

Community Voices:

Priorities and Preferences of Californians
with Low Incomes for Health Care Reform


September 2021



Blue sky, map of California.



Virtual meeting protocols

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 - Please mute yourselves when you are not speaking.
 - To indicate that you would like to speak, please use the “raise hand” feature. 
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 - You will have access to the chat feature to provide written comment.
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Agenda

I. Welcome & Overview

II. Opening Comments from Foundation CEOs

- Bob Ross, MD, CEO, The California Endowment
- Sandra Hernandez, MD, CEO, California Health Care Foundation
- Antonia Hernandez, CEO, California Community Foundation

III. Overview of Process and Major Themes

- Kiran Savage-Sangwan, California Pan Ethnic Health Network
- Dave Metz and Laura Covarrubias, Fairbank, Maslin, Maullin, Metz & Associates
- Paul Hernandez, Fenton Communications

IV. Comments and Questions from HCFA Commissioners

- Facilitated by Rosemary Veniegas, California Community Foundation

V. Public Comment

VI. Closing – Sandra Hernandez, MD, CEO, California Health Care Foundation

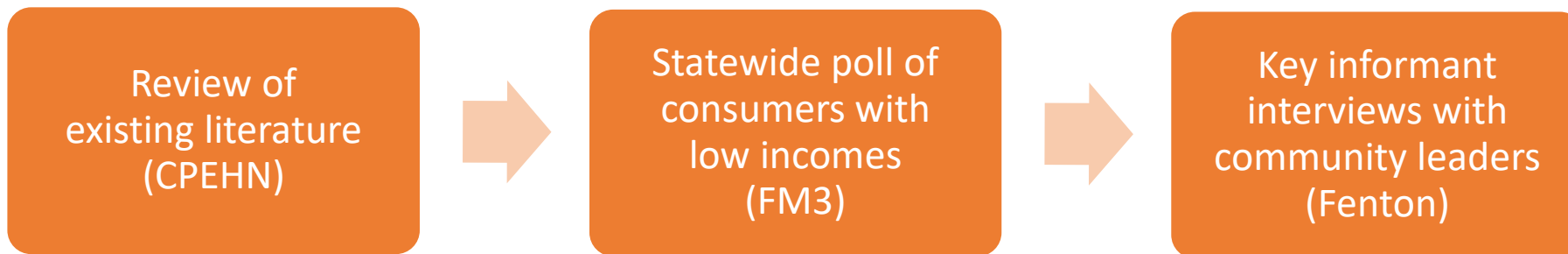


Health Care Experiences and Priorities of Californians with Low Incomes

Stakeholder Input Project

Purpose: To enhance the ability of the Healthy California for All Commission to ensure that advancing equity is central to the shift to a unified financing health care delivery system in California by highlighting the experiences of Californians with low incomes and Black, indigenous, and people of color.

Process:





Review of Existing Literature

California Pan-Ethnic Health Network

Literature Review Sources

- ▶ **Reviewed 15 sources, including opinion polls, community-based research, and qualitative surveys/listening sessions.**
- ▶ **Key sources include:**
 - ▶ CPEHN's *Health Equity and System Transformation* report, developed from a series of listening sessions with Black, Latino, Asian, Native American, and LGBTQ+ consumers and consumers with disabilities.
 - ▶ CHCF's *Listening to Californians with Low Incomes* series, developed from representative polls and focus groups.
 - ▶ BSCF's *Empowerment and Engagement Among Low-Income Californians* report, developed from consumer surveys, primarily FQHC patients.

Health Care Coverage and Affordability

- ▶ **Health care affordability is a top priority for Californians.**
 - ▶ 80% of Californians say that making health care more affordable is very or extremely important.
 - ▶ Californians with low incomes are specifically concerned with lowering the cost of care, making prices more transparent, and ensuring universal coverage.
 - ▶ Californians with low incomes are more likely to be worried about their ability to afford unexpected medical bills than about their ability to pay for housing.
 - ▶ Low-wage workers with job-based coverage struggle with the cost of premiums, co-pays, and deductibles.
- ▶ **Californians want simple, comprehensive health care coverage.**
 - ▶ Consumers often struggle to enroll in coverage, and to understand their benefits and provider network, due to complex and confusing processes and information.



Access to Care

- ▶ **Health insurance is necessary but not sufficient to ensure access and advance equity.**
- ▶ **Californians face numerous barriers related to provider networks.**
 - ▶ Californians with low incomes experience difficulty understanding and navigating their provider network, including finding culturally and linguistically appropriate providers.
 - ▶ Access is often dependent upon location; consumers in both rural and urban areas report barriers with transportation and wait times.
 - ▶ Californians often want more information about the providers available to them such as training and experience, quality ratings, and patient satisfaction ratings.
- ▶ **Access to mental health and substance use services is a high priority.**
- ▶ **Consumers want providers to understand the conditions that impact their health, but some are concerned about the ability of the health care system to successfully address these.**

Clinical Care Experience

- ▶ **Continuity with a primary care team that includes non-clinical providers, such as navigators and advocates, is important to individuals.**
 - ▶ Most Californians want continuity and familiarity with a primary care team, but few have this experience.
 - ▶ People with low incomes, including those with limited English proficiency and those with complex medical needs, want assistance navigating the health care system.
- ▶ **People with low incomes, particularly those who are also BIPOC, LGBTQ+, and/or living with a disability experience frequent discrimination in health care.**
 - ▶ Examples: Seven in ten Black adults believe race-based discrimination in health care happens at least somewhat often; nearly 20% of LGBTQ+ adults avoid health care out of fear of discrimination.
- ▶ **Access to culturally congruent providers and integrated health care are priorities.**
 - ▶ Many Californians with low incomes prefer co-located primary, specialty, behavioral, and dental care, with strong linkages to social services.

Consumer Information and Engagement

- ▶ **Californians want more health information and a more active role in their health care decisions.**
 - ▶ Consumers report poor clinical engagement including excessively short appointments, inadequate explanation of medical procedures and medications, and lack of language concordance.
- ▶ **Californians want to have input to design the health care delivery system but see limited opportunities to do so.**
 - ▶ Californians currently feel that the system is exceedingly difficult to navigate and that it isn't clear if or how they can engage, provide feedback, or help shape the transformation of the delivery system.
 - ▶ Californians want to see their feedback translate into measurable change that meets the needs of their communities.
- ▶ **Californians with low incomes often feel a power imbalance with the health care system, which impacts their engagement and health outcomes.**

