5
e. Other	118	11.8	98.3
Total	983	98.3	
N/A	17	1.7	100.0
Total	1000	100.0	



Q15. The last time the patient visited a dentist

Of the population surveyed, 20% indicated the patient had visited a dentist within the past six months; 19% had not visited a dentist in more than three years and 21% of those surveyed weren't sure when they had visited a dentist last.

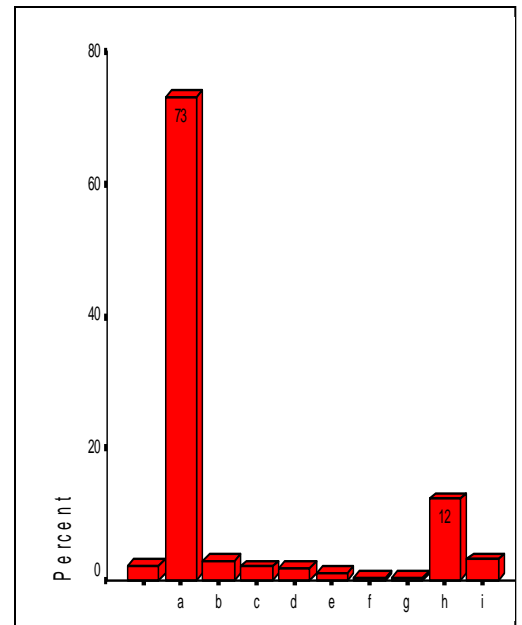
	Frequency	Percent	Cumulative Percent
a. Within 1-6 months	200	20.0	20.5
b. Within 7-12 months	125	12.5	32.5
c. Within 13-24 months	106	10.6	43.1
d. Within 25-36 months	65	6.5	49.6
e. More than 3 years	186	18.6	68.2
f. Unknown	210	21.0	89.2
g. Other	85	8.5	97.7
Total	977	97.7	
N/A	23	2.3	100.0
Total	1000	100.0	



Q16. Type of health professional patient sees most often

Of those surveyed, 73% reported they seek treatment most often from a doctor. Approximately 12% indicated they do not have a regular health care professional. Smaller percentages of those surveyed seek other kinds of health professionals, such as nurse practitioner, chiropractor or health educator, for their regular medical treatment.

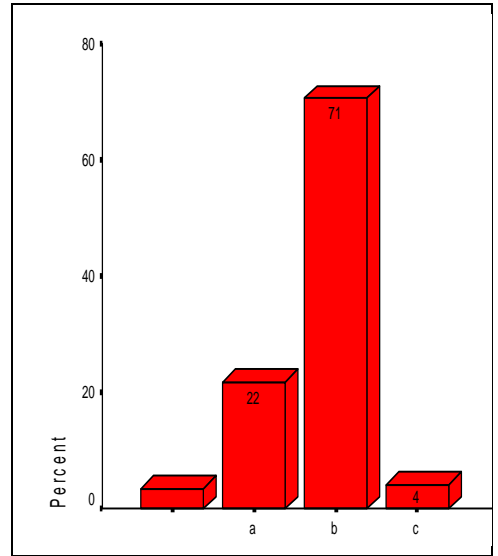
	Frequency	Percent	Cumulative Percent
a. Doctor	731	73.1	73.1
b. Nurse	30	3.0	76.1
c. Nurse Practitioner	21	2.1	78.2
d. Physician Assistant	20	2.0	80.2
e. Chiropractor	12	1.2	81.4
f. Social Worker	5	.5	81.9
g. Health Educator	3	.3	82.2
h. None	123	12.3	94.5
i. Other	32	3.2	97.7
Total	977	97.7	
N/A	23	2.3	100.0
Total	1000	100.0	



Q17. Did the place change where patient usually goes for health care in the past 12 months?

Almost three-fourths of the respondents (71%) stated they have been using the same place for health care during the past 12 months. 22% of the patients indicated they have changed the place where they usually go to seek health care treatment.

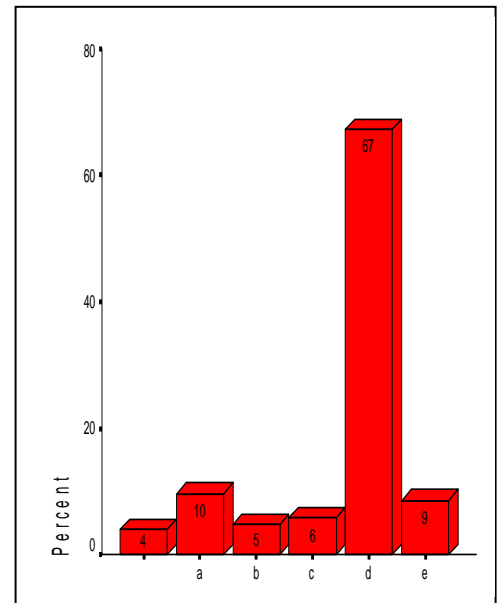
	Frequency	Percent	Cumulative Percent
a. Yes	218	21.8	21.8
b. No	707	70.7	92.5
c. Other	41	4.1	96.6
Total	966	96.6	
N/A	34	3.4	100.0
Total	1000	100.0	



Q18. If so, why did the place change where patient usually goes for health care?

Of the patients who changed where they receive health care, 10% surveyed indicated they had changed for reasons related to insurance; 6% indicated they changed because of convenience; while almost 5% indicated the reason for changing was related to the type of care they had received. The majority (67%) indicated they did not change the place they go for health care.

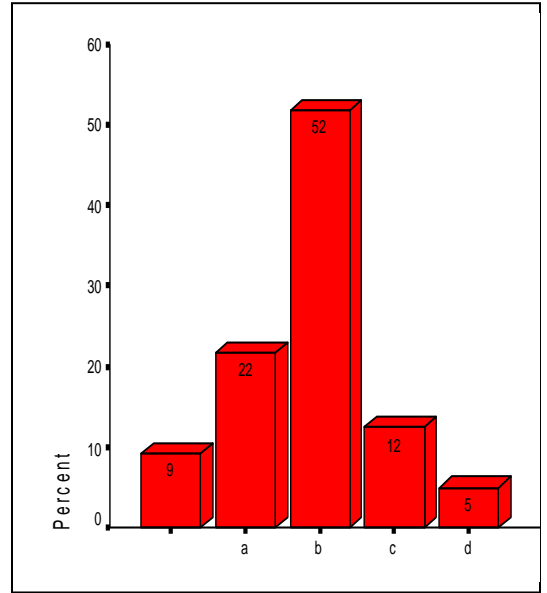
	Frequency	Percent	Cumulative Percent
a. Reason(s) related to health insurance	96	9.6	9.6
b. Reason(s) related to care received	47	4.7	14.3
c. More convenient	58	5.8	20.1
d. Didn't change	673	67.3	87.4
e. Other	86	8.6	96.0
Total	960	96.0	
N/A	40	4.0	100.0
Total	1000	100.0	



Q19. Number of times patient has gone to the emergency room in the past 12 months for medical treatment

The majority of participants (74%) sought medical treatment in the emergency room 1-2 times (22%) or 3-4 times (52%) in the past 12 months. Another 12% has gone to the emergency room more than 5 times, while 5% has gone to other places for medical treatment.

