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## **A Study to Determine the Need for a Health Care Services Guidebook for Female Military Dependents and Retired Military in the Naval Hospital, Beaufort South Carolina Area**

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A STUDY TO DETERMINE THE NEED FOR  
A HEALTH CARE SERVICES GUIDEBOOK  
FOR FEMALE MILITARY DEPENDENTS AND RETIRED MILITARY  
IN THE NAVAL HOSPITAL, BEAUFORT  
SOUTH CAROLINA AREA

A Research Project  
Submitted To  
Graduate Faculty  
Darden College of Education  
Old Dominion University

For Completion of  
the Requirements for  
Problems in Education

By  
Debra G. Flowe  
April 1992

This project was prepared by Debra G. Flowe under the direction of Dr. John M. Ritz in OTED 636, Problems in Education. It was submitted to the Graduate Program Director as partial fulfillment of the requirements of the Education Training Management Subspecialty Masters Program.

APPROVED BY:

  
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Dr. John M. Ritz  
Advisor

Date: 4-11-92

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## CHAPTER I

### INTRODUCTION

Health is one of life's most basic privileges. In the United States (US), since the late 1970's, there has been an increasing interest in organizing health promotion and disease prevention activities for the health care consumer. It is readily accepted that education is the cornerstone of health promotion and disease prevention.

Americans are exhorted to take charge of their medical fate. Barraged by health news and information, they are better equipped to do so than ever before. On a national level, in May 1991, the Health Care Financial Administration which is the federal agency that oversees the Medicare program, released its most sophisticated hospital - by-hospital quality of care computation yet. Some state health officials are also trying to equip consumers with information that will be useful to people shopping for health care (Podolsky, 1991). Health care is expensive. The US spent \$551 billion on health care in 1987 (Reed and Sautter, 1990). That increased to \$666 billion in 1990 (Sunday Morning, 1991) and will increase in 1992 to an estimated \$800 billion (State of the Union Address, 1992).

A subset of the total health care continuum is the special medical needs of females. The specific focus of this study is women, more pointedly, women who depend on the military system to meet their health care needs. Women's

health care is a growing component of the health care business as women comprise over fifty percent of the population. A complicating issue is that it is an aging population with inherent increased health care needs.

The military medical system is the largest health care system in the US (Nelson, 1991) and clearly shares the concern of health promotion and disease prevention. The military also is faced with the problem of the growing need to provide health care to women.

#### STATEMENT OF THE PROBLEM

The problem of this study was twofold: First, the need for a health services guidebook had to be ascertained, and second, if it was needed, data collection pertaining to available community health care services was necessary for the development of an appropriate health care services guidebook for active duty (AD) female military dependents, retired military females and retired dependent women seeking health care unavailable to them through the military system at Naval Hospital, Beaufort (NHBFT), S. C. Placing a strong emphasis on education and health promotion, the basis for this study was that an orientation to available services will augment the female's ability to receive needed health care in an expeditious manner.

## RESEARCH GOALS

This study will focus on the following goals:

1. To determine whether or not the study population felt their health care needs were being satisfactorily met by the military health care system.
2. To determine the health care options available to the military dependent female in the "local" community.
3. If necessary, develop a guidebook of applicable health care services available in the "local" community.

## BACKGROUND AND SIGNIFICANCE

Today's women are multifaceted individuals with many different roles carrying ever increasing responsibility. Women cope, have active lives, juggle responsibilities of work and home, raise children, run businesses and are warm and loving mates. Their roles and responsibilities have undergone dramatic changes during the past 15 years. Changing work patterns alone for women have strong implications for women's health and the development of relevant health related services. In 1965, thirty-nine percent of women worked outside the home. By 1995, it is projected that sixty-five percent of all women will be in the workforce (Triolo, 1987).

Women, vital contributors to military life, are further



taxed as, many times, they face problems and crisis alone. Both World Wars, the Korean Conflict and the Vietnam campaign are all examples of situations when, for long periods of time, dependent wives were called upon to be all things to their families. We have, again, been vividly reminded of this fact during the recent Desert Shield and Desert Storm campaigns.

It is a challenge to achieve and maintain an optimal state of mental and physical health in a society that demands so much of a woman's time and energy. Education is the mechanism by which sound decisions concerning health care can be made. Knowing what options are available to them can facilitate meeting the health care needs of women.

#### LIMITATIONS

The limitations of this study were as follows:

1. This project will focus on the health care needs of women 18 years of age and older and will attempt to identify viable options for women seeking health care outside the traditional military system.
2. A small, rural community has been chosen for this study since it allows for the opportunity to be somewhat more creative in the identification of options.
3. The site is Beaufort, South Carolina.
4. A defined "local" area has been used and includes

options within a 300 mile radius of Naval Hospital, Beaufort.

#### ASSUMPTIONS

This study incorporated the following as assumptions:

1. The female population's health care needs at the study site are representative of the population as a whole.
2. There is a large retired female component at the study site.
3. Physician, professional nurse, and ancillary staff shortages are similar to those found in the civilian sector and do impact upon the Naval Hospital's ability to render needed care to the study population, particularly in the area of OB-GYN services.
4. The guidebook of health care services would be useful to the female population at the site.

#### PROCEDURES

NHBFT, South Carolina provides comprehensive health care support to the following female populations: personnel assigned to NHBFT; personnel assigned to US Marine Corps Recruit Training Depot at Parris Island; personnel assigned to the US Marine Corps Air Station; eligible military retired personnel; and dependents.

