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Addressing the Lack of Access to Primary Care Providers in Milwaukee

SUMMARY: The lack of access to primary health care providers is a key factor that is affecting the overall health and wellbeing of Milwaukee’s residents, especially underserved communities. Research indicates that Milwaukee currently has 1 primary care provider to every 1,355 residents and that the areas experiencing the highest levels of poverty include 45% of the overall county population, but only 27% of primary care. Primary care providers that do practice within the city are not in the areas of greatest need. Racial and ethnic segregation, lack of access to safe and reliable transportation, low socioeconomic status, and culturally incompetent care serve as contributing factors to the lack of access to primary care providers in Milwaukee. Several local policy options exist that can be put into use by the City of Milwaukee, including implementing programs to encourage primary care providers to practice in underserved communities, addressing transportation issues (e.g., providing bus passes) so that residents of unprivileged communities can get to primary care providers in other areas of the city, and improving culturally-competent health care services (including eliminating language barriers) for non-English speaking communities).

Impact of Primary Healthcare

Access to primary healthcare is a huge factor influencing one’s overall health and currently Milwaukee is experiencing an extreme shortage of these vital providers, especially in the most underserved communities. Primary care is essentially frontline care, which helps to ensure that all patients are receiving proper and adequate healthcare at the right time by the right type of providers. Primary care providers are able to bridge the gap from medical ailments and scientific diagnoses to lifestyle choices and living environment, which allows them to properly diagnose and treat their patients as opposed to the less effective care from an Emergency Department [i].

Currently, Milwaukee County only has 1 primary care provider to every 1,355 residents, most of which reside within the city of Milwaukee[ii]. This ratio of providers to residents is lower than the state and the national ratio, which is contributing to an even more underserved community here in Milwaukee [iii]. Furthermore, of the primary care providers that do practice within the city, there are not enough in the areas of the city in greatest need also suffering many other disparities. In Milwaukee

County, the areas experiencing the highest levels of poverty include 45% of the overall County population, but only 27% of primary care providers. This lack of access to primary care providers is contributing to the poor health of many Milwaukee citizens [iv].

Factors Limiting Access

The reasons for the lack of access to primary care providers within the Milwaukee area include racial or ethnic segregation, lack of access to safe and reliable transportation, low socioeconomic status, as well as language barriers and a lack of access to care that is culturally-competent. Segregation within Milwaukee has led to many neighborhoods within the city to remain impoverished and lacking many resources and social services, which includes primary health care. Safe and reliable transportation plays a major role in accessing primary care as well, since many primary care providers do not practice at enough volume in every zip code area of the city. Unfortunately, many of the residents living in these underserved areas are also members of lower socioeconomic status and may not be able to access their own or a form of public transportation to seek care[v].

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Milwaukee has a large Hispanic community, which is the second largest and fastest growing minority population in the state with two-thirds of this population residing within the city limits [vi]. There are multiple primary care settings within Milwaukee that offer healthcare services in Spanish; however, there are many other locations within the city that do not provide linguistically-appropriate services to meet the needs of this community [vii]. Lack of culturally competent healthcare services has long been acknowledged as a potential barrier to accessing quality healthcare for many underserved communities [viii].

Current Policies

Limited policies are currently in place to address the lack of primary care providers in underserved areas of the city of Milwaukee at the organizational and governmental levels. The majority of hospital systems in Milwaukee exist on the outskirts of the city closer to more affluent suburban areas. However, one hospital, Aurora Sinai Medical Center, remains downtown in addition to several free-standing clinics and outreach programs targeted at certain underserved Milwaukee communities. However, these services are not adequate to meet the health care needs of all low-income, uninsured or underinsured residents of Milwaukee. Finally, while Jeff Smith, chief clinical officer for Aurora, acknowledged that hospital systems play a role in the limited availability of primary care providers in some areas of the city, he also called on the community to engage in collaborative and cross-sectional efforts to remedy this problem[ix].

