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2017 Access to Care Report

ELKHORN LOGAN VALLEY PUBLIC HEALTH DEPARTMENT

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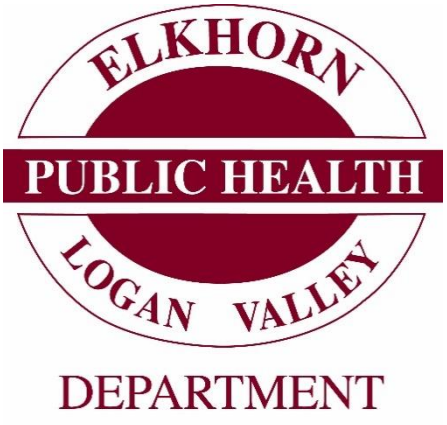

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Introduction

In order to prevent and treat disease, disability, or other negative health outcomes, people first have to be able to access health care. Unfortunately, access to health care is not as simple as going to the clinic. There are many factors that can stop or postpone someone from obtaining the health care that they want or need. Some factors include, but are not limited to, health insurance status, distance to care, perceived quality of available care, trust in health care providers or the health care system, poverty, language barriers, inability to pay, as well as many other cultural and socioeconomic factors. This report will focus specifically on the ability to access health care facilities and services for people living within Elkhorn Logan Valley Public Health Department's (ELVPHD) jurisdiction of Burt, Cuming, Madison and Stanton counties.

Specifically, this report will assess the local healthcare infrastructure, what ELVPHD is doing to monitor and increase access to care, as well as the population's health insurance status, frequency of clinic/hospital visits, ability to pay for health-related services and other barriers to receiving health care.

Local Healthcare Infrastructure

As discussed in the reports of ELVPHD's 2016 Community Health Assessment (CHA), many portions of the health district include some kind of health provider shortage. As of 2017, 58 out of the 93 counties in Nebraska are State Designated Shortage Areas for family practice. Of the four counties served by ELVPHD, three of them are State-Designated Shortage Areas for family practice (Stanton, Cuming, and Burt). Stanton, Cuming, and the northern part of Burt Counties are State-Designated Shortage areas for general dentistry. All four counties are State-Designated Shortage Areas for Psychiatry and Mental Health (only 5 full counties in Nebraska are **not** State-Designated Shortage Areas for Psychiatry and Mental Health). All of ELVPHD's counties have geographic portions that are Federally Designated Primary Care Medically Underserved Areas or Populations, all of Stanton County falls under this category. Madison County has Federally Designated Medically Underserved Populations for Primary Care.[1]

This shortage problem affects the ability for patients to access health services. For example, it limits the amount and variability of providers that a patient can see. This becomes a problem when patient-provider personalities do not match, or when sensitive matters are discussed and the patient seeks care from a certain type of provider (for example, gynecological exams). To help ease this provider shortage problem, Physician's Assistants and Nurse Practitioners (APRN) are utilized in many primary care clinics in the health district. In addition, since specialists are not very prominent in this area (especially with behavioral health) it is often the case that patients needing specialized care have to utilize generalists in their place. Throughout rural areas in the country this can not only put a stress on generalists by having to become more familiar with specialty areas, but also contributes to the primary care shortage since these patients are using time slots originally designated for general health care appointments. Further exploration of this topic is needed to determine this effect for our health district.

In addition to clinics and hospitals, the ELVPHD health district also contains one FQHC (Federally Qualified Health Center); Midtown Health Center, in Norfolk. The FQHC provides primary medical and

[1] Office of Shortage Designations. 2017. *Federally Designated Primary Care medically Underserved Areas/Populations.* http://dhhs.ne.gov/publichealth/RuralHealth/Documents/HPSA%20MUA_MUP.pdf

dental care on a sliding fee scale as well as behavioral health services and disease/healthy lifestyle education. The FQHC also has extended weekday hours. Some medical clinics and "convenient / walk-in clinics" in the area do also provide extended weekday hours and/or limited weekend hours of operation.

