

Health Equity Brief

Access to Health Care in Allegheny County



Issue 1, May 2018

Why is Access to Health Care Important?

It is important to address the factors that influence health, including employment, housing, education, health care, public safety and food access. Access to health care impacts a person's overall physical, social, and mental health status and quality of life.

Barriers to accessing health services can lead to:

- 1) Unmet health needs
- 2) Delays in receiving appropriate care
- 3) Inability to get preventive services (such as immunizations)
- 4) Financial burden
- 5) Preventable hospitalizations

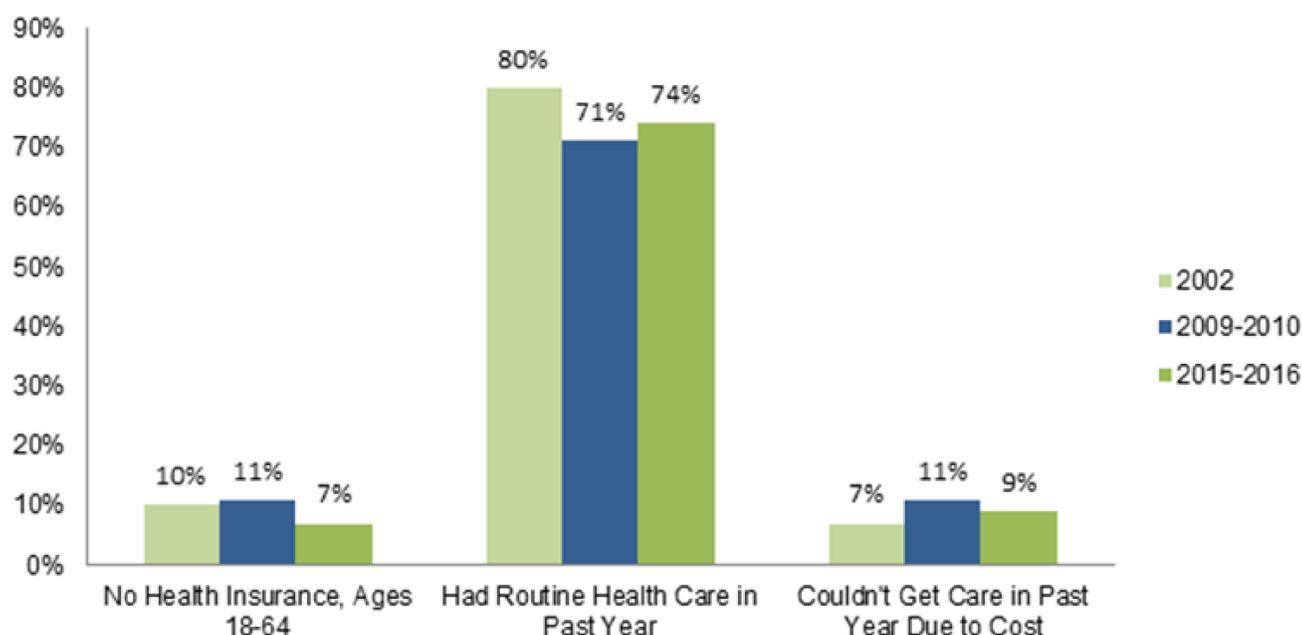
Potential health effects of low health care access include poor management of chronic disease, increased burden due to preventable diseases and disability, and premature death.

Access to comprehensive, quality health care services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity for all Americans.

Source: <https://www.healthypeople.gov/2020/topics-objective/topic/Access-to-Health-Services>



Changes in Health Care Access over time for Allegheny County Residents

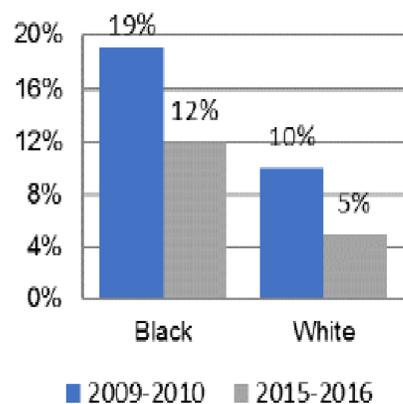


Since 2002, the percentage of uninsured adults has decreased significantly, alongside a slight increase in the reporting of routine care in the past year, and slight decrease in the reporting of no care due to cost. These data represent all Allegheny County adults, however a closer look reveals significant differences in health care access by age, race, gender, income and education.

