



California Health Care Foundation

# Speaking Up: Findings from 2019 Focus Groups and Interviews with Californians with Low Incomes



# About the Authors

This report was written by Jen Joynt, independent health care consultant. The focus groups and interviews were conducted and analyzed by Rebecca Catterson, MPH, senior research director at NORC, and Lucy Rabinowitz, MPH, principal research analyst 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. For more information, visit [www.norc.org](http://www.norc.org).

# 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. CHCF informs policymakers and industry leaders, invests in ideas and innovations, and connects with changemakers to create a more responsive, patient-centered health care system. For more information, visit [www.chcf.org](http://www.chcf.org).



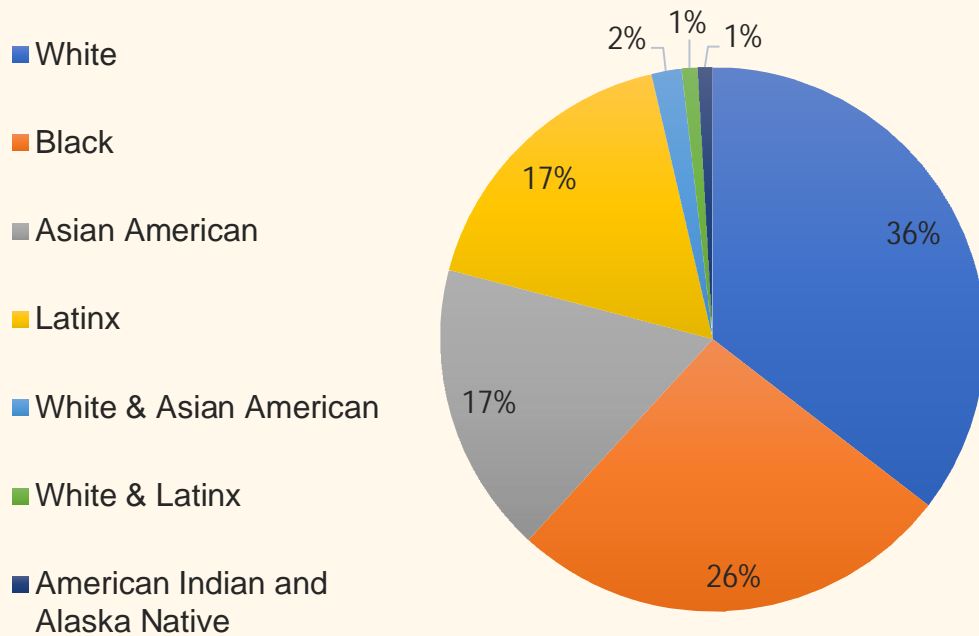
# Overview of Focus Groups and Interviews

- Goal: Identify and assess the health care wants, needs, and values of Californians (age 18 to 64) with low incomes.
- 12 community-based focus groups conducted in 4 cities — Oakland, Los Angeles, Modesto, and Redding — in April and May 2019.
  - 3 groups with Black participants, 3 with Latinx, 2 with Asian American, and 4 with White
  - 2 groups in Spanish, 2 in Cantonese, and 9 in-depth interviews in Vietnamese
  - 110 participants age 18 to 64 with incomes at or below 200% federal poverty level (FPL)
- Discussions focused on satisfactory and unsatisfactory aspects of health care experiences.
- Participants were screened for having had any health care encounters in the past 6 months.

