Access to Healthcare in Shasta County

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Introduction

Access to healthcare in a community helps to promote healthy lifestyle changes, decrease or manage disease burdens, reduce preventable disability or death, and create health equity.[1] Across the U.S., many people face substantial barriers that keep them from gaining basic services that could greatly improve their health. Difficulty accessing medical care is more common among racial and ethnic minorities, those of low socioeconomic status, and can vary by age, disability status, sex, gender identity, sexual orientation, and area of residence.[2]

The Patient Protection and Affordable Care Act (ACA) was signed into law on March 23, 2010, and was the largest expansion of health insurance coverage since 1965. As a result of the ACA, California's Medicaid expansion went into effect on January 1, 2014. Since this time, California has seen a significant decline in those who are uninsured. In Shasta County, more individuals also have access to insurance and care. However, this increase has not been universal among all residents within Shasta County.[3] Shasta County residents' level of access, and by extension their health outcomes, can be improved by knowing more about disparities in access to healthcare, and using this information to create targeted programs and services. The repeal of the individual insurance mandate attached to the Tax Cuts and Jobs Act in November 2017 may cause reductions in insurance coverage, according to predictions by some healthcare economists;[3, 4] however, at the time of this report, which includes data from years prior to the expansion of Medicaid, it is too soon to measure the effects on health insurance coverage without the individual mandate.

Health Insurance Coverage

Lack of Insurance

Since 2008, the percent of residents who are uninsured has dropped significantly, with the most notable decreases beginning in 2014 and coinciding with the individual mandate for health insurance coverage and the Medicaid expansion. Simultaneously, the number of adult and child Medi-Cal enrollees in Shasta County increased by nearly 100% between mid-2013 and mid-2018, 40% of which occurred since the official expansion of Medi-Cal.

Figure 1 Percent of Residents With No Health Insurance

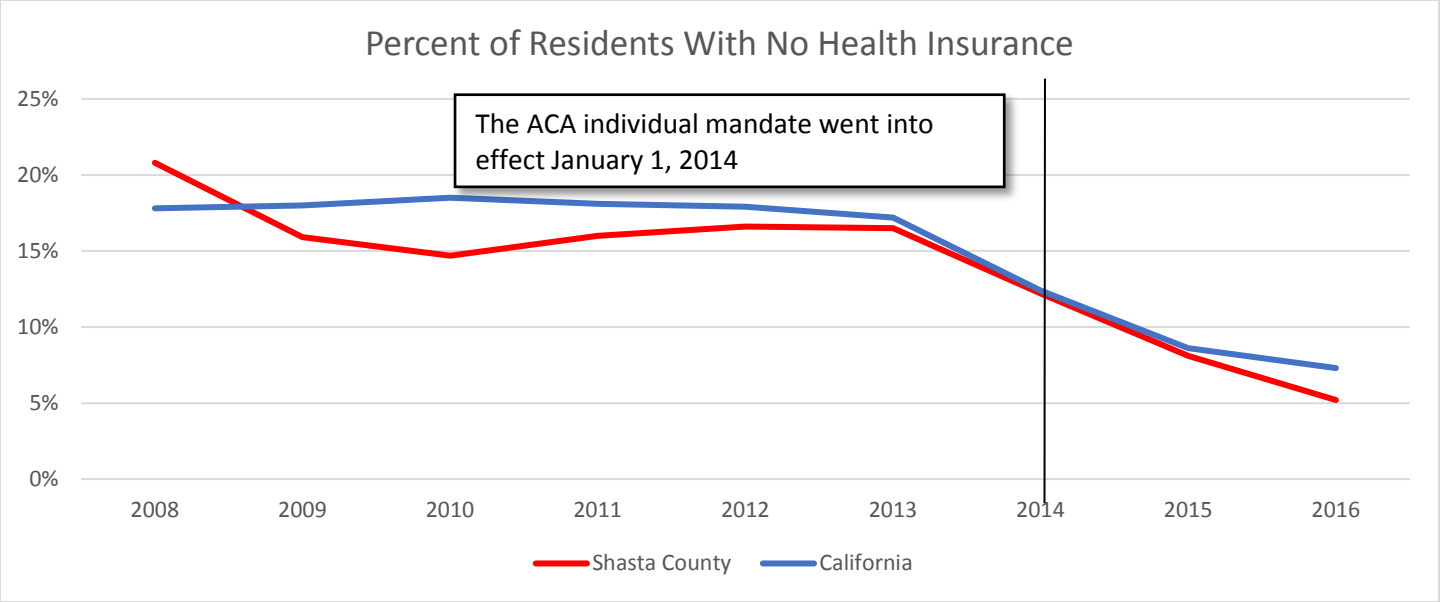
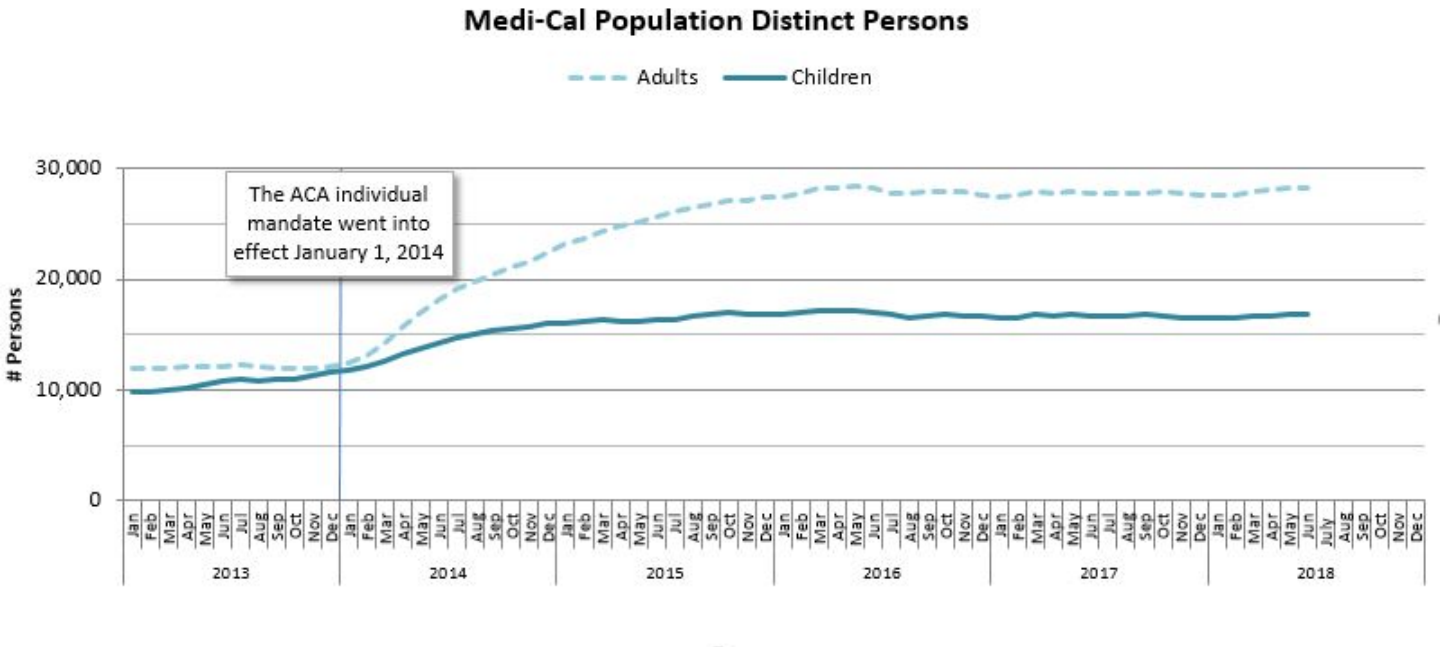
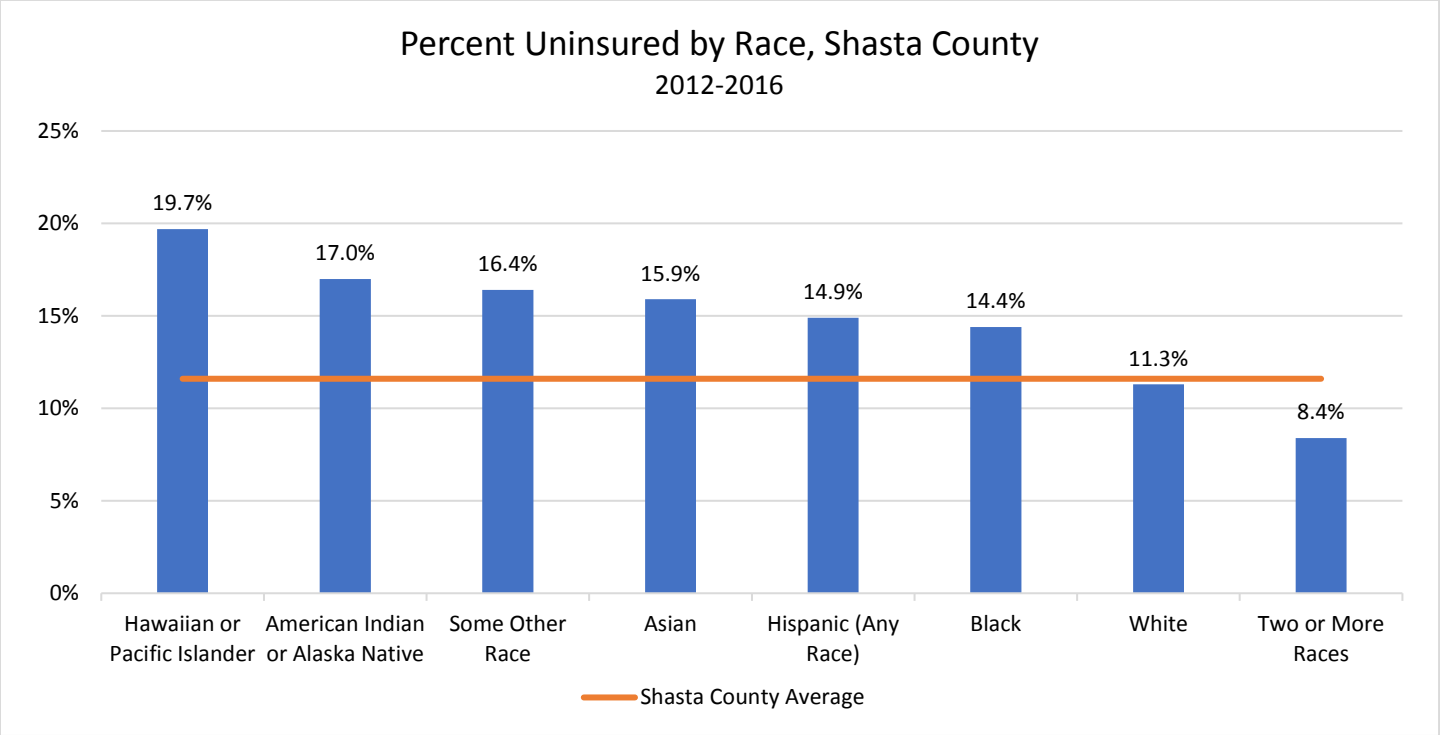


