

# Healthcare Access

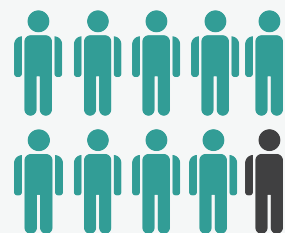
Access to healthcare is multifaceted, involving aspects such as the availability and location of healthcare providers, health coverage and affordability of services. The Affordable Care Act brought important increases in the number of residents with health insurance coverage beginning in 2014. Health insurance, while vitally important, does not guarantee access. Patient deductible and co-pays may not be affordable or patients may be unable to find a provider who has capacity and accepts their health plan. Health systems lacking capacity due to workforce challenges is a prominent rural issue. While only part of the issue, health insurance coverage and having a personal healthcare provider are key to access.

In 2015, 91% ( $\pm 1\%$ ) of Washington adults 18-64 years old had health insurance coverage. The percentage of adults with health insurance coverage was stable from 2008-2013, and then increased.

In 2016, 74% ( $\pm 1\%$ ) of Washington adults had a personal healthcare provider. The percentage of adults having a personal healthcare provider was stable from 2011 to 2015. The percentage of adults having a personal healthcare provider in Washington is similar to that in the U.S.

Fewer males, Hispanic adults, younger adults, and adults with low incomes or less education reported having health insurance coverage or a personal healthcare provider compared to other Washingtonians.

DOH, along with partner agencies, is working to improve access to health insurance and primary healthcare providers.



## 9 in 10

Washington adults have health insurance coverage



Healthcare access - measured by health insurance or having a healthcare provider - is worse in rural areas of Washington

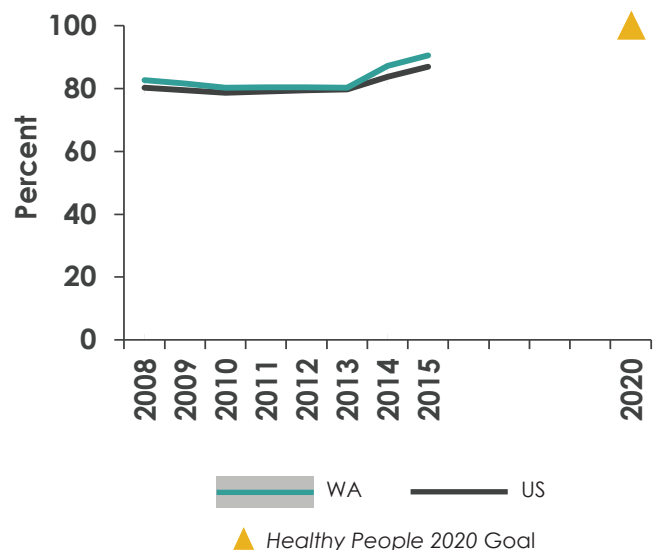


## Time Trends

### Health Insurance

- In the 2015 American Community Survey (ACS), 91% ( $\pm 1\%$ ) of Washington adults 18-64 years old reported health insurance coverage.
- The 2015 proportion of adults with health insurance (91%  $\pm 1\%$ ) reflects an increase following the implementation of the Affordable Care Act in 2014. Prior to this, health insurance coverage among Washington adults 18-64 years old was stable at about 80% ( $\pm 1\%$ ) from 2008-2013.<sup>1</sup>
- ACS data from 2008-2013 showed a similar percentage of Washington adults 18-64 years old reported having health insurance coverage compared to the U.S. In 2014 and 2015, a higher percentage of Washington adults reported having health insurance coverage compared to the U.S.

**Health Insurance Coverage (age 18-64)  
Washington State & US  
ACS, 2008-2015**



## Important Consideration

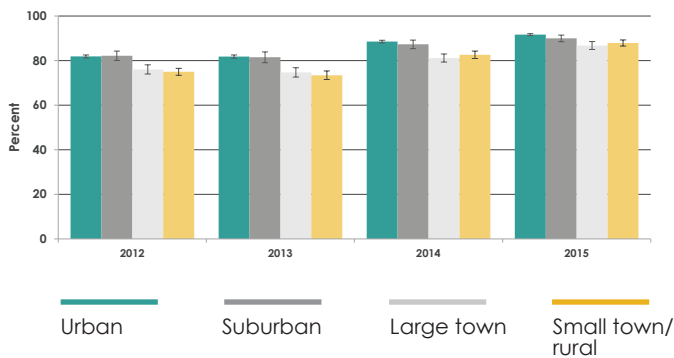
Multiple years of data are needed to explore geographic variation and disparities. Because changes due to the implementation of the Affordable Care Act may have differed across geographic areas or demographics, patterns reported in the following sections may not entirely reflect the current state.

