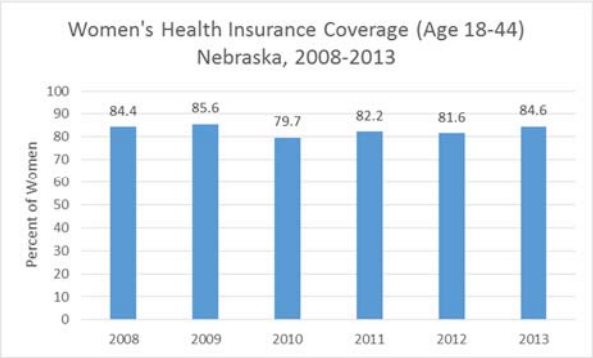
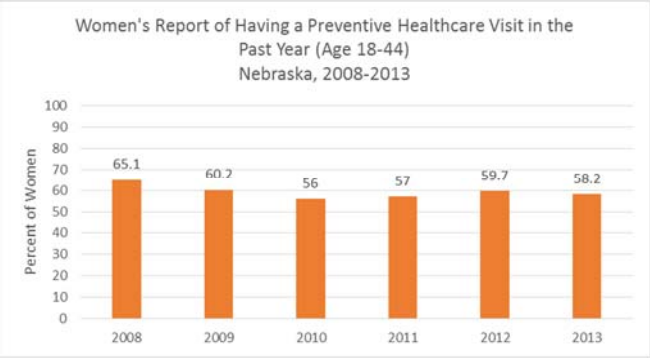
Access to Care / Care Utilization for Nebraska's Women

According to the Current Population Survey (CPS), in 2013, 84.6% of Nebraska women ages 18-44 had health insurance coverage, however only 58.2% of women reported having a preventive healthcare visit in the past year (Behavioral Risk Factor Surveillance System (BRFSS), 2013). The CDC defines preventative health care as health services like screenings, check-ups, and patient counseling that are used to prevent illnesses, disease, and other health problems, or to detect illness at an early stage when treatment is likely to work best. An Institute Of Medicine Report stated "women in particular stand to benefit from additional preventive health services. The inclusion of evidence-based screenings, counseling and procedures that address women's greater need for services over the course of a lifetime may have a profound impact for individuals and the nation as a whole."[1]





Disparities exist for healthcare coverage and use of preventive health care visits in the past year. Significantly fewer American Indian and Hispanic women have health insurance coverage than White, African American, and Asian/Pacific Islander women. While the percentage of women who had a preventive healthcare visit in the past year is low for all women (58.2% in 2013), a racial disparity exists for American Indian, Asian/Pacific Islander, and Hispanic women as compared to White and African American women. American Indian, Asian/Pacific Islander, and Hispanic women are significantly less likely to report having a preventive healthcare visit in the past year than are White and African American women.

Access to care and under-utilization of care increase morbidity and mortality. The CDC reports that if everyone in the United States received preventative health care 100,000 lives could be saved each year. Ensuring women initiate prenatal care in the first trimester and receive adequate prenatal care will help reduce negative health outcomes for infants. Racial disparities exist for the early initiation and the adequacy prenatal care among women age 18-44.

Obesity and hypertension have been increasing significantly over the last five years within Nebraska (BRFSS, 2009-2013). Both are factors in a number of health problems, including type 2 diabetes, coronary heart disease, stroke, some cancers, liver and gallbladder disease, sleep apnea and respiratory problems, osteoarthritis and some gynecological problems. These health problems could be reduced by increasing women's access to and/or utilization of health care.

Criterion 1: The Problem is Worse than the Benchmark or Increasing

The number of women ages 18-44 in Nebraska who had health insurance coverage in 2013 was 84.6% (CPS). This is higher than the U.S. national average but fails to reach the Healthy People 2020 goal of 100%. Health insurance coverage for women age 18-44 has been stable in Nebraska over the past six years.

In 2013, only 58.2% of the insured women ages 18-44 reported having a preventative healthcare visit in the past year (BRFSS). The percentage of the population that reported having a preventative healthcare visit in the past year has remained stable over the past six years.

Healthy People 2020 Targets and National Data

Indicator	**Nebraska 2013**	**National 2013**	**Healthy People 2020 Goal**
Health Insurance Coverage	84.6%	78.1%	100%
Preventive Health Care Visit	58.2%	--	--

Vital Records data indicate that, in 2012, only 74.0% of women ages 15-44 entered prenatal care in the first trimester and only 74.4% of received adequate prenatal care. A higher percentage of Nebraska women initiated care in the first trimester than the U.S. national average but Nebraska fell below the Healthy People 2020 objective of 77.9%. There is not data at the national level, nor is there a Healthy People 2020 objective for the percent of the population whose prenatal care quality was adequate.

