



Access to
Clinical Preventive Services



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People in Oregon need equitable access to health care, including physical and behavioral health care services. Access depends on having health insurance coverage, a provider, and transportation to visit a provider. Despite Oregon’s aspirational approach to health care delivery that includes Coordinated Care Organizations, more than one-third of the themes expressed during the SHA community engagement process related to problems with accessing health care.

My community needs...

“ Health care and prescription drug coverage changes. Everyone needs to be able to have affordable health care coverage that actually covers them to see a doctor. Some people are paying for a plan which ends up being out of network and they still don’t get covered to see a doctor. We also need to be able to have coverage for needed medications, procedures, tests, scans, and surgeries that will help make a person healthy in the end. Some things that are considered cosmetic, should be covered in order to make people feel better (i.e., excessive skin removal after having gastric bypass surgery. It not only causes skin infection issues, but it makes that person feel healthier mentally to finish their transformation). We should be able to pay for a circumcision for a new infant and not consider that cosmetic. ”

– SHA Community Participant

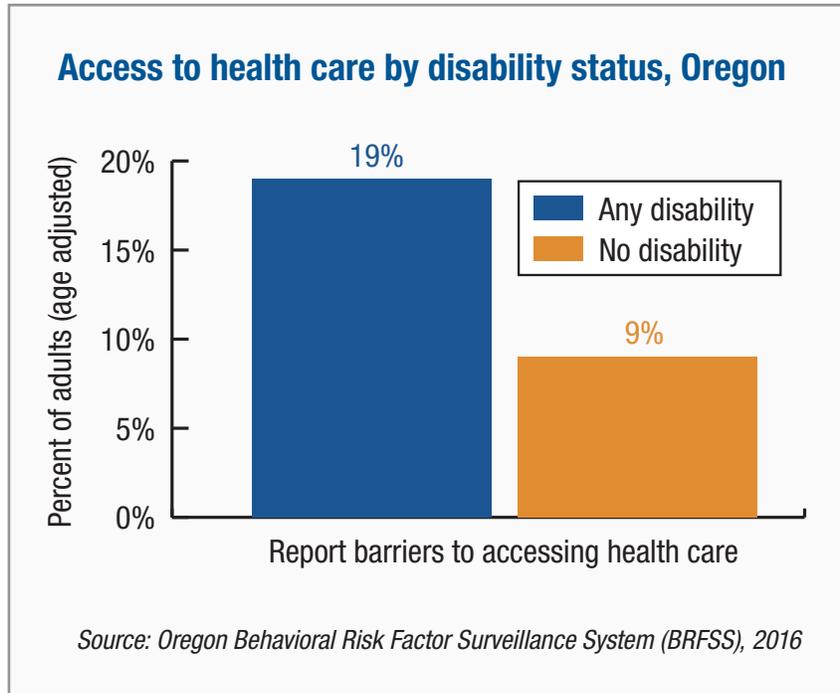
Health Insurance

Because of the Affordable Care Act (ACA), more people in Oregon have health insurance coverage than five years ago. In 2017, only 6.2% of children and adults in Oregon were uninsured, down from 14.5% in 2013. Despite high rates of insured people, many community members reported difficulty affording medical services because of high premiums, deductibles, and costs for services that are provided out of network. For example, some people said services covered by the CAWEM (Citizen/Alien-Waived Emergent Medical) program are insufficient. Additionally, one third of Oregon families with children with special health care needs reported that their associated out-of-pocket costs were “sometimes” or “never” reasonable.*

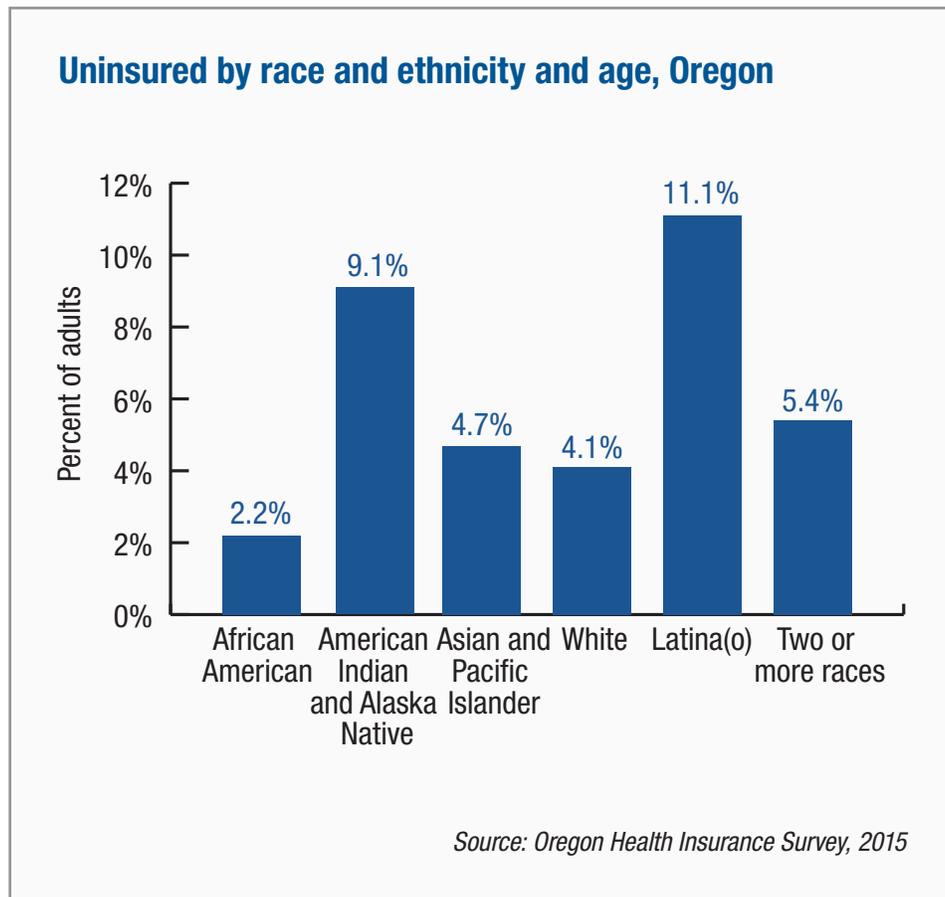
* <http://childhealthdata.org/browse/survey/results?q=4832&r=39&q=619>

Health Insurance Disparities

Oregon adults with disabilities are more than twice as likely as those without disabilities to report that they couldn't see a health care provider in the last twelve months because of cost.



