

Supplemental Report: Access to Health Services in Portsmouth White Paper

Access to health services means the timely use of personal health services to achieve the best health outcomes. Access to care influences overall physical, social, and mental health status, prevention of disease and disability, detection and treatment of health conditions, quality of life, preventable death, and life expectancy. Healthy People 2020 acknowledges that access to health care services in the US is unreliable and many people do not receive the appropriate and timely care they need to achieve the best health outcomes (Healthy People 2020). To further support dialogue around access to healthcare in Portsmouth, VA, the Portsmouth Health Department has gathered data on the population, measures of access, and barriers to access. A discussion of these results follows.

Methods

The data presented in this paper are derived from both primary and secondary data analysis. The primary data sources include the 2014 Portsmouth Community Health Survey (CHS), the 2015 Portsmouth Provider Survey, Portsmouth Community Dialogues, Health Management Associations (HMA) Provider Meeting and Focus Groups, the 2012 Community Assessment for Public Health Emergency Response (CASPER), and the Portsmouth Public Library-Portsmouth Health Department (PPL-PHD) Health Needs Survey. The secondary data sources include the 2014-2015 Portsmouth Community Health Assessment (CHA) and Census Bureau Estimates. These data are combined to understand access to health services in Portsmouth, VA.

Background

The residents of Portsmouth, VA disproportionately suffer higher mortality and morbidity rates compared to their neighboring cities in Hampton Roads. When presenting the Community Health Assessment to the Healthy Portsmouth Coalition, the phrase “Portsmouth has the highest rate of X disease or X poor socio-economic indicator” was repeated frequently. Portsmouth ranks in the bottom 13th percentile of the cities/counties in Virginia (County Health Rankings 2016). Not every resident, however, experiences the same burden of disease or poor health outcomes; significant disparities exist between race, gender, and socioeconomic status within the city. For example, African American infants are 2.5 times more likely to die before their first birthday than white infants (Portsmouth CHA 2015). When examining the underlying causes for poor morbidity and mortality rates, access, or lack thereof, to healthcare should be considered as a potential contributor to poor health outcomes. First, a review of the population composition is necessary to lay the foundation for potential barrier to access health services.

Population

According to the U.S. Census Bureau, in 2015 the total population of the city of Portsmouth was 96,201, which represents a slight increase since the 2010 Census. Before this, according to the 2013-2014 Portsmouth CHA, the population of the city of Portsmouth decreased 8% between 1990 and 2010, but then increased by 2% to 97,450 people in 2012.

Race

According to the U.S. Census Bureau American Community Survey 5-Year Estimates, in 2014 the racial makeup of the city of Portsmouth was 53% Black or African American Alone, 41% White Alone, 3% Two or More Races, 2% Some Other Race Alone, and 1% Asian Alone. In 2014, the percentage of white residents in Portsmouth (41%) was lower than Virginia (71%) and the percentage of black residents (53%) was higher than Virginia (20%). Furthermore, the percentage of Hispanic persons residing in Portsmouth (3.5%) has increased significantly (117.2%) since 2000. However, the percentage increase in Portsmouth Hispanic population was lower than in Virginia overall.

Age and Sex

According to the Portsmouth CHA Report, the largest age groups in Portsmouth are between 20 and 34 years old, though recently there is an increase in the under 5 age group. The ratio of male to female residents in Portsmouth is largely similar to Virginia – there are slightly more males under age 19, and then beginning in adulthood, there is an increasingly greater proportion of females. This ratio of age and gender has not changed appreciably since 2012, according to the U.S. Census Bureau.

Education

According to the Virginia Department of Education, from 2009 to 2014, Portsmouth showed a significant increase in on-time graduation for all students (62.8% to 85.1%), as well as for economically disadvantaged students (65.4% to 84.6%), making both above the Healthy People 2020 goal of 82.4% in 2014. In 2014, Portsmouth's graduation rate for economically disadvantaged students (84.6%) was slightly higher than Virginia (84.4%). Graduation rates were consistently higher for economically disadvantaged students than for all students in Portsmouth (until 2014, when all students was slightly higher), which was the opposite of the trend in Virginia.

