

Health Concern

Access to Care

Access to quality clinical care, while not the largest contributing factor to individual and community health, remains crucial. Research suggests that the uninsured are less likely to receive preventive and diagnostic health care services, are more often diagnosed at a later disease stage, tend to receive less treatment for their condition compared to insured individuals, and have higher mortality rates than the insured population [1-2]. Access to effective and timely primary care has the potential to improve the overall quality of care and help reduce costs [3] and increases in numbers of primary care physicians has been shown to reduce mortality [4].

Community meeting participants rated lack of health insurance as the highest priority clinical care issues, with access to primary care providers as the second most important issue facing residents of Guilford County.

Data Highlights

- Guilford County includes some 79,000 residents under the age of 65 with no form of health insurance.
- Racial minorities, those with lower educational attainment and those with lower incomes are less likely to have health insurance in Guilford County.
- Regionally, Guilford is second to Forsyth County in physicians and primary care physicians per 10,000 population.
- Having a regular health care provider, or “medical home” is important for providing continuity of care and helping to avoid unnecessary use of the Emergency Room;
- Minorities, young adults and persons with incomes below \$50,000 are less likely to have a regular personal physician or health care provider.
- Substantial race and income disparities exist in percentage of persons who do not have a regular physician or health care provider. This issue includes access to primary care providers for physical and mental health.
- Socio-economic circumstances make a big difference in whether county residents are able to obtain the health care that they need;
- Minorities are much more likely than Whites to report that they needed to see a physician in the previous year but could not do so because of the cost;
- Young adults and those with lower incomes are often unable to afford to see a physician when they need to see one.

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Lack of Health Insurance

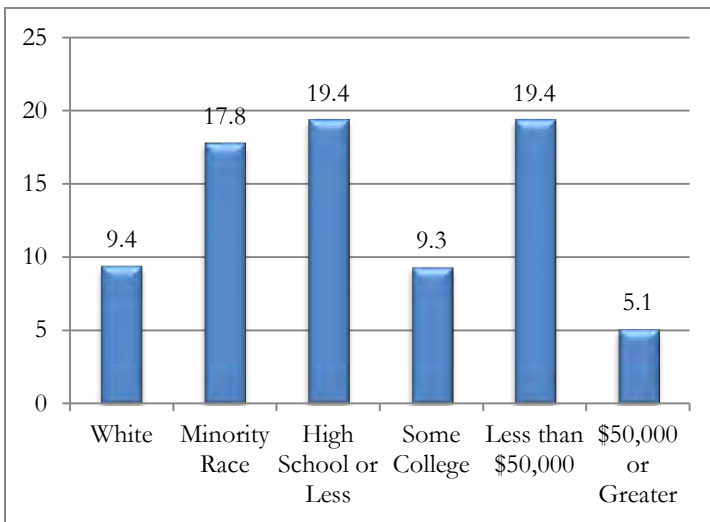
Estimates of Non-Elderly Uninsured, 2010-2011

County	Children (0-18)			Adult (19-64)			Total (0-64)		
	Number	Percent	Rank	Number	Percent	Rank	Number	Percent	Rank
Alamance	4,000	8.8%	High	21,000	21.3%	Mid-High	25,000	17.6%	Mid-High
Davidson	3,000	7.8%	Low	22,000	20.5%	Mid-Low	25,000	16.9%	Mid-Low
Forsyth	9,000	8.9%	High	47,000	20.3%	Mid-Low	56,000	16.9%	Mid-Low
Guilford	11,000	8.5%	Mid-High	68,000	20.4%	Mid-Low	79,000	16.9%	Mid-Low
Randolph	3,000	8.3%	Mid-High	19,000	20.5%	Mid-Low	22,000	16.9%	Mid-Low
Rockingham	2,000	8.0%	Mid-Low	12,000	20.3%	Mid-Low	14,000	17.0%	Mid-Low

Source: North Carolina County-Level Estimates of Non-Elderly Uninsured, North Carolina Institute of Medicine

Note: County-level estimates were developed using data from the U.S. Census Bureau and the North Carolina Employment Security Commission. County-level data from the U.S. Census Bureau's Current Population Survey were adjusted using county-level estimates of age, race, ethnicity, gender, poverty and unemployment. Data on types of industries and firms sizes were also factored into the estimates of uninsured. The table indicates the quartile of the data, so that High is in the top quartile of 25 counties with the highest rates, High-Low is in the next 25 counties and so forth.

