



Access to Healthcare in Pierce County

Prepared by Assessment, Planning and
Development
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Tacoma-Pierce County
Health Department
Healthy People in Healthy Communities

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Abbreviations in this report

COVID-19 = novel coronavirus disease 2019, **TNAA** = Third Next Available Appointment, **NH** = Not Hispanic, **NHOPI** = Native Hawaiian or Other Pacific Islander, **AI/AN** = American Indian and Alaskan Native, **CHIP** = Children's Health Insurance Program, **CDC** = Centers for Disease Control and Prevention, **ACS** = American Community Survey, **M.D** = Medical Doctor, **D.O.** = Doctor of Osteopathic Medicine, **CMS** = Centers for Medicare and Medicaid Services, **LMHC** = licensed mental health counselors, **LMFT** = licensed marriage and family therapists, **USPSTF** = United States Preventative Services Task Force, **HRSA** = Health Resources and Services Administration, **DTaP** = diphtheria, tetanus and pertussis, **DOH** = Department of Health

Executive Summary

Four factors influence your access to healthcare:

- Timeliness.
- Coverage.
- A regular source of care.
- Properly trained, culturally competent healthcare staff.

This report focuses on the last 3 factors.

Pierce County made progress in several areas. These include:

- More people have health insurance. That includes prepaid plans and Medicare/Medicaid.
 - Federal legislation around Medicare and CHIP likely helped.
- We have more primary health care and mental health care providers per resident than we did in 2016.
- Fewer people skipped healthcare because of COVID-19 fears compared to 2020.

Some areas got worse. Some areas that we need to improve on:

- Prenatal care.
- Childhood vaccinations.
- Our number of mental health providers.
 - Though this improved from years past, we would benefit from more providers after the trauma of the past two years.

We continue to see evidence of gender, racial and ethnic disparities in several areas:

- **People who have health insurance**—Men and people who identify as Hispanic are less likely than women and people who identify as white to have health insurance.
- **People who didn't get healthcare because of cost**—Women and people who identify as Hispanic are more likely to have an unmet healthcare need because of cost than men and those who identify as being white.
- **Regular healthcare provider**—Men and those who identify as Native Hawaiian or Other Pacific Islander or Hispanic/Latino are less likely to have a regular provider than women and people who identify as white.
- **Prenatal care**—Mothers who identify as American Indian/Alaskan Native or Native Hawaiian or Other Pacific Islander are less likely to have adequate prenatal care than mothers who identify as white.
- **Provider shortages**—Four areas in Pierce County have too few primary care providers: Bonney Lake, Eatonville, Longbranch and West Tacoma.
- **Number of providers who accept Medicare in rural areas.**
- **Internet access**—Five areas in Pierce County are unserved or underserved for broadband access. Those include parts of Puyallup, White River, Nisqually, Key Peninsula, Alder Lake.

Introduction

The National Academies of Sciences, Engineering, and Medicine defines access to healthcare as the “timely use of personal health services to achieve the best possible health outcomes.”¹ To achieve this, you need:²

- Timely care.
- Coverage: The ability to use the healthcare system.
- A regular source of care.
- Properly trained, culturally competent staff. A minimum number of staff in each facility must receive proper training. Staff should understand and respect the values, attitudes and beliefs of patients’ cultures.

You can think of timeliness as a system’s ability to provide care soon after patients knows they need it.³ Many systems struggled to provide timely care during the pandemic because:

- They conducted many visits virtually.
- They didn’t have enough staff.
- Many patients delayed or canceled elective visits and surgeries.

Mental and behavioral health services had an especially hard time. Demand for mental and behavioral health services increased as people tried to cope with the pandemic.⁴ It strained the healthcare system and increased wait times.⁵

“Third Next Available Appointment” is a common way to track access to care. TNAA measures the number of days until the third-next available appointment at the time you schedule it. It is difficult for us to provide reliable data on TNAA because:

- Providers don’t make it available or track it in different ways.
- It does not fully describe barriers to access.
- It doesn’t show underlying causes for delays. Items that give important context like provider choice, part-time providers, day-of holds, and block scheduling are not included.

Although we don’t have local data about recent wait time, we believe times for mental and behavioral services remain long.

A lack of timely health services can lower the quality of care patients receive. For example, if you leave the emergency department without being seen because you had a long wait, you are at risk for complications. On

¹ Milliman M, editor. Access to health care in America: Institute of Medicine (US) Committee on Monitoring Access to Personal Health Care. Washington (DC): National Academies Press (US); 1993.

² Elements of Access to Health Care. Content last reviewed June 2018. Agency for Healthcare Research and Quality, Rockville, MD. <https://www.ahrq.gov/research/findings/nhqrdr/chartbooks/access/elements.html>

³ Healthy People 2020. Access to Health Services. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. <http://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>. Accessed April 14, 2016.

⁴ American Psychological Association. Demand for mental health treatment continues to increase, say psychologists. Created October 19, 2021. Accessed on August 18, 2022. Available at: <https://www.apa.org/news/press/releases/2021/10/mental-health-treatment-demand#:~:text=The%20number%20of%20psychologists%20who,the%20start%20of%20the%20pandemic.>

⁵ Bernstein, L. This is why it’s so hard to find mental health counseling right now. The *Washington Post*. Published March 6, 2022. Accessed on August 18, 2022. Available at: <https://www.washingtonpost.com/health/2022/03/06/therapist-covid-burnout/>

the other hand, if you receive care soon after you arrive, you will likely receive better care. This report does not cover quality of care because we don't have enough data.

This report focuses on:

- Coverage.
- Regular, continued sources of care.
- Properly trained, culturally competent staff.

Many potential barriers can stand between you and those three factors. They include:

- Whether you have insurance.
- Cost.
- Your financial outlook.
- Language barriers.
- Internet access.
- Staffing.

These are the barriers we'll discuss in detail, but they aren't the only barriers people face. And many of these barriers are related to each other. For instance, language and cultural barriers can lead to poor quality of care and fewer routine check-ups if the patient struggles to schedule visits. Or if you don't have a job, you might opt out of insurance and be less likely to have a regular source of care.

We'll look at these barriers using the most recent routine data. We reviewed a wide range of indicators to look at each category in different ways. When possible, we stratified the data by race, ethnicity, and gender to highlight potential disparities.

Healthcare coverage barriers

Healthcare coverage

Insurance can help you access healthcare before problems get worse. It helps reduce costs to both you and the system. Since 2008, the percentage of working adults (age 19-64) in Pierce County who are uninsured has been equal to or slightly lower than the state. The proportion of residents reporting they had no health insurance dropped significantly after the Patient Protection and Affordable Care Act was enacted in 2010. We saw the largest effects in 2014-15 (Figure 1).

Still, big gaps remain in insurance coverage throughout Pierce County. In this report, we count you as uninsured if you don't have:

- Employer sponsored insurance.
- Private insurance.
- Medicare.
- Medicaid.
- Medical Assistance.