Figure 2 Medi-Cal Population Distinct Persons



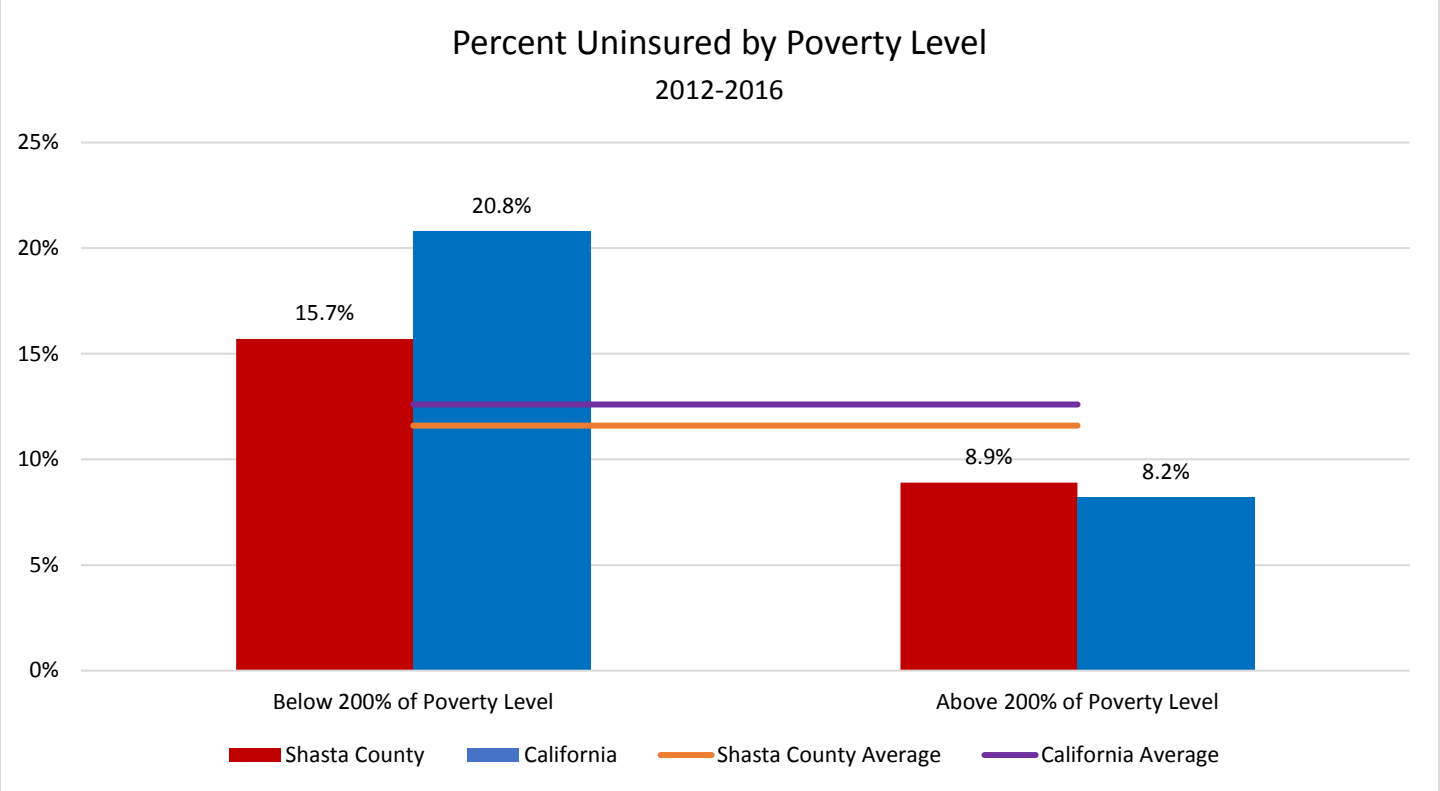
The remainder of indicators in this report are aggregated across multiple years to improve stability of statistical comparisons using small population groups. In 2012-16, 11.6% of Shasta County residents lacked health insurance. This was significantly better than the state average of 12.6%. There were no statistically significant differences among racial and ethnic groups who lack health insurance. Men were significantly more likely at 13.0% to lack health insurance than women at 10.2%.[5] Lower income Shasta County residents were less likely than Californians of the same income level to be uninsured.

Figure 3 Percent Uninsured by Race, Shasta County 2012-2016



Source: American Community Survey, Table S2701

Figure 4 Percent Uninsured by Poverty Level



Source: American Community Survey, Table C27016

Percent Uninsured by Geographic Area

The maps below show the percentage of Shasta County residents who lack health insurance by census tract. Darker regions have a higher percentage of uninsured residents.

Figure 5 Percent of Shasta County Residents with No Health Insurance Coverage, by Census Tract