Percent with no Health Insurance, Guilford County, 2010



Source: Behavioral Risk Factor Surveillance System Survey (BRFSS); NC State Center for Health Statistics.

- Health insurance is the most important factor in accessing health care services.
- In Guilford County, minorities are less likely to have some form of health insurance.
- Persons with less than a high school diploma were twice as likely as those with at least some college to be without health insurance.
- Those with lower incomes are also less likely to have some form of health insurance.

No form of Health Insurance Guilford Peer Counties, 2013

County/State	Percent no form of Insurance
Cumberland	14.8
Durham	24.4
Forsyth	20.0
Guilford	18.8
Mecklenburg	21.7
Wake	14.6
North Carolina	19.8

Source: BRFSS, 2013, NCSCHS

- Among Guilford peer counties, Durham County has the highest uninsured rate and Wake has the lowest rate.

HEALTHY NORTH CAROLINA 2020 CROSS-CUTTING OBJECTIVES

Objective: Reduce the percentage of non-elderly uninsured individuals (aged less than 65 years)

Rationale for selection: Increasing health insurance coverage will increase access to care, including clinical preventive services

NC BASELINE (2009): 20.4%

2020 TARGET: 8.0%

GUILFORD (NC-IOM 2010-2011): 16.9%

<http://publichealth.nc.gov/hnc2020/docs/HNC2020-FINAL-March-revised.pdf>

Access to Primary Care Providers

Physicians and Primary Care Physicians per 10,000 Population, by County 2011

Residence	Physicians per 10,000 population	Primary Care Physician per 10,000 population
Alamance	17.2	6.4
Davidson	7.8	4.5
Forsyth	47.0	12.7
Guilford	24.3	8.6
Randolph	9.4	4.6
Rockingham	10.0	4.7

Source: County Profiles: 2011 Active Health Professionals, UNC Sheps Center for Health Services Research.

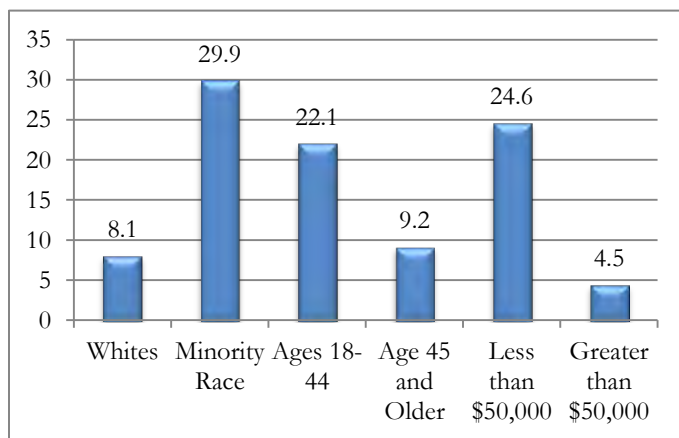
Percent with No Regular Personal Physician or Health Care Provider, Guilford County 2010

Residence	Yes, only one	Yes, more than one	No
Cumberland	54.7	13.4	31.9
Durham	58.3	9.9	31.8
Forsyth	66.4	10.0	23.6
Guilford	58.1	13.4	28.5
Mecklenburg	61.4	7.5	31.1
Wake	64.2	10.8	25.0
North Carolina	63.4	10.1	26.5

Source: Behavioral Risk Factor Surveillance System Survey (BRFSS); NC State Center for Health Statistics

- Having a regular health care provider or “medical home” is important for providing continuity of care and helping to avoid unnecessary use of the emergency room.
- Minorities, young adults and persons with incomes below \$50,000 are less likely to have a regular personal physician or health care provider.
- Among Guilford peer counties, Durham and Cumberland have the highest proportion of residents with no regular personal physician or health care provider and Forsyth and Wake have the lowest proportion.
- The 2010 Guilford data for percent with only one regular health care provider (58.1%) and those with more than one regular health care provider (13.4%) totals 71.5% with a regular source of care, which contrasts with the baseline data which found that 79.7% of adults had a regular source of care.