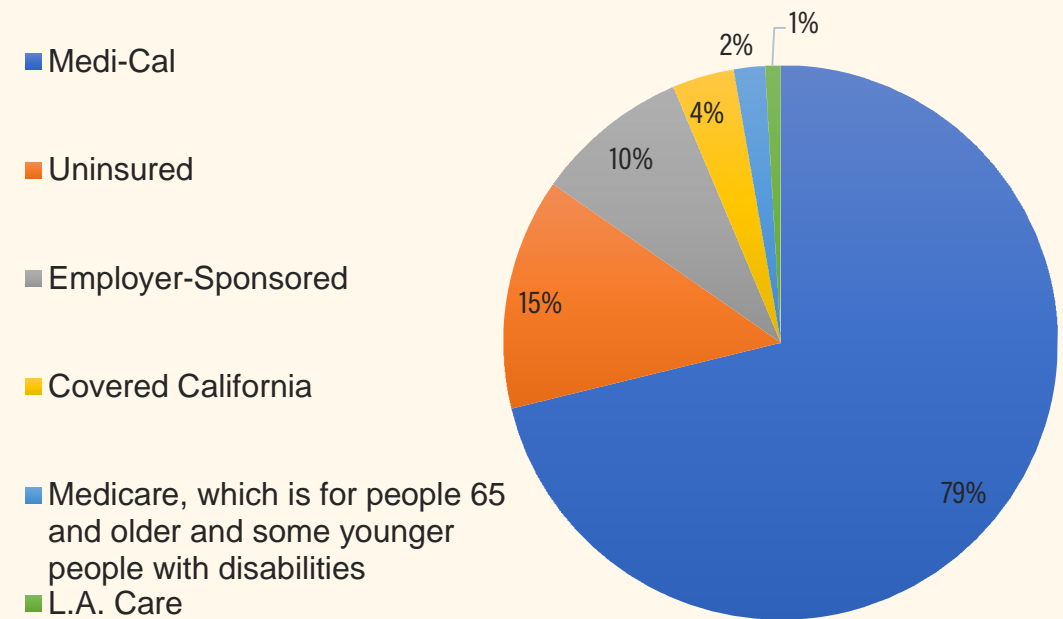
# Demographics of Focus Group Participants

Average age: 43.5 — Average household size: 2.2 — Average income: \$22,440

## Race/Ethnicity



## Insurance Coverage Source



# Four Key Themes Emerged from the Focus Groups

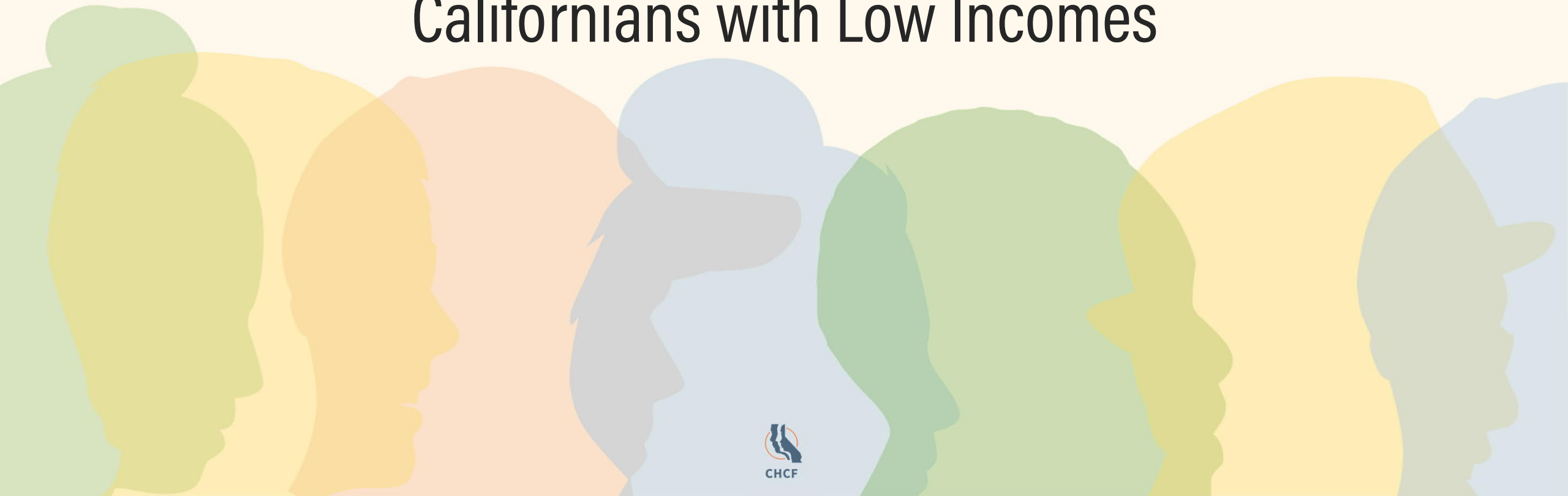
Inadequate  
Access to Care

Unsatisfactory  
Patient-Provider  
Relationships

Desire for  
Better Care

Medication  
Needs Not  
Adequately Met

# In Their Words: Listening to Californians with Low Incomes



# Don't make it so hard to make an appointment

Many participants experienced difficulty getting appointments to see a provider.

