ACCESS TO HEALTHCARE

FEDERAL HEALTH RESOURCES AND SERVICES ADMINISTRATION CLASSIFIES EACH OF IDAHO'S 44 COUNTIES AS A MENTAL HEALTH PROFESSIONAL SHORTAGE AREA

POOR MENTAL HEALTH CAN BE AS COSTLY TO THE ECONOMY AS POOR PHYSICAL HEALTH

BETWEEN 2016-2019 IDAHO RANKED LAST IN THE NATION FOR PRIMARY CARE PHYSICIANS PER CAPITA.

KEY FINDINGS

- **Access to affordable, high quality primary care and behavioral health services is essential to the health and well-being of all Idahoans**
- **Idaho has a severe shortage of primary care physicians and mental health providers**
- **Communities of color and rural Idahoans are most severely affected by access and affordability barriers**
- **Poor access to care risks exacerbating mental and behavioral health challenges**
- **A number of leaders and organizations have begun to address access challenges in innovative ways**
- **Improving health care access in a lasting way requires "moving upstream" to the ultimate causes of poor health by creating conditions that support health and reduce demand for services**

Access to affordable, high quality primary care and behavioral health services is essential to the health and well-being of all Idahoans. Serving as a patient's initial point of contact with the health care system, primary care providers deliver preventive services and counsel patients on effective disease management. This kind of quality care contributes to positive health and societal outcomes, such as a lower risk of overall and premature death, decreased chronic illness, and a reduction in health inequities across populations. And primary care providers can improve the efficiency and lower the cost of health care by minimizing avoidable hospitalizations and emergency department (ED) utilization.[103, 104] Mental health providers fill a critical gap in patient care through the assessment, diagnosis, and treatment of an array of complex mental and behavioral health disorders.[105] Research demonstrates that poor mental health can be as costly to the economy as poor physical health.[106] By addressing challenges such as depression and anxiety, mental health providers can help keep workers healthy and able to care for their families and their communities and help support the economic engine of society.

Idaho, however, has a severe shortage of primary care physicians and mental health providers. The Federal Health Resources and Services Administration classifies each of Idaho's 44 counties as a mental health professional shortage area, and all but two counties (Ada and Blaine) as a primary care professional shortage area.[107] Although the per capita number of primary care physicians increased between 2016 and 2019, Idaho ranked last in the nation on this metric each year during that time period. Likewise, while Idaho witnessed an increase in per capita mental health providers between 2017 and 2019, the state was below the U.S. average each year and among the states with the fewest number of mental health providers relative to the population they serve.[108] The limited availability of mental health providers and other supports is seen by Dave Jeppesen, Director of Idaho's Department of Health and Welfare, stating that, "The day to day pressures have risen for individuals, yet the access to mental health providers remains limited; there are few counselors or supports. Access to mental health is further

[103] United Health Foundation, "America's Health Rankings," America's Health Rankings, accessed May 8, 2020.
[104] WHO Global, "Building the Economic Case for Primary Health Care: A Scoping Review," World Health Organization, 2018.
[105] United Health Foundation, n.d.
[106] Penn State, "Poor Mental Health Days May Cost the Economy Billions of Dollars," ScienceDaily, 2018.
[107] Idaho Department of Health and Welfare, "Shortage Designations," Idaho Department of Health and Welfare, accessed May 8, 2020.
[108] United Health Foundation, "America's Health Rankings," America's Health Rankings, accessed May 22, 2020.

IDAHO RANKED
40TH
WITH AN UNINSURED RATE OF 10.6% VERSUS A U.S. AVERAGE OF 8.8%

BARRIERS TO HEALTHCARE:

BEING UNABLE TO DRIVE

UNABLE TO AFFORD THE GAS

UNABLE TO TAKE THE NECESSARY TIME OFF FROM WORK

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THE NUMBER OF ADDICTION AND MENTAL HEALTH CENTERS IN IDAHO ARE PREDOMINANTLY LOCATED IN URBAN AREAS

restricted by the inclination to not seek care for a number of reasons." Among these other reasons are the affordability barriers Idahoans face.