- A low-income plan.
- TRICARE (military).
- Indian Health Services.
- Veterans Administration.
- Other health plans.

From 2016-2020, an estimated 5.9% of Pierce County residents weren't insured. This was not much different than the state (6.2%). Among Pierce County residents, kids under 19 and older adults (75+) were least likely to be uninsured:

- Children: 2.8%.
- Older adults: 0.2%.

Table 1 shows men were more likely to be uninsured than women (men: 6.7%, women: 5.1%). People who identify as Hispanic or Latino (any race) were more likely to be uninsured than white non-Hispanic people:

- Hispanic: 13.0%.
- White non-Hispanic: 4.5%.

Health insurance coverage increased with increasing income levels and more education. People who don't have a high school diploma or GED were more likely to be uninsured than those with a bachelor's degree or higher:

- No diploma: 18.8%.
- Bachelor's degree or more: 3.3%.⁶

Table 1: Demographic Information for Uninsured People, Pierce County, 2016-2020

Characteristic	Percent uninsured	95% CI
Age (years)		
< 6	2.4%	2.3% -2.5%
6-18	3.0%	2.9% -3.1%
19-25	9.6%	9.4% -9.8%
26-34	11.1%	10.9% -11.3%
35-44	9.1%	8.9% -9.3%
45-54	7.1%	6.9% -7.3%
55-64	5.4%	5.3% -5.5%
65-74	0.7%	0.6% -0.8%
≥75	0.2%	0.2% -0.2%
Gender		
Male	6.7%	6.6%-6.8%
Female	5.1%	5.0%-5.2%
Race/Ethnicity		

⁶ American Census Bureau, Selected Characteristics of Health Insurance Coverage in the United States, Table S2701, 2016-2020

White NH	4.5%	4.4% -4.6%
Black NH	8.0%	7.8% -8.2%
AI/AN NH	12.2%	11.5% -12.9%
Asian NH	6.6%	6.4% -6.8%
NHOPI NH	9.2%	8.7% -9.7%
Other NH	20.8%	20.3% -21.3%
Multirace	5.2%	5.0% -5.4%
Hispanic/Latino	13.0%	12.8% -13.2%
Yearly Income		
Under \$25,000	9.4%	9.2% - 9.6%
\$25,000-\$49,999	8.6%	8.4% - 8.8%
\$50,000-\$74,999	8.2%	8.1% - 8.3%
\$75,000-\$99,999	5.8%	5.7% - 5.9%
\$100,000 and above	3.6%	3.5% - 3.7%
Employment Status		
Employed	7.4%	7.3% - 7.5%
Unemployed	20.3%	19.7% - 20.9%
Disability Status		
With a disability	3.6%	3.5% - 3.7%
No disability	6.3%	6.2% - 6.4%
Educational Attainment*		
No High School Diploma	18.8%	18.4% - 19.2%
High School Diploma or GED	8.5%	8.4% - 8.6%
Some College or Associate's Degree	5.0%	4.9% - 5.1%
Bachelor's Degree or higher	3.3%	3.2% - 3.4%

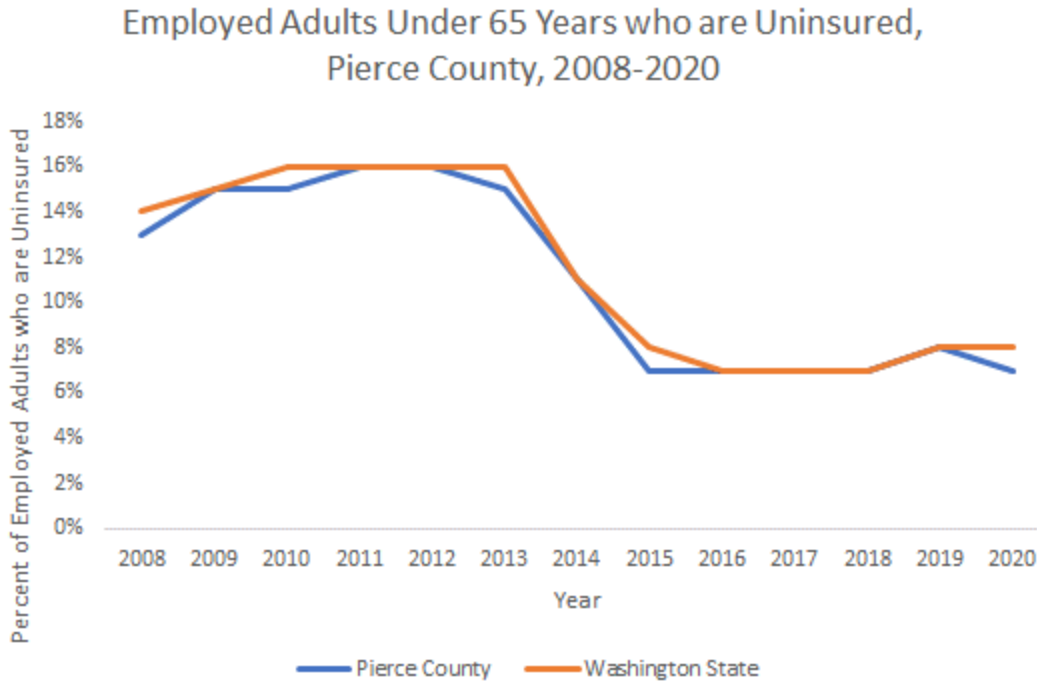
¹ = Not Hispanic/Latino

² = among individuals aged 19-64 yrs.

³ =Among adults 25 yrs. and over

Source: American Census Bureau, Selected Characteristics of Health Insurance Coverage in the United States, Table S2701, 2016-2020

Figure 1: Percentage of Employed Adults Under 65 Years who are Uninsured, 2008-2020



Data Source: American Census Bureau, Selected Characteristics of Health Insurance Coverage in the United States, Table S2701

Financial barriers to coverage

Cost

Your ability to get healthcare depends in part on whether you can pay for it. Without health insurance, most people can't afford it. About 45% of people in Pierce County who don't have insurance reported they couldn't meet a healthcare need in 2016-2020 because it cost too much. Even among those with health insurance, costs can be a problem. Among those with insurance, about 10% reported they couldn't meet a healthcare need in 2016-2020 because it cost too much.

In 2016-2020, regardless of health insurance, the percentage of Pierce County residents with an unmet healthcare need because of cost was not much higher than the state. However, you can see big gender and racial/ethnic disparities. As a whole, women and people who identified as Hispanic were more likely to have an unmet healthcare need because of cost (Table 2).⁷

Table 2: Percentage of Adults with an Unmet Healthcare Need Because of Cost, Pierce County, 2016-2020

Characteristic	Percent with unmet healthcare need due to cost	95% CI
Gender		

⁷ Washington State Behavioral Risk Factor Surveillance System, 2016-2020.

