

## Access to Health, 2012

Linking the public to health care is one of the ten essential public health services. Access to timely, appropriate, high quality and regular health care and preventive health services is a key component of maintaining one's health. Good access to health care can be limited by financial, structural and personal barriers. Access to health care is impacted by location of and distance to health services, availability of transportation, the cost of obtaining the services, including the availability of insurance, the ability to understand and act upon information regarding services, the cultural competency of health care providers and a host of other characteristics of the system and its clients. Healthy People 2020 has identified four major components to access to health services: coverage, services, timeliness, and workforce.<sup>1</sup>

In Maine, about one person in ten (10.2%) did not have health insurance in 2010. This is significantly lower than the US rate of 15.0%.<sup>2</sup> In 2010, 10.4% of all Maine people reported that they had experienced cost-related barriers to getting health care. This is similar to the number reporting such barriers in 2000, but it is an increase from 2006, the lowest percentage (8.8%) reported over the last 10 years.<sup>2</sup> 88.4% Maine residents reported in 2010 that they had one person they thought of as their personal doctor or other health care provider. This number has not changed significantly in the past ten years.<sup>2</sup>

In 2012, Maine had

- 46 designated Dental Health Professional Shortage Areas (HPSAs)
- 33 mental HPSAs
- 62 primary care HPSAs (although these areas are smaller in size than the designated dental and mental HPSAs.)<sup>2</sup>



In addition,

- approximately 132 Maine municipalities and other minor civil divisions are in medically underserved areas and
- approximately 120 Maine municipalities and other minor civil divisions have medically underserved populations.<sup>2</sup>

The number of people per Licensed Primary Care Physician in Maine is 694, compared to 631 in the United States. This ratio is slightly lower than in 2006 (704).<sup>2</sup>

Access measures chosen for the State Health Assessment include:<sup>2</sup>

- Cost-related barriers to health care for adults
- Emergency department visits
- Health Professional Shortage Areas - Dental Providers
- Health Professional Shortage Areas - Mental Health
- Health Professional Shortage Areas - Primary Care
- Medically Underserved Areas and Populations
- Licensed primary care physicians ratio to total population
- No current health insurance coverage
- Persons with a usual primary care provider

Additional measures related to access to preventive services, care management, and oral health care can be found in several sections of the State Health Assessment, including Cancer, Diabetes, Environmental Health, Health Care Quality, Immunization, Maternal and Child Health, Mental Health, Oral Health, Respiratory Health, and Socio-Economic Status.

Geographical location, gender, race and ethnicity, sexual orientation, age, education and income all affect a person's access to health care.

While all counties in Maine have some medically underserved areas or populations or HPSAs, the Midcoast counties have the fewest HPSAs, and Lincoln and Sagadahoc have none. Kennebec, Knox, Waldo, and Hancock also do not have Primary Care HPSAs, and York, Hancock, Knox and Waldo do not have any mental HPSAs. Cumberland County has no federally designated underserved population or areas. Cumberland, Hancock, Franklin, Kennebec and Lincoln have the lowest Primary Care Physician ratios (474:1, 494:1, 532:1, 548:1 and 569:1, respectively) while Oxford (1490:1), Sagadahoc (1357:1), Somerset (1313:1) and York (1187:1) have the highest. However, it is important to note that these numbers do not take into account the proximity to services in neighboring counties. Cumberland, York, Kennebec, and Sagadahoc have the lowest rates of uninsured Maine residents (9.7%, 9.3%, 8.3%, and 8.2% respectively, while Hancock (15.1%), Waldo (14.1%), Washington (13.6%), and Knox (13.1%), have the highest uninsured rates.<sup>2</sup>

In general, women in Maine have better access to care, with lower uninsured rates (8.3% compared to 12.2% for men), and higher rates of reporting a primary care provider (93.1% versus 83.3% for men). The barriers to care due to cost are not significantly different between men and women.<sup>2</sup> American Indians and Asians have higher uninsured rates (16.3% and 14.6%, respectively) than other races, while White, non-Hispanics are less likely to report barriers to health care due to cost (9.2%) than American Indians, Hispanics or

Multiracial non-Hispanics.<sup>2</sup> Bisexuals were more likely to report cost-related barriers to health care (17.8%) than heterosexuals (8.4%).<sup>2</sup> More education and having an income over \$50,000 is associated with higher rates of having health insurance, having a primary care provider, and having fewer cost related barriers to care.<sup>2</sup> More education and having an income over \$50,000 is associated with higher rates of having health insurance, having a primary care provider, and having fewer cost related barriers to care.<sup>2</sup>

Not surprisingly, given Medicare coverage, a lower percentage of those aged 65 years and over were uninsured (0.3% and 0.2% for 65-74 years old and 75+ years old, respectively) and reported cost-related barriers to health care (1.9%), while more had a primary care provider (96.6%). Fewer 18-24 year-olds and 25-34 year-olds reported having a primary care provider (75.2% and 79.0%, respectively), while insurance rates generally increased with age for those 18 years old and over. Children ages under six and ages 6-17 had lower rates of being uninsured than most adults (4.1% and 5.9%, respectively).<sup>2</sup>

Healthy Maine 2020 also has objectives related to access to health, including:<sup>3</sup>

- Increase the proportion of persons with a usual primary care provider
- Increase the proportion of people of all ages with medical insurance (sub-categories: adults with medical insurance, children with medical insurance, adults with dental insurance, children with dental insurance).
- Reduce the proportion of individuals who are unable to obtain or delay obtaining necessary medical care due to cost (sub-categories: medical care, dental care).
- Reduce the proportion of children who have dental caries in their primary or permanent teeth (K & 3rd grade only).
- Increase the number of community-based organizations providing population-based primary prevention services (nine topic areas by public health district).

- Increase routine vaccination coverage levels for children and adolescents
- Reduce invasive health care-associated methicillin-resistant Staphylococcus aureus (MRSA) infections
- Reduce hospital emergency department visits for asthma
- Increase the proportion of persons with diagnosed diabetes who receive formal diabetes education
- Increase the percentage of cancer detected at local stage
- Reduce hospitalizations of older adults with heart failure as the principle diagnosis
- Increase the proportion of primary care facilities that provide mental health treatment onsite or by paid referral
- Increase the proportion of children with mental health problems who receive treatment
- Increase the proportion of adults with mental health disorders who receive treatment
- Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders

<sup>1</sup> Healthy People 2020

<sup>2</sup> Maine Center for Disease Control and Prevention. State Health Assessment – 2012. Available from: <http://www.maine.gov/dhhs/mecdc/phdata/sha/index.shtml> (accessed 9/20/2013).

<sup>3</sup> Maine Center for Disease Control and Prevention. Healthy Maine 2020. Available from: <http://www.maine.gov/dhhs/mecdc/healthy-maine/index.shtml>.