Idaho's above average uninsured rate and shift toward high deductible health plans create additional barriers to accessing care. While the overall rate of uninsured in Idaho has declined due to coverage expansion (i.e., through the health exchange), Idaho's ranking has not changed in comparison to other states. In 2018, Idaho ranked 40th with an uninsured rate of 10.6% versus a U.S. average of 8.8%.[109] Even those who are insured struggle to afford care. Between 2013 and 2018, the percent of private sector employees enrolled in high deductible health plans grew rapidly from one third to one half of employees.[110] While offering coverage, these plans leave individuals and families at risk of financial hardship due to higher out-of-pocket costs. For example, in 2017, 30% of Idahoans with private insurance made changes to their medications because of cost, the ninth highest rate of medication change due to cost among states.[111]

The supply and affordability barriers to care are felt most severely among rural Idahoans and amongst communities of color. In a survey of 87 individuals from rural communities in Idaho, 38% reported their primary care provider lived outside their community, requiring extensive travel (i.e., 25-100+ miles) to seek care.[112] Specific barriers included being unable to drive, unable to afford the gas, and unable to take the necessary time off from work.[113] Rural communities also struggle to access addiction and mental health recovery centers; there are only nine centers in Idaho and they are located predominantly in urban areas.[114] Likewise, 17% of Latino and 30% of Native American adults reported not being able to see a doctor because of cost in 2018, compared to 14% of non-Hispanic Whites reporting the same cost barrier.[115] This is explained, in part, by inequities in insurance coverage. For instance, nearly half of Latino adults lack insurance coverage compared to 12% of all other non-Hispanic adults,[116] and 38% of Latino adults do not have a usual health care provider compared to 24% of all other non-Hispanic adults.[117]

[109] United Health Foundation, n.d.
[110] State Health Access Data Assistance Center, "State Health Compare," Data Analyzed by SHADAC, accessed May 8, 2020.
[111] Ibid.
[112] Jon Barret and Laurel York Odell, "Grantee Final Report for Rural Health Initiative Voice of the Community Project," Idaho Community Foundation & Idaho Rural Partnership, December 30, 2019.
[113] Ibid.
[114] William L. Spence, "Idaho Has 9 Recovery Centers for Addiction, Mental Illness. That May Become Zero," Idaho Statesman, February 7, 2019.
[115] The Henry J. Kaiser Family Foundation, "Adults Who Report Not Seeing a Doctor in the Past 12 Months Because of Cost by Race/Ethnicity," The Henry J. Kaiser Family Foundation, January 2, 2020.
[116] Idaho Department of Health and Welfare, "Get Healthy Idaho: Measuring and Improving Population Health," Idaho Department of Health and Welfare, 2019.
[117] Ibid

IN 2017, IDAHO HAD THE **5TH HIGHEST** AGE-ADJUSTED SUICIDE RATE

30% OF DRIVING DEATHS IN IDAHO INVOLVED ALCOHOL IMPAIRMENT

"Eighty percent of the people accessing this service have never had access to psychiatry services. It has improved the cost of care and has affected people's lives. We saw how people have gotten their lives back."

DR. KELLY MCGRATH,
Chief Medical Officer, Clearwater Valley Hospitals and Clinics

Ultimately, poor access to care risks exacerbating mental and behavioral health challenges — for the state as a whole and especially in Native American communities. Recent outcomes in Idaho illustrate this:

- Frequent mental distress, a self-reported measure of poor mental health that is associated with clinically diagnosed mental health disorders like anxiety and depression, increased between 2015 and 2018 from 10.3% to 11.9% of adults. Idaho was below the national average each year; however, the gap between Idaho and the nation shrank.[118]
- Idaho's age-adjusted suicide rate has increased substantially since 2011, and in 2017 Idaho had the nation's fifth highest age-adjusted suicide rate (66% percent higher than the national average).[119]
- The age-adjusted drug overdose death rate has followed a slightly upward trend, increasing from 11.9 per 100,000 in 2009 to 14.7 per 100,000 in 2017. Idaho was below the national average each year. Although this increase was not statistically significant,[120] recent data suggest a potential related challenge centering on substance use.[121]
- Namely, based on data collected between 2014 and 2018, 30% of driving deaths in Idaho involved alcohol impairment (compared to about 10% of deaths among the top performing states).