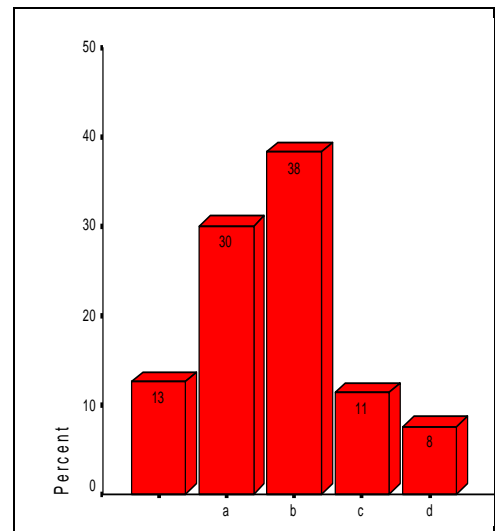
	Frequency	Percent	Cumulative Percent
a. 1-2 times	217	21.7	21.7
b. 3-4 times	518	51.8	73.5
c. More than 5 times	124	12.4	85.9
d. Other	49	4.9	90.8
Total	908	90.8	
N/A	92	9.2	100.0
Total	1000	100.0	



Q20. Excluding the patient, how many times have members from the immediate household gone to the ER for medical treatment during past 12 months?

Approximately 38% surveyed reported that other members in their immediate household have gone to the emergency room 3-4 times for medical treatment, while 30% indicated other family members going 1-2 times. About 12% of the immediate family members have gone to the emergency room more than 5 times.

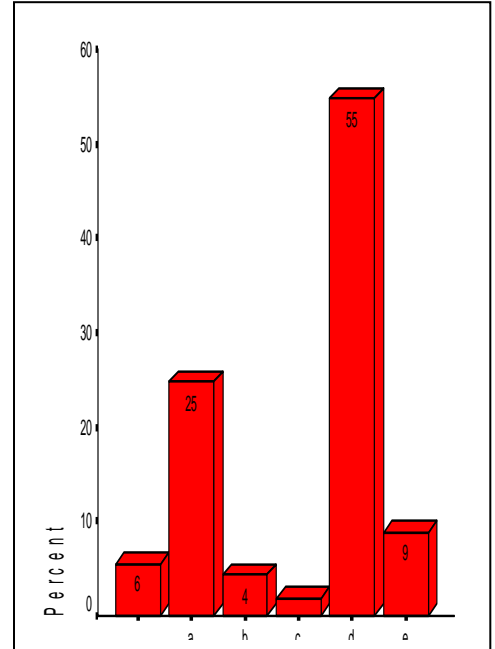
	Frequency	Percent	Cumulative Percent
a. 1-2 times	301	30.1	30.1
b. 3-4 times	383	38.3	68.4
c. More than 5 times	114	11.4	79.8
d. Other	76	7.6	87.4
Total	974	87.4	
N/A	126	12.6	100.0
Total	1000	100.0	



Q21. Would patient have come the ER today if could have scheduled a doctor's appointment?

Of those surveyed, 25% indicated they would not have come to the ER today if they had been able to arrange an appointment for a doctor's visit within 24 hours. Almost 55% surveyed would still have come to the ER today regardless of the situation. A small percentage (4% and 2%) would not have used the ER if they could have scheduled a doctor's appointment within 2-3 days and one week respectively.

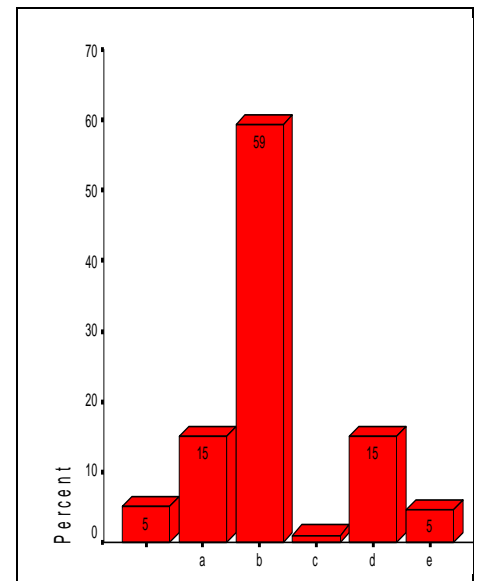
	Frequency	Percent	Cumulative Percent
a. Within 24 hrs	247	24.7	24.7
b. Within 2-3days	43	4.3	29.0
c. Within one week	19	1.9	30.9
d. Would still come	547	54.7	85.6
e. Other	89	8.9	94.5
Total	945	94.5	
N/A	55	5.5	100.0
Total	1000	100.0	



Q22. What is most likely to happen when a patient is having difficulty obtaining service from a clinic, doctor's office or other provider?

Of those surveyed, 54% indicated they would go to the ER if they have difficulty obtaining service from a clinic, doctor's office, or other provider, while 18% indicated they would go without treatment. Another 15% indicated they would treat themselves. Only 2% percent indicated they would go to the ER by ambulance. Only 2% percent indicated they would go to the ER by ambulance.

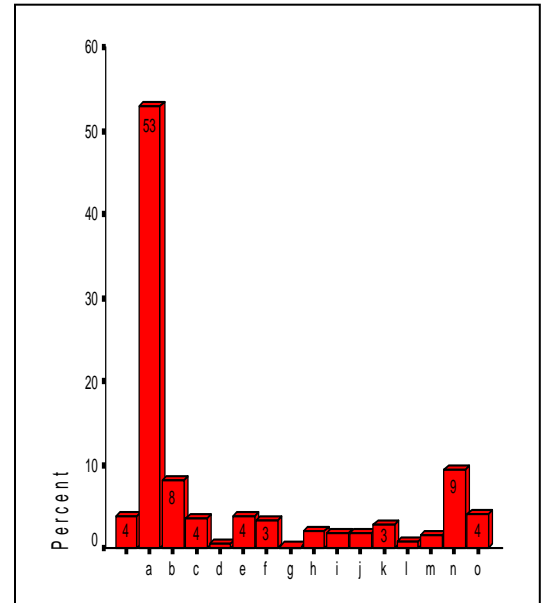
	Frequency	Percent	Cumulative Percent
a. Go without treatment	180	18.0	18.0
b. Go to ER	540	54.0	72.0
c. Go to ER by ambulance	22	2.2	74.2
d. Treat self	152	15.2	89.4
e. Other	59	5.9	95.3
Total	953	95.3	
N/A	47	4.7	100.0
Total	1000	100.0	



Q23. Where does patient usually seek treatment when medical care is needed?

Of the respondents, 53% indicated they usually go to a doctors' office when in need of medical attention compared to 9% who indicated they do not have a regular place to receive medical care. Smaller percentages indicated they go to either the OU clinic (8%); OSU clinic (4%); Indian Health Care (4%); or Morton Clinic (3%).

