



Access to Quality Health Services

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PROGRESS REVIEW



In the first in a series of *Progress Reviews* on the 28 focus areas of *Healthy People 2010*, Assistant Secretary for Health Dr. Eve Slater chaired a session on Access to Quality Health Services (see the focus area text at www.healthypeople.gov/document/html/volume1/01access.htm). Also participating in the meeting was Deputy Secretary Claude Allen, who stressed the close and mutually reinforcing connection between *Healthy People 2010* and the Secretary's Prevention Initiative. The Progress Review highlighted the need to increase health care coverage and to enhance the quality of that care. Discussions were led by the heads of the focus area co-lead agencies, Health Resources and Services Administration (HRSA) Administrator Elizabeth Duke and Agency for Healthcare Research and Quality (AHRQ) Acting Director Carolyn Clancy, and by National Center for Health Statistics (NCHS) Director Edward Sondik. (For the meeting agenda and a graphic representation of data on selected objectives within the focus area, refer to the following site maintained by NCHS: www.cdc.gov/nchs/about/otheract/hpdata2010/fa1/atqhs.htm.)

Data Trends

In summarizing data highlights, Dr. Sondik noted that, in general, only minimal progress has been made for the population-based objectives at this early point in the decade. For instance, there was a small increase in persons under age 65 with health insurance, from 83 percent in 1997 to 84 percent in 2001 (preliminary data). The 2010 target is 100 percent health insurance coverage. Coverage rates for American Indians/Alaska Natives (63 percent in 2000) and Hispanics (65 percent in 2000) were substantially lower than those for the total population and other race/ethnicity groups. Insurance coverage rates were also lower for persons whose family income level was below the Federal poverty level (66 percent in 2000) and those at 100-199 percent of the poverty level (68 percent), compared to persons with family with incomes of 200 percent or more of the poverty level (91 percent).

Although the total percentage of persons under 65 with health insurance coverage remained about the same from 1994 to 2000, the percentage with private health insurance provided through the workplace increased from 1994 (64 percent) to 2000 (67 percent) and the percentage with public insurance coverage decreased.

No significant progress was made toward the 2010 target of 96 percent of persons with a regular source of ongoing care (87 percent in 1998 to 88 percent in 2001). The rate for Hispanics with a regular source of ongoing care was 10 percentage points lower than for the population overall. Also, 11 percent of the population had difficulties or delays in obtaining needed health care in 1999—virtually unchanged from the baseline in 1996 (12 percent) and marking little progress toward

the 2010 target of 7 percent. However, considerable improvement was shown with respect to difficulty or delay in obtaining needed health care on the part of those with no health insurance (29 percent in 1996 to 19 percent in 1999) and by those with public insurance (13 percent to 10 percent). There was no change among persons with private insurance.

There has been improvement with respect to several system-based objectives. An important success was the adoption of a single, nationwide toll-free number for poison control centers in 2001, meeting the 2010 target. This came about through

collaboration between HRSA, CDC and the American Association of Poison Control Centers to address this need. Also of note were increases in the provision of prehospital and hospital emergency medical services for children. Pediatric-specific protocols for real-time (online) medical direction had been implemented in 44 States as of 2000, an increase from 18 States in 1997. Also, pediatric-specific guidelines for emergency and critical care facilities had been adopted and disseminated in 40 States as of 2000, an increase from 11 in 1997. The target for both objectives is complete State coverage.

Approaches for Consideration

Presentations by lead agency staff and comments by others present at the Review provided suggestions for followup strategies as follows:

- Increase efforts to provide access to care for those without health insurance and those with low income, both of which are at much greater risk for problems and disparities in both health outcomes and access to needed care.

- Seek to improve the means of measuring health care access and disparities, especially to identify geographic areas and populations that are underserved.
- Give special attention to localities where health care services are in short supply.
- Address more vigorously the disparities suffered by people enrolled in Medicaid programs who do not receive appropriate levels of preventive services, such as immunizations and screenings.
- Expand efforts to recruit minorities and people from disadvantaged backgrounds into health and allied health professions training, with an emphasis on reaching young people before they have made firm career decisions.

**Contacts for information about
Healthy People 2010 focus area 1 –
Access to Quality Health Services:**

Health Resources and Services Administration—
Lyman Van Nostrand, lvannostrand@hrsa.gov;
Melissa Clarke, mclarke@hrsa.gov

Agency for Healthcare Research and Quality—
Frederick Chen, fchen@ahrq.gov

Office of Disease Prevention and Health Promotion
(coordinator of the Progress Reviews)—
Carter Blakey, cblakey@osophs.dhhs.gov
(liaison to the focus area 1 workgroup)



Richard H. Carmona, M.D., M.P.H., F.A.C.S.
VADM, USPHS
Surgeon General and Acting Assistant
Secretary for Health