

Health Indicator Profile: **Insurance Status, Cost as Barrier to Care, and Primary Care Provider**

Having health insurance is a particular measure of a person's ability to access health care. People without health insurance are less likely to have a usual source of health care and are more likely to miss routine medical visits, which can identify serious health conditions early or even prevent them entirely. People with chronic diseases, such as diabetes and hypertension, need regular care to control their conditions, so lack of insurance can exacerbate these conditions. In addition, those without health insurance may struggle with large medical bills and out-of-pocket expenses.

Lack of health insurance is one barrier to accessing health care, but even people who do have health insurance sometimes delay care because **cost is a barrier**. Delays in needed care increase the risk of diagnosing diseases at a later stage, disrupt management of diseases and conditions, and can lead to preventable hospitalizations.

Having a usual source of health care improves health outcomes, reduces disparities between groups, and can lower health care costs. When people have a sustained relationship with a health care provider, especially a **primary care provider**, it leads to greater trust, better patient-provider communication, and an increased likelihood of receiving appropriate care. Regular check-ups and screenings can help diagnose and attend to diseases at earlier, more treatable stages.¹

Findings from the 2019 Santa Barbara County CHNA

Measure: Health insurance

Having health insurance was based on responses to the question: "Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare or Medi-Cal, or Indian Health Service?"

INSURANCE STATUS QUESTION

Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare or Medi-Cal, or Indian Health Service?

¹ Office of Disease Prevention and Health Promotion. (2020). Access to Health Services. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>

Table 1. Percentage of adults with health insurance by demographics

	2016 Santa Barbara CHNA	2019 Santa Barbara CHNA	2018 California BRFSS	2020 Healthy People Target
	% (95% CI)	% (95% CI)	% (95% CI)	
Overall	88.7 (86.6, 90.9)^	87.5 (84.4, 90.5)^	88.3 (87.5, 89.0)^	100.0
Male	84.7 (81.0, 88.3)^	87.6 (83.4, 91.9)^	86.5 (85.4, 87.6)^	
Female	92.5 (90.4, 94.9)^	87.4 (83.1, 91.7)^	90.0 (88.9, 91.0)^	
Hispanic	76.1 (71.4, 80.8)^	75.7 (69.4, 81.9)^	77.6 (76.1, 79.2)^	
Non-Hispanic White	97.2 (95.7, 98.6)^	96.3 (93.8, 98.7)^	94.2 (93.4, 94.9)^	
Other	94.6 (90.0, 99.2)^	89.5 (79.4, 99.6)^	NA	
Age 18-44	82.7 (78.8, 86.5)^	81.1 (75.7, 86.5)^	84.4 (83.2, 85.6)^	
Age 45-64	92.2 (89.5, 94.9)^	90.9 (87.0, 94.9)^	88.9 (87.6, 90.2)^	
Age 65+	99.6 (99.2, 100.0)	99.8 (99.5, 100.0)	97.3 (96.0, 98.6)^	
< High School	66.2 (58.4, 74.1)^	64.6 (53.7, 75.5)^	71.4 (68.7, 74.1)^	
High School Grad	90.6 (86.7, 94.6)^	84.5 (77.2, 91.8)^	85.5 (83.8, 87.1)^	
Some College	92.4 (89.5, 95.2)^	93.3 (88.9, 97.6)^	92.2 (91.0, 93.4)^	
College Grad	98.9 (98.2, 99.6)^	95.1 (91.5, 98.7)^	96.2 (95.4, 96.9)^	
<\$35,000	77.2 (72.4, 82.0)^	76.0 (69.3, 82.8)^	80.1 (78.6, 81.7)^	
\$35,000-\$74,999	93.9 (90.3, 97.4)^	89.8 (83.2, 96.4)^	88.5 (86.8, 90.2)^	
\$75,000 or greater	97.6 (95.9, 99.3)^	98.0 (96.2, 99.7)^	96.0 (95.0, 96.9)^	