Uninsured rates are highest among American Indians and Alaska Natives and Latina(o)s.



Health Care Providers

Many people across Oregon expressed difficulty accessing high-quality health care. Provider shortages create significant disparity across many parts of Oregon. Portland, Eugene, and Bend have greater access to providers, while rural, frontier, and coastal areas tend to have more unmet needs.*

“ I would like to be treated better and with respect. I've had many bad experiences using emergency services. People need to have more cultural sensitivity, I've noticed that they get frustrated with me for not speaking English and they make you feel less or as if one is weak. Many times, even if there is an interpreter, it is the attitude that makes the difference. They treat us as if they were doing us a favor. ”

– SHA Community Participant

Primary care providers, dentists, behavioral health specialists, nurses, dieticians, and medical assistants all are in short supply. Restrictions on loan forgiveness programs, lack of housing, and licensing delays make the problem worse.† Oregon also faces a shortage of dentists. Nearly a quarter of Oregon's population live in a federally-designated dental health professional shortage area.

Simply getting to a provider's office, or getting there quickly, is difficult for many people. In Oregon, the average travel time to the nearest Patient Centered Primary Care Home (PCPCH) is 13.6 minutes. In urban areas, the travel time is 10 minutes; in rural areas, it is 13.1 minutes; and in frontier areas, it is 18.8 minutes. Twenty-six rural and frontier service areas do not have a PCPCH; the drive times for these areas can be as long as 81 minutes.‡ If a person needs specialty care, travel time can be even longer. For example, among children and youth with a special health care need, more than one third (38%) experienced a problem accessing specialty care. Many people in Oregon are interested in using telemedicine to bring specialty care to areas of the state that don't currently have access.

* https://www.ohsu.edu/xd/outreach/oregon-rural-health/resources/rural-frontier-listening-tour/upload/2016-ORH_ListeningTourReport_Final.pdf

† https://www.ohsu.edu/xd/outreach/oregon-rural-health/resources/rural-frontier-listening-tour/upload/2016-ORH_ListeningTourReport_Final.pdf

‡ Oregon Office of Rural Health, Oregon Areas of Unmet Health Care Need Report, August 2017.

Behavioral health care

Access to behavioral health care, including mental health and substance abuse treatment, is another serious challenge. There are 5,600 people for every full-time mental health care provider in Oregon. Thirty-three rural and frontier service areas have fewer than 0.5 mental health providers; 25 service areas have no mental health providers. In 2015, OHA held a series of behavioral health town halls across the state. Community members described many barriers related to provider shortages, long wait times, poor quality of care, and care that wasn't coordinated because medical staff were overloaded. More than half of children with a special health care need experienced problems obtaining mental health treatment or counseling. Also, people experiencing a psychiatric emergency face a significant lack of hospital beds.* These barriers to behavioral health care often create overcrowded jails and emergency rooms, which are ill-equipped to provide appropriate care and treatment for someone experiencing a behavioral health crisis.

“There are a lot of people who are suffering due to untreated addiction and mental health issues.”

– SHA Community Participant

* <http://www.oregon.gov/oha/HPA/CSI-BHP/Documents/OHA-2015-Behavioral-Health-Town-Hall-Report.pdf>

Culturally Responsive Care

Finally, many SHA participants said communities need culturally responsive and trauma-informed health care. Services should be provided in appropriate languages, along with interpretation and translation when needed.

Community members suggested increasing the diversity of providers and providing cultural-competency training for primary care providers. Greater use of traditional health workers can help ensure that health care is culturally and linguistically appropriate.

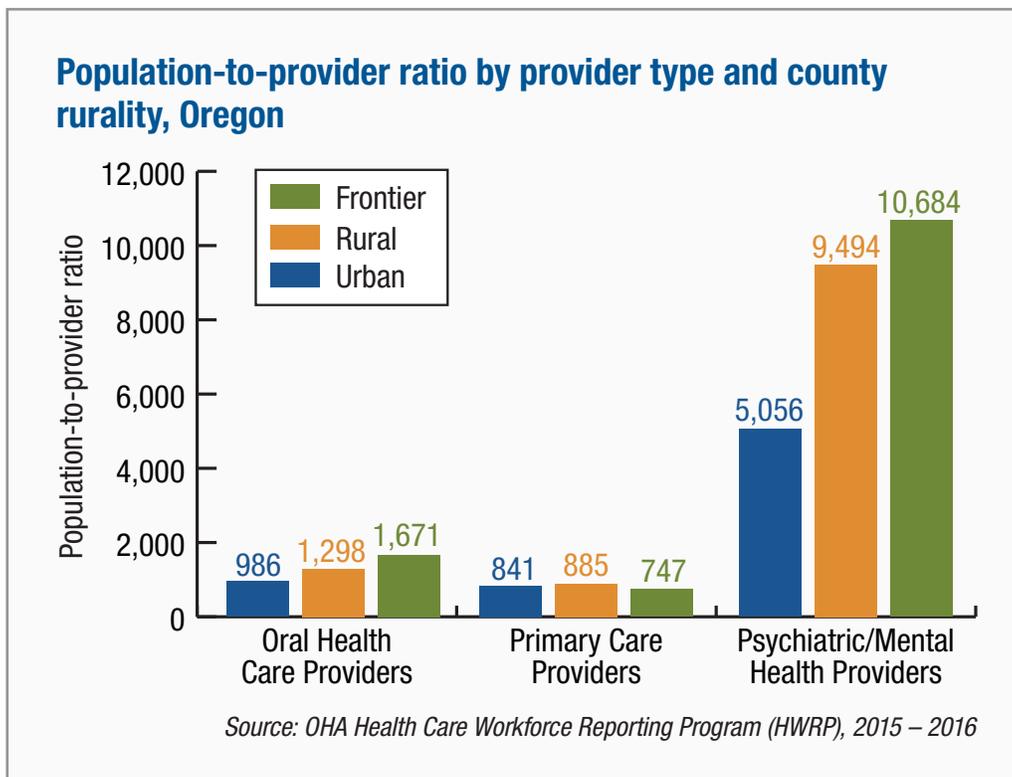
My community needs...

