HMA

HEALTH MANAGEMENT ASSOCIATES

Issue Brief
Access to Care Thematic Analysis

PREPARED FOR COLUMBUS PUBLIC HEALTH (CPH)

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Overview

Access to healthcare hinges on four factors: health insurance coverage, availability of services, timeliness of care, and a robust, culturally competent workforce.[1] Broadly, access explains the degree and ability to which individuals and populations can obtain healthcare services when and where they need them.

To support access to care in Columbus, OH, Health Management Associates (HMA), in partnership with Columbus Public Health (CPH), conducted an environmental scan that serves as a foundation for understanding access to healthcare in the City. The environmental scan included review of:

- Published and draft reports from CPH
- Published reports from a diverse group of partner organizations that provide healthcare, behavioral health, social, advocacy, and/or policy services to the community
- Publicly available federal, state, and county data
- Responses from focus groups conducted with CPH staff who provide direct services to clients or patients
- The academic and grey literature[2]

A list of community partner and CPH reports analyzed as a part of the environmental scan can be found in the appendix at the end of this brief.

In performing this assessment, the intent was to provide a robust analysis that helps identify barriers to accessing healthcare and health-related services, as well as gaps in services. The information reviewed demonstrated that CPH and partner organizations have taken important and measurable steps toward improved access to care for City of Columbus and Franklin County residents; however, some people still face many barriers to accessing healthcare and health-related services. Key findings across local reports provided by CPH, CPH staff focus groups, and scholarly literature point to unmet needs and gaps in the ability of residents to access healthcare in Columbus. Access barriers were grouped into the following nine broad themes, listed and addressed alphabetically in this report:

1. Affordability of Care
2. Affordable and Safe Housing
3. Behavioral Health (Mental Health and Substance Use Disorder)
4. Community Violence
5. Cultural Competence
6. Dental Care
7. *Disabilities**
8. Language Barriers
9. Stigma and Bias

This issue brief provides a short description of each theme and highlights key findings that identify weaknesses in system capacity, and barriers that affect access to care in the City of Columbus. Key takeaways for each theme are also briefly discussed. For additional details, please refer to the Thematic Analysis: Access to Care – A Qualitative and Quantitative Review.

*Access issues related to disabilities are described in the academic literature. However, the reports synthesized in this analysis did not highlight significant access issues in this area. The theme is listed here for reference during community conversations but is not explored fully in this report.

Theme #1: Affordability of Care

Healthcare coverage is a strong indicator of affordable access to care. Increased health insurance coverage across low-income populations is associated with statistically significant and clinically relevant improvements, including access to care, use of preventive services, and self-reported health.[3] Adults

> "I am insured, but the deductible is so high, I can't afford to use it. I've needed scans for two years, but I'm still paying for the one that I had two years ago. So do I want to go have another one?"
>
> *– Community member, HealthMap, 2022*

who are uninsured have less access to recommended care, may receive poorer quality care, and experience worse health outcomes than adults who are insured. Some individuals have insurance but are underinsured, meaning there are gaps in their coverage or benefits, or they face high out-of-pocket costs (i.e., higher deductibles). Individuals who are underinsured also may experience more negative outcomes than individuals who have appropriate health insurance coverage.

Evidence of Gaps

- Most residents have health insurance coverage. However, some community members report high costs and affordability concerns. Inability to pay for healthcare is a barrier to seeking and getting care, especially when some individuals must prioritize household income to pay for basic needs instead of healthcare.[4,5]
- Many residents who are immigrants and/or who speak a language other than English have shared that seeking care when uninsured or underinsured can be daunting. For example, 41 percent of 23 Bhutanese/Nepali community respondents shared that their largest perceived barriers to accessing care were lack of insurance and affordability of services, which contributed to poorer self-rated health.[6]
- For residents seeking specialty services, such as behavioral healthcare, 40 percent of 51 community members shared that lack of insurance was an obstacle to accessing this form of care.[5] Similarly, 33 percent of Medicaid/Medicare members shared that being on public insurance was an access barrier.[5]

> "Under coverage of insurance is a big issue and often leaves people in a hole. [They are] not making enough money to afford care and making too much to qualify for assistance."
>
> *– Community member, ADAMH Community Assessment, 2020*

Key Takeaways

The ability to afford healthcare presents a considerable challenge for communities across Columbus. Residents with financial constraints may forego routine checkups and essential treatments, deprioritizing preventive care because of costs. Underinsurance and uninsurance often lead to delays in seeking healthcare. Individuals postpone medical attention until conditions have worsened, necessitating more complex and costly interventions. Inability to pay also restricts access to essential medications and specialty care services, contributing to significant health disparities among diverse demographic groups. This challenge is particularly pronounced for the immigrant populations in communities across Columbus.