^ Significant difference between estimate and Healthy People 2020 Target

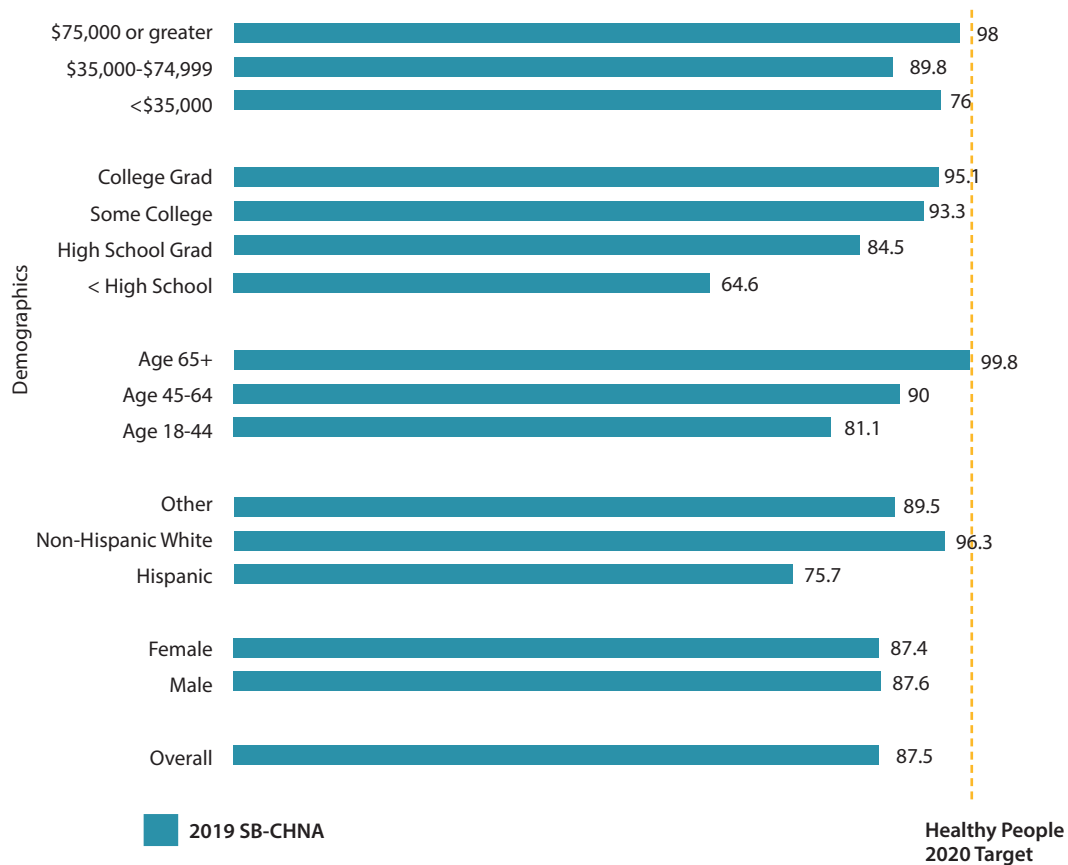
NA = Not Available; estimates derived from fewer than 50 respondents were suppressed due to unreliability of the estimates.

Health disparities: Insurance status

Santa Barbara County is below the Healthy People 2020 target of 100% insurance coverage in every demographic subgroup except for those age 65 and older. The percentage of those insured has remained flat since 2016 and most of the disparities observed in 2016 persist in 2019. Only 64.6% of those with a high school level education reported having insurance while 95.1% with college level education report being insured. Hispanics have significantly lower percentages of coverage compared to non-Hispanic whites, 75.7% vs. 96.3% respectively. 76 percent of those living in households with incomes below \$35,000 report insurance compared to 98% living in households reporting \$75,000.

Most impacted groups include those with less than a high school education, Hispanics, and those living in households with less than \$35,000 annual income.

Figure 1. 2019 Percentage of adults that have health insurance by demographic group



Factors and health outcomes associated with insurance status

Figure 2 below depicts three indicators that were most significantly related to insurance status and include having access to a health care provider, cost as a barrier to care and food insecurity. Those reporting having a health care provider also reported having high insurance coverage, 95.7%. Those that reported cost as a barrier to care or food insecurity, reported lower percentages of insurance coverage at 66.0 and 73.8 percent, respectively.