Views of Health Care among Californians with Limited Incomes




Key Findings from Qualitative and Quantitative Research

Conducted August 19 - September 5, 2021



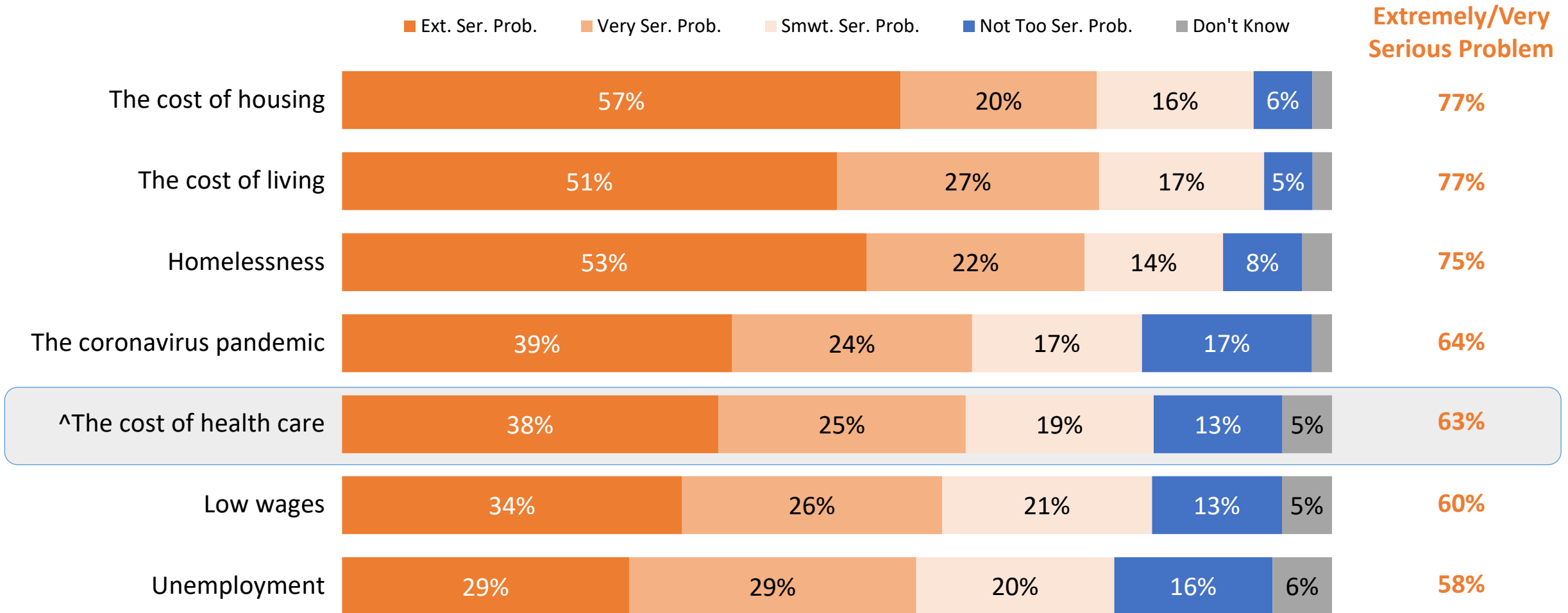
OPINION
RESEARCH
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Research Methodology

Dates	August 19 - September 5, 2021
Survey Type	Dual-mode Resident Survey
Research Population	Californians Under 250% of the Federal Poverty Level
Total Interviews	1,982
Margin of Sampling Error	±2.8% at the 95% Confidence Level
Contact Methods	 Telephone Calls  Email Invitations  Text Invitations
Data Collection Modes	 Telephone Interviews  Online Interviews
Languages	English, Spanish, Chinese, Korean, Vietnamese, Tagalog, and Hmong
Qualitative Research	Survey Preceded by Two Three-Day Online QualBoards, in English And Spanish, among Californians with Limited Incomes <i>(Selected Illustrative Quotations Presented Throughout)</i>

(Note: Not All Results Will Sum to 100% Due to Rounding)

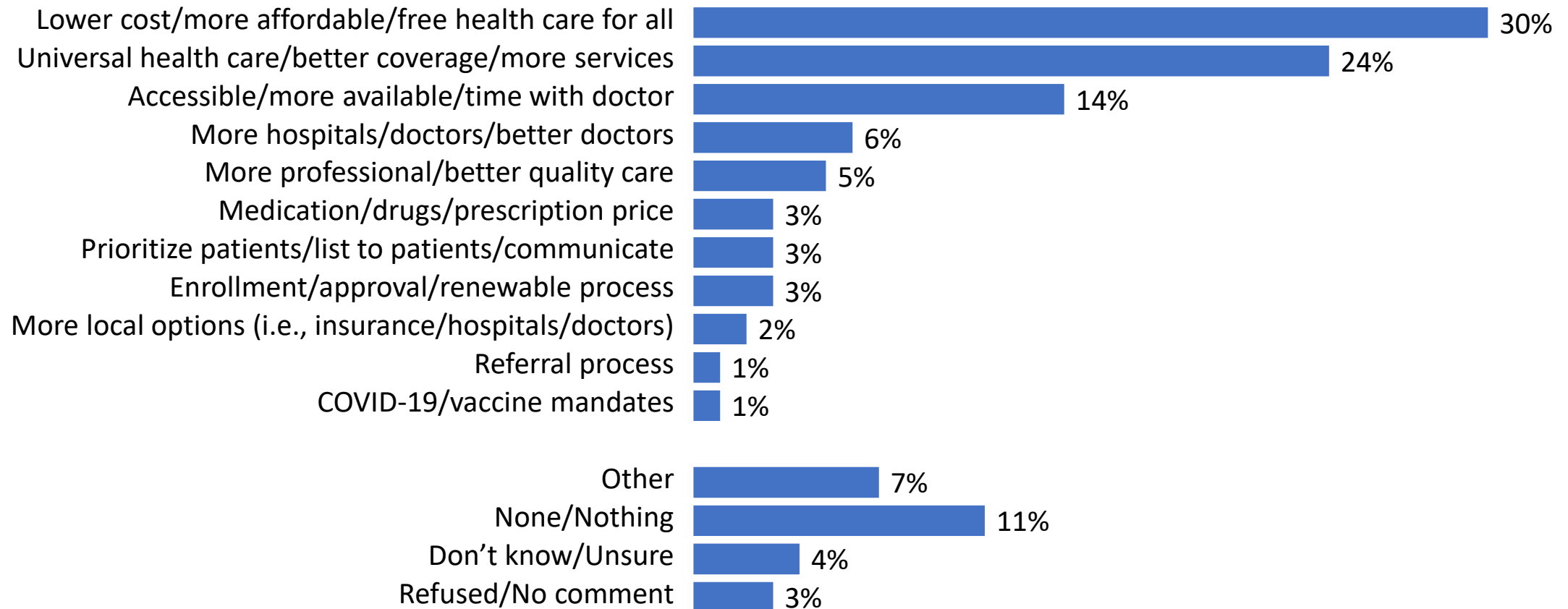
The cost of housing, the cost of living and homelessness are seen as the top problems in the state.



Q9. I'm going to read you some problems facing your community that people have mentioned. Please tell me whether you think it is an extremely serious problem, a very serious problem, somewhat serious problem, or not too serious a problem in your community. ^Not Part of Split Sample

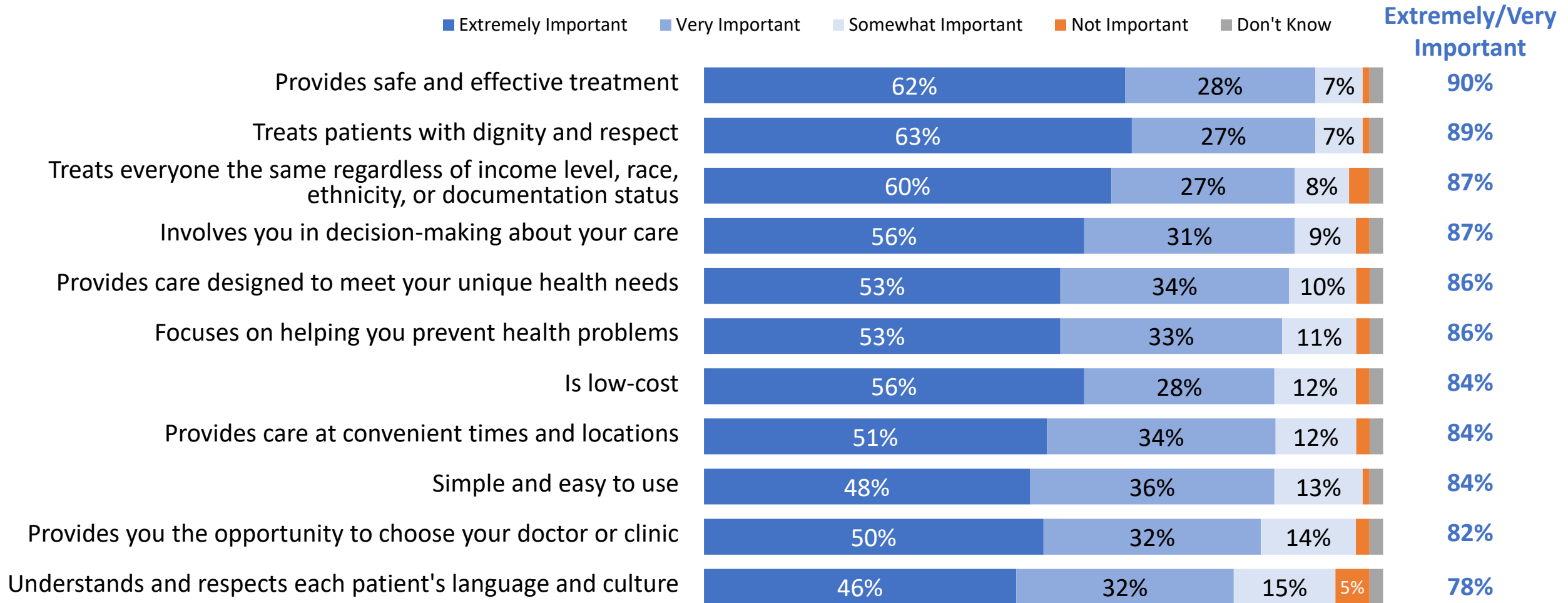
Respondents say that more affordable care and universal health coverage are the most important improvements to healthcare.