In addition to hospital systems working to fill some gaps in the provision of health care, publicly-funded clinics in Milwaukee - including Federally Qualified Health Centers (FQHCs), Milwaukee Health Department clinics, and Title X family planning clinics - also provide certain health care services to underserved populations, but are also in need of more clinicians. The University of Wisconsin-Madison Training in Urban Medicine and Public Health (TRIUMPH) provides opportunities for medical students to train in urban, underserved areas by placing them at Milwaukee-based hospitals and clinics[ix].

Finally, if health care providers are not physically located in underserved areas of Milwaukee,

individuals may need transportation to get to the areas of the city where there are health care providers. While some funding exists to provide transportation, including public transportation or a ride service, to Medicaid participants, those who are not enrolled in a Medicaid program do not have access to these services [x]. Additionally, in Milwaukee, individuals have experienced significant and ongoing challenges with utilizing the vendor providing Medicaid ride services [xi].

Policy Options

Several local policy options exist for the city of Milwaukee, including implementing programs to encourage primary care providers to practice in underserved communities, addressing transportation issues, and improving culturally-competent care (including eliminating language barriers for non-English speaking communities). While there is research available to support the implementation of each of these options, evidence is limited in some areas and existing research tends to focus on immediate outcomes, such as scheduling follow-up appointments or patient satisfaction, as opposed to patient outcomes or improvements in population-level health, which indicates further research being necessary.

I. Creating Urban Residency Programs

Both medical schools in the state of Wisconsin have recognized the growing need for primary care providers in rural areas of the state, and have implemented residency programs outside of Milwaukee and Madison. Because physicians tend to practice in the same location where they complete their residency, these programs are intended to encourage Wisconsin physicians to practice outside of the two largest cities in the state [xii].

The TRIUMPH program, which provides training for medical students in underserved areas, could be expanded into a residency program after medical school with a specific focus on practicing in underserved communities within the city of Milwaukee. Research shows that one reason primary care physicians who choose to practice in urban, underserved areas is positive experiences working in underserved communities [xiii]. Creating high-quality residency programs in partnership with Wisconsin medical schools for urban, underserved

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areas of the state has the potential to create the types of positive experiences that may encourage primary care providers to continue practicing in these underserved Milwaukee communities.

II. Transportation and Leave Policies

Another option is to improve access to primary care providers in other areas of the city by providing not only transportation, but time to use public transportation or Medicaid ride services. Transportation is often cited as a barrier to accessing health care services for low-income and underinsured or uninsured individuals because it leads to missed or rescheduled appointments and delayed care [vi]. However, limited research exists on how increasing or improving transportation to health care services affects the health of urban populations. Only 53% of American workers report having paid sick leave with lower waged workers less likely to have paid sick leave. A slightly larger number of workers - 77% - report being able to take unpaid leave for illness or other reasons. However, research indicates that those with paid leave are more likely to access preventative services, such as those offered by primary care providers [xiv]. Requiring Milwaukee employers to provide paid leave for health care appointments may increase the number of individuals who are able to access primary care, especially if traveling to other areas in the city or utilizing public transportation is necessary.

III. Continuing Medical Education to Promote Cultural Competency

Finally, improving culturally-competent health care services increases access to health care services by making them acceptable, understandable, and relatable to patients. Some evidence exists that by providing linguistically-appropriate health care services to Hispanic patients increases the likelihood that patients will schedule recommended follow-up appointments [viii]. This is also true of patients who receive health care services from providers who receive training intended to increase sensitivity toward cultural differences in the perceptions of health and healthcare [viii].

To improve the cultural competency of health care providers, the Milwaukee Health Department could

provide Continuing Medical Education for providers on this topic. Traditional models of cultural competency training have focused on how specific cultures understand health and interact with the health care system, which have the potential to further stigmatize already marginalized communities [xv]. Instead an “equity intervention” improves upon past cultural competency efforts by addressing structural barriers to health and health care (such as racism, homophobia, and ableism), unconscious or implicit bias on behalf of health care providers, and how multiple cultural influences on each individual that impact their complex interaction with health care providers and health systems [xv].

Endnotes

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