“Resources that promote positive interaction with all health professionals where people feel safe sharing health concerns.”

– SHA Community

Disparities in Health Care Providers

There are significant disparities in population-to-provider ratios by geographic region within Oregon.



Health Literacy

Health literacy is an important issue to community members who participated in the SHA. Health literacy is the ability to understand basic health information in order to make appropriate health decisions. Only 12% of U.S. adults have proficient health literacy, according to the National Assessment of Adult Literacy. Low levels of health literacy have been linked to misuse of medications, higher rates of hospitalization, and lower use of preventive services. People most likely to experience low health literacy include older people, people of color, people with less than a high school degree or GED certificate, people with low income levels, non-native speakers of English, and people with compromised health status.

Preventive Services

Clinical preventive services include services such as annual exams, cancer screenings, and immunizations.

Well-Woman Care and Reproductive Health

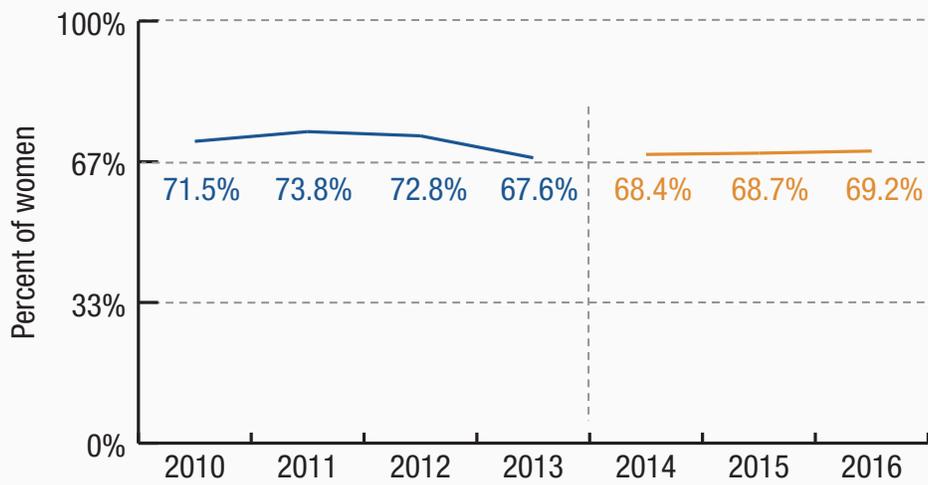
In 2015, just over half of women in Oregon (54.9%) aged 18 to 44 years had a routine checkup within the last year. Access to high-quality well-woman care:

- Provides an opportunity to receive recommended clinical preventive services; help with managing chronic conditions such as diabetes; counseling to achieve a healthy weight and to quit smoking; and immunizations.
- Increases the likelihood that any future pregnancies are intended.
- Decreases the likelihood of complications for future pregnancies.

When used correctly, contraceptives are very effective at preventing unintended pregnancy. In 2016, 69.2% of women at risk of unintended pregnancy reported using effective methods of contraception at last intercourse. Unintended pregnancy is disproportionately concentrated among younger, low-income women of color.

Early prenatal care is important to identify and treat health conditions that can affect mothers and babies. Health care providers can educate pregnant women about nutrition, alcohol use, tobacco use, exercise, and preparing for childbirth and infant care. Babies born to women who receive prenatal care are less likely to have low birth weight or to be born prematurely. The percentage of women starting prenatal care during the first trimester has improved in Oregon since 2008, reaching 80% in 2016.

Effective contraceptive use among women at risk of unintended pregnancy, Oregon

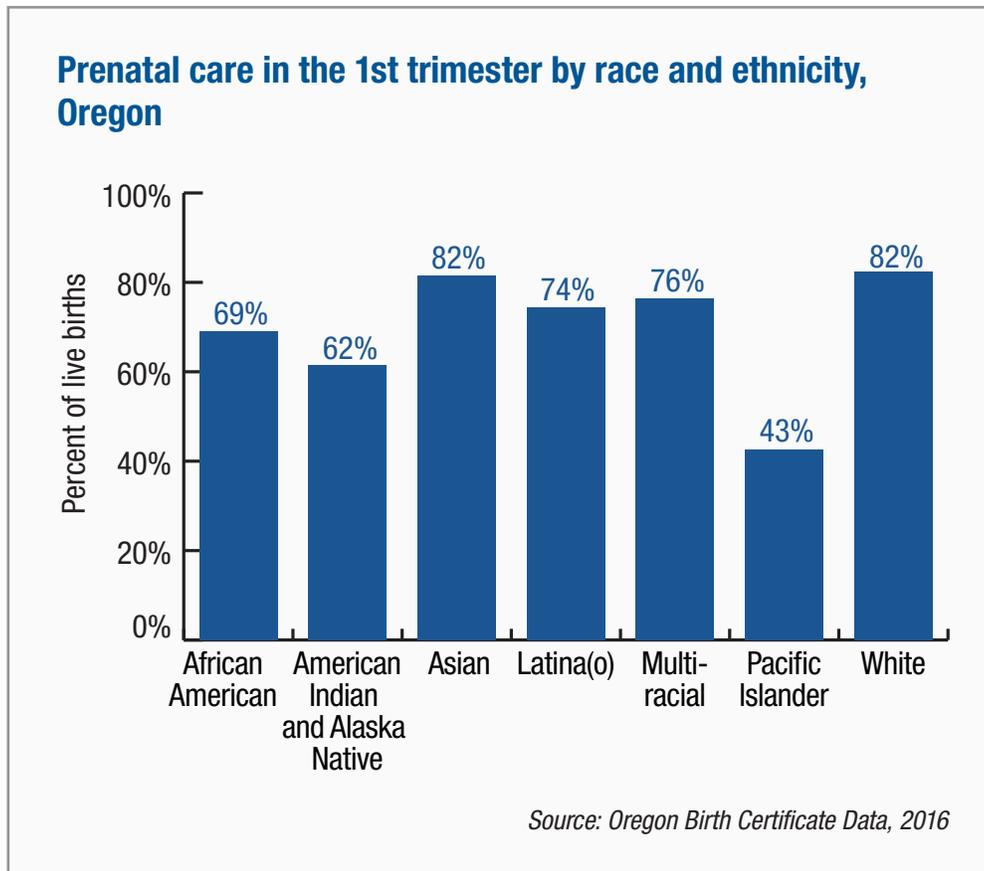


Source: Oregon Behavioral Risk Factor Surveillance System (BRFSS)

