Access to Health Care, Transportation, and Resources

Social Factor

Access to Health Care, Transportation, and Resources

Community members identified the need for better access to the health care system, including culturally responsive health care, and support for navigating the health care system, including a better understanding of insurance as key areas for more focus.

Across the region, community members identified transportation as both a need and a strength. Those who were closer to the central Portland metro area and had access to consistent public transportation noted it was a great strength. Those living further from the central area and in Clark County noted the need for more reliable public transportation. In both cases, community members noted there is continued difficultly in what they referred to as the "last mile" of getting from the transit stop to their destination, which can be a hinderance for people with physical challenges.

Resources were consistently brought up as a need in the region. The lack of access to financial resources and services, including access to safe and affordable housing, is a barrier to achieving optimal health in the region. Many community members noted that resources are available, but they are not aware of specifics about the resources or how to access them.

"I think my community would be more healthy if we were supported by good health insurance, good resources for jobs and education, and had cultural and social centers."
- Listening Session Participant

What's Being Done

HCWC members are addressing this core issue through:

- Financial assistance programs for patients
- Expanded primary care clinics; improved patient navigation services
- Supporting school-based health centers
- Convening and facilitating collaboratives, such as the Reproductive Health Collaborative in Washington County
- Providing grants to community-based organization to support their work
- Participating in planning and discussion about transportation

Access to Health Care Services

Participants in town halls and listening sessions described many difficulties facing communities in accessing the health care system, including:

- Geographic isolation and transportation
- Language barriers
- Insurance coverage and cost
- System navigation
- A lack of providers
- Limited culturally responsive care
- Limited behavioral health access

A lack of providers and other challenges related to access may explain why some conditions, such as asthma, urinary tract infection, and depression, continue to be seen the emergency department (ED) rather than being treated in an outpatient setting. Data on ED use by insurance type does not indicate that people with any one type of insurance, or those who are uninsured, are utilizing these services more often than others. Across the region, some people face continual challenges in accessing routine care for treatable conditions; see Appendix E, for rates of ED use by condition and insurance type.

Listening session participants suggested that the inability to build relationships with their primary care providers, due to language barriers, technology, affordability, and scheduling, resulted in more frequent emergency department and urgent care visits.

"Funding often requires diagnosis (i.e., you can't get paid until the person is sick enough)." – Town Hall Participant

Focused Prevention

Town hall and listening session participants described the lack of focus on prevention and "upstream" approaches as a serious impediment to improving health outcomes in the region (upstream means looking at the whole picture; in health care, it's what has happened in a person's life before they come to a clinic, hospital, or dentist). Participants pointed to higher rates of STIs, low vaccination rates (see Appendix E), cardiovascular conditions, and mental health conditions (including substance abuse) that could be improved with increased screening and prevention programs.

Challenges of System Navigation

Many listening session participants discussed the need for better access to care, and more aids for navigating the health care system. Even those who were insured experienced long wait times, difficulties scheduling appointments, and confusion about which part of their insurance covered needed services. And for many people, accessing available resources when they do not have a government-issued identification card is a challenge.

Challenges of System Navigation (continued)

Participants discussed how trauma and stress make it challenging to ask for, and receive, health care services. Immigrant participants noted that services are particularly difficult to access for senior members of their communities, due to language and cultural barriers (see Culturally Relevant Care).

"Health care isn't a right here. There are a lot of situations where the community you live in dictates a lot of the resources you have access to."
– Listening Session Participant

Participants also discussed how organizations lack the capacity to conduct thorough community outreach and are unable to help community members navigate services to reach the most suitable resources. Participants noted that services are fragmented among health sectors or are offered only through referrals.

"The wait time for any physical intervention has become a massive issue in lower income communities."
– Listening Session Participant

Access to Resources Outside Traditional Health System

Listening session and town hall participants want access to more comprehensive, holistic, and integrated health care. They want access to alternative therapies such as acupuncture, massage therapy, counseling services, naturopathy, and chiropractic services that could be integrated into their existing health care plans.

Listening session participants noted that while the region is flush with alternative health care options, participants expressed feeling that these services were only for the wealthy. Low-cost or free clinics, as well as more options for those with Medicaid or Medicare coverage, would place these resources within the reach of the people who have traditionally been prevented from accessing them.

Access to Transportation

Transportation emerged as both a community strength and a community need during listening sessions. Participants who did not have limited physical mobility and living in an urban/metro area near bus and light rail lines described robust public transportation as a great asset. For many without a vehicle, public transportation in the metro area helped to connect them to resources, community spaces, grocery stores, and medical care, and helped to get them to work. The number of bus stops, frequency of stops, and Trimet's affordable low-income fare are all community assets.

