Introduction/Aim

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

Methods

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

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

Results

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

“Eyes and teeth are not quite as important.”

“I wait ’til my teeth get bad enough so they can pull them.”

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

Conclusion

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

Future Direction and Policy

Resources in the community should be pooled and reallocated in an organized fashion that proportionately meets the needs of the community.

Coordinate efforts of various agencies to streamline and promote continuity of care.

Educate patients regarding location and availability of services.

Funding for needed services must be fought for on all levels.

Legislation which further limits the availability of health care to the poor must be challenged by advocates in the health care system.

Those individuals who fall between the coverage of private insurance and government aid should become the social responsibility of the healthcare community.