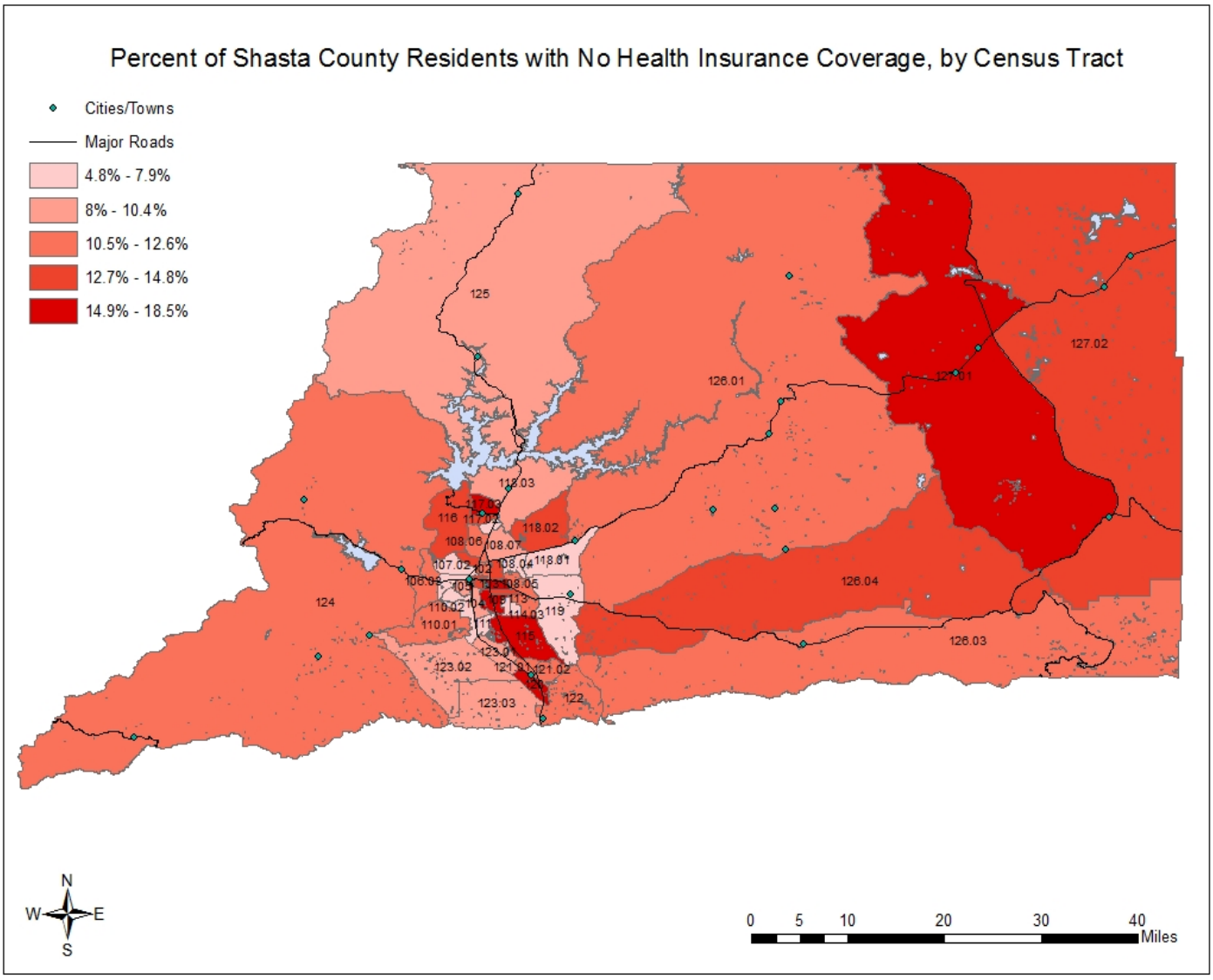
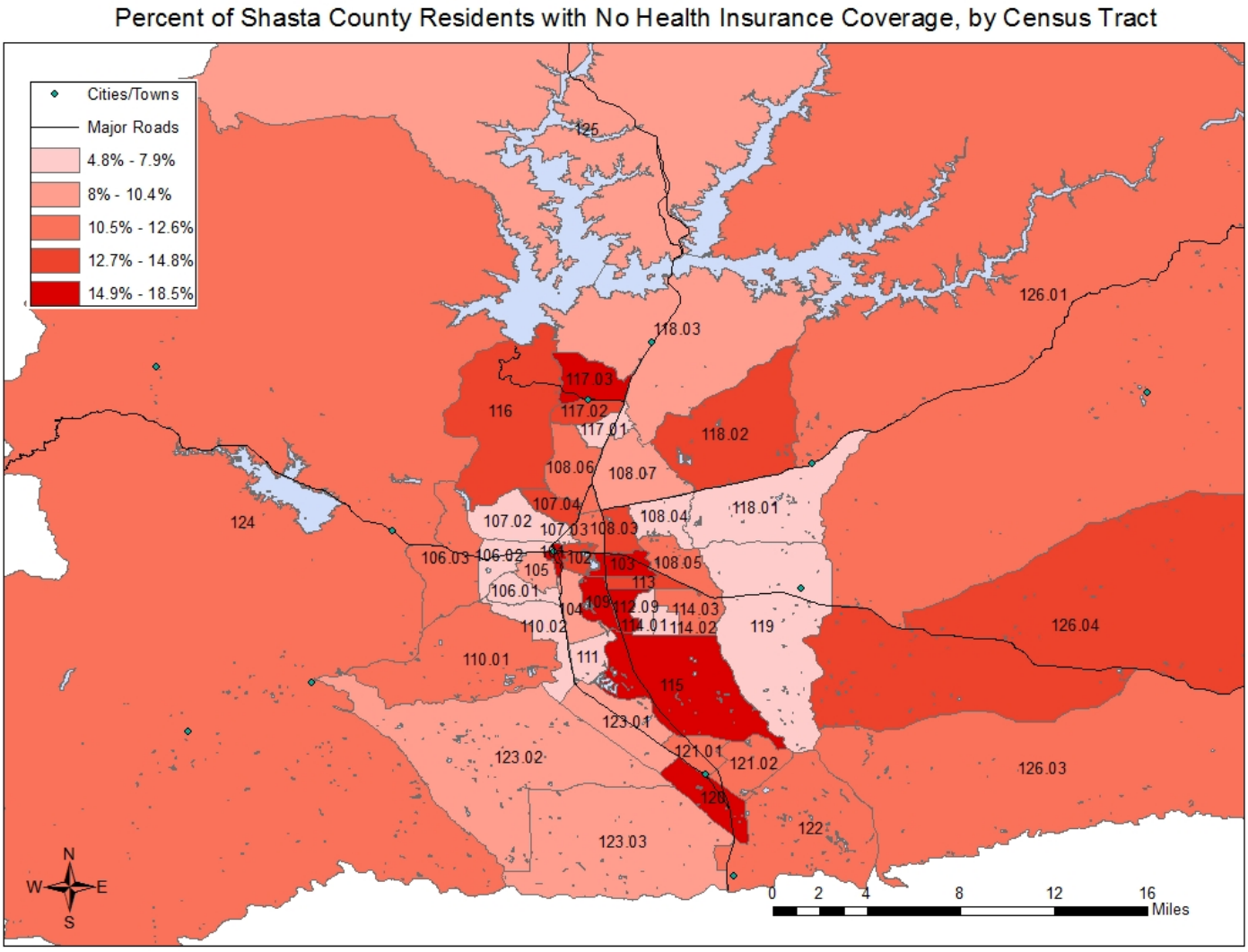


Figure 6 Percent of Shasta County Residents with No Health Inusrance Coverage, by Census Tract

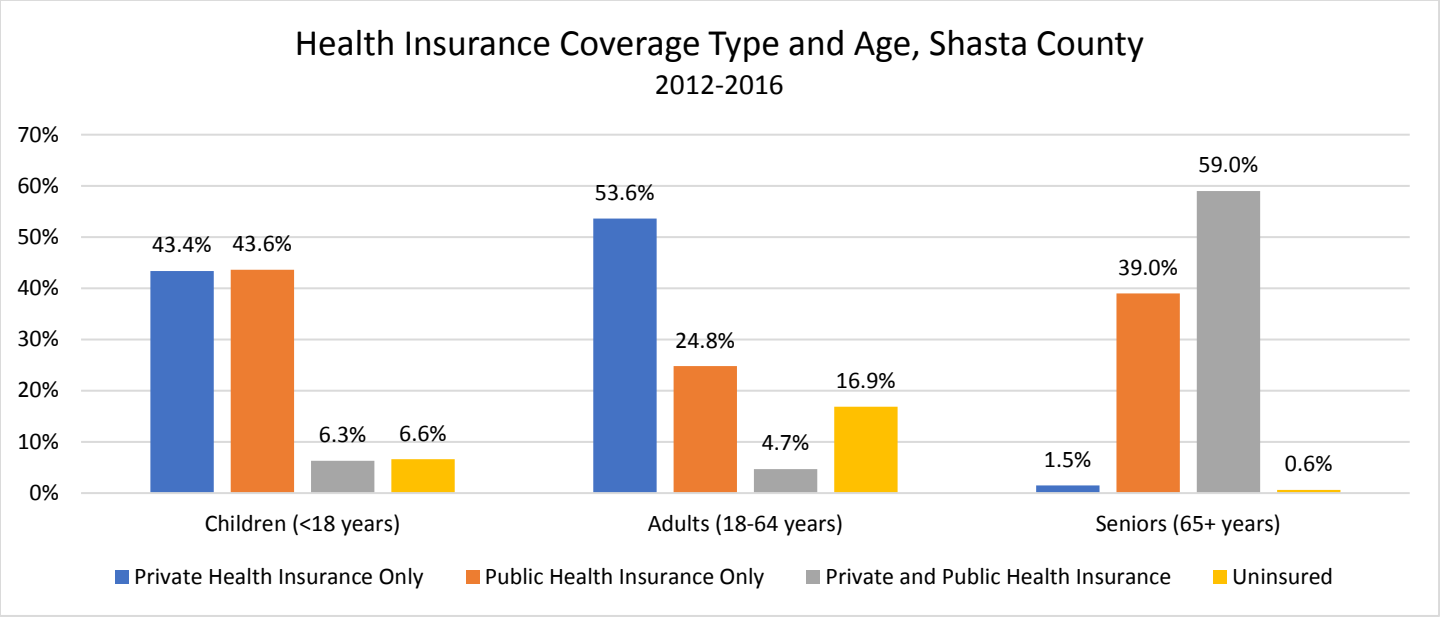


Insurance Type

Having insurance increases access to care, which may lead to greater use of preventive medical care such as immunizations, routine health screenings, and earlier recognition and treatment of potentially significant medical conditions. This can reduce illness and death. Access to insurance can also reduce the risk of financial strain from medical spending.[6]