Criterion 2: Disparities Exist Related to Health Outcomes

According to the Current Population Survey (CPS) 84.6% of Nebraska women ages 18-44 had health insurance coverage in 2013. Women age 25-44 (82.2%) were significantly more likely than women age 18-24 (80.4%) to report having health insurance (CPS, 2013).

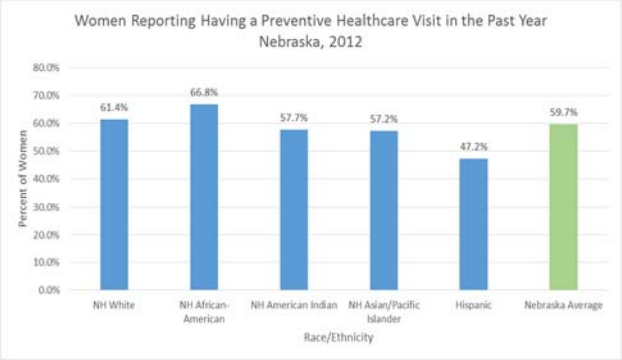
While the majority of Nebraskan women report having health insurance, many women do not use services covered by most health insurance plans. The following services are underutilized as the percent of women who report using the following services lags behind the percent of women insured (unless otherwise noted, all below measures are from BRFSS, 2013):

- Having a personal physician – 77.9%
- Receiving adequate prenatal care (Vital Records, 2013) – 74.4%
- Receiving first trimester prenatal care (Vital Records, 2012) - 74.0%
- Having a mammogram in the past two years (for women 50+) – 72.9%
- Having a clinical breast exam in the past two years - 70.7%
- Having had a pap smear in the past two years – 60.9%
- Having a preventive healthcare visit in the past year – 58.2%

Further, racial disparities exist for all of these health services.

Only 47.2% of Hispanic women report having had a preventive healthcare visit in the past year (BRFSS, 2012). African American women are most likely to report having had a preventive healthcare visit in the past year – almost 67% of African American women report use of this service (BRFSS, 2013). White, American Indian women, and

Asian/Pacific Islander women's reports of the use of preventive healthcare services fall between the reports of Hispanic and African American women.



The reduced use of health care services impacts other health markers. Within Nebraska, racial disparities exist for reports of current smoking, former smoking, alcohol use, binge drinking, having had a clinical breast exam, having had a mammogram, having had a pap smear, lack of exercise outside of work, consumption of 5+ servings of fruits and vegetables/day, clinically diagnosed diabetes, clinically diagnosed hypertension, and reports of being overweight and obese (all data from BRFSS, 2013).
Increasing use of health care services, like the preventive health care visit, may correspond with improved health.

Asian/Pacific Islander women are significantly less likely than women of all other races to report having had a clinical breast exam, mammogram, or Pap smear in the past two years (BRFSS, 2013).

Underutilization of healthcare can impact disease diagnosis, treatment and disease progression. This underutilization can be seen in maternal child health. Significantly fewer Hispanic (58.9%), African American (57.9), and American Indian (54.7%) women report entering care in the first trimester than White (75.2%) and Asian/Pacific Islander (65.7%) women. Percentages of receiving adequate prenatal care are lowest for American Indian women (only 45.7% receiving adequate prenatal care), are also low for Hispanic (63.4%) and African American (65.2%) women; these rates are significantly lower than those of White (77.0%) and Asian/Pacific Islander (69.1%) women.

Criterion 3: Strategies Exist to Address the Problem/An Effective Intervention is Available

In general, the term 'access' is hard to define. There are no guidelines that determine what appropriate access to health care is, or what indicates a high degree of access. Generally, "good access" is achieved if patients get the services they need, at the right time, and in the right place.[2]

Access to care is affected by barriers that may be related to factors such as geography, finances, education, language, and culture. Improving access to health care depends, in part, on removing the barriers that prevent people from obtaining health care services. The strategies listed below have the potential to increase access to care:

- **Increasing the number of medical professionals in areas that lack primary care services with the use of rural health incentive scholarships and loan forgiveness programs.** Lack of obstetrical care in many rural areas is also a barrier to prenatal care.[3]
- **Adoption of technological advances, such as Telehealth, allowing for the use of specialty medicine in rural areas.**
- **The use of electronic health records (EHRs).** EHRs provide increased care coordination, faster and more accurate information with less duplication of services that can be utilized by hospitals, pharmacies, and health care providers.[4]
- **The adoption of a medical home by patients.** Care in medical homes is

associated with increased patient and family centered care, coordination of patient care, and management of chronic conditions. This care leads to reduced family worry and burden, reduced emergency room and hospital use, and reduced redundancy in testing, referral and procedures.[5]

- **The provision of comprehensive and flexible services.** The development of comprehensive services located within one building or in close proximity, the provision of health care in non-traditional locations, and the availability of walk-in appointments may reduce personal barriers to care. Comprehensive services have been associated with lower costs of care and improved health outcomes.[6]
- **The provision of culturally sensitive care services.** Translation and language services also allow non-English speaking patients to communicate with health care providers**.**

Access to behavioral health care within Nebraska is increasingly community-based but need for services still remains. In 2015, the U.S. Health Resources and Services Administration recognizes 88 of Nebraska's 93 counties as mental health professional shortage areas.

- In 2009, the Nebraska legislature passed LB603 creating the Behavioral Health Education Center of Nebraska (BHECN), providing accessible education and training to meet the needs of employers, behavioral health professionals and consumers.[7]
- Effective September 1, 2013, Nebraska Medicaid moved to full-risk managed care for all mental health and substance use disorder services and has a behavioral health plan that provides medically necessary services to clients. Access Nebraska can assist in the Medicaid application process.[8]

Criterion 4: Societal Capacity to Address the Problem

Many services are in place to address the growing problem of access to care within Nebraska, including two medical schools (UNMC College of Medicine and Creighton University Medical School) and 16 nursing programs. Services exist to increase access to care for Nebraskans.

- As of October 2012, there are 87 rural incentive program recipients practicing under obligation in Nebraska.[3]
- Many physicians in large metropolitan practices within Nebraska travel to smaller communities to provide care at hospitals with limited services.
- Major chains like CVS and Target now provide healthcare services in their stores to meet the consumer request for healthcare services in convenient locations and hours.
- In February 2011, Nebraska piloted a medical home in two communities with overall success in engaging the patient in his or her own health care.
- Many hospitals in Nebraska participate in the Nebraska Health Information Initiative (NeHII) by using the secure, online, web-based Health Information Exchange that shares clinical and administrative health care data, electronic health records, and Telehealth services.[9]
- Language services used within Nebraska include Language Link and MARTTI Interpretive Technology.[10] [11]

- The Indian Center provides Native and non-Native Americans with services in Lincoln, Omaha, Scottsbluff and South Sioux City.

Expansion of these efforts as well as policy changes to reduce the number of uninsured would positively affect the health of women. In 2010, the Affordable Care Act was passed, allowing an opportunity for increased health insurance access. Following the passage of ACA, Nebraska made the choice to not expand Medicaid and as a result, uninsured women within Nebraska have no additional opportunities for insurance coverage. The Affordable Care Act did increase the number of preventive health services covered by insurance. Research indicates that this will help to improve health over time.

In 2012, Nebraska passed legislation (LB599) allowing undocumented pregnant women to apply for and receive prenatal care through the State Children's Health Insurance Program. This chance allows women to have access to health care that could address chronic diseases, preconception health, and postpartum health coverage promoting the spacing of births.

Access to care for behavioral health needs are limited in many counties across Nebraska. Over the past 5 years, Nebraska has been increasing the services and education available through programs such as BHECN and Nebraska Medicaid.

Criterion 5: Severity of Consequences

Uninsured women are at higher risk for preventable hospitalizations, missed diagnoses of serious health conditions, experiencing poor health after the diagnosis of a chronic condition, having a steep health decline after chronic condition diagnosis, and a higher risk of mortality than insured women.[12]

Having health insurance increases access to health services, increases access to preventive health care and recommended screenings, and protects against the effects of catastrophic medical events – which may result in large medical bills. In 2013, nearly 30% of uninsured adults said they had foregone needed medical care due to the cost of the care. [12]

Research has shown that evidence-based preventive services can save lives and improve health by helping identify illnesses earlier, managing them more effectively, and treating them before they develop into more complicated, debilitating conditions. Some preventive health services are also cost-effective. [13]

Until Nebraska reaches the goal of 100% health coverage and women receive yearly preventative health visits, the health of the next generation of children will be compromised and disease rates will increase.

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