## Geographic Variation

### Health Insurance by Rural-Urban Geography\*

- In 2012-2015 ACS, the percent reporting health insurance coverage in large town and small town/rural areas was lower than in urban and suburban areas.
- While the percent reporting health insurance coverage increased for both urban and rural areas after 2013, the urban-rural coverage gap remained.

**Health Insurance Coverage (age 18-64)  
Washington State  
ACS PUMS, 2012-2015**

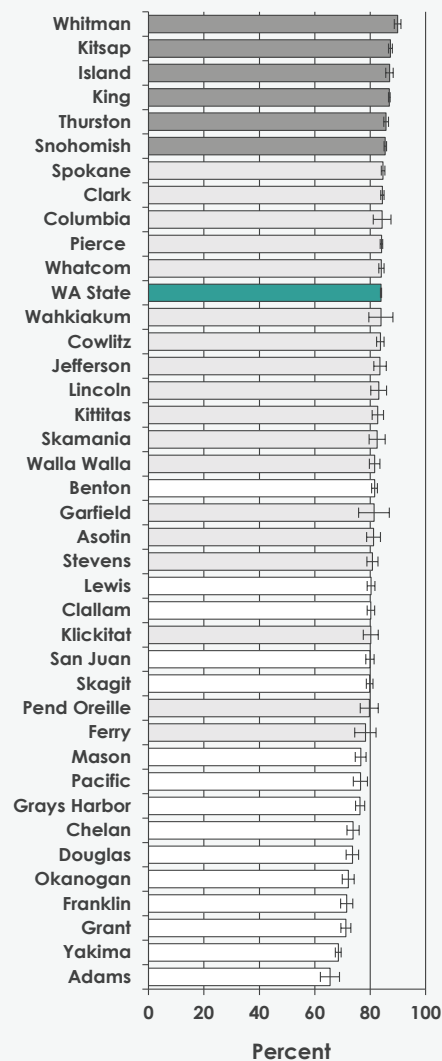


\*Geography is classified using a modified scheme, based on Rural Urban Commuting Area (RUCA) codes, version 3.1; into urban, (e.g., Seattle), suburban (e.g., North Bend), large town (e.g., Oak Harbor), and small town/rural (e.g., Port Stanley).

## Health Insurance

- In 2011-2015 ACS, the percentage of adults reporting health insurance coverage was lower in Adams, Benton, Clallam, Chelan, Douglas, Franklin, Grant, Grays Harbor, Lewis, Mason, Okanogan, Pacific, San Juan, Skagit, and Yakima counties compared to the state.
- The percentage of adults reporting health insurance coverage was higher in Island, King, Kitsap, Snohomish, Thurston and Whitman counties compared to the state.

**Health Insurance Coverage (age 18-64)  
Washington Counties  
ACS, 2011-2015**



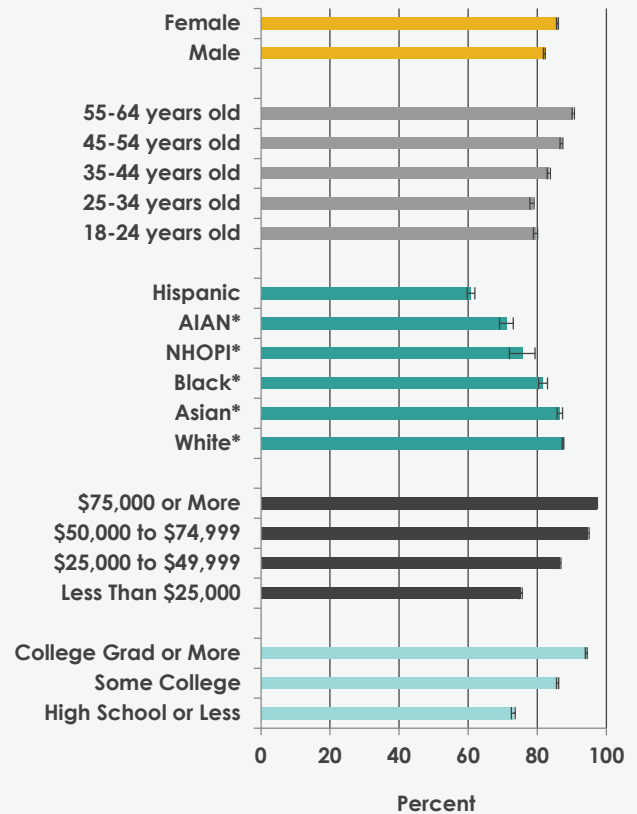
WA State  
 Same as WA State  
 Higher than WA State  
 Lower than WA State