Percent that Needed to See a Physician in Previous 12 Months but Could Not Because of the Cost, 2010



- Economic factors make a big difference in whether residents are able to obtain the health care that they need.
- Minorities are much more likely than Whites to report that they needed to see a physician in the previous year but could not do so because of the cost.
- Young adults and those with lower incomes are often unable to afford to see a physician when they need to see one.

Source: Behavioral Risk Factor Surveillance System Survey (BRFSS) 2010; NC State Center for Health Statistics

Access to Dental Care

How long has it been since you last visited a dentist or dental clinic for any reason?

	1-12 Months	1-2 Years	2-5 Years	5+ Years	Never
Guilford	75.7%	6.4%	9.4%	8.1%	0.4%
North Carolina	67.0%	10.3%	10.1%	11.8%	0.7%

Source: Behavioral Risk Factor Surveillance System, 2010; NC State Center for Health Statistics.

- Compared to the state as a whole, a higher percentage of Guilford County residents visited a dentist or dental clinic in the previous 12 months.

How long has it been since you last visited a dentist or dental clinic for any reason?

Guilford County

	1-12 Months	1-2 Years	2-5 Years	5+ Years	Never
White	82.2%	4.0%	7.9%	5.9%	0.0%
Other Race	61.8%	11.9%	22.1%	13.0%	0.7%
Male	83.5%	4.5%	6.4%	5.6%	0.0%
Female	69.7%	7.9%	11.7%	10.0%	0.7%
<=High School	61.9%	8.5%	11.2%	13.0%	1.0%
Some College	80.9%	5.7%	8.7%	4.7%	0.0%
Less Than \$50,00	61.2%	29.5%	15.3%	13.0%	1.0%
Greater Than \$50,000	88.1%	2.8%	5.1%	4.0%	0.0%

Source: Behavioral Risk Factor Surveillance System, 2010; NC State Center for Health Statistics.

- According to results of the BRFSS survey, a higher percentage of Whites visited a dentist or dental clinic in the previous 12 months compared to Other Races;
- Men were more likely to have visited a dentist or dental clinic in the previous 12 months compared to women;
- Those with lower levels of educational attainment and lower income were less likely to have visited a dentist or dental clinic in the previous year.

**Medicaid Eligibles by Age or Group,
Guilford County Compared to State Totals for June 2010**

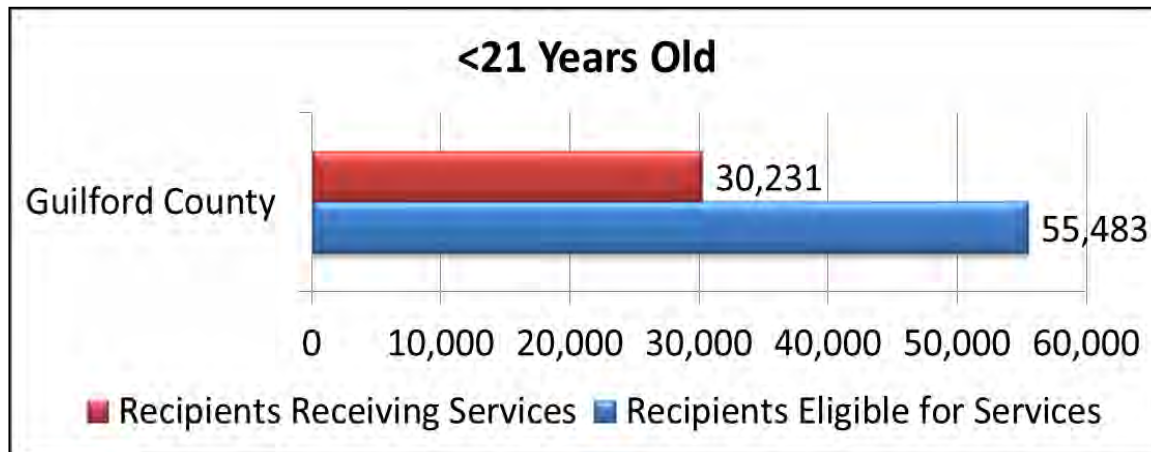
	Health Choice	Ages 0-5	Ages 6-11	Ages 12-20	Total Medicaid Population	Total Population July 2009	Medicaid Eligibles as % of Population
Guilford	6,014	19,878	12,743	13,547	74,943	488,406	15%
North Carolina	143,022	408,023	253,855	274,805	1,577,121	9,543,537	17%

Source: County Specific Snapshots for NC Medicaid Sources: NC Division of Medical Services, NCDHHS.