For those outside a transportation hub area, lack of public transportation infrastructure in much of the region leaves residents without access to services, healthy foods, and quality housing.

"Transportation is a huge barrier to health and to connecting to resources."
- Town Hall Participant

Listening session participants discussed the cost of transportation, travel time, and traumas or anxieties related to transportation as barriers. Additionally, they noted an inability to access the clinics they can afford, and that transportation is often unaffordable or unreliable, causing them to miss appointments, and potentially face financial penalties.

Town hall participants noted the detrimental effect a lack of reliable transportation options has on individual and community health, noting that individuals without reliable transportation are less likely to access preventive services.

Listening session participants wanted more places to be accessible by foot, particularly grocery stores, farmer's markets, and community events, and expressed that people living in their communities without a car were socially isolated.

The efficiency of having services available in one location, which was commonly cited by participants as the way services are provided in their neighborhoods, can be a barrier for rural residents or residents who live outside of inner-city hubs because they lack the ability to reach these service locations.[66] Participants noted that health care services are not available in many rural areas, and when services are available, they require a vehicle to get to them, which isolates community members who are not able to drive or do not have transportation (see Isolation for more).

Participants identified a need for more transportation services that can accommodate the geographic limitations faced by residents, such as mobile medical units providing outreach to people experiencing houselessness, or offering virtual appointments with providers.

Transportation

72.3%
Of most residents in the quad-county region commute to work by driving

11.1%
Multnomah County residents have the highest percentage of commuters using public transportation

The mean commute times for counties in the region are similar, with a mean time of **26.2 minutes** for the region.

Access to reliable transportation is crucial to economic stability and staying connected to community and resources, but this access is very dependent on:

Figure 28. Commuting to Work by County.

Commuting to Work	Clark	Clackamas	Multnomah	Washington	Region*
Car, Truck, or Van – drove alone	78.9%	76.8%	60.3%	73.2%	72.3%
Car, Truck, or Van – carpooled	9.0%	9.3%	9.5%	10.4%	9.6%
Public Transportation	2.3%	2.9%	11.1%	6.5%	5.7%
Walked	1.9%	2.0%	5.4%	2.5%	2.9%
Other Means	1.5%	1.6%	6.7%	1.9%	2.9%
Mean Travel Time to Work (Minutes)	26	28	26.1	24.8	26.2

*Regional percentages calculated by unweighted averages.
Source: American Community Survey 5-year estimate 2012-2016.

Access to Resources

Existing Community Resources and Supports

Listening session and town hall participants described their communities as resilient, connected, and community-oriented. Participants described a wealth of resources that, if provided, can help people thrive economically.

Town hall and listening session participants described many valuable community resources for the houseless and housing insecure, including organizations that provide supplementary food and programs that assist with utility payments.

Participants mentioned the following as valuable assets to their communities:

- safe spaces at schools
- multicultural centers
- LGBTQ+ organizations
- community-based programs
- culturally specific programs
- resources for low-income families
- fundraising to help keep their communities clean and safe

Participants in both town halls and listening sessions described the importance of community spaces. These hubs provide space and connect community members, reducing isolation, and also provide opportunities to learn about available resources, including training and skill development supporting career growth and financial stability. Expansion of these valuable spaces, and the support services and opportunities for connection they bring, is a community priority.

Community health workers' engagement in communities was listed as a driving factor in increasing access to resources and improving health outcomes. Town hall and listening session participants described community health workers as an excellent bridge between community members and the health care system, as well as other available resources (see for more about Community Health Workers, page 70).

The resources that were most valued for their contribution to economic stability (see Social Determinants of Health, page 18) via assistance with costs associated with health care were:

- low-cost health care clinics
- access to free or cost-reduced preventive care and health screenings
- affordable government insurance

Participants also mentioned the variety of resources available to assist them with job training, education and skill development, public transit costs, and food access, and resources that helped connect them to affordable housing. They described resources such as food banks, emergency shelters, low-cost clinics, and services that help to pay utility bills as necessary and beneficial, but desired more continuity in these services. (See Social Determinants of Health, page 18, for more information about these areas.)