Two indicators remained independently correlated with insurance status after adjusting for all other related variables and demographics (age, gender, race/ethnicity, and education level). Food security was no longer significantly associated with insurance once controlling for demographic variables (Table 2).

Figure 2. Percentage of adults that have health insurance by significant related risk factors

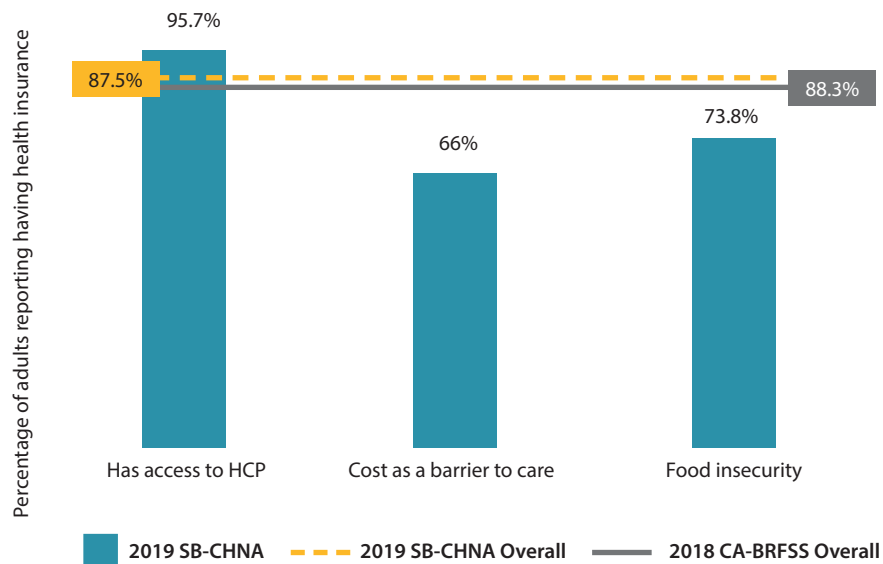


Table 2. Odds ratio estimates for insurance status by significant related risk factors

Significant related risk factor	Point estimate	95% confidence limits	
Food insecurity	0.5	0.2	1.2
Cost as a barrier to care	0.2	0.1	0.6
Has Health Care Provider (HCP)	0.1	0.0	0.4

Note: The degrees of freedom in computing the confidence limits is 771.

Measure: Cost as a barrier to care

Cost as a barrier to health care was based on the following question: “Was there a time in the past 12 months when you needed to see a doctor, but could not because of cost?” The Healthy People 2020 goal is to reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care to 4.2%.

COST AS A BARRIER TO CARE QUESTION

Was there a time in the past 12 months when you needed to see a doctor, but could not because of cost?

Table 3. Percentage of adults who did not receive health care because of cost by demographics

	2019 Santa Barbara CHNA	2018 California BRFSS	2020 Healthy People Target
	% (95% CI)	% (95% CI)	
Overall	18.1 (14.4, 21.8) [^]	11.8 (11.1, 12.5) [^]	4.2*
Male	13.8 (9.0, 18.7) [^]	10.6 (9.6, 11.5) [^]	
Female	22.6 (17.1, 28.1) [^]	13.0 (11.9, 14.1) [^]	
Hispanic	25.3 (18.8, 31.8) [^]	16.7 (15.3, 18.1) [^]	
Non-Hispanic White	10.2 (6.2, 14.2) [^]	9.1 (8.2, 9.9) [^]	
Other	26.1 (10.7, 41.5) [^]	N/A	
Age 18-44	23.3 (17.1, 29.5) [^]	14.1 (13.0, 15.3) [^]	
Age 45-64	15.8 (10.3, 21.4) [^]	12.3 (11.0, 13.6) [^]	
Age 65+	6.8 (2.7, 10.9) †	4.9 (3.7, 6.0)	
< High School	34.2 (22.8, 45.6) [^]	16.9 (14.8, 19.0) [^]	
High School Grad	22.8 (13.3, 32.3) [^]	12.9 (11.3, 14.5) [^]	
Some College	12.7 (7.1, 18.4) [^]	12.6 (11.1, 14.0) [^]	
College Grad	12.9 (7.7, 18.2) [^]	7.0 (6.2, 7.9) [^]	
<\$35,000	27.6 (20.3, 35.0) [^]	18.5 (16.9, 20.1) [^]	
\$35,000-\$74,999	22.0 (13.0, 30.9) [^]	12.4 (10.7, 14.1) [^]	
\$75,000 or greater	7.1 (2.7, 11.6) †	5.6 (4.6, 6.5) [^]	

