



Black Women with Medi-Cal Pursue Health Despite Mistreatment in the Health Care System

Black Women with Medi-Cal Are Actively Engaged in Their Physical and Mental Health

The vast majority of Black women with Medi-Cal (93%) report having had at least one health care visit in the last year. Eight in 10 women with Medi-Cal (80%) had a routine checkup since January 2021.

The majority of female respondents with Medi-Cal (80%) say they devote “a great deal” or “quite a bit” of effort to getting screenings or preventive care. Over four in five women with Medi-Cal (82%) devote “a great deal” or “quite a bit” of effort to focusing on their mental health and to actively reducing their stress. Women of childbearing age with Medi-Cal (85%) are more likely to put “a great deal” or “quite a bit” of effort into focusing on their mental health than women over age 50 with Medi-Cal (73%) (see Figure 1).

Women in Medi-Cal, like female respondents overall, are more likely to pursue alternative approaches to managing their health than male respondents. Nearly half of women (46%) with Medi-Cal put “a great deal” or “quite a bit” of effort into seeking non-Western approaches to health care.

About the Study

In 2021, Black-owned research firm EVITARUS conducted the Listening to Black Californians study for CHCF. In 100 individual interviews,¹ [18 focus groups, and a statewide survey of 3,325 adult Black Californians](#),² participants described their attitudes toward their own health and their experiences with the health care system. This set of fact sheets highlights the health care experiences of specific groups within California’s Black population. This fact sheet was written by Linda Cummings, PhD.

About the Participants: Black Women with Medi-Cal Coverage

In the Listening to Black Californians study, one group that stood out was Black women with Medi-Cal coverage, who are more likely to report negative experiences and discrimination in the health care system than Black Californians overall.

Medi-Cal, California’s Medicaid program, provides health coverage to people with low incomes. It covers one in three Californians, and Black Californians made up 6.9% of Medi-Cal enrollees in 2022.³

This study included hourlong interviews with 13 women with Medi-Cal, two focus groups with Medi-Cal participants, and 383 female survey respondents with Medi-Cal. See Appendix A on page 6 for a demographic breakdown of the female survey respondents with Medi-Cal.

This population experiences a high rate of both mental and physical health conditions. More than one in three women with Medi-Cal (35%) report having a mental health condition, such as depression or anxiety, significantly higher than other respondents (18%). One-third of women with Medi-Cal (33%) report having a serious health condition such as high blood pressure, high cholesterol, or diabetes. Nearly one-third (29%) report a disability of any type, significantly higher than other respondents (18%).

Women with Medi-Cal Are Less Likely to Have a Regular Provider Than Other Insured Women

Despite the well-documented health benefits of having a regular provider,⁴ Black women with Medi-Cal (83%), particularly younger women, are less likely to have a regular provider than women with private insurance (88%) or Medicare (93%) (see Figure 2).

Figure 1. Things to Maintain or Improve Personal Health, by Insurance Coverage

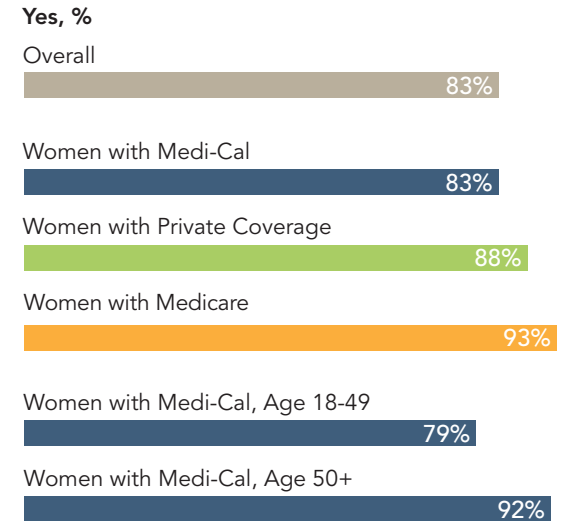
Q: Here are things that some people do because they think that these things will help them maintain or improve their health. For each one, please tell me how much effort, if any, you put into doing it.



Notes: Sample includes 3,325 Black California residents age 18 and older.
Source: Listening to Black Californians, statewide survey conducted by EVITARUS (March 5–May 8, 2022).

Figure 2. Regular Doctor or Health Care Provider, by Insurance Coverage

Q: Do you have a regular doctor or health care provider that you see when you are sick, for routine check-ups, and/or care for a specific condition?



Notes: Sample includes 3,325 Black California residents age 18 and older. For differences by insurance and differences between 18–49 and 50+, $p < .05$.
Source: Listening to Black Californians, statewide survey conducted by EVITARUS (March 5–May 8, 2022).