In a few words of your own, what is the most important change you would like to see made to improve health care for you? (Open-ended)



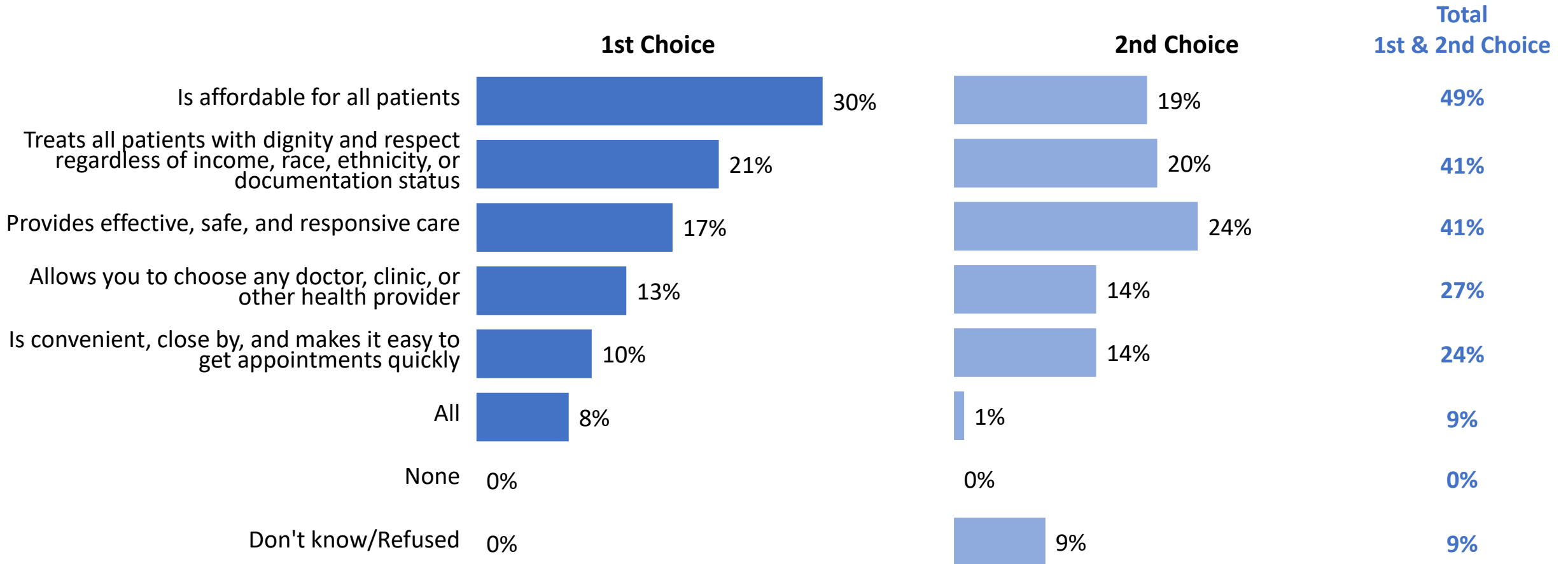
Q19.

Respondents rate safe and effective care, being treated with dignity and respect and non-discrimination as the most important characteristics for an improved health care system to have.



Q20. Here is a list of characteristics that health care leaders might aim for in designing an improved way of delivering health care to people who live in California. Please tell me how important it is to you that health care in California have that characteristic: extremely important, very important, somewhat important, or not important?

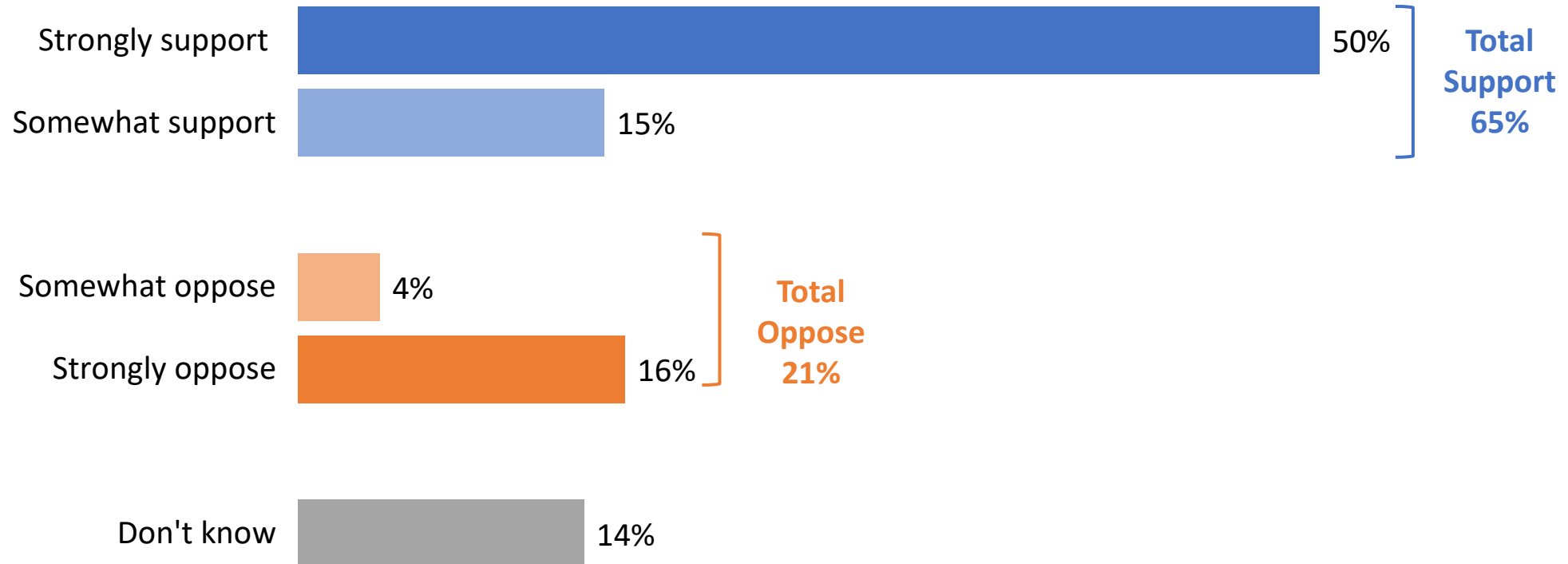
When asked to rank five major categories of potential improvements, affordability is the top priority.



