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

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

BACKGROUND
An aging population, together with rising health care costs and rapid health system change, presents a major obstacle in the delivery of medical care to older Americans. Most recent studies indicate that the elderly represent approximately 12.4% of the population of the US and 12.6% of the population in South Carolina6. Several health care issues directly involve the elderly while having a simultaneous indirect influence on their families - hypertension, arthritis, heart disease, malignancy, and diabetes. These chronic diseases shed light on healthcare problems such as access to care, access to medication, and understanding of disease processes. Although these issues also cause strife within the entirety of our national population, they are especially relevant to the medical requirements of the elderly. In addition, the unique challenges in providing and financing health care services for older people require a targeted research focus and a genuine effort to heed the recommendations of providers who deal with these issues on a day-to-day basis.

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

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

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

COMPREHENSION/RELATIONSHIP/COMMUNICATION:
Relationship: The surveys expressed an overall satisfaction regarding relationships with their physicians. Continuity of care was a large factor in the satisfaction of our populations, as most respondents have been seeing the same physician for years.
Communication: Overall, communication with providers was positive with no rushed appointments or unclear directions. Any negative experiences were quickly resolved after letting the provider know.

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

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

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

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

DISCUSSION

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