A series of informal meetings was arranged with squadron and hospital officer and enlisted wives clubs and the local chapter of the American Association of Retired Persons (AARP). During these meetings, two questions were to be answered:

1. Were health care needs being satisfactorily by military resources?
2. Was there a need to develop a health care services guidebook for the study population for the purpose of providing access to information concerning health care services available in the civilian sector?

If need for the guidebook was established, the effort would be taken to collect data to use for this purpose

#### DEFINITION OF TERMS

The following terms were used throughout this study.

Obstetrics & Gynecology-Health care providers charged with providing comprehensive obstetrical (childbirth) and gynecological (health problems related to women only) health care to women.

Civilian Health and Medical Programs of the Uniformed Services (CHAMPUS)-A cost-sharing program designed to help defray civilian medical expenses.

Health Care Needs-Any intervention required to maintain a state of wellness as it applies to the physical, social and behavioral sciences.

Health Care Services Guidebook-A concise reference providing pertinent information concerning health care resources in the community.

Dependent-Anyone who is married to an active duty member, a child of an active duty member up to age 18, or anyone who lives with the active duty member and relies upon them to meet their physical and monetary needs as designated by the Secretary of the Navy. A dependent can exceed the 18 year old limit if they are in school or college.

Local-An area encompassing a 300 mile radius around NHBFT.

#### SUMMARY

Chapter One introduced the problem of the study which was to determine the necessity for a health care services guidebook for female military dependents and female military retirees in the vicinity of Naval Hospital, Beaufort, South Carolina. Further, it introduced the fact that, if this need was determined, collection of data concerning community health care options would be undertaken. The balance of Chapter One outlined the research goals, background and significance, limitations, assumptions, procedures and definition of relevant terms.

Chapter Two will provide a review of the literature relating to the study. It will focus on current trends seen

today in the US which put women's health issues at a forefront during a time when the number of physicians specifically trained to meet their needs is actually decreasing. Integrated into this will be the actual focus of this study, the US military's status on this same issue.

## CHAPTER II

### REVIEW OF LITERATURE

Presented in this chapter is a review of the literature used to determine current and future trends pertinent to the US's ability to adequately provide health care to women. Interjected into this chapter is also a look at the military's status on this same trend. The chapter looks at the demographics involved in this issue.

### CURRENT TRENDS IN WOMEN'S HEALTH CARE

Obstetrics and Gynecology (OB-GYN) physicians are charged specifically with providing health care to women. Today's health care system is experiencing a physician shortfall particularly in the area of OB-GYN. A study with 769 respondents conducted in the late 1980's shows that nearly 40 percent of OB-GYN physicians over the age of 60 are fully retired and 24 percent are working part-time (Pearse and Horton, 91). Another study indicates that a "large number of physicians have discontinued obstetric practice over the last decade citing reasons as both the burden of higher malpractice premiums and concerns over being named in a malpractice suit" (Rosenblat, Weitkamp, Lloyd and Winterscheid, 1990). Although malpractice does not enter the scenario in the military health care system, this same trend of decreasing OB-GYN physicians is seen.

While there is no intent to diminish the importance of other areas of medicine crucial to women, the specialized area of OB-GYN impacts tremendously upon the US's health care system's ability to care for its female population as reproductive medicine is at the core of women's health.

Obstetrics represents the largest single source of admissions to hospitals in the US (Harness and Kraus, 1989). It should be noted that the focus in women's health care needs is incorporating many other areas besides reproductive medicine. Examples include assisting women through the aging process, managing the stresses of the work environment, and coping with the multiple roles of the contemporary woman (Triolo, 1987).

#### DEMOGRAPHICS

Women comprise more than half of the population and account for more than sixty percent of all doctor visits. Women receive over sixty percent of all prescriptions for medications (National Center for Health Statistics 1985). It is well documented that women use more hospital services than men. According to the National Center for Health Statistics, Hyattsville, Maryland, the hospital utilization rate for women is thirty-seven percent higher than for men. Sixty-three percent of all surgery is performed on women (Triolo, 1987).

It is a well known fact that the US is faced with an

aging population. The fact that, by the year 2000, the population aged 65 and older will reach 35 million, 20 million of which will be women, cannot be ignored by health care providers or politicians.

#### THE MILITARY SYSTEM

The military, for the most part, has enjoyed a situation whereby the active duty sponsor, dependents and retired personnel could be afforded the opportunity to receive needed health care within the system. In fact, in the past, because of ready availability of services, it became the norm that the dependent and retired populations were treated within military medical facilities. This situation is not feasible today and has not been for some time for numerous reasons. There is a physician shortage in some specialized areas. This shortage prompted the Navy Recruiting Command to develop the concept of "One Stop Shopping" which offers a qualified physician the opportunity to be inducted into the Navy within a time span ranging from one week to one month. This process ordinarily ranged anywhere from six months to three years (NAVCRUITCOM Memo, 1989). There is a decided professional nurse shortage. This problem is shared with our civilian counterparts. The supply of Registered Nurses in the US falls short by 200,000 says the American Association of Colleges of Nurses (Roberts, 1991). Because of decreased availability of ancillary staff, more pro-



fessional service hours are being spent in completing required paperwork vs. health care delivery.

The military is poignantly aware of the problem created by the non-availability of care to its dependent and retired populations. To assist in meeting the health care needs of dependent and retired females in the military community, a benefit called Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) is available. However, this necessitates the receiver of health care to pay for a portion of his/her care. This amount can be significant depending on the private physician's charge for service. Generally, the civilian physician is free to charge whatever the market will bear. This system itself costs money which is passed on to the military family. For all Champus eligible persons (except for members of AD families in which the military sponsor is pay grade E4 or below), the annual outpatient deductible for each fiscal year is \$150 for an individual and \$300 for the entire family (Lifeline, 1991).