# Disparities

## Health Insurance

- In the 2011-2015 ACS, a higher percentage of females reported health insurance coverage compared to males.
- Reported health insurance coverage increased with age among adults 18-64 years old.
- Hispanic, American Indian or Alaskan Native (AIAN), Native Hawaiian or Other Pacific Islander (NHOPI), black, and Asian adults 18-64 years old reported lower health insurance coverage compared to white adults.
- Reported health insurance coverage increased as levels of education and household income increased.

**Health Insurance Coverage (age 18-64)  
Washington State  
ACS PUMS, 2011-2015**



\*Non-Hispanic (all races) | AIAN: American Indian/Alaska Native | NHOPI: Native Hawaiian/Other Pacific Islander



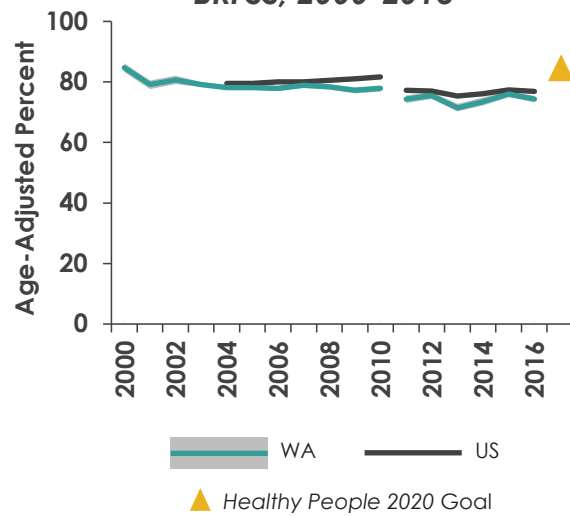


## Time Trends

### Personal Healthcare Provider

- Washington has historically had a lower percentage of adults reporting a personal healthcare provider compared to U.S. adults in the Behavioral Risk Factor Surveillance System (BRFSS).
- In the 2016 BRFSS, the percent reporting a personal healthcare provider among Washington State adults was 74% ( $\pm 1\%$ ).

Adults with Personal Healthcare Provider  
Washington State & US  
BRFSS, 2000-2016



# Geographic Variation

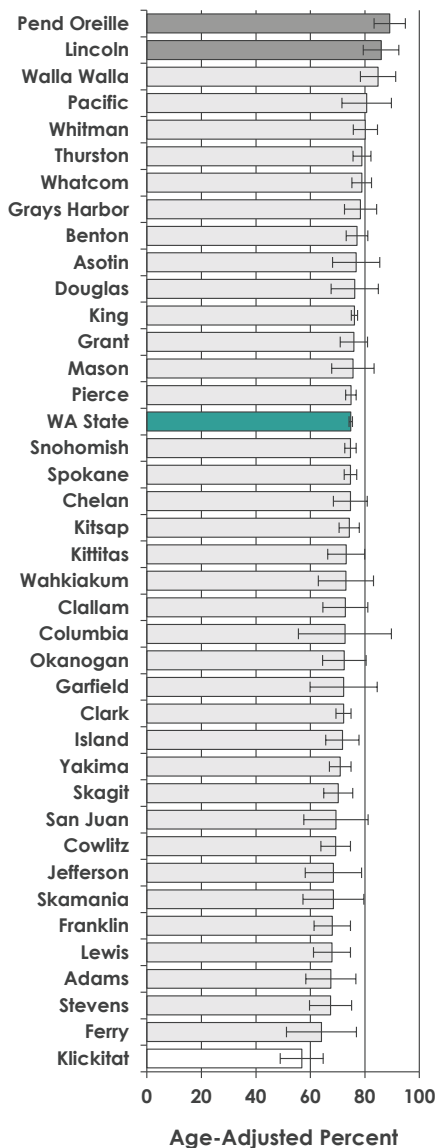
## Personal Healthcare Provider

- In the 2014-2016 BRFSS, Lincoln and Pend Oreille counties had a higher percentage of adults who reported having a personal healthcare provider compared to the state.
- Klickitat County had a lower percentage of adults who reported having a personal healthcare provider compared to the state.