About seventeen (17) EMS services are based in the ELVPHD health district, with more that are outside of the health district but are still utilized when necessary.[2] All EMS services in the area are volunteer except for the services covering the City of Norfolk.

According to internal ELVPHD records, there are 26 dental clinics in the health district, mostly concentrated towards the west end of the district. Pharmacies are also mostly concentrated in the western part of the health district, totaling about 19 across the 4 counties. About nine (9) physical therapy locations are throughout the health district.[3]

What ELVPHD has been doing

Monitoring

Since the previous Access to Care Report came out in 2016, ELVPHD has worked to continually monitor the access of its constituents. ELVPHD has added three questions regarding access to care to their standard questions that are included on various program client intake forms. In addition, these three questions were added with two more questions to create a brief access to care survey separate from other programmatic documents. The intention of these questions is to analyze annually for the populations that we serve. Note that data gained from these questions are not meant to be representative, but to give us an idea of any major changes or trends that can develop from year to year. In all, 591 non-duplicated respondents answered at least one of the three questions added to the standard questions. Those questions included, "Do you have a primary health care provider/ family doctor?;" "Are members of your household covered by health insurance?;" and "Is transportation a barrier for you to receive health screenings or other health care services?"

Table 1 (below) shows the amount of respondents that have a primary health care provider/family doctor. In addition, it includes data from the 2013 CHA for comparison; 2013 CHA data was used because the question was replaced with a similar question (discussed below) in the 2016 version. Also included is BRFSS data from the most recent year (2015). BRFSS data is meant to be a more representative sample of the population demographics.

Table 1: Do you have a primary health care provider/ family doctor?

	ELVPHD Standard Questions N=527	2013 CHA	2015 BRFSS N=922
%With Provider	77%	88%	78.2%
%Without Provider	23%	12%	21.8%

Table 2 (below) shows the insurance status of survey respondents. It also includes data from the 2016 CHA where a fewer percentage of those respondents had health insurance. Again, this may not be representative of the entire population, but it is a trend to keep an eye on. It may also mean that the

[2] According to internal ELVPHD records

populations that we serve are slightly more likely to have all of their household covered by health insurance than not. Although 2015 BRFSS data does not ask the question this way, it does show that 86.6% of adults aged 18-64 years old have health care coverage. Therefore, it is likely that respondents to both our standard questions and the 2016 CHA were more likely to have insurance than the general population.

Table 2: Are members of your household covered by health insurance?

	ELVPHD Standard Questions (N=539)	2016 CHA (N=1237)
% All have Insurance	95.7%	92.0%
% Some have insurance	3.5%	6.1%
% None have insurance	0.7%	1.9%

Table 3 (below) shows the percentage of people that report transportation as a barrier to accessing health care. The percentage represented in the standard questions mirrors 2016 CHA data, with just over 2% of the population reporting transportation barriers.

Table 3: Is transportation a barrier for you to receive health screenings or other health care services?

	ELVPHD Standard Questions (N=527)	2016 CHA (N=1422)
Transportation Barrier	2.3%	2.2%
No Transportation Barrier	97.7%	97.8%

In addition to the above three questions, two additional questions regarding access to care were added to a short survey. Table 4 (below) shows other barriers that may stop patients from seeking health care services. Note that only 9 respondents left valid responses for ELVPHD's standard questions, so these results likely do not accurately reflect the population at large. These answers suggest that while many do not perceive themselves to have a barrier to accessing healthcare, a good number of people are unable to pay for healthcare services.

Table 4: Have any of the following stopped you from getting health care services or a health screening, including prescription drugs?