Also, as an interesting aside, there is a campaign within the military and political realms to work across service lines to provide the best, most cost-effective health care to a large concentration of military, military dependents and retirees nationwide. The pilot for this program is slated for Virginia's Tidewater region and would allow AD members to receive care at any military hospital while dependents and retiree families could choose between

care at military hospitals, if available, and government-contracted civilian doctors and services (Navy Times, 1991). While a system like this appears to have merit for an area with a large concentration of military, little impact will be felt in smaller, more isolated duty stations such as Beaufort, SC, the site for this study, as total resources, both civilian and military, are limited.

There is an incorrect perception that when a person joins a branch of the military service not only will their health care needs be met, but so too, will those of their dependents. Likewise, when the member enters service, there is an erroneous assumption made that health care will be available within the military system upon retirement. If read carefully, the statement pertinent to health care of military dependents and retirees clearly asserts that health care will be rendered upon a space available basis. The mission of the military health care system is to ensure a healthy fighting force, thus, the AD member will always have "front of the line" privileges.

#### FUTURE TRENDS IN WOMEN'S HEALTH CARE

As already stated, there has been a tremendous push over the last two decades to focus on preventive health care. With better education as to health screening availability, great strides have already been made particularly in the areas of breast cancer, cervical cancer and hypertension (Makuc, Freid, and Kleinman 1989). Poor health among women

is a major risk factor for society in general because women serve as the traditional source of health knowledge and care within the family. It should be remembered that health care providers cannot afford to ignore the fact that some American women lack basic health services (Smits, 1986).

As noted, the population of the US is aging and that fact carries certain health care ramifications. The major health characteristic of women older than 65 is a greater prevalence of multiple, long-term illness that cause limitations in lifestyle. Women over 65 experience a greater incidence of visual and hearing impairments, arthritis, hypotensive disease, coronary heart disease, diabetes, impairment of the lower extremities and hip, chronic bronchitis, all diseases of the urinary tract, gastrointestinal disorders, and all types of anemia than their younger counterparts (Triolo, 1987). Further, women are more vulnerable to chronic and acute diseases than men (Hess and Markson, 1980). The implications for the education of women concerning health promotion is overwhelming.

Women want control and ownership of their bodies. The Women's Movement stresses education and a share in the decision-making process (Triolo, 1987).

#### SUMMARY

Presented in Chapter II has been a review of the literature used to determine trends currently in existence in US health care systems and, more specifically, those

trends addressing the needs of females. It examined the military's ability and efforts to provide health care to this same segment of the population. Pertinent demographics were examined. Chapter III will examine the methods and procedures used during the study.

## CHAPTER III

### METHODS AND PROCEDURES

The purpose of this study was to ascertain the need for a health services guidebook for the study population and, if deemed necessary, compile data pertinent to available community health care options in order that an appropriate and easily utilized health care services guidebook could be developed. Chapter III describes the methods and procedures used in establishing: the need for the guidebook; the options available in the community for delivery of health care services.

### POPULATION

The population of this study encompassed all military-eligible female health care consumers 18 years of age or older in the vicinity of NHBFT, SC. Three different Naval Commands were involved: Naval Hospital, Beaufort, SC; US Marine Recruit Training Depot, Parris Island, SC; US Marine Corps Air Station, Beaufort, SC. All military-eligible females in a retired status were also included.

NHBFT Commanding Officer and Director of Nursing were asked to allow one professional nurse and one hospital corpsman to devote full-time energies to: First, determining the need for the health care services guidebook and, second, researching exactly what health care personnel and facilities were available in the local area that the study

population could utilize. One professional nurse and one hospital corpsman were assigned for this tasking.

#### INSTRUMENT DESIGN

In determining the need for a health services guidebook, no instrument was designed for survey purposes because of the ease of access to the study population. Extremely reliable avenues were available through the various wives club meetings and the meetings of the American Association of Retired Persons which were the two groups of people being surveyed.

Once the need for a health services guidebook was established, a mechanism had to be developed to ascertain the local community resources. In determining community health care scope and availability, the interview methodology was chosen as it was expected that better results and better rapport with the community could be gained in this manner. The objective was to obtain as much information as possible concerning all avenues a female could take to attain needed health care at this isolated duty station.

Because two staff members were assigned to this tasking and could conduct the interview, the instrument used (Appendix A) was designed to serve as a standard in the interview process. A formal, structured interview was held with each private physician or their office manager and the director or their designee at each clinic visited. In the event that an actual site visit was not feasible, a tele-

phone interview was held.

#### DATA COLLECTION

Data collection was from two sources. First, to establish the need for a health care services guidebook, the study population had to be surveyed as to whether their health care needs were adequately addressed by the military health care system. Secondly, to establish the community health care resources, a mechanism had to be developed to ascertain exactly what services (i.e. private physician/facility) were available in the community and did the study population have access to and eligibility for them.

The meetings with wives groups were held informally. Each wives group held meetings monthly and either the Nurse Corps Officer or the Hospital Corpsman assigned this tasking attended these meetings. There were approximately 20 wives groups with attendance levels between 10 and 15. At each meeting, a twenty minute talk was given by the nurse or corpsman in attendance concerning the status of NHBFT's ability to deliver all needed health care. After the presentation, a vote was taken as to whether there was a need to develop the health services guidebook. This process took a period of four months.

