



# Access to Medical Care

Access to comprehensive, affordable, quality medical care is critical to the prevention, early intervention, and treatment of health conditions. San Joaquin County has been successful in enrolling residents in Expanded Medi-Cal under the Affordable Care Act (ACA); however, learning how to use services, retention of coverage, and the shortage of primary care providers that will accept new Medi-Cal patients remain challenges. The fact that the County’s many undocumented adult residents are without insurance also remains a barrier to care.

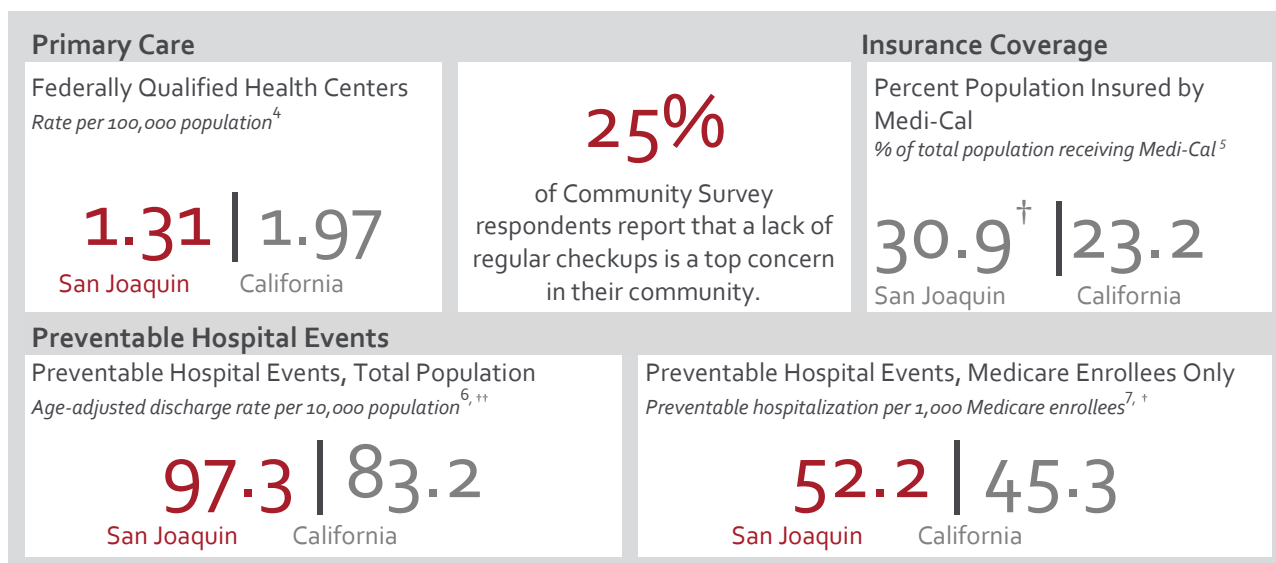
## Key Data

Indicators	Community Feedback
<p><b>Access to Primary Care Physicians<sup>1</sup></b> Rate per 100,000 population</p> <p>San Joaquin 60.6</p> <p>California 77.2</p>	<p>Emergency Department use in San Joaquin County has increased by</p> <p><b>18.8%</b></p> <p>over the last five years (2010-2014)</p>
<p><b>Percent of Adults Without a Regular Doctor<sup>2</sup></b></p> <p>San Joaquin 24.8%</p> <p>California 27.1%</p>	<p>“We need to create something so that <b>everyone will know where to go to get help</b> – so that no one will say ‘If only I had known’.” – Interviewee</p>
<p><b>Lack of Primary Care Professionals<sup>3</sup></b> % of population living in a primary care health professional shortage area</p> <p>San Joaquin 39.9%</p> <p>California 25.2%</p>	<p>“How do we help ourselves to look through a new lens at our existing work?” – Interviewee</p>
<p><b>19.4%</b> of Community Survey respondents report that a lack of health insurance is a major concern in their community.</p>	
<p><b>Key Themes Expressed by Residents and Stakeholders</b></p> <ul style="list-style-type: none"> <li>- Residents lack knowledge about how to access care</li> <li>- Providers lack availability; often not accepting new patients or have long appointment wait times</li> <li>- Integration of primary care and mental health care not strong enough</li> <li>- Not enough licensed providers at schools</li> </ul>	



# Access to Medical Care (continued)

## Additional Data and Drivers



<sup>†</sup> This value is not color-coded because directionality does not apply.

<sup>††</sup> This indicator reports the patient discharge rate for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients.