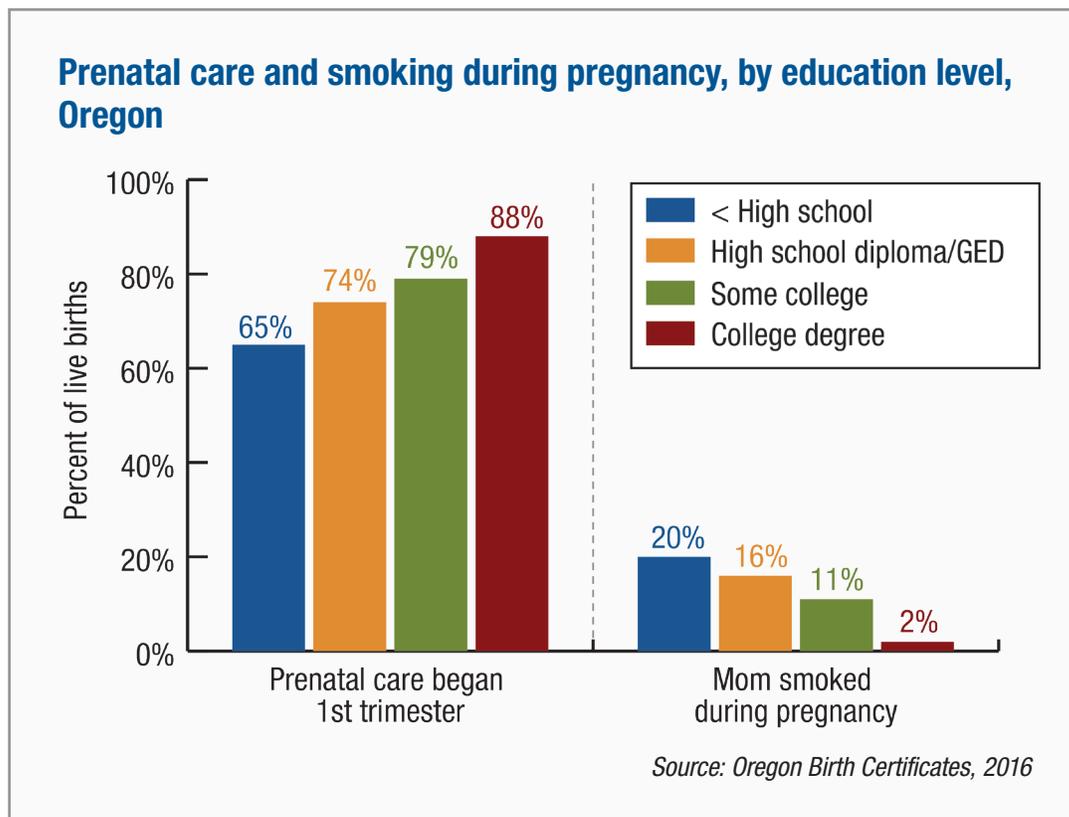
Notes: Starting in 2014, respondents are asked about their use of contraception "at last intercourse" rather than "currently". Also, the upper age limit of reproductive-age women was increased from 44 to 49 in 2014.

Disparities in Well-Woman Care and Reproductive Health

Relative to Whites and Asians, other racial and ethnic groups in Oregon access lower levels of prenatal care during the first trimester.



Women with lower education levels are less likely to access prenatal care and are more likely to smoke during pregnancy, compared to women who have a college degree or higher.



Child and Adolescent Health

Early childhood development is a marker for future social, behavioral, physical, and cognitive development. Early identification of developmental disorders is critical to lifelong health. The percentage of children with a developmental delay has been increasing over time. However, opportunity exists to increase the rates of developmental screening and detect more potential delays early.

The range of physical, cognitive, social, and emotional changes during adolescence calls for a unique approach to health care during this stage of life. Health behaviors established in adolescence often persist into adulthood, and many chronic diseases first emerge during this time. An important vehicle for delivering clinical preventative services, such as immunizations, is a comprehensive well-care visit that is aligned with the American Academy of Pediatrics guidelines.*