Looking at education as a whole, in 2014, the percent of residents 25 years and older who received a high school diploma, a college degree, or an advanced degree were all lower in Portsmouth than in Virginia and the U.S. This is consistent with the past five year trend as the percentages remain relatively constant with 7% of the population having an advanced degree, 19% having a bachelor's and 84% with a high school diploma, according to the U.S. Census Bureau.

While high school graduation rates continue to improve, another problem perceived by the community as a problem, according to the providers present at the HMA meeting, is health literacy among patients.

Unemployment

Between 2000 and 2014, Portsmouth generally had higher unemployment rates than the rest of the region and Virginia (particularly since 2012), and was comparable to or higher than the U.S. as a whole. During the recession, unemployment rates rose and peaked in 2010 (9.4%) then decreased to 7.1% in 2014, which was slightly higher than the U.S. (6.2%). According to Community Health Survey respondents, 6% were out of work, 10% unable to work, and 30% retired; though the number that listed 0 hours worked per week was 51%.

Poverty

Between 2000 and 2014, the percentage of persons living below 100% of the FPL in Portsmouth increased and was consistently higher than the other Hampton Roads cities (except Norfolk), Virginia, and the U.S.; in 2014, 18% of Portsmouth residents were living in poverty, which was lower than Norfolk (23%), but higher than Virginia (12%). This trend extended to the population by poverty level in 2014, when 9% of the population in Portsmouth was living below 50% of the FPL, 9% at 100-137% FPL, and only 29% living above 400% FPL. Along these same lines, in 2014, 28% of children living in Portsmouth were below the FPL, which was higher than Virginia (16%) and the U.S. (22%).

Since 2007, Portsmouth has consistently had the highest percentage of single parent households in the Hampton Roads region. This percentage has increased to a peak of 30.1% in 2012, which was significantly higher than Virginia (17%), and the U.S. (18%), but has since decreased to 25.6% in 2014, which still remains higher than any other county in the region.

The number of households receiving assistance through the Supplemental Nutrition Assistance Program (SNAP)

increased between 2001 and 2014 in all Hampton Roads cities, and Portsmouth has had the highest percentage since 2005, increasing to 32% in 2012, but then decreasing to 29% in 2014. Since 2001, there has been a 159% increase, which is the second highest percent increase in Hampton Roads (after Virginia Beach).

According to the Portsmouth CHA Report, in 2012, “when stratified by race, black residents participate in SNAP at much higher percentages than white residents in Portsmouth – with 74% of black children, 40% of black adults, and 13% of black seniors; which echoes regional trends. Broken down by age, Portsmouth has the highest percentage of adults of all races participating in SNAP in the region.”

Another indicator of poverty is the percentage of children receiving free and reduced-priced meals under the National School Lunch Program. Portsmouth experienced a consistent increase from 2002 to 2014, which was similar to the state trend, and was consistently above Virginia and most other Hampton Roads cities. During the 2014-2015 school year 64% of Portsmouth students qualified for free or reduced lunch, compared to 42% of Virginia students and 67% of Norfolk students. Yet, the percent of the population in Portsmouth enrolled in any benefit program is higher than all other cities in Hampton Roads (41.47%).

Process Measures

Access can be measured with either process measures or outcomes measures. Process measures attempt to quantify what is the root cause of the problem. For access to care process measures, Healthy People 2020 proposed questions such as have people gone to the doctor in the last year, do they have a regular source of care, or were they able to get the services they need? National surveys measure these goals at the national, state, and, where available, at the county level. Due to Portsmouth’s small population, answers from a national survey may be not represented at the city level; however, to gather more local data, the bi-annual Portsmouth Community Health Survey asks these same questions. From the 2014 survey, 82% of households reported having one person they thought of as their personal doctor, which is slightly below the HP2020 goal of 83% (Table 1). This survey was conducted soon after the Affordable Care Act insurance mandate, but at the time 89% of households reported having health insurance of any kind. Although higher than the national average (86.7%), the HP2020 goal is 100%. However, having health insurance is no guarantee that people who need services will receive them. 9% of Portsmouth households reported ever needing medical care but not being able to receive it and 11% of households reported not being able to see a doctor because of cost. This rate is more than twice the HP2020 goal of 4.2% and represents over four thousand households who needed care but were not able to receive it. While only 17% of households reported that they had not been to visit a doctor for a check-up in the past year, 30% of households reported not visiting a dentist in that same time.