The chart below shows type of insurance by age group. Shasta County seniors were covered largely by public sources of insurance including Medicare, while 18-64 year old adults had the largest proportion of uninsured residents. Children had a mix of private and public sources of coverage.[5]

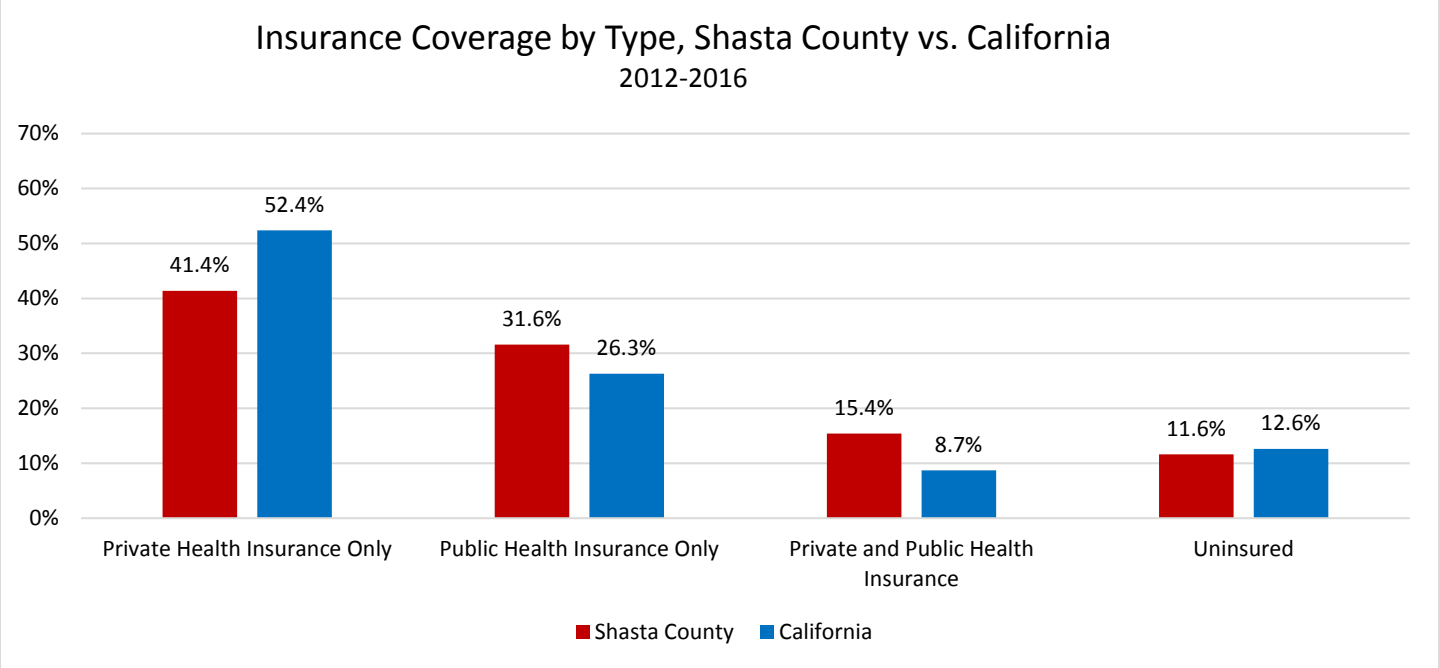
Figure 7 Health Insurance Coverage Type and Age, Shasta County



Source: American Community Survey, Table B27010.

Private health insurance was the most common type used by county residents, but was less common in Shasta County than in the general California population. Conversely, public insurance was less commonly used by Shasta County residents, but was used by a larger percentage compared to all Californians. The chart below shows coverage type in Shasta County vs. California. Private-only insurance was significantly less common in Shasta County (41.4%) than California (52.4%). Public-only insurance was significantly more common in Shasta County (31.6%) than California (26.3%). Significantly more Shasta County residents (15.4%) used a combination of private and public insurance types than did Californians (8.7%).[5]

Figure 8 Insurance Coverage by Type, Shasta County vs. California 2012-2016



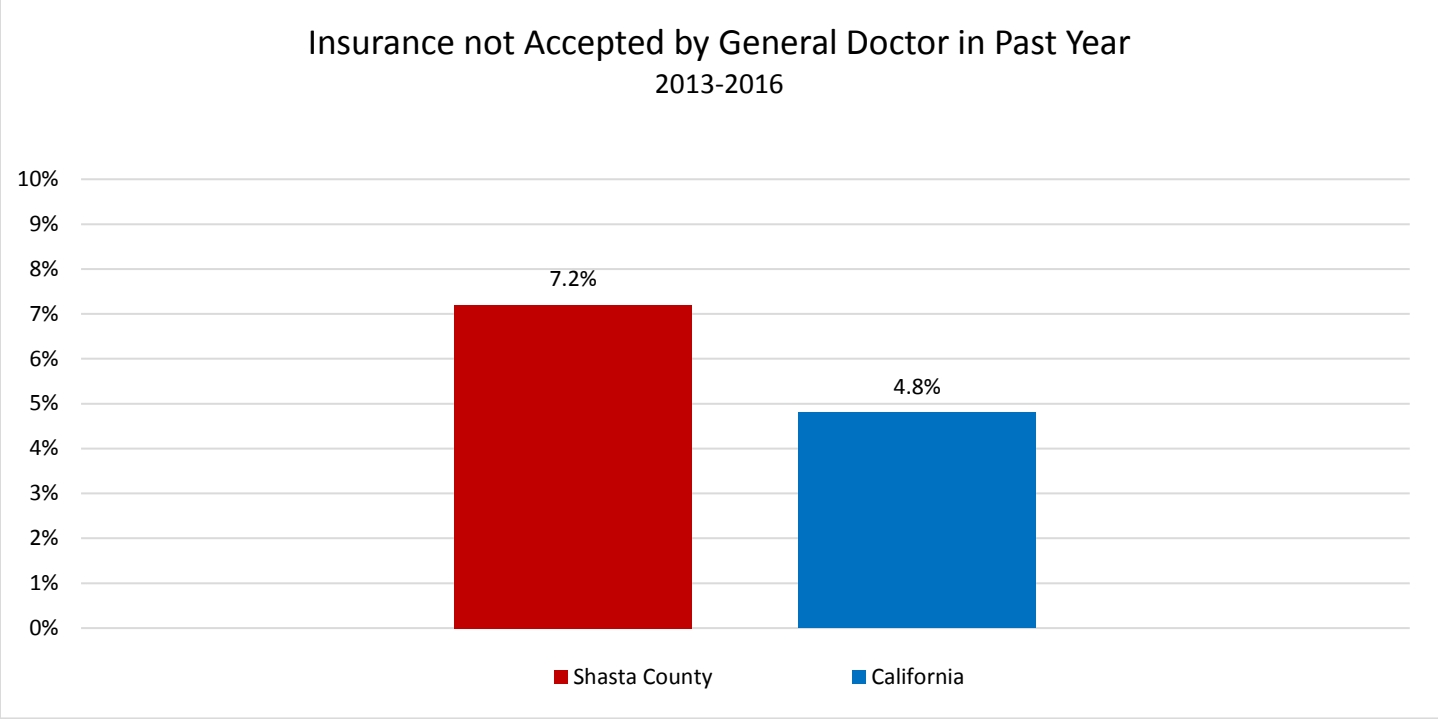
Source: American Community Survey, Table B27010.