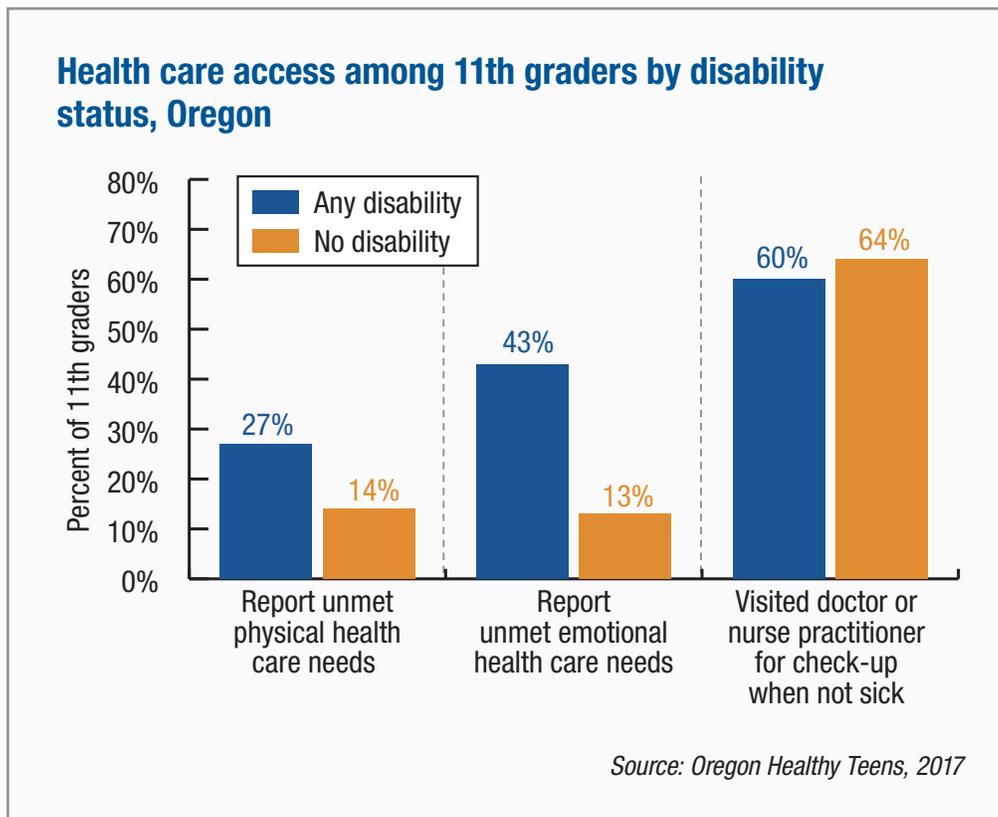
However, adolescents face many barriers to accessing well-care visits and other kinds of health care, even when insurance coverage is available. Commonly-cited barriers include: Concern that services will not be kept confidential; lack of transportation or access to

* Recommendations for Preventive Pediatric Health Care (https://www.aap.org/en-us/Documents/periodicity_schedule.pdf), Bright Futures, American Academy of Pediatrics

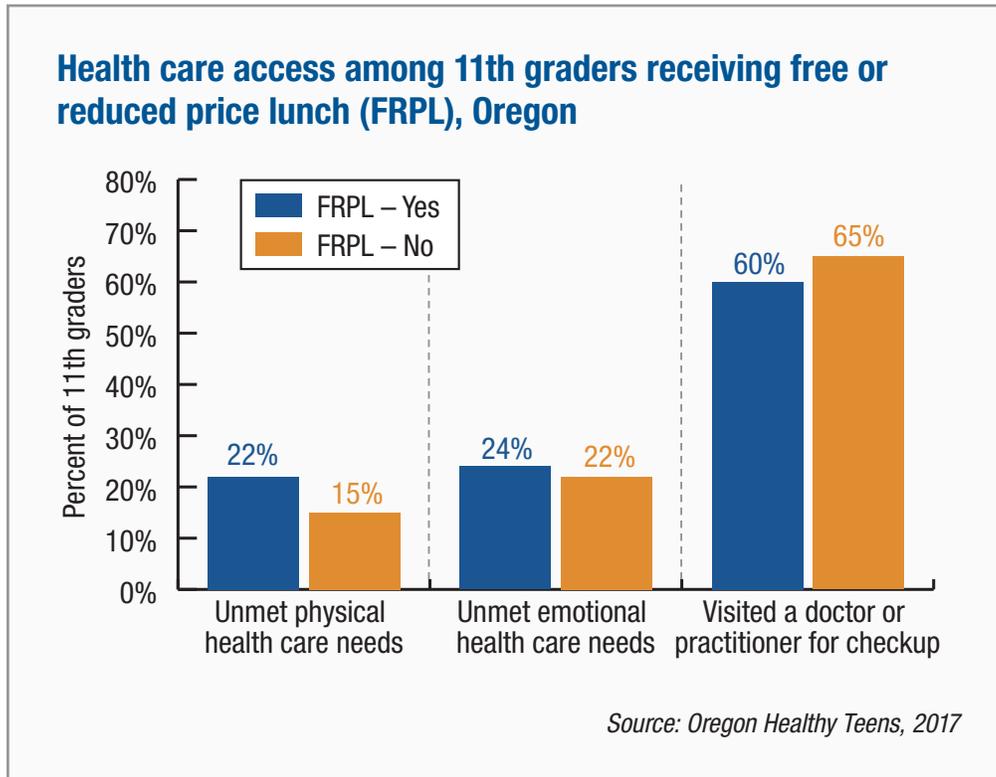
a convenient source of care; difficulty navigating the health care system; and lack of culturally-, linguistically- and youth-friendly providers. In 2017, 21% of 8th graders and 18% of 11th graders in Oregon reported having an unmet physical health care need in the past year. While school-based health centers can be an important asset for meeting the health care needs of students, only a quarter of school districts have a health center in one of their schools.