Q21. Which of the following 5 characteristics do you think is most important for health care in California to have?

Nearly two-thirds support a single government-run healthcare system for all Californians.

Some people have said that the State of California should replace all Medicare, Medi-Cal, Covered California, and private job-based insurance plans with a single statewide, government-run program that would cover health care for all people who live in California, regardless of income. It would cover the full range of health care services: physical health, mental health, dental, vision, and services like treatment for alcohol or drug use problems, including addiction. Would you support or oppose this proposal?



Q22.

QualBoard Comments: A Single State Health Care Program

“It allows for consistency in accounting for the hospital and for the patient, making it easier to understand what services they are entitled to given everyone receives the same level of care.”

- Male English Speaker with Medicare

“I definitely think it would help with the whole "in-network/out of network" problem. That's a big thing. It would also simplify some things in the long-run, but complicate things in the short-run.”

- Male English Speaker with Medi-Cal

“If it required people to drop other private health insurance, that's just not going to go over well and there's no reason to do that.”

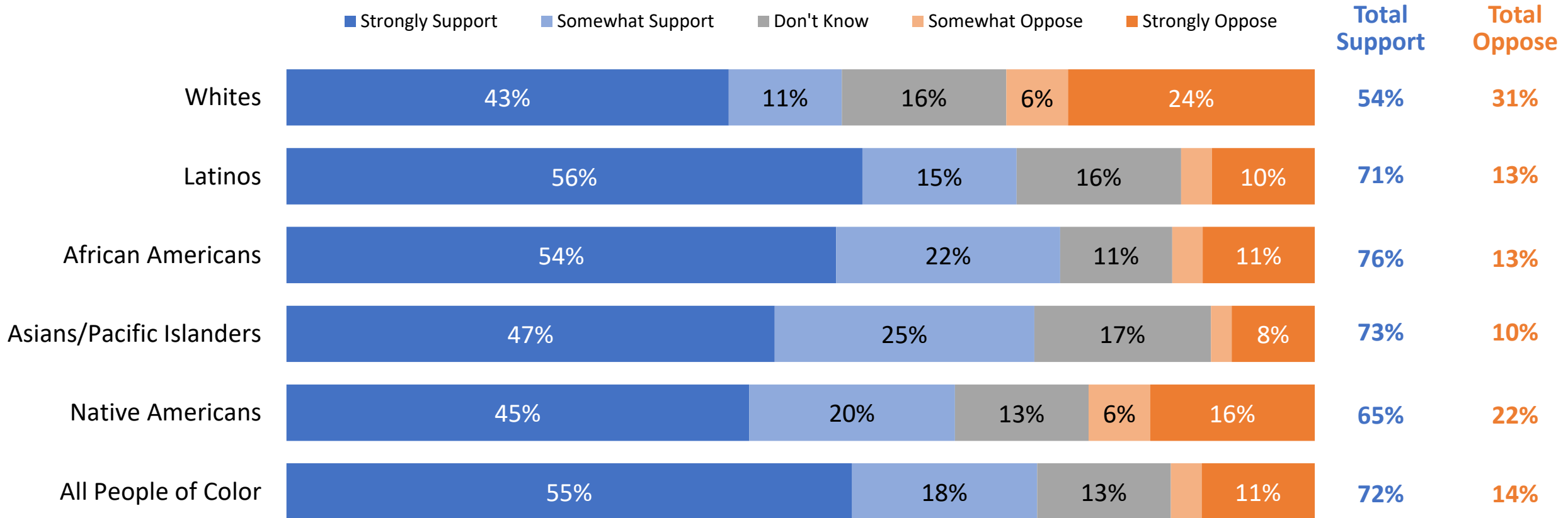
-Male English Speaker with Medi-Cal

“Would everyone be required to get it/pay for it? I'm worried about if the quality of care would go down if everyone gets the same care?”

- Female English Speaker with Insurance Offered by an Employer

Majorities across all ethnic groups offer support, although white respondents offer the least support.

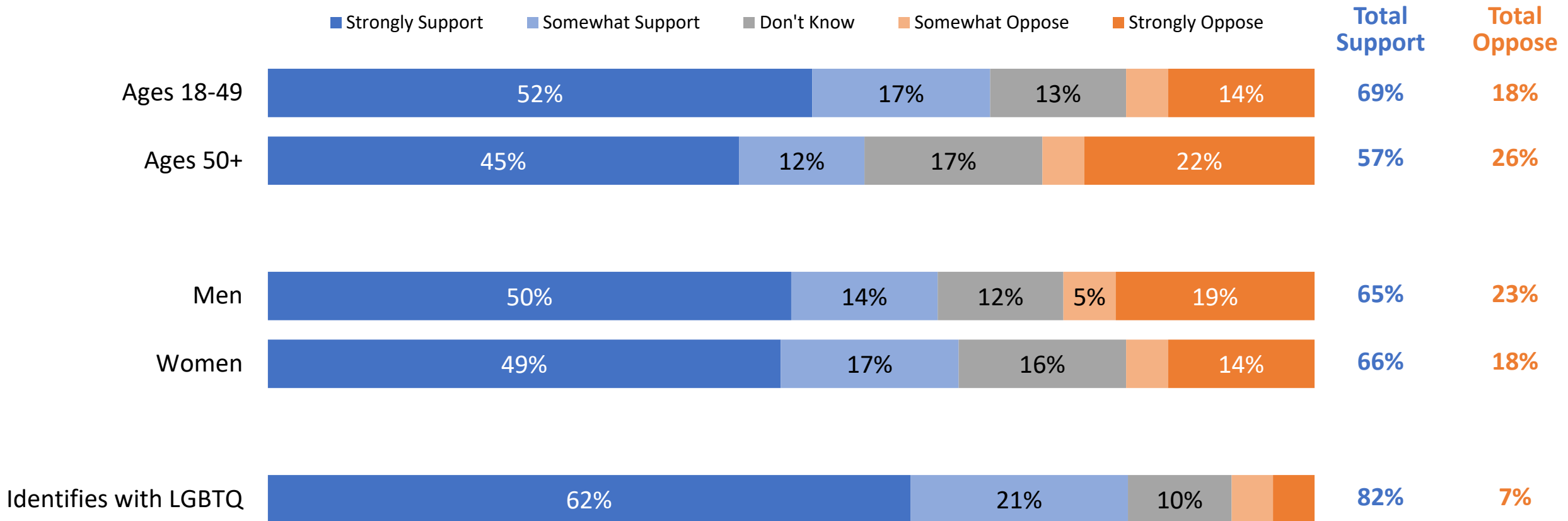
By Race/Ethnicity



Q22. Some people have said that the State of California should replace all Medicare, Medi-Cal, Covered California, and private job-based insurance plans with a single statewide, government-run program that would cover health care for all people who live in California, regardless of income. It would cover the full range of health care services: physical health, mental health, dental, vision, and services like treatment for alcohol or drug use problems, including addiction. Would you support or oppose this proposal?

Respondents under age 50 are more supportive than are those age 50 and over; LGBTQ respondents are especially supportive.