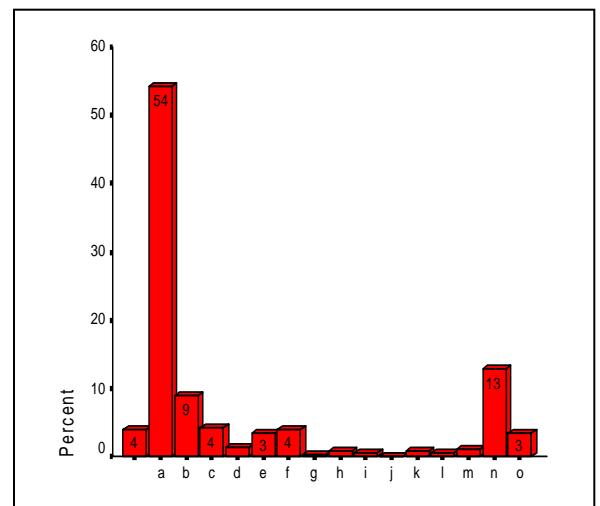
	Frequency	Percent	Cumulative Percent
a. Doctor's Office	528	52.8	52.8
b. OU Clinic	81	8.1	60.9
c. OSU Clinic	36	3.6	64.5
d. Health Depart.	6	.6	65.1
e. Indian Health Cl	38	3.8	68.9
f. Morton Clinic	33	3.3	72.2
g. Plan Parenthood	1	.1	72.3
h. St. Francis ER	19	1.9	74.2
i. St. John ER	17	1.7	75.9
j. Southcrest ER	18	1.8	77.7
k. Hillcrest ER	28	2.8	80.5
l. TRMC ER	7	.7	81.2
m. More than one	16	1.6	82.8
n. Have no place	94	9.4	92.2
o. Other	40	4.0	96.2
Total	962	96.2	
N/A	38	3.8	100.0
Total	1000	100.0	



Q24. Where does patient usually go for routine or preventive care (check-up)?

Of those surveyed, 54% prefer the doctors' office for routine or preventive care compared to 13% who indicated they have no place to go for preventive care. About 9% go to the OU clinic; 4% to OSU Clinic; 4% to Morton Clinic, and 3% to the Indian Health Clinic.

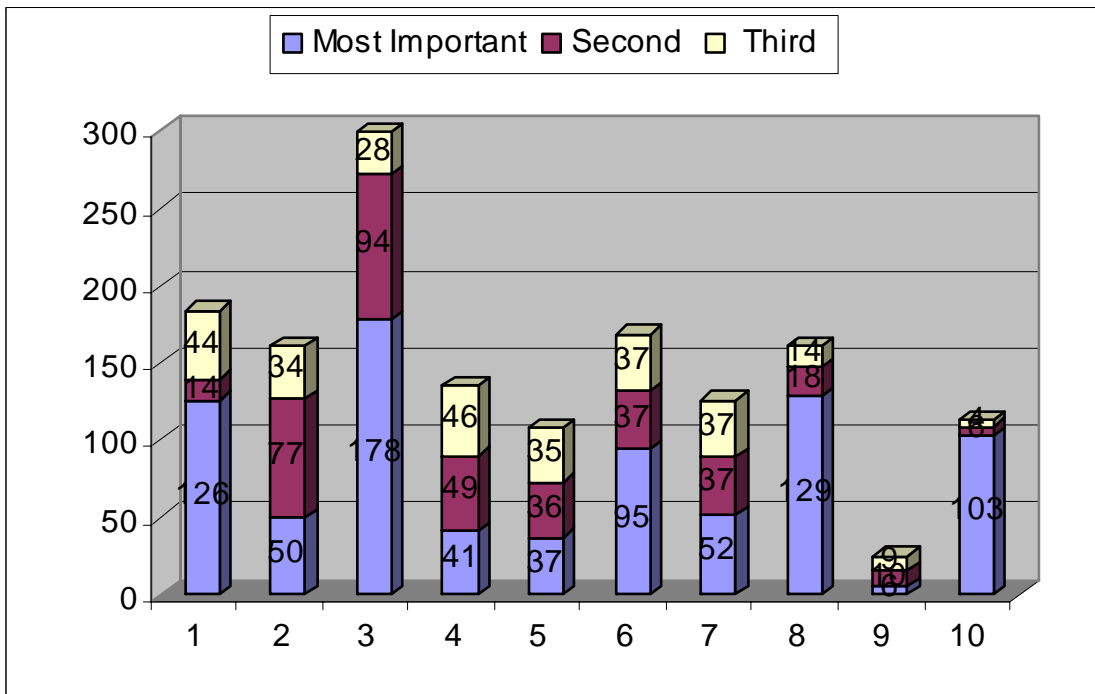
	Frequency	Percent	Cumulative Percent
a. Doctor's Office	543	54.3	54.3
b. OU Clinic	88	8.8	63.1
c. OSU Clinic	42	4.2	67.3
d. Health Depart.	14	1.4	68.7
e. Indian Health Cl	33	3.3	72.0
f. Morton Clinic	40	4.0	76.0
g. Plan Parenthood	2	.2	76.2
h. St. Francis ER	9	.9	77.1
i. St. John ER	4	.4	77.5
j. Southcrest ER	1	.1	77.6
k. Hillcrest ER	8	.8	78.4
l. TRMC ER	4	.4	78.8
m. More than one	11	1.1	79.9
n. Have no place	128	12.8	92.7
o. Other	33	3.3	96.0
Total	960	96.0	
N/A	40	4.0	100.0
Total	1000	100.0	



Q25. What was the primary reason for any delay in medical treatment in the past 12 months?

A significant number of participants indicated that if medical care had been delayed during the past twelve months, the primary reason was not being able to get an appointment in a reasonable amount of time. Other significant reasons identified by the patients were the doctors' unwillingness to accept their type of insurance, lack of funds to pay for the visit, having to wait too long once they had arrived, and not being able to get through on the telephone.

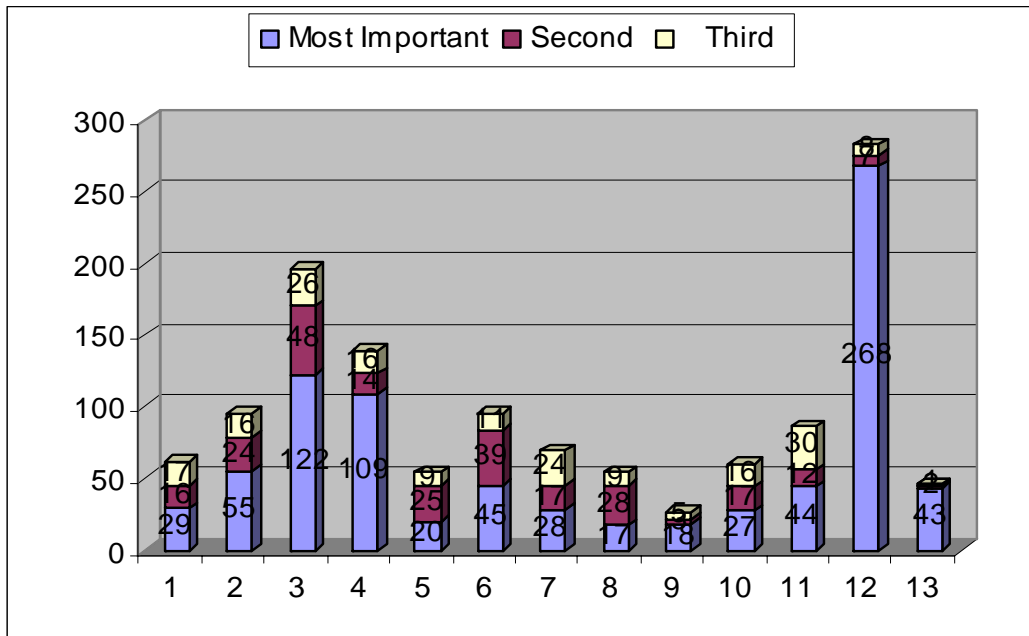
	Most Important	Second	Third
1. Doctor would not accept type of insurance	126	14	44
2. Could not get through on the telephone	50	77	34
3. Could not get an appointment soon enough	178	94	28
4. Office hours (when open) did not fit my schedule	41	49	46
5. Lack of transportation	37	36	35
6. Lack of funds (couldn't pay for visit)	95	37	37
7. Had to wait too long once I arrived	52	37	37
8. Didn't delay seeking medical treatment	129	18	14
9. Provider did not speak to the patient	6	10	9
10. Other (please specify)	103	6	4