Disparities in Child and Adolescent Health

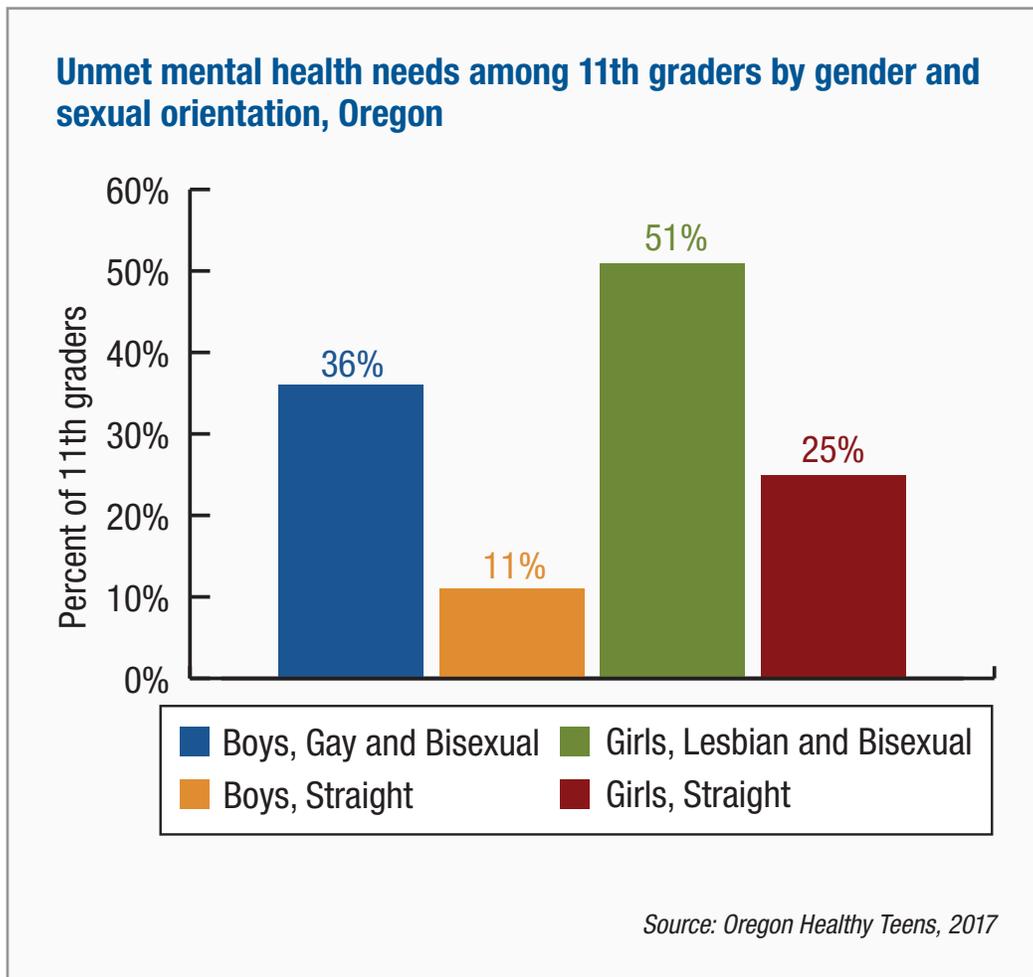
Youth with a disability are more likely to have an unmet physical or emotional health care need and less likely to have visited a provider in the past year.



Youth from low-income families are more likely to have unmet physical and emotional health care needs and less likely to have seen a doctor.



Gay and bisexual youth are much more likely to have unmet mental health care needs.



Immunizations

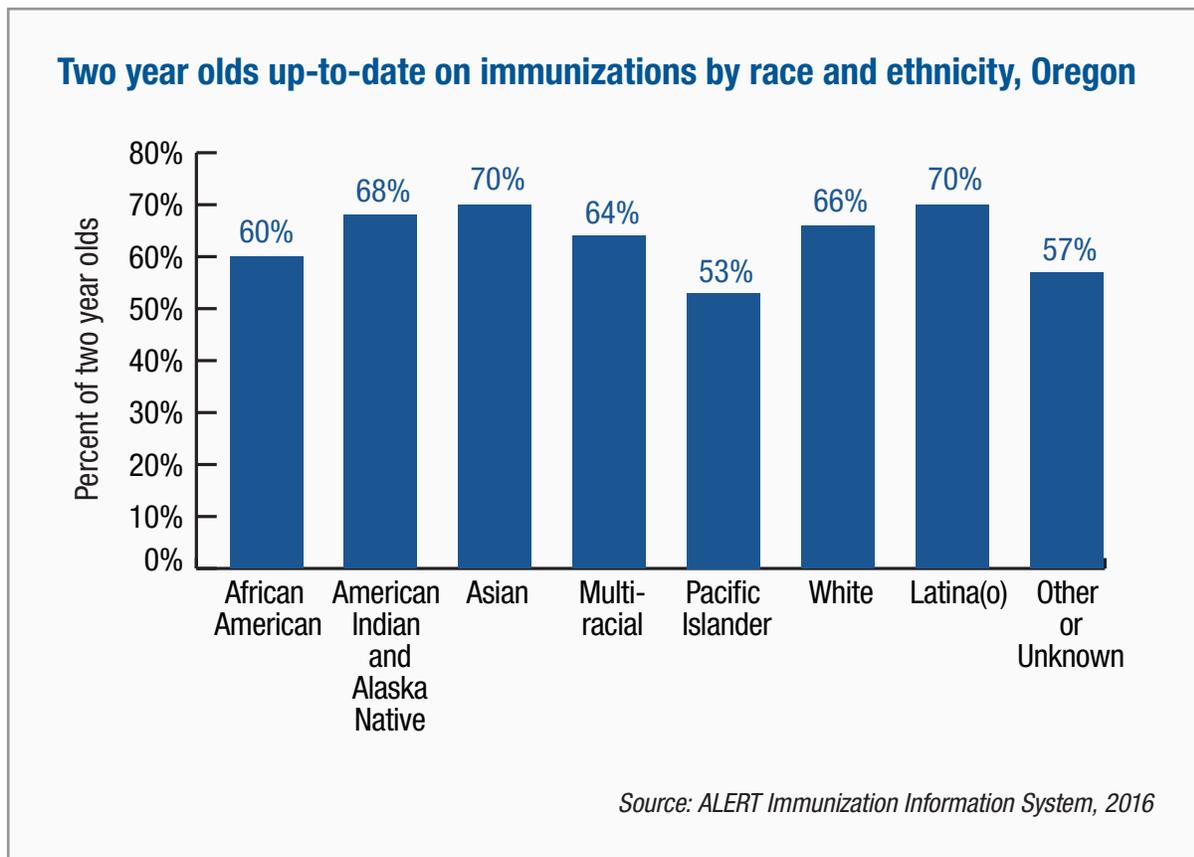
Vaccines are one of the greatest public health interventions of the 20th century. Yet, in Oregon, people’s hesitancy about using vaccines, lack of access to health care, and other barriers contribute to lower-than-optimal immunization rates.

Oregon has one of the lowest immunization rates among children and adolescents in the country. In 2017, Oregon was ranked 45th in the country for the percentage of children 19 to 35 months who completed the recommended childhood immunizations.* In 2016, only 66% of two-year-olds were up to date on recommended vaccinations.

* America’s Health Rankings

Oregon’s immunization laws protect children against 11 vaccine-preventable diseases. These laws have improved the vaccination rate for kindergarteners to 89% in 2017. Yet Oregon still struggles with clusters of unvaccinated communities; for example, some schools report measles vaccination rates at or below 50% of students.

Influenza and pneumonia are among the top ten leading causes of death in the United States.