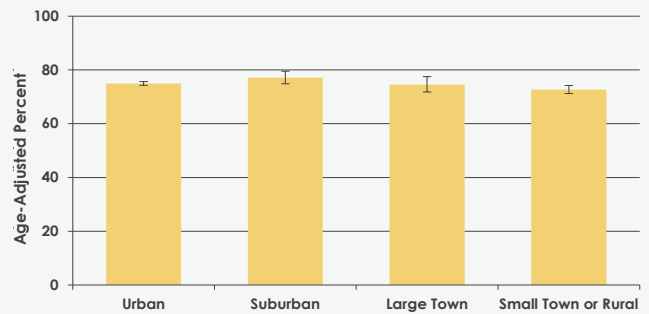
## Personal Healthcare Provider by Rural-Urban Geography\*

- The percent of the population with a personal healthcare provider in small town/rural areas was lower than in urban and suburban areas, between 2012 and 2015.

**Adults with Personal Healthcare Provider  
Washington Counties  
BRFSS, 2014-2016**



**Adults with Personal Healthcare Provider  
Washington State  
BRFSS, 2012-2015**



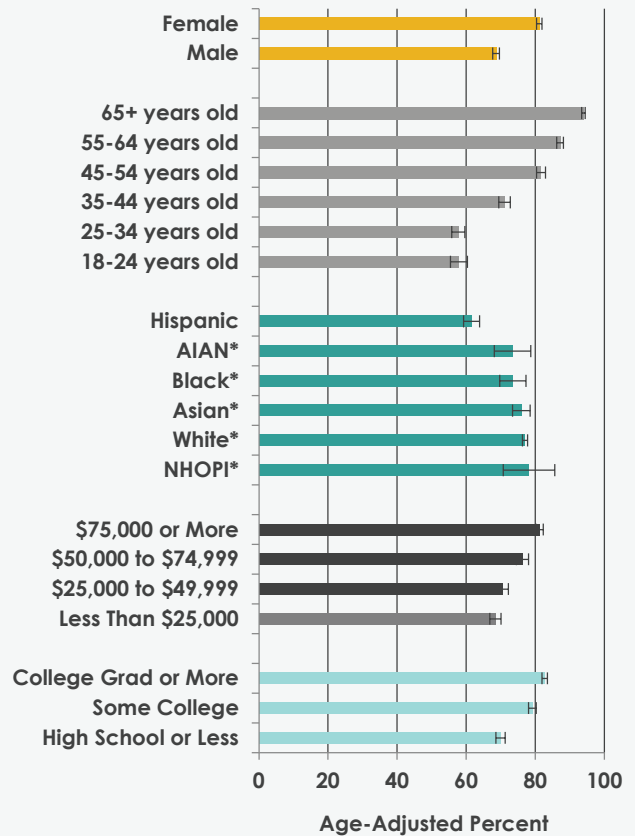
\*Geography is classified using a modified scheme, based on Rural Urban Commuting Area (RUCA) codes, version 3.1; into urban (e.g., Seattle), suburban (e.g., North Bend), large town (e.g., Oak Harbor), and small town/rural (e.g., Port Stanley).

# Disparities

## Personal Healthcare Provider

- In the 2014-2016 BRFSS, a higher percentage of females reported having a personal healthcare provider compared to males.
- Having a personal healthcare provider increased with age among adults.
- A lower percentage of adults reporting Hispanic ethnicity had a personal healthcare provider compared to white adults.
- Having a personal healthcare provider increased as levels of education and household income increased.

**Adults with Personal Healthcare Provider  
Washington State  
BRFSS, 2014-2016**



\*Non-Hispanic (all races) | AIAN: American Indian/Alaska Native | NHOPI: Native Hawaiian/Other Pacific Islander

# How is Washington working to improve healthcare access?

DOH and its partner agencies are working to improve access to health insurance and primary healthcare providers in order to improve healthcare access.