- Compared to the state as a whole, a slightly lower percentage of the population of Guilford County is Medicaid Eligible.

Dental Utilization State Fiscal Year 2010

Number of Person under Age 21 who were Medicaid Eligible as Compared to those Receiving Dental Services in Guilford County

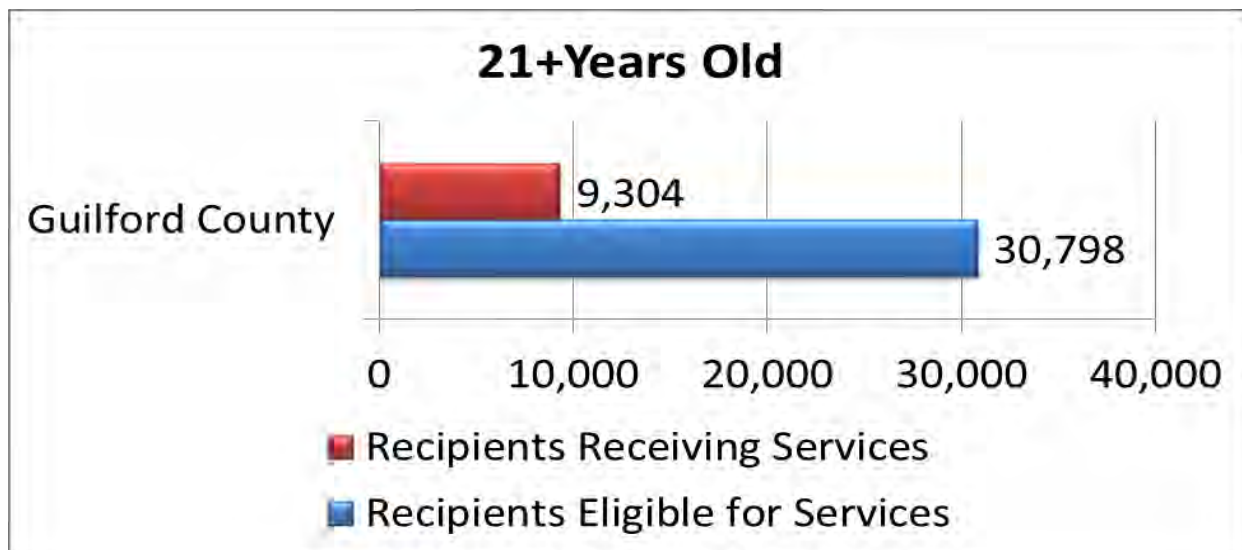


Source: County Specific Snapshots for NC Medicaid Sources: NC Division of Medical Services, NCDHHS.

- Among those under the age of 21, 54.5% of those eligible for Medicaid dental services used services in 2010.

Dental Utilization SFY2010

Number of Medicaid Eligibles Age 21 and Older Receiving Dental Services
Guilford County



Source: County Specific Snapshots for NC Medicaid Sources: NC Division of Medical Services, NCDHHS.

- Among those over the age of 21, only 30.2% of those eligible for Medicaid dental services used services in 2010.

Highlights from Focus Groups

The Institute of Medicine defines access to health care as “the timely use of personal health services to achieve the best possible health outcomes” (1993). Health care services and resources enable community members to maintain or improve their health in a number of ways. Gaining access to health care services, however, depends on community members’ ability to overcome financial, organization, social and cultural barriers. Community members have identified three major barriers that hinder their ability to obtain health care. These barriers include a limited number of health care providers, health care cost and prescription medicine cost.

Limited Number of Health Care Providers

County residents drew attention to the limited number of health care providers in Guilford County. A limited number of providers decreases the capacity to provide primary health care within the county. One major underlying factor is that medical schools are not producing enough physicians, particularly primary care providers. The allure of medical specialties and the financial incentives often associated with specialty provision affect the number of primary care providers. Access to health care is further complicated by the number of specialists willing to accept Medicaid. Because of this it is extremely difficult for marginalized populations to find specialty care. Specialty care includes access to dentists. There are low-cost dental clinics available, however, they are not offered frequently. Being seen at one of these clinics often requires standing in line outside overnight to ensure that one is closer to the front of the line.