Male	10.0%	8.5-11.4%
Female	13.3%	11.6-15.0%
Race/Ethnicity ¹		
White-NH	10.3%	9.1-11.6%
Black-NH	12.8%	8.0-17.6%
AI/AN NH	19.1%	6.6-31.6%
Asian NH	6.6%	2.2-11.1%
NHOPI NH	17.3%	4.0-30.5%
Multiracial	15.4%	9.5-21.3%
Hispanic/Latino	19.5%	14.5-24.5%

¹ = Not Hispanic/Latino

Source: Washington State Behavioral Risk Factor Surveillance System, 2016-2020.

We found similar trends in prescription drug use. In 2017, people without insurance were more likely to try to lower prescription drug costs than people who were on Medicare or had private insurance ($p < 0.05$).⁸ They tried to lower costs through things like:

- Asking for cheaper medication.
- Not taking it as prescribed.
- Alternative therapies.

Economic conditions

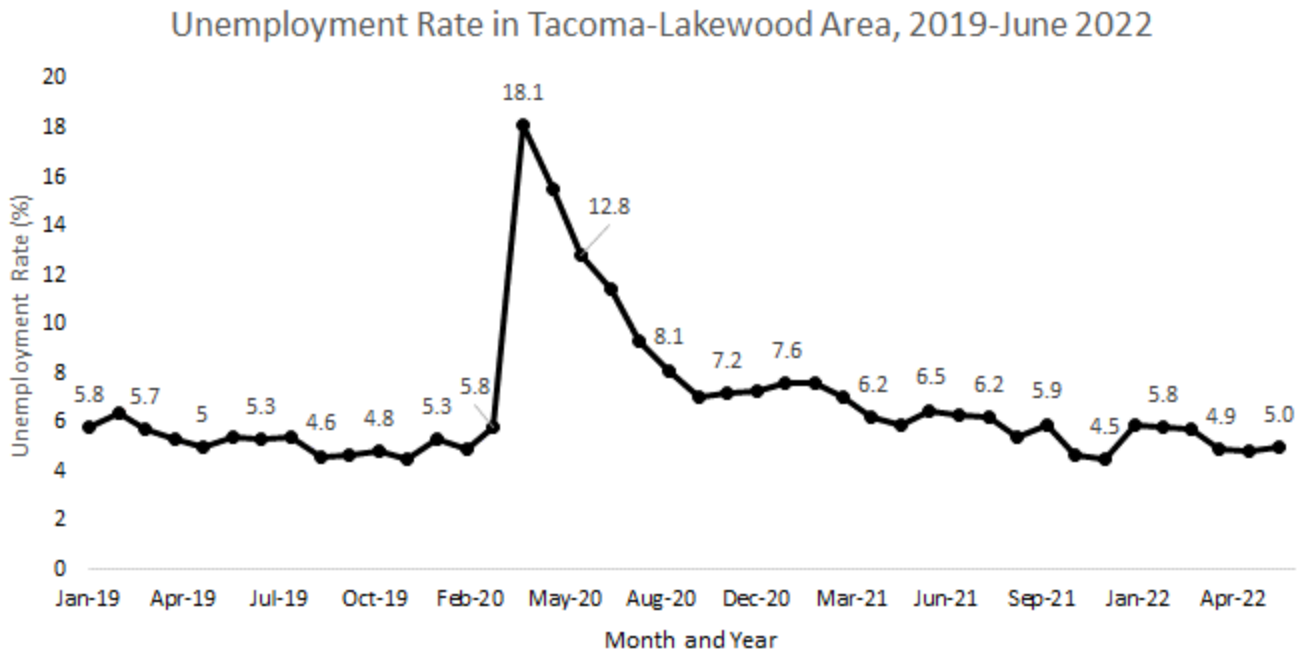
Many people lost their job during the pandemic. In March 2020, unemployment in the Tacoma-Lakewood area peaked at 18.1%.⁹ As businesses reopened, the rate dropped. It remained at a higher level (excluding October and November 2021) than before the pandemic (5.8%) until March 2022 (5.7%) (Figure 2).

⁸ Cohen R.A., Boersma P, and Vahratian A., Strategies Used by Adults Aged 18-64 to Reduce Their Prescription Drug Costs, 2017. *NCHS Data Brief*. March 2019; No 333. Accessed on September 13, 2022. Available at: <https://stacks.cdc.gov/view/cdc/76621>.

⁹ Bureau of Labor Statistics, August 2022. Accessed August 10, 2022.

https://data.bls.gov/timeseries/LAUDV534510400000003?amp%253bdata_tool=XGtable&output_view=data&include_graphs=true.

Figure 2: Unemployment Rate in Tacoma-Lakewood Area, 2019-2022



Rates are not seasonally adjusted.
 Data Source: Bureau of Labor Statistics, August 2022. ¹⁰

Adults (18-64 years) most often get health insurance through an employer. From 2016-2020, about 65.1% of Pierce County residents in this age range were insured through an employer.¹¹ However, people in some racial groups are less likely than people who identify as white to be insured through an employer. Those groups include:

- Black/African American.
- Hispanic.
- American Indian/Alaskan Native.

Minority groups are more likely to hold lower-paying jobs that don't offer these benefits. And people who are unemployed often lose their insurance. As Table 1 shows, about 20% of uninsured people are unemployed. The most recent insurance coverage estimates are not yet available, but we expect the numbers will be similar.

It is still possible to have insurance if you do not have a job. The Affordable Care Act in 2010 set up a low-cost market based on your income and household size. You have 60 days to enroll if you lost your job. You also may qualify for Medicaid through Apple Health in Washington if you earn less than \$1,563 a month.¹²

¹⁰ Bureau of Labor Statistics, August 2022. Accessed August 10, 2022.

https://data.bls.gov/timeseries/LAUDV534510400000003?amp%253bdata_tool=XGtable&output_view=data&include_graphs=true.

¹¹ Includes individuals solely covered by employer health insurance, and those with 2 or more insurances (employer health insurance and another). Data Source: American Census Bureau, Types of Health Insurance Coverage by Age, Table B27010, 2016-2020.

¹² Health Care Authority, Eligibility: Individual adults. Accessed August 10, 2022. <https://www.hca.wa.gov/health-care-services-supports/apple-health-medicaid-coverage/individual-adults>.

When the unemployment rate increased quickly early in the pandemic, the percentage of people with insurance didn't increase as much as we feared. Several federal policies helped millions of Americans keep their coverage.

For example, the U.S. government lowered monthly premiums for many people through expanded subsidies in 2021.¹³ Additionally, the 2020 Families First Coronavirus Response Act ensured the federal government would pay more Medicare costs if states maintained "continuous coverage" for Medicaid enrollees.¹⁴ This requirement helped increase Medicaid and Children's Health Insurance Program (CHIP) enrollment by 24% since March 2022.¹⁵ While many people enrolled in Medicaid and CHIP for the first time during this period, others who likely would've lost coverage retained it. That played a big role in the increase.