Women with Medi-Cal are also less likely to have had a routine screening (71%) than women with private insurance (78%) or Medicare (80%). Women with Medi-Cal are more likely (49%) to have received treatment at an emergency room or urgent care center than women with Medicare (40%) or private insurance (35%).

Women with Medi-Cal Report Many Negative Health Care Experiences, Including Inadequate Treatment for Pain

"I encountered a situation with an endocrinologist [when I] had a tumor in my pituitary gland. I don't think my provider believes that Black people have pain . . . I had to self-medicate because I couldn't get a prescription for my pain. I knew another female of a different race, and [she] was granted a higher prescription with the same diagnosis."

—Female participant, Medi-Cal/
Uninsured Focus Group

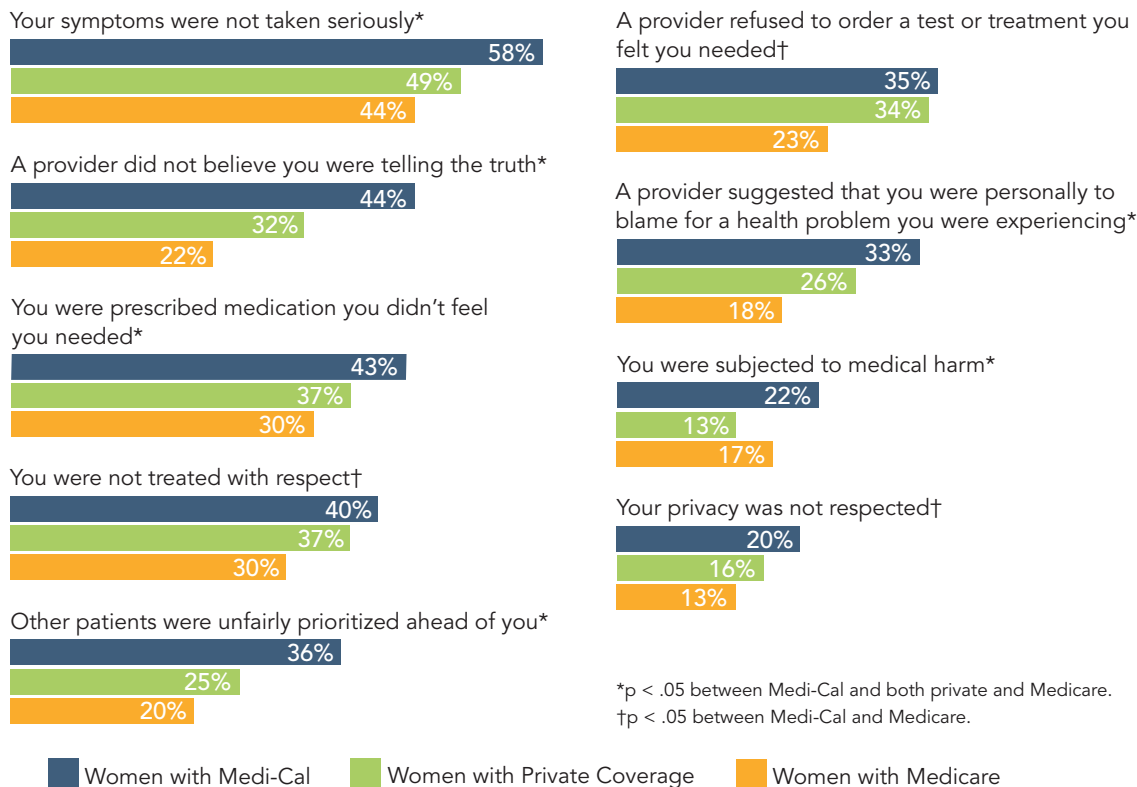
In each phase of Listening to Black Californians, women with Medi-Cal shared similar stories of discrimination and negative treatment from the health care system and spoke of being “dismissed, ignored, or spoken to rudely” by physicians and nurses. Women with Medi-Cal are significantly more likely to report specific negative experiences during health care visits than other respondents.

Women with Medi-Cal (58%), more so than women with other types of insurance, report that their symptoms were not taken seriously by a provider, a provider did not believe they were telling the truth (44%), and felt they were being blamed for their health problem (33%). Notably, more than one in five female respondents with Medi-Cal (22%) report being subjected to medical harm (see Figure 3).

Figure 3. Negative Experiences with Health Care Visits, by Insurance Coverage

Q: Thinking more generally about your experiences with health care visits, have any of the following ever happened to you?

Yes, %



Notes: Sample includes 3,325 Black California residents age 18 and older.

Source: Listening to Black Californians, statewide survey conducted by EVITARUS (March 5–May 8, 2022).