[^] Significant difference between estimate and Healthy People 2020 target

†Unreliable estimate (Relative Standard Error >0.3)

NA = Not Available; estimates derived from fewer than 50 respondents were suppressed due to unreliability of the estimates.

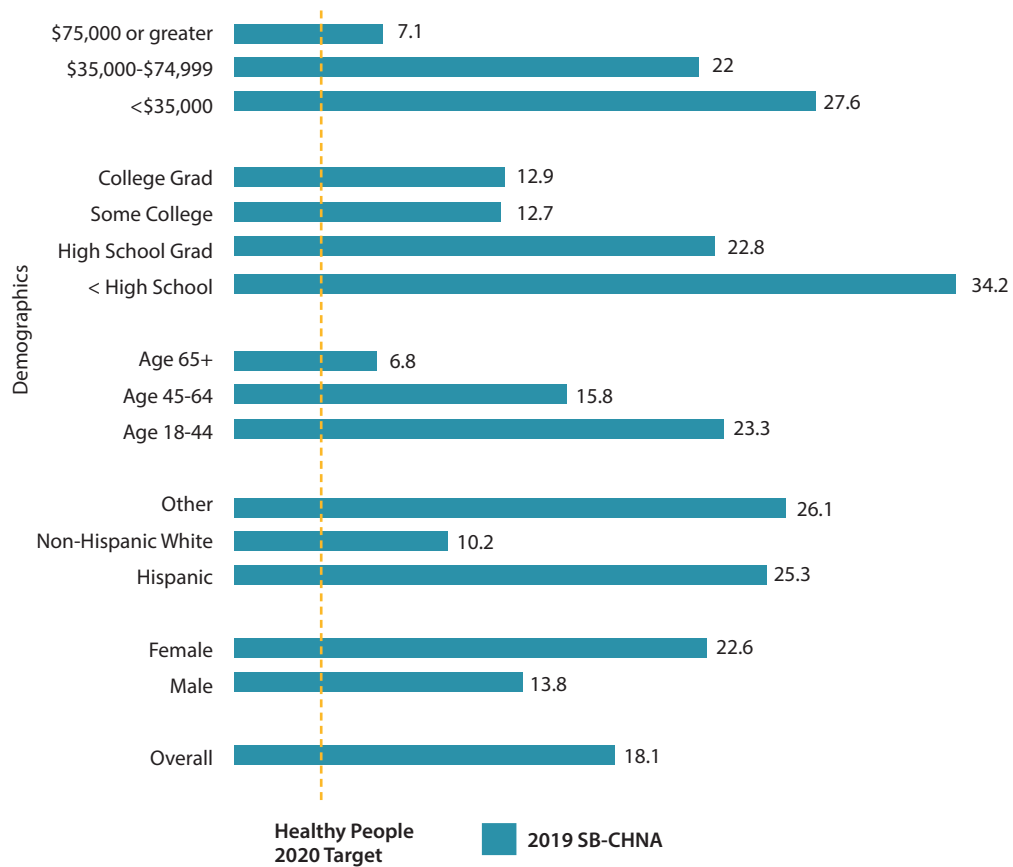
*Target slightly different than CHNA data presented: “Unable to obtain or delayed in obtaining necessary medical care.”

