

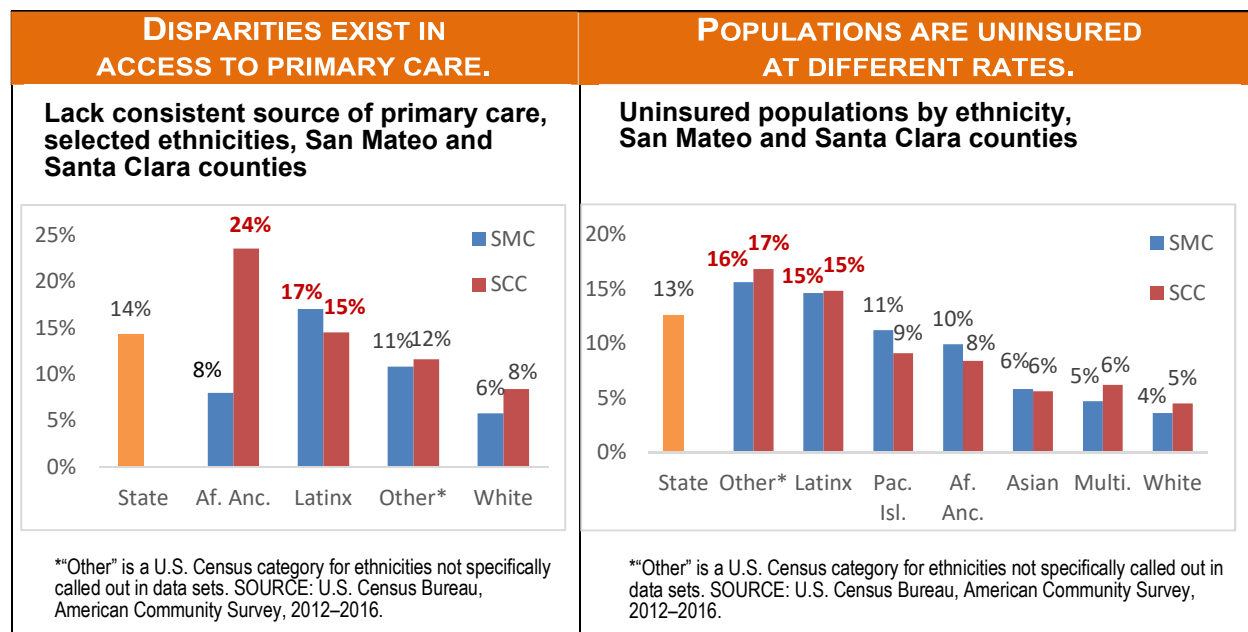
Health Care Access & Delivery

What's the issue?

Access to comprehensive, quality health care is important for maintaining and improving our health and quality of life.¹ For most people, “access” means having insurance coverage, being able to find an available primary or specialty provider nearby, and receiving timely delivery of care. “Delivery of care” refers to the quality, transparency, and cultural competence/humility with which services are rendered. Limited access to and compromised delivery of care diminish people’s ability to reach their full potential. As reflected in statistical and qualitative data, barriers to health care access and delivery include high cost, lack of service availability, lack of insurance coverage, and lack of cultural competence on the part of providers. These barriers lead to an inability to obtain preventive services, delays in receiving appropriate care, and unmet health needs.

What does the data show?

Access and Delivery



HEALTH NEED INDICATOR	STATE AVERAGE	SAN MATEO COUNTY	SANTA CLARA COUNTY
Federally Qualified Health Centers (per 100,000) ²	2.7	1.7	2.1
Population with Limited English Proficiency	19%	18%	21%
Premature Death, Ethnic Disparity Index	36.8	52.1	37.1

The premature death ethnic disparity index ranges from 0 to 1,000. The higher the index number, the more disparate the proportions of premature deaths of non-Whites compared to Whites. SOURCES: FQHCs: Medicare and Medicaid Provider of Services File, 2018. Limited English: U.S. Census Bureau, American Community Survey, 2012–2016. Premature Death Disparity: National Vital Statistics System, 2004–2010.

¹ Office of Disease Prevention and Health Promotion. (2015). <http://www.healthypeople.gov>

² Most low-income households in California receive care at Federally Qualified Health Centers (FQHCs), which are mandated to provide services to people who are uninsured or underinsured.

Various statistics suggest disparities in health care access and delivery, as seen on the previous page. Certain populations face barriers to access and delivery, such as lack of insurance or consistent primary care. Some access and delivery issues may be associated with inequitable health outcomes, where statistics are frequently worse for individuals of African ancestry than Whites in San Mateo and Santa Clara counties.

