

Section 12: Access to Care

Access to a continuum of quality health care services is an important determinant of health. Healthy People 2010 focuses on four access components of the health care system: clinical preventive care, primary care, emergency services, and long-term and rehabilitative care. Local indicators measuring all these components of the continuum are not readily available. The indicators included in this section reflect measures that are more readily available in our local public health system.

Strong predictors of access to quality health care include having a higher income level, health insurance, and a regular primary care provider or other source of ongoing health care. Use of clinical preventive services, such as early prenatal care, can serve as indicators of access to quality health care services.

Income Level

DuPage County's median household income in 2000 was \$67,887, highest among all Illinois counties. The percentage of the population living in poverty was only 3.6 percent. However, this relatively low percentage represents 32,163 individuals and 5,753 families. An analysis of families with incomes well below the median indicate nearly 15 percent of DuPage families earns below \$40,000.

Table 12-1

DuPage County Family Income, 2000		
Income Category	Number of Families	Percent
Less than \$10,000	3,638	1.5
\$10,000 - \$19,999	6,410	2.7
\$20,000 - \$29,999	11,826	4.0
\$30,000 - \$39,999	15,197	6.5
Sub-total	37,071	14.7
Total	236,252	100.0

The number of children (ages 0 – 17) in poverty based on the 2000 Census was 9,321.

Table 12.2

DuPage County Children, 2000		
Race/Ethnicity	Percentage of Total Child Population	Percentage of Children in Poverty
White	81.3	3.0
Black	3.7	15.3
Asian	8.1	4.3
Hispanic	11.8	11.4

In the year 2000, the child population in DuPage County was 241,411. While Whites comprise the highest percentage of the child population (81.3 percent), they make up the smallest percentage of children in poverty (3.0 percent). We find the minority populations - Blacks and Hispanics - had the highest percentages of children in poverty.

Health Insurance

The health services research published over the last 25 years clearly documents that having health insurance or using more medical care improves health. For example, a comprehensive review of 94 studies of the association between health outcomes and either insurance coverage or medical use, published by the Kaiser Commission on Medicaid and the Uninsured in 2002, concludes that:

- The uninsured receive less preventive care, are diagnosed at more advanced disease stages, and, once diagnosed, tend to receive less therapeutic care, such as drugs or surgical interventions;
- Receiving less care increases risk of death and likelihood of poor health status (phrased positively, having health insurance reduces mortality rates by 10-15 percent); and
- Poor health status affects educational attainment, ability to work, and productivity, which reduces earnings and earnings potential (phrased positively, “better” health improves annual earnings by 10-30 percent [depending on measures and specific health condition] and increases educational attainment.)

Health insurance provides access to health care. Persons with health insurance are more likely to have a primary care provider and to have received appropriate preventive care such as a recent Pap test, immunization, or early prenatal care. Adults with health insurance are twice as likely to receive a routine check-up as are adults without health insurance.

Increase the proportion of persons with health insurance.

HP 2010 Objective: 1-1.

National Target: 100 percent.

National Baseline: 83 percent of persons under age 65 years were covered by health insurance in 1997 (age adjusted to the year 2000 standard population).

Data source: Behavioral Risk Factor Survey, 2000.

In 2000, 94.7 percent of the adult population had health insurance coverage or 5.3 percent of the adult population had no health insurance (35,103 people.) DuPage County does not meet this HP 2010 Target. Of those with no health insurance coverage, 43.2 percent had no coverage for more than one year.

Estimating the population of uninsured in DuPage County has challenged health and human service providers for many years as this information is not collected using systematic and consistent methodology. Access DuPage currently estimates that at any particular time there are about 33,500 low-income persons in DuPage County who lack medical insurance.

In 2003 there were approximately 23,983 households and 40,487 individuals residing in DuPage County enrolled in the Medicaid program. In addition to Medicaid, Illinois established KidCare in 1997 as part of the State Child Health Insurance Program. The table below taken from Illinois Kids Count 2003 includes DuPage children enrolled in Medicaid and KidCare.