<http://www.achd.net/biostats/brfss.html>

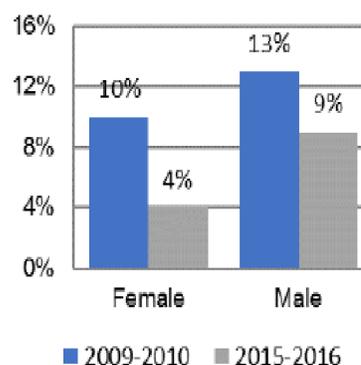
Where are the Disparities in Health Care Access?*

Uninsured by Race over time



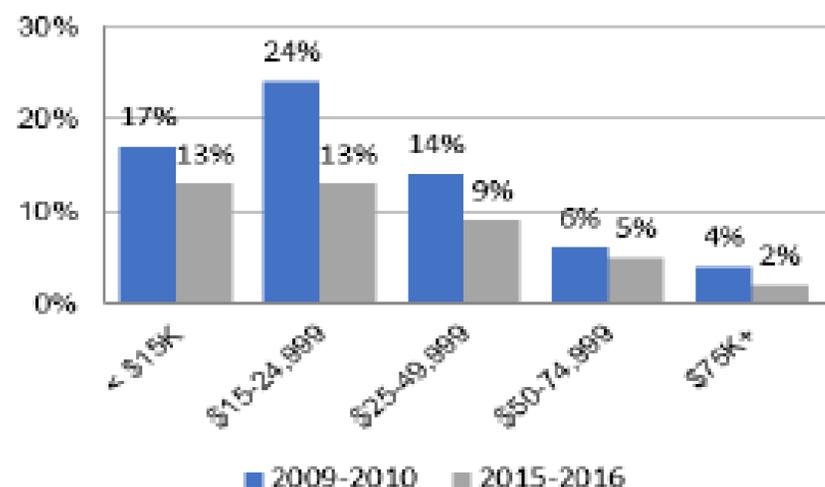
The uninsured rate decreased 7% among Black adults and 5% among White adults aged 18-64, between 2010 and 2016; however, this reduction was only significant among White adults. Furthermore, the disparity between Black and White adults only decreased 2% since 2010.

Uninsured by Gender over time



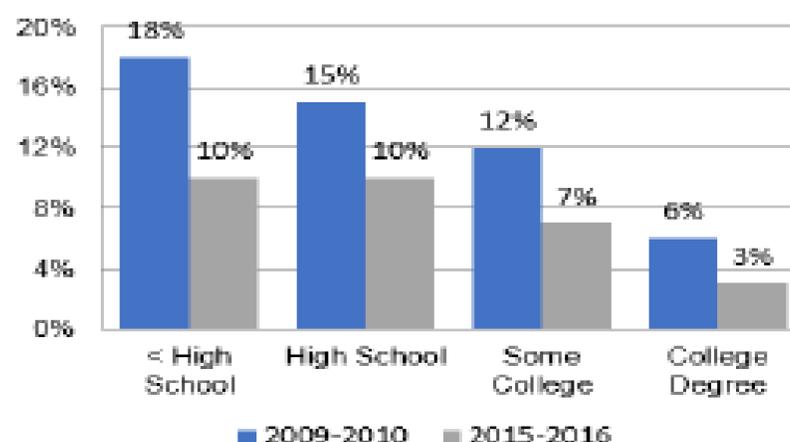
There was a significant reduction of both uninsured males and females between 2010 and 2016; however, in 2016, males were more than 2x likely to be uninsured, yet there was no significant difference by gender in 2010.

Uninsured by Income over time



There was a significant reduction in the uninsured population among adults with household incomes \$15,000-24,999 and \$25,000-49,000, in 2016 compared to 2010; however, adults earning <\$15,000 were still 5x more likely to be uninsured compared to adults earning \$75,000 or greater.