Table 1. Access to Care from 2014 Community Health Survey					
Characteristic	Frequency (n=198)	% of household	Projected number of Households	Weighted %	Weighted 95% CI
One person think of as your personal doctor					
Yes	157	80	33309	82	76-89
No	39	20	7097	18	11-24
If no,					
More than one personal doctor	11	33	2198	33	9-57
No personal doctor	22	67	4449	67	43-91
Ever needed medical care but not able to get it					
Yes	21	11	3677	9	3-14
No	175	89	36856	91	86-96
Not able to see a doctor because of cost					
Yes	21	11	4407	11	6-16
No	174	89	36086	89	84-94
Health insurance of any kind					
Yes	182	92	36361	89	84-95
No	15	8	4278	11	5-16
Dentist Visit in the past 12 months					
Yes	136	69	28283	70	62-77
No	61	31	12356	30	23-38
Doctor for a check-up in past 12 months					
Yes	167	85	33562	83	75-90
No	30	15	7078	17	10-25

Accessibility can also be a process measure and was one of the concerns brought up in the Community Dialogues conducted by Bon Secours Health System during their Community Health Needs Assessment (CHNA) process. Many participants felt there was a “delay to access care.” One delay to accessing care could be “Do providers offer extended office hours?” According to the 2015 Portsmouth Provider Survey, 5 practices (10% of respondents) in Portsmouth reported offering extended hours. One stated they are “open as long as patients are here,” another had Saturday hours, one offered late hours on a weekday, and two others offered weekend calls. Offering extended office hours to patients has shown to decrease Emergency Room visits and lower total health expenditures (Jerant 2012). In addition to extended office hours, the ability to have a same day appointment is an important element of primary care. 83% of providers reported offering same day appointments. All practices reported accepting new patients; however, wait times for new patients varied. Some differences between Primary Care Physicians (PCPs) and Specialists existed, but overall 40% of practices had same day availability, 17% within 2-6 days, 21% within 1-2 weeks, and 10% were greater than 3 weeks. While offering same day appointments to existing patients helps with access to care, the varied range in new patient appointment availability and the low percentage of practices that offer extended hours could validate the community’s concerns that there is a “delay to access care” in Portsmouth.

Barriers

Measuring barriers to access is also an effective method to describe access. The Institute of Medicine proposed that there are three types of access barriers: structure, financial, and personal/cultural (IOM 1993). While the presence or absence of a barrier does not guarantee or predict whether someone can obtain healthcare, the interaction between the barriers can describe potential limitations to that access.

Structural barriers are related to the number, type, concentration, location, and organizational configuration of providers. To explore some of these barriers, Portsmouth Health Department conducted a provider survey and inventory of providers within the city in 2015. The department counted twenty-five primary care practices; fifteen that identify as family medicine, five internal medicine, four pediatric, and one geriatric. In addition to primary care practices, Portsmouth has one Urgent Care Center and twenty-three specialty practices. For oral care, the city has eleven dentists and one pediatric dentist. Portsmouth also has four chiropractic offices, two podiatry practices, and an optometry practice.

According to the Cooper Analysis (JAMA, 1994) – a community needs approximately 70-80 physicians per 100,000 population to have sufficient available care. Yet according to the County Health Rankings, Portsmouth had only approximately 45 primary care providers per 100,000 persons in 2013. Furthermore, when compared to the region and the state, Portsmouth has the 2nd lowest rate of primary care providers – the PCP ratio is 1 provider for every 2412 residents. On the other hand, Portsmouth has approximately 97 dentists per 100,000 persons and approximately 189 Mental Health providers per 100,000 persons, which are both the highest rates in Hampton Roads. These data should only serve as a general guide for the number of mental health providers in the area as there are potential issues that may affect the accuracy of the data. For example, the Community Services Board office is not in Portsmouth and many services are based out of Newport News, so this may not be a complete reflection of available mental health care available in our community. Figure 1 shows the density of health care providers per 1000 people in Portsmouth. Darker shades reflect more providers per person in a census tract. There are 4 distinct areas in Portsmouth where practices are located, with the largest “hotspot” being around Bon Secours Maryview Hospital. Large portions of the city have less than one provider.