Theme #2: Affordable and Safe Housing

Affordable and safe housing are important health-related social needs. Housing instability, poor quality or unsafe housing, unaffordable housing, or housing located in communities that have limited resources or high rates of violent crime all negatively affect health outcomes. Individuals such as those of lower income and recent immigrants, as well as certain racial and ethnic groups bear a higher burden of housing concerns than their counterparts.

An important factor that has left lasting effects on the ability of certain racial minorities to access safe and affordable housing is the past practice of redlining. Under redlining, institutions systematically denied access to various financial services (e.g., credit) to residents of specific neighborhoods, often based on race/ethnicity and socioeconomic status, primarily within metropolitan areas such as Columbus.

> "The less money you have, the more financially driven your decision-making is...healthcare is going to come last when you have rent, and you have kids. Or if you work 60/80 hours a week just to take care of bills... Your first priority is always going to make sure you have a roof over your house...So that's like your main concern if you're in poverty."
>
> *– Community member, HealthMap, 2022*

Despite the discontinuance of the practice, redlining of the past has been linked to poor health outcomes today, such as increased risk of diabetes, hypertension, early mortality from heart disease, worsened maternal and infant health, poor mental health, negatively self-rated health, and higher incidences of gun violence.[7] Historically redlined districts face higher poverty rates and overall underinvestment.[8]

Evidence of Gaps

- More than one-third of Columbus households spend greater than 30 percent of their income on housing.[4] Housing is considered affordable when it represents 30 percent or less of household income. Some Columbus residents have shared they risk compromising their health to save money for necessities such as housing and transportation.
- In 2023, about 2,300 people experienced homelessness in Columbus; a 22 percent increase from the previous year. [9]
- Racial, ethnic, and gender disparities are evident in housing statistics; for example, 60 percent of the people who experienced homelessness in Columbus in 2023 were Black/African American, whereas 35 percent were White.[10]
  - In 2022, Blacks/African Americans represented 32 percent of renters but 48 percent of eviction cases. The Latinx community represented 5 percent of renters but 7 percent of evictions. Women, regardless of race and ethnicity, accounted for 52 percent of renters but 59 percent of evictions. In comparison, Whites represented 53 percent of renters and 39 percent of evictions.[11]
  - The proportion of homeowners in Columbus who are White is 76 percent, compared with less than 12 percent who are Black/African American.[12]
- Housing is limited for individuals with behavioral health needs, some of whom experience homelessness or live in transitional housing; 25 percent of 51 community members that the Alcohol, Drug, and Mental Health (ADAMH) Board surveyed needed at least one housing service for themselves or a family member at some point in their lives. Of those respondents, 19 percent were unable to get the services they needed.[5]

Key Takeaways

In Columbus, communities of color and low-income residents face many challenges in securing safe and affordable housing. These obstacles are even more pronounced for individuals with behavioral health needs. Both providers and residents indicate that Columbus is lacking in affordable and safe housing, which can lead to housing instability in the form of eviction and homelessness, both of which may further strain a person's mental health and well-being. Increased access to high-quality and affordable housing is associated with improved maternal and infant health, increased support for individuals with behavioral health disorders, and fewer hospitalizations.

Theme #3: Behavioral Health (Mental Health and SUD)

Communication barriers, uncertainties about where to go for care, cultural resistance, and stigma surrounding mental health and substance use disorders (SUD) create gaps in access to care for people needing behavioral health treatment. The interrelation between mental health and SUD exacerbates these challenges. Nearly one in three adults in the United States with an SUD also experiences a co-occurring mental illness.[13] In Columbus, the limited availability and affordability of behavioral health services further compound access issues for individuals with behavioral health conditions, influencing healthcare outcomes and leaving specific populations without adequate support and care.