Uninsured by Education over time

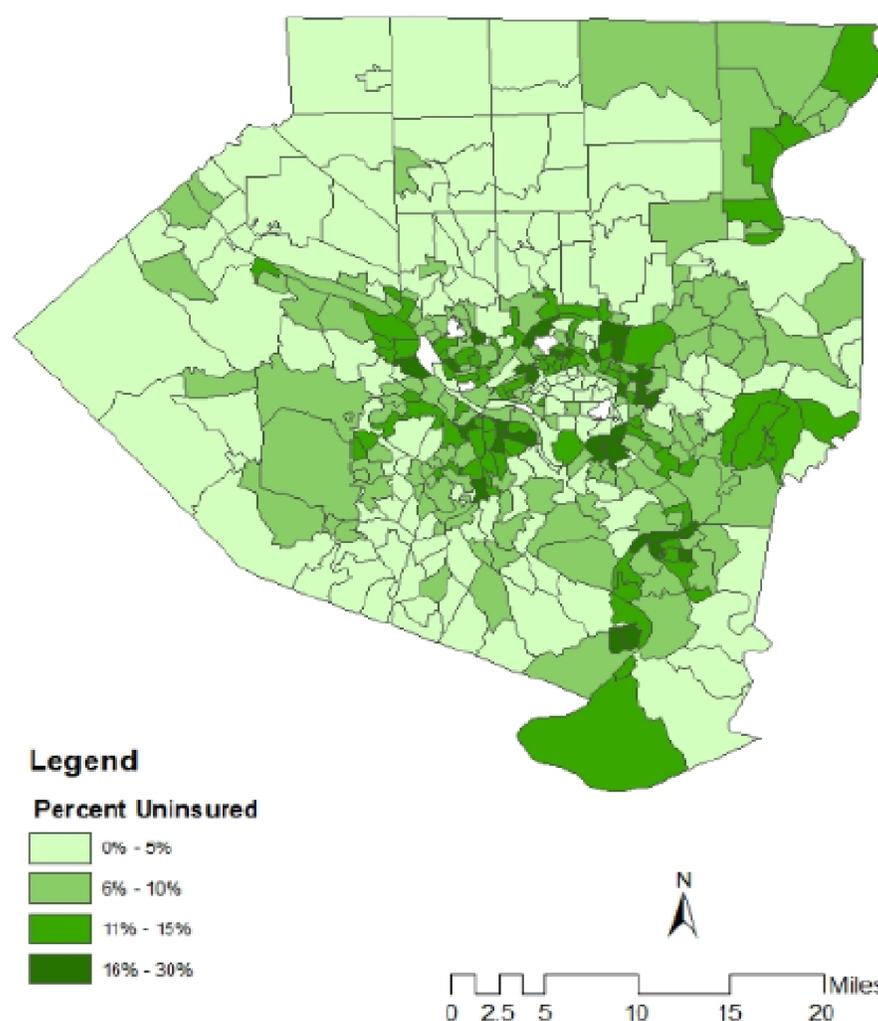


Although there was a reduction in uninsured rates across all education categories, only adults with "some college" experienced a significantly lower rate in 2016, compared to 2010. Adults with a high school education or less are 3x more likely to be uninsured compared to college-educated adults.

Allegheny County, Estimate of Percent Uninsured: 2011-2015, 5-year estimate

Despite the significant reduction in the uninsured rate among the Black population and low-income individuals, the percent of uninsured adults is still disproportionately higher among Black and low-income adults. Furthermore, there are several census tracts in Allegheny County (see map on right) with up to 30% uninsured. Although some progress has occurred to improve health equity since enactment of the Affordable Care Act (ACA), more work needs to be done to have equitable access to care in Allegheny County.