Q26. If patient had difficulty obtaining medical care from a doctor’s office, clinic or non-emergency facility during the past twelve months, what was the primary reason?

According to those surveyed, the primary reason for having difficulty in obtaining medical care from a doctor’s office, clinic or non-emergency facility during the past twelve months was that those facilities could not offer them a **timely** appointment. The second most frequently cited reason was that the participant had no health insurance.

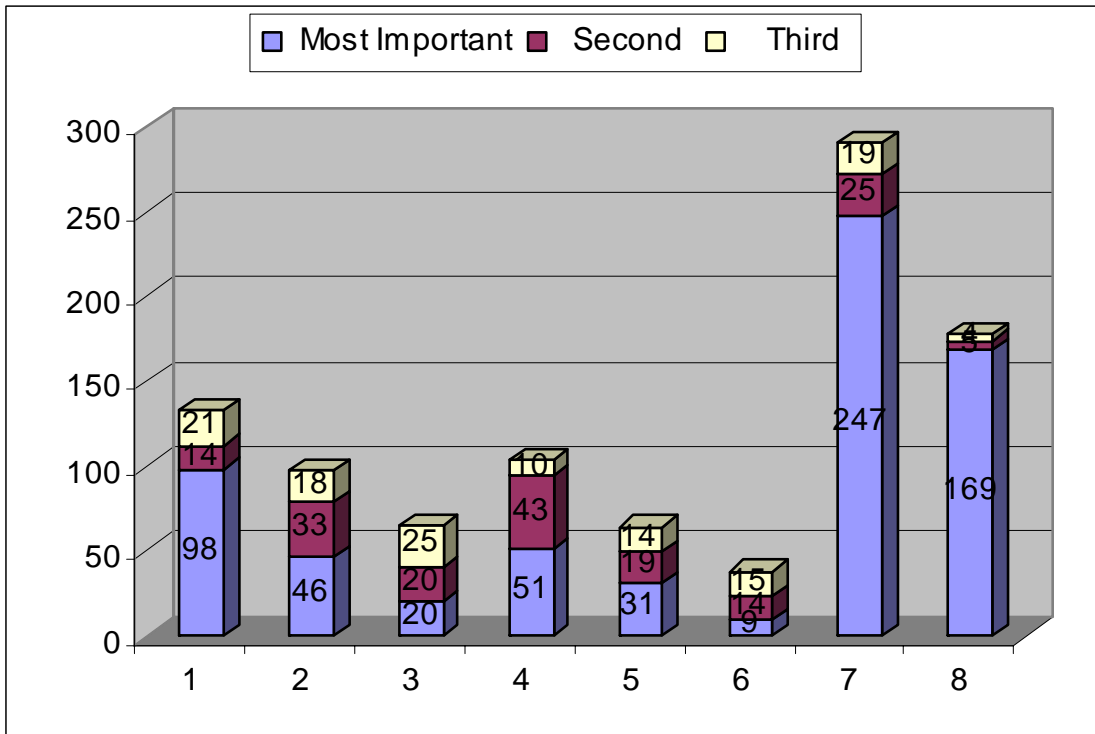
	Most Important	Second	Third
1. Could not locate a doctor or clinic	29	16	17
2. Doctor or clinic would not schedule appointment	55	24	16
3. Doctor or clinic could not offer a timely appointment	122	48	26
4. Did not have health insurance	109	14	16
5. Doctor offered was not on my health insurance plan	20	25	9
6. Could not afford to pay charge for office visit	45	39	11
7. Could not afford to pay for co-pay	28	17	24
8. Could not take off from work for appointment	17	28	9
9. Did not have child care	18	3	5
10. Did not have transportation	27	17	16
11. Long wait	44	12	30
12. Didn't have difficulty obtaining medical care	268	7	8
13. Other (please specify)	43	2	1



Q27. If patient had difficulty obtaining medical care from a hospital emergency room during the past twelve months, what was the primary reason?

The long wait in the emergency room was the most frequently cited reason for having difficulty in obtaining medical care from a hospital emergency room in the past twelve months. The second most frequent reason indicated was the lack of health insurance, while the third most important reason cited was the inability to afford an emergency room visit or co-pay.

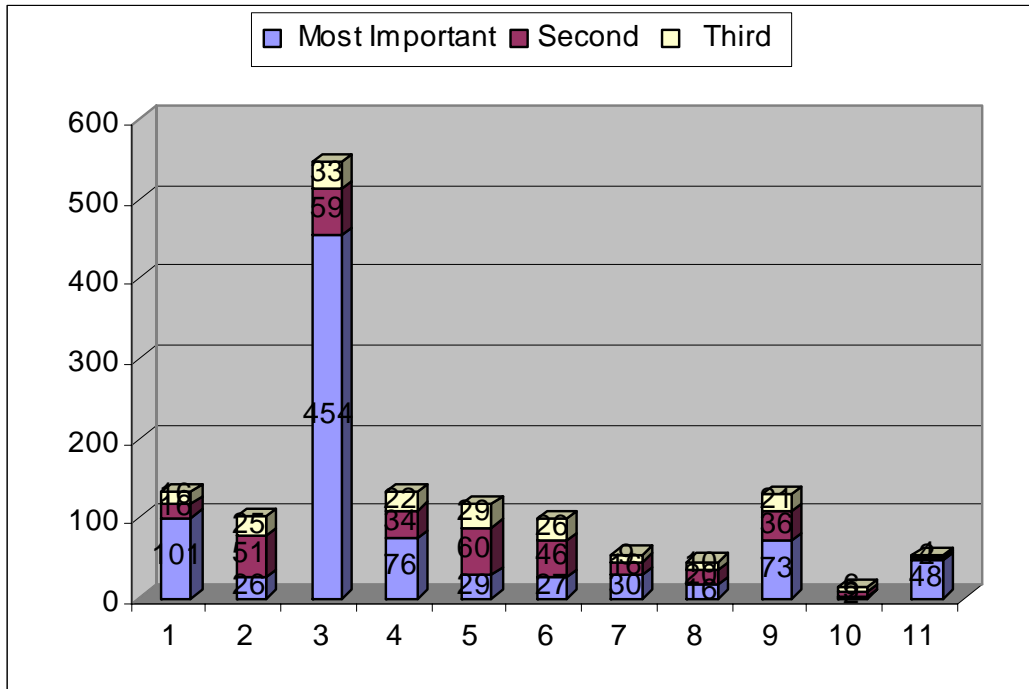
	Most Important	Second	Third
1. Did not have health insurance	98	14	21
2. Did not have transportation	46	33	18
3. Did not receive pre-authorization for health plan	20	20	25
4. Could not afford emergency room visit or co-pay	51	43	10
5. Could not take time off from work	31	19	14
6. Child care unavailable	9	14	15
7. Long wait in emergency room	247	25	19
8. Other (please specify)	169	5	4



Q28. What is the primary reason for this visit to the emergency room at this time?