Health disparities: Cost as a barrier to care

Santa Barbara County is significantly above the 2020 Healthy People target for all demographic groups except those age 65+ and those living in households with incomes of \$75,000 or greater. Compared to females in California, females in Santa Barbara County report cost as a barrier of care at a greater percentage, 13.0 vs. 22.6% respectively. Similarly, Hispanics and those in the lowest socio-economic groups fair worse in Santa Barbara County than in California as a whole. Those with less than a high school education fair the worst with 34.2% reporting cost as a barrier to care.

Most impacted subgroups include those reporting less than some college, those reporting less than \$75,000 annual household income, those less than 65 years old, racial/ethnic groups other than non-Hispanic whites, and females.

Figure 3. 2019 Percentage of adults reporting cost as a barrier to health care by demographic group



Factors and health outcomes associated with cost as a barrier to care

Figure 4 below depicts the three health indicators that were most significantly related to cost as a barrier to care and includes housing and food insecurity and lack of health care coverage. When controlling for factors related to cost as a barrier and demographics (age, gender, education, and race/ethnicity), all three remained significant. Having no insurance coverage increased the odds of reporting cost as a barrier to care by 3.9-fold. Both housing and food insecurity were associated with 2-fold increase in reporting cost a barrier to care.

Figure 4. Cost as a barrier by significant related risk factors

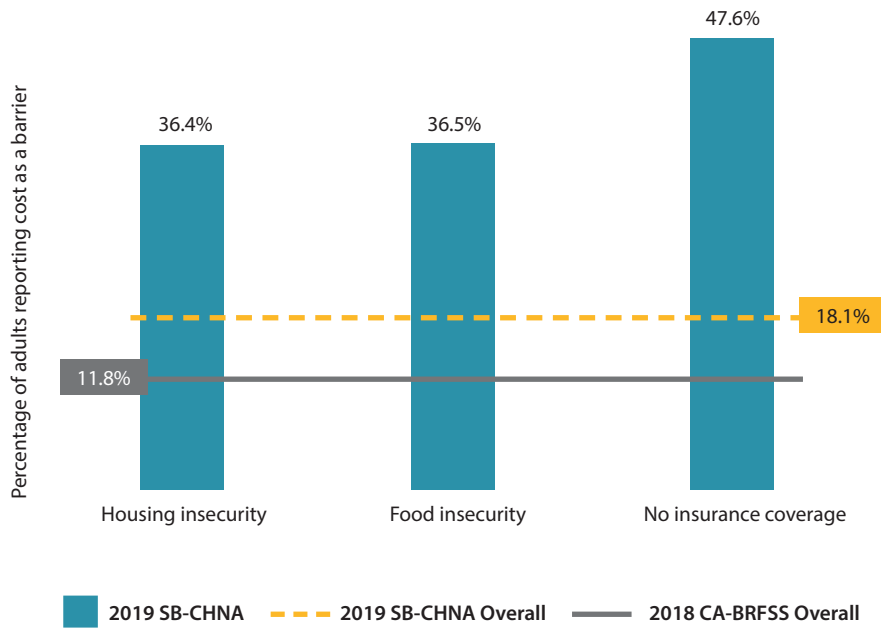


Table 4. Odds ratio estimates for cost as a barrier to care by significant related risk factors

Significant related risk factor	Point estimate	95% confidence limits	
No insurance coverage	3.9	1.6	9.4
Housing insecurity	2.2	0.9	5.4
Food insecurity	2.0	0.9	4.6

Note: The degrees of freedom in computing the confidence limits is 766.

Measure: Primary care provider

Having a usual primary care provider was based on the following question: “Do you have one person you think of as your personal doctor or health care provider?” For those that answered “No,” the question was followed up with “Is there more than one, or is there no person who you think of as your personal doctor or health care provider?”

PRIMARY CARE PROVIDER QUESTION

Do you have one person you think of as your personal doctor or health care provider?