The policy also reduced the disparity in healthcare coverage because people who identify as a minority race or ethnicity are more likely to be on Medicaid. This policy allowed them to maintain healthcare coverage that they otherwise may not have had.

As of October 2022, the continuous coverage requirement will expire no more than 12 months after the public health emergency ends.¹⁶ The extra subsidies are set to expire at the end of 2022.¹⁷ If one or both policies end, we'll likely see an increase in:

- Healthcare premiums.
- People skipping appointments because of cost.
- People with no health insurance.

Hospital charity care

Hospitals offer charity care to people whose income is less than 200% of the federal poverty level. You can use it if you're uninsured or if you have insurance but can't afford deductibles or hospital expenses that aren't covered. Charity care increased dramatically in Pierce County hospitals in 2020 but went back down in 2021 (Figure 3).

¹³ U.S. Congress (2021-2022). *HR 1319 – American Rescue Plan Act of 2021*. <https://www.congress.gov/bill/117th-congress/house-bill/1319>.

¹⁴ U.S. Congress (2019-2020). *HR 6201 – Families First Coronavirus Response Act*. <https://www.congress.gov/bill/116th-congress/house-bill/6201/text>.

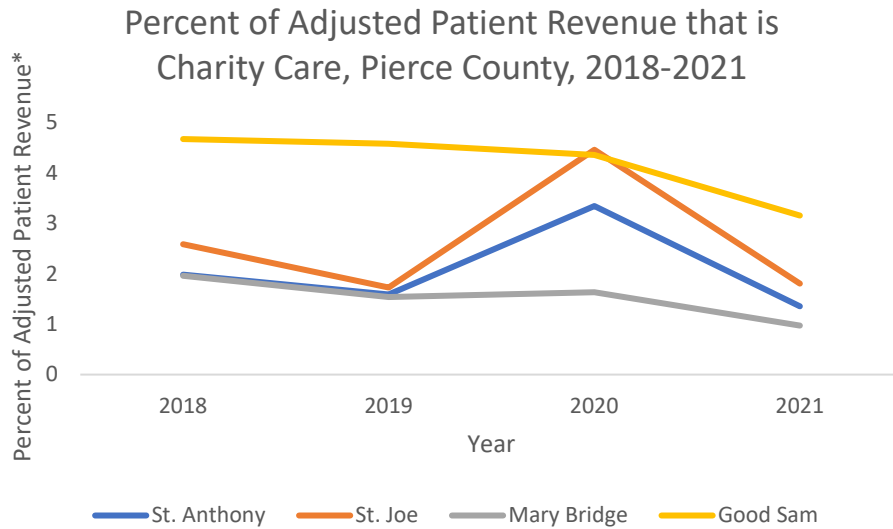
¹⁵ March 2020 – April 2022. Medicaid and CHIP Enrollment Trend Snapshot. Medicaid.gov. Accessed August 11, 2022.

<https://www.medicaid.gov/medicaid/program-information/medicaid-chip-enrollment-data/medicaid-and-chip-enrollment-trend-snapshot/index.html>.

¹⁶ Washington State Health Care Authority. Apples Health coverage will continue during the public health emergency. Published July 21, 2022. Accessed on August 11, 2022. Available at: <https://www.hca.wa.gov/apple-health-coverage-will-continue-during-public-health-emergency>.

¹⁷ U.S Department of Health and Human Services. Fact Sheet: What happens to premiums if the extra help from the *American Rescue Plan* expires? Published June 22, 2022. Accessed on August 11, 2022. Available at: <https://www.hhs.gov/about/news/2022/06/22/fact-sheet-what-happens-premiums-if-extra-help-american-rescue-plan-expires.html#:~:text=Premiums%20will%20skyrocket%20%2D%2D%20if,at%20the%20end%20of%202022>.

Figure 3: Percent of Adjusted Patient Revenue that is Charity Care, Pierce County, 2018-2021



*Adjusted revenue is total revenue minus revenue from Medicare and Medicaid.

Data Source: WA state hospital year-end reports, Center for Health Statistics Hospital and Patient Data Systems

Continuity of care

Preventive services

Preventive services like routine exams and screening can catch health problems early. That allows you to treat them quickly at minimal cost. You're more likely to get preventive care when you have a consistent primary care provider. Many preventive care measures decreased in 2020. We're working with healthcare providers to remind our residents about these important visits.

In 2020, the percentage of Pierce County adults who had a regular healthcare provider was not much different than the state. Pierce County women were more likely to have a regular healthcare provider than men. People who identified as Native Hawaiian and other Pacific Islander or Hispanic/Latino were less likely to have a regular healthcare provider than people who identified as white (Table 3).

Table 3: Demographic Characteristics of Those who Had a Regular Healthcare Provider, Pierce County adults, 2020

Characteristic	Percent with Regular Healthcare Provider	95% CI
Age (years)		
18-24	54.2%	41.2 - 67.2%
25-34	62.0%	53.4 - 70.5%
35-44	62.8%	54.1 - 71.6%
45-54	80.6%	75.0 - 86.2%

55-64	88.7%	84.2 - 93.2%
65+	91.8%	88.0 - 95.6%
Gender		
Male	66.1%	61.2-70.7%
Female	79.7%	75.1-83.6%
Race/Ethnicity		
White NH	76.9%	73.0 - 80.4%
Black NH	63.7%	50.5 - 75.0%
AI/AN NH	64.7%	44.1- 81.0%
Asian NH	75.0%	59.2 - 86.2%
NHOPI NH	34.6%	25.1 - 45.4%
Multirace	72.6%	60.5 - 82.1%
Hispanic/Latino	59.3%	48.2 - 69.6%
Yearly Income		
Under \$25,000	66.8%	50.3 - 83.4%
Under \$50,000	65.8%	55.1 - 76.5%
Under \$75,000	77.9%	69.5 - 86.4%
\$75,000 or more	80.0%	75.1 - 84.8%
Health Insurance Status		
Insured	73.9%	70.0 - 77.8%
Uninsured	38.2%	24.9 - 51.4%

NH = Not Hispanic

Source: Washington State Behavioral Risk Factor Surveillance System, 2020.

If you had insurance and a usual source of care, you were more likely to get a check-up in the past 2 years (Table 4).

Table 4: Percentage of Adults with a Regular Health Check-Up in the Past Two Years by Health Insurance Status and Usual Source of Care, Pierce County, 2016-2020

Characteristic	Estimate (%)	95% CI (%)
Insurance Status		
Insured	81.2	80.0-82.3
Uninsured	53.7	49.7 - 57.8
Have a usual source of care? ^β		
Yes	91.2	90.2-92.2
No	59.0	55.7-62.2

^β = Usual source of care defined as having at least one health care provider that the respondent thought of as their 'own personal doctor'.
Data Source: WA State Behavioral Risk Factor Surveillance System, 2016-2020.