By far the most frequently given reason for going to the emergency room at this time was because of the need for immediate treatment. The second most frequently given reason was there was no other place available for treatment. Other frequent reasons given were patients had been directed to go to the emergency room by a doctor or they were unsure if they needed immediate treatment or not

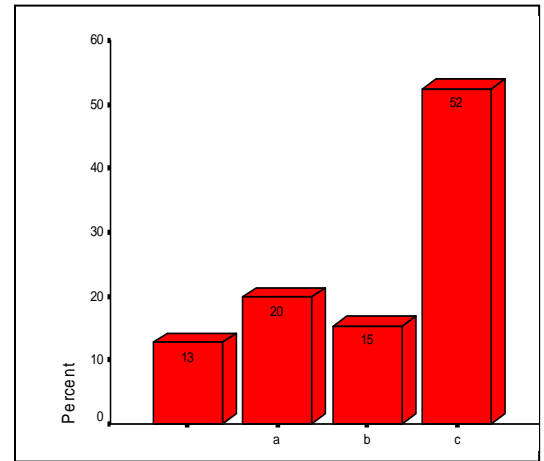
	Most Important	Second	Third
1. No other place for treatment is available	101	16	16
2. Unknown if another place for treatment is available	26	51	25
3. Need immediate treatment	454	59	33
4. Unsure if needed immediate treatment	76	34	22
5. Unable to get treatment at normal office hours	29	60	29
6. Medical office couldn't schedule appointment today	27	46	26
7. Have no doctor or medical clinic to go to	30	16	9
8. Can't afford to go somewhere else	16	20	10
9. Called the doctor and was told to go to the ER	73	36	21
10. No transportation to go somewhere else	2	5	6
11. Other (please specify)	48	2	4



Q29. Would patient have come to the ER today if could have called a nurse for advice?

Of those surveyed, 35% indicated they either agree (20%) or might agree (15%) that they would not have come to the ER today if they could have called a nurse for medical advice. The survey revealed 52% of the participants would have still gone to the emergency room.

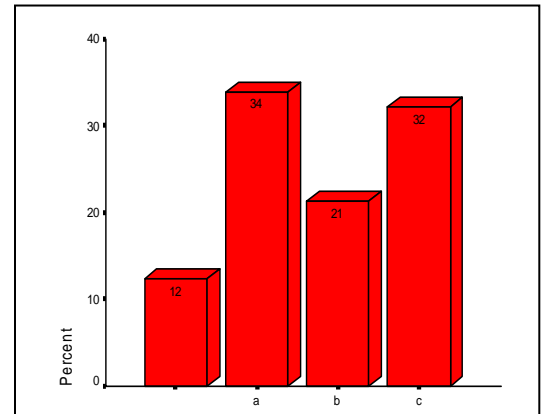
	Frequency	Percent	Cumulative Percent
a. Agree	198	19.8	19.8
b. Might agree	152	15.2	35.0
c. Disagree	523	52.3	87.3
Total	873	97.3	
N/A	127	12.7	100.0
Total	1000	100.0	



Q30. Does patient feel it is easier to get treatment in the ER than in a clinic or a doctor's office?

Although 55% percent of the participants indicated it is easier (34%) or might be easier (21%) to get treatment in the emergency room than in a clinic or a doctor's office, a third (32%) disagree that it is easier to receive treatment in the ER compared to a clinic or doctor's office.

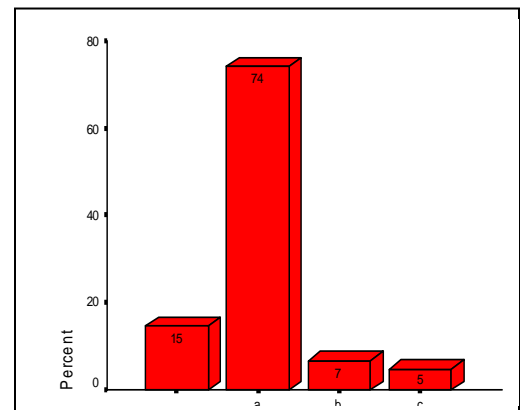
	Frequency	Percent	Cumulative Percent
a. Agree	340	34.0	34.0
b. Might agree	214	21.4	55.4
c. Disagree	322	32.2	87.6
Total	876	97.6	
N/A	124	12.4	100.0
Total	1000	100.0	



Q31. Does patient believe it was urgent to see a doctor for treatment today?

A significant portion (81%) of respondents believed it was urgent (74%) or might be urgent (7%) for them to receive treatment today compared to (5%) who indicated it was not so urgent.

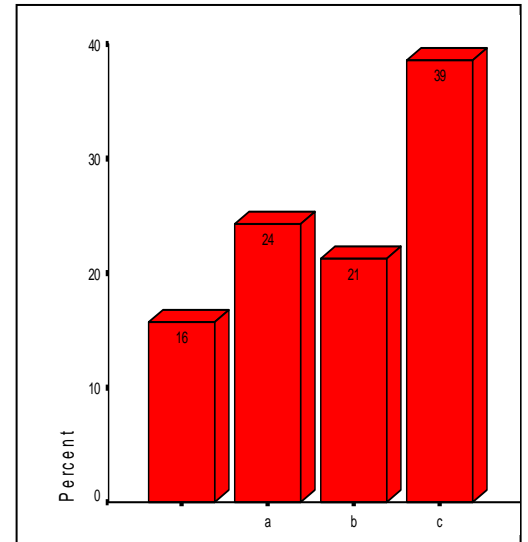
	Frequency	Percent	Cumulative Percent
a. Agree	741	74.1	74.1
b. Might agree	66	6.6	80.7
c. Disagree	47	4.7	85.4
Total	854	85.4	
N/A	146	14.6	100.0
Total	1000	100.0	



Q32. The ER is the only place able to receive care when unable to pay

While 45% of those surveyed agree (24%) or might agree (21%) that the emergency room is the only option they have when unable to pay, 39% indicated that the emergency room is not the only place they can go to receive medical care when unable to pay.

