

# In the Wake of the Affordable Care Act: Understanding Community Barriers and Facilitators to Health Care Access



*Findings from a Community-Based Survey of South Sacramento*

September 2016

Developed by Texas Health Institute



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Susie Alcala  
Community Health Coordinator  
La Familia Counseling Center

Sharon Chandler  
Executive Director  
Yes2Kollege

Lorena Sanchez  
Director of Programs  
Sacramento Covered

Stephanie Nguyen  
Executive Director  
Asian Resources, Inc.

Toni Colley-Perry  
Yes2Kollege

Griselda Zamora  
Project Manager, Health Access  
Sacramento Covered

Kim Williams  
Director  
Sacramento HUB

Kao Chio Thun  
Program Coordinator  
United Lu-Mien Community Services

Barbara Kronick  
Director, Integrated Support Services  
Sacramento City Unified School District

Kendra Thao  
Executive Director  
Hmong Women's Heritage

Natosha Roberts  
Program Associate  
Center for Fathers and Families

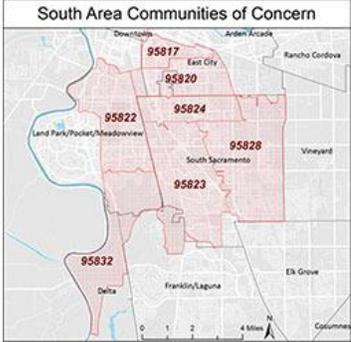
Annie Fox  
Lead Organizer  
Sacramento ACT

Rachel Rios  
Executive Director  
La Familia Counseling Center

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# Executive Summary

The Affordable Care Act (ACA) created new opportunities to enroll many in health insurance in Sacramento, California, and the nation. However, individual and community experiences across the state and elsewhere confirm that health insurance alone is not sufficient to guarantee timely and appropriate access to care. In fact, many low-income, racially and ethnically diverse individuals and families newly insured under the ACA, as well as those remaining uninsured, continue to encounter social, economic, and health system barriers that limit access to care.



In 2013, the Healthy Sacramento Coalition commissioned a community health needs assessment that called attention to seven “communities of concern” in South Sacramento with consistently worse health outcomes as compared to the county and state overall. Central to this concern were questions around the role of individual, health system, and neighborhood barriers that may be impeding ready access to health care. Understanding and measuring such barriers and how they are playing out by place and population in South Sacramento was at the heart of this study.

**With support from Sierra Health Foundation, Texas Health Institute (THI) in collaboration with La Familia Counseling Center and other community partners developed and administered a survey to identify perceptions and experiences of health care access barriers among South Sacramento’s newly insured and uninsured. Administered in four languages across seven ZIP codes, results offer insight into the realities facing diverse residents as they seek care in this new ACA environment. Findings intend to inform community advocates, health providers, philanthropies, and policymakers on potential access priorities and opportunities, such as building clinical and community partnerships that can help bridge the array of individual, health system, and place-based access barriers.**

## KEY HIGHLIGHTS

Our survey results from over 300 newly insured and uninsured South Sacramento residents highlight the many challenges to health care access that remain regardless of insurance status—challenges that extend from coverage to care to the broader community.

- **Barriers to obtaining health insurance remain**, especially affecting Hispanics, individuals with limited English proficiency (LEP), and undocumented immigrants.
- **Health insurance alone does not guarantee improved access to care**. Newly insured explicitly reported that accessing care has become more challenging, not less, since obtaining coverage. Unmet health needs and non-emergent ER utilization are still prevalent.
- **Cost remains a major barrier to access even after coverage**, with reported concerns most prevalent among African American respondents.
- **Health system barriers**, especially narrow provider networks and related capacity concerns continue to impede access to care even after coverage.
- **Broader social determinant factors**, such as economic security, transportation, and safety, are salient barriers. In addition, language, culture, and literacy also contribute to access, with concerns most prevalent among Asian, Hispanic, and LEP respondents.
- **Community-based organizations and health centers were identified among key assets and partners** in South Sacramento, especially among surveyed Asians and Hispanics.

## Methods

To ground the project and survey in South Sacramento's health care realities, THI assembled a Stakeholder Advisory Group of ten community-based organizations. We integrated guidance from the Advisory Group on leading health care access barriers with findings from a review of the literature and existing surveys to create a final 50-item survey. The final version was made available in English and three most common languages spoken in South Sacramento (Spanish, Hmong, and Vietnamese). Survey inclusion criteria required that participants reside in one of seven South Sacramento ZIP codes (95817, 95820, 95822, 95823, 95824, 95828, and 95832) and be uninsured or newly insured (i.e., insured for the first time in the past two years).