Table 12-3

DuPage County KidCare and Medicaid Children Enrollment		
Year	KidCare Enrollment	Medicaid Enrollment
1999	1,607	11,926
2000	4,099	12,204
2001	5,302	14,197
2002	7,574	15,109

Table 12-4

Percent of Population Enrolled in Medicaid		
Year	DuPage County	Illinois
1999	4.1	14.7
2000	4.2	14.8
2001	4.7	15.4

Medicaid Enrollees to Medicaid Physician Vendors Ratio

Table 12-5

Medicaid Enrollees to Medicaid Physician Vendors Ratio		
Year	DuPage	Illinois
1999	21.4:1	88.1:1
2000	21.5:1	88.1:1
2001	23.9:1	91.2:1

The indicator reports the ratio of Medicaid enrollees to active Medicaid physician vendors. Physician vendors are those physicians that are licensed in the county to provide Medicaid services and have submitted and received payment for claims exceeding \$5,000 worth of services in a given year.

Clinical Preventive Care

Increase the proportion of women aged 40 years and older who have received a mammogram within the preceding 2 years.

HP 2010 Objective: 3-13

National Target: 70 percent.

National Baseline: 67 percent of women aged 40 years and older received a mammogram within the preceding 2 years in 1998 (age adjusted to the year 2000 standard population).

Data source: Behavioral Risk Factor Survey, 2000.

According to the 2000 Behavioral Risk Factor Survey, approximately 82.1 percent of DuPage County women aged 40 years and over ever had a mammogram. Approximately 69.8 percent of women had the mammogram in the past 12 months. **DuPage County meets this HP 2010 Target Objective.**

Increase the proportion of women who receive a Pap test.

HP 2010 Objective: 3-11

National Targets and baselines:

Objective	Increase in Pap Testing	1998 Baseline*	2010 Target
<i>Percent</i>			
3-11a.	Women aged 18 years and older who have ever received a Pap test	92	97
3-11b.	Women aged 18 years and older who received a Pap test within the preceding 3 years	79	90

Data source: Behavioral Risk Factor Survey, 2000.

Approximately 94.7 percent of DuPage County women ever received a Pap test. Approximately 90.7 percent of women had the Pap test within the previous three years.

DuPage County is very close to meeting this HP 2010, however we still require improvement.

Increase the proportion of children and adults who use the oral health care system each year.

HP 2010 Objective: 21-10.

National Target: 56 percent.

National Baseline: 44 percent of persons aged 2 years and older in 1996 visited a dentist during the previous year.

Data source: Behavioral Risk Factor Survey, 2000.

In 2000, 19.0 percent of DuPage County children aged two and older had no dental visit for a routine checkup in over one year. 3.9 percent indicated that cost prevented the child from visiting the dentist in the past 12-month period. 31.5 percent of DuPage County children aged five and older had no dental visit for any reason for over one year. 3.4 percent of DuPage County children aged eight and older had permanent teeth removed due to tooth decay or gum disease.

In 2000, 21.0 percent of DuPage County adults had no dental visit for a routine checkup in over one year. 8.7 percent indicated that cost prevented them from visiting the dentist in the past 12-month period. 31.5 percent of DuPage County adults had no dental visit for any reason for over one year.

From the data presented, it is difficult to determine if DuPage County meets this HP 2010 Target Objective.

Ongoing Sources of Primary Care

More than 40 million Americans do not have a particular doctor's office, clinic, health center, or other place where they usually go to seek health care or health-related advice. Even among privately insured persons, a significant number lacked a usual source of care or reported difficulty in accessing needed care due to financial constraints or insurance problems.

Increase the proportion of persons with a usual primary care provider.

HP 2010 Objective: 1-5.

Target: 85 percent.

Data source: Behavioral Risk Factor Survey, 2000.

