



## Health care less available to city's poor, survey finds

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While fewer poor Baltimoreans lack health insurance now than in years past, more are having trouble getting medical treatment, according to a new report.

The percentage of city residents surveyed who are without publicly funded health insurance dropped from 59.5 percent in 2001 to 44.1 percent this year, the annual Baltimore Safety Net Access-to-Care Survey to be released today revealed.

But during the last three years, the percentage of respondents reporting difficulty finding primary care increased from 22 percent to 40.2 percent. Moreover, 58.2 percent said they were unable to find dental care this year.

With Baltimore REACH (Research, Education, Advocacy and Community Health) as its partner, the Open Society Institute's Baltimore office surveyed 260 Baltimore residents at eight clinics and resource centers.

The respondents represent 20,000 to 30,000 city residents, of whom 40 percent are homeless, 25 percent hold jobs, and only 5 percent have private health insurance, said Thomas O'Toole, the study's author and assistant dean at Georgetown University School of Medicine.

O'Toole said the survey highlights three major points.

First, the entire health system must be held accountable for how indigent people get health care, he said. "It's a collective responsibility to take care of poor and uninsured people."

Second, the application process for medical assistance must be expedited. Nearly 40 percent of people surveyed had to stop taking medications or failed to receive necessary care while waiting to be approved.

And finally, such health care problems hurt the economy and groups in business to help the poor.

More than three out of every four people who fall under the category of urban poor have chronic medical problems. And, as O'Toole said, they "aren't working because of it."

Furthermore, the lack of steady paychecks puts more pressure on soup kitchens and pantries, and on already overburdened city and state health departments.

“Our sense is that it’s going to require service providers to step up to the plate,” he said. “It’s not just a matter of building more free clinics. The city and state health departments need to establish some mandates and get some teeth behind those mandates.”

Marc Callender, a first-year medical student at Johns Hopkins University, surveyed about 50 of the respondents as an intern at Baltimore REACH. He pointed out a seeming Catch-22 in the data: Although more people have insurance, more are also saddled with debt, and the average amount of debt is increasing as well. Fifty-four percent had medical debt, and the average amount was almost \$5,000. The average salary was \$9,498.

“It becomes a vicious cycle, and we can’t sentence those with chronic conditions to increasing medical debt,” Callender said.

Baltimore REACH Executive Director Barbra Levin pointed out the additional benefit of bringing medical students to the area. “We’re developing a cadre of alumni who work in Baltimore, who want to come back to Baltimore,” she said.

The response to previous surveys was “not as much as I would like,” O’Toole conceded.

However, he pointed to some of the positive trends as evidence of change. The percentage of people receiving free or discounted medical care nearly doubled to 50.4 percent from 29.7 percent during the last year.

Nancy Fiedler, spokeswoman for the Maryland Hospital Association, said she had not heard of the survey. Maryland Health Care for All, an advocacy group lobbying for universal health care coverage, did not return a phone call seeking comment.

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