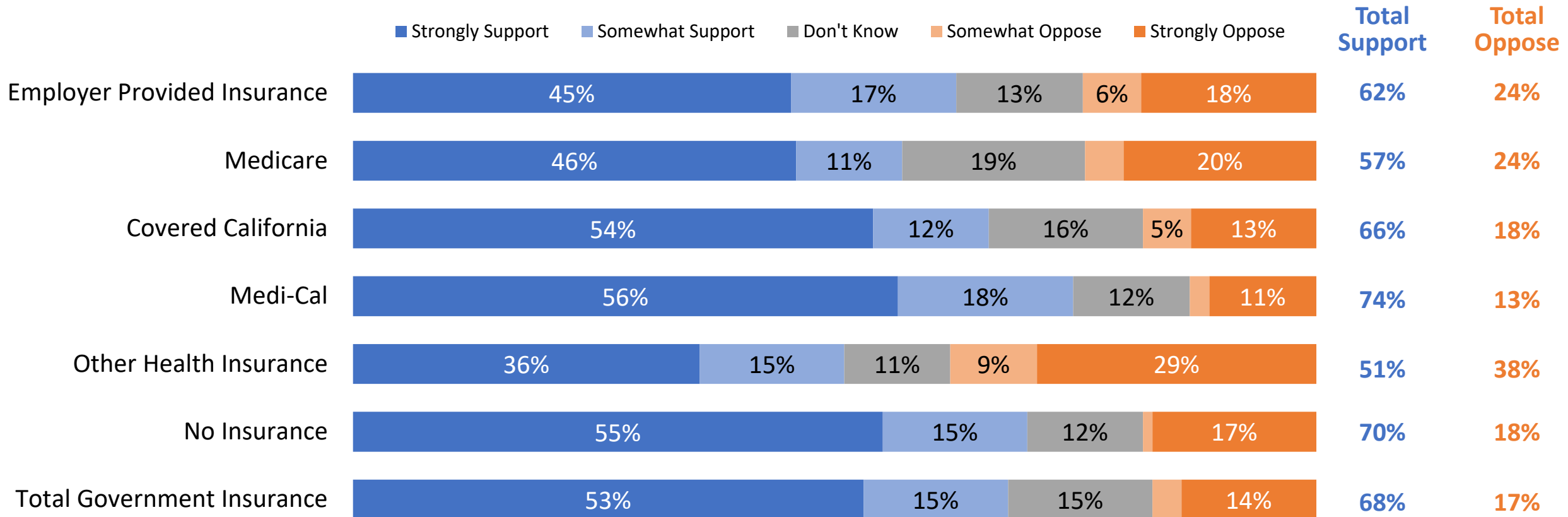
By Age, Gender and Sexual Orientation



Q22. Some people have said that the State of California should replace all Medicare, Medi-Cal, Covered California, and private job-based insurance plans with a single statewide, government-run program that would cover health care for all people who live in California, regardless of income. It would cover the full range of health care services: physical health, mental health, dental, vision, and services like treatment for alcohol or drug use problems, including addiction. Would you support or oppose this proposal?

The idea has support across respondents with different types of insurance coverage.

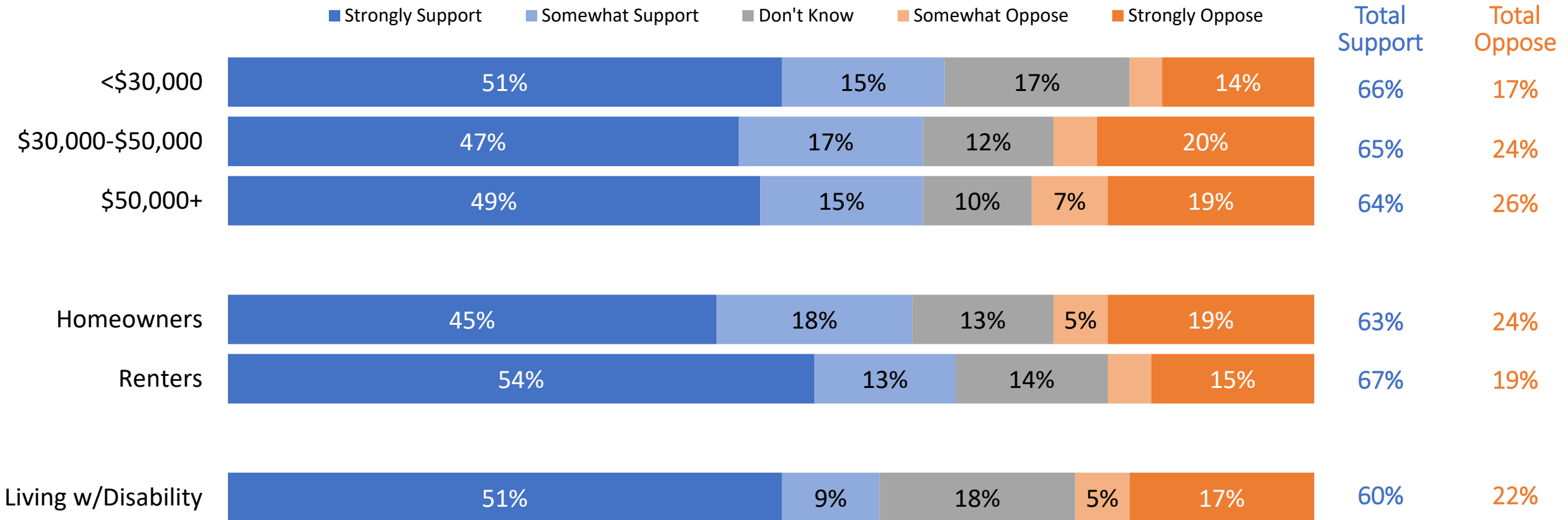
By Health Insurance Type



Q22. Some people have said that the State of California should replace all Medicare, Medi-Cal, Covered California, and private job-based insurance plans with a single statewide, government-run program that would cover health care for all people who live in California, regardless of income. It would cover the full range of health care services: physical health, mental health, dental, vision, and services like treatment for alcohol or drug use problems, including addiction. Would you support or oppose this proposal?

Support for a single statewide program cuts across different income levels.

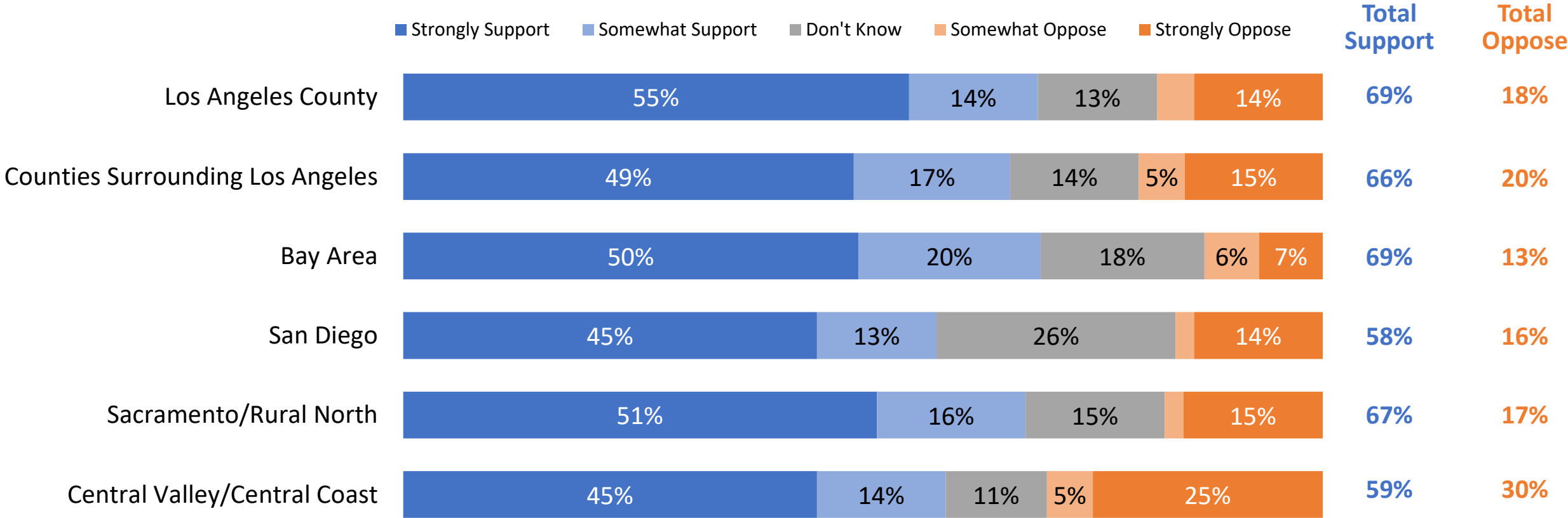
By Household Income, Residence & Living with a Disability



Q22. Some people have said that the State of California should replace all Medicare, Medi-Cal, Covered California, and private job-based insurance plans with a single statewide, government-run program that would cover health care for all people who live in California, regardless of income. It would cover the full range of health care services: physical health, mental health, dental, vision, and services like treatment for alcohol or drug use problems, including addiction. Would you support or oppose this proposal?