Sustained access to high quality care requires a focus on primary care providers as the center of the health system, reducing use of hospitals and emergency departments. Workforce is a key to access, which requires an emphasis on recruitment and retention of physicians, nurse practitioners and physician assistants, as well as other members of the care team (such as registered nurses, social workers, physical therapists, and pharmacists). Communities also need a range of available services such as home health and hospice, obstetric care and supports that enable people with chronic illnesses to retain independence. Rural and urban medically underserved communities have more significant access challenges and therefore receive more focused interventions.

The following strategies are used to sustain and improve healthcare access across the state:

- Education and incentives to facilitate recruitment and retention for the healthcare workforce, for example loan repayment incentives tied to service obligations to work in rural and urban underserved locations.

See also [Access to Behavioral Health Providers](#)

Evidence-based interventions to improve access to healthcare are available from the [Rural Health Information Hub](#) and [Rural Health Research Centers](#).

## Technical Notes

*Confidence Intervals:* Definition and examples are described in [Appendix C](#)

*Health Insurance Coverage:* The percentage of adults 18-64 years of age was measured by the following question in the American Community Survey: 'Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans?' Respondents that answered 'yes' to any coverage type option were considered to have health insurance coverage.

- Payment model innovations and practice transformation supports to transition to value-based payment and care systems, including redesign of the Medicaid system as part of the [Healthier Washington](#) initiative (under the State Innovation Model (SIM) grant and the Medicaid Transformation Project Demonstration).
- Stabilization of safety net, tribal and rural healthcare organizations through technical assistance, grant-writing and provider network development.
- Improved integration of behavioral health and oral care with physical health to move toward whole person care, with an emphasis on medical homes.
- Identification of care system gaps and development of community-based solutions.
- More than 100 free clinics and charitable medical events help fill the gap for medical, dental and behavioral health services for people with low incomes or without health insurance. DOH funds the Volunteer and Retired Provider (VRP) program, contracted through Washington Healthcare Access Alliance (WHAA). The VRP program covers malpractice insurance for professional volunteers and for those who are not using their license for any paid work, and also pays for license renewal. WHAA approves qualified volunteers and sites for the VRP program.

*Personal Healthcare Provider:* The percentage of adults with a personal healthcare provider was measured by the following question in the Behavioral Risk Factor Surveillance System: 'Do you have one person you think of as your personal doctor or healthcare provider?' Respondents that answered 'yes, only one' or 'more than one' were considered to have a personal healthcare provider.

*Race and Ethnicity:* Classification described in [Appendix C](#)

*Rural Urban Geography Classification:* The Washington State Department of Health (DOH) Rural-Urban Classification Scheme is derived from the Rural Urban Commuting Areas (RUCA) codes created for the Federal Office of Rural Health and Policy (OFRHP) based on Census 2010 data and information for all census tracts (and approximation of the RUCA codes for all ZIP codes) in the United States. The basic framework of RUCA codes is grouped into four levels based mainly on population size and patterns of primary commuting flow. The DOH Rural-Urban Classification Scheme put the basic framework of the census 2010 based RUCA codes in context and created a modified four-tier rural-urban classification scheme at the sub-county level (census tracts and ZIP codes) of geography. This modified scheme refocused on population size and population density. The four categories include: Urban core (larger populations of 50,000 or more and primary flow within the urbanized area), Suburban (moderate population of 10,000-49,999; primary flow within large urban cluster; population density over 100 per square mile), Large town (population of 2,500-9,999; primary flow with in small urban clusters; population density over 100 per square mile), and Small town/Rural (population under 2,500; primary flow outside an urbanized area/urban cluster; population density less than 100 per square mile).The DOH rural-urban classification guideline document is available from: [www.doh.wa.gov/Portals/1/Documents/1500/RUCAGuide.pdf](http://www.doh.wa.gov/Portals/1/Documents/1500/RUCAGuide.pdf).

## Endnotes

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<sup>1</sup>Yen W. Uninsured Rate Changes in Washington State's Population Groups 2013-14. The Washington State Office of Financial Management website. [www.ofm.wa.gov/researchbriefs/2015/brief074.pdf](http://www.ofm.wa.gov/researchbriefs/2015/brief074.pdf). Washington State Health Services Research Project: Research Brief No. 074. Published December 2015. Accessed October 19, 2017.