“With Medi-Cal it’s kind of hard to get appointments sometimes. You have to call at seven in the morning to get them, and that’s if you’re lucky. . . . I have Medi-Cal and that’s why I pay to see a private doctor because I don’t like all that.” —White female, Modesto

“I had a Medi-Cal doctor and I had to wait two or three months to get an appointment with this guy.”  
—Black male, Oakland

“That’s the biggest problem with my doctor’s office. It’s getting them on the phone. I feel like they need to get with technology and be able to contact them online or via email or something. Because it’s that voicemail that comes on, you leave a message, and sometimes they’ll call you back in three days. Sometimes you don’t get called. There have been times that I’ve just gone and just been like, ‘Yes, I need to make an appointment,’ and then I just show up. That’s ridiculous.” —Black male, Los Angeles

# Don't make me wait so long to see a specialist

Patients find it difficult to navigate the referral process and often wait months to see specialists.

"I think it feels like a small act of God to go through the referral process to see a specialist. It's almost a defeating experience because it's so far out and so many appointments in between to get to that next appointment."

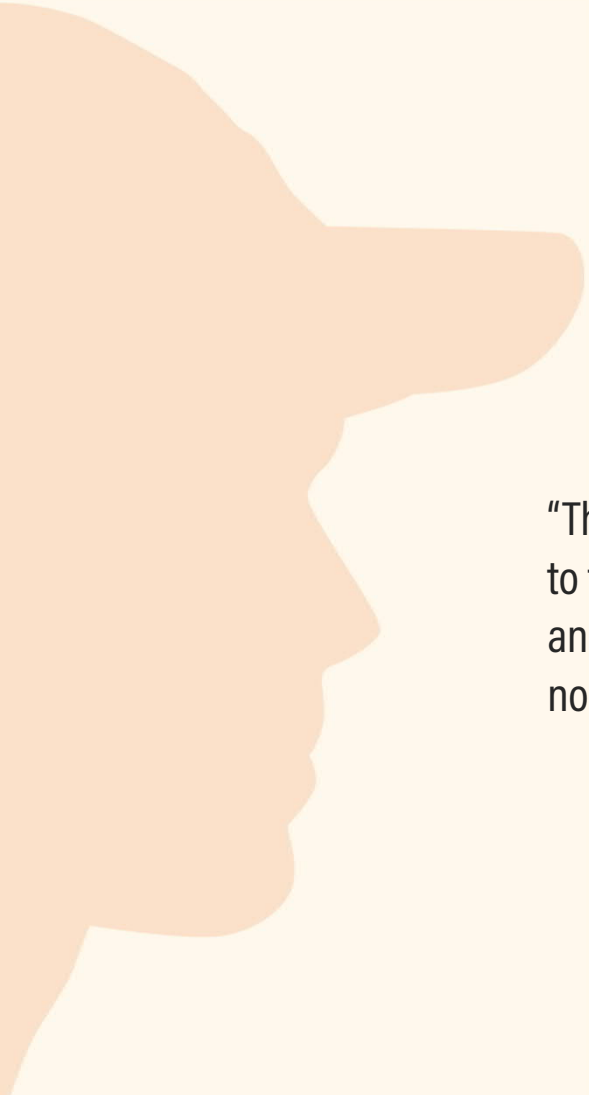
—White female, Redding

"Everything requires a referral that takes four to six weeks, and by that time, I tore my meniscus and my ACL, and I wasn't walking. I went to the emergency room, then I had to go to my primary that put in a referral for an MRI. And then I had to go back to the primary and then ortho, and it was like four months before it was finally treated because of the referrals." —White female, Modesto

"Wait times are ridiculous with specialists in this town. There're not a lot of specialists for any specialty really. So it's like months for, you know, wait time to get referred to anything." —White male, Redding



# Don't make me wait for substance use treatment

A large, light orange silhouette of a person's head and hand, shown in profile from the left. The hand is pointing towards the right, with the index finger extended.

“There’s just not enough help. I mean, I know so many people. I’ve met so many people that go to the doctor or go to their clinic and say, ‘I want to go into rehab.’ And they say, ‘Okay, well, call this number.’ Then you call the number, and they say, ‘Okay, well, I can see you in two weeks.’ What am I supposed to do? Keep drinking? I want to stop now. When people are ready to stop, there should be a place for them.” —White male, Oakland

# Give me access to providers like me

Patients want to see providers who share the same cultural background and who speak the same language but shared that this rarely happens.