Cancer screening

The United States Preventive Services Task Force (USPSTF) sets [cancer screening guidelines](#) in the United States.¹⁸ People with insurance and a usual source of care were more likely to follow the guidelines (Table 5).

Table 5: Percent of Eligible Adults who Received Selected Cancer Screening Services, by Insurance and Care Status, Pierce County, 2016-2020

Preventative Service	Eligible Population:	Health Insurance and Usual Source of Care Status			
		Insured (%)	Uninsured (%)	Have usual source of care (%)	Do not have usual source of care (%)
Mammography in the past 2 years	Women aged 50-74 yrs.	78.5 (71.9-85.1)	43.6 (12.2-75.1)	81.7 (76.7-87.0)	50.0 (30.1-69.9)
Pap Test	Women aged 21-65 yrs.	75.5 (69.5 – 81.5)	48.2 (26.3 – 70.2)	75.3 (69.0 – 81.6)	65.6 (52.0- 79.2)
Colorectal Cancer Screening [‡]	Adults 50-75 years	71.0 (64.7-77.4)	34.0 (10.9 – 57.0)	80.6 (75.8 – 85.3)	38.5 (24.3 – 52.7)
PSA test last 2 years	Men ≥ 40 yrs	20.9 (14.7 – 27.1)	10.5 (0.0– 30.0)	29.2 (22.8 – 35.7)	--

-- = Sample size too small to calculate a reliable percentage

[‡] = Reflects the percentage meeting pre-2021 colorectal cancer screening guidelines (ages 50-75 years). In 2021, these guidelines changed to include individuals aged 45-50.

[§] = Usual source of care defined as having at least one health care provider that the respondent thought of as their 'own personal doctor'.

Data Source: WA State Behavioral Risk Factor Surveillance System, 2016-2020.

Prenatal care

We measure prenatal care using Kotelchuck's Adequacy of Prenatal Care Utilization index. The index tracks how early you begin care and how many expected visits you complete. Barriers to care include:

- Transportation.
- No regular trusted doctor.
- Childcare.
- Language.
- Money.
- The mother's education level.
- Lack of insurance.

The percentage of Pierce County moms who didn't have adequate prenatal care was higher than the rest of the state from 2017-2021:

- Pierce: 33.9%.

¹⁸ Current guidelines may differ slightly from Table 5 because the most recent data we have (2016-2020) reflects older guidelines.

- Washington: 29.5%.

Pierce County moms who identified as American Indian/Alaskan Native or Native Hawaiian and Other Pacific Islander were less likely to have adequate prenatal care (Table 6).

Table 6: Demographics of Mothers with Inadequate Prenatal Care, Pierce County, 2017-2021

Characteristic	Percentage with Inadequate Prenatal Care	
	95% CI	
Overall		
WA	29.5%	29.4-29.7%
Pierce County	33.9%	33.4-34.4%
Age of Mother		
15-17	44.3%	37.4-52.2%
18-19	46.2%	42.6-50.1%
20-24	39.8%	38.6-41.1%
25-29	33.9%	33.0-34.9%
30-34	31.3%	30.4 -32.3%
35-39	30.1%	28.9 -31.4%
40-44	28.0%	25.2 -31.0%
45-49	24.2%	15.5 -36.1%
Race and Ethnicity		
White NH	30.7%	30.1-31.3%
Black NH	38.2%	36.2-41.3%
AI/AN NH	46.8%	41.0-53.2%
Asian NH	34.3%	32.3-36.4%
NHOPI NH	52.1%	48.7-55.6%
Multirace	35.7%	33.8-37.6%
Hispanic/Latino	37.2%	35.8-38.6%

NH = Not Hispanic

Source: Washington State Department of Health, Community Health Assessment Tool (CHAT), 2017-2021

Again, lack of a regular healthcare provider can be a barrier to prenatal care. Table 3 shows the number of people who had a regular healthcare provider and identified as Native Hawaiian or Other Pacific Islander was lower than other groups. Similarly, the percentage of moms who didn't have adequate prenatal care and identified as Native Hawaiian or Other Pacific Islander was higher (Table 6). While the degree of overlap is unclear, the two are correlated.

Childhood vaccination

Before COVID-19, the World Health Organization listed vaccine skepticism as one of the top ten threats to global health.¹⁹ People had become more worried about the ingredients in vaccines and the infrequent incidence of the diseases they prevent.

During the pandemic, many people wanted COVID-19 vaccines quickly. It didn't seem likely at first because scientists had never developed a vaccine in less than four years.²⁰ In the meantime, communities used public health measures to slow the spread of COVID-19. Some of these measures required healthcare offices to limit in-person visits. One consequence is that fewer people had a chance to get immunized for other diseases.

The first vaccine for COVID-19 became available in December 2020.²¹ The short timeline increased vaccine skepticism. A few weeks after the vaccine became available, states began to report breakthrough cases of infections.²² As those become more common in 2021, some people questioned whether the vaccines worked.

These factors led to fewer children receiving their regular immunizations. Worldwide, the United Nations Children's Fund estimated:

- 22.7 million children missed a dose of diphtheria-tetanus and pertussis (DTaP).
- 22.3 million children missed their first measles dose.²³

In the United States, the CDC reported vaccination coverage among U.S. kindergarteners fell by one percent between 2019 to 2020 for:²⁴

- DTaP.
- Varicella.
- Measles, mumps and rubella (MMR).

The Washington State Department of Health (WA DOH) estimated fewer vaccines were given to all children in the state in 2021 compared to pre-2019. We see similar trends in Pierce County data. The milestone age groups are 19-35 months, 4-6 years, 11-12 years and 13-17 years. The percentage of fully vaccinated children declined more than the state in each of those groups. The largest percentage decline was among the two youngest groups (Table 7).²⁵

¹⁹ World Health Organization. 2019. Ten threats to global health in 2019. Accessed on: August 15, 2022. Available at: <https://www.who.int/news-room/spotlight/ten-threats-to-global-health-in-2019>

²⁰ Ball, P. The lightning-fast quest for COVID vaccines – and what it means for other diseases. Accessed August 15, 2022. Published on December 18, 2020. Available at: <https://www.nature.com/articles/d41586-020-03626-1>.

²¹ Ball, P. The lightning-fast quest for COVID vaccines – and what it means for other diseases. Accessed August 15, 2022. Published on December 18, 2020. Available at: <https://www.nature.com/articles/d41586-020-03626-1>.