Evidence of Gaps

- The State of Ohio is facing a behavioral health workforce shortage. At the same time, Franklin County is experiencing higher overdose-related deaths and emergency department (ED) visits for drug-related issues.

  > "So I would say that mental health is probably the number one issue, mainly because, if you don't have good mental health, you're not going to have good physical health because you're not going to want to get up and go do anything." – *community member, HealthMap, 2022*

  - In Franklin County, the age-adjusted death rate from overdoses is 55.5 deaths per 100,000, whereas the statewide rate is 44.0 overdose deaths per 100,000 population.[14] Substance use affects White residents more significantly.
  - Racial disparities in deaths from drug overdose also are evident. More than 50 percent of overdose deaths involved White residents, whereas 38 percent of overdose deaths involved Black/African American residents. [15]
  - EDs across Franklin County have consistently seen a higher number of visits resulting from suspected overdoses in 2020–2023 compared with statewide data. More than 50 percent of ED visits involving suspected overdoses were for White adults and youth. By way of comparison, 29.8 percent of ED visits involving suspected overdoses were for Black/African American adults and youth. [16]
- In 2022, 18.5 percent of Franklin County residents reported binge drinking — approximately four or more drinks within two hours. In comparison, the proportion of the population across Ohio who reported binge drinking was 16.8 percent, and it was 17.5 percent for people across the nation.[4]
- When asked about the community's most pressing issues, Columbus residents shared that mental health should be a priority. Many residents are unaware of the services that are available, with 56 percent of the community member respondents to the ADAMH survey indicating that lack of information about available behavioral health services is a barrier to accessing care.[5]
- Trauma, which includes but is not limited to issues like abuse, neglect, and discrimination, can have long-lasting adverse effects on physical and mental health. In 2021, 55 percent of mothers involved in Fetal Infant Mortality Review (FIMR) cases reported a history of abuse. [17]
- Immigrant populations in Columbus have shared that they have difficulty accessing behavioral health resources in their primary languages and providers who are linguistically competent.[14]

Key Takeaways

Multiple barriers prevent people in Columbus from accessing behavioral health services. One notable obstacle is the shortage of skilled behavioral health practitioners and psychiatrists, which, in turn, contributes to the overuse of EDs by many residents.[18] A second obstacle is the lack of information about how and where to access existing services. Finally, the lack of behavioral health resources that meet the linguistic needs of patients exacerbates disparities in access.

Theme #4: Community Violence

Studies have shown significant short- and long-term health effects from exposure to crime and violence. For example, one study found an association between violence involving guns in a neighborhood and a reduction in park use and park-based physical activity.[19] Higher rates of residents' fear about the safety of their neighborhood may lead to poorer self-rated physical and mental health, as well as increased risks for adverse pregnancy outcomes.[20] However, when medical and behavioral health services access are expanded for individuals who need them, community violence declines significantly.[21]

Evidence of Gaps

- In Franklin County, the number of homicides grew by 41 percent over four years, increasing to 212 homicides in 2021 from 150 homicides in 2017.[22]
- The increased homicide rate disproportionately affects youth and communities of color.
  - In 2021, the homicide rate for non-Hispanic Blacks/African Americans was almost three times higher than for non-Hispanic Whites.[22]
  - In 2022, 31 percent of victims of homicide were age 21 or younger. [23]
- The Columbus Police Department indicated that the City is experiencing a domestic violence crisis. In 2022, seven deaths were linked to domestic violence; in 2023, this number increased to 25.[23]
- In Franklin County, the number of homicides involving firearms increased 109 percent in 2010–2021.[22] Firearm use played a role in 90 percent of homicides and 48 percent of suicides in 2021.[22]
- Community residents have shared that perceived violence also negatively affects their mental health.[4]

> " I think people have a lot of stresses in the neighborhoods because they're afraid to get out. And when you're afraid to get out in your community, that isn't good for your health at all." –Community member, HealthMap, 2022

Key Takeaways

Qualitative and quantitative data point to the impact that community violence can have on people, especially youth, women, and communities of color in Columbus. Residents of Columbus neighborhoods with heightened rates of violence (e.g., domestic violence, homicide, suicide, and gun violence) face challenges in accessing healthcare for several reasons. Individuals who experience violence have trouble accessing care that is culturally sensitive to their living environments. Residents of communities with high violence rates may avoid leaving their homes to access healthcare services. Community violence's contribution to adverse mental health may create a need for additional, more accessible behavioral health resources.