Table 5. Percentage of adults who report having a regular health care provider by demographics

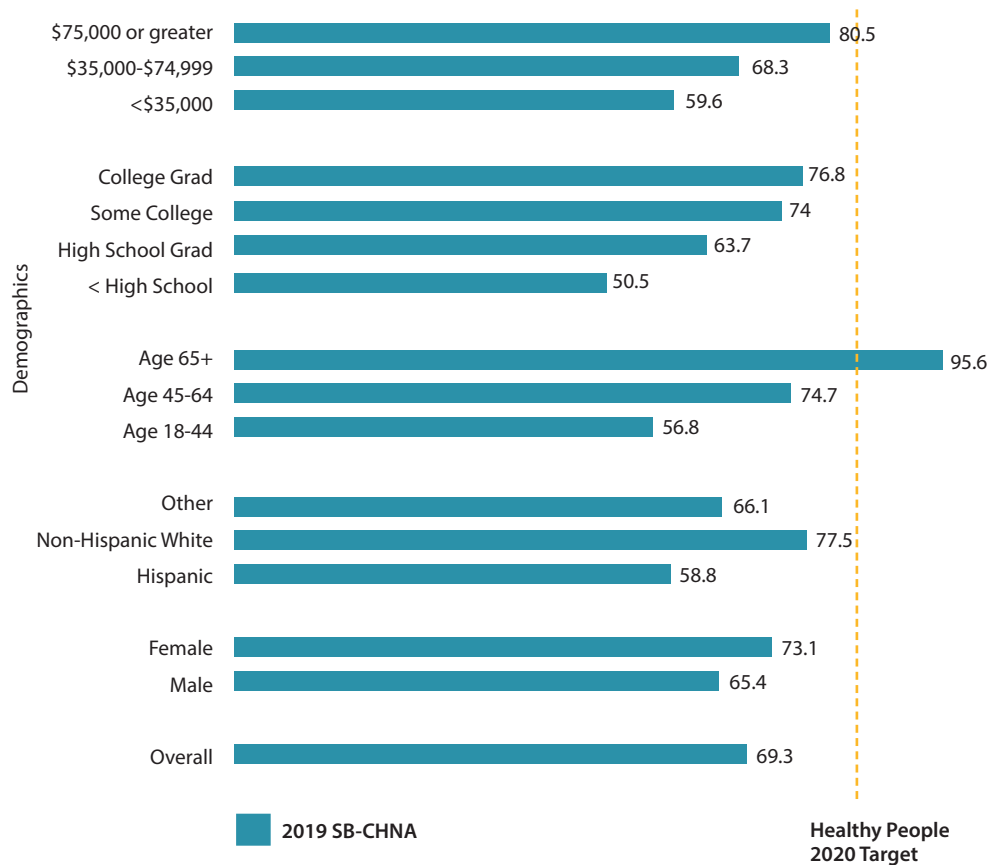
	2016 Santa Barbara CHNA	2019 Santa Barbara CHNA	2018 California BRFSS	2020 Healthy People Target
	% (95% CI)	% (95% CI)	% (95% CI)	
Overall	72.5 (69.4, 75.3) [^]	69.3 (65.0, 73.6) [^]	74.6 (73.6, 75.6) [^]	83.9
Male	67.5 (62.6, 71.8) [^]	65.4 (59.0, 71.9) [^]	69.0 (67.5, 70.5) [^]	
Female	77.4 (73.5, 81.1) [^]	73.1 (67.3, 78.8) [^]	80.0 (78.7, 81.4) [^]	
Hispanic	58.1 (52.9, 63.3) [^]	58.8 (51.4, 66.1) [^]	63.1 (61.2, 79.8) [^]	
Non-Hispanic White	82.5 (78.8, 86.1)	77.5 (72.3, 82.7) [^]	81.0 (79.8, 82.1) [^]	
Other	77.7 (67.9, 87.6)	66.1 (49.1, 83.0) [^]	NA	
Age 18-44	57.1 (52.0, 62.1) [^]	56.8 (49.7, 64.0) [^]	61.5 (59.9, 63.2) [^]	
Age 45-64	85.3 (81.9, 88.8)	74.7 (68.4, 81.0) [^]	83.2 (81.8, 84.7)	
Age 65+	94.6 (92.7, 96.6) [^]	95.6 (92.8, 98.4) [^]	93.5 (92.2, 94.9) [^]	
< High School	51.1 (43.0, 59.3) [^]	50.5 (38.9, 62.1) [^]	61.4 (58.5, 64.3) [^]	
High School Grad	70.8 (63.9, 77.8) [^]	63.7 (53.2, 74.3) [^]	66.8 (64.4, 69.2) [^]	
Some College	76.2 (71.2, 81.1) [^]	74.0 (66.5, 81.6) [^]	79.3 (77.5, 81.1) [^]	
College Grad	83.5 (79.7, 87.4)	76.8 (70.3, 83.3) [^]	83.4 (82.1, 84.7)	
<\$35,000	62.2 (56.7, 67.6) [^]	59.6 (51.8, 67.4) [^]	66.2 (64.3, 68.2) [^]	
\$35,000-\$74,999	76.6 (70.5, 82.7) [^]	68.3 (58.5, 78.1) [^]	72.7 (70.2, 75.1) [^]	
\$75,000 or greater	80.2 (75.4, 85.0) [^]	80.5 (74.2, 86.8) †	83.5 (82.0, 84.9)	