Native American communities experience a particularly heavy burden (e.g., experienced the highest age-adjusted suicide rate amongst all races and ethnicities between 2014 and 2018) and are desperate to address the root cause and its tragic health outcomes. Helo Hancock, CEO of Marimn Health, emphasizes,

> *"We have to address trauma as early as possible in child's life, long before it turns into an 11-year-old attempting suicide. We need to intervene early, to help teach our kids the coping and resiliency skills needed to navigate the challenges that surround them. Mental health issues like anxiety and depression left untreated lead to unhealthy choices that perpetuate the destructive cycle we have seen play out far too many times. Social media is only making it worse."*

There is increased public awareness and urgency around Idaho's access to care needs, and a number of leaders and organizations have begun to address this challenge in innovative ways. For instance, health system leaders are integrating mental and behavioral health care into primary care and educational settings to confront access barriers (e.g., transportation, supply of providers). For the past decade, Clearwater Valley Hospital and Clinics, which serves Clearwater County and the surrounding community, has used virtual teleconferencing to connect psychiatrists in Boise and Utah with patients in the hospitals' rural service area who desperately need mental health services. This "tele-psychiatry" program has improved access to care and contributed to reductions in cost. Dr. Kelly McGrath, Chief Medical Officer at Clearwater Valley Hospitals and Clinics, notes, "Eighty percent of the people accessing this service have never had access to psychiatry services. It has improved the cost of care and has affected people's lives. We saw how people have gotten their lives back."[122] Similarly, leaders at Marimn Health, a patient-centered medical home serving both members and non-members of the Coeur d'Alene Tribe, are partnering with the local school district to embed mental health providers in the school setting.

[118] United Health Foundation, n.d.
[119] Harder, 2019.
[120] Pam Harder, "Drug Overdose Deaths: Idaho Residents 2014-2018" Idaho Department of Health and Welfare, Division of Public Health, Bureau of Vital Records and Health Statistics, 2019.
[121] County Health Rankings & Roadmaps, 2019.
[122] The COVID-19 pandemic has changed how telehealth services are accessed. Telehealth services are being used more and trends are continuing to emerge.

> *[The center] looks like an athletic complex, but in reality, it's been purposefully designed as a prevention center.*
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> **HELO HANCOCK,**
> CEO, Marimn Health

Addressing the challenges of access to care also necessitates a move upstream. Health care leaders in Idaho must continue to recognize the conditions in which their patients live greatly influence their health and need to access care. For example, health care organizations in Idaho may consider addressing the health-related social needs of their patients, as exemplified by Clearwater Valley Hospital and Clinics and by Marimn Health. Clearwater Valley Hospital and Clinics' team of community health workers (CHWs) screen residents for food insecurity and then aim to connect these residents with community-based wellness resources.[123] Similarly, the forthcoming Marimn Family Youth Center will serve as a community hub to address the health-related social needs of both members and non-members of the Coeur d'Alene Tribe. Helo Hancock remarked that the center "looks like an athletic complex, but in reality, it's been purposefully designed as a prevention center." Community members will benefit from a variety of services that can improve health, such as recreational activities, parenting classes, and youth programs.[124] Health care organizations may consider going even further outside the walls of the clinic, working in partnership with other sectors to improve the conditions in communities that affect health. Examples include promoting policy change[125] or community reinvestment.[126] These approaches can ultimately keep people healthy and reduce the demand for care. Like others, health care leaders and policymakers have a critical role to play in addressing social determinants of health, and thereby ensuring a prosperous future for the state.

[123] Pam McBride and Kayla Keigley, "Community Health Needs Assessment 2016" Clearwater Valley Hospital and Clinics, Inc., 2016.
[124] Marimn Health, "Marimn Health Youth Center Project Narrative," Marimn Health, accessed May 8, 2020.
[125] Brian Castrucci and John Auerbach, "Meeting Individual Social Needs Falls Short Of Addressing Social Determinants Of Health," Health Affairs (blog), January 16, 2019.
[126] Ryan De Souza and Lakshmi Iyer, "Health Care and the Competitive Advantage of Racial Equity," FSG, April 2, 2019.