

Introduction:

In October 2021, Missouri began enrollment for the Adult Expansion Group of Medicaid, MO Health Net. This expansion allowed over 300,000 uninsured individuals to be enrolled. Now that individuals have access to insurance it excludes them from community-based health programs like MedZou, a clinic offering free services to uninsured individuals in Boone and surrounding counties. However, we see that in rural and underserved communities this expansion has not been met with an increase of staffing to accommodate this influx of patients. Previous studies have highlighted that access to insurance alone does not determine the access, health status or quality of care that a person receives. Our team surveyed individuals to determine the perceived access to health care and identify the most common barriers to accessing healthcare also called Social Determinants of Health, SDOH, in Boone County.

Methods:

Our staff surveyed 207 individuals at Central Pantry, the local food bank that serves Central and Northeast Missouri. 201 individuals completed the PRAPARE survey, this is a validated survey to assess Social Drivers of Health.

Additional data was provided by the 2022 Community Health Assessment conducted by the Boone/Columbia Health Department. This data included surveys and small discussion groups with community members.

Figure 1:

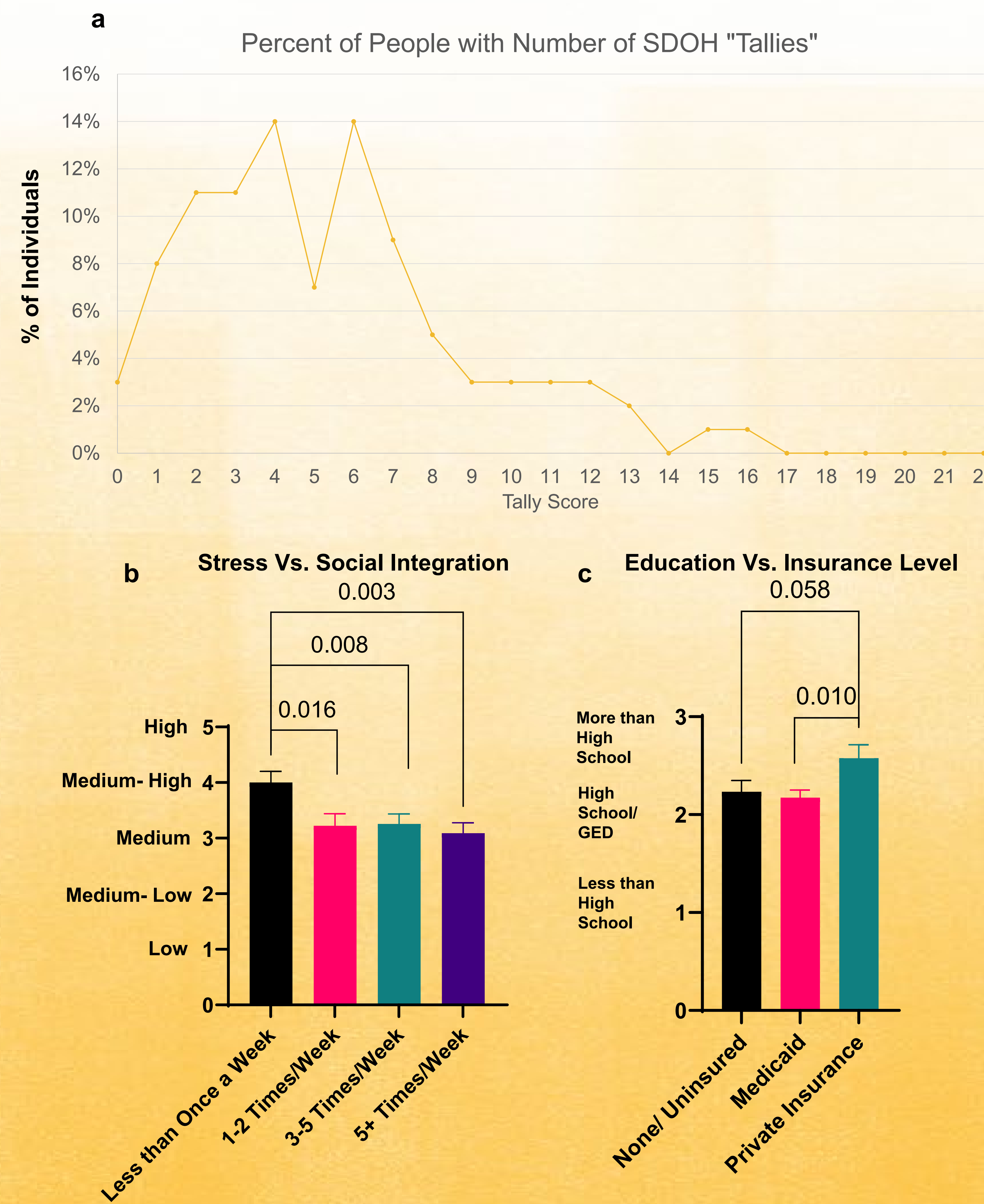


Fig. 1| a. Using the PRAPARE risk tally methodology, individuals receive one point for every SDOH that we identified, resulting in their total tally score. The average tally score is 5.4, with a bimodal distribution at 4 and 6 points. **b.** There was a significant decrease in stress levels when individuals reported they see or talk to people they feel close with 1 or more times per week. **c.** There is a significant relationship between educational level and access to private insurance.

Results:

While only 14% of people reported that they were uninsured, 34% of people reported that in the last year they were unable to obtain medicine or any HealthCare related needs. 307 of 1798 (17%) of community survey respondents could not get medical care in the past 12 months. When asked the reasons they could not get medical care, the top two responses were waitlists are too long and cost of health care/doctors visits. Respondents also indicated that medical bills were among the top 3 bills they skipped paying because they could not afford their basic needs. This demonstrates that insurance status alone does not determine access to care. In the population of individuals, we surveyed 40% were insured by Medicaid and 30% had Medicare insurance. Additionally, there was a statistically significant relationship between insurance status and education level (Fig1c). When surveyed 61% of individuals reported medium stress levels or higher; higher stress levels with reported in those with less social integration (Fig1b). Survey respondents had on average 5.4 barriers to accessing health care (Fig1a).

Conclusions:

Health Equity for low-income and minority individuals requires more than increased access to health insurance, Medicaid. Respondents in our survey population had more than 5 additional factors that create barriers to accessing care and managing their health. These findings drive the need for a community health program that helps insured individuals navigate complex health and social needs. Our group is interested in implementing a Complex Care Student Hotspotting program with the goal to improve access to care, patient outcomes and decrease the use of Emergency Services for ACSCs, Ambulatory Care Sensitive Conditions.