Support cuts across the state's regions, but is broadest in LA County and the Bay Area.

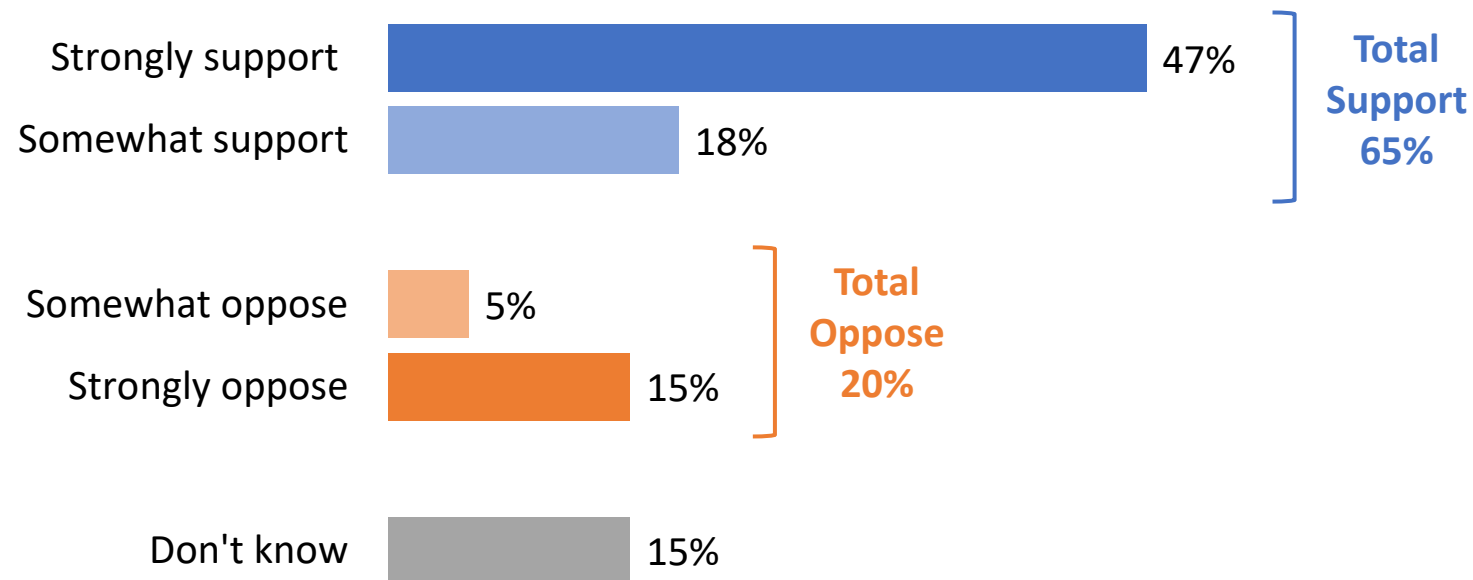
By Region



Q22. Some people have said that the State of California should replace all Medicare, Medi-Cal, Covered California, and private job-based insurance plans with a single statewide, government-run program that would cover health care for all people who live in California, regardless of income. It would cover the full range of health care services: physical health, mental health, dental, vision, and services like treatment for alcohol or drug use problems, including addiction. Would you support or oppose this proposal?

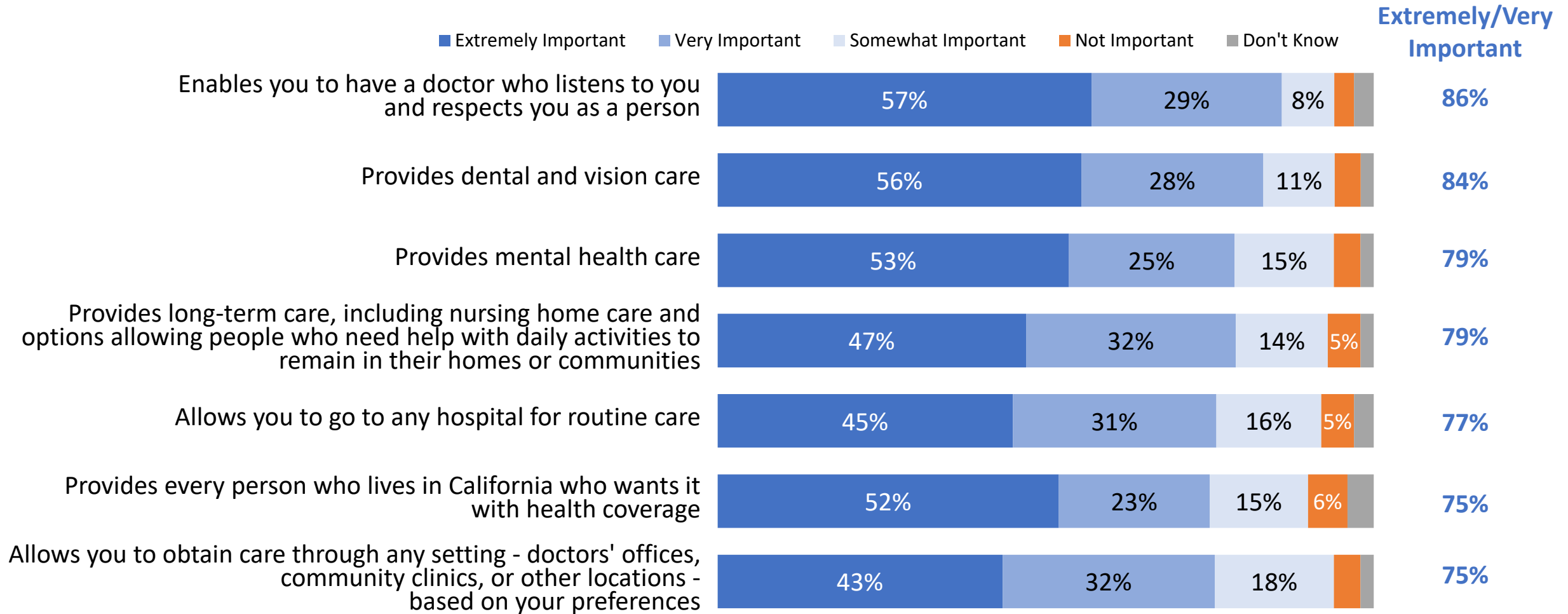
Nearly two-thirds support a potential funding approach that replaces co-pays, coinsurance and deductibles with a progressive tax structure.

Currently, how much people pay for health insurance and care depends on whether they have insurance and what kind, how much care they need, and in some cases their income. Under a single statewide health program, out-of-pocket costs (like co-payments, coinsurance and deductibles) would be eliminated or dramatically reduced for all people who live in California, and everyone's health care would be paid for through California's tax system, with people with higher incomes paying a larger share of their income and people with lower incomes paying a lower share.



