Rappahannock Area Health District
VDH VIRGINIA DEPARTMENT OF HEALTH

Assessment of Access to Healthcare Services in Planning District 16

Rappahannock Area Health District

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Introduction

Access to healthcare services has been an area of priority for Planning District 16 (PD16) for some years. A Community Health Assessment (CHA) specific to the City of Fredericksburg in 2017 identified "Access to Medical and Mental Health Care" as one of its five priority strategic health issues.[1] Similarly, a Community Health Needs Assessment (CHNA) conducted in 2019 by Mary Washington Healthcare (MWHC), members of Be Well Rappahannock (BWR), and local community leaders identified "Access to Health Services and Preventive Care" as one of the top three priority areas in the region.[1]

Available secondary data suggest a similar scenario. The ratio of population to primary care physician is 6,150:1 in Caroline County and 4,470:1 in King George County while it is 1,310:1 in the State of Virginia.[2] Similarly, the ratio of population to mental health providers is 2,570:1 in Caroline County and 1,830:1 in King George County compared to 480:1 in the State of Virginia.[3] All four counties in PD16 have a higher population-to-healthcare provider ratio when compared to the State of Virginia except the City of Fredericksburg.[1]

Background

Rappahannock Area Health District (RAHD) completed Rappahannock Area Community Health Assessment (link) in partnership with MWHC in April 2022. Based on the results from the assessment, RAHD and MWHC in collaboration with 107 community partner representatives developed the Community Health Improvement Plan (CHIP) FY22-FY25 (link) in July 2022, which contains goals, objectives, and strategies to guide multiple partners through the process of community health improvement.

[1] Rappahannock Community Health Assessment, 2022.
[2] Area Health Resource File/American Medical Association, 2019.
[3] CMS, National Provider Identification, 2021.

Access to healthcare services was identified as one of the top three priority areas in the CHIP along with mental health and affordable housing. To work in this priority area, multiple goals and strategies were created in partnership with other community partners. A team from RAHD developed a plan to further understand issues relating to access to healthcare services in PD16, which includes the City of Fredericksburg and the counties of Caroline, King George, Spotsylvania, and Stafford. This plan was later added as an objective for Goal 1 for this priority area: to improve access and collaboration for preventive services for all members of the community.

Purpose

The purpose of this assessment is to identify root causes related to access to healthcare services in PD16, collect primary (both quantitative and qualitative) data, identify current challenges, and take appropriate actions to mitigate those challenges. Additionally, this data will help us create a baseline for future research and grant applications.

Method

RAHD, in collaboration with multiple community partners, collected both quantitative and qualitative data from the residents of PD16. Quantitative data was collected through a community survey (online and paper-based surveys) which was also translated into Spanish and Dari (the most widely spoken language in Afghanistan). With the help of local community partners, these surveys were distributed in the community via social media posts, distribution of a flyer containing a link to the survey, and in-person distribution at various local community sites and events.

Qualitative data was collected through Focus Group Discussions (FGD) among local community members and Key Informant Interviews (KII) among healthcare providers in the region. These FGDs were facilitated by RAHD staff and were conducted in person, whereas the KIIs were conducted virtually.

All survey data were compiled together, and descriptive data analysis was performed. For qualitative data, the transcripts from FGDs and KIIs were transcribed and analyzed by three individuals from RAHD. Initial open coding of the transcripts followed by closed coding helped us to analyze qualitative data to identify common themes for challenges and solutions related to access to healthcare services in the community.

Results

The team communicated with 103 local community partners including primary care providers, mental health providers, faith-based institutions, housing services, educational organizations, long-term care facilities, and homeless shelters. Forty-nine institutions accepted the invitation to participate in this collaboration and assist to explore the issue. The list of these partners is available in Appendix A.

The team collected a total of 590 community surveys, including 45 Spanish and 15 Dari surveys. Demographic and health insurance information of the 590 survey respondents is available in Table 1. Additionally, the team conducted five KIIs among local healthcare providers, including representatives from a primary as well as a mental healthcare provider. Similarly, two FGDs were conducted among African American mothers and Spanish-speaking individuals.