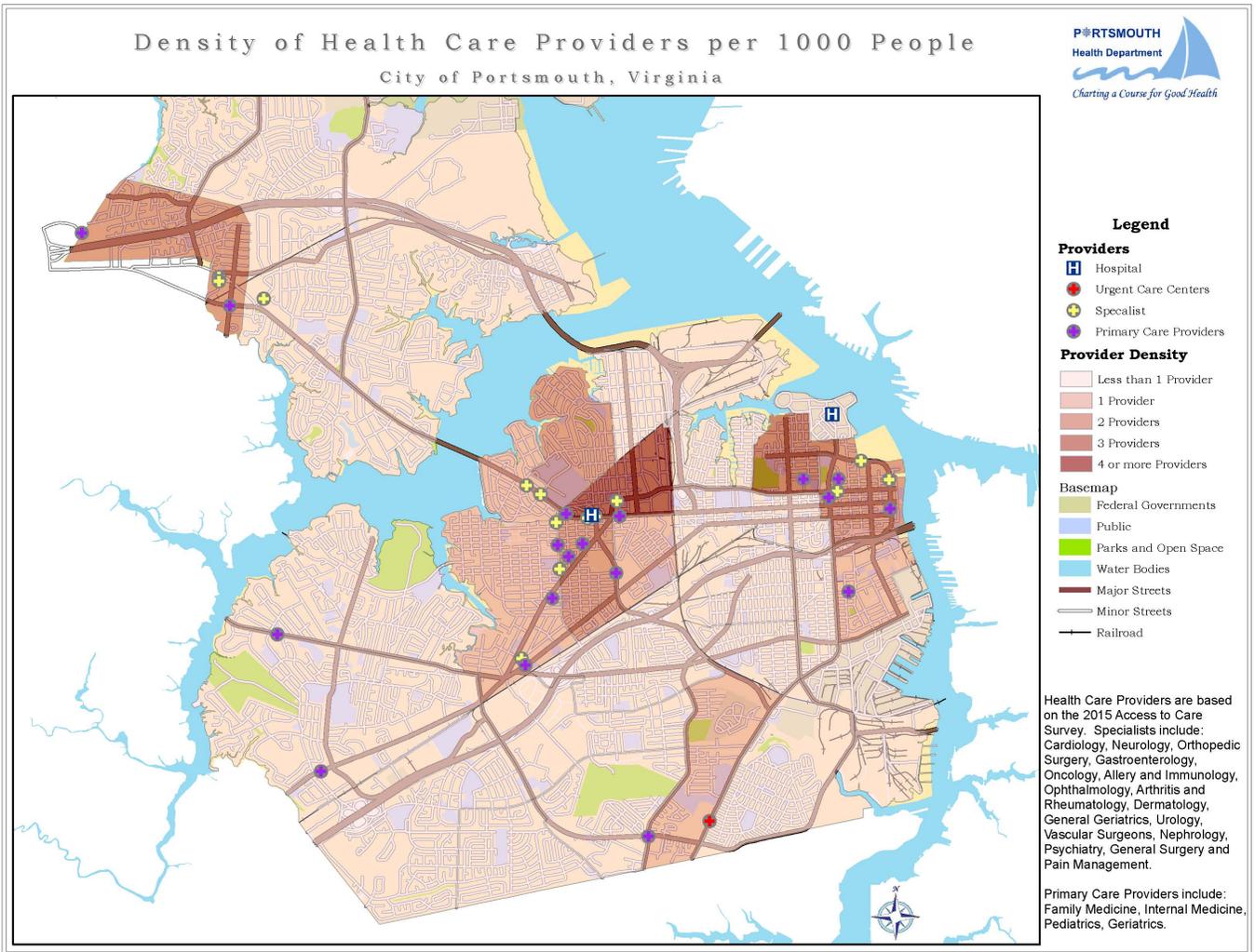


Figure 1: Density of Health Care Providers per 1000 People

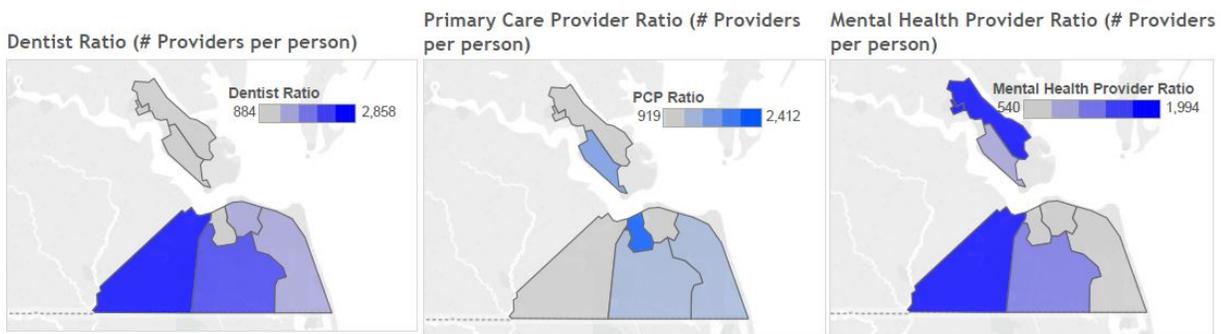


Figure 2: Ratio of PCP, Dentist, and Mental Health Providers across the Hampton Roads area, 2014.

Financial Barriers are cost of care to individuals and families, including the presence and type of health insurance coverage. Given the poverty and unemployment rate in Portsmouth, financial barriers to resources play an important role in health care access. The CHS reports that 11% of households were not able to see a doctor because of cost in 2014 and 32% of households are worried about having enough money to pay for vital expense such as rent, mortgage of food. Meaning that with few financial resources, many Portsmouth residents need to prioritize spending to first meet the basic needs of food and shelter; paying for tests,

medications, and physician visits to manage a chronic condition can be cost prohibitive. Insurance can offset these costs, but 1 in 5 adults in Portsmouth reported having no insurance in 2012.

According to the Kaiser Family Foundation, in 2013-2014 a greater percentage of Virginians received health insurance through their employer (55%) than in the U.S. as a whole (49%); smaller percentages received Medicaid (9%) compared to the U.S (19%) and Virginia was comparable to the U.S. for percent uninsured at 10%. In fiscal year 2011, while children represented the largest group of enrollees in Virginia (55%) and the U.S. (48%), Medicaid spending is greatest among those with disabilities. According to the Portsmouth CHA/CHIP Report, at the local level, Portsmouth has the highest percentage of the total population enrolled in Medicaid (26% in 2012) in the Hampton Roads region, and has consistently had the highest percentage since 2009.