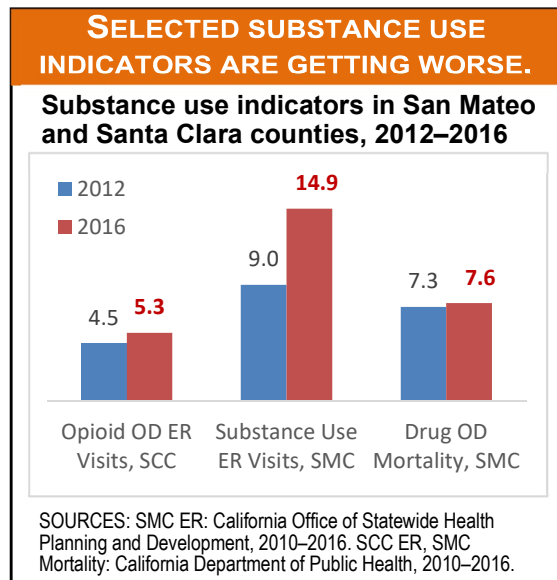
HEALTH NEED INDICATOR	AF ANC (SMC)	WHITE (SMC)	AF ANC (SCC)	WHITE (SCC)
Breast Cancer Screening (Mammogram)	63%	68%	58%	62%
Cancer Mortality (per 100,000)	161.9	149.1	156.0	149.4
Preventable Hospital Events (per 100,000)	20.5	22.2	38.7	26.9
Stroke Mortality (per 100,000)	36%	27%	34%	25%

SOURCES: Mammogram and Preventable Events: The Dartmouth Atlas of Health Care, 2015. Mortality: National Vital Statistics System, 2011–2015.

Behavioral Health

HEALTH NEED INDICATOR	STATE AVERAGE	SAN MATEO COUNTY	SANTA CLARA COUNTY
Mental Health Care Providers (per 100,000)	280.6	300.9	272.4
Alcohol/Binge Drinking	16%	17%	15%

SOURCES: Providers: University of Wisconsin Population Health Institute, County Health Rankings, 2018. Alcohol: SMC: San Mateo County Health, Health and Quality of Life Survey, 2018; SCC and CA: Behavioral Risk Factor Surveillance System, SCC 2012, CA 2016.



Rates of depression³ and poor mental health⁴ have been increasing in San Mateo County. The county's Health and Quality of Life Survey found that residents of low socioeconomic status experience depression more often than residents of higher status. Survey results also indicated that residents are seeking professional help for emotional problems at a higher rate than before.⁴

In Santa Clara County, rates of emergency department visits for heroin overdose have been rising.⁵ There are ethnic disparities in substance use: Latinx adults experience higher rates of binge drinking than other racial groups. Adults of African or Latinx ancestry are most likely to use marijuana.⁴

Diabetes/Obesity

Diabetes and obesity are also conditions that benefit from preventive care and appropriate management. Adult diabetes prevalence is higher in Santa Clara and San Mateo counties than the California average — and is trending up, locally and statewide. In both counties, diabetes ranks among the top 10 causes of death.⁶ In San Mateo County, the death rate is highest

³ Centers for Medicare and Medicaid Services. (2015).

⁴ SMC: San Mateo County Health, Health and Quality of Life Survey. (2018). SCC and CA: Behavioral Risk Factor Surveillance System. (SCC: 2012, CA: 2016).

⁵ California Department of Public Health, California Opioid Overdose Surveillance Dashboard. (2013–2016).

⁶ California Department of Public Health, County Health Status Profiles. (2018).

among residents of African ancestry and low socioeconomic status.⁷ Residents of African and Pacific Islander ancestry in San Mateo County and of African and Latinx ancestry in Santa Clara County visited emergency rooms for diabetes at rates higher than those of other ethnic groups.⁸

HEALTH NEED INDICATOR	STATE AVERAGE	SAN MATEO COUNTY	SANTA CLARA COUNTY
Adult Diabetes Prevalence	9%	12%	10%
Diabetes Well-Managed	82%	79%	85%
Adult Obesity/Overweight	61%	63%	55%

SOURCES: Diabetes Prevalence and Adult Obesity/Overweight: SMC: San Mateo County Health, Health and Quality of Life Survey, 2018; SCC: California Health Interview Survey, 2016; CA: Behavioral Risk Factor Surveillance System, 2016. Diabetes Management: Dartmouth Atlas of Health Care, 2014.

Minority residents in Santa Clara and San Mateo counties have significantly higher proportions of overweight and obese youth and obese adults than White residents. This is driven, in part, by physical inactivity and low fruit and vegetable consumption.

HEALTH NEED INDICATOR	AF ANC (SMC)	ASIAN/PI (SMC)	LATINX (SMC)	WHITE (SMC)	AF ANC (SCC)	ASIAN/PI (SCC)	LATINX (SCC)	WHITE (SCC)
Youth Fruit/Veg Consumption	N/A	38%	68%	23%	49%	47%	47%	40%
Youth Obesity	28%	5% (A) 35% (PI)	23%	7%	18%	6% (A) 34% (PI)	26%	9%
Youth Overweight	20%	12%	22%	14%	22%	13%	21%	12%
Youth Physical Inactivity	45%	15% (A) 44% (PI)	39%	18%	33%	16% (A) 40% (PI)	42%	22%
Adult Obesity	36%	9%	28%	18%	36%	11%	32%	21%

SOURCES: Fruit/Veg: SMC: California Health Interview Survey, 2014–2015; SCC: California Healthy Kids Survey, 2015–2016. Youth Obesity, Overweight, and Physical Inactivity: SMC and SCC Obesity and Physical Inactivity, SMC Overweight: California Department of Education, FITNESSGRAM Physical Fitness Testing, 2013–2014; SCC Overweight: California Healthy Kids Survey, 2006–2016. Adult Obesity: California Health Interview Survey, 2014.