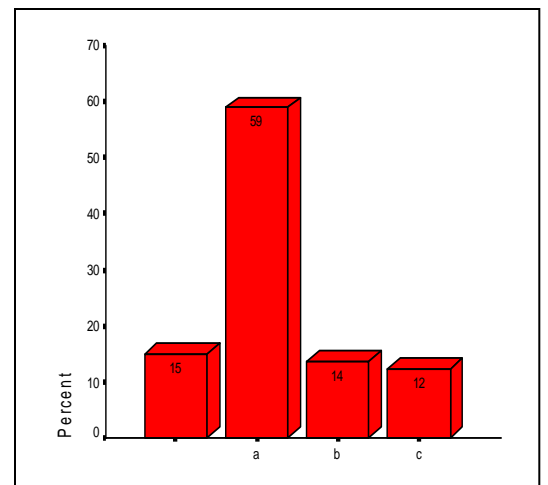
	Frequency	Percent	Cumulative Percent
a. Agree	243	24.3	24.3
b. Might agree	213	21.3	45.6
c. Disagree	386	38.6	84.2
Total	842	84.2	
N/A	158	15.8	100.0
Total	1000	100.0	



Q33. If given a choice, would prefer to receive non-emergency care in a clinic or in a doctor's office rather than in the emergency room

Nearly 73% of the participants agree (59%) or might agree (14%) with the fact that, if given a choice, they would prefer to receive non-emergency care in a clinic or a doctor's office rather than in the emergency room. Still, 12% indicated they prefer non-emergency treatment in the emergency room.

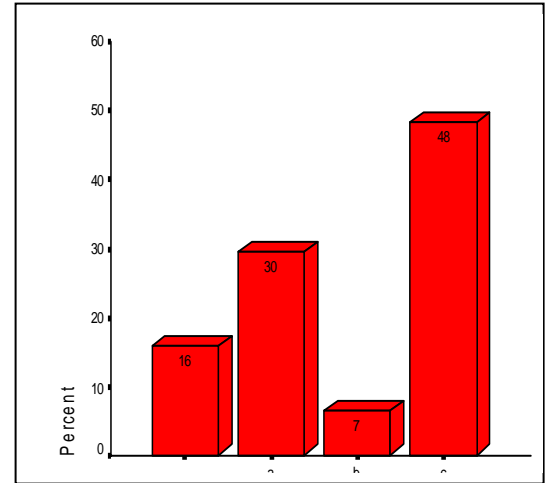
	Frequency	Percent	Cumulative Percent
a. Agree	590	59.0	59.0
b. Might agree	136	13.6	72.6
c. Disagree	124	12.4	85.0
Total	850	85.0	
N/A	150	15.0	100.0
Total	1000	100.0	



Q34. This visit is a result of doctor’s advice to go to the emergency room

Of those surveyed, 37% agree (30%) or might agree (7%) that this visit is a result of a doctor’s advice to seek treatment in the emergency room. However, almost half (48%) of the participants in the survey had been advised by a doctor to seek medical treatment in the emergency room.

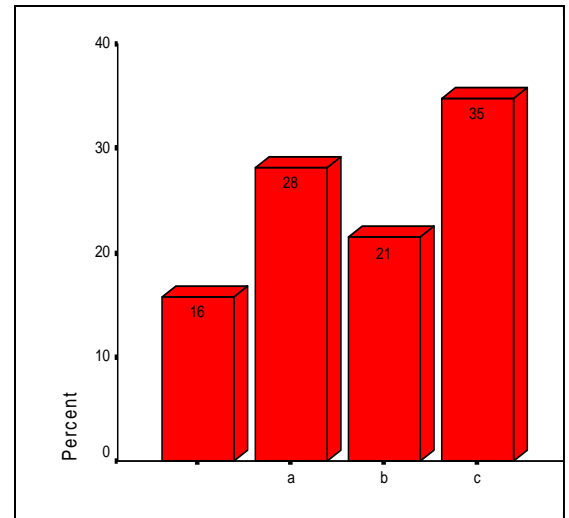
	Frequency	Percent	Cumulative Percent
a. Agree	295	29.5	29.5
b. Might agree	65	6.5	36.0
c. Disagree	482	48.2	84.2
Total	842	84.2	
N/A	158	15.8	100.0
Total	1000	100.0	



Q35. More important to be seen by the same doctor than to receive immediate care

Of those surveyed, 49% agree (28%) or might agree (21%) that it is more important to be seen by the same doctor than to receive immediate care. 35% surveyed disagree that it is more important to be seen by the same doctor than to receive immediate care.

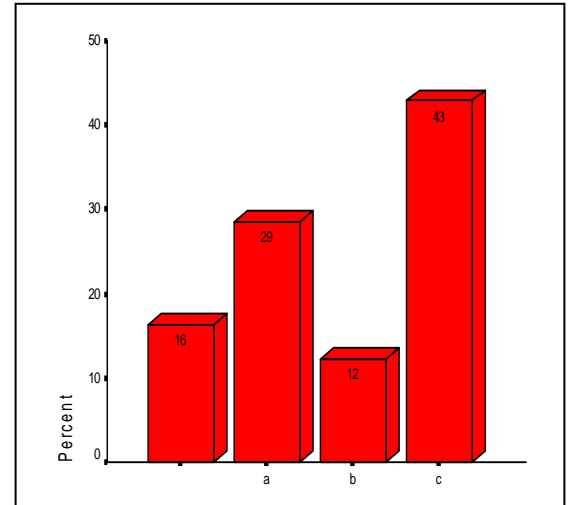
	Frequency	Percent	Cumulative Percent
a. Agree	281	28.1	28.1
b. Might agree	214	21.4	49.5
c. Disagree	347	34.7	84.2
Total	842	84.2	
N/A	158	15.8	100.0
Total	1000	100.0	



Q36. Would not have come to the emergency room today if an evening or weekend clinic had been available

Of those surveyed, (39%) indicated that they agree (29%) or might agree (12%) that they may not have gone to the ER if a week-end clinic was available, while 43% of the respondents would have still sought treatment in the ER today even if an evening or weekend clinic was available.

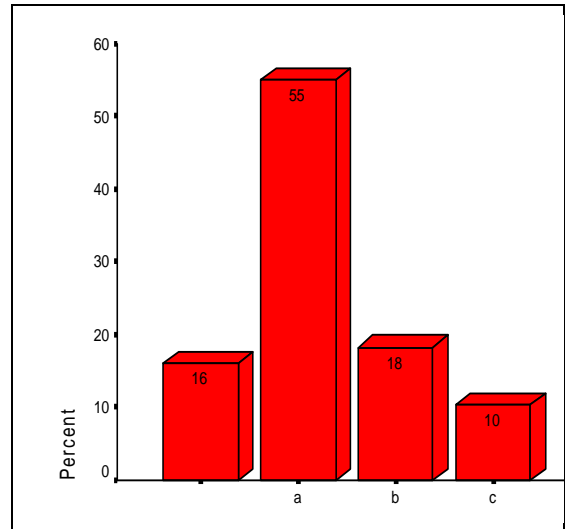
	Frequency	Percent	Cumulative Percent
a. Agree	286	28.6	28.6
b. Might agree	122	12.2	40.8
c. Disagree	429	42.9	83.7
Total	837	83.7	
N/A	163	16.3	100.0
Total	1000	100.0	



Q37. Would like a place where could be seen by the same person when medical treatment is needed

A significant 73% of participants agree (55%) or might agree (18%) they would like a place where they could be seen by the same person when needing treatment. Only 10% degree this is important to them.