Vaccines and appropriate treatment can prevent many of these deaths. Although the influenza vaccine is recommended for everyone six months and older, Oregon’s flu vaccination rates remain low. During the 2016 – 2017 influenza season, only 43% of people received a flu vaccination.

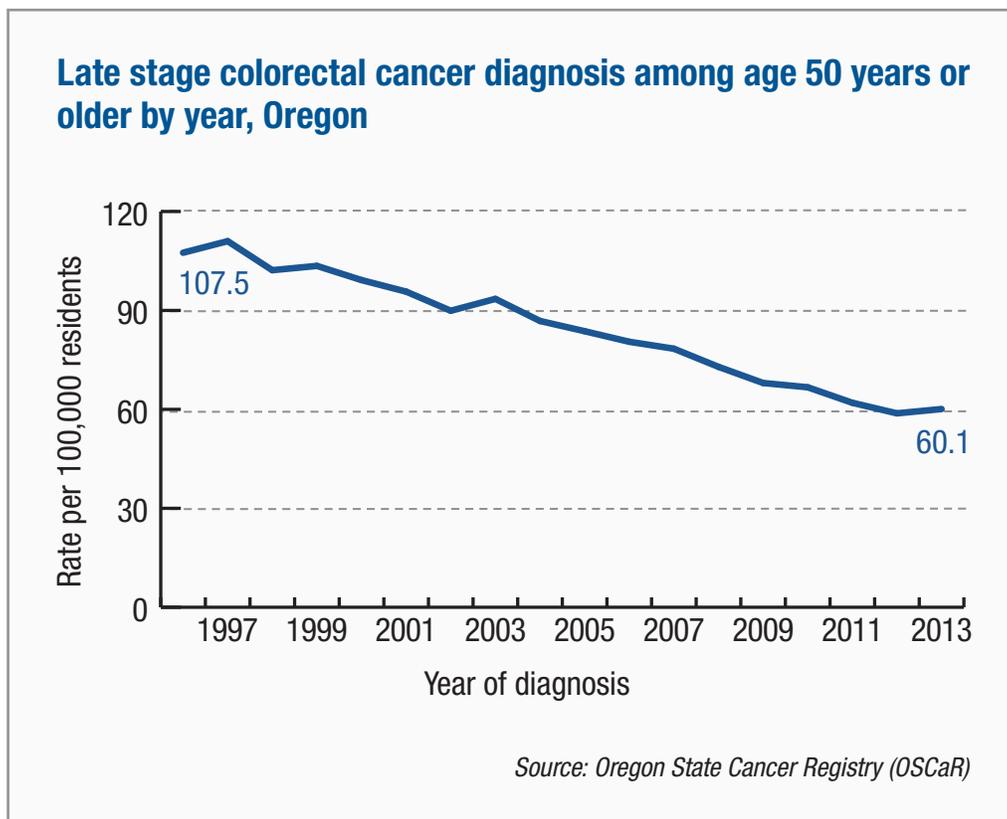
Cancer Screening

Colorectal cancer is the second-leading cause of cancer death in Oregon. The state has seen a steady decline in late-stage colorectal cancer diagnoses over the past 17 years. This is likely due to the steady increase in cancer screening over this same time period. Latina(o)s are less likely to have been screened for colorectal cancer.

Each year, approximately 3,000 women in Oregon are diagnosed with breast cancer, and nearly 500 die from breast cancer. Since 2009, the U.S. Preventive Services Task Force (USPSTF) has recommended mammogram screening for early detection of breast cancer every two years for women age 50 to 74. In 2016, 74% of women age 50 to 74 had received the recommended biennial mammogram screening.

Each year, on average, approximately 130 Oregon women are diagnosed with invasive cervical cancer, and about 40 die from the disease. Cervical cancer makes up a lower percentage of Oregon cancer deaths than breast cancer, and it is preventable when women receive appropriate screening and vaccination. The USPSTF currently recommends a pap screening for women ages 21 to 65 every three years. In 2016, 79% of women ages 21 to 65 years reported a pap screening in the past three years.

Fortunately, an effective HPV (human papillomavirus) vaccination recommended for adolescents is now available. It protects them from the most common anal, cervical, oropharyngeal, penile, vaginal, and vulvar cancers. However, only 43% of Oregon adolescents completed the HPV vaccination series in 2017.



An estimated 5 to 10% of all cancers are hereditary. For example, people with hereditary breast and ovarian cancer syndrome (HBOC) are at higher risk of developing breast, ovarian, prostate, and pancreatic cancers. When people at high risk for cancer are identified early, they can benefit from screening and prevention strategies.

Oral Health

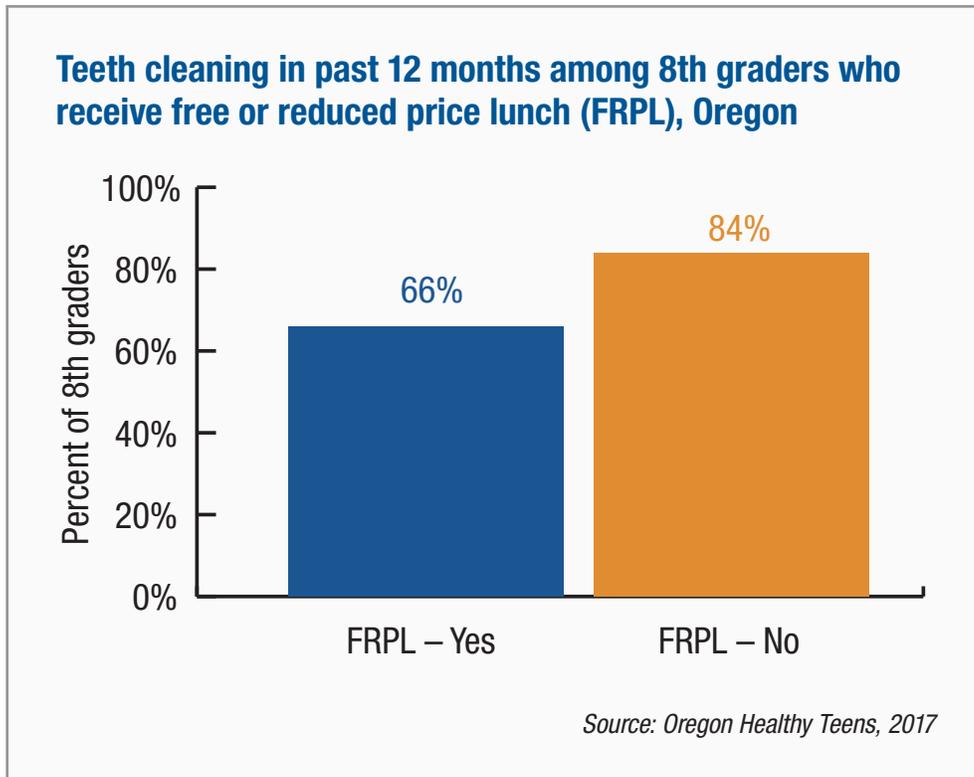
Oral health is important to well-being throughout a person's life. Although it's preventable, tooth decay is the most common chronic disease affecting U.S. children and adolescents. In Oregon, 58% of 3rd graders have experienced tooth decay. Left untreated, tooth decay often has serious consequences that can negatively affect a child's development and school performance. It can lead to diminished growth, social development, nutrition, speech development, and overall general health. Children with poor oral health have worse academic performance and are nearly three times more likely to miss school as a result of dental pain.* Over time, dental decay can become severe enough to require costly emergency treatment.