Theme #5: Cultural Competence

Cultural competence is the ability of providers and organizations to understand the social, cultural, and linguistic needs of patients and to integrate these factors into the delivery and structure of healthcare services. In both the City of Columbus and Franklin County overall, Asian, Black/African American, Latinx, LGBTQ+, New American, and immigrant community members report a lack of culturally competent services, as well as discomfort in sharing their personal needs with providers who are not representative of their communities.

Evidence of Gaps

- Black/African American Ohioans are 10.3 times more likely than Whites to be treated worse in healthcare settings because of their race.[24] If disparities were eliminated, 238,122 fewer Black or African American Ohioans would experience physical or emotional symptoms resulting from experiences with racism.[24]

- In a set of four focus groups conducted in 2017, 33 percent of Somali community respondents (72), 56 percent of Latinx respondents (74), and 30 percent of Nepali/Bhutanese (23), reported being somewhat uncomfortable or not at all comfortable speaking to a healthcare practitioner about their health concerns because the provider was of a different race or ethnicity.[6]

> "These are the same people who did the Tuskegee experiments and don't believe Black people when they describe their symptoms at the doctor's office. Why should we believe them about this vaccine?"
> *– Black or African American community member, HealthMap, 2022*

- Racial disparities in vaccination uptake exist in Columbus and have been attributed to a lack of access to certain vaccinations, or forgoing vaccinations because of mistrust in the healthcare system.[4,25]

- People in the LGBTQIA+ community and Black women in Columbus have shared feelings of discomfort with having a provider who did not align with their values or backgrounds for fear of discrimination.[4,26] This discomfort was most pronounced when seeking reproductive healthcare.

Key Takeaways

Across Columbus, many residents believe that healthcare providers from other communities discriminate against them or are prejudiced, which inhibits these patients from sharing their personal needs with providers. As a result, these patients may delay or avoid further care and harbor a distrust of the healthcare system. Overall, lack of access to services, such as immunizations and postpartum care, have also been described as primary barriers to quality healthcare for communities of color in Columbus.

Mechanisms should be in place to support access to care for culturally diverse populations and a robust and diverse provider workforce. For instance, promoting cultural competency training for all healthcare providers, especially those interacting directly with patients, could have a meaningful impact. Additionally, disseminating patient-centered materials, such as a directory of physicians who are LGBTQIA+ friendly and who accept various types of insurance, would create pathways to better care.

Theme #6: Dental Care

The United States is experiencing a notable shortage of dental professionals, particularly dental hygienists. This deficiency poses significant challenges for dental practices, resulting in workforce shortages, limited availability of high-quality oral healthcare, and

> "And so, a lot of people can't afford [services]...dental and vision is very important to the elderly. But this has got to come out of your pocket."
> – *Community member, HealthMap, 2022*

disruptions in scheduling appointments. Finding a dentist adds an extra burden for patients, often discouraging them from seeking essential dental treatment.

Evidence of Gaps

- Ohio is facing a dental healthcare workforce shortage, resulting in 70 percent of oral health needs going unmet.[27,28] As a result, people who live in Franklin County are experiencing poor oral health outcomes.
  - o Less than 70 percent of children younger than age 18 have received dental care in the past year.[27]
  - o Some residents report that the cost of care presents a significant barrier to accessing dental care.
- Residents enrolled in Medicaid and Medicare have indicated that they have inadequate dental coverage.[4,29]

Key Takeaways

Across Columbus and Franklin County, a significant barrier to accessing dental care stems from the shortage of dental care providers, particularly in designated dental health professional shortage areas (HPSAs). This scarcity limits the available workforce and access to oral health services, disproportionately affecting vulnerable populations. Added challenges include barriers to information about where dental care is available and the affordability of these services.