Primary Care Provider Acceptance of Insurance

People who have access to a primary care provider have been shown to have fewer emergency room visits, lower rates of hospitalizations, increased patient satisfaction and fewer unmet medical needs.[7] Those who have a primary care provider that they can regularly see when sick or in need of medical advice have also been associated with lower complication rates for patients with chronic conditions, lower total costs, and lower episode-based costs for chronic conditions.[7,8]

In 2013-2016, 7.2% of Shasta County residents ages 18 and older reported that their insurance had been declined by a general (primary care) doctor in the past 12 months. This was statistically similar to the California rate of 4.8%. Primary care doctors' acceptance of insurance for Shasta residents did not vary significantly by patient demographics.[9]

Figure 9 Insurance not Accepted by General Doctor in Past Year 2013-2016



Source: California Health Interview Survey, 2013-2016.

Acceptance of Insurance by Medical Specialists

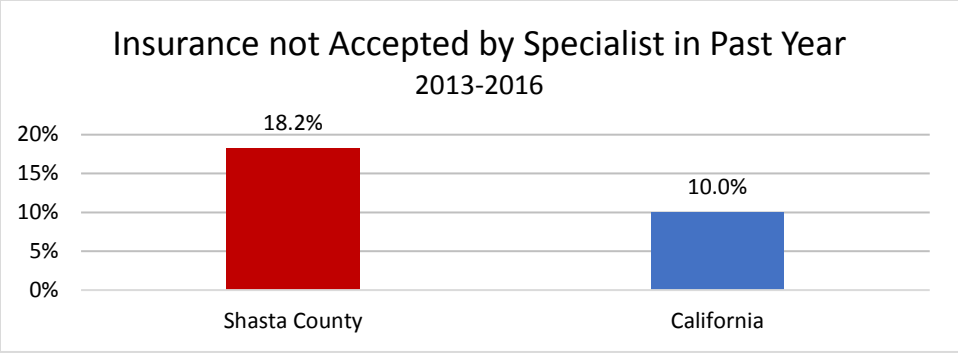
Shasta County adults (18-64) were significantly more likely to have their insurance declined by a medical specialist in the past year than similar Californians.[9]

Table 1 Insurance not accepted by medical specialist in past year (18+), 2013-2016

	Shasta County	California
Insurance Declined by A Specialist	18.2%	10.0%
Rates by Age		
18-64	**25.5%**	12.3%
65+	#	4.0%

BOLD= Statistically different than California rate. ^ Statistically different within Shasta County demographic. * statistically unstable: has not met criteria for a minimum number of respondents or exceeded acceptable value for coefficient of variance. #: Suppressed due to small numbers. Source: California Health Interview Survey, 2013-2016.

Figure 10 Insurance not Accepted by Specialist in Past Year



Source: California Health Interview Survey, 2013-2016.

Healthcare Provider Availability

For people to access health care, adequate resources need to be available in the community. The ratio of residents to healthcare providers is one measure of adequacy of care in the community, and a lower ratio of residents to providers indicates that residents are more likely to be able to receive the care they need.

Primary Care

Regular use of primary care prevents chronic diseases from becoming emergencies by improving disease detection and early treatment. Primary care can also lower the cost of healthcare for a community by reducing preventable emergency room visits and hospitalizations.[8] In 2015, Shasta County had fewer primary care providers per capita than California, and both lagged behind the top 10% of U.S. counties.[10] However, the ratio of residents on Medi-Cal to Shasta County primary care providers who accept Medi-Cal is better than the overall county ratio of residents to primary care providers.

Mental Health

Mental health is not just the absence of mental illness, but rather, "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community."[11] In 2016, Shasta County had slightly fewer mental health providers per capita than California.[10]

Dentists

Regular dental visits are important for preventing, diagnosing, and treating many dental conditions, including tooth decay, gum disease, and oral cancer. More than 1 in 4 U.S. adults are estimated to have untreated tooth decay. In 2012, there were 40,000 new cases of oral cancer, causing 9,000 deaths.[12] In 2017, Shasta County had fewer dentists per capita than California.[10]

Table 2 Ratio of population to healthcare providers

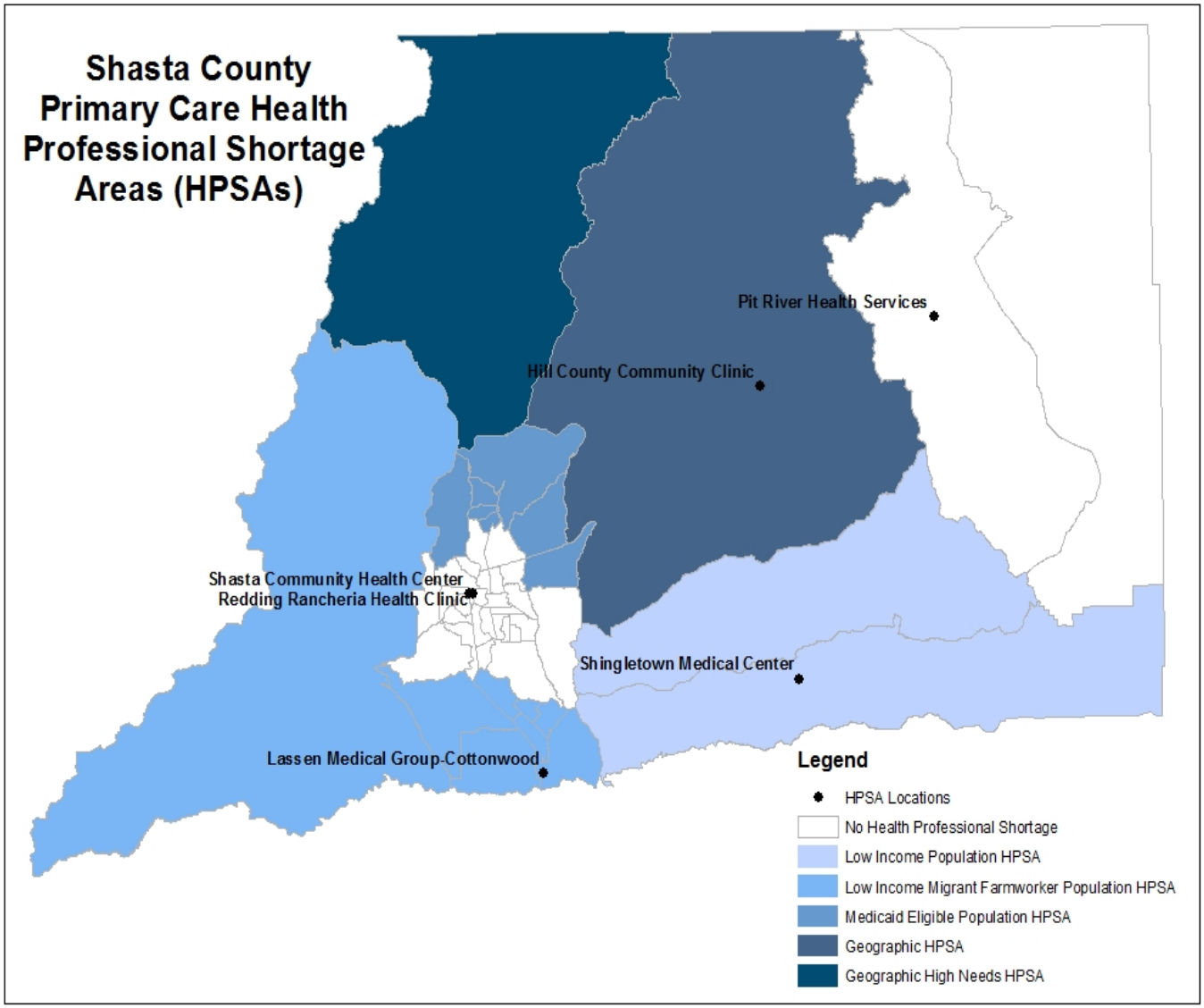
	Shasta County	California	National Benchmark, exceeded by top 10% of counties
Primary care providers	1370:1	1281:1	1040:1
Primary care providers who accept Medi-Cal*	404:1	NA	NA
Mental Health Providers	360:1	324:1	330:1
Dentists	1382:1	1214:1	1280:1

*Ratio includes residents with Medi-Cal insurance and primary care providers who accept Medi-Cal.