Q24. Does this approach to paying for a single statewide program to cover health care for all people who live in California sound like something you would support or oppose?

Among potential features of a statewide system, respondents prioritize having a doctor who listens and dental, vision, mental health and long-term care.

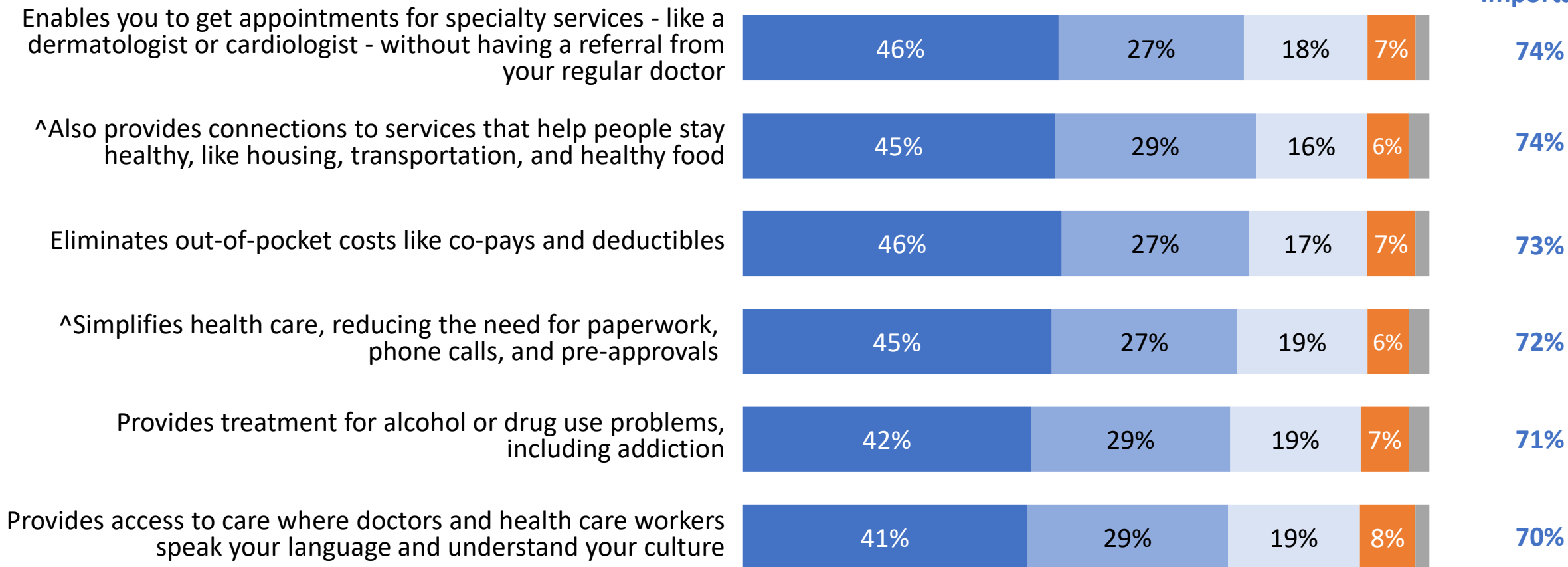


Q23. You will see a list of features that a single, statewide health program might have. Please indicate how important each feature is to you -- extremely important, very important, somewhat important, or not important. Split Sample

Accessing specialty services without a referral and having connections to other services to stay healthy fall into a second tier of importance.

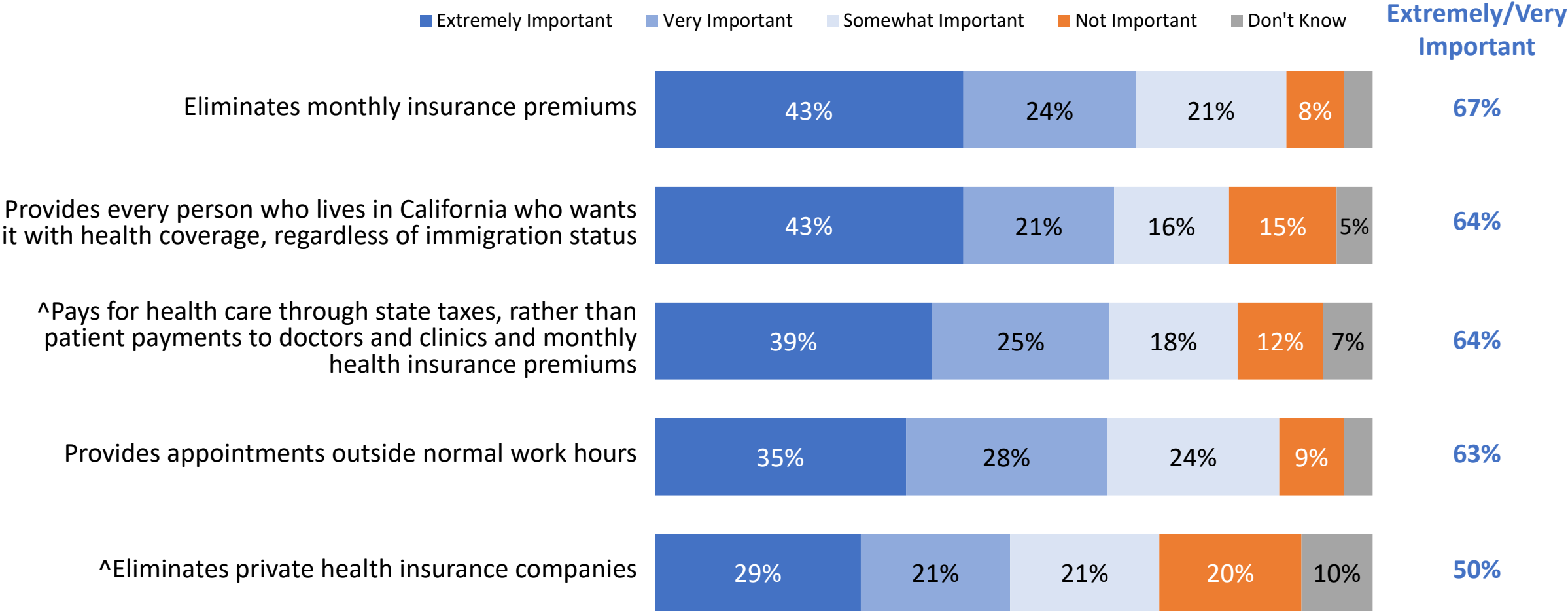
■ Extremely Important ■ Very Important ■ Somewhat Important ■ Not Important ■ Don't Know

Extremely/Very Important



Q23. You will see a list of features that a single, statewide health program might have. Please indicate how important each feature is to you -- extremely important, very important, somewhat important, or not important. ^Not Part of Split Sample

Respondents do not see much urgency to eliminating private health insurance companies.



Q23. You will see a list of features that a single, statewide health program might have. Please indicate how important each feature is to you -- extremely important, very important, somewhat important, or not important. ^Not Part of Split Sample

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OPINION
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Improving California's Health Care System:

Views and Perspectives from Community Based Organizations Serving Californians with Low Incomes



Overview and Methodology

Purpose: Capture the perspectives of community organizations, coalitions and stakeholders with knowledge and expertise of a representative sampling of California's many diverse populations with low incomes.

