

ACCESS TO CARE PRIORITY CLUSTER

Summary:

The access to care priority cluster includes health equity, insurance status, availability and use of health services (e.g., prenatal care, preconception/interconception care and counseling). The GA 2013-2016 plan addressed these areas by strengthening the system of care. Insurance status and availability/use of services appeared to be high priorities to session 1 attendees. Survey respondents most often noted the following underlying factors: lack of Medicaid expansion, rural access issues (transportation, location of services, etc.), patient compliance, hospital closures, inequality, limited training for professionals, and limited care coordination. Some of the challenges noted by survey respondents to successful program implementation in this area were: lack of support in the community, limited staff capacity, low reimbursement rates, and limited funding. Resources seem the most scarce in the northeast section of the region.

Session #1 Outcomes:

Facilitating Factor	# Groups Included	Placement in Top 10 of Individual Groups
Lack of health insurance	3 (out of 4)	2 nd , 2 nd , and 7 th
Poor access/inadequate use of prenatal care	4 (out of 4)	3 rd , 4 th , 4 th , and 6 th – In the top 6 of all four groups
Absence of preconception/interconception care and counseling	3 (out of 4)	5 th , 7 th , and 7 th – In the bottom 5 for all 3 groups
Health inequity	2 (out of 4)	6 th and 9 th

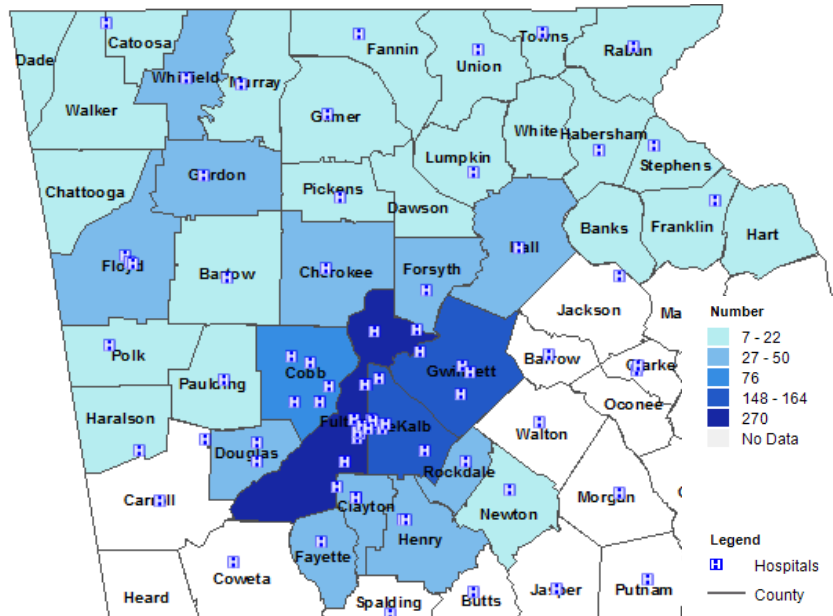
HMHB Directory Map: Access to Care*

All counties have a CMO health navigators except Cobb.

Several areas to note (# of Births in 2015)

- Banks** (221): 0 hospital, 12 services listed, IMR 8.5
- Chattooga** (312): 0 hospital, 15 services listed, IMR 7.7
- Dade** (169): 0 hospital, 8 services listed, IMR 8.2
- Dawson** (237): 0 hospital, 10 services listed, IMR 7.2
- Hart** (284): 0 hospital, 12 services listed, IMR 6.5
- Walker** (783): 0 hospital, 12 services listed, IMR 6.5

All of these areas show equal or higher IMRs than the regional rate (6.5), with Banks and Dade Counties having IMR above the state rate (7.8). The number of births in 2015 ranged from 12,593 in Fulton County to 86 in Towns County



*See Types of Services Included in the HMHB Directory Maps by Priority Cluster for a list of services included in the Access to Care Map

Planned Service Expansion of Survey Respondents by Type of Provider and Counties Served