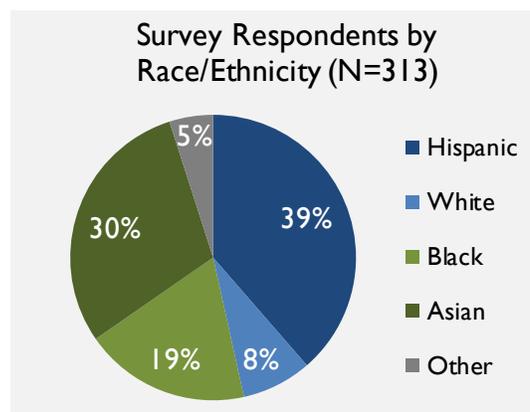
THI partnered with La Familia Counseling Center who worked closely with Asian Resources, Inc. and Always Knocking to administer the survey among a target sample of at least 300 residents. Specific targets were also set by race/ethnicity and ZIP code to assure the sample generally represented South Sacramento's communities of concern. In efforts to build local surveying skills and capacity, THI conducted a half-day in-person Training-for-the-Trainer (T for T) for designated leads and coordinators from the three partnering organizations who in turn trained community surveyors. Surveys were administered in October and November 2015 at a variety of community settings including local colleges, eateries, markets, coffee shops, laundromats, libraries, residences, and at facilities of partnering organizations. Completed surveys were sent to THI for data entry and descriptive data analysis.

## Results

Community surveyors collected data from 313 residents across the seven ZIP code South Sacramento region. Reflecting the overall racial/ethnic composition of the region, the majority of the sample (92%) was non-White, with Hispanics comprising the largest racial/ethnic group (39%), followed by Asians (30%), and African Americans (19%). Over two-thirds (69%) of respondents were newly insured, and 31% were uninsured. Among newly insured, nearly two-thirds (64%) had Medi-Cal and 18% had coverage through Covered California.

**Having any kind of health insurance was associated with improved access to care**, as represented by having a usual source of care, having fewer unmet health care needs, and lower rates of delayed care. **And yet, while many benefited from health insurance gains, our survey found that nearly half of Hispanic respondents were uninsured.** They were also least likely to have a usual source of care, most likely to wait seven days or more for an appointment, have higher rates of unmet health care needs, and poorer health status than all other racial/ethnic groups.

**More than one-third of newly insured respondents felt that accessing care had become more challenging since obtaining coverage.** And even after



Nearly half of Hispanic respondents were uninsured. Hispanic respondents were least likely to have a usual source of care, more likely to wait seven days or more for an appointment, have higher rates of unmet health care needs, and more likely to report fair/poor health status than *all* other racial/ethnic groups.

obtaining coverage, many newly insured cited the emergency room (ER) as a usual source of care or a source they had recently visited for non-emergent medical reasons. ER utilization as a usual source was highest for surveyed African Americans. When asked why individuals utilized the ER for non-emergent reasons, two-thirds said it was a choice of convenience as no appointment was required. Asians as a whole had the lowest non-emergent ER utilization, with highest rates of using the doctor's office or health center for usual source of care.

92% of newly insured survey respondents whose providers would not accept their insurance were covered by Medi-Cal.

**Cost and affordability.** Cost emerged as a chief reason that South Sacramento residents could not access a health care provider, regardless of insurance status—100% of uninsured respondents and 70% of insured respondents cited cost (such as ability to pay co-pays and deductibles) as a major barrier to care.

**Health system barriers.** Closely following cost, frustration with narrow provider networks was among top concerns cited by newly insured. Nearly half said that providers would not accept their health insurance. Of this group, 92% were enrolled in Medi-Cal. In addition, more than half of surveyed individuals reported difficulty securing a primary care appointment within seven days.

20% of South Sacramento residents surveyed did not seek needed health care due to crime and safety concerns.

**Neighborhood conditions.** Social determinant barriers also appeared to influence access to care. While most respondents felt their neighborhood had adequate sidewalks, public transit, and parks, they were less likely to say they felt safe in these places. Strong patterns of safety perception emerged by ZIP code. For example, only 55% felt safe walking in neighborhoods in Parkway/Valley Hi/North Laguna as compared to 87% in Land Park. One in five respondents explicitly noted that crime and safety concerns prevented them from accessing care they need. Transportation and economic security concerns were among other salient social determinant barriers surveyed individuals faced.

**Culture, language, literacy, and trust.** Lack of trust, questions around provider cultural competence, and health literacy emerged as key impediments, and were especially common among LEP respondents. Asians and Hispanics were most likely to report little or no trust in their health care providers. And 60% of Asians reported they felt that their provider did not understand or respect their cultural beliefs as compared to 39% and 29% of Hispanics and African Americans, respectively. Health literacy also emerged as a key barrier to care. Where 48% of surveyed Whites said they had difficulty understanding their health care provider's medical advice or instructions, 67% of Asians, 64% of African Americans, and 57% of Hispanics reported this. Among those who spoke a language other than English at home, nearly half indicated a need for interpreter services in health care settings.

At the same time, respondents named sources they relied on to compensate for perceived and/or real concerns around whom to trust for health information. Asian respondents were most likely to rely on community-based organizations for health information. African Americans most often cited either consulting friends and family or having no source for information. Hispanics most often indicated friends and family or community-based organizations. Whites tended to trust health care providers. At the same time, however, our response group recognized the limits of relying on their own sources for information as they strongly agreed that education on obtaining and using health insurance would substantially improve their ability to access care.