The meeting with the local chapter of the American Association of Retired Persons was attended by either the Nurse Corps Officer or the Hospital Corpsman for four months consecutively. The same twenty minute talk was given con-

cerning the status of NHBFT's ability to deliver all needed health care. Again, a vote was taken as to whether there was a need to develop the health services guidebook.

Once a consensus was reached that a guidebook was needed, the task became one of collecting data concerning available community health care services. In addition to the private physician sector, there were other numerous health care facilities within the community. Actual site visits were made to Beaufort-Jasper Comprehensive Health Services, PRIMUS, Telfair Pavilion and all private physicians in the Beaufort area that practiced OB-GYN or family practice. Family Practice was included as these physician's also render care specifically aimed at meeting the needs of women. The family practitioner especially impacts in the area of childbirth. In the event an actual site visit was not feasible, the information was obtained by phone.

The structured interviews with private physicians and clinic/facility directors took approximately two months to complete. Either the Nurse Corps Officer or the Hospital Corpsman conducted the interviews. All interviews were conducted in person or via phone if an in-person interview was not feasible.



## DATA ANALYSIS

The instrument designed for use during the interview of the community health care personnel/facilities consisted of thirteen items. Items 1-6 served to identify name and purpose of the facility, location, address, phone number and days/hours of operation. Item 7 concerned itself with eligibility of the target population to receive care at the facility. In all cases, it was found that the target population was eligible. Item 8 dealt with the financial issue of receiving care. Of the 29 community options, 8 charged a fee for services based upon family income. These facilities usually required a W-2 form for income verification. Three clinics and eleven private physicians would not discuss fees except with the consumer. In fifteen of the options, CHAMPUS was accepted by the health care provider. Question 9 dealt with the issue of CHAMPUS. Seven military facilities were available and were free but service was on a space available basis. Item 10 listed the type of staff available at the facility. Item 11 dealt with services offered. Item 12 dealt with the situation in which the facility was unable to render the needed care. This item was not applicable to all interviewed. Item 15 focused on special comments or instructions for the health care consumer.

## SUMMARY

Chapter III discussed the methods and procedures used to gather data for this study. It concerned itself with the process used by the researcher to establish need for the health services guidebook, the manpower involved, the data collection instrument for community health care resources and data analysis.

Chapter IV of this study will focus on the results of this process of data collection and analysis.

## CHAPTER IV

### RESEARCH FINDINGS

This chapter will focus on the results of the research effort. Research efforts were directed toward answering the problem of the need for a health care services guidebook for military eligible women seeking health care within the vicinity of Naval Hospital, Beaufort, S. C. and the subsequent gathering of information concerning community health care service availability.

The information presented was obtained during twenty informal meetings with military wives clubs and four consecutive monthly meetings of the local chapter of the American Association of Retired Persons.

### PERSONAL DATA

One hundred percent of those surveyed were 18 years of age or older and fell into one of three categories:

1. Female, married to an active duty military member.
2. Female, retired from the military.
3. Female, dependent of a retired military member.

### AVAILABLE SERVICES AT NAVAL HOSPITAL BEAUFORT

Naval Hospital, Beaufort, the study site, had severely restricted access to care for women. An overview of the status of health care services at the study site was as follows:

- All OB-GYN services were unavailable.
- Limited Orthopedic service was available.
- Extremely limited (10%) Internal Medicine service was available.
- Full General Surgery services were available.
- Full Psychiatric services were available.
- Full Radiology services were available with the exception of mammography.
- Full Immunization services including the flu vaccine were available.
- Full Pharmacy services were available.

It is noteworthy that all OB-GYN services and mammography was unavailable. As noted earlier, these services were at the core of women's health.

At least one of every seven women surveyed had been either assigned to use the CHAMPUS benefit or were placed in a position where the appointment waiting time was felt to be unacceptable to the health care consumer.

#### AVAILABLE COMMUNITY HEALTH CARE SERVICES

Structured, formal interviews were conducted to determine the scope of available health care services in the local area. There were nine non-military health care facilities within the local area which accepted active duty beneficiaries as patients. There were eleven private physicians who accepted active duty beneficiaries as patients. All accepted CHAMPUS as a form of payment. There

were six military options within the local area. Specific information gathered on each of these community resources is presented in Appendices B-K.

#### SUMMARY

Chapter IV presented the findings of the research effort. Personal data pertaining to the population surveyed was included. Also included in this chapter was a composite of the health care services available at NHBFT and within the local area.

The final chapter will provide a summary, conclusion and any pertinent recommendations based on the results of this study.

## CHAPTER V

### SUMMARY, CONCLUSIONS & RECOMMENDATIONS

The intent of this chapter is to present a summary of the findings of the research study, draw conclusions and make recommendations based upon the findings.

#### SUMMARY

This study was designed to establish the need for a health services guidebook, and if necessary, develop a guidebook related to health care services available to the military dependent and retired female population in Beaufort, South Carolina, a relatively small, isolated duty station by Navy standards. The need for the health care services guidebook centered on the local military's health care system's ability to render needed care.

There was unanimous agreement among the study population that a health services guidebook was needed. Many had experienced the situation whereby their health care needs were either not met or not met as fast as the consumer felt they should have been.

A systematic approach was used to decide if such a guidebook was desired by the targeted population and, thus determined, an all-out effort using a standardized questionnaire was made to collect as much information as possible concerning health care services available within a

300 mile radius of Naval Hospital, Beaufort, South Carolina. Sources of services available were civilian as well as military.