Between 2008 and 2014, the percentage of uninsured children decreased from 8.7% to 4.4% in Portsmouth, which was lower than the rest of Hampton Roads and Virginia. On the other hand, the percentage of uninsured adults in Portsmouth increased from 12.3% in 2005 to a peak of 20% in 2012, then decreased to 17% in 2014, which was higher than the percentage of uninsured adults in Virginia (15%) and the second highest in the region (behind Norfolk). These percentages are supported by the 2012 CASPER survey, when 18% of households reported having adults with no health insurance and 2% of households reported having minors with no health insurance. This is furthered echoed by the PPL-PHD Health Needs Survey, which had 14% of respondents report having no health insurance and the 2014 Community Health Survey, in which 11% of households reported not having any insurance.

Transportation

Transportation has been identified as a significant barrier to accessing healthcare across the United States. Similarly in Portsmouth, providers stated that their patients report significant issues with transportation to doctor's appointments (HMA Provider meeting 2016). Residents at multiple community dialogues also reported transportation as a barrier to accessing care (Bon Secours Community Dialogues at the YMCA and OASIS Ministries, 2016).

Using the data collected during the 2014 CHS, the health department used kriging to estimate the responses in unsampled areas. Figure 3 compares the percentage of Portsmouth residents who have not had a checkup in past 12 months with the location of our primary care providers. With the exception of the southeast corner of the city, some of the higher responses are in areas where there are multiple primary care providers. The same is true for dentists (Figure 4).