## Moving Forward

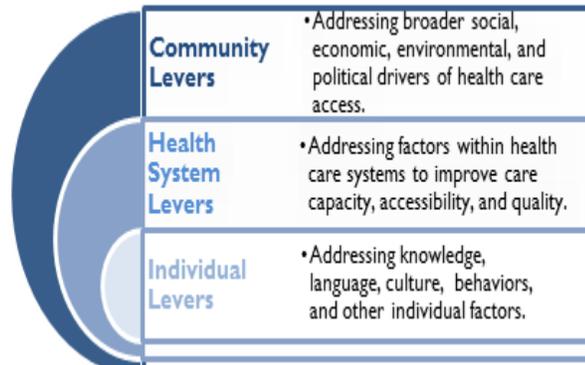
As our findings suggest, a complex array of individual, health system, and community level circumstances and dynamics hinder ready access to care beyond health insurance.

Expanding coverage and transitioning residents from coverage to care in South Sacramento and beyond will require a set of concerted strategies that work at one level but can bridge to and complete others in advancing health care access (Figure A).

In the full report, we offer evidence, promising practices, and models for each

individual, health system, and community lever cited below to help inform and guide local advocates, organizations, policymakers and philanthropies as they work to support and advance access in South Sacramento. These suggested points may also offer guidance for the Healthy Sacramento Coalition as it continues to foster dialogue and action to help curtail population- and place-based disparities and advance health equity in the region.

Figure A. Framework of Health Care Access Levers



- **INDIVIDUAL LEVERS: Advancing health insurance literacy** by engaging and supporting trusted partners such as community health workers to provide information and education in culturally and linguistically appropriate ways to foster individual understanding of the importance, maintenance, and utilization of health insurance.
- **HEALTH SYSTEM LEVERS: Enhancing primary care capacity and access** through a focus on patient-centeredness, team-based care, care coordination, and service integration as well as reinforcing the need for adequate Medi-Cal reimbursements. Capacity building in the region may especially benefit from team-based approaches that expand the role of advance practice clinicians to provide acute, non-urgent, and routine care as well as engage community health workers to help patients address underlying root causes of health concerns.
- **COMMUNITY LEVERS: Moving toward Accountable Communities for Health** by involving local community-based and social service organizations as partners with hospitals and health centers to collaboratively develop, advance, and be accountable for achieving regional health objectives.

## Conclusion

The success of the ACA in expanding health care coverage has been unprecedented. Nonetheless, not all communities have benefited equally, with many South Sacramento residents still facing significant gaps in coverage. For those newly covered, health insurance has not guaranteed access to affordable and quality services for all as a confluence of demographic, socioeconomic, and neighborhood factors both individually and in concert with costs and service system challenges inhibit ready access to care.

Working to assure that “coverage to care” does not remain elusive will require health system providers and communities to recognize and take actions to remove community barriers while undertaking payment and delivery reforms—acknowledging that true progress will require both. Through collaborative and integrated approaches, South Sacramento and other regions facing similar challenges can advance health care access and population health in an ever-changing post-ACA environment.

## ABOUT TEXAS HEALTH INSTITUTE

Texas Health Institute (THI) is an independent, nonpartisan, nonprofit organization with the mission of improving the health of communities in Texas and nationally. As a respected leader in Texas, THI acts as a neutral convener, facilitates balanced health care dialogue, creates a vision of improved health care, addresses health disparities, and develops feasible solutions to health problems through collaboration. Nationally, THI's Health Equity Team has been monitoring the evolution of health care reform since 2008, with the release of a seminal report following the enactment of the law, *Patient Protection and Affordable Care Act of 2010: Advancing Health Equity for Racially and Ethnically Diverse Populations*. Since then, THI has undertaken a singular national, multi-year, multi-funder initiative to monitor and report on the implementation progress of the Affordable Care Act from a health equity perspective, addressing topics of health insurance, the safety net, workforce diversity, quality improvement, and prevention. Together these efforts are intended to increase awareness and education among stakeholders and practitioners while also facilitating dialogue, advocacy, and policy. To find this report or our related reports online, visit [www.texashealthinstitute.org/health-care-reform.html](http://www.texashealthinstitute.org/health-care-reform.html).

## CORE PROJECT TEAM *(In Alphabetical Order)*

Dennis P. Andrulis, PhD, MPH, Senior Research Scientist  
Nadia J. Siddiqui, MPH, Director of Health Equity Programs  
Anna Stelter, LMSW, MPH, Health Policy Analyst  
Matthew Turner, PhD, MPH, Senior Health Equity Analyst



Texas Health Institute  
8501 North Mopac Expressway, Suite 170  
Austin, Texas 78759  
(512) 279-3910



Sierra Health Foundation  
1321 Garden Highway  
Sacramento, California 95833  
(916) 922-4755



La Familia Counseling Center, Inc.  
5523 34<sup>th</sup> Street  
Sacramento, CA 95820  
(916) 452-3601