### CONCLUSIONS

As a result of this study, the following conclusions were realized:

1. The health care needs of the study population were not being met satisfactorily by the local military health care system.
2. The study population was at a distinct disadvantage at NHBFT primarily due to a physician and nurse shortage.
3. The community offered a wealth of health care services to which the study population had access, both in the private sector (i. e. private physicians), and in public clinics. There was some degree of accessibility to health care through six different military hospitals/clinics within a 300 mile radius.
4. A health care services guidebook was deemed necessary and should be pursued.

### RECOMMENDATIONS

Based on the results of the study, the following recommendations are offered:

1. A health care services guidebook be published and

disseminated as expeditiously as possible using the information made available through this study.

2. Dissemination of the availability of the information could most efficiently be accomplished through:
  - the use of the intricate wives networking system used in the initial stages of this study.
  - the readily available access to the American Association of Retired Persons through their monthly meetings.
  - local and base newspapers announcements.
  - placement of posters in high traffic areas: base commissary; base exchange; hospital pharmacy; pediatric and OB-GYN clinics.
  - announcements at the monthly meeting of the Health Care Consumers Advisory Council.
3. A Resource Center be established within the OB-GYN clinic as this is where women generally present for health care and, thus, this was the area in which a resource person could best be utilized. This is felt to be a more effective method of providing the needed education for women than simply handing them the guidebook.
4. This Resource Center be staffed with a qualified Nurse Corps Officer and a Hospital Corpsman Second Class during normal working hours. It would be preferable that the same staff that did the study



open the Resource Center as they were the ones who established rapport with community health care providers.

5. With the emphasis being placed on health promotion and disease prevention in the civilian sector, a Health Promotion/Screening Clinic should be established within Naval Hospitals throughout the Navy's medical system.

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## APPENDIX

APPENDIX A  
INTERVIEW QUESTIONNAIRE

1. Name of provider/clinic\_\_\_\_\_
2. Address\_\_\_\_\_
3. Location of clinic/s\_\_\_\_\_
4. Phone number\_\_\_\_\_
- Autovon\_\_\_\_\_
5. Purpose of facility\_\_\_\_\_
6. Days/Hours of Operation\_\_\_\_\_
7. Military Beneficiaries eligible for care?\_\_\_Yes\_\_\_No
8. Fees for Services\_\_\_\_\_
9. CHAMPUS  
Authorized Champus Provider\_\_\_\_\_Yes\_\_\_\_\_No  
Accept Champus\_\_\_\_\_Yes\_\_\_\_\_No  
Accept Assignment\_\_\_\_\_Yes\_\_\_\_\_No  
Who Files Claim\_\_\_Provider\_\_\_Patient
10. Breakdown of Health Care Providers at Facility  
Physicians  
Number\_\_\_\_\_
- Type\_\_\_\_\_
- Nurses  
Number\_\_\_\_\_
- Type\_\_\_\_\_
- Other
11. Services Provided\_\_\_\_\_
12. Procedure when unable to render needed care if applicable\_\_\_\_\_
13. Any special comments or instructions for patients

## APPENDIX B

### BEAUFORT-JASPER COMPREHENSIVE HEALTH SERVICES, INC.

LOCATION: There are four sites in the Beaufort-Jasper area

Chelsea  
Hardeeville  
St Helena  
Sheldon

PHONE: 524-0041  
AUTHORIZED CHAMPUS: Yes  
ACCEPT CHAMPUS: Yes  
ACCEPT ASSIGNMENT: Yes  
OFFICE FILES CLAIM: Yes

ELIGIBILITY: ALL. Charges are on a sliding scale based on family income. Need W-2's, which will be verified yearly, as proof when registering. Checked yearly. There are 6 income fee brackets: A=MINIMUM FEE TO F=FULL FEE.

WAITING TIME FOR APPOINTMENT: STRIVE FOR 24-48 HRS.  
PAYMENT REQUIRED UPFRONT? YES, BUT SUBJECT TO CIRCUMSTANCE.

#### AVAILABLE SERVICES:

WIC (women, infant, children)  
LOW BIRTH RATE AND HIGH RISK PREGNANCY  
LAB (BIOROCK CONTRACT)  
PHARMACY (CAN USE NAVAL HOSPITAL)  
X-RAY (CAN PROVIDE DIAGNOSTIC MAMMOGRAMS)  
DENTAL  
TRANSPORTATION for APPOINTMENTS (CALL FOR BUS TO STOP)

#### STAFF:

SOCIAL WORKER  
NUTRITIONIST  
2 OB-GYN PHYSICIANS (DELIVERIES AND COLPOSCOPY)  
1 PEDIATRICIAN  
3 FAMILY PRACTICE PHYSICIANS  
2 INTERNAL MEDICINE PHYSICIANS

APPENDIX C

PRIMUS  
PRIMARY MEDICAL CARE FOR THE UNIFORMED SERVICES  
SAVANNAH, GEORGIA 31406

Primus is a free Army operated walk-in medical care clinic.  
No appointments are made with the exception of mammography  
services.

LOCATION: Eisenhower shopping mall at the corner of  
Eisenhower Drive and Waters Avenue.