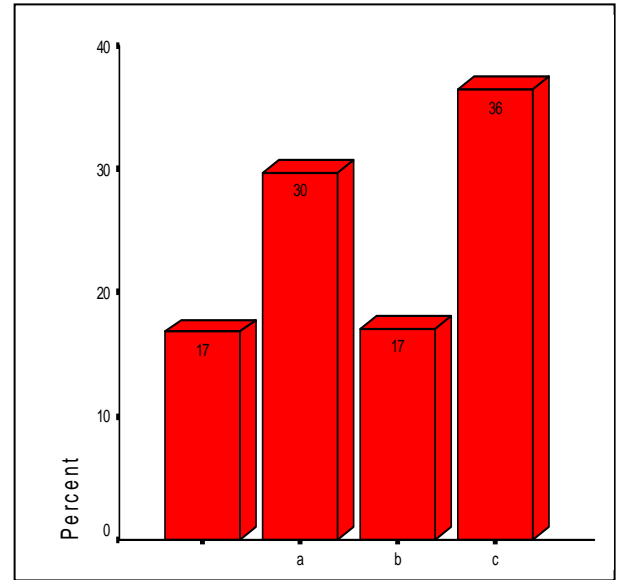
	Frequency	Percent	Cumulative Percent
a. Agree	551	55.1	55.1
b. Might agree	183	18.3	73.4
c. Disagree	104	10.4	83.8
Total	838	83.8	
N/A	162	16.2	100.0
Total	1000	100.0	



Q38. Might not have come to the ER today if more information were available about where to receive non-emergency medical care

Almost half of those surveyed agree (30%) or might agree (17%) that they would not have come to the emergency room today if they had information available about where to receive non-emergency care; this would not have made any difference for 36% who would have still come to the ER for treatment.

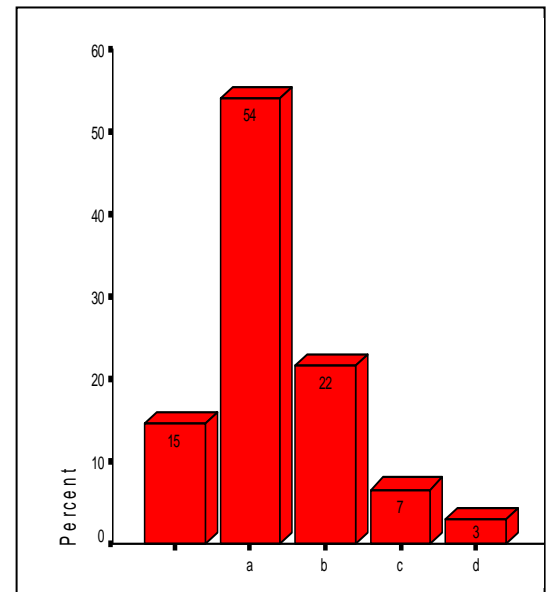
	Frequency	Percent	Cumulative Percent
a. Agree	297	29.7	29.7
b. Might agree	171	17.1	46.8
c. Disagree	364	36.4	83.2
Total	832	83.2	
N/A	168	16.8	100.0
Total	1000	100.0	



Q39. Extended hours during week and weekend hours for clinics or doctor offices

Almost 76% of the participants agree (54%) or might disagree (22%) that extended hours during week and weekend hours for clinics or doctors' offices are important, 10% found this not important (3%) or not very important (7%).

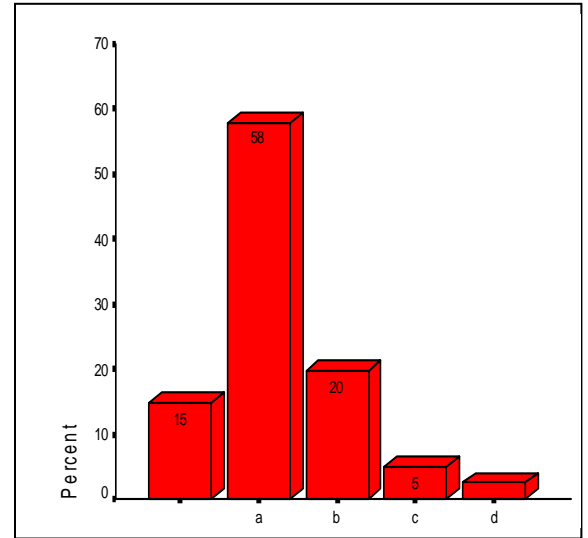
	Frequency	Percent	Cumulative Percent
a. Very Important	541	54.1	54.1
b. Important	217	21.7	75.8
c. Not Very Important	66	6.6	82.4
d. Not Important	30	3.0	85.4
Total	854	85.4	
N/A	146	14.6	100.0
Total	1000	100.0	



Q40. Importance of being able to call anytime of day to make appointments to see the doctor

A large majority of the participants surveyed (78%) believe it is very important (58%) or important (20%) to be able to call anytime of day to make appointments to see the doctor; compared to the 8% that indicated it is not very important (5%) or not important (3%).

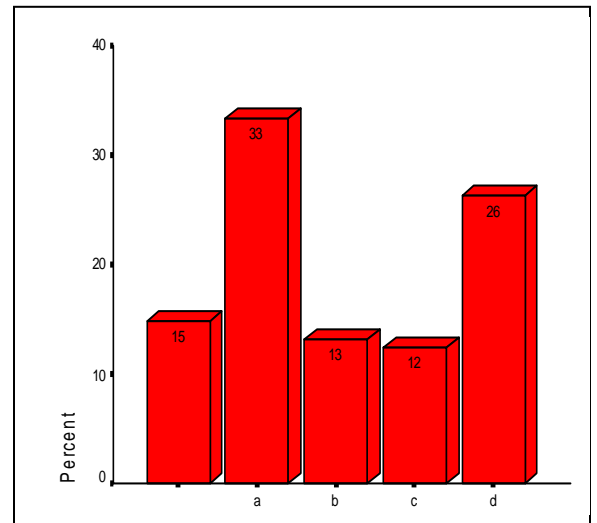
	Frequency	Percent	Cumulative Percent
a. Very Important	580	58.0	58.0
b. Important	198	19.8	77.8
c. Not Very Important	50	5.0	82.8
d. Not Important	25	2.5	85.3
Total	853	85.3	
N/A	147	14.7	100.0
Total	1000	100.0	



Q41. Free transportation to clinic or doctor’s office to receive medical care

Almost half (46%) of the participants indicated that free transportation to a clinic or doctor’s office was very important (33%) or important (13%); while 38% considered this not very important (12%) or not important (26%).

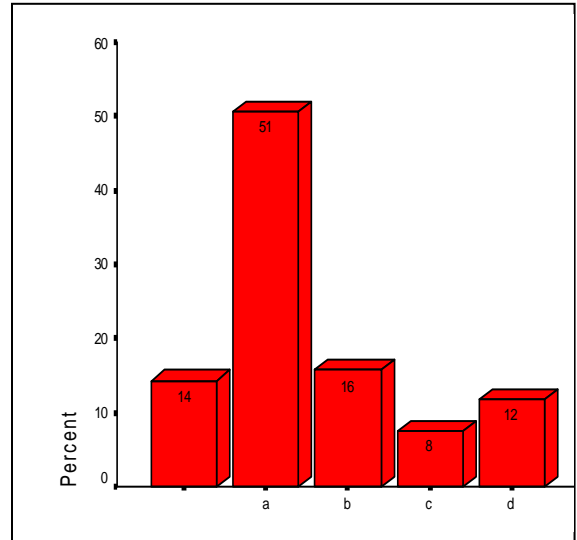
	Frequency	Percent	Cumulative Percent
a. Very Important	334	33.4	33.4
b. Important	131	13.1	46.5
c. Not Very Important	124	12.4	58.9
d. Not Important	263	26.3	85.2
Total	852	85.2	
N/A	148	14.8	100.0
Total	1000	100.0	



Q42. Medical care charges should be based on income and ability to pay

A significant percentage (66%) of the respondents indicated they find medical care based on income and the ability to pay to be very important (51%) or important (16%); while 20% consider this not very important (8%) or not important (12%).