²² Gupta, R. K., Topol, E.J. COVID-19 vaccine breakthrough infections (2021). *Science*. 374 (6575); 1561-1562. Doi: 10.1126/science.abl8487

²³ United Nations Children's Fund (2021). COVID-19 pandemic leads to major backsliding on childhood vaccinations, new WHO, UNICEF data shows. Published July 15, 2021. Accessed on August 16, 2022. Available at: <https://www.unicef.org/press-releases/covid-19-pandemic-leads-major-backsliding-childhood-vaccinations-new-who-unicef-data>.

²⁴ Seither R, Laury J, Mugerwa-Kasujja A, Knighton CL, Black CL. 2022. Vaccination Coverage with Selected Vaccines and Exemption Rates Among Children in Kindergarten — United States, 2020–21 School Year. *MMWR Morb Mortal Wkly Rep*; 71:561–568. DOI: <http://dx.doi.org/10.15585/mmwr.mm7116a1>

²⁵ Washington State Department of Health. 2022. Effects of the COVID-19 Pandemic on Vaccine Doses Administered and Routine Childhood Vaccination Coverage: June 2019-December 2021. Published May 2022. Accessed on August 16, 2022. Available at: <https://doh.wa.gov/sites/default/files/2022-05/348-867-ChildhoodImmunizationReport2019-2021.pdf>

This may be partly because parents were skeptical or had a hard time getting appointments. This would match other studies that showed parents became more worried about the safety of routine childhood vaccines from April 2020 to March 2022.^{26,27}

Table 7: Percent Change in Coverage for Fully Vaccinated Children by Selected Age Group, Pierce County, June 2019 to December 2021

Age Group	Percent Change in Coverage for fully vaccinated children	
	WA State	Pierce County
19-35 mo.	-9.6%	-14.7%
4-6 years	-3.9%	-8.5%
11-12 years	-3.6%	-6.6%
13-17 years	1.3%	-1.1%

* Data compared to 2019

Not all age groups shown

Data Source: Washington State Department of Health, Health Statistics.

Regular dental checkups

To prevent cavities and promote dental hygiene, you should be routinely screened by a dentist. The percentage of Pierce County residents who had a routine dental checkup in the past year wasn't much different than the state:

- Adults: 66.8% (95% CI: 63.7-69.9%) (from 2016-2020).
- Youth: 73.1% (95% CI: 66.8-79.3%) (from 2021).

Pierce County youth who identified as Native Hawaiian or Other Pacific Islander were the least likely group to have seen a dentist in the past year (65.5%). We see no significant differences among races and ethnicities for adults or youth.²⁸

Healthcare workforce barriers

Your ability to get healthcare partially depends on how much is available where you live. Although provider shortages affect everyone, they often harm low-income families most. The minimum ratio of provider to resident an area needs to avoid being classified as a "health professional shortage area" differs by specialty.

²⁶ Shah, M.D., Szilagyi, P.G., Shetgiri, R. et al. 2022. Trends in Parents' Confidence in Childhood Vaccines During the COVID-19 Pandemic. *Pediatrics*. Preprint. Doi: 10.1542/peds.2022-057855

²⁷ He, K., Mack, W.J., Neely, M. et al. 2022. Parental Perspective on Immunizations: Impact of the COVID-19 Pandemic on Childhood Vaccine Hesitancy. *J Community Health*. 47(1): 39-52. Doi: 10.1007/s10900-021-01017-9

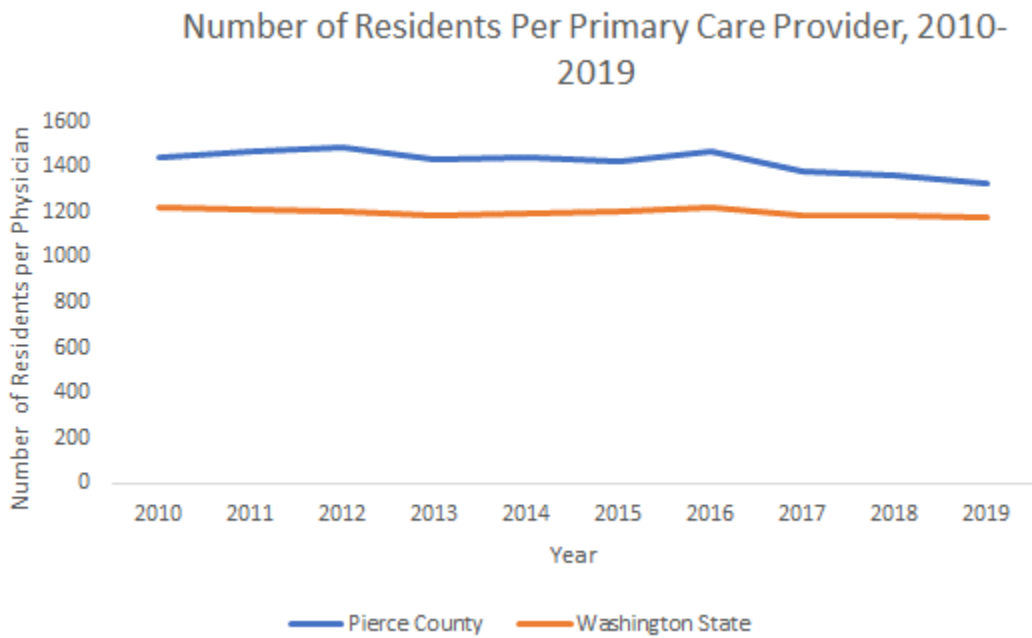
²⁸ Youth data comes from the Healthy Youth Survey, www.askhys.net, 2021. Adult data comes from the Washington State Behavioral Health Risk Factor Surveillance System, 2016-2020.

Generally, the minimum ratio for primary care is 3,500 residents/1 provider. For mental health, it's 30,000 residents/1 provider but can range to 20,000 residents/1 provider given the level of need.²⁹

Ratio of primary care providers

According to the American Medical Association’s Physician Masterfile, Pierce County had 678 Medical Doctors and Doctors of Osteopathic Medicine in 2019.³⁰ That means we have 1,335 residents for each physician. That’s better than our previous high in 2016 but worse than the statewide ratio of 1,180 to 1 (Figure 4).³¹

Figure 4: Number of Residents per Primary Care Provider, 2010-2019.



Data Source: Area Health Resource Files.

The Health Resources and Services Administration found several areas in Pierce County with primary care shortages:

- Bonney Lake.
- Eatonville.
- Longbranch.
- West Tacoma.

Table 8³² shows how many more full-time providers we need in each area to reach the minimum resident to provider ratio of 3,500 to 1 and remove the healthcare professional shortage area designation.