ADDRESS:

PRIMUS  
1100 EISENHOWER DRIVE  
SAVANNAH, GA. 31406

PHONE: (912) 352-7116 THIS IS A RECORDED MESSAGE THAT  
ALERTS TO CURRENT WAITING TIMES.  
(912) 352-7245 TO TALK TO A STAFF MEMBER.  
(912) 352-4869 MAMMOGRAPHY

ELIGIBILITY: All eligible military beneficiaries.  
ELIGIBILITY WILL BE VERIFIED THROUGH DEERS.  
(Defense Enrollment Eligibility Reporting  
System)

STAFF:

- A. ALL PHYSICIANS (REGARDLESS OF SPECIALTY) FUNCTION AS  
FAMILY PRACTITIONERS.
- B. FAMILY PRACTICE NURSE PRACTITIONERS.
- C. REGISTERED NURSES
- D. MEDICAL ASSISTANTS
- E. TECHNICIANS
- F. PHYSICIAN'S ASSISTANTS
- G. CONTRACT RADIOLOGY

HOURS OF OPERATION:

MON-FRI 0700-2000  
SAT, SUN, AND HOLIDAYS 0700-1600

PATIENT SHOULD BRING: Military identification (ID) card. Can bring health record but a record will be initiated and maintained at Primus. If available, bring the white outpatient ID card.

SERVICES PROVIDED:

- A. ACUTE CARE
- B. ROUTINE RADIOLOGY
- C. ROUTINE LAB WORK
- D. SCREENING MAMMOGRAMS (SEE COMMENTS ON NEXT PAGE)
- E. SCREENING PAP SMEARS (0700-0900 DAILY)
- F. ROUTINE IMMUNIZATIONS (INCLUDES FLU SHOT)
- G. MEDICATIONS PRESCRIBED BY PRIMUS. THEY CANNOT PROVIDE ANY SERVICE IF THE PRESCRIPTION IS WRITTEN OUTSIDE OF PRIMUS.
- H. PREGNANCY TEST
- I. WELL BABY CHECKS
- J. SCHOOL/SPORTS PHYSICALS

SPECIAL COMMENTS ON MAMMOGRAMS DONE AT PRIMUS

1. Only routine screening mammography is performed.
2. A referral/request is necessary. Can be from a military facility or a civilian physician.
3. MUST HAVE AN APPOINTMENT. Generally, Primus staff needs patient to come by and make the appointment bringing the request form/referral with them.
4. BECAUSE BEAUFORT IS INCONVENIENTLY LOCATED, THE PATIENT MAY MAIL IN THE REFERRAL/REQUEST. PATIENT SHOULD BE INFORMED THAT IT IS NECESSARY TO ADDRESS THE ENVELOPE AS:

PRIMUS  
1100 EISENHOWER DRIVE  
SAVANNAH, GA. 31406

5. Primus staff will then call the patient to set up the appointment.
6. The patient must have proof of a physician examination.
7. If there is a family history of breast cancer, the patient can come to primus for the physician examination.

SERVICES NOT PROVIDED AT PRIMUS:

1. EMERGENCY CARE OF ANY TYPE.
2. SURGERY OF ANY KIND.
3. PHYSICALS OTHER THAN MENTIONED ABOVE.
4. DIAGNOSTIC MAMMOGRAMS.
5. PHARMACY SERVICES WHEN PRESCRIPTION IS NOT FROM PRIMUS.
6. REFERRALS TO CIVILIAN HEALTH FACILITIES.
7. IUD INSERTION.
8. DIAPHRAGM INSERTION.
9. COMPLICATED RADIOLOGICAL OR LABORATORY TESTS.
10. LONG-TERM CARE SUCH AS IN DIABETES, HYPERTENSION, ETC.

PRIMUS WILL REFER PATIENT (a consult will be written from the Primus doctor) TO THE APPROPRIATE MILITARY FACILITY FOR TREATMENT THEY ARE UNABLE TO PROVIDE. THIS CONSULT WILL NOT ENSURE THAT CARE CAN OR WILL BE PROVIDED BY THE MILITARY FACILITY FOR WHICH THE CONSULT IS WRITTEN. Care rendered is based upon availability of space.



APPENDIX D

PUBLIC HEALTH DEPARTMENT

ADDRESS: 600 WILMINGTON

PHONE: 525-7225  
525-7215  
525-7208 (family planning)  
525-7215 (immunizations)  
525-7209 or 7211 (wic)

AUTHORIZED CHAMPUS: Yes  
ACCEPT CHAMPUS: Yes  
ACCEPT ASSIGNMENT: Yes  
OFFICE FILES CLAIM: No

ELIGIBILITY: All. There will be a charge for certain services based on total family income.

SERVICES PROVIDED:

- A. Family Planning-charged based on family income.
- B. Pap smears. (will require enrollment in family planning)
- C. Well baby physicals. (check, at times, this is done for patients on medicaid only).
- D. Immunizations (adult or child). There is a charge for required overseas immunizations.
- E. WIC (have to qualify and be a nutritional risk).
- F. Adult Health- all free except as indicated.
  - 1. Diabetes
  - 2. Hypertension
  - 3. Tuberculosis Program
  - 4. Venereal Disease
  - 5. Home Health (there is a charge for this.)
- G. Aids testing-charge involved

APPENDIX E

SOUTH CAROLINA VOCATIONAL REHABILITATION DEPARTMENT

ADDRESS: PO Box 813  
1911 Boundary Street

PHONE: 524-8418

AUTHORIZED CHAMPUS: Yes  
ACCEPT CHAMPUS: Yes  
ACCEPT ASSIGNMENT: Yes  
OFFICE FILES CLAIM: No

ELIGIBILITY: Individually determined by a mandatory meeting with one of their counselors.

