

Having access to healthcare results in better health, decreased hospitalizations for preventable conditions, and a better quality of life. Through Access Health 100, The Health Foundation of Greater Cincinnati and more than 50 community partners are committed to achieving 100% access to healthcare for the people of Greater Cincinnati.

What is access to healthcare?

Access means that a person has an appropriate place they go to get routine medical or dental care, that they can get to that place when it is open, and that they can afford the care, whether through insurance or out-of-pocket.

An appropriate place to get routine care

- > *The uninsured are less likely to have a medical home, a place where they can get timely and appropriate medical care.* A medical home is a particular clinic, doctor's office, or other place a person usually goes when he or she is sick or needs health advice. The staff know you and your health history. They provide regular and preventive care and can help catch minor problems before they become serious. In 2005, 29% of uninsured adults in Greater Cincinnati—compared to 19% of insured adults—did not have a medical home¹.
- > *The uninsured and publicly insured are less likely to have a dental home.* A dental home is just like a medical home, but it is a place a person goes for dental care. In Greater Cincinnati, 5 in 10 uninsured adults (55%) and 4 in 10 publicly insured adults (42%) reported that they did not have a dental home, compared to 27% of all insured adults.
- > *Because the uninsured are less likely than the insured to have regular outpatient care, they are more likely to be hospitalized for avoidable health problems. When they are hospitalized, they are more likely to receive fewer services and to have poorer outcomes than insured patients².*

People can get to their usual place

- > *The publicly insured and uninsured are more likely to use an emergency room as their usual source of medical or dental care.* About 6% of the publicly insured and 7% of the uninsured in Greater Cincinnati reported using a hospital emergency room (ER) as their usual place of medical care, compared to 2% of the insured. For dental care, 3% of the publicly insured and 2% of the uninsured reported using an ER as their usual source of care, compared to less than 1% of all insured adults. Although an ER is not an appropriate medical or dental home, there are many reasons why people use the ER for non-emergency care. The ER is open all day, every day, and people can go without taking time off work. ERs also treat everyone, regardless of ability to pay.
- > *The uninsured and publicly insured are more likely to take unpaid time off work to get care.* About 2 out of 10 uninsured adults (23%) and publicly insured adults (18%) reported that someone in their household had to take unpaid time off work so that another household member could get healthcare.

> *People with public insurance are less likely to have access to transportation.* About 1 in 10 adults with public insurance (11%), compared to 6% of all insured people and 7% of the uninsured, reported that they would not have access to transportation if they or a loved one needed help getting to the doctor or going to the pharmacy.

Affording care

- > *The uninsured are more likely to delay getting care or to not get care.* In 2005, 4 in 10 uninsured adults in Greater Cincinnati delayed getting or did not get medical care (46%) or dental care (40%) when they thought they needed it, compared to 2 in 10 insured adults (23% for medical care, 24% for dental care). Of the uninsured adults who delayed or did not get care, about 8 in 10 reported that the cost of care or not having insurance was the primary reason they delayed or did not get medical care (74%) or dental care (85%) when they thought they needed it.
- > *The poor and near-poor have the greatest risk of being uninsured.* In 2005, 13% of adults in Greater Cincinnati reported being currently uninsured, compared to 25% of adults in the region living below 100% of the federal poverty guidelines (FPG)³ and 20% of adults in the region living between 100–200% of FPG.
- > *The uninsured are more than four times as likely as those with insurance to not get medical care to pay for food, clothing, or housing.* In 2005, 17% of uninsured adults in Greater Cincinnati reported that someone in their household had not received a doctor's care in the last 12 months because the household needed to pay for food, clothing, or housing, compared to 4% of insured adults in the region.
- > *More than 70% of uninsured adults work.* In Greater Cincinnati in 2005, 74% of uninsured adults reported that they were working full- or part-time.

Why the Access Health 100?

Improving access to healthcare improves the community. The Health Foundation of Greater Cincinnati developed the Access Health 100 to bring healthcare providers and community leaders together to increase access to healthcare and specialty services in underserved areas and to explore affordable coverage options for the people of Greater Cincinnati.

For more information, please visit our web site at <http://www.healthfoundation.org/accesshealth100.html> or contact Judith Warren at 513.458.6615 or jwarren@healthfoundation.org.

¹ These and other local data are from The Health Foundation of Greater Cincinnati's 2005 Greater Cincinnati Community Health Status Survey. Please visit <http://www.healthfoundation.org/gcchss.html>.

² From The Kaiser Commission on Medicaid and the Uninsured's The Uninsured: A Primer—Key Facts about Americans without Insurance, January 2006.

³ FPG is based on annual income and household size. In 2005, 100% of FPG was an annual income of \$19,350 for a household of 4, and 200% of FPG was an annual income of \$19,350–38,700 for a household of 4.