

low-income Californians' health care preferences: a regional analysis

Health care providers positioning themselves for the future need to consider their facilities, staff training and services – but also the specific characteristics and preferences of the populations they serve. Regional considerations are a key element of that calculus.

Blue Shield of California Foundation (BSCF) surveyed¹ a random statewide sample of poor and-near poor Californians aged 19 to 64 (those below 200 percent of the federal poverty level) in spring 2011 in order to help healthcare safety net providers prepare for full implementation of the Patient Protection and Affordable Care Act (ACA). This issue brief, one of four issue briefs based on the findings in the full report, offers a regional analysis of results – with some striking differences in patient profiles and preferences.²

Overall, the study, "On the Cusp of Change," found that more than four in 10 low-income Californians lack choice in where they go for care, mainly on affordability grounds. Roughly the same number don't have a regular personal doctor, and fewer than half, 48 percent, rate the quality of care they receive at their current facility as excellent or very good. Key predictors of satisfaction with care include staff courtesy, appearance and cleanliness of the facility, patient

involvement in medical decisions, and having a highly regarded and attentive personal doctor.

Lacking a personal doctor but wanting one, lack of a choice of care facilities, and dissatisfaction with current care are drivers of interest in finding a new place for care. And nearly six in 10 low-income Californians express interest in changing facilities if they had the insurance to do so, portending a potentially vast transformation in health care delivery as the ACA takes effect.

interest in changing facility



"On the Cusp of Change" found key differences in care ratings, patient loyalty, and related attitudes depending on where patients go now for care, as well as among population groups. Requests for additional analysis led to the production of follow-up issue briefs on public clinic patients, users of California community clinics and health centers (CCHCs), private doctors' patients and this regional report.

Some findings do not significantly differ across regions of the state, including ratings of current care overall and in several specific areas, such as affordability, convenience of the location, wait times, and the availability of night or weekend hours. There are, however, some significant regional differences. Those are summarized in this brief.³

Regional Differences in Views on Care

	Northern and Sierra Counties	Greater Bay Area	San Joaquin Valley	Los Angeles County	Other Southern California
Have choice about where to go for care	58%	40%	51%	53%	57%
Have a personal MD	73	54	59	58	55
Satisfied with care	46	50	43	45	49
Interested in changing facilities	54	58	64	61	49
Prefer equal say in care decisions	83	58	52	52	62

Greater Bay Area

The poor- and near-poor population of the greater Bay Area includes fewer entirely uninsured Californians than elsewhere, a greater proportion of Kaiser Permanente patients (21 percent, vs. 10 percent in the rest of the state) and, relatedly, fewer patients of private doctor offices (17 percent, vs. 30 percent elsewhere).⁴

Just 40 percent in this region report having a choice of where to go for care, versus 55 percent elsewhere.

Use of Facility Types

	Bay Area	Rest of state
Kaiser Permanente	21%	10%
Private doctor office	17	30
CCHC	11	11
Public clinic	22	14

Attitudinally, a “health care home,” offering additional services beyond primary care, is less popular in the Greater Bay Area and the northern and Sierra counties alike than it is in other areas of the state. Only half here call it important that a facility offers a variety of services in addition to regular medical care, compared with two-thirds elsewhere.

Demographically, along with Los Angeles County, low-income residents here are significantly more apt to be single (four in 10, vs. 27 percent elsewhere). And African-Americans account for 17 percent of low-income residents of the Greater Bay Area, compared with 5 percent in the rest of the state.

Northern and Sierra Counties

Nearly three-quarters of low-income residents in the northern and Sierra counties report having a personal doctor, many more than in the rest of the state (56 percent). Perhaps given the area's low population density, residents here also are more likely to report being able to get a medical appointment when they want one, 58 percent versus 43 percent elsewhere.

A vast 83 percent of residents of the northern and Sierra counties would like an equal say in decisions about their care, 25 points higher than the rest of the state. This sentiment relates to sociocultural empowerment or self-confidence, and is significantly higher across the state among groups including whites, more-educated individuals and U.S. citizens. Indeed the poor- and near-poor in the northern and Sierra counties are more likely than those elsewhere to be white (57 percent), to be U.S. citizens (83 percent) and to have a high school diploma (77 percent).

In keeping with their interest in having their voices heard, 47 percent in this region chiefly value a doctor who listens to their opinions and concerns (vs. explaining things well or spending time with the patient), 15 points higher than elsewhere. In terms of services, meanwhile, residents in the north are less apt to prioritize wellness services among their options – 15 percent do so, vs. 27 percent in the rest of the state.

Priorities in a Doctor

	Northern and Sierra counties	Rest of state
Listens to your concerns	47%	32%
Explains things well	41	47
Spend a lot of time with you	9	20

Among other demographic differences, a disproportionate share of low-income residents of the northern and Sierra counties are disabled – 51 percent, versus 30 percent elsewhere. Disability appears to be more of a pathway to low-income status among whites than among nonwhites.

Residents of this region also are more apt to report having government-funded insurance, e.g., Medi-Cal, Medicaid or VA benefits. And perhaps relating to the prevalence of disability, incomes are particularly low – nearly four in 10 here (as well as in Los Angeles County) report earning less than \$15,000 a year, compared with a quarter in the rest of the state.