SERVICES PROVIDED: Generally, our beneficiaries will not be eligible for assistance through this program, however, a counselor will meet with them to determine eligibility. There will be a fee based on total family income for the services.

- A. Preparation for the handicapped to function in real environment.
- B. Help with funding, if unable to meet medical expenses. Evaluation by the counselor.
- C. Adult preparation for 11th-12th graders (handicapped).
- D. Drug and Alcohol Rehabilitation program.

## APPENDIX F

### RIVERS AVENUE URGENT CARE MEDICAL CLINIC OF SOUTH CAROLINA

LOCATION: 5814 Rivers Avenue  
Charleston, S. C.

PHONE: (803) 554-0323

AUTHORIZED CHAMPUS: Yes  
ACCEPT CHAMPUS: Yes  
ACCEPT ASSIGNMENT: No  
OFFICE FILES CLAIM: No

ELIGIBILITY: All (If <16 years old, must have parental consent).

SERVICE PROVIDED: Pregnancy Termination with suction curettage under local anesthesia. (GAS ANALGESIA IS AVAILABLE).

#### SPECIAL NOTES:

- A. Termination can be done up to 12 weeks from conception or 14 weeks from the first day of the last menstrual period.
- B. All services are confidential.
- C. All patients are counseled before the abortion and again after the abortion concerning birth control.
- D. Arrangements can be made for mid-trimester termination.
- E. Cost should be verified by the patient. It includes medications, counselling, and necessary blood work.
- F. Rho-Immune is available for RH negative women when indicated at no extra charge.
- G. Each woman must have a 3 week follow-up examination which includes a pap smear, pregnancy test, vaginal examination, and 1 month supply of birth control pills. A FEE WILL BE LEVIED.
- H. Staff are board certified gynecological specialists with Registered nurse and technician assistants.

- I. Patient must call the clinic themselves for specific instructions preceding the abortion.
- J. Hours are Monday-Friday, 0900-1700.

## APPENDIX G

### RIVERS AVENUE LADIES CLINIC

LOCATION: 5814 Rivers Avenue  
Charleston, S. C.

PHONE: (803) 554-0323

ELIGIBILITY: All

AUTHORIZED CHAMPUS: Yes  
ACCEPT CHAMPUS: Yes  
ACCEPT ASSIGNMENT: No  
OFFICE FILES CLAIM: No

#### SERVICES PROVIDED:

- A. Tubal Ligation (outpatient)
- B. Vasectomy (outpatient)
- C. General Pregnancy Termination
- D. Local Pregnancy Termination
- E. V-D Testing and Treating
- F. Yearly Pap Smear- includes 1 month free of birth control pills
- G. Pregnancy Testing

PATIENT SHOULD CHECK ON FEE. IN SOME CASES, THE FEE CAN BE SUBSTANTIAL.

## APPENDIX H

### BLUFFTON CLINIC HILTON HEAD CLINIC

PHONE: Bluffton- (803) 757-2251  
Hilton Head- (803) 681-2034

AUTHORIZED CHAMPUS: Yes  
ACCEPT CHAMPUS: Yes  
ACCEPT ASSIGNMENT: Yes  
OFFICE FILES CLAIM: No

ELIGIBILITY: ALL

#### SERVICES PROVIDED:

- A. Family Planning (charge based on family income).  
An appointment is necessary.
- B. Immunizations (charge only for overseas immunizations).
- C. WIC (eligibility must be verified)
- D. Adult Health
  - 1. Hypertension (will do Blood Pressure checks).
  - 2. Diabetes (will test with glucometer).
  - 3. VD
  - 4. Aids screening (appointment necessary).

#### SPECIAL NOTES:

- A. Do not offer OB-GYN services.
- B. Only services requiring appointments are Family Planning and Aids screening.
- C. Part-time physicians rotate to both clinics:
  - volunteer General Practitioner for 4 days/month
  - pediatrician for 1 day/month
  - family practice physician for 1 day/month.
- D. Hours are Monday-Friday 0830-1200 and 1300-1700.

## APPENDIX I

### TELFAIR PAVILION

ADDRESS: 5354 REYNOLDS STREET  
SAVANNAH, GA 31405

PHONE: (912) 352-2000

AUTHORIZED CHAMPUS: Yes  
ACCEPT CHAMPUS: Yes  
ACCEPT ASSIGNMENT: No  
OFFICE FILES CLAIM: No

ELIGIBILITY: All. This is a profit Organization.

#### SERVICES PROVIDED:

- A. Dual-Photon Absorptiometry (osteoporosis screening)  
FEE. THE PAVILION REQUIRES A PHYSICIAN REFERRAL.
- B. Low-Dose Mammography  
FEE. THE PAVILION LIKES TO HAVE A PHYSICIAN  
REFERRAL. The mammogram will involve 6 views.
- C. Ultrasound Screening-Ensure fee is determined.
  - 1. Pelvic
  - 2. Abdominal
  - 3. OB

# APPENDIX J

THE BELOW LIST REPRESENTS PRIVATE PHYSICIANS PRACTICING EITHER OB-GYN, JUST GYN, OR FAMILY MEDICINE. ALL ACCEPT CHAMPUS. SEE SPECIAL NOTES.