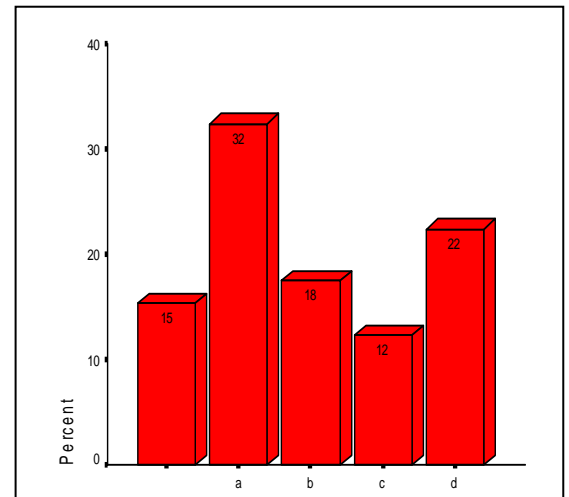
	Frequency	Percent	Cumulative Percent
a. Very Important	506	50.6	50.6
b. Important	157	15.7	66.3
c. Not Very Important	76	7.6	73.9
d. Not Important	118	11.8	85.7
Total	857	85.7	
N/A	143	14.3	100.0
Total	1000	100.0	



Q43. Childcare for patients receiving medical care

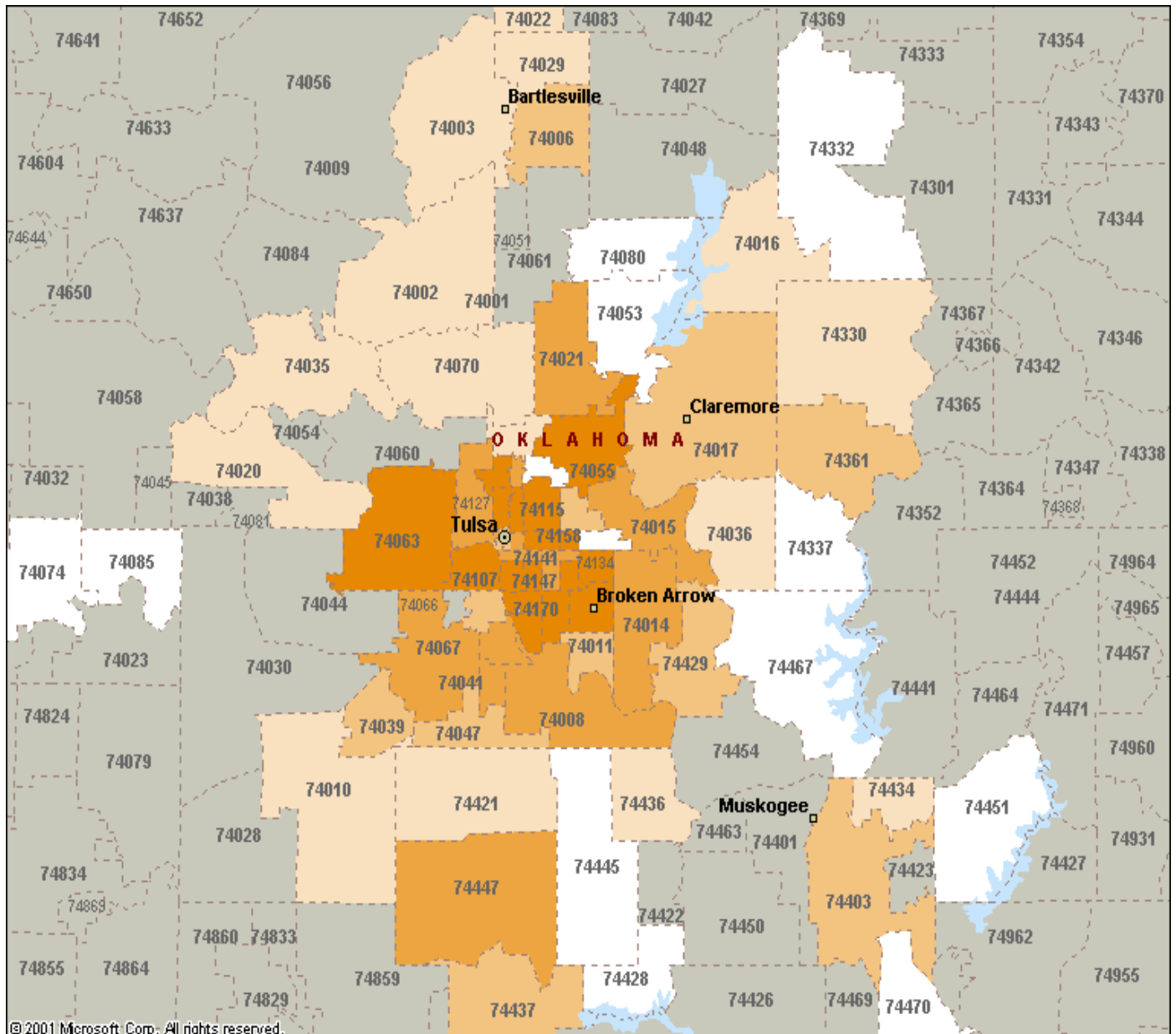
Of those surveyed, 50% of the respondents indicated that having childcare for patients receiving medical care is very important (32%) or important (18%), while a total of 34% considered the child care to be not very important (12%) or not important (22%).

	Frequency	Percent	Cumulative Percent
a. Very Important	324	32.4	32.4
b. Important	175	17.5	49.9
c. Not Very Important	123	12.3	62.2
d. Not Important	224	22.4	84.6
Total	846	84.6	
N/A	154	15.4	100.0
Total	1000	100.0	



Q44. Patient distribution by zip code

The percentages of the population surveyed are indicated in the following graph:



Q45. Survey participants were asked for comments and/or suggestions

	Frequency	Percent	Valid Percent	Cumulative Percent
a. None	850	85.0	85.0	85.0
b. Yes	150	15.0	15.0	100.0
Total	1000	1000	100.0	

The most common responses are categorized as follows:

	<u>Number Responding</u>
• Providers need extended hours.	2
• Need bilingual staff.	3
• Compliments to the care and/or hospital, thank you.	4
• Need to provide transportation and/or child care to help with access to health care.	6
• More people need access to health insurance.	8
• Health plans are not improving health care.	10
• Provide non-emergency care at other locations.	12
• Need higher quality and more caring treatment.	14
• Make health care cheaper, free, more available, and affordable.	23
• The wait in the emergency room is too long.	45

Favorite Comment:

“Put some hop in your step, speed up a little, pick up the pace. Let’s go! Tally ho!”