“I have one African American doctor and he was great. . . . Spending a whole month in the facility and also all of the doctors that I’ve had in the past, I’ve probably come across I think maybe one or two in my 12 years . . . I think that would be [important]. I think we touched on this a little bit. Just culture understanding. Yes, I think it would just be providing another level of service. Another level of depth to the experience. I can’t be certain, but . . . I think everyone when you go into a certain facility or a place, you want to see people who look like you.”

—Black female, Los Angeles

“Yeah, but at the end of the day the interpreter they found was really bad. I didn’t want to talk to the interpreter at the end, I just talked to the doctor. But there were some things that I wasn’t able to convey. So the interpreter talked on the side. There was no other way. But I don’t want to go to [place] anymore.”

—Asian American male, Oakland

# Make it easier to access care

Participants appreciated having easy access to care, whether through multiple providers located in the same building or walk-in access.

“Because it’s in the building. And then your doctor can give you a referral. But it’s like little different sections. So we have like the main part, and then we have a dental, and then we have . . . like it’s called a senior building. But that’s where the urgent care is. That’s where the pharmacy is and the other place for the little baby area is. Then you got all the psychiatrists.” —Black female, Modesto

“They have dental office for adult and children, optometrist for adult and children, quit smoking program, pharmacy. This center is good — that’s why I have been with them for all these years.” —Asian American female, Los Angeles

“For example, I don’t have an assigned GP, but because when I had my issue I saw a GP once, and he said ok, and gave me a specialist right there at the hospital, and I can follow up with that specialist after that. It’s very convenient.” —Asian American female, Oakland

“My doctor doesn’t get upset when I walk in without an appointment. I explained to her that I can’t control the time due to . . . my kid, and she replied, “No problem, just come. The only thing is, you have to wait. The patients with appointment will have the priority to see me first.’ So I really adore her.” —Asian American female, Los Angeles

# Make it easier to access care with technology

Many patients reported positive experiences with using technology to make appointments and connect with providers before and after visits.

“I think [technology] really reinforces that you can really be specific about what you want to go into. You can message the doctors beforehand, send them an email or whatever, and oftentimes they will message you back to answer any questions before you go in. So that’s really reassuring sometimes.” —White female, Oakland

“What I do like, though, is the convenience with the technology. The apps where you can reschedule, which I’ve been doing a lot. You can do it through the phone, and you can get your bloodwork. You can stay on top of it that way.” —Black male, Los Angeles

“I’ve had video appointments for follow-up appointments. I actually prefer video appointments. . . . [If] I don’t have to come then I won’t.” —Black female, Oakland

# Don't make me wait

Participants expressed frustration with long wait times once they were at their appointment.

“Or just when you make an appointment . . . you have to pretty much take the whole day off work because they don't see you promptly. It's like . . . your time is less important than their time.” —Black female, Oakland

“I was waiting for so long. Waiting. And then my doctor is literally in there for like 10 minutes.”  
—White female, Redding

“If I have an appointment at 10, but I don't get to see the doctor until 10:30, I think that's ridiculous. If so, why don't they get me an appointment at 10:30? But I know most offices have the same issue. . . . It would affect the patient, as we are not feeling well, and [to] sit and wait for a long period of time would not be good for the patient.”  
—Asian American female, Los Angeles

# Spend more time with me

Patients are frustrated by how little time physicians spend with them.

“It’s like they poured boiling water over their feet, in a huge hurry. A moment later they’ve darted into the next room.”  
—Asian American female, Oakland

“I think they always seems so hurried that they don’t take the time to make you feel like you’ve resolved anything. . . . It seems kind of like they’re in and out and, ‘Here’s a piece of paper and there you go.’”  
—White female, Redding

“Because they only have time to talk about one thing. They’re limited on time. They’re so focused on getting people in and out, they don’t stop. . . . They have a quota they have to meet.” —White female, Modesto

# Focus less on money and more on me

Many participants felt that providers were more concerned about getting paid than fully addressing their health care concerns.

“What I found was my doctor doesn’t spend enough time with me. I even asked her . . . so she actually told me, ‘We only allow so many minutes per patient.’ I’m like, ‘Really?’ . . . ‘I have a lot of patients, and I’m only allowed 10 minutes.’ So I’m like, ‘Okay.’ And that makes me feel like it’s not genuine. That means that you’re just getting paid.”