Table 1: Demographics and health insurance status of survey respondents

Characteristics	**n (%)**
Locality	
Caroline County	22 (4)
Fredericksburg City	115 (26)
King George County	8 (1)
Spotsylvania County	236 (42)
Stafford County	145 (26)
Age range (years)	
18-25	32 (6)
26-41	154 (27)
42-57	160 (29)
58-76	166 (29)
≥ 77	52 (9)
Gender	
Woman	404 (72)
Man	153 (27)
Other	3 (1)
Race/Ethnicity	
White or Caucasian	325 (58)
Black or African American	123 (22)
Hispanic or Latino	70 13)
Two or more races	19 (3)
Asian or Pacific Islander	18 (3)
Native American or Alaskan Native	4 1)
Health Insurance	
Yes	518 (88)
No	72 (12)

Type of health insurance	
Employer provided	188 (37)
Medicare	136 (27)
Medicaid	134 (27)
Self-purchased	18 (4)
Military	14 (3)
Other	13 (3)
Reason for NOT having health insurance	
Employer does not provide health insurance	7 (14)
Can't afford to purchase health insurance	22 (45)
Can't afford dependent coverage	15 (31)
Other	5 (10)

Findings

The overall survey indicated that the average time for respondents to reach their doctor's office from home is 26 minutes with a range from a few minutes to three hours. Similarly, the average time for respondents to book an appointment at their doctor's office is 19 days, with a range of a day to 420 days. When asked if cost is a barrier to accessing any kind of healthcare services, the majority of the respondents selected dental care, followed by eyeglasses and specialty care. Findings from additional demographic and health-related survey questions can be found in Appendix B.

When asked about barriers to accessing healthcare services in the community, the survey respondents selected multiple responses, which were ranked and supported by the themes from qualitative data analysis of the FGD and KII transcripts. These barriers were:

1. ***Wait time to see a doctor***

During the survey, 12% of the respondents selected wait time to see a doctor as a barrier to accessing healthcare services or medical screenings in the past 12 months. A similar theme was observed from the analysis of the FGD and KII transcripts. Some of the quotes are:

"*If they [healthcare facilities] are trying to establish care [for] a new patient, it might be a month to get in for a visit, which I think is probably standard for a lot of the offices in the area.*"-Healthcare provider, KII

"*This is another barrier, they [community individuals] need to wait to have an appointment, from 1 year to 5 years, waiting list*."-Anonymous, FGD

2. Lack of health insurance/ insurance does not cover all my costs

Five percent of the respondents indicated that lack of health insurance is a barrier to accessing healthcare services whereas 11% of the respondents reported having health insurance, however, they do not cover all the costs related to healthcare. Some quotes from qualitative data that raised similar concerns are:

"*People don't have insurance."*-Healthcare provider, KII

"*She [community member] said, in 2019 she received insurance. And three months after that, she was doing some tests and she was going to a doctor, and they told her that her insurance was not working. In 2019, a lot of people [got] SSN, then they gave insurance to so many people and then they take it back. That was around the pandemic."*-Anonymous, FGD

3. Lack of adequate healthcare providers

Nine percent of the respondents selected the lack of adequate healthcare providers in the region as a barrier to accessing healthcare services. A similar pattern was observed from the conversation with the healthcare providers and community members. Some quotes are:

"*Unfortunately, a lot of [our] healthcare providers are leaving the practice or going elsewhere out of this area [PD16]*"-Healthcare provider, KII

"*A lot of programs were taken away because of COVID. So, [now] people have limited places to go for care. For example, we used to have maternity [services], they took maternity away because of short-staff[ed]*."-Anonymous, FGD

4. Cost of healthcare services

Eight percent of the respondents in the survey cited the cost of healthcare services as a barrier to accessing services. A similar theme was observed while analyzing the transcripts from the qualitative data collection steps, of which some quotes are:

"*What she [community individual] was sharing was that she knows somebody [who] needed to do the Pap [test], and depending on her income, she had to pay $500 to do that test and she didn't do that*."-Anonymous, FGD

"*The last part she [community individual] mentioned is the income, when they [healthcare facilities] do the evaluation to know the income, they only deduct the rent, but there are other expenses that they have, like insurance, medicine. They do not include that, so it reflects that they [community individual] have more money. So, making an adjustment to check the income would be helpful to the immigrants*."-Anonymous, FGD

5. Lack of time to get care

Seven percent of the respondents indicated that they could not get time off from work to visit healthcare services and similar percent of the respondents reported that the medical clinics are not open all of the time which is a barrier to getting appointments. A similar theme was captured from the qualitative data and some quotes are:

"*Everything is by appointment now. It's between working hours, which they [community individuals] are at work or kids are at school*."-Anonymous, KII

"*I literally wrote down yesterday in my calendar, schedule mammogram, because I keep putting it off*."-Healthcare provider, FGD

