Access to Care

Access to Care in a community is critical to promoting the health of its population. Several factors influence how well residents can access the health care they need, including:

- The availability of health care providers—primary care, specialty care, behavioral health, and dental
- Residents' access to affordable health care, needed medications, health insurance, and the availability of health care providers that take their health insurance
- Reliable and easily accessed transportation to health care providers and institutions
- Cultural sensitivity of health care providers and the ability of residents to understand their health needs and health plan of action

The Access to Care action team of the Healthy St. Mary's Partnership is dedicated to improving access to care in St. Mary's County. A variety of organizations and individuals are working together to collaboratively implement evidence-based strategies that will improve access to care for St. Mary's County residents. **Visit** healthystmarys.com to learn more about this and other Healthy St. Mary's Partnership action teams.

Selected objectives and indicators:

While numerous measures can be used to assess access to care, two objectives in the Healthy St. Mary's 2020 Plan are presented here. One, ambulatory care sensitive conditions, highlights conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease (Figure 1). The second focuses on youth oral health care access. This indicator shows the percentage of children (aged 0-20 years) enrolled in Medicaid who had a dental visit during the past year (Figure 2). Diseases of the teeth and gum tissues can lead to problems with nutrition, growth, school and workplace readiness, and speech. Adoption and use of recommended oral hygiene measures are critical to maintaining overall health.



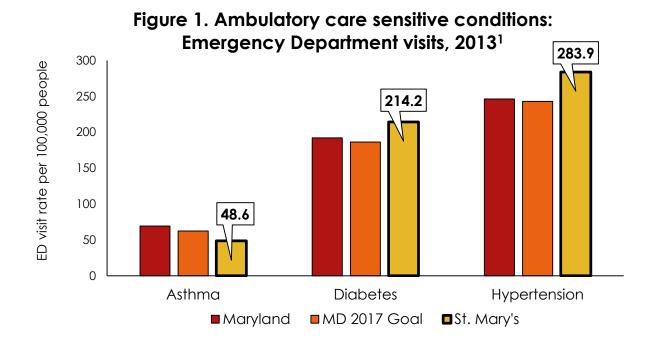
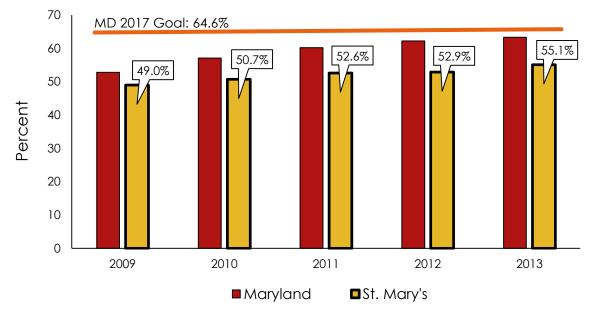


Figure 2. Children (0–20) enrolled in Medicaid receiving dental care during the past year, 2013²



1. Maryland Health Services Cost Review Commission 2. Maryland Medicaid Service Utilization