<u>PHYSICIAN</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>SPECIAL NOTES</u>
DR R. BOSTICK (FAMILY PRACTICE)	151 RIBAUT SQ OFC PARK	524-6121	* **
DR E. COLLINS DR J. B. CREDLE DR J. FONTANA (OB-GYN)	128 S RIBAUT	524-8151	
DR J. GRAY (FAMILY PRACTICE)	134 S RIBAUT	524-3344	*
DR A. JENKINS (GENERAL PRACTICE)	512 S RIBAUT	524-3128	
DR E. LILLIEWOOD (OB-GYN)	140 S RIBAUT	525-6171	*
DR W. LYNN (GYN)	708 CARTERET	524-2590	
DR H. PEARSON DR L. ROEMPKE (FAMILY MEDICINE)	126 S RIBAUT	524-7250	
DR E. WASHINGTON (OB-GYN)	304 SCOTT ST	524-1077	

TO OUR KNOWLEDGE, THESE ARE THE PRIVATE PHYSICIANS IN BEAUFORT WHO PRACTICE OB, GYN, OR FAMILY MEDICINE. SOME ACCEPT CHAMPUS. DETERMINE THE FEE PRIOR TO THE INITIAL APPOINTMENT. INITIAL CONSULTATION FEES CAN BE DETERMINED WHEN MAKING THE APPOINTMENT.

\*Office files claim to CHAMPUS

\*\*The physician accepts assignment



## APPENDIX K

### OTHER MILITARY RESOURCES

Other military options that would be considered local for our beneficiaries are:

A.	Naval Hospital, Charleston OB-GYN Clinic	Autovon	563-2853
		Commercial	743-2853 OR 2854
B.	Dwight D. Eisenhower Medical Center, Augusta, GA.	Autovon	780-6466
		Commercial	(404) 791-3165
C.	Fort Jackson, Columbia Central Appointment desk	Autovon	734-2251
		Commercial	751-3108
D.	Fort Stewart Winn Army Hospital OB-GYN Clinic	Autovon	870-6009
		Commercial	(912) 767-6009
E.	Naval Hospital, Jacksonville, FLA OB-GYN Clinic	Autovon	942-7300
		Commercial	(904) 777-7417
F.	Charleston Air Force Base	Commercial	554-2163

It is difficult to predict whether the above military hospitals are seeing new patients as they may have similar doctor shortages. The patient, if desiring to be seen at one of these hospitals, must call to get an appointment.

\*USING AUTOVON PREFIX WITH 1110 WILL GET THE MAIN OPERATOR.

## APPENDIX L

### DIRECTORY OTHER INFORMATIONAL RESOURCES

ADVOCACY GROUP-NATIONAL ORGANIZATION OF WOMEN.....202-347-2279

BABY LAYETTE (NAVY RELIEF).....846-2226  
846-2227

BABYSITTING SERVICE

FAMILY SERVICE CENTER.....846-7353  
MCAS CHILDCARE CENTER.....846-7290

COUNSELING

COASTAL EMPIRE MENTAL HEALTH...524-3378  
FAMILY SERVICE CENTER.....846-7353

FAMILY SERVICE CENTER (HIGH CHAIRS, CRIBS, ETC).....846-7353

FINANCIAL ASSISTANCE

RED CROSS.....846-8119  
NAVY RELIEF.....846-2226  
846-2227  
SOCIAL SECURITY COMMISSION.....524-5795  
ECONOMIC OPPORTUNITY.....524-4245  
BENEVOLENT SOCIETY.....524-0197  
HELP.....524-1223  
SALVATION ARMY.....524-3727  
CONSUMER CREDIT-COUNSELING.912-355-4706

FOOD AND NUTRITION

DEPARTMENT OF SOCIAL SERVICE...525-7361  
DHEC-WIC.....525-7209  
MEALS ON WHEELS.....524-3022  
SUMMER FEEDING PROGRAM.....524-7426  
FOOD STAMPS.....525-7361

SHELTERS

MY SISTERS HOUSE-CHARLESTON....744-3242  
-SAVANNAH..912-234-9999  
OPEN ARMS.....525-1009

SUBSTANCE ABUSE

BFT COUNTY COMMISSION.....525-7407  
NH ARS.....525-5536  
AA.....525-1834  
AL-A-NON.....524-4934

WELCOME BABY(USNH).....525-5600

## APPENDIX M

### TOLL FREE NUMBERS FOR HEALTH INFORMATION

ABORTION AND ITS ALTERNATIVE.....	800-523-5101
AIDS.....	800-221-7044
AIDS HOTLINE.....	800-342-AIDS
ALZHEIMER'S DISEASE.....	800-621-0379
ASTHMA CENTER.....	800-222-5864
BREAST CANCER SUPPORT.....	800-422-6237
CANCER.....	800-525-3777
CHILDFIND.....	800-426-5678
CHILDHELP USA.....	800-422-4453
CROHN'S & COLITIS FOUNDATION.....	800-343-3637
CIVIL RIGHTS HOTLINE.....	800-368-1019
CRISIS SUICIDE.....	800-922-2283
DIABETES FOUNDATION.....	800-227-6776
DOWN SYNDROME.....	800-221-4602
DRUG HOTLINE.....	800-922-2283
EPILEPSY.....	800-424-0660
HEARING HOTLINE.....	800-424-8576
GOVERNMENT SPONSORED MEDICAL TRIALS.....	800-874-2572
KIDNEY FUND.....	800-638-8299
LEPROSY MISSIONS.....	800-543-3131
NATIONAL CANCER INSTITUTE INFORMATION.....	800-422-6237
NATIONAL CHILD ABUSE HOTLINE.....	800-422-4453
PARENTS ANONYMOUS.....	800-532-2308
RUNAWAY HOTLINE.....	800-621-4000