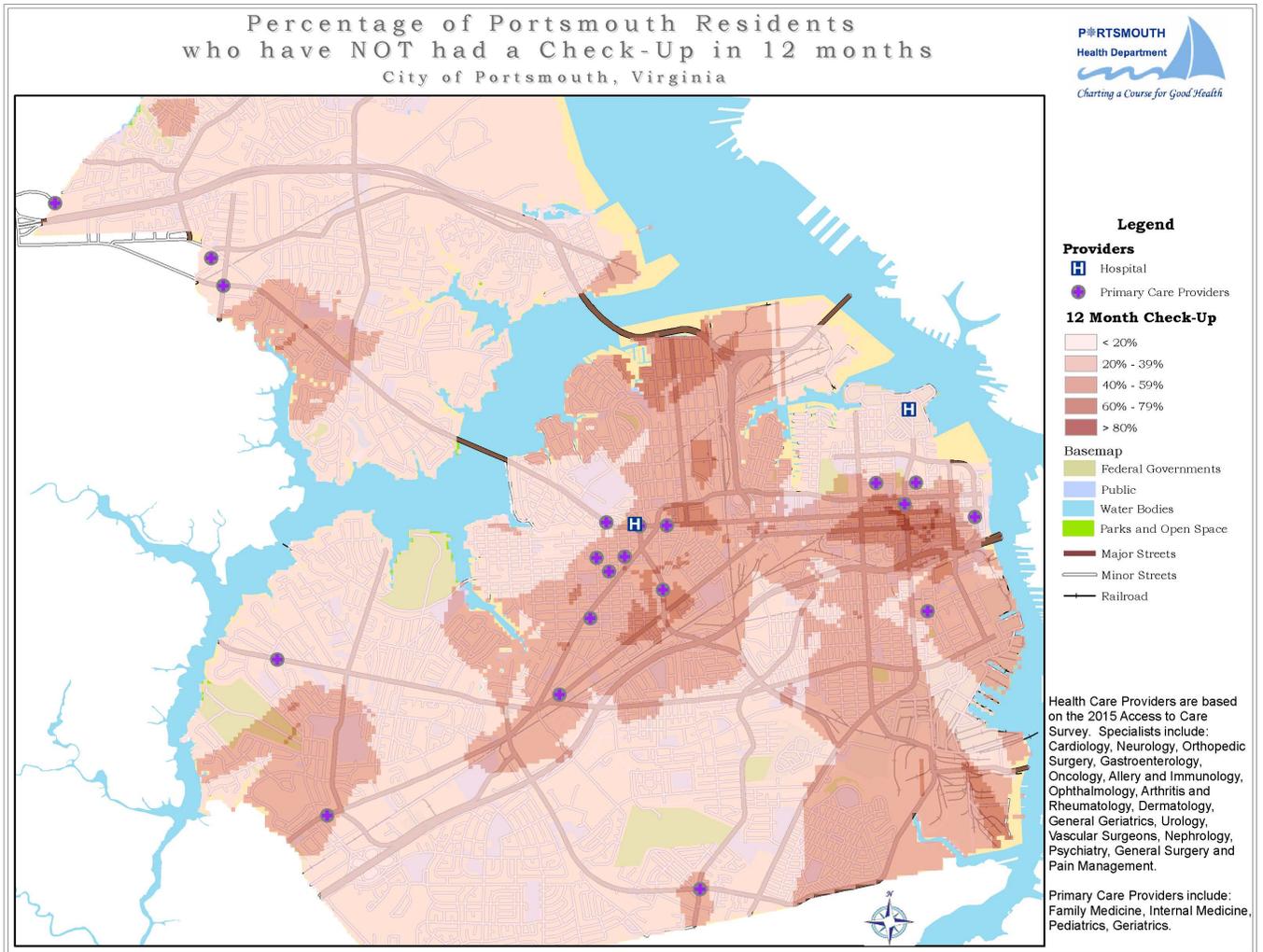


Figure 3: Percentage of Portsmouth Residents who have not had a Check-Up in past 12 months compared to location of Primary Care Providers