—Black female, Modesto

“‘Come back for another follow-up appointment,’ which [indicates] you’re not interested in curing people. You just want to palliate them to get them back for the money.” —Black male, Oakland

“My most concern is about psychologically, the doctor needs to be more attentive [in caring for] the patient. For example, after the surgery, call and check on the patient, spend more time to patient. But what I see is more about the money, not so much of patient’s care.” —Asian American female, Los Angeles

“Because there isn’t any money in getting us healthy. Keeping us on medications and care.” —White female, Modesto

# Treat me well, regardless of my insurance coverage

Many participants felt like they received unequal treatment because they had Medi-Cal coverage.

“I was really confused because I’m like, ‘Why is my daddy over here in this Medi-Cal area? He paid all this.’ Once they found out he had the HMO plan, it’s like they treat you different when you have a different kind of insurance. They really do. It’s a big difference even how they feed you and what your food comes in.” —Black female, Oakland

“In my experience with Medi-Cal doctors — and I can sense this — a very high percentage of them are disgusted that they have to be a Medi-Cal doctor. There was this one guy I was sitting next to while he was treating us and I could feel it. I could feel the disdain in him. I could just feel that. It’s like, ‘Gosh, I should be treating Beverly Hills patients. But instead I’m stuck here with this.’” —Black male, Oakland

“Because the government pays for it. They don’t care.” —Asian American female, Oakland

“I’ve seen both ends of the story, so I’ve gotten to see both sides. I’ve seen the difference and it’s not f\*\*\*\*\* cool. The reality is, if you have the money, if you have the job, and if you have the insurance, you’ll be taken care of. If you don’t, good luck. And that’s not fair, man. That’s not fair at all.” —White male, Oakland



# Treat me like a person

“It’s just that they don’t treat you as a person. You’re like a checkmark, basically, and you’re just this checklist that you did this, this, and this, but here’s the problem. The problem is everybody’s different, and each person’s different.”

—White male, Modesto

“They talk to you about your life. They’re interested. They’re engaged. They’re excited to see you come back and everything. Seeing them care about you. I mean, it helps that you’re going there and investing the time, obviously, so you build that rapport. But the fact that they invest their two cents too, it made a really big difference.” —White female, Oakland

“I think this doctor knows me medically, but he doesn’t ever say, 'How’s your family?' or 'Is everything okay at home.' Not beyond — just I’m there for my blood pressure medicine.” —White female, Modesto

# Treat me like a person

“She listened to me but wasn’t really concerned about my concerns, necessarily. I have a lot of family history with health issues, like heart disease and everything. Unless anything was showing up right now, she wasn’t real concerned about it, even though I had concerns about it, because I’m getting older. I’m not in my 60s or 70s yet, but a lot of the issues I want to tackle beforehand.” —Latinx female, Redding

“For me, they have to be compassionate because, I mean, I’m going to them for a certain specific reason. So they need to realize that whether I’m paying them or not, you know . . . through Medi-Cal or through my own . . . they just have to have compassion and patience.” —Black female, Modesto

“At [my clinic], this doctor knows me and has followed my history and talks to me like a peer and like I’m an intelligent person. And [at other clinic], I never had the same person twice. That’s an exaggeration, but not very often and not for long, no more than two years.” —White female, Modesto

# Make sure my care is coordinated

“I have to wonder if my primary doctor and my mental health doctor being at the same clinic, if they communicated better if there would be something that would work better or to guide me in better wellness.” —White female, Redding

“In terms of service, I go to [system] over here and it’s pretty good because . . . once you go the first time, they’ve gotta take all your initial information. The second time, all your visits, the [information] is in there. You go and all your stuff is there, so it’s really smooth. The access was really great too.” —Black male, Oakland

“But they said I had to take medication. And my GP didn’t call me. So somewhere there must have been a mistake between them. You want me to take medication, but you don’t give me a prescription.”  
—Asian American female, Oakland

“In my opinion, if you buy insurance to see doctors, they will have your records, which can be used for future prescriptions. If you see different doctors every year, they would find it hard to prescribe. So you will need to do blood tests and physical examinations again. Expensive as the insurance is, records can be kept. With the existence of records, prescriptions can be given.” —Asian American female, Los Angeles

# Help me prevent illness and stay healthy

“In short, it’s important for me to prevent illness rather than wait to treat the illness. Not only it’s costly, it also reduces the chance of good results. . . . The good thing about where I am going now, the staff would call and remind, and I like the way they keep track and remind the patient for check up.” —Asian American female, Los Angeles

“The [primary care doctor] I am seeing wants to do a blood test on me to check if I have any latent disease. I hope doctors can help patients understand their own body, instead of waiting for patients to come to them after being sick. They should proactively help us to prevent illnesses from happening. As an old saying goes, doctors should possess a caring heart like parents. If they see us as their children, they will naturally want us to be healthy and do more necessary examinations on us.” —Asian American male, Los Angeles