Theme #7: Language Barriers

Language barriers contribute to decreased patient and medical provider satisfaction. When patients and providers have difficulty communicating, the potential for misdiagnosis and unnecessary prescribing increases. Furthermore, language differences heighten a patient's difficulty navigating the healthcare system, from finding a provider to scheduling an appointment or filling out patient forms. Language barriers also play a significant role in one's health literacy capacity, defined as "the degree to which individuals and organizations find, understand, and use health-related information or services."[30]

Evidence of Gaps

- Community members who have limited English proficiency have expressed their frustration with navigating the healthcare system, noting that available services cater to only specific languages, leaving others underserved and isolated.[17]
- Immigrants living in Columbus have mentioned that health promotion, in terms of information about services and where to get them, as well as the messages encouraging community members to access healthcare services, needs to be available in more languages to effectively communicate with diverse communities.[31]

> " There's a barrier there, communicating and articulating all the information that we're trying to give to patients. I think that's where things fall apart, where there's not communication between the patient and the provider… there's always communication but with a translator, it doesn't always translate back to [being understood]."
>
> *– Community Member, HealthMap, 2022*

Key Takeaways

Having limited English proficiency can be a major obstacle to accessing healthcare services and understanding health information. Even though Columbus is home to many cultural communities that speak a variety of languages and dialects, the demand for healthcare to be delivered in multiple languages surpasses the availability of multicultural providers and translators.[32] To support access to care for linguistically diverse populations, mechanisms should be in place to develop a robust and diverse provider workforce. For instance, promoting the use of community health workers (CHWs) who speak patients' native languages and disseminating materials in a range of languages would improve the quality of care and the level of satisfaction for both patient and provider.

Theme #8: Stigma and Bias

Some patients have said they feel stigmatized in the healthcare setting, citing experiences of being denied care, receiving substandard care, and being physically and verbally abused. They also said that they are often required to wait longer for care.[33] Stigma also exists within a patient's environment outside of the healthcare system, influenced by distinct societal norms, values, and beliefs.

Stigma and bias often work together to negatively affect access to care. Unlike stigma, which is typically negative, biases may be positive or negative assumptions about a person or a community. In an example of a negative bias, a healthcare practitioner's perceptions and recommendations about the diet of a person who is obese without asking the patient about their eating habits may lead to incorrect diagnoses and lower quality care.

> "There's a thing called the chronic stress hypothesis, which thinks about things like racism…the thought is that the additional stress creates a chronic stress response that is going to cause communities of color not only to have increased rates of low birth weight and preterm babies and diabetes, but there are some other genetic predispositions that can be turned on by chronic stress, then we end up with issues like increased risk of dementia, increased risk of mental illness, increased risk of heart disease."
>
> – *Community Member, HealthMap, 2022*

Implicit biases are prevalent in healthcare, including favorable or unfavorable evaluations of people based on their appearance or background, and significantly affect clinical decision making.[34] On a positive note, studies have shown that implicit bias training can improve healthcare providers' understanding of individual influences on health behaviors and lead to more effective communication between patients and providers.[34] Discrimination based on socioeconomic status, race, or ethnicity has emerged as a significant factor in causing patients to feel stigmatized, particularly for Black/African American and Latinx populations, as well as people who live in low-income communities.

Evidence of Gaps

- Columbus residents have shared experiences of discrimination in a healthcare setting based on their race/ethnicity, gender, and income level. Specifically, Black/African American residents have expressed feeling stigmatized by their providers and, as a result, feeling less inclined to seek and continue care.[4]
- Mental health stigma is also prevalent and is a barrier to seeking treatment.
  - In the 2020 ADAMH survey of 51 community members and 317 providers, more than 30 percent of community members reported barriers to behavioral health services, including experiences with stigmatization, discrimination, and/or prejudicial treatment from providers.[5]
- Disparities in maternal and infant mortality rates have been linked to experiences of stigma and discrimination within the healthcare setting, particularly for non-Hispanic Black/African American mothers and infants.[4,35] In 2021, 30 percent of FIMR cases were linked to maternal trauma, such as stigma, discrimination, and neglect.[15]

> "Especially for African Americans. You just don't get the same attention and care. It's crazy to me that this is our reality."
>
> –*Black or African American community member, Health Map, 2022*

Key Takeaways

Across Columbus, communities of color report feeling stigmatized by their cultural/social communities and providers. They also report bias in the healthcare system as barriers to accessing care. In particular, Black/African American adults have unaddressed behavioral health needs due to internalized stigma from their community and fear of judgment when seeking care. Women of color experience stigma and physician bias in various ways, especially after giving birth, often feeling that the healthcare system neglects their needs. Access to care goes beyond the availability of services. It also involves building an inclusive environment for all patients.