*<http://www.achd.net/biostats/brfss.html>

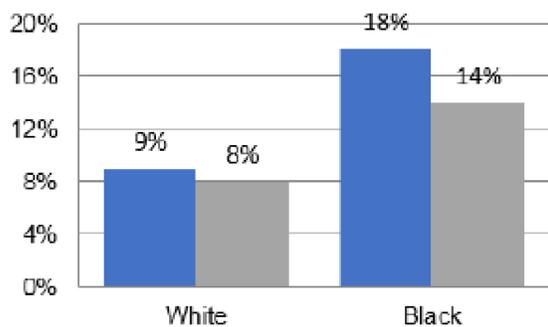


Continued Barriers to Care in Allegheny County*

Recently, the Affordable Care Act (ACA) ensured that preventive care is provided (without cost) under health insurance plans. Preventive care includes immunizations to prevent disease and routine screenings for chronic diseases so that they can be found and treated early.

Source: <https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>

No Care due to Cost (%), by Race



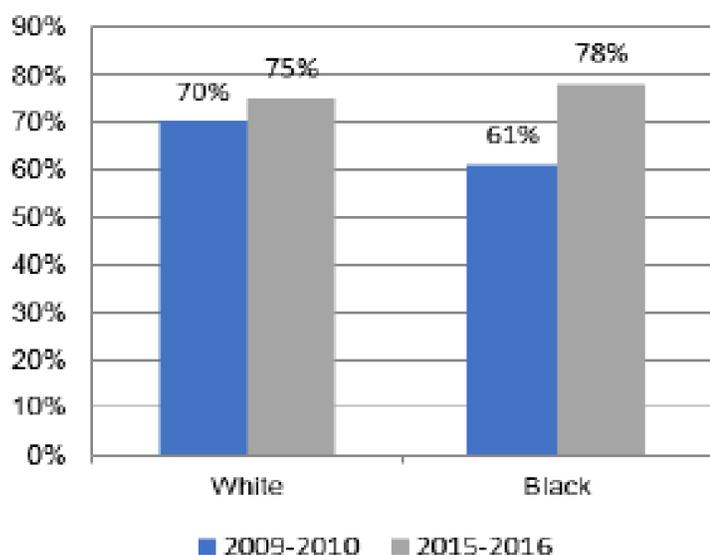
A significantly higher % of Black adults reported no care in the past year due to cost, compared to White adults, for both 2010 and 2016.

The Black-White disparity decreased from 9% in 2010 to 6% in 2016, and the % of Black adults reporting no care due to cost decreased significantly from 18% in 2010 to 14% in 2016.

A key provision in the ACA was the availability of certain preventive services at no additional cost, meaning no co-payment, co-insurance or deductible required to receive preventive care such as: blood pressure, diabetes and cholesterol tests, several types of cancer screening (e.g., breast and colon cancer), well-baby and well-child visits up to age 21, and routine immunizations.

Source: <https://www.hhs.gov/healthcare/about-the-aca/preventive-care/index.html>