“I really like the way [the system] has their [healthy living] campaigns trying to help you to make healthy wise choices, preventative health care instead of just offering medications or fixes for problems. But they do a lot to promote what can you do to stay healthy. I really appreciate that. I’d like to see that more in the Medi-Cal arena.” —White female, Modesto

# Provide clean, private, nice care settings

“Where I go, there seems to be like not a lot of privacy in the rooms because there’s like such a huge crack under the door. And there’re things that echo to where the point that even the PA recognizes that and will like speak quietly.”

—Black female, Los Angeles

“I personally would travel if it was [for] a better thing. My first Medi-Cal facility down here was an armpit. . . . It’s an old bus station revamped, and it was filthy. You couldn’t get the care and everything, so I switched.”

—White female, Modesto

“There’s tree wood, new furniture in one location. That one is really nice . . . the other one, the second time I went it’s like 1960 and 1980. It smells.” —Black female, Los Angeles

“The clinic where I go is clean, and then if you don’t have transportation, they have transportation that will pick you up and bring you, and take you home ” —Black female, Los Angeles

# Don't just give me a pill

Many participants felt that providers were too quick to prescribe a medication, rather than get to the real cause of their health concerns.

“You know, and I don't want a pill to — I want to fix it. Like I don't need a pill to fix me.” —White female, Redding

“For me, I feel like when I go to my doctor and I'm like, 'This hurts.' [They say,] 'Here is a pill. Here is a pill.' I mean, I have so many pills literally at home that's still in the box that I've never opened. I need to start throwing these out because I want you to treat the cause, not the symptom. If you're giving me a pill, you're treating the symptom. I need to get to the root of the cause. I've had to say sometimes, 'Please don't give me a pill.'” —Black female, Los Angeles

“You go there, you kind of go and they, and you kind of talk to them a little bit for them to prescribe you some medications instead of them tell you what's actually going on wrong. . . . Works for now.” —Latinx male, Modesto

# Give me pain medication when I need it

“And you could be in dire pain like having kidney stones, and they will not give you anything for pain medication. And I’m sorry, I don’t abuse it, but when you’re [in pain] with [a] kidney stone or something like that, the last thing in the world you need is to have to go home and take ibuprofen. And then that’s like torture. It’s inhumane, personally.”  
—White female, Redding

“I mean, you can go on the street and find somebody that doesn’t need their medication that sells it, faster than you can get from a doctor. That’s sad. You know what I mean? Like people are getting their medication, and they’re selling it. . . . People who need it don’t get it because we’re the junkies. We’re clean, you know what I mean? We’re not, in any way, junky-looking. Not any of us here, and we’re the ones that are judged.”  
—White female, Redding

# Make it easier to get my medications

"I got a ride to the doctor, but I don't necessarily have a ride to the Walgreens and then back home."  
—White female, Redding

"They said, 'Where do you pick up your medication?' I say, 'Walgreens at Crenshaw.' They did have me going one day back and forth over to the [clinic] and that Walgreens. Then they didn't have it. I had to get back on 13 more buses and go back over." —Black female, Los Angeles

"I have so much push back between my pharmacy and my doctor. They're always blaming one another. I'll go weeks, sometimes a month without meds." —White female, Oakland



# Help me afford my medications

“Going to the doctor isn’t going to do you good if you can’t fill prescription.” —White female, Modesto

“For me, the cost because medicine is not covered. Sometimes [my carrier] will cover medication today, but then you go to fill that prescription and it’s not covered anymore.” —Black female, Redding

“My insurance was paying for all my prescriptions. But the last two years they stopped paying for one of them, and I’ve had to pay cash every month for it. It’s cost me about \$98 a month. That I just don’t have. I get \$900 disability every month, and it don’t go very far. I can’t afford to pay for any of my prescriptions.”  
—White female, Redding

# Appendix: Overview of Focus Groups

by Location, Race/Ethnicity, and Language Spoken

County		Alameda	Los Angeles	Stanislaus	Shasta	Totals
City		Oakland	Los Angeles	Modesto	Redding	
Race/Ethnicity	Asian American	C	C			2
	Black	E	E	E		3
	Latinx		S	S/E	E	3
	White	E		E	E × 2	4
Totals		3	3	3	3	12

Language spoken: E = English, S = Spanish, C = Cantonese