There is also a shortage of mental health providers, at a time when demand for these services is high. This shortage has resulted in long waits for clients scheduling a first appointment and co-pays are typically costly (assuming a client even has insurance). Providers often encounter social work issues because the case management sector of the medical services is highly understaffed. The social work issues make the medical staff less efficient and less able to care for new patients or address new challenges that may arise. Specifically, care is delayed or cannot be provided when previous screenings are necessary for treatment but not affordable or accessible to the patients.

There are resources available that provide access to care for low to no cost. However, there are a limited number of places that you can go to seek treatment without insurance. Furthermore, many providers place caps on the number of Medicaid patients that they will accept into their practices adding to the challenge of seeking treatment. Because of this, it is difficult to address complex medical problems for un- or underinsured patients. Additionally, physician turnover rates at low-cost clinics exacerbate the issue. This further limits the number of health care providers that are willing to take on marginalized populations as new patients.

Health Care Cost

Patients are unable to afford health care costs and medical supplies. Many home foreclosures have stemmed from medical circumstances and rising health care costs. Patients expressed having to choose between health care costs and taking care of their families. Therefore, many patients do not seek treatment until they are in need of urgent care or have found other resources. Fear of health care cost causes many patients to self-treat and delay care. Many patients suffer through illness because they cannot afford treatment options. Fear of health care cost also causes patients to not disclose all of their symptoms with their physician due to worry that their doctor fees and copays will increase with full disclosure. Additionally, many patients cannot obtain health care services due to high deductibles. Those with access to COBRA when employment is lost cannot afford to meet deductibles without income.

Prescription Medicine Cost

The high costs of prescription medication and medical supplies make it difficult for patients to obtain. This results in an increase of preventative hospital readmissions for serious illness. Community members feel that diabetic medical supplies are one of the most urgent needs in Guilford County. Retired respondents receiving Medicare benefits are still unable to afford the supplemental care and drug plans needed for specific medical conditions. This is largely due to the expendable income that they have goes to grocery provisions and other bills.

Some patients have expressed that they do not necessarily want prescription medications to solve their problems. Patients would like to be examined holistically before medications are prescribed. Mental health patients particularly feel that mental health practitioners appear to be rushing to prescribe medicine without thorough examination.

Disease Prevention and Health Promotion

Prevention activities focus on assessing the health risk of Guilford County residents, particularly those who are asymptomatic, and providing appropriate health responses to prevent the development of disease. Additionally, disease prevention focuses on the use of screening and surveillance tests for early detection. Quality of life does not consist of the absence of disease alone, but the ability of Guilford County residents to experience enjoyment and life fulfillment. Health promotion efforts exist via the many services and resources available to support the physical and emotional well-being of Guilford County residents. This support is thought to increase the quality of life among those living within the county. Community members identified issues of preventative care and limited outpatient care as major barriers in disease prevention and health promotion in Guilford County.

Preventative care is limited among marginalized populations. There is the need for preventative care, but this type of care is lacking. Lack of preventative care within the community is exacerbated by transportation challenges, particularly among senior citizens. Patients often defer care and miss scheduled appointment because they do not have transportation to their provider's office. Patients often have a long wait period for appointments which are often during day-time work hours. This is an obstacle for patients working traditional hours. Furthermore, patients who do not have access to preventative care have no choice but to seek treatment in the emergency room. Those who seek treatment in the emergency room often are unable to obtain follow-up services. This results in recurring treatment in the emergency room. Lack of awareness and stigmatization deter patients and their families from seeking medical treatment, particularly in reference to mental health. There is a need to educate the community as whole on preventative care and mental health issues.