Emergency Department Utilization in San Joaquin County <sup>1</sup>		
Year	San Joaquin County Number of ED Visits	Annual Increase in Utilization
2010	206,891	
2011	215,181	4.0%
2012	220,569	2.5%
2013	228,488	3.6%
2014	245,873	7.6%

Emergency Department Utilization (2014) <sup>2</sup>			
Region	Number of ED Visits	Population	Utilization Rate (ED visits per 1,000 individuals per year)
San Joaquin County	245,873	715,597	343
California	11,562,550	38,802,500	298

<sup>1</sup> California Emergency Department Data, Patient Discharge Data, California Office of Statewide Health Planning and Development (OSHPD), 2014.

<sup>2</sup> California Emergency Department Data, Patient Discharge Data, California Office of Statewide Health Planning and Development (OSHPD), 2014.



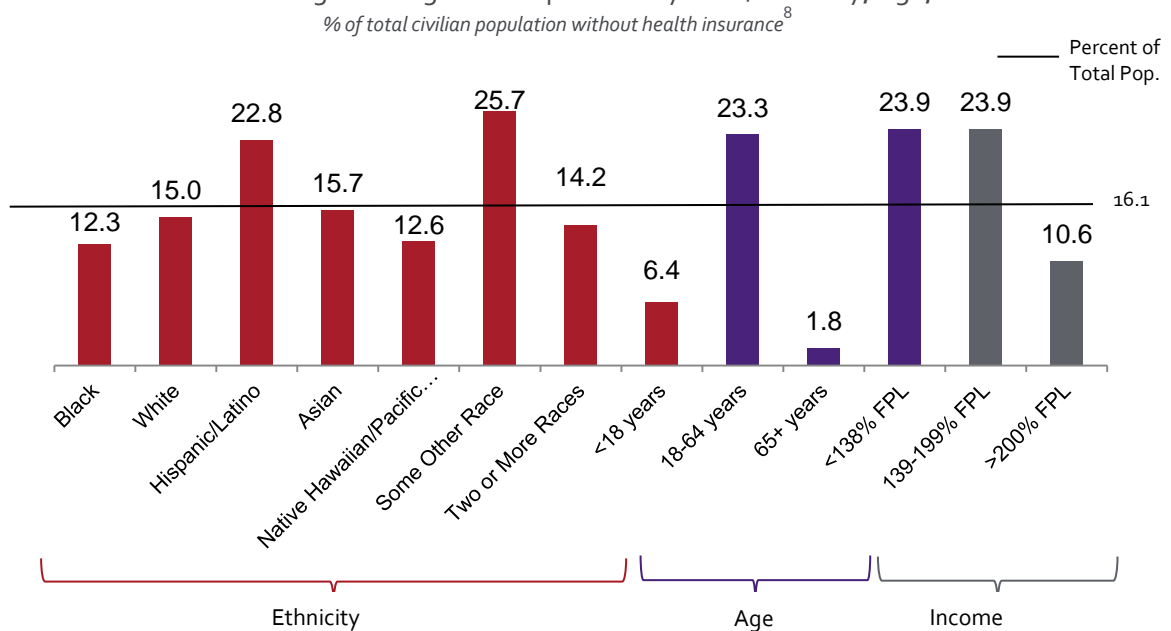
# Access to Medical Care (continued)

## Salient Disparities

### Geographic Disparities

Although existing data is limited as to geographic disparities in health insurance status, the San Joaquin Community Survey provided some information about insurance status and care access in different regions of the county. Issues described included **scarcity of services in rural areas, and the fact that the undocumented population and agricultural workers face unique barriers in accessing health insurance and care.**

### Disparities in Insurance Coverage Among Total Population by Race/Ethnicity, Age, and Income





## Access to Medical Care (continued)

### Assets and Residents' Suggestions for Change

#### Examples of Existing Community Assets<sup>†</sup>

Health Insurance Agencies



Hospitals and Health Organizations



Community Resource Centers  
& Community Health Centers



#### Ideas from Focus Group and Interview Participants<sup>†</sup>

- Promote existing services
- Strengthen collaboration and service coordination/referrals among county, city, and social service agencies
- Provide multiple services in one location when possible
- Utilize technology to provide remote access to health screenings and services
- Ensure community members are aware of resources and are encouraged to access them (e.g., via health navigator)
- Integrate primary and mental health care services

<sup>†</sup> Assets and recommendations excerpted from qualitative data and San Joaquin CHNA Core Planning Group. For a comprehensive list of county assets and resources, reference <http://www.211sj.org/>.

<sup>1</sup> US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File, 2012.

<sup>2</sup> Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2011-12.

<sup>3</sup> US Department of Health & Human Services, Health Resources and Services Administration, March 2015.

<sup>4</sup> US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File, June 2014.

<sup>5</sup> US Census Bureau, American Community Survey, 2014.

<sup>6</sup> California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES, 2011.

<sup>7</sup> Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care, 2012.

<sup>8</sup> US Census Bureau, American Community Survey, 2010-14.