Planned Service Expansion	Geographic Area
Adolescent Reproductive healthcare	39-County Region, Rockdale, Clayton, DeKalb, Fulton, Henry, Newton, Gwinnett
Breastfeeding education/support	Habersham
Gestational Education/advocacy,	Fulton
Postpartum Education/advocacy	Fulton, DeKalb, Cobb, and Gwinnett
Social services to mothers (including expecting mothers)	Fulton
High-risk maternity services	Floyd, Chattooga, Bartow, Polk
Interconception Education/advocacy	39-County Region

ACCESS TO CARE PRIORITY CLUSTER

Lack of health insurance:

- According to PRAMS data, the percentage of mothers giving birth without health insurance has increased from 2009 (31.8%) to 2011 (37.4%) in GA.
- All counties have either a Planning for Healthy Babies or Right from the Start Medicaid or both listed in the HMHB directory except for Dade County.

What is needed:	What is driving the need:
<ul style="list-style-type: none"> • Access to affordable health care coverage for women of child bearing age before conception, postpartum, and between pregnancies • Continuous insurance for infants (emergency Medicaid after birth, until age 2 years without reenrollment) 	<ul style="list-style-type: none"> • Lack of Medicaid expansion in GA • Institutional racism embedded in the health care system

Poor access/inadequate use of prenatal care:

- According to OASIS, between 2005 and 2015, the percentage of births to mothers receiving late or no prenatal care almost doubled in the Atlanta Perinatal Region (from 3.8% to 6.4%) and the state (from 3.8% to 5.7%), while there was a decrease nationally (from 8% to 6%).
- More than half (20/39) of the counties in the region have three or less prenatal care providers listed in the HMHB directory. The counties with the most resources listed are in the Atlanta area. There are seven counties with one prenatal care provider listed (Chattooga, Haralson, Hart, Rabun, Towns, and White) and two with none listed (Dade and Polk Counties).

What is needed:	What is driving the need:
<ul style="list-style-type: none"> • Increased access/participation in prenatal care • In-home follow-up options • Affordable midwife services • Specific prenatal wrap around services for high risk populations • Prenatal oral health services • Prenatal classes 	<ul style="list-style-type: none"> • No programs in rural areas (e.g., Polk and Chattooga) • Poor compliance with follow-up directives • Insurance eligibility after pregnant • Maternity units and hospitals have closed • Inequality • Transportation

Absence of preconception/interconception care and counseling:

- According to OASIS, between 2010 and 2015, the percentage of births with less than 2 year intervals decreased in the Atlanta Perinatal Region (from 21.3% to 20.6%) and the state (from 22.9% to 21.6%). Remains close to 1 of 5 births. 15 counties show higher percentages than the state (Stephens, Towns, Rabun, Gilmer, Bartow, Hart, Lumpkin, Newton, Chattooga, Rockdale, Banks, Union, Floyd, Polk, and Gordon).
- Each county has family planning and/or pregnancy counseling services listed in the HMHB directory. These services are most often provided by the county health department outside of Metro-Atlanta.

What is needed:	What is driving the need:
<ul style="list-style-type: none"> • Affordable doula services • Appropriate spacing of pregnancies • Postpartum check-ups at home • Safe sleep training • Breastfeeding training/education/support (IBCLC lactation services in the hospital and at home, training for breast pumps and how to maintain a mother's milk supply for all mothers undergoing any mother/baby separation, ,etc.) • Care coordination for mother and baby • Financial assistance for PPBTL for uninsured mothers 	<ul style="list-style-type: none"> • Lack of resources/reimbursement - Medicaid does not cover lactation care by an IBCLC (GA can choose to change) • Not all communities/hospitals have access to lactation consultants (Habersham) • Home visitors are not always trained to support breastfeeding • Limited social support in the community for mothers breastfeeding • Programs are not aware of a systemic way to coordinate care

Health inequity:

While data is not complete at the county level the highest rates of IMR are among African American births in the region, the state, and the nation. Also, survey respondents noted that there are disparities in birth outcomes, which they felt was driven by an absence of people of color in decision-making positions