²⁹ Health Resources and Services Administration. HPSA Find. Accessed September 10, 2022. Available at: <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

³⁰ County Health Rankings. Accessed August 1, 2022. <https://www.countyhealthrankings.org/app/washington/2022/measure/factors/4/description>. ³¹

Health Resources and Services Administration. HPSA Find. Accessed August 3, 2022. Available at: <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

³¹ Health Resources and Services Administration. HPSA Find. Accessed August 3, 2022. Available at: <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

³² Health Resources and Services Administration. HPSA Find. Accessed August 3, 2022. Available at: <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

Table 8: Primary Care Health Professional Shortage Areas in Pierce County

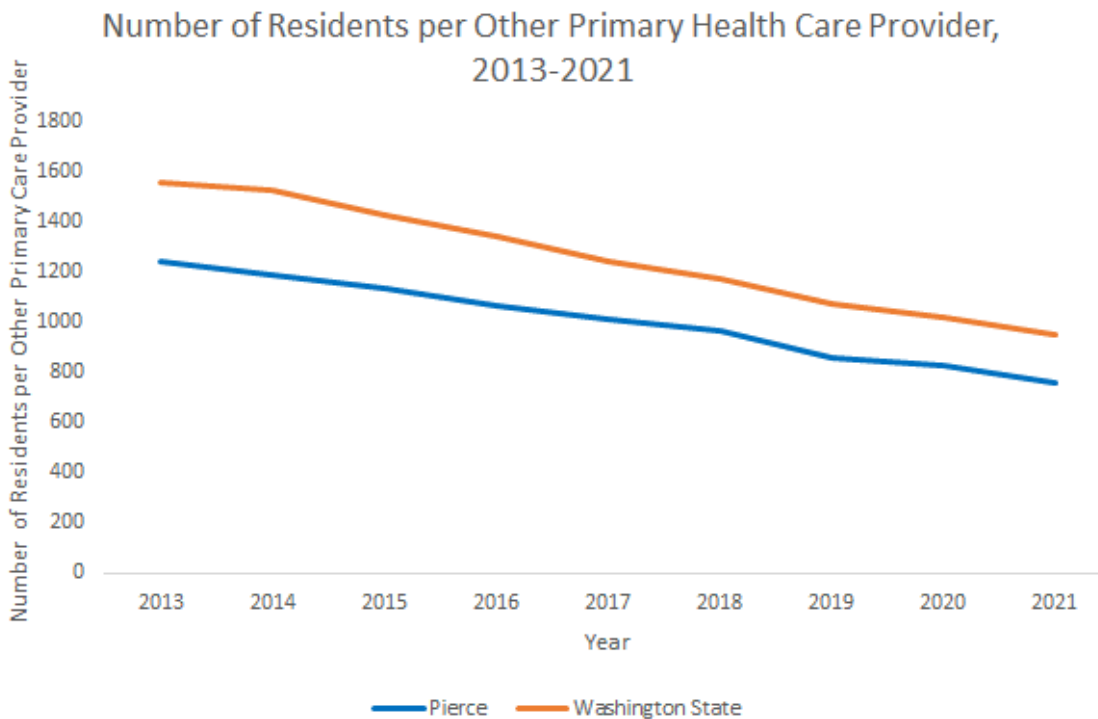
Health Professional Shortage Area	Number of Full Time Providers Additionally Needed to Remove HPSA Designation (3,500 Residents/1 physician ratio)
Bonney Lake	20.94
Eatonville/Roy	7.39
Longbranch	9.41
West Tacoma	30.06

* Data does not include federally owned Tacoma Northwest Detention Center.
 Data source: Health Resources and Services Administration, HPSA find. ³³

Ratio of other providers (not M.D. or D.O.)

Nurse practitioners, physician assistants and clinical nurse specialists (“other”) also provide primary care. According to Centers for Medicare and Medicaid Services (CMS), Pierce County had 760 “other” primary care providers per resident in 2021. The state averages 950 other primary care provider per resident.³⁴ Both Pierce County and Washington State continue to improve their ratios (Figure 5).

Figure 5: Number of Residents per Other Primary Health Care Provider, 2013-2021, Pierce County, WA



Excludes M. Ds and D.Os.
 Data Source: CMS, National Provider Identification Registry

³³ Area Health Resources Files (AHRF) 2020-2021. US Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, Rockville, MD. Accessed Aug 4, 2022. Available at: <https://data.hrsa.gov/data/download>.

³⁴ Centers for Medicare and Medicaid Services, National Provider Identification Registry. Accessed August 3, 2022. Available at: https://download.cms.gov/nppes/NPI_Files.html

Ratio of mental healthcare providers

Behavioral health is key to your overall health. It includes how you think, feel and act. Studies link poor mental health with chronic diseases like hypertension, diabetes, heart disease and cancer.^{35,36} A positive self-image and good mental health can help prevent or delay health problems and costs.

In 2021, CMS estimated Pierce County had 4,823 mental health providers. That means we have 190 Pierce County residents for each mental health care provider.³⁷ While this ratio is better than the state (230 residents/1 mental health provider), we would prefer to have more providers after the trauma of the past two years. Recent reports found mental health providers struggled to keep up with demand and their wait times increased.³⁸

Prior to 2020, the Health Resources and Services Administration (HRSA) designated Longbranch as a mental health professional shortage area. HRSA estimated that Longbranch needed an additional 1.82 full-time mental health providers to achieve the minimum provider: resident ratio).³⁹

We see other gaps in the county as well. About 30 percent of people in Washington used Medicare or Medicaid as their primary health care insurance in 2020.⁴⁰ Neither of these include licensed mental health counselors (LMHCs) or licensed marriage and family therapists (LMFTs) as approved providers. That leaves out:

- 9,467 mental health counselors.
- 2,588 mental health counselor associates.
- 2,245 marriage and family therapists.
- 685 marriage and family therapist associates.⁴¹

This gap harms those providers and the communities they serve.⁴² In 2021, less than half of Medicaid members who needed mental health services received them (Table 9).⁴³

³⁵ <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Mental-Health#2>.

³⁶ Chapman DP, Perry GS, Strine TW. 2005. The vital link between chronic disease and depressive disorders. Preventing Chronic Disease. Atlanta, GA: Centers for Disease Control and Prevention. Available from: http://www.cdc.gov/pcd/issues/2005/jan/04_0066.htm

³⁷ Centers for Medicare and Medicaid Services, National Provider Identification Registry. Accessed August 4, 2022. Available at: https://download.cms.gov/nppes/NPI_Files.html

³⁸ The Guardian. 2020. One in four waiting three months or more for mental health help. [online]. Accessed July 5, 2021. Available at: <https://www.theguardian.com/society/2020/oct/07/one-in-four-waiting-three-months-or-more-for-mental-health-help>.

³⁹ Health Resources and Services Administration. HPSA Find. Accessed August 4, 2022. Available at: <https://data.hrsa.gov/tools/shortage-area/hpsa-find>.