Beyond these barriers, the qualitative data analysis also highlighted additional barriers to accessing healthcare services in the regions:

- Legal status of community members
- Transportation barriers to accessing healthcare services
- Lack of specialty care (including childcare and maternity care)
- Hesitancy to access services (language, culture, and stigma attached to free/low-cost services)
- Lack of awareness about available services/facilities in the community
- Organizational challenges (communication, funding, and lack of providers)

Recommended solutions to address challenges

During FGDs and KIIs, participants were asked for suggestions to address the challenges related to healthcare services access in the region. The recommended solutions included:

- **Create awareness among community members about available services**

One of the solutions identified from the conversations with healthcare providers and community members is to create awareness among community members about available healthcare services in the community and the surrounding area. Healthcare providers agreed that there are healthcare services available for those who are in need, but the lack of awareness about such available services is a challenge. Some of the quotes from the conversations are:

> *"I [healthcare provider] think there's some marketing opportunities, and perhaps other safety net providers could benefit from, if we could get that information out to the people that need it."*-Healthcare provider, KII

> *"It boils down to keeping that communication open so that I can now give that information to them [community members], because a lot of them won't access it or don't know how to access it on their own."*-Healthcare provider, KII

- **Enhance translation services**

Another potential solution identified from this project to address the challenges related to healthcare access in PD16 is to enhance translation services. People of Hispanic/Latino origin have a significant population proportion in PD16, and Spanish is the most spoken language after English.[4] Similarly, the Afghan population is on the rise in the region. Based on our conversation, these community members hesitate to access healthcare services due to language barriers and cultural differences. Therefore, providing easily accessible translation services at a healthcare center might help to mitigate these challenges. Some of the quotes are:

> "*We have like one translator, but it's a male. So, when we have teenage girls and we're trying to find out about their menstrual periods, like culturally, that's not gonna work"*- Healthcare provider, KII

> "*Have a better system, when they [community individual] go there [healthcare facility], have people who can speak their language, forms in their language, be sensitive, provide interpretation service when you visit the health services*."-Anonymous, FGD

[4] Rappahannock Community Health Assessment, 2022.

- **Address transportation challenges**

Although challenges related to transportation to healthcare services were not highly prioritized by the community members during the survey, they were raised during FGDs and KIIs. These participants suggested taking actions to encourage easy access to healthcare services in the region. Some of the quotes are:

"*If there're travel vouchers or Uber vouchers or something like that, that we can get people to take transportation here, that would be something that we could try to help with, just to get them into the office*."-Healthcare provider, KII

"*It's intimidating sometimes to access the buses and such, again, when you don't feel heard or seen. So, transportation is a barrier that needs to kind of work its way*." -Healthcare provider, KII

- **Improve communication channels between local partners**

One of the major solutions recommended by the interview participants is to create a regular communication channel between healthcare providers in the region. They believe that community members would benefit more if these healthcare providers worked in unison and access to care in the regions would be easier and smooth. Some of the quotes are:

"*We [healthcare facilities] don't really have a lot of interactions with them [other healthcare facilities] anymore*"-Healthcare provider, KII

"*We [healthcare facilities] have noticed over the last [few] years that there're so many different resources and services in Fredericksburg for various parts of health care. And one of the downfalls with that is that none of us communicate*."-Healthcare provider, KII

- **Create mobile components of healthcare services**

The final recommended solution identified by the project is to create a mobile component of healthcare services. Participants during the interview acknowledged that healthcare providers should take a step forward and take healthcare services into the community, at the doorsteps of the community members where they need them. Here are some quotes from the conversation:

"*…vaccination, like a mobile vaccination clinic. Maybe mobile dental clinics to go down to some of these poorer communities*."-Healthcare provider, KII

"*I think we need to have more mobilization clinics and drive-through clinics, like get out in the communities, get to these churches, libraries, Walmart, because people can't always come to you, so you got to go to them*."-Anonymous, FGD

Identification of strategies

The findings from the data collection process were shared among the community partners through a virtual community meeting. During this meeting, participants discussed the challenges identified through the process, activities that are already happening in the community to mitigate these challenges, and the collaborative actions that can be developed and implemented in the future to address these challenges.

Through continuous communication with external partners and internal team members, the team identified the two strategies that could most feasibly be implemented to address the issues related to access to healthcare services in PD16:

1. Create a resource guide highly focused on the specific population including low-income, uninsured/underinsured, and populations with low access to transportation.
2. Create a sustainable communication channel between different healthcare providers in PD16

Implementation of a strategy

The team has begun gathering information on available resources in the community that provides different healthcare services as well as services related to transportation to the underserved population. A survey was also created for community partners to provide information on any available services in the community which focused on providing healthcare services to our target population group.