Had Routine Check-up in the Past Year (%), 2010-2016

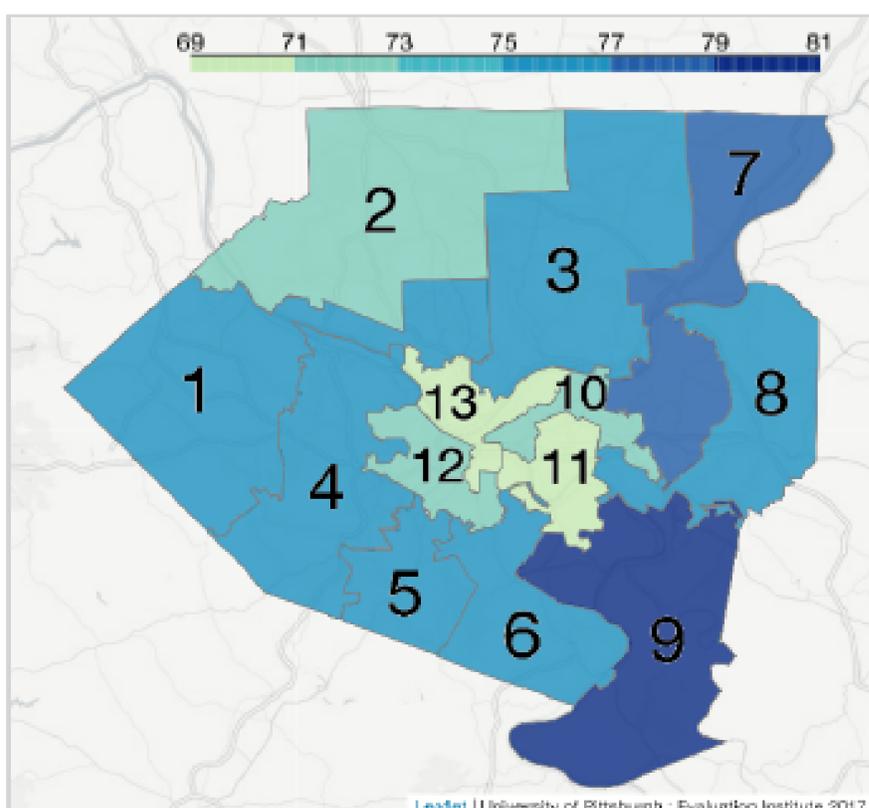


In 2016, 74% of Allegheny County adults had a routine check-up in the past year compared to 71% in 2010, however this increase was not significant.

One notable trend was the significant increase in routine check-ups among Black adults and absence of a racial disparity from 2015-2016.

There were no significant increases in routine check ups, among lower income (<\$15K/household) or lower education categories. There was a significant increase among female adults from 2010 (75%) to 2016 (79%); however, males did not experience a significant increase in routine care.

Had Routine Check-up in the Past Year (%), 2015-2016



In 2016, adults in urban areas were less likely to report a routine check-up compared to other areas of the county, most notably in districts 11 and 13.

*<http://www.achd.net/biostats/brfss.html>

Takeaways



Disparities

Although the uninsured rate has significantly decreased since 2010, the % of adults reporting "no care due to cost," did not; Black adults are more likely to be uninsured and affected by financial barriers to care.



Prevention

Medicaid expansion was a key provision in the ACA and significantly decreased the uninsured rate among adults with household incomes <\$50,000.



Health

Further assessment of financial (e.g., high deductible) and non-financial barriers to access are needed in the county to understand all barriers to care, especially for minority and low-income individuals.

What is Allegheny County Doing to Close the Gaps?



The Plan for a Healthier Allegheny, developed by a working group of professional and community members in the county, outlines specific goals and strategies to address access to care in Allegheny County:

Goal: Identify and address gaps in barriers to accessible and affordable, person-centered, high-quality health care.

1.2.2 Implement communication strategies to inform the public about insurance options (e.g., Marketplace/PHA/Medicaid expansion).

1.2.3 Identify, catalogue, and provide education to community groups and agencies about providers and resources.

1.2.4 Provide ongoing outreach to uninsured (particularly the most vulnerable) and assistance with navigation to obtain insurance through health centers, primary care, hospitals, Consumer Health Coalition, Federal Marketplace, private exchanges, and PA Dept. of Public Welfare's COMPASS.

The Dental Task Force

The Allegheny County Dental Task Force was formed in 2015 to increase preventive dental services, such as dental cleanings, among Medicaid children ages 1-20. Following analysis of 2014 claims data, the Dental Task Force decided to focus on children 1-4, as preventive care was lowest among this age group.



Action Items

The Transportation Subcommittee

Currently, the Transportation Subcommittee is working to identify specific barriers expressed by patients who report not having transportation to future appointments. Information collected will be used to guide future projects focused on policy and improving access to transportation for our most vulnerable residents.

Action Items

- **Advocate** for policy changes that encourage providers to accept public health insurance programs.
- **Expand** the utilization of community health worker concept to address access challenges.
- **Improve and streamline** outreach & enrollment procedures for public health insurance programs.
- **Support** recruitment and retention of underrepresented minorities and bilingual individuals in all health professions.
- **Health providers** to meet all national standards on Culturally and Linguistically Appropriate Services.

Resources & More Information

More ACHS Results



<http://www.achd.net/biostats/brfss.html>

PHA Dashboard



<http://www.achd.net/pha/>

Underinsured/Uninsured Resource Guide



<http://www.achd.net/chron/pubs/pdf/Insuredlinked.pdf>

Contact Us



412-687-2243 (ACHD)
www.achd.net