Health Professional Shortage Areas

Health Professional Shortage Areas (HPSAs) are designated by the United States Health Resources and Services Administration as having shortages of primary care, dental care, or mental health providers. HPSAs may be found in a geographic area, among a special population, or in healthcare facilities. Within Shasta County, all three types of HPSAs have been designated for primary care professionals. Health professional shortages exist among those serving the low-income community, Medicaid (Medi-Cal) eligible, and migrant farmworkers. A geographic shortage of primary care professionals is in the northwestern part of the county. Six clinics have been designated as HPSAs: Shasta Community Health Center, Redding Rancheria Health Clinic, Hill Country Health and Wellness Center, Shingletown Medical Center, Pit River Health Services, and Lassen Medical Group in Cottonwood.[13] There are 135 primary care providers who accept Medi-Cal in Shasta County, and of these, 100 are accepting new patients as of August 2018.[14]

Figure 11 Shasta County Primary Care Health Professional Shortage Areas (HPSAs)



Usual Source of Care

Those who have a usual place to go when sick or in need of medical advice are more likely to also use primary and secondary preventive services, such as immunizations and routine disease screenings. They are also more likely to seek medical care for ongoing health conditions before they progress to a more urgent stage.[15] There is also an association between having a usual source of care and fewer emergency department visits and shorter hospital stays, primarily due to the use of preventive care.[8] When people do not have a usual source of care it reduces their access to necessary services which may result in poorer health outcomes.[8]

In 2013-2016 Shasta County's residents as a whole, and in particular uninsured residents, adults (18-64), and residents under 200% federal poverty level were more likely to have a usual source of care than similar groups of Californians. The majority reported that they usually access healthcare through community or government clinics or hospitals, not including emergency rooms or urgent cares.[9] This may be due to the presence of a strong network of community health clinics, with four Federally Qualified Health Centers and two Tribal Health Centers in Shasta County. However, uninsured Shasta County residents were significantly less likely than insured residents to have a usual source of care. Shasta County seniors have significantly higher likelihood of receiving care at a doctor's office compared to younger adults and children. Nearly 90 percent of residents do have a usual source of care, better than the state rate.[9]

Table 3 Have usual place to go to when sick or need health advice Shasta County and California (all ages), 2013-2016

	Shasta County	California
Total Who Currently Have a Usual Source of Care	**87.9%**	83.7%
Rates by Gender		
Male	85.2%	80.3%
Female	91.3%	87.0%
Rates by Race/Ethnicity		
White Non-Hispanic	89.3%	88.5%
Non-White (Including Hispanic)	82.9%*	80.6%
Rates by Current Insurance Status		
Currently Insured	89.6%^	87.3%
Not Currently Insured	**70.8%^**	51.9%
Rates by Age		
0-17	87.8%*	89.3%
18-64	**85.8%**	79.5%
65+	95.1%*	93.4%
Rates by Poverty Level		
Less than 200% Federal Poverty Level	**85.7%**	77.7%
Greater than 200% Federal Poverty Level	89.4%	87.6%

BOLD= Statistically different than California rate. ^ Statistically different within Shasta County demographic. * statistically unstable: has not met criteria for a minimum number of respondents or exceeded acceptable value for coefficient of variance. Source: California Health Interview Survey, 2013-2016. Usual source of care includes: doctor's office and community or government clinics and community hospitals and includes Federally Qualified Health Centers. Excludes those who report their usual source of care is an emergency room, urgent care, some other place, no single place, or no usual source of care.

Delayed or Forgone Needed Medical Care

Delaying or not receiving needed medical care can lead to complications and poor health outcomes. Factors like cost, lack of insurance, or other concerns can prevent patients from receiving prompt medical care.[8]

In 2013-2016, uninsured Shasta County residents were more likely to delay or forgo care than both insured Shasta County residents and uninsured Californians. Shasta County adults (18-64) were more likely to delay or forgo medical care than Californians of the same age.[9]

Table 4 Delayed or didn't get needed medical care (all ages), 2013-2016

	Shasta County	California
Delayed or didn't get care	15.1%	11.4%
Rates by Gender		
Male	12.9%	9.8%
Female	17.9%	13.0%
Rates by Race/Ethnicity		
White Non-Hispanic	15.8%	14.1%
Non-White (Including Hispanic)	12.5%*	9.7%
Rates by Current Insurance Status		
Currently Insured	13.1%^	10.9%
Not Currently Insured	**33.5%^**	15.6%
Rates by Age		
0-17	0%*	4.3%
18-64	**24.1%**	15.1%
65+	4.3%*	6.3%
Rates by Poverty Level		
Less than 200% Federal Poverty Level	17.2%	12.2%
Greater than 200% Federal Poverty Level	13.5%	10.9%

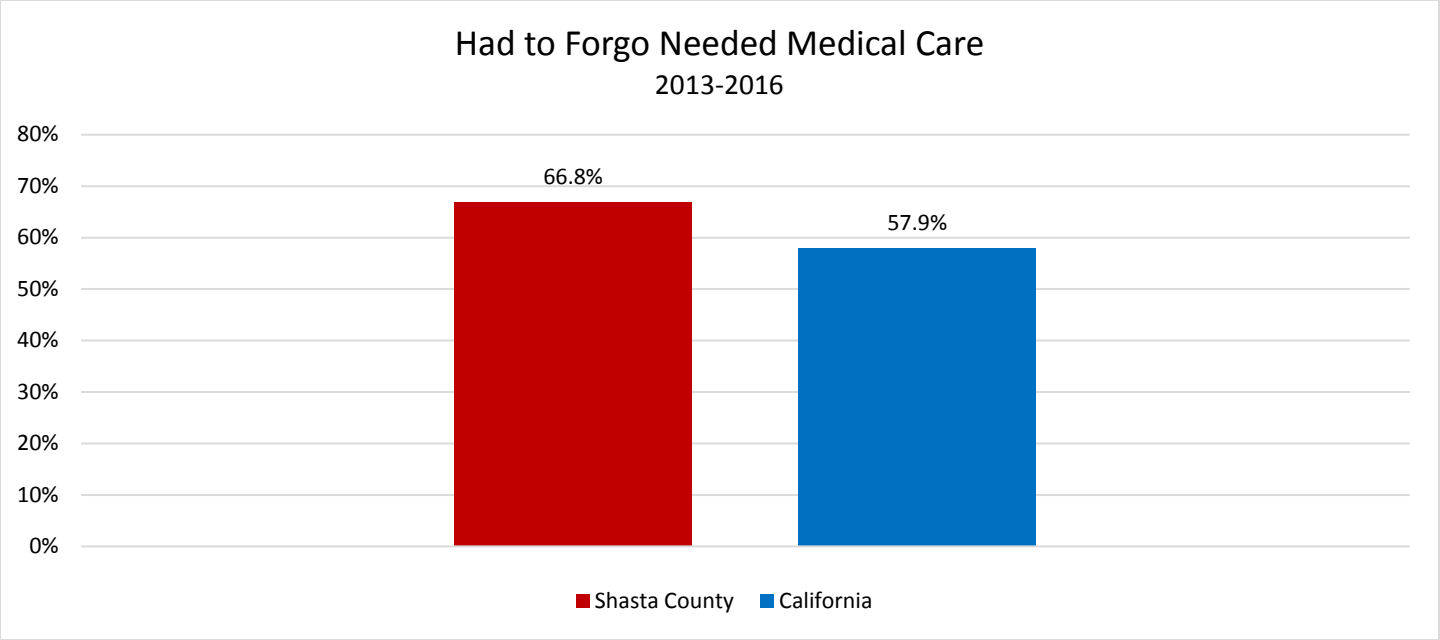
BOLD= Statistically different than California rate. ^ Statistically different within Shasta County demographic. * statistically unstable: has not met criteria for a minimum number of respondents or exceeded acceptable value for coefficient of variance. @ Private source of care includes: Doctor's Office. & Public source of care includes: community clinic/government clinic/community hospital. ~ No usual source of care includes: emergency room, urgent care, some other place, no one place, or no usual source of care. Source: California Health Interview Survey, 2013-2016.