Community Needs

The areas for improvement that participants most often cited included:

- Access to financial counseling
- Acknowledgment of mental health concerns that can keep individuals in a cycle of poverty
- Greater emphasis on affordable, low-cost preventive care and screening of mental health conditions
- Increased capacity to provide emergency, temporary, and transitional shelter or alternative housing units to the many people in the region who are in need (see page 33 for more information about houselessness in the region)

Community Needs (continued)

- No-cost, school-based interventions and family-focused community center programs to provide access to resources to help community members establish and achieve economic stability
- Access to mental health services and resources for residents who may not have health insurance, or who are culturally or geographically isolated (see Isolation section, page 71, for more)
- More community representation (see Community Representation, page 55, for more) in policymaking, government, and health care

Financial and Coordination Barriers

Both town hall and listening session participants frequently cited "siloed" organizational resources as a barrier that made it difficult for people to get connected to the available resources in the region.

Town hall participants included public health professionals, representatives of community-based organizations and community leaders. They frequently cited "siloed" organizational resources and funding strain in the region as they reflected on what was making their job difficult. The siloed nature of funding streams creates a lack of integration between health care and life needs, resulting in organizations treating symptoms rather than the whole.

Obtaining sufficient funding to serve the community is a large burden to organizations and adversely affects their ability to impact community health. Town hall participants described financial strain due to a culture of competition between organizations. When funding was provided, they noted that the funding was not sustainable, and most often focused on short-term or emergency services that did not address issues over time. Also, some town hall participants were unaware that resources were available that could potentially provide programs to supplement gaps in assistance.

"It is difficult to address the larger issues of disparities as an organization when you're really only being funded and asked to address the small problems. That only becomes just a short-term bandage."
- Town Hall Participant

Town hall participants referenced a lack of "upstream" program funding (for example, grants or other funding sources), making it difficult to address the needs of the community. Similarly, listening session participants expressed the need for more preventive resources, more collaborative resource hubs, and assistance focusing on the long-term needs instead of the most immediate or urgent concerns at immigrants' and refugees' point of arrival.

Coordination and Navigation

Participants also discussed how organizations lack the capacity to conduct thorough community outreach resulting in the inability to help community members navigate services to reach the most suitable resources.

Listening session participants noted that it was difficult for people to navigate all the services the organizations in their county could provide, and wished for more peer navigators and community health workers who could connect and educate them on what was available (see Community Health Workers section for more).

Town hall participants described a lack of awareness among organizations regarding each others' scope and resources, with a solution being to form more partnerships between agencies to support the community's health.

Parent and Child Resources

Participants expressed great concern that there are not enough resources available for parents and children, including childcare, safe play spaces, lifestyle coaching, drug use prevention, mental health services, and food assistance. Multi-generational and culturally specific resources to help parents succeed were often referenced by listening session participants, especially Hispanic/Latino participants (see Community Representation section on page 65 for more details).

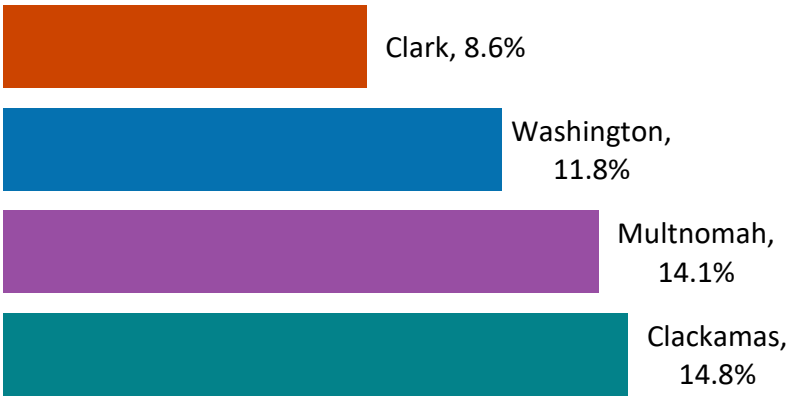
Food security remains an issue. Food deserts, defined as areas where residents live one mile from a grocery store (urban) or 10 miles from a grocery store (rural), contribute to the issue of adequate access to affordable, healthy foods. Many people living in rural parts of the region experience food insecurity and are in food deserts.[67]

Figure 29 shows that a significant percentage of youth in the region reported experiencing food insecurity.

The health and safety of children, from access to safe outdoor recreation spaces to school programs that offer mental health services, was a high priority for listening session participants. Parents wanted resources to help engage their children in conversations about substance abuse (see Behavioral Health section on page 43), mental health, school safety, and bullying.

Parents who are immigrants and refugees, or those whose primary language is not English, expressed feeling isolated from technology, social media, and school influences that could be negatively impacting their children and wished for more parenting resources to help them learn how to monitor their children. (See Language and Isolation sections for more.)

Figure 29. Percent of Food Insecure Youth (8th Grade).



Sources: 2017 Oregon Healthy Teens Survey and 2016 Washington Healthy Youth Survey.