[^] Significant difference between estimate and 2020 Healthy People 2020 target

Health disparities: Primary care provider

Santa Barbara County overall is significantly below the Healthy People 2020 target of having a health care provider and lower than California in almost every demographic group except for those age 65+. Hispanics fair significantly worse than non-Hispanics, those in the age group 18-44 fair worse than those older, those without a high school degree and those in the lowest income group reporting good or better health fair worse than those with higher education and income. Between 2016 and 2019, in Santa Barbara County no statistically significant decreases were observed.

Figure 5. 2019 Percentage of adults reporting access to a health care provider by demographic group



Factors and health outcomes associated with primary care provider

Figure 6 below depicts the three indicators that were most significantly related to having a health care provider and includes having been told that they have diabetes, health care insurance, and Medicaid or other state-provided insurance. When controlling for factors related to having a health care provider and demographics (age, gender, education, and race/ethnicity) only two remained significant, namely having been diagnosed with diabetes and having health care insurance. Having Medicaid or other state-provided insurance was no longer significant.

Figure 6. Access to a health care provider by significant related risk factors

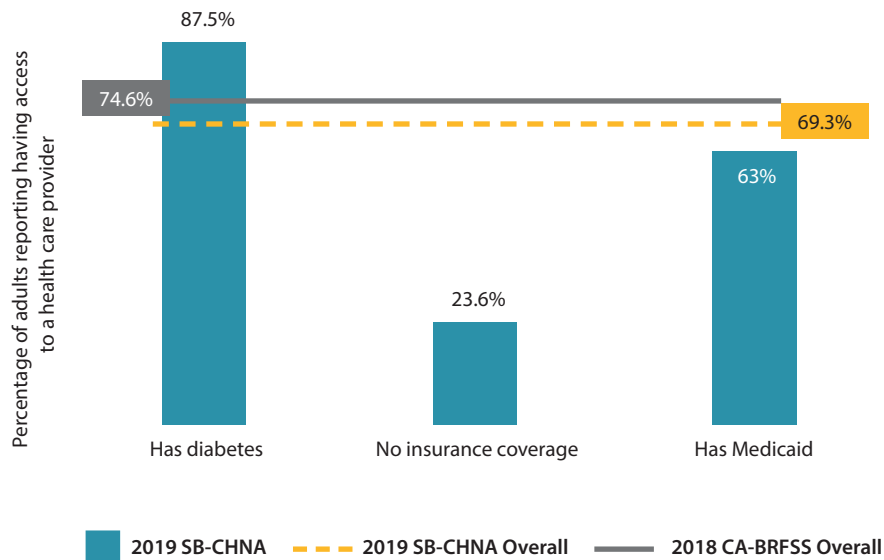


Table 2. Odds ratio estimates for primary care provider by significant related risk factors

Significant related risk factor	Point estimate	95% confidence limits	
Has diabetes	4.6	1.4	14.8
Has Medicaid or other state-provided insurance	0.6	0.3	1.3
Is uninsured	0.1	0.0	0.3

Note: The degrees of freedom in computing the confidence limits is 837.