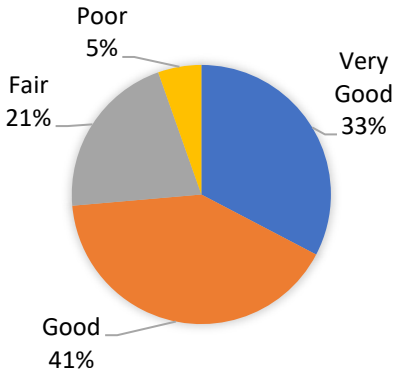
Due to the nature and timeline of this project and limited funding, the team will continue to work on the second strategy in near future.

Appendix A: List of collaborating partners to assess and address the issue of access to healthcare services in PD16

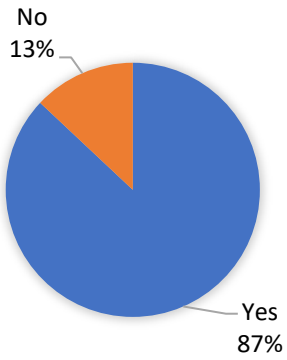
S.N.	Name of the organization/institution
1.	ABC Pediatrics
2.	Caroline County Social Services
3.	Catholic Charities
4.	Central Virginia Health Services
5.	Community Health Center-Fredericksburg
6.	disAbility Resource Center
7.	Empowerhouse
8.	Enoch George Manor
9.	FailSafe-ERA
10.	Fredericksburg Area Health And Support Services
11.	Fredericksburg Christian Health Center
12.	Fredericksburg City Pharmacy
13.	Fredericksburg Department of Social Service
14.	Fredericksburg Fire and Rescue
15.	Fredericksburg Health Department
16.	Fredericksburg Fire Department
17.	Garrison Woods
18.	George Washington Regional Commission
19.	Germanna Community College
20.	Hazel Hill Apartments
21.	Healthy Generations Area Agency on Aging
22.	Heritage Hall
23.	Imani Multicultural Center
24.	Islamic Center, Spotsylvania
25.	Islamic Center, Stafford
26.	King George Fire and Rescue
27.	King George High School
28.	Legal Aid Works
29.	Lloyd F. Moss Free Clinic
30.	Lois Ann's Hope House
31.	LUCHA Ministries
32.	Mary Washington Healthcare
33.	Mental Health America Fredericksburg
34.	Micah Ecumenical Ministries
35.	Migration & Refugee Services
36.	Mt. Hope Baptist Church, Spotsylvania
37.	National Alliance on Mental Illness
38.	Oxford Mt. Zion Baptist Church, Caroline
39.	Patawomeck Tribal Council
40.	Rappahannock Area Community Services Board
41.	Rappahannock United Way
42.	REMS Council
43.	Second Mt. Zion Baptist Church, Caroline
44.	Spotsy County Department of Social Services
45.	Stafford County Board of Supervisors
46.	Stafford County NAACP
47.	The Family Life Center, Fredericksburg
48.	Thurman Brisben Center
49.	Walmart Vision Center

Appendix B: Results from community survey (English, Spanish, and Dari surveys combined results)

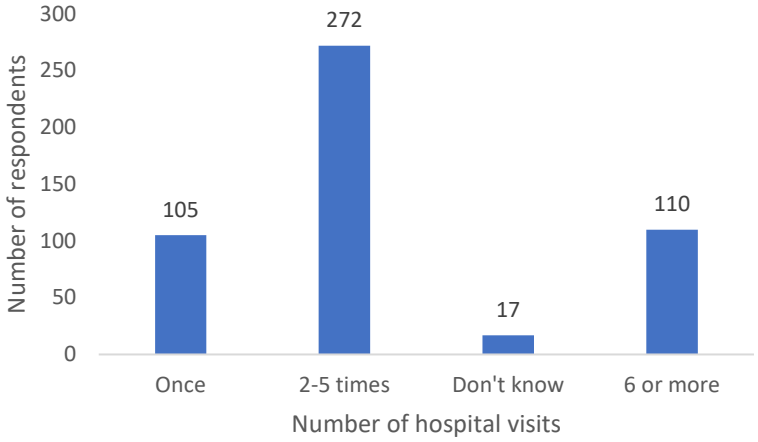
a. Self-reported health status of the respondents (n=590)