There is a perception that primary care providers feel that they must focus on meeting regulatory requirements for disease care management. There is no incentive to treat other diseases and health conditions that are not a high priority, and these conditions are therefore being ignored. Furthermore, providers expressed that they have to spend time defending the medical decisions that they make. This reduces the time that physicians have to treat patients and further limits access. Time restraints on providers also affect their ability to stay current on the most up to date medical breakthroughs. As a result, providers do not have time to attend best practice lectures or seminars or research information on their own. Additionally, providers have to dedicate time to comply with billing codes rather than utilizing that time to spend with the patient or improving their practice. Specifically, recurrent preventive care cannot be medically coded and therefore covered by insurance until the provider codes the care as treatment for an illness. Treatment for illness is more expensive than preventative care, resulting in higher health care cost. In addition, some providers require separate visits by their patients so that services can be spread out over the course of several visits for billing code purposes. This is particularly challenging for elder patients for whom going to the doctor is a large undertaking that takes a great amount of time, energy and resources that they may not have.

Outpatient Care

There is limited support for outpatient care as a result of decreased funding. When acute mental health issues turn out to be more severe, due to lack of care, these individuals end up in the emergency department. Assistance for these mental health issues is extremely limited, yet the need continues to grow. Mental health service issues cannot be solved by providers at the ground level but rather must start larger where the system changes such that seeing a therapist is not considered a luxury. While mandates have been imposed upon the state, there is not the financial support to uphold such mandates. This specifically includes the Critical Access to Behavioral Health (CABA) program for which there is little support. Even for services sites that have behavioral health built in, such as Wesley Long, there is still a constant overflow because the resources do not meet the demands, which means that patients end up waiting two to three weeks to reach a psychiatric bed. Transitional care has potential to provide the necessary support to prevent readmissions. There is a need for health care professionals to follow up with discharged patients to confirm whether they are keeping their outpatient appointments. Previously, physicians used to have to see patients after visiting the emergency room. However this requirement has changed and community members believe this should be reinstated.

Mental Health

Mental health issues are also difficult within the county because there are a limited number of mental health providers. Mental Health patients have to wait 2 or 3 months to see a psychiatrist, especially for the children and

adolescent population. For those who have no insurance, the wait is longer. Due to the limited options for treatment of mental illness in Guilford County, mental health patients often have to seek treatment in emergency rooms. As a consequence, the emergency room has become a location to hold patients who need mental treatment. Furthermore, mental health patients have drained resources from the emergency department. Community members feel there needs to be a shift from government funding on stringent regulations to providing resources for mental health.

Providing and promoting free or affordable mental health service is critical particularly for young people because it could mean preventing things like school shootings. Generally, mental health care meant connecting with others so as to avoid isolation and loneliness. Often times this connection was with other peers or individuals who have had a mental health diagnosis and not necessarily formal service providers. Those individuals typically had access to therapy but found that connections with peers made more of a difference in their lives because those peers were proactive and sought the person out whenever they would isolate themselves.

Depression and bipolar disorder is common among new mothers. Mental health services must be adequately addressed and funded such that with the proper treatment those mothers are able to continue providing adequate care to their children. Furthermore, mental health issues among children are difficult to diagnose and treat. Provider may not be adequately trained to diagnose and treat mental health concerns; however they are still expected to proceed with treatment. This is often with limited resources available to the child and their family. Public awareness and education about resources and services are needed particularly among African American communities, men and military veterans. There is a perception that these various groups may feel that there is no social space for them to experience mental illness. This results in persistent mental health stigma and deters seeking of care. In addition, immigrants were noted as needing particular assistance in discussions about and service seeking around mental health.

Immigrant Health Challenges

Language barriers among immigrant populations limit optimal health care. There are over a 154 different languages spoken in the Triad area. It is difficult to understand the health care needs of immigrant populations when there is a language barrier. This is exacerbated by a lack of health literacy. Patients who do not speak English have difficulty comprehending health information. This makes it difficult for them to understand treatment options and adhere to follow-up protocols. Language barriers have also restricted immigrant populations from thriving economically and has led to consistent poverty. Language and cultural barriers have also lead to medical distrust which leads to deterrence of health care.

Immigrant populations that are underinsured or uninsured do not have access to care. If even a minor illness occurs it can result in detrimental economic consequences. The Affordable Care Act does not give undocumented immigrants access to health insurance. Furthermore, current resources require patients to enroll in government sponsored health insurance. Undocumented patients are hesitant to enroll in such programs for fear that it will lead to deportation. The state of North Carolina will have to determine how to best handle undocumented immigrants who lack insurance. Since undocumented workers have no source of preventative care, they have no other option but to use the emergency room or clinics to receive treatment.

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