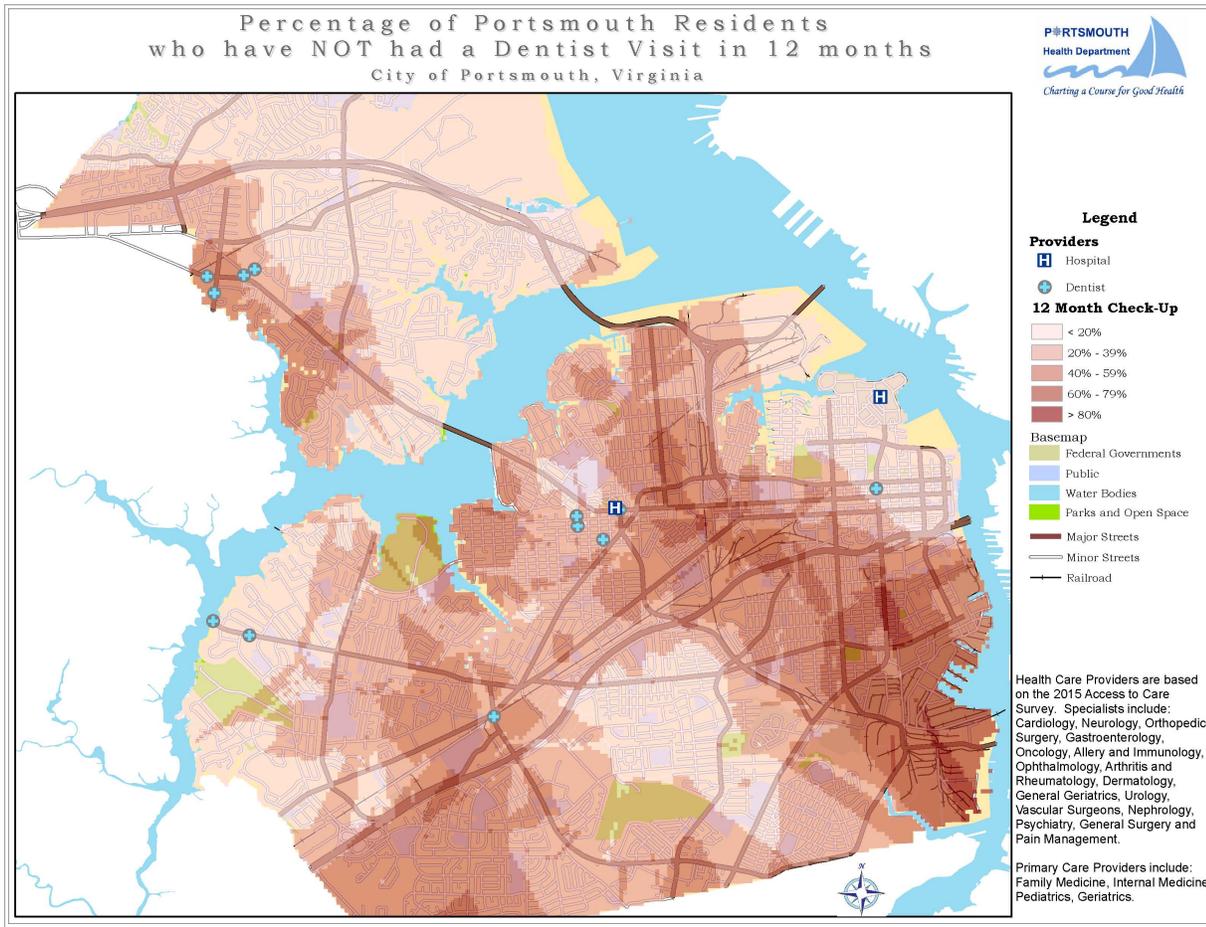


Figure 4: Percentage of Portsmouth Residents who have not had a Dentist Visit in past 12 months compared to location of Dentists

Further examination of data regarding transportation is needed to define the problem. According to the U.S. Census Bureau, the majority of people in Portsmouth and Virginia drive alone to work. There is a higher percentage of people in Portsmouth (80%) that drive alone compared to Virginia (77%). This has been consistent across time as approximately 85-95% of people in Portsmouth drive alone (80-85%) or carpool to work (from 2009 to 2014). Between 2009 and 2014, only 2-3% of the population used public transportation to get to work, which is lower than Virginia and average for the region. These data are echoed by the 2014 CHS, where 83% of households reported their own car as their primary source of transportation, 11% reported a friend's car as their primary transportation, and 3% reported primarily taking the bus. Future questions on the CHS may need to be refined to determine the nuances for transportation as a barrier to healthcare access.