Forgone Medical Care

For this measure, those who responded that they delayed or did not receive other needed medical care in the past 12 months were asked whether they eventually received the care, or had to forgo care entirely.[9] As a result of forgoing needed medical care, individuals may not receive treatment for existing diseases or strategies that can reduce the impact of an ongoing illness or injury, potentially increasing the risk of emergency room visits or hospitalization rates if an illness or injury becomes more urgent.[8]

Most Shasta County residents (66.8%) who reported delaying or forgoing needed care had forgone the care entirely, statistically similar to the California rate of 57.9%. Forgone medical care among Shasta residents did not vary significantly by demographics.[9]

Figure 12 Had to Forgo Needed Medical Care 2013-2016



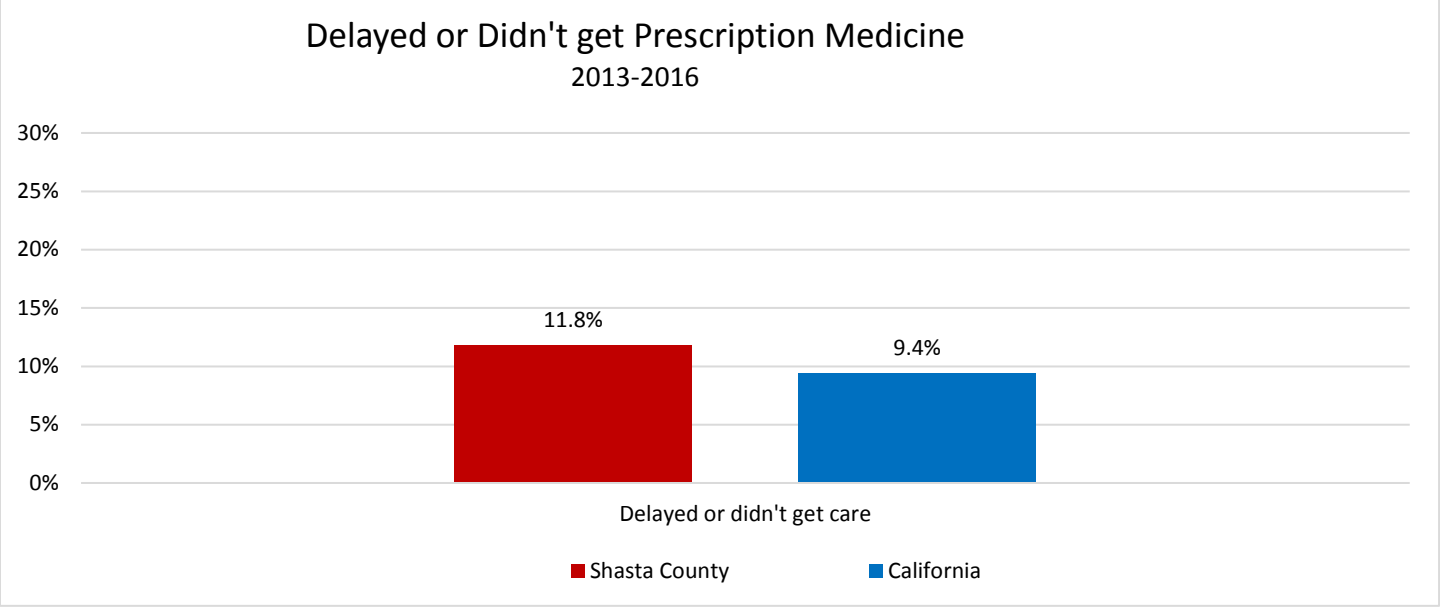
Source: California Health Interview Survey, 2013-2016.

Delayed or Forgone Prescription Medication

Delaying or not getting needed prescription medicine can slow or prevent recovery and has been linked with poor clinical outcomes.[16] It is estimated that delaying or not getting prescription medicine causes 30 to 50 percent of chronic disease treatment failures and 125,000 deaths per year in the United States.[17]

In 2013-2016, 11.8% of Shasta County residents said they had delayed or skipped filling prescription medication in the previous 12 months. This rate was statistically similar to the California rate. Delayed or forgone prescriptions among Shasta County residents did not vary significantly by demographics.[9]

Figure 13 Delayed or Didn't get Prescription Medicine 2013-2016



Source: California Health Interview Survey, 2013-2016.

Reason for Delaying or Forgoing Needed Medical Care

For this measure, those who responded that they delayed or skipped needed medical care were asked to identify the main reason. Possible reasons included cost or lack of insurance, healthcare/provider issues or other barriers, and personal reasons.[9] Healthcare provider issues include language barriers and difficulty getting an appointment. Personal reasons included inconvenient hours, forgotten or lost referral, not having time, and lack of childcare. Cost or lack of insurance included insurance not accepted, needed care was not covered by insurance, the visit was unaffordable or cost too much, and no insurance.[9] Results for Shasta County residents did not vary by demographics. Shasta County residents were not significantly different than Californians.[9]

Table 5 Main reason delayed or had forgone needed medical care, 2013-2016

Main reason delayed or had forgone needed medical care	Shasta County	California
Cost, lack of insurance, or other insurance-related reasons	59.8%	51.0%
Healthcare system/provider issues and barriers	12.2%*	15.4%
Personal reasons	28.0%	33.6%

* statistically unstable: has not met criteria for a minimum number of respondents or exceeded acceptable value for coefficient of variance.

Main reason delayed or had forgone needed medical care	Shasta County		California	
Rates by Gender	Male	Female	Male	Female
Cost, lack of insurance, or other insurance-related reasons	58.4%	60.0%	48.8%	52.6%
Healthcare system/provider issues and barriers	11.2%*	16.1%*	14.6%	15.9%
Personal reasons	30.4%	23.9%*	36.6%	31.5%

* statistically unstable: has not met criteria for a minimum number of respondents or exceeded acceptable value for coefficient of variance.

Main reason delayed or had forgone needed medical care	Shasta County		California	
Rates by Race	White (Non-Latino)	Non-White (Including Latinos)	White (Non-Latino)	Non-White (Including Latinos)
Cost, lack of insurance, or other insurance-related reasons	61.2%	49.3%*	47.2%	54.4%
Healthcare system/provider issues and barriers	13.7%*	LNE	15.0%	15.7%
Personal reasons	25.1%	40.5%*	37.7%	29.8%

* statistically unstable: has not met criteria for a minimum number of respondents or exceeded acceptable value for coefficient of variance. LNE: Low Number Event for Missing Data.

Main reason delayed or had forgone needed medical care	Shasta County		California	
Rates by Currently Insured	Currently Insured	Not Currently Insured	Currently Insured	Not Currently Insured
Cost, lack of insurance, or other insurance-related reasons	51.5%	92.0%*	45.3%	83.9%
Healthcare system/provider issues and barriers	17.2%*	LNE	17.3%	3.4%
Personal reasons	31.3%	7.7%*	37.4%	12.8%

* statistically unstable: has not met criteria for a minimum number of respondents or exceeded acceptable value for coefficient of variance. LNE: Low Number Event for Missing Data.

Main reason delayed or had forgone needed medical care	Shasta County			California		
Rates by Age	0-17	18-64	65+	0-17	18-64	65+
Cost, lack of insurance, or other insurance-related reasons	LNE	63.3%	LNE	47.5%	52.8%	33.8%
Healthcare system/provider issues and barriers	LNE	10.2%*	26.6%*	19.9%	14.2%	25.1%
Personal reasons	LNE	26.6%	49.8%	32.6%	33.0%	41.1%

* statistically unstable: has not met criteria for a minimum number of respondents or exceeded acceptable value for coefficient of variance. LNE: Low Number Event for Missing Data.

Main reason delayed or had forgone needed medical care	Shasta County		California	
Rates by Poverty Level	Less than 200% Federal Poverty Level	Greater than 200% Federal Poverty Level	Less than 200% Federal Poverty Level	Greater than 200% Federal Poverty Level
Cost, lack of insurance, or other insurance-related reasons	58.1%	59.6%*	62.0%	43.1%
Healthcare system/provider issues and barriers	14.0%*	9.5%*	13.6%	16.7%
Personal reasons	27.8%	30.9%*	24.4%	40.2%

