



Listening to Californians with Low Incomes: How They Experience the Health Care System and What It Means for the Future

The COVID-19 pandemic has upended the lives of most Californians, and caused significant impacts to the physical, emotional, and financial well-being of all residents, especially those with low incomes. To better understand how the pandemic impacted the health and health care experiences of Californians with low incomes, the California Health Care Foundation and NORC at the University of Chicago, a national research organization, conducted a statewide survey of California residents who had received care since March 2019, with an oversampling of residents with low incomes (defined as below 200% of the federal poverty level).¹⁻³

The survey, conducted in the summer of 2020, asked respondents about their health care concerns, experiences, and access before and during the COVID-19 pandemic. Survey findings were supplemented with qualitative findings from interviews conducted with 37 survey respondents with low incomes and with 10 health care experts.

“Inequality is growing. We know that as a result of the pandemic, economic, health, and inequality otherwise, the gap has only widened. The pandemic served as this great magnifier of what was already there. I talk about it as a crisis within a crisis. . . . We should have known it was going to happen because it’s building upon decades, generations of inequities and injustices.”

— Kiran Savage-Sangwan
California Pan-Ethnic Health Network (CPEHN)

KEY FINDINGS:

Understanding the Impact of the COVID-19 Pandemic

The study found that the pandemic exposed and exacerbated inequities in health, mental health, and health care access for Californians with low incomes, particularly for Californians of color. In addition, the pandemic heightened and increased economic and employment inequalities, placing additional stress on people most likely to experience inequities. Specific findings from the research are presented below.

Deteriorating mental health for many. The pandemic exerted a significant impact on the mental and emotional health of many Californians with low incomes, especially those who already considered their mental health to be “fair or poor.” More than half of respondents with low incomes (53%) who rated their prepandemic mental health as “fair or poor” reported worse mental health since the start of the pandemic.

Strong interest in care for mental health problems. More than two-thirds of respondents with low incomes (68%) who wanted to see a provider during the pandemic wanted care for a mental health problem. This finding reveals both the extent of the pandemic’s negative impact on people’s mental health and indicates that the long-entrenched stigma associated with acknowledging and seeking care for mental health problems may be decreasing.

Pent-up demand for health care. Many Californians with low incomes have not received needed care or have delayed care since the start of the pandemic. This survey was limited to Californians who had received care since

March 2019. However, only 24% reported a problem that they wanted to see a provider for since the start of the pandemic, suggesting many may have been delaying care. Furthermore, among those who wanted to see a provider, many did not receive care for their health problem.

Telehealth a critical source of care. Two-thirds of respondents with low incomes (65%) and three-quarters of respondents of color (76%) who received care during the pandemic received care via telehealth (either phone or video). Among those who received care via telehealth, satisfaction was high, with 70% of respondents with low incomes and 82% of respondents of color with low incomes saying they would likely choose a phone or video visit over an in-person visit in the future.

Experience of stress prevalent and debilitating. Californians with low incomes were more likely to experience pandemic-related stressors than those with higher incomes.⁴ Ninety-six percent of respondents with low incomes experienced at least one pandemic-related stress. Stress was associated with worsening mental health during the pandemic.

LOOKING FORWARD:

Implications for the Future

Interviews with leading health care experts revealed six key themes for how California's health care system should respond to the lessons learned during the pandemic.

Restructuring payment systems to address health care inequities. Experts recognized that addressing inequities in health and health care access will require changes to policy and to health care payment models. One expert stressed the importance of moving away from fee-for-service payment models toward value-based and place-based contracting to incentivize health care systems to proactively engage high-risk patients in their communities, and to coordinate care and services that address their physical, behavioral, and social needs.

Expanding access to mental health care and promoting emotional well-being. The significant mental health concerns experienced by respondents highlights the

urgency to increase access to care for mental health issues. Experts emphasized that mental health services should be integrated into primary care settings and be redesigned to reach people where they are (instead of waiting for them to engage with the system) and to promote mental well-being and prevention. In addition, the mental health workforce needs to be expanded and diversified to better meet the needs of people from different cultural backgrounds. Experts offered solutions including leveraging a community-based workforce to provide outreach to people experiencing mental health issues and expanding the use of nontraditional mental health services such as technology-based supports.

Redefining access to health care. The research revealed the need to bring Californians with low incomes back into the health care system as soon as possible. Experts recommended leveraging primary care providers, the mass COVID-19 vaccination effort, and community health workers and *promotores de salud* to reengage patients in accessing care not only to address existing health issues but also for critical prevention, such as screenings for adults and children, and vaccinations for children. Experts also recommended that these measures should continue beyond the immediate term and serve as a starting point for reconsidering how California's health care system ensures convenient and comprehensive access to care, especially for those with low incomes and for people of color.

"We need to make sure that there are incentives for more place-based, equity-driven coordination of care and services to address the medical, behavioral, and social needs of low-income, high-need patients. Right now, the current model of care, especially fee-for-service, drives structural inequity, and helps perpetuate structural racism and economic inequality."

— Dr. Rishi Manchanda, HealthBegins

Ensuring equitable access to telehealth. The pandemic connected many more Californians to telehealth, and experts agreed that telehealth will continue to play a critical role in the health care system moving forward. However, they also noted that investment is needed to ensure that Californians with low incomes have sufficient technology, connectivity, and privacy for effective telehealth visits. While telehealth offers significant benefits, such as requiring less time and hassle to get care and expanding access to linguistically and racially/ethnically diverse providers, they emphasized that all patients should be able to choose whether they receive care in person or via telehealth.

Breaking down data silos in health and social services. The research demonstrated that many Californians with low incomes have needs for health care, mental health care, social services, and economic support. Patient needs can be more easily and safely addressed by establishing data systems and structures that enable health care providers to share health information about patients, both between health care delivery systems and between health systems and other types of providers such as jails and prisons or homeless service providers.

Addressing social determinants of health. The study emphasized the importance of social determinants of health, and their impact on the stress and deteriorating health experienced by many Californians with low incomes during the pandemic. Experts universally agreed that addressing these social determinants of health, including housing, food security, and employment, will be critical to reducing inequities in health but cautioned that there are no easy solutions. Many experts recommended expanding investment in housing and economic opportunities in communities disproportionately affected by inequities.

About the Authors

This report was written by Jen Joynt, independent health care consultant; Lucy Rabinowitz, MPH, principal research analyst at NORC; and Rebecca Catterson, MPH, senior research director at NORC. **NORC** at the University of Chicago is an objective nonpartisan research institution that delivers reliable data and rigorous analysis to guide critical programmatic, business, and policy decisions.

About the Foundation

The **California Health Care Foundation** is dedicated to advancing meaningful, measurable improvements in the way the health care delivery system provides care to the people of California, particularly those with low incomes and those whose needs are not well served by the status quo. We work to ensure that people have access to the care they need, when they need it, at a price they can afford.

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Endnotes

1. The survey was limited to Californian residents age 18 to 64 who had received health care between March 2019 and the time of the survey, which was conducted June 24 to August 21, 2020.
2. In 2020 the FPL was \$12,760 for a single person and \$26,200 for a family of four.
3. Sixty-eight percent of the sample were residents with low incomes.
4. Respondents were asked if they experienced any of the following COVID-19-related stresses: Concern about the health or well-being of a loved one; affording basic needs, such as food, rent, and utilities; children out of school or childcare unavailable; stress in your relationship or marriage; death of a loved one; other stress.