Access to Care Dashboard

Data points are the most current measures from multiple sources (available on request). All data points are statistically significant with normal margins of error and are best used for tracking trends and comparing against other populations.

Resources & Prevention	OC Scores			Trend		Compare to		
	Current	Target	Progess	Previous	Progress	Peer Avg	NC	US
Physicians (/10,000)	94.4	-	●	87.1	↑	42.0	22.1	22.0
Primary Care Physicians (/10,000)	23.7	-	●	32.1	↓	11.7	7.8	7.9
Dentists (/10,000)	9.6	-	▲	10.1	↓	6.8	4.3	5.8
Well Child Participation Rate	82%	80%	●	72%	↑		IN PROGRESS	
Standalone/In Progress elements		NOTE						
>1mi from clinic/bus stop, no car	3,000	May include future measures of transportation. See reverse for map.						
Preventive care (%Pap, PC, etc.)	IN PROGRESS	Still collecting measures of preventive care.						
Charity care population	IN PROGRESS	UNC + Duke Orange County Charity Care program recipients.						

Affordability & Insurance	OC Scores			Trend		Compare to		
	Current	Target	Progess	Previous	Progress	Peer Avg	NC	US
Uninsured (<65)	16%	8%	▲	14%	↑	18%	19%	17%
Uninsured (<65, <138% FPL)	37%	NA	◆	37%	SAME	35%	32%	30%
Uninsured and..		NOTE						
Subsidy eligible	7,300	6,800 Adults 18-64 between 138-400% FPL + 500 Children <19 between 200-400% FPL						
Medicaid eligible, not enrolled	1,500+	Children <19, <200% FPL. +unknown # of "churning" adults, -unknown # of undoc imm.						
Medicaid Ineligible (non-expansion)	7,500	Adults 18-86 under 138% FPL. NC: 630,000. See reverse for estimated breakdown.						

Health Literacy	OC Scores			Trend		Compare to		
	Current	Target	Progess	Previous	Progress	Peer Avg	NC	US
Basic prose illiteracy	9%	-			-	11%	14%	14%
Always understands doctor*	84%	-			-	-	83%	81%
Always understands discharge*	88%	-			-	-	86%	85%
Always understands medicine info*	69%	-			-	-	65%	64%

Health Literacy measures are nearly all new indicators and do not yet have targets or trend data.

**Consider biases. Best used in comparison w/ other HCAHPS elements.*

Standalone/In Progress elements		NOTE	
% w/ Below Basic HL	IN PROGRESS	County data WIP. US (14%) is best measure of HL. See reverse for detail.	14%

Orange County Population: 135,755

Adult Population: 107,925

High School Population: 6,184

KEY

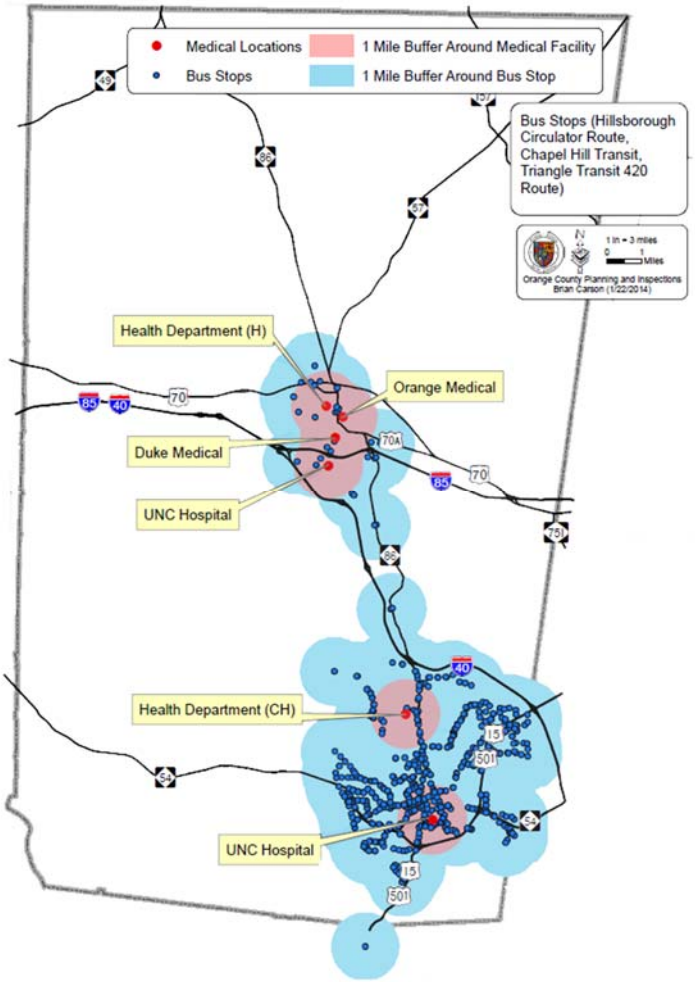
- ● Met Target (2020 NC/OC)
- ▲ Better than / similar to peers
- ◆ Worse than peers