Methodology

Interviews: 34 community-based organizations

- **Location served:** 15 statewide, 8 Los Angeles County, 8 Central Valley, 1 San Francisco Bay Area, 2 North Coast.
- **Rural vs. urban:** 14 urban and rural, 4 primarily rural, and 16 urban.
- **Communities primarily served:** 19 multi-ethnic, 10 Latino, 2 African Americans, 3 Asians, 2 Pacific Islanders and 2 Indigenous
- **Additional demographics covered:** LGBTQ and disabled

Survey: 56 responses

- **Geographies:** 10 North Coast, 10 San Francisco Bay Area, 18 Central Valley, 4 Inland Empire, 9 Los Angeles County, 2 Orange County and 3 statewide.
- **Job focus:** 1 legal advocacy, 10 policy advocacy, 4 health education, 8 social services education, 17 connecting people to health coverage, 6 health care provision and 10 other.
- **Communities primarily served:** 5 African American, 34 Latino, 7 white, 3 Asian and Pacific Islander, 7 multiracial or other.

Toplines: Key Challenges of Existing System

- **High cost and lack of affordability**
- **Need for greater upstream addressing of social determinants of health, and preventive health care**
- **Lack of access to care, difficulty with care navigation due to system complexity**
- **Racism, lack of cultural competency and limited language accessibility**
- **Workforce shortages**

Overall Attitudes Towards a Single Unified Health Care System for California

- **Health care as a human right.** Any new health care system must hold the core value of health care as a fundamental right.
- **Advocates support universal and comprehensive care coverage,** with no limitations on providers and full coverage of physical health, mental health, dental, vision, long-term care, in-home care and treatment for substance use.
- **Maintain consumer protections.** A single, unified government-run health care system to be designed to deepen and expand on what is already available through Medi-Cal.
- **Advocates are critical of employer-provided coverage,** because it is inconsistently available and costly.
- **Value in simplicity.** Advocates believe that a single unified health care system can help reduce costs and streamline access to care.

Survey: 83.9% support a single statewide program that would cover health care for all people who live in California, regardless of income.”

“I think that for any type of new health system design, there has to be a discussion around the values that it is based on. Is healthcare a human right or is it not? Under the current system, it is not. Those decisions need to be made as we're developing the system.”

- Interviewee

Cost and Affordability

- **There is broad consensus that copays and premiums should be eliminated** for all people with low incomes.
 - **Respondents generally disagree with the idea that nominal copays are useful** in making sure people seek care they actually need. Even nominal copays for “accountability” can make care unaffordable.
- **There is broad consensus that funds to pay for a single system and to secure coverage for all must be raised through taxes**, not through cuts to other essential social services.
 - **Advocates support higher taxes for some, to ensure that all people can be covered.** Many suggest that the cost savings overall may cancel out this increase.
 - **Any taxation to finance a single health care system must not put undue burden on people who earn low incomes.**

Survey: 100% reported affordability of care as a challenge for the community they work with.

- *61% strongly supported eliminating out-of-pocket costs like copays and deductibles*
- *55% strongly supported eliminating monthly insurance premiums*

“If there is a copay, a lot of people delay care or don't fill their prescriptions, because they're trying to save money. If you have a bill to pay, rent due, to pay for food, you're going to choose to take care of your family first over health care.” - Interviewee

Upstream Care and Prevention

- **Advocates agree that the system can improve health equity and reduce costs** by improving upstream social determinants of health and increasing access to preventive health care.
- **Advocates support the coordination of health and social services** and streamlining application processes for social services.

“Social services are the fabric of what low-income people need to be okay in their lives, and they need someone to be the bridge to those services. But, it's very difficult to put them all under one program, or have them be under one umbrella, because a lot of them are funded differently. So, you've got to figure out a bridge.” - Interviewee

Survey: 100% of respondents listed helping patients prevent health problems extremely or very important in designing a system that will better serve low-income Californians

“We don't have environments that are promoting good health. So we have a lot of sick people, individuals who are developing those chronic diseases. We're in this vicious cycle of not having the environments and systems that actually promote and sustain good health, and then we don't have all of the systems and service providers in order to treat people once they do get sick.” - Interviewee

Care Navigation, Access and System Complexity

- **More effective system navigation must be an essential component for any single statewide health program.** Californians with low incomes experience extraordinary hardships attempting to navigate, understand and utilize care.
- **Community-based organizations should have a larger, formalized and more influential role,** given their level of cultural competence, relationships, trust, and experience helping consumers navigate the system and access services.
- **Advocates support greater records compatibility,** and/or a universal health database system, to ensure better portability of medical records.
- **Interviewees and survey respondents had mixed views about the ability to choose any provider.** When presented with choice between providers, or low-cost, accessible coverage, advocates primarily chose access and cost. However, choice becomes more critical when considering cultural competence.

Survey: 98% of advocates surveyed indicated that complexity and inability to navigate the system was a challenge for the communities they work with. Ninety-one percent indicated it was a major challenge

“The community health workers at these community health centers and organizations often have trusted relationships and are able to navigate specific concerns and nuances of the communities they serve. It is critical that these entities continue to receive support from the state of California.”
- Interviewee

Care Accessibility and Logistics

- **Several logistical barriers to accessing care**, including transportation, lack of child care and inability to take time off work to get care.
- **Interviewees and survey respondents reflected mixed feelings on the value of telehealth**, because while it may help alleviate transportation challenges, some lack the internet connection, technology or skills to access this service.

Survey: 77% of advocates reported that folks having a hard time visiting a doctor's office, hospital or clinic due to a disability was a challenge in their community.

Survey: 95% of survey respondents cited lack of transportation to get to the doctor's office, clinic or hospital as a challenge for the low-income communities they work with

“The traditional barrier with this population [is that] it's hard to take time off work to get to appointments. It is hard to get to appointments because transportation is not always reliable, even the ones that are funded and paid for by Medi-Cal. And they may not have sick time to get to appointments, they may not know where to go and they may have other priorities that are more important.” - Interviewee

Health Care Equity, Workforce and Cultural Competency

- **Develop standards of care based on cultural competency.**
 - **Access is insufficient unless it includes competency.** Patients will then forgo care rather than attend providers they can't trust.
- **Greater partnerships between community-based organizations** and system providers will improve cultural competency.
 - **Advocates support workforce development and training initiatives** to improve care availability and increase resources for culturally relevant and high quality care.
- **Facilitate co-ownership and system redesign** to center the needs of people with low incomes.

Survey: When asked to prioritize what they would like a redesigned health care system to accomplish, treating all patients with dignity and respect regardless of income, race, ethnicity or documentation status was second most often chosen as the number one priority.

“Immigrant communities, farmworker communities, are experiencing low quality care because of systemic racism.” - Interviewee

Survey: 80% who serve the low-income African American community cited systemic bias, including lack of respect by providers, as a major challenge for their community. Compared to 46% of respondents overall.

Survey: 59% of advocates listed language barriers or lack of care in their language as a major challenge for folks in their community.

Other Pertinent Issues

- **Specific benefits and services eligibility required for Native communities**, in order to ensure that cultural forms of healing and health care can be included in care delivery.
- **Traditional and culturally relevant healing practices should be covered to serve needs of Asian American and Pacific Islander communities.**
- **Those serving the LGBTQ community emphasized the need for culturally competent care.**
 - System-wide reform to ensure that trans people have appropriate accommodations.
- **Incorporate approaches that are more inclusive and supportive of people with disabilities**
 - People with lived experience need to be at decision-making table; sensitivity to physical infrastructure of health care settings

“We need providers that would be more understanding of disabilities because in my experience, it definitely has been considered negative. They may think as a patient, you're not competent to be a parent or you're not competent to do certain things. So I think more sensitive providers would be really helpful in kind of ending that stigma and it invites more people to want to go and get treatment.” - Interviewee

“The health system has really failed Asians and Pacific Islanders, because everything is centered around Western approaches in Western medicine. And we've only seen a couple of insurance plans that actually cover healing practices like acupuncture. It is still difficult for the broader health care system to recognize treatments that are not Western based to be acknowledged as legitimate practices that actually do help our communities' health and wellbeing.” - Interviewee