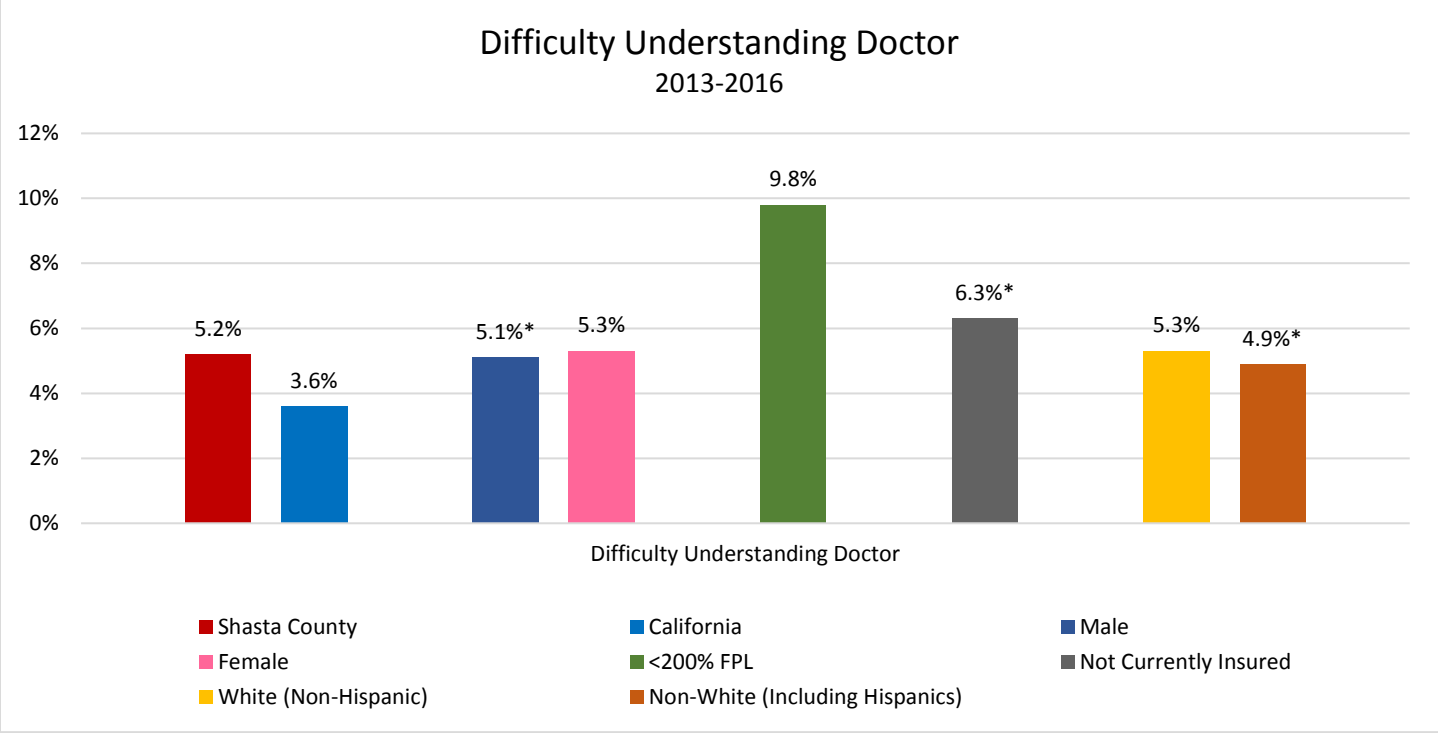
* statistically unstable: has not met criteria for a minimum number of respondents or exceeded acceptable value for coefficient of variance.

Difficulty Understanding Doctor

Doctors are an important access point for many needed health services. Doctors provide patients with important medical information, direction, and guidance needed to maintain and improve health. It is important for patients to be able to understand their doctor, communicate health concerns, and adhere to directions for best health outcomes. Those who had seen a doctor in the past 2 years were asked whether they had difficulty understanding their doctor at their last medical visit.[9]

5.2% of Shasta County residents reported having had difficulty understanding a doctor, statistically similar to the California rate of 3.6%. For Shasta County residents, this measure did not vary significantly by demographics.[9]

Figure 14 Difficulty Understanding Doctor 2013-2016



* Statistically unstable: has not met criteria for a minimum number of respondents or exceeded acceptable value for coefficient of variance. Source: California Health Interview Survey, 2013-2016.

First Trimester Prenatal Care

It is important to monitor health factors surrounding pregnancy, birth, and infancy. Some risk factors for complications of pregnancy, like poverty and exposure to pollution, can be largely out of a mother's control. However, many adverse health consequences are preventable with early and adequate prenatal care.[18]

Shasta County mothers were significantly less likely than Californians to receive prenatal care during the first trimester,[19] and this was a problem for both white and non-white mothers.[19, 20] Shasta County also fell well below the national benchmark for first trimester prenatal care (77.9% or greater).[20]

Shasta County mothers were significantly less likely to begin prenatal care in the first trimester if they were non-white or lacked health insurance.[19]

Table 6 Prenatal Care Begun during the first trimester 2014-2016

Prenatal Care Begun during the first trimester	Shasta County	California
	71.5%	83.4%
Rates by Race/Ethnicity		
White (Non-Latino)	**73.3%^**	87.5%
Non-White (Including Latinos)	**65.1%^**	83.0%
Rates by Currently Insured		
Currently Insured	73.4%^	N/A
Not Currently Insured	33.1%^	N/A

BOLD= Statistically different than California rate. ^ Statistically different within Shasta County demographic. * statistically unstable: has not met criteria for a minimum number of respondents or exceeded acceptable value for coefficient of variance. Source: Birth Statistical Master File, 2014-2016; CDC Wonder, 2014-2016.

Conclusions and Recommendations

Access to healthcare in Shasta County was measured using health insurance coverage, non-acceptance of insurance by general doctors and specialists, access to healthcare providers, usual sources of medical care, delayed medical care, delayed prescription medications, difficulty understanding a doctor, and first-trimester prenatal care.

Disparities in access to healthcare between Shasta County residents were evaluated for the following demographics: age group, gender, insured/uninsured status, poverty level, and race.

Summary

Disparities in healthcare access within Shasta County

Disparities were found between population groups within Shasta County. Seniors and children had the highest insurance coverage rates. Women were more likely to have insurance coverage than men.

Insured residents were more likely to have a usual source of care. Children and adults (ages 18-64) were more likely to rely on public sources of care, including community clinics, government clinics, or community hospitals (not including emergency rooms or urgent cares). White (non-Hispanic) residents were more likely than non-whites to have private care. Those who are under 200% of the poverty level were more likely to have a public source where they usually access care compared to wealthier residents.

Adults were more likely to be uninsured than children and seniors. Men were more likely to lack health insurance than women. Lack of insurance was also more common for Shasta residents living under 200% of the poverty level; however, statistical significance of this variable could not be determined. Children and adults were less likely to have care at a private medical provider. Non-white residents, including Hispanics were less likely than white non-Hispanics to usually access their care at a private source. Residents living under 200% of the poverty level were less likely to have a private

source of care. Uninsured Shasta residents were more likely to have delayed or forgone needed care than insured residents. Shasta county mothers were significantly less likely to receive prenatal care in the first trimester if they were uninsured or non-white.

There were no measurable disparities based on patient demographics for the following variables: decline of health insurance by general doctors or medical specialists, forgone medical care, delayed/forgone prescription medications, reason for forgoing or delaying medical care, and difficulty understanding a doctor.

Differences between Shasta County and California

Health insurance coverage for the general Shasta County population was better than the California average, due to high local rates of public coverage such as Medi-Cal and Medicare. Shasta County had better health coverage among those with income under 200% of the poverty level compared to the state, a potential sign of better outreach to the low-income community to get them connected to Medi-Cal.

Adult (18-64) Shasta County residents were more likely than Californians to have had their insurance declined by a medical specialist. However, county and state residents had similar rates of insurance non-acceptance by primary care doctors.

Shasta County has fewer primary care providers, mental health providers and dentists per capita than California. This could mean that it takes longer to see one of these practitioners.

Shasta residents who were uninsured, ages 18-64, or under 200% of the poverty level were more likely than corresponding groups of Californians to have a usual place where they access healthcare. Public sources of care were more common for Shasta residents, and private sources were less common compared to California. These three trends (less private care, more public care, and less overall lack of regular care for Shasta residents) were strong and continued to be significant for many individual demographic groups.

Shasta's adults and uninsured populations were more likely than Californians to have delayed or forgone needed medical care within the previous year.

Shasta County mothers of all races were less likely than Californians to have had prenatal care during their first trimester of pregnancy. Groups by age, poverty, and insurance status could not be compared to California for this measure.

Conclusions

- Shasta County performed better than the state of California on insurance coverage, but disparities in coverage within the county still exist. The following populations are most likely to lack insurance: adults 18-64 (16.9%), residents below 200% of the poverty level (15.7%), men (13.0%), and children (6.6%).
- Uninsured Shasta County residents were significantly more likely to have a usual source of care compared to those uninsured in California.
- Shasta County has fewer primary care doctors, mental health providers, and dentists per capita than statewide, and Shasta residents were more likely to have their insurance declined by medical specialists. Mental health and specialist care therefore represent a gap in healthcare access.
- Access to first-trimester prenatal care was significantly less common for Shasta County mothers than Californians. Women of color and women living under 200% of the federal poverty level were most at risk for not receiving first-trimester care.

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We appreciate any questions or comments that you may have about this report and welcome recommendations for improving subsequent reports. If you have any comments to share, please contact us at:

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