- ↑↓ Positive trend
- ↑↓ Negative trend
- ↑↓ Neutral trend

Resources

Orange County has the **highest Physician and Primary Care Physician (PCP) per capita rates** in the state; however, PCPs have **trended down** in the last 10 years.

Even with strong county resources, transportation is a factor for many low-income individuals who **live outside the clinic/bus coverage area** [red/blue on map], 3,000 of whom have **no vehicle** [individuals living in the white region].



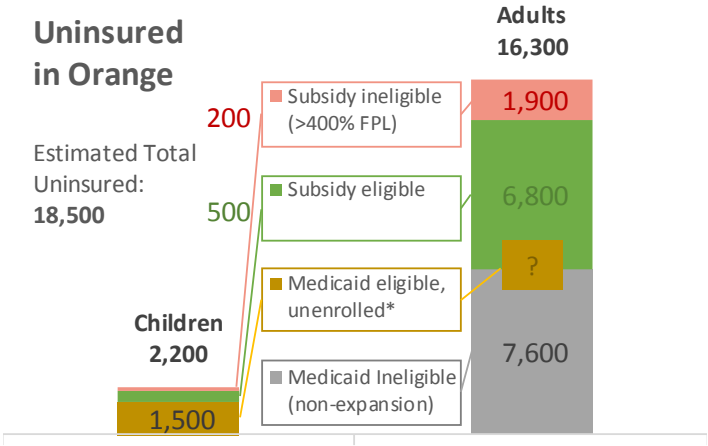
The disabled, elderly, and those on Medicaid qualify for free or reduced cost transportation in rural areas through Orange County Public Transportation (OPT). Those who do not qualify can request OPT pick-up/drop-off for a charge of $12.50 one direction.

Peer counties are Buncombe, New Hanover, Durham and Wake according to NC State Center for Health Statistics (NC SCHS) where county data is available, regional when not. **Previous** datapoint under Trend are from the previous relevant measurement point, not necessarily 1 year previous.

Affordability & Insurance

Orange County has a lower percent of uninsured by total population (16%), but the **same or more low-income uninsured** (9,145 or 37%) than peer (35%), state (32%) or national (30%) averages.

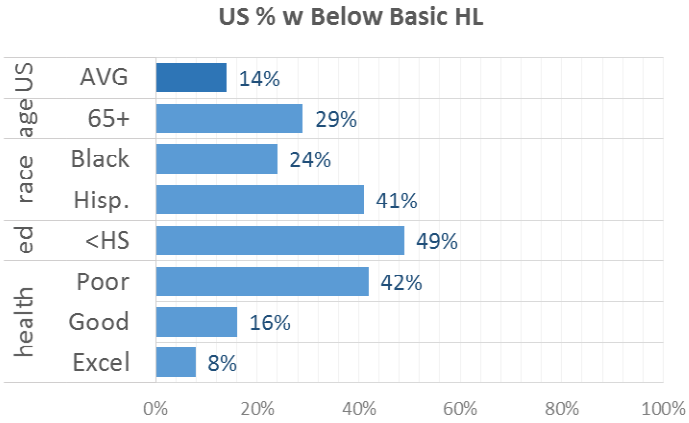
NCIOM Estimates the following approximate breakdown of the uninsured population:



Health Literacy

Low Health Literacy is strongly tied with poorer health outcomes and increased cost. It is mediated by age, race, education and income.

Basic HL is rudimentary prose comprehension and quantitative abilities, insufficient for many interactions with health information. **Below basic HL** is extremely low or non-existent comprehension.



Increase HL by (1) increasing **patient** skills and abilities & (2) decreasing **provider** demand and complexity.