Personal and Cultural Barriers address the ability to communicate with providers, such as for a refugee, non-English speaker, the functionally illiterate, and the homeless. These populations may need translators, outreach workers, and sensitive practitioners to overcome cultural and personal barriers.

According to the American Community Survey, in 2014, 96.6% of the population aged 18 and over spoke only English, and 99.6% "Speak English very well." This rate is the highest in the Hampton Roads region and higher than Virginia (89.8%). This is confirmed by the CHS in 2014. 98% percent of households reported speaking English at home. While many residents speak English and do not report a language barrier to accessing healthcare, the

literacy level of residents can significantly impair ability to understand a physician's diagnosis or instructions as well as how to seek follow-up care for a chronic condition. During the Bon Secours community dialogues, Portsmouth residents reported not "understanding their doctor" or not "knowing what to do next." Knowing the literacy and health literacy of patients could help physicians tailor their communications with patients.

Recommendations

While there were marked improvements in some community measures, such as the increased on-time graduation rates and the decreased unemployment rates, the updated data illustrated that Portsmouth residents still face a number of disparities that adversely affect their health. It is important to note that only a portion of health status can be attributed to access to health care. Recent research suggests that social determinants of health such as job opportunities, housing stability, and food security all impact health. The percentage of Portsmouth adults and children living in poverty and enrolled in benefits programs is significantly higher than all other areas in the Hampton Roads region and the country as a whole. This warrants the need for continued public health interventions and partnerships with other sectors such as social services, schools, and housing to improve the health of all Portsmouth citizens. Additionally, policy makers should be educated to understand the linkages between these other sectors and health and consider all changes in policy through the lens of how it will affect health, taking a "Health in All Policies" approach.

The community dialogues and provider conversations addressed a lack of knowledge around resources available. For example, there are several transportation options for residents seeking care, but people and providers did not know they exist. A comprehensive resource list could aid social workers, community health workers, providers, and residents with the knowledge on low-cost healthcare options, transportation to appointments, patient navigators, information centers, and life coaches available in Portsmouth.

Coordinated care through the use of electronic medical records, which 84% of Portsmouth practices are using, will be important to ensure the best coordination of care. Community partnerships will be essential to tie Primary Care Providers to community resources, especially to help patients manage chronic health conditions.

Future Community Health Surveys should address more access to healthcare barriers to gain a better understanding of where resources should be targeted.

Assessing the level of health literacy of patients is necessary to be able to better understand how to address this barrier. The Virginia Behavioral Risk Factor Surveillance System has added questions on this topic in 2016 to address the need for more data in the area of health literacy. Portsmouth Health Department's (PHD) partnership with Portsmouth Public Libraries in establishing a Health and Wellness Information Center is an intervention for health literacy that should also be expanded and promoted to help meet this need.

PHD can improve health insurance rates in Portsmouth by working with regional partners such as Enroll Virginia and the trained Certified Application Counselors at based at Hampton Roads Community Health Center to help assist uninsured clients into Medicaid, FAMIS, Plan First, or onto a Health Insurance Marketplace plan.

To address the low primary care physician (PCP) ratio, PHD can work with Bon Secours Health Systems, Eastern Virginia Medical School, and Hampton Roads Community Health Center to provide more clinician training opportunities in Portsmouth. Training opportunities can showcase the benefits and tremendous need for PCPs in Portsmouth to encourage more physicians to work in Portsmouth.

PHD and Healthy Portsmouth, a backbone agency that focuses on policy, systems, and environmental change

approaches to improve health, can continue to advocate for accessibility of transportation options. An example of a possible intervention is to work with Hampton Roads Transit to ensure that public transportation is servicing the right areas of the city, at appropriate times, which would allow patients access to their health care providers.

While Portsmouth's non-English speakers are low in numbers, the Spanish-speaking population is growing. According to the CHA data, the percentage of Hispanic persons residing in Portsmouth (3.5%) has increased significantly (117.2%) since 2000. To prepare for the future, the Portsmouth community will need to provide more interpretation and Spanish resources so that language is not a barrier to this population when accessing healthcare.

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