Many people in Oregon do not see a dentist as often as they should, despite its importance. Shortages of dental providers is a real problem: Oregon has only 0.42 dentists per 1,000 people, and 24 rural and frontier primary care service areas have no dentists. In 2016, only 65% of adult males and 69% of adult females had at least one dental visit in the past year. In 2016, only one in two children under the age of five had a dental visit within the previous year.

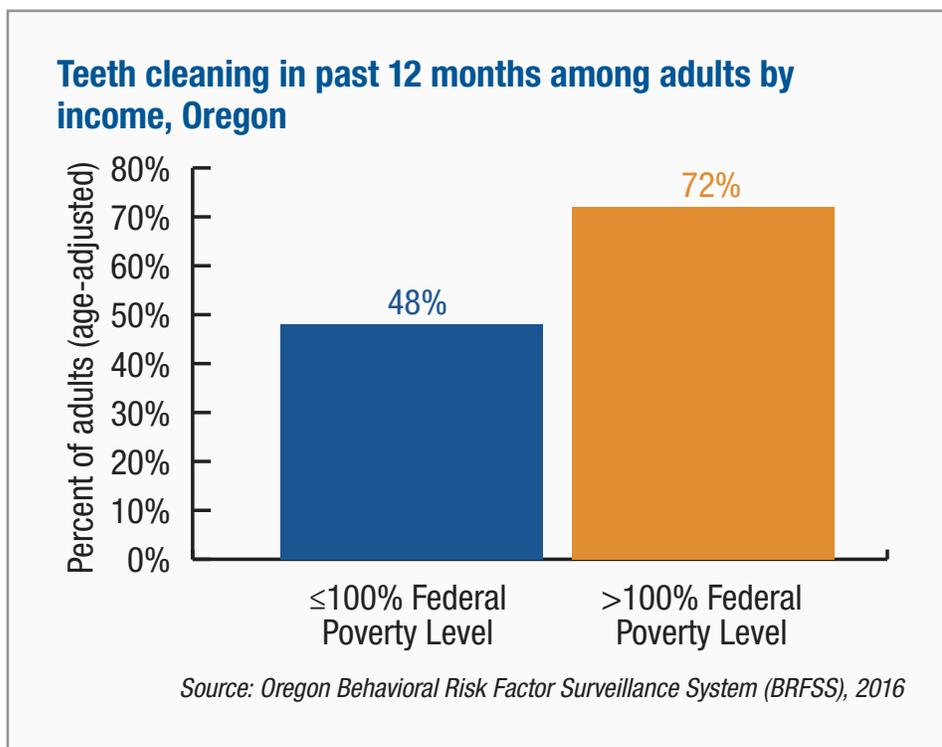
* Jackson SL, VannWilliam F Jr, Kotch JB, Pahel BT, Lee JY. Impact of poor oral health on children's school attendance and performance. *American Journal of Public Health*. 2011;101(10):1900 – 1906.

Disparities in Oral Health

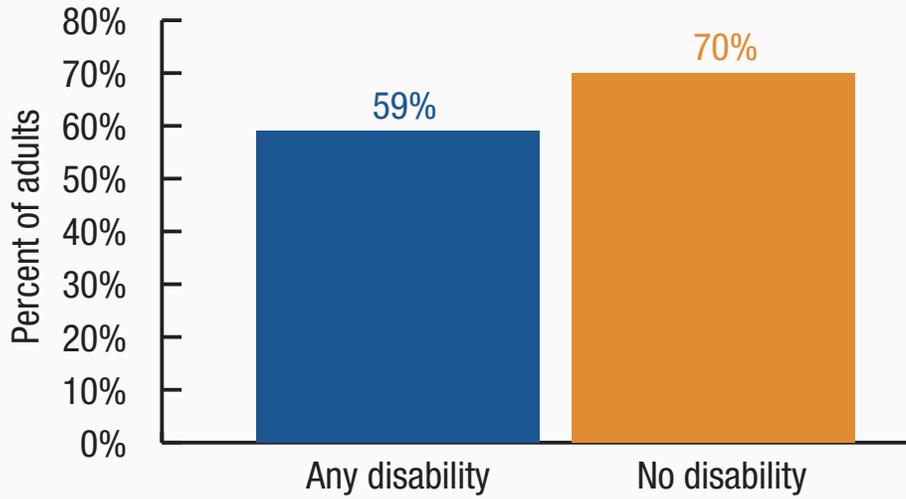
Adults and youth from low-income families are less likely to have had their teeth cleaned in the past year.



Adults with low income are less likely to have had their teeth cleaned in the past year.



Teeth cleaning in past 12 months among adults by disability status, Oregon



Source: Oregon Behavioral Risk Factor Surveillance System (BRFSS), 2016