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Appendix: Reports and Data that were Reviewed

1. Affordable Housing Alliance of Central Ohio. (2023). Finding Home in the Heart of it All. Exploring the Advantages of Closing the Housing Gap in Central Ohio.
2. Alcohol, Drug, and Mental Health Board of Franklin County. (2020). Community Needs Assessment.
3. Alcohol, Drug, and Mental Health Board of Franklin County. (2022). Strategic Plan 2022-2026
4. CelebrateOne Columbus. (2024). High Priority Neighborhoods.
5. CelebrateOne Columbus and Columbus Public Health. (2021), CelebrateOne Strategic Plan 2021-2026.
6. CelebrateOne Columbus and Health Policy Institute of Ohio. (2021). Healthy Beginnings at Home (HBAH) 1.0 Evaluation – Final Report.
7. Central Ohio Hospital Council. (2021). Better Together: Collaborating to Achieve a Healthier Community. Strategic Priorities and Objectives.
8. Central Ohio Hospital Council, Columbus Public Health, and Franklin County Public Health. (2022). Franklin County HealthMap 2022: Navigating Our Way to a Healthier Community Together.
9. Cohear. (2021). Addressing Vaccine Hesitancy in Black and New American Communities.
10. Columbus Public Health. (2023). Franklin County Shared Health Improvement Framework.
11. Columbus Public Health. (2023). Strategic Plan 2024-2027.
12. Columbus Public Health. (2023). Violence Data Brief.
13. Columbus Public Health. (2022). Franklin County Fetal-Infant Mortality Review. Case Review Team Findings: 2021.
14. Columbus Public Health. (2021). [Draft Report] Building Trust and Improving Public Health: Everyday Expert Recommendations for Creating Healthy Communities.
15. Columbus Public Health. (2021). Franklin County Fetal-Infant Mortality Review. Case Review Team Findings: 2020.
16. Columbus Public Health. (2020). Mental Health Data Brief: Franklin County, Ohio.
17. Columbus Public Health. (2019). Greater Columbus Community Health Improvement Plan: 2019 Program Highlights.
18. Columbus Public Health. (2018). Greater Columbus Community Health Improvement Plan.
19. Columbus Public Health. (2017). Community Health Assessment.
20. Columbus Public Health. (2017). Primary Care Assessment, Strategies and Data-Driven Recommendations.
21. Columbus Public Health, Office of Minority Health. (2017). Round 2 – Continuing the Conversations. Report to the Community 2017.
22. Commission on Black Girls and Columbus Public Health. (2020). Report on the Quality of Life of Black Girls in Columbus, Ohio.
23. Community Shelter Board. (2023). Columbus Region Leaders Introduce New Action on Homelessness: Funding for Programs and Services Introduced as Data Shows Increase in Homeless County.
24. County Health Rankings and Roadmaps. (2023).
25. Equitas Health Institute. (2021). Lesbian Health Needs Assessment.
26. Eviction Lab. (2023). Eviction Tracking Columbus, Ohio.
27. Federal Emergency Management Agency (FEMA). 2024. National Risk Index.
28. Franklin County Board of Commissioners and Columbus Public Health. (2019). Columbus and Franklin County Addiction Plan: Bridging the Gap for Opiate and Drug Addiction Recovery.
29. Health Policy Institute of Ohio. (2023). 2023 Health Value Dashboard.
30. Mount Carmel, A Member of Trinity Health. (2022). Fiscal Year 2022 Community Health and Well-Being Impact Report.
31. OhioHealth. (2022). Community Benefit Report: Fiscal Year 2022.
32. U.S. Department of Housing and Urban Development. (2024). Point-In-Time and Housing Inventory Count Data Since 2007.
33. U.S. Census Bureau. (2000-2022). American Community Survey Demographic and Housing Estimates: Columbus, Ohio.