Oral Health

Barriers to health care access and delivery can affect medical outcomes for conditions that could otherwise be controlled through preventive care and proper management. Maintaining oral health depends on performing routine self-care as well as receiving regular professional treatment.⁹ Lack of insurance can hinder access to dental care.

HEALTH NEED INDICATOR	STATE AVERAGE	SAN MATEO COUNTY	SANTA CLARA COUNTY
Recent Dental Exam, Ages 2–11	82%	99%	70%
Dental Insurance Coverage	39%	26%	33%

SOURCES: California Health Interview Survey. Recent Dental Exam: 2013–2014. Dental Insurance: 2015–2016.

What does the community say?

Residents and local experts who shared their perspectives as part of Stanford Health Care’s 2019 Community Health Needs Assessment ranked access to care, particularly its availability and affordability, as a high priority.

Access and delivery: Even with insurance, health care and medication can be unaffordable, community members said. Health clinic professionals expressed concern about their ability to attract and retain staff, especially bilingual employees, because of the high cost of living. In San Mateo and Santa Clara counties, focus group and interview participants indicated that residents

⁷ SMC: California Department of Public Health. (2014–2016). SCC: Diabetes mortality data for African ancestry residents is suppressed in Santa Clara County due to low numbers; among ethnic groups in the county for whom data are reported, the diabetes death rate is highest among Latinx residents. Santa Clara County Public Health Department, VRBIS. (2016).

⁸ Office of Statewide Health Planning and Development, Patient Discharge Data. (2014–2016).

⁹ Mayo Clinic. (2016). *Oral Health: Brush Up on Dental Care Basics*.

with low socioeconomic status are more likely than higher-status groups to have access issues, such as absence of health insurance, inability to afford medication, inadequate transportation to medical appointments, and lack of recent health screenings. In San Mateo County, residents expressed a lack of knowledge about where to get answers to questions about health insurance and systems as well as a lack of understanding of information provided by doctors. Focus group and interview participants in both counties believe undocumented immigrants are accessing health care less often for fear of being identified and deported; service providers cited a decline in patient visits. Some participants called for greater patience, empathy, training, diversity, and cultural competence among health care providers.

“Finding a Medi-Cal provider has always been a problem, but I think it’s getting worse. And as a result, [people] end up using urgent care and ERs for what should be primary care.” —LOCAL EXPERT

Behavioral health: In focus groups and interviews, residents and representatives of vulnerable groups — e.g., LGBTQ, Pacific Islanders, people experiencing homeless — expressed a greater need for mental health care in both counties. Community members identified stigma, both in acknowledging the need for care and in seeking and receiving care, as a barrier to mental health care and substance use treatment. Economic insecurity, such as housing instability, also came up as a driver of poor mental health and substance use. A common theme around behavioral health in Santa Clara County was the co-occurrence of mental health and substance use. The community cited a lack of services for behavioral health, including preventative mental health and detox centers, as a major concern. Professionals who work in behavioral health described access challenges for people experiencing co-occurring conditions due to “siloes” systems that do not treat both conditions holistically.

Oral health and diabetes/obesity: Community feedback about oral health in both counties usually concerned the perceived lack of access to dental insurance. With regard to diabetes and obesity, the community discussed environmental factors that contribute to these chronic conditions, such as the built environment, poverty, and stress.

Our commitment to community health

Stanford Health Care collaborated with 21 other health systems and organizations in San Mateo and Santa Clara counties on the 2019 Community Health Needs Assessment. Based on the statistics and community input collected, health care access and delivery emerged as a top health need.

With findings from the assessment, Stanford Health Care developed a 2020–2022 Implementation Strategy that will help determine the investments the hospital makes in the community, including programming and partnerships. Over the next three years, the hospital will work to increase the proportion of residents of San Mateo and Santa Clara counties who have access to appropriate health care services. Strategies include supporting the efforts of FQHCs and continuing to provide charity care and care to uncompensated Medi-Care and Medi-Cal patients. Stanford Health Care will also actively work to expand and coordinate health care and supportive care services, improve physical and technology infrastructures, enhance data sharing and health system communication, and improve health care and medication affordability. The anticipated impacts include greater access to preventative medicine to reduce avoidable emergency department visits and other more costly health care use. Results will be measured and reported in the next assessment.

Stanford Health Care’s Community Health Needs Assessment and Implementation Strategy reports are available publicly on its website. Comments are welcome and encouraged.