

executive summary



Our Issues are Fixable

As noted, Pediatric healthcare access is a serious issue in Alabama. Geographic barriers increasingly separate children from the facilities and practitioners they need to live healthy and happy lives. The data highlights shown hereafter indicate the most pressing issues concerning access across primary care, mental health, and dental care, and examine possible solutions to address them.



PRIMARY CARE ACCESS:

There are geographic trends, related to overall child well-being, in primary care access. Greene county, ranked 65th out of 67 counties for child well-being in the *2018 Alabama Kids Count Data Book*, has the direst need in the state. The need for primary care for children is underscored by data from the Alabama Board of Medical Examiners. 2018 data found that there were 1,401 pediatric or family medicine practices in the state, meant to serve the estimated 1,222,105 children aged birth to 19. That means, on average, each practice should be responsible for the healthcare of 873 kids. The lack of access to care is compounded by the fact that 272,139 children aged 9-18 are on Medicaid this year. This Medicaid subset represents 22.27% of the total child population in the state. That means that every family practice in the state would be responsible for 195 kids on Medicaid between the ages of 9 and 18. From the HPSA map, it's abundantly clear that there are geographic disparities in healthcare access for children. But the data on family practice and the Medicaid population sample show a distinct income based need as well.

MENTAL HEALTHCARE ACCESS:

Mental healthcare access shows a similar geographic trend to primary care access. Dallas, Perry, and Wilcox counties all tied for counties with the most need for mental healthcare practitioners. These counties were also ranked 66th, 62nd, and 67th respectively in child well-being in the *2018 Alabama Kids Count Data Book*. The six counties tied for next most-in-need were Fayette, Lamar, Mobile, Walker, Washington, and Winston. Of these counties, only Mobile has a city of 50,000+ within its limits. The concentration of mental health providers in cities is reinforced by data

available on the website of Alabama's Department of Mental Health. Of the 67 counties, only two counties have more than one Mental Health provider listed, besides the state wide agencies; Jefferson and St. Clair. National data again highlights the desperate need for mental healthcare practitioners in the state. According to 2017 data pulled from the Centers for Medicare and Medicaid Services and published by Robert Woods Johnson's County Health Rankings website shows that Alabama has 13 counties with a population to provider ratio of 10,000: 1. This data shows a serious urban concentration of practitioners, in comparison to the significant need of rural Alabama.

DENTAL HEALTHCARE ACCESS:

Mapping of dental healthcare access reiterates that the lowest performing counties on the child well-being scale in the *2018 Alabama Kids Count Data Book* are also in the direst need for dental healthcare providers: Dallas, Hale, Greene, Monroe, Perry, and Wilcox counties all tied for the greatest in need and scored 66th, 55th, 65th, 58th, 62nd, and 67th on the Alabama Kids Count child well-being ranking. Of the 67 counties in Alabama, 21 have a population to provider ratio of over 5,000: 1. Geographic inequality really comes into clearer focus when looking at pediatric dental specialists. Based on the most recent data, there are 101 pediatric dentists in the state of Alabama. However, over 1/3 of these dentists is registered to practice in Jefferson County. In total, there are nine counties with more than one pediatric dentist registered to practice there. These nine counties, however, account for 97 of the 101 pediatric dentists in the state. This urban concentration of providers, and the overall lack of providers in rural Alabama is a consistent narrative across primary care, mental healthcare, and again in dental care.

Executive Summary:

Recommendations and Next Steps

MEDICAL HOME

First described almost 30 years ago, the Medical Home is an organizing principle designed to ensure that primary care is holistic, family-centered, and coordinated. Primary care Medical Homes provide preventive care, chronic care management, care coordination and access in some form all day, every day, and have been proven highly effective.

SCHOOL-BASED HEALTH CENTERS

Research shows that school-based health centers can have a significant and positive impact on all facets of children's medical lives. In addressing the needs of disadvantaged children and students, the introduction and expansion of school-based health centers greatly increases students' access to effective care. Expanding the existing school-based health center programs in Alabama would serve as a significant step forward in addressing the needs of underserved students, rural and urban, across the state.

RURAL MEDICAL TRAINING PROGRAMS

One of the largest barriers to adequate medical care for children and adults in rural areas is distance from a provider. Programs exposing medical students to practice in underserved areas consistently create more rural doctors, and equally as important, retain them in those same underserved areas. By reducing the disparity between rural and urban concentrations of physicians, people outside of major cities will be more likely to have access to quality care.

FINANCIAL INCENTIVES FOR PRACTITIONERS IN UNDERSERVED AREAS

A significant factor in retaining practitioners in underserved areas is financial incentives to offset the costs of medical school. Like mid-education exposure training in underserved areas, financial incentives for practice in underserved communities is one of the few intervention recommendations involving a direct redistribution of human resources to targeted areas.

EXPANDED SCOPE OF WORK FOR ALLIED HEALTH PROFESSIONALS

By increasing the scope of work for allied health professionals, a reasonable implication is access to health services would increase significantly, especially for underserved populations, such as children living in poverty, or children living in rural areas. But equally as important is the implication that the expansion of the scope of work for these professionals can increase efficiency and billings for private practice as well.

TELEMEDICINE

Telemedicine has been touted as one of the greatest examples of progress in the mission to expand access to medical services in rural and underserved areas. While there are many issues with implementing these services, especially in rural Alabama, the results of these interventions in other areas around the country and around the world have significantly reduced barriers and increased access to care.