Los Angeles County and the San Joaquin Valley

Low-income Los Angeles County residents⁵ are significantly less likely than others to give positive

ratings to many aspects of their care, including cleanliness of their facility, staff courtesy, a feeling of being welcome, the ability to see a specialist, time spent with a doctor, quality of communication with the doctor, involvement in decision-making, availability of continuing care, and the extent to which staff seem familiar with their medical history.

Excellent or Very Good Ratings of Care

	Los Angeles County	Rest of state
Staff courtesy	52%	61%
Cleanliness of facility	50	63
Feel welcome	47	60
Understanding of medical history	44	53
Communication with doctor	43	61
Involvement in care	40	53
Time spent with a doctor	37	53
Availability of continuing care	32	42
Ability to see a specialist	31	41

These residents – and those in the San Joaquin Valley – are more reluctant than others to take a strong voice in their care. Just 52 percent in both areas want an equal say with their caregivers in medical decisions, versus 64 percent elsewhere. And (along with low-income Bay Area residents) those in San Joaquin Valley are more likely to prioritize having a doctor who explains things well over face time or a doctor who listens to their concerns.

While priorities in choosing a new facility are generally similar across the state, residents of the San Joaquin Valley are most concerned with being able to see the same doctor (42 percent vs. 31 percent elsewhere), and less concerned with the convenience of the location (9 percent vs. 20 percent). In Los Angeles County, somewhat more low-income residents are chiefly interested in a facility with short waiting times (16 percent, vs. 9 percent elsewhere).

Demographically, 42 percent in Los Angeles County and the San Joaquin Valley alike lack a high school diploma, compared with 28 percent in the rest of the state. Two-thirds in San Joaquin Valley report being married or living with a partner and fewer than two in 10 are single, compared with 50 percent and 35 percent elsewhere, respectively. And low-income residents of the valley report lower health status – more than 4 in 10 say their health is just fair or poor, 13 points higher than elsewhere.

Los Angeles County has its own demographic differences. There are more Latinos (64 percent) in the poor and near-poor population here than elsewhere, fewer U.S. citizens (58 percent) and fewer who primarily speak English at home (39 percent). While, as noted, more in Los Angeles County have lower levels of educational attainment, somewhat more also are at the high end – 15 percent report having a college degree, vs. 9 percent in the rest of the state. Still, 39 percent report incomes below \$15,000 a year – more than elsewhere, with the exception of the northern and Sierra counties.

Southern California

In Southern California (excluding Los Angeles County), 56 percent rate the amount of time the doctor spends with them positively, 11 points more than in the rest of the state. And interest in changing facilities is significantly lower – fewer than half in Southern California say they'd be interested in looking for a new facility if they had more choices and the insurance to cover it, versus six in 10 elsewhere.

Interest in Changing Facility

	Southern California	Rest of state
Interested NET	49	60
Very interested	22	30
Somewhat interested	28	30
Not interested NET	48	39
Not so interested	21	14
Not at all interested	27	24

Residents of this region are the least likely in the state to be the poorest of the poor (two in 10 report incomes less than \$15,000 a year, vs. 33 percent elsewhere). They're 10 points less likely than residents in the rest of the state to report being on government-subsidized insurance, and, along with San Joaquin Valley residents, more apt to report being uninsured entirely.

Implications

As the "On the Cusp of Change" report notes, demographic differences – such as those found in this regional analysis – inform a variety of care preferences. Facilities serving a population with

a large number of noncitizens, for example, or a disproportionate share of disabled individuals, may target their services differently than those with other population profiles. And those with a population more highly attuned to a strong voice in decision-making likewise may present this option differently than others. Recognition of these regional differences is a useful metric in the differentiation and presentation of health care choices as safety-net providers position themselves for the new marketplace ahead.

Endnotes

1. The representative, random-sample telephone survey of 1,005 low-income Californians was produced for BSCF by Langer Research Associates, of New York, N.Y., which also is responsible for this issue brief. See the full report at http://www.blueshieldcafoundation.org/sites/default/files/publications/downloadable/On_the_Cusp_of_Change_6_2011.pdf
2. Counties are grouped into regions using the conventions of the California Health Interview Survey. Categories, with their sample sizes and weighted share of the population (adjusted to Census data) in this survey, are as follows:

Northern and Sierra Counties (N=104; 5 percent of the weighted sample): Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne and Yuba counties.

Greater Bay Area (N=111; 14 percent of the weighted sample): Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano and Sonoma counties.

Sacramento Area (N=59; 6 percent of the weighted sample): El Dorado, Placer, Sacramento and Yolo counties.

Central Coast: (N=63; 6 percent of the weighted sample): Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Cruz and Ventura counties.

San Joaquin Valley (N=135; 13 percent of the weighted sample): Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus and Tulare counties.

Los Angeles County (N=292; 30 percent of the weighted sample).

Southern California (N=232; 26 percent of the weighted sample): Imperial, Orange, Riverside, San Bernardino and San Diego counties.

3. Sample sizes were too small for reliable analysis in the Sacramento Area and the Central Coast regions.
4. All differences reported in this brief have been tested for statistical significance.
5. A chapter of the full "On the Cusp Report," available on the BSCF website, is devoted to differences in experiences and attitudes among Los Angeles County residents.