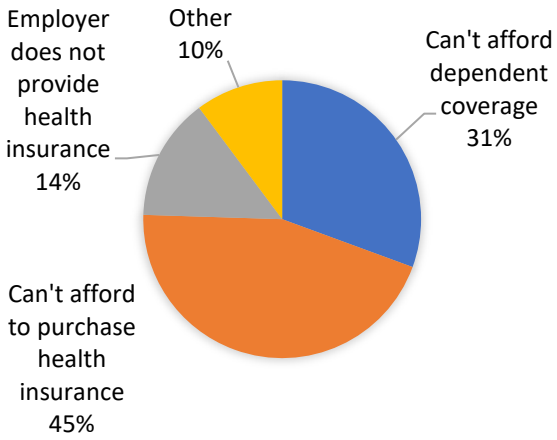
b. Visit to a doctor in the past 12 months by the respondents (n=590)



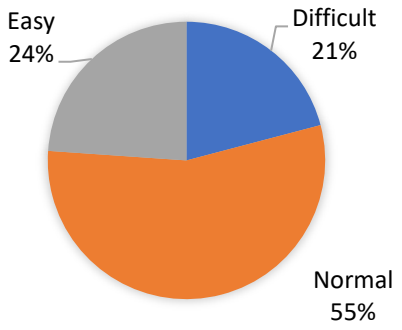
c. Number of hospital visits by the respondents in the past 12 months (n=590)



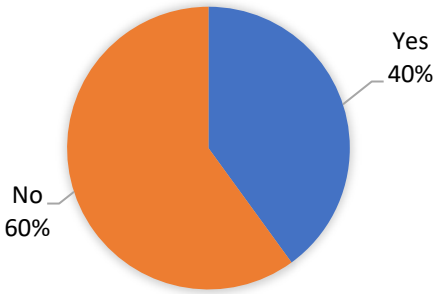
d. Reasons for not having health insurance among the respondents (n=590)



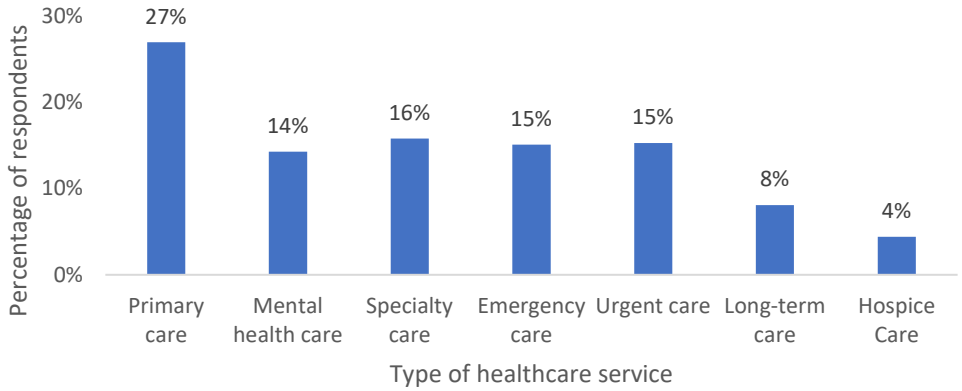
e. Respondent's self-reported difficulty to obtain healthcare services in the past 12 months (n=590)



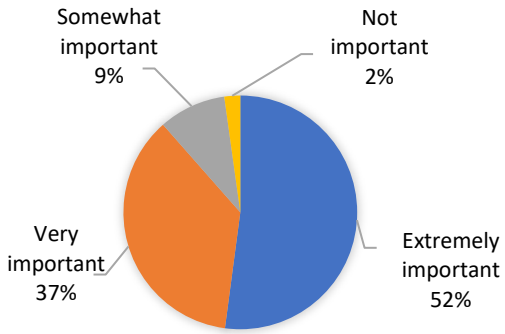
f. Would the respondents have liked (or felt the need) to see the doctor more often in the past 12 months? (n=590)



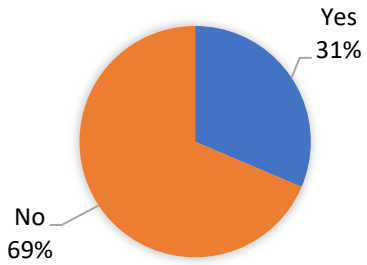
g. Type of healthcare services important to the respondents (n=590)



h. Importance for the respondents to have regular healthcare services and medical screenings (n=590)



i. Respondents avoided getting healthcare services or medical screenings in the past 12 months (n=590)



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