⁴⁰ Centers for Medicare & Medicaid Services. 2022. Retrieved from <https://data.cms.gov/summary-statistics-on-beneficiary-enrollment/medicare-and-medicaid-reports/medicare-total-enrollment>

⁴¹ Washington State Department of Health, Health Provider Credential Data Portal. Accessed on September 15, 2022. Available at: <https://data.wa.gov/Health/Find-a-Health-Provider-Credential/k356-mc56>

⁴² Morgan, A., Fullen, M., Wiley, J. 2022. A Case of the Tail Wagging the Dog: The Medicare Mental Health Coverage Gap and Its Impact on Providers and Beneficiaries. Journal of Mental Health Counseling, 44(1): 32-48. <https://doi.org/10.17744/mehc.44.1.04>.

⁴³ Washington Department of Social and Health Services, Washington State Health Care Authority (HCA). 2022. Retrieved from <https://www.dshs.wa.gov/ffa/research-and-data-analysis/dashboards>.

Table 9: Medicaid Access to Behavioral Health Services, 2019-2021, Pierce County, WA

Regional Service Area	Observed Access to Mental Health Services		
	Twelve Months Ending		
	2019Q2	2020Q2	2021Q2
Pierce	47.7%	47.5%	48.1%

Data Source: WA Health Care Authority, 2022

Part of this gap may be because too few providers in rural areas accept Medicare and Medicaid.

Youth have also been harmed by the trauma of the last two years. The 2021 Healthy Youth Survey reported 41.6 percent of Pierce County tenth graders said they stopped some of their usual activities almost every day for two weeks or more in the past 12 months because they felt sad or hopeless. Data on anxiety, depression, and suicidal ideation was equally poor and is getting worse each year.⁴⁴ We need more mental health providers, especially those trained to work with teenagers and youth.

Other barriers

Other things might stand between you and quality healthcare, like:

- Avoiding care because of COVID-19.
- Language barriers.
- Internet issues that make it hard or impossible to get telehealth.

Missing visits because of COVID-19

Many people didn't want to make in-person healthcare visits during the pandemic. This fear was greatest early on when scientists didn't understand COVID-19 well. The Centers for Disease Control and Prevention found that by the end of June 2020, about 41% of U.S. adults had delayed or avoided medical care because of COVID-19 concerns. Of the adults in that group, 12% delayed going to urgent or emergency care and 31% delayed routine care.

People who identified as Hispanic/Latino or Black were more likely to avoid urgent or emergency care than those who identify as white.⁴⁵ And 12% of people on Medicare said they delayed or avoided medical care early in the pandemic.⁴⁶

These numbers have all improved recently.⁴⁷

⁴⁴ Healthy Youth Survey, 2021. www.askhys.net

⁴⁵ Czeisler MÉ, Marynak K, Clarke KE, et al. June 2020. Delay or Avoidance of Medical Care Because of COVID-19–Related Concerns — United States, MMWR Morb Mortal Wkly Rep 2020;69:1250–1257. DOI: <http://dx.doi.org/10.15585/mmwr.mm6936a4>

⁴⁶ Park S, Stimson J.P., 2021. Trends in Self-reported Forgone Medical Care Among Medicare Beneficiaries During the COVID-19 Pandemic. *JAMA Health Forum*; 2 (12): e214299. Doi:10.1001/jamahealthforum.2021.4299

⁴⁷ Ahmed A, Song Y, Wadhera R. K., 2022. Racial/Ethnic Disparities in Delaying or Not Receiving Medical Care During the COVID-19 Pandemic. *J. Gen. Int. Med.* ;37: 1341-43. Doi: <https://doi.org/10.1007/s11606-022-07406-7>

Language

Compared to the state, Pierce County had a lower proportion of people whose primary language isn't English who spoke English "less than very well:"

- Pierce County: 5.5%.
- Washington: 7.6%.

Table 10 shows among primary speakers of different languages who are 5 and older, the proportion who spoke English less than very well was highest among those who primarily spoke an Asian or Other Pacific Islander language. It was lowest among those who spoke non-Indo-European and non-Asian or Other Pacific Islander languages, which we label "Other Languages" (Table 10).

Table 10. Primary Language of Those Who Speak English 'Less than Very Well' (%), Pierce County, 2015-2019

Primary Language	Estimate	95% CI
Spanish	34.2%	(31.7 - 36.7%)
Other Indo-European Language ¹	32.0%	(28.8 - 35.1%)
Asian or Other Pacific Islander Language ²	46.2%	(43.8 – 48.5%)
Other Language	30.2%	(23.5 – 36.8%)

¹ Other Indo-European Languages= French, Haitian, Italian, Portuguese, German, Yiddish, Greek, Russian, Polish, Serbo-Croatian, Armenian, Persian, Gujarati, Hindi, Urdu, Punjabi, Bengali, Nepali, Marathi, Telugu, Tamil, Malayalam, Kannada, Albanian, Lithuanian, Pashto, Romanian, Swedish

²Asian or Other Pacific Islander Language = Navajo, Apache languages, Cherokee, Lakota, Tohono, Arabic, Hebrew, Amharic, Chaldean Neo-Aramaic, Somali, Tigrinya, Akan, Igbo, Wolof, Yoruba, Ganda, Kinyarwanda, Lingala, Swahili, Hungarian, Jamaican Creole English

Includes individuals aged 5 years and older

For more information about ACS language classifications, please see <https://www.census.gov/topics/population/language-use/about.html>

Data Source: U.S. Census Bureau, American Community Survey (ACS), 5-year estimates 2015-2019

Internet Access

The number of telehealth visits among Medicare fee-for-service members was 63 times higher in 2020 than 2019:

- 2019: 840,000.
- 2020: 52.7 million.⁴⁸

People who seek telehealth services need an adequate broadband internet connection. From 2016-2020, an estimated 90% of Pierce County residents had broadband. This is similar to the state's percentage. In 2022, Pierce County identified five areas that were "unserved/underserved" with regards to broadband access.

These include parts of:

- Puyallup.
- White River.

⁴⁸ Samson, L., Tarazi, W., Turrini, G., Sheingold, S., Medicare Beneficiaries' Use of Telehealth Services in 2020 – Trends by Beneficiary Characteristics and Location (Issue Brief No. HP-2021- 27). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. December 2021.

- Nisqually.
- Key Peninsula (North and South).
- Alder Lake.⁴⁹

⁴⁹ Pierce County Council (2022). *An Ordinance of the Pierce County Council Related to the Provision of Affordable Broadband Service; Repealing Chapter 18A.69 of the Pierce County Code (PCC), "Broadband Development Incentives," and Adopting a New Chapter 12.35 PCC, "Broadband Development Incentives"; Establishing Broadband Development Districts; Adopting Findings of Fact; and Setting an Effective Date.* (Ordinance Number 2022-38).

Limitations

All the data sources in this report have lags. While some provide near real-time data, the information is subject to change. You should consider it preliminary. Other data sources (the Behavioral Risk Factor Surveillance System and the Census) are annualized surveys that require months of work to finalize.