Findings from the 2019 Santa Barbara County Listening Tour

Listening Tour participants describe their experiences while trying to access health care as being rife with obstacles. Given the high cost of living in Santa Barbara, many are forced to choose between health care and other necessities. People who find themselves “in the middle,” that is those who are not wealthy and do not qualify for programs designed for low-income individuals, are underinsured. And, still others are hesitant to seek care or may be excluded from programs due to their immigration status.

High cost of living impacts access

In daily life, residents in Santa Barbara County are forced to make tough decisions about which competing necessities they are able to secure. The high cost of living in Santa Barbara County means many are unable to pay high prices on co-pays or medications because other necessities like food or rent take precedence. An administrator at Cottage Health noted:

“So, if someone’s struggling financially to pay for housing. And they’re like, ‘I’m not going to go pay a copay’ or ‘I’m not going to pay to get my meds,’ right? So those type of financial issues come up when you’re looking at a lower earning employee.”

Listening Tour participants consider people with Medi-Cal to have fairly good access to health care. However, at the same time, many participants noted that the eligibility requirements for Medi-Cal are stringent and don’t reflect the demands of the high cost of living in Santa Barbara.

“I think one of the biggest problems I’ve seen recently is that families who earn a little more money lose their Medi-Cal. They lose it by a dollar. They are two parents who are working two full-time jobs and they can no longer qualify with only two children. And I think that is bad because maybe you do earn more, but they are not realizing that we are living in a community that has such high rent. That the money goes away with the rent. The money goes to the children’s activities. Perhaps to food or other things they need. For that reason, they cannot receive aid or food or other resources because they don’t qualify by just a few pennies or a few dollars. They lose the resources they need for that reason.”
– Latinx community member



Mental health impacts

When people are able to get medical attention, providers observe the mental toll that the high cost of care takes on their patients. In addition, these financial concerns influence whether patients are completing necessary follow-up care.

“Because it is a concern. ‘Oh, am I going to be able to afford this? Am I going to be able to go and pay?’ You know, they do start to worry. I have people who end up in the ED, you know. They’re hooked up to the machines, and they’re asking me, like, ‘Oh my god, how much am I going to owe for this? Oh my gosh, how much is this gonna cost?’ I mean, it’s sad. It makes me sad when people have those concerns. And they’re there, you know, obviously sick... I always tell people, I say I feel like if people have the concern of the financial side of it, it’s going to impact how they are recuperating. And I feel like it’s going to impact how comfortable they feel accessing follow-up care.”
– Health care provider

Insured still lack access

Listening Tour participants identified the “people in the middle,” who are neither wealthy nor poor, as having reduced access to care because their insurance policies offer reduced coverage and come with high deductibles, high co-pays, and high prescription costs. In some instances, it is ironic when the very employees of agencies providing health care are unable to access those same services because the insurance policies provided through their jobs do not provide adequate coverage.

“I mean, wealthy people can access services because they have the resources to pay out of pocket and then [people on Medi-Cal]. It’s really the middle. It’s most of us in this room.” – Service provider

“I think people who are on traditional health insurance plans probably are the least served... So I mean, I feel like our own staff using our pretty mediocre Anthem plan [doesn’t have adequate coverage].” – Service provider

“The biggest area where we have a hole is... we see a lot of blue-collar workers who are insured, but they only have narrow-scope insurances.” – Service provider

Immigration status and access

Then there are people who don't qualify for any insurance due to their immigration status. In the data presented previously, we see that Latinx community members report less insurance coverage and fewer have a primary care provider compared to other ethnic groups. These measures of access to care are especially concerning because the heavier burden of illness appears in communities least able to bear it. A Latinx community leader shared his story:

“One of the biggest problems is the whole immigration issue, the not qualifying for access to resources. You know, I mean, if I don't have papers, I can't apply for any programs here, at all. I have my green card. I have had it since '85. And there's a lot of programs that I don't even qualify for.”

Conclusions

To overcome these obstacles to accessing care, Listening Tour participants recommend expanding access to health care across the board through better insurance plans accessible to all and reducing the cost of care. Moreover, the health care system must ensure that providers are trained in providing more bilingual services and culturally-competent care to ensure that the care people are accessing is effective.