People aged 18 to 24 years were the most likely to lack a usual source of on-going primary care. According to the 2000 DuPage County Behavioral Risk Factor Survey, **78 percent of adults indicated having a usual source of healthcare from a doctor's office or clinic. DuPage County does not meet this HP 2010 Target.**

Inadequate Prenatal Care

Table 12.6

Inadequate Prenatal Care Utilization as a percent of Total Live Births		
Year	DuPage	Illinois
2001	5.6%	10.2%
2000	5.9%	11.5%
1999	5.9%	11.5%
1998	5.5%	11.3%
1997	5.6%	11.6%

The Kotelchuck Index of Prenatal Care Utilization attempts to characterize prenatal care (PNC) utilization on two independent and distinctive dimensions - namely, adequacy of initiation of prenatal care and adequacy of received services (number of visits). This index does not assess quality of the prenatal care that is delivered, only its utilization. Based on American College of Obstetrics & Gynecology (ACOG) standards, Inadequate Care is defined as PNC begun after the 4th month or fewer than 50% of expected visits were received. The ACOG standard is one visit per month through 28 weeks gestation, one visit every 2 weeks through 36 weeks gestation, and one visit per week thereafter, adjusted for date of initiation of PNC. The availability of early and adequate prenatal care is an access to care issue. The percentage of live births where prenatal care is defined as being

inadequate has remained essentially unchanged over the last five years and is almost half the Illinois ratio.

Barriers to Access

Financial, structural, and personal barriers can limit access to health care. Financial barriers include not having health insurance, not having enough health insurance to cover needed services, or not having the financial capacity to cover services outside a health plan or insurance program. Structural barriers include the lack of primary care providers, medical specialists, or other health care professionals to meet special needs or the lack of health care facilities. Personal barriers include cultural or spiritual differences, language barriers, not knowing what to do or when to seek care, or concerns about confidentiality or discrimination.

In 2000, the DuPage County Behavioral Risk Factor Survey (BRFS) included two other questions related to Access to Care. For adults, 20.4 percent had no routine visit with a health care provider in the last twelve months. For these same adults, 6.2 percent indicated that cost or lack of insurance was a barrier to seeking routine care.

Sentinel Events

Sentinel health events are those indicators that serve as a warning signal that the quality of care may need to be improved. They assume that unnecessary disease, unnecessary disability and unnecessary untimely death would have been prevented or managed if the health care system had functioned satisfactorily. The occurrence of any of these diseases, disabilities and untimely deaths should indicate that something is wrong in the health care system and can be used to determine the level of health of the general population and the effects of economic, political and other environmental effects upon it. Access to early and adequate primary care can often reduce sentinel events.

Reduce hospitalization rates for three ambulatory-care-sensitive conditions—pediatric asthma, uncontrolled diabetes, and immunization-preventable pneumonia and influenza.

HP 2010 Objective: 1-9.

National Targets and baseline:

Objective	Reduction in Hospitalizations for Ambulatory-Care-Sensitive Conditions	1996 Baseline	2010 Target
<i>Admissions per 10,000 Population</i>			
1-9a.	Pediatric asthma—persons under age 18 years	23.0	17.3
1-9b.	Uncontrolled diabetes—persons aged 18 to 64 years	7.2	5.4
1-9c.	Immunization-preventable pneumonia or influenza—persons	10.6	8.0

aged 65 years and older

Data source: IPLAN, Illinois Department of Public Health, EMS Data Reporting System.

Table 12.7

Number of Hospitalizations for Asthma Children (1 – 14 years)		
Year	DuPage County	Illinois
2001	231	6,314
2000	293	8,136
1999	251	6,657
1998	187	7,642
1997	377	10,866
1996	265	7,925
1995	290	8,782

Table 12.8

Diabetes Hospitalization Rates Per 100,000		
Year	DuPage County	Illinois
2001	99.9	174.2
2000	91.8	164.0
1999	72.6	116.2
1998	84.8	155.9
1997	79.6	154.5

Table 12.9

Number of Hospitalizations for Pneumonia/Influenza 65 Years and Older		
Year	DuPage County	Illinois
2001	1,833	31,772
2000	1,897	33,232
1999	1,996	37,248