November 2011

ACCESS TO QUALITY HEALTH CARE

IMPROVING THE HEALTH AND WELL-BEING OF NORTH DAKOTA'S MCH POPULATION

ACCESS TO QUALITY HEALTH CARE

For 2011 through 2015, the North Dakota Department of Health's Maternal and Child Health (MCH) programs have placed priority on promoting access to available, appropriate and quality health care and evidence-based home visiting programs for the MCH population. During the 2011 Title V MCH Needs Assessment, the priority needs statement and performance measure for North Dakota were identified as follows:

Priority Needs Statement: Increase access to available, appropriate and quality health care for the MCH population.[1]

State Performance Measure: Increase the number of children birth through age 2 served by an evidence-based home-visiting program.[1]

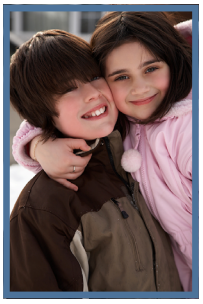
North Dakota's Title V MCH performance measures are consistent with applicable national Healthy People 2020 objectives.

HOW DOES NORTH DAKOTA MEASURE UP?

Access to quality health care is essential to increase the likelihood of a healthy life for the MCH population. In addition to influencing overall physical, dental, mental and social health status, access to quality health care impacts prevention, detection and treatment of health conditions. Therefore, limited or no access to health care can be damaging to individuals' quality of life and aptitude to reach their full potential. Barriers that obstruct access to services in North Dakota include lack of availability, high cost and lack of insurance coverage.[2]

Home-visiting programs provide family-centered services to families that are expecting a newborn and/or have young children. Health-care professionals meet with families in their homes to focus on issues such as health care, nutrition education, positive parenting practices and access to services.[3,4] In 2008, 14.8 per 1,000 North Dakota children birth through age 2 were served by evidence-based home-visiting programs in the state*; North Dakota's goal is 15.2 per 1,000.[5]

In 2006, 12.2 percent of children birth through age 17 had special health-care needs in North Dakota.[6] Families with children who have special health-care needs are in even greater need of home-visiting programs to ensure quality health care is received.[7] Many children who have special health-care needs and their families face obstacles that limit their access to health care and other services.[1]



In 2007, 13.6 percent of children birth through age 17 did not have consistent health insurance during the past year and 26.8 percent had insurance coverage that was not adequate to meet their needs. In addition, 61 percent of children did not meet all quality of care criteria (i.e., had adequate insurance, received ongoing and coordinated care within a medical home and had at least one preventive care visit in the past year).[6]

*Data are collected from the Nurse Family Partnership, Healthy Families and Parents as Teachers.

NORTH DAKOTA DEPARTMENT of HEALTH

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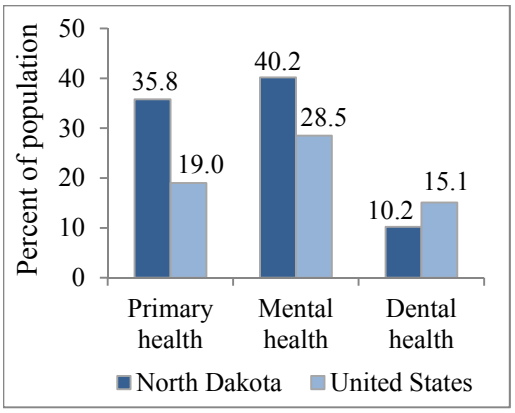
References:
[1] North Dakota Five-Year Needs Assessment (2011-2015) for the Maternal and Child Health Services Title V Block Grant Program; www.ndhealth.gov/familyhealth/publications/NDNeedsAssessment2011-2015.pdf
[2] Healthy People; www.healthypeople.gov
[3] Child Welfare Information Gateway; www.childwelfare.gov/preventing/programs/types/homevisit.cfm
[4] United States Department of Health and Human Services; www.hhs.gov/news/press/2010pres/07/20100721a.html
[5] North Dakota Dept. of Health
[6] 2007 National Survey of Children's Health; www.childhealthdata.org
[7] Home Visiting Program Needs Assessment; www.ndhealth.gov/familyhealth/Publications/ND_Needs_Assessment_to_HRSA.pdf
[8] U.S. Census Bureau, Current Population Survey; www.ndsu.edu/sdc/publications/ebriefs/EB20_11Press.pdf
[9] U.S. Census Bureau, Small Area Health Insurance Estimates; www.census.gov/did/www/sahie
[10] Health Resources and Services Administration; www.hrsa.gov

Most North Dakota children birth through age 17 are covered by some type of health insurance; however, 8 percent of children were uninsured in 2010.[8] In 2009, the majority of uninsured youth were living below 200 percent of poverty (59%).[9] Living in poverty is one of the challenges that can potentially prevent the MCH population from accessing health care.

Many health-care providers in North Dakota practice in one of the state's four large urban communities. At least one in three residents across the state lived in a primary health care professional shortage area (36%) and in a mental health professional shortage area (40%) in 2011 (see Figure 1). One in 10 residents lived in a dental health professional shortage area (10%). A much larger proportion of North Dakotans compared to the nation lived in primary health care and mental health professional shortage areas.[10]

Figure 1. Percent of North Dakotans Living in Health-Care Professional Shortage Areas, 2011



Source: Health Resources and Services Administration[10]

The challenges in provision of health-care services can lead to inabilities to obtain preventive services, delays in getting appropriate care and unmet health-care needs.[2] As of 2007, 5.3 percent of North Dakota children birth through age 17 had one or more unmet health-care needs.[6]

MOVING NORTH DAKOTA FORWARD

Access to available, appropriate and quality health care for North Dakota's MCH population is promoted by:

- Continuing to partner with Prevent Child Abuse North Dakota to establish a network of evidence-based home visiting programs.[1]
- Exploring partnerships with those working on increasing transportation for health services for the MCH population.[1]
- Promoting state telemedicine use for the MCH population.[1]
- Enhancing partnership with the Community Health Care Association of the Dakotas.[1]
- Collaborating with other entities and/or organizations to address statewide oral health care needs such as safety-net dental clinics, long-term care facilities, schools and the Ronald McDonald Care Mobile.[1]
- Continuing and strengthening partnerships with community health programs for the MCH population (e.g., Family Planning, Optimal Pregnancy Outcome Program, Injury Prevention, Women's Way, Women Infant and Children and Children's Special Health Services).[1]