	ELVPHD Standard Questions (N=9)	2016 CHA (when applicable) (N=1415)
1-I am unsure of when, how, or why I should get health care services or a health screening	56%	N/A
2- My doctor hasn't recommended I get a health screening	78%	21.3%
3- I can't pay for health screenings/services (including out of pocket costs, or high deductibles or co-pays)	33%	10.5%
4-My health insurance is not accepted, or does not cover these services	33%	N/A
5- I had troubles or was unable to make an appointment (for any reason)	33%	N/A

6- I don't trust health care providers in my area	67%	2.0%
7- I need help understanding health information	44%	N/A
8- Language or interpretive services that I need are not available	22%	0.1%
9- Other reason: (Please explain)	33%	4.5%
10- None	56%	51.8%

Table 5 (below) shows what types of providers that respondents typically go to for most of their medical care.

Table 5: Where do you get most of your medical care from (please select one option)

	ELVPHD Standard Questions (N=29)	2016 CHA
1- Primary Care Provider	74%	59.7%
2- Other Medical Doctor	2%	14.1%
3- Non-Medical Doctor	5%	3.1%
4- Other Medical Practitioner	7%	17.7%
5- I do not seek medical care	2%	5.5%

In addition, data from the 2017 release of County Health Rankings by the Robert Wood Johnson Foundation marked the ratio of primary care physicians to the population as an area to explore for both Burt and Cuming Counties (while Stanton did not have enough data to produce a useable ratio). This same ratio was marked as an area of strength for Madison County, as it houses Norfolk which contains a considerably larger health care infrastructure.

Taking Action

ELVPHD has also taken steps to create greater access to health care services since the previous Access to Care report has been released. ELVPHD has received status as a VFC (Vaccines for Children) provider, and now holds regular immunization clinics in several communities. ELVPHD is also in the process of increasing the scope and practice of its dental program to include not only the fluoride varnishe services offered in the past but also sealant and screening services for school-aged children as well as screening and cleaning services for older adults in long-term care and assisted living facilities.

Data Collection for Access to Care

Efforts to collect data on the ability of the health district population to access health care is an essential public health service provided by ELVPHD. In order to know what specific barriers are in place for the population and subpopulations, we have to survey our constituents. Daily interactions with partners and the public are also a great way to be made aware of barriers to health care.

Beginning in 2013, every three years ELVPHD partners with local hospitals to complete the Community Health Survey. This consists of an extended questionnaire regarding health behaviors, illnesses, access to health barriers, environmental, and population statistics among others. In this most current process, data was shared in two focus groups mainly consisting of community partners; one in West Point and one in Norfolk. These focus groups were used to present 2016 Survey findings and ask for input on CHIP priority areas. New CHIP priority areas were suggested and discussed in smaller groups, participation in

these smaller group discussions were voluntarily chosen. Access to Care was a specific small group discussion in each focus group, and input from these discussions is included in the 2016 version of the CHIP.

As mentioned above, ELVPHD has also implemented access to care data collection measures of its own. ELVPHD created a survey with the five questions from the 'What ELVPHD is doing' section of this report. The first three of those questions were also added to our standard questions which are administered through many of ELVPHD's programs.

ELVPHD also utilizes other local, state, and national databases for comparisons and trends. We frequently utilize BRFSS (Behavioral Risk Factor Surveillance Survey) data, U.S. Census Data, Healthy People 2020 goals, County Health Rankings, and many other sources.

Conclusions and Recommendations

In addition to continuing the recommendations from the previous access to care report (mainly: education, reduction of percent of population being unable to afford access, and reducing health access disparities between subpopulations) the current report echoes these recommendations. Since 2016, ELVPHD has begun assessing the ability of their clients to access health care services. This data, though it may not be representative, does give us the crucial ability to monitor our client's ability to access care. Along with other local, state, and national data we can continually monitor key healthcare access indicators. The benefit of using our own indicators and performing our own surveys is that it allows us to obtain relatively current data from our constituents. This is beneficial because other larger data sources (such as the BRFSS, for example) often have a delay in publishing their data. In an ever-changing healthcare environment, it is important to stay current to know our population's barriers to healthcare. From here, ELVPHD can continue to monitor changes in access to healthcare, and consider the possibility of adjusting our programs and adding new ones, as needed to best serve our constituents.

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