Female respondents with Medi-Cal are among the groups most likely to report being treated poorly because of their race/ethnicity (43% compared to 31% of respondents overall). Female respondents with Medi-Cal are also more likely to report being treated poorly because of their perceived ability to pay (32%) and their weight or body type (26%).

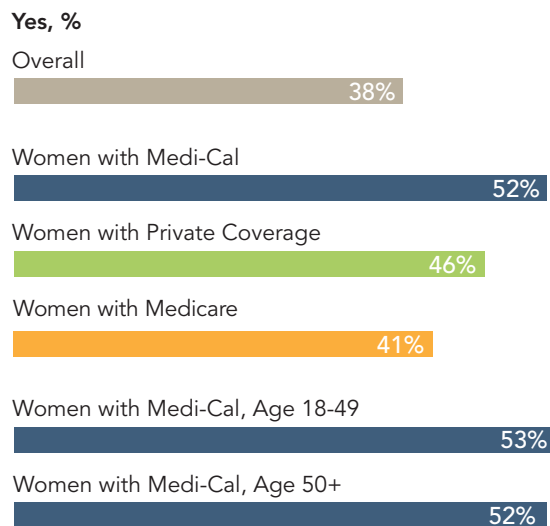
The study corroborates prior research findings that Black people often experience inadequate pain treatment.⁵ In the individual interviews and focus groups, female participants repeatedly shared instances where their pain was dismissed, not treated, or the cause was misdiagnosed. Half of Black female respondents with Medi-Cal (52%) report experiencing insufficient pain treatment, significantly higher than female respondents with other types of insurance coverage. This finding is consistent across both women of childbearing age and older women (see Figure 4).

Black Women Avoid Care Due to Concerns About Mistreatment

Given their high rates of negative health care experiences, it may not be surprising that Black women with Medi-Cal often avoid care. Almost four in 10 female respondents with Medi-Cal (39%) report avoiding going to a doctor or hospital because they felt they would not be treated fairly or with respect, compared to one in four overall respondents (26%).

Figure 4. Pain Not Treated Adequately

Q: Has there ever been a time when your pain was not treated adequately by a health care provider?



Notes: Sample includes 3,325 Black California residents age 18 and older. For differences by insurance, $p < .05$.
Source: Listening to Black Californians, statewide survey conducted by EVITARUS (March 5–May 8, 2022).

Like other female respondents, women in Medi-Cal try to mitigate negative experiences in various ways: researching a condition before a visit, paying special attention to how they were dressed, and signaling to providers they were knowledgeable. Women with Medi-Cal (46%) are more likely to tailor their speech or behavior to put providers “at ease” than women with private coverage (38%) or Medicare (30%). Similarly, more women with Medi-Cal (36%) report minimizing questions and concerns to avoid being perceived as “difficult” than do women with private coverage (32%) or Medicare (25%).

Women with Medi-Cal Want Providers Who Listen

Almost all women with Medi-Cal consider it “extremely” or “very” important to have a provider who listens to you (99%), who spends time with you (98%), and who will talk about specific goals (96%). And 93% of women with Medi-Cal rank having the ability to choose one’s own doctor as “extremely” or “very” important (see Figure 5).

More women of childbearing age with Medi-Cal (63%) consider having a Black doctor to be “extremely” or “very” important than older women with Medi-Cal (42%).

Figure 5. Importance of Provider Relationship

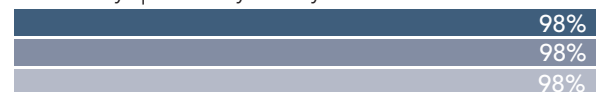
Q: When it comes to health care, how important are each of the following to you? Please use the following scale — extremely important, very important, somewhat important, not too important, or not important at all.

Percentage responding "Extremely" or "Very" Important

Having a provider who listens to you



Having a provider who will spend the time needed to answer any questions you may have



Having a provider who will talk to you about specific goals for your health



- Women with Medi-Cal
- Women with Medi-Cal, Age 18–49
- Women with Medi-Cal, Age 50+

Note: Sample includes 3,325 Black California residents age 18 and older. Source: Listening to Black Californians, statewide survey conducted by EVITARUS (March 5–May 8, 2022).

Key Areas for Action

Throughout the Listening to Black Californians study, women with Medi-Cal spoke clearly and consistently about their struggles to maintain and improve their health in the face of discrimination and poor treatment from the health care system.

Creating conditions to ensure that Black women with Medi-Cal do not avoid care is crucial for their own health and for health equity: Preventive care and screenings are critical for addressing many of the health conditions that afflict Black women at high rates, such as breast cancer and heart disease. Additionally, the finding that Black women with Medi-Cal avoid care at a higher rate than other respondents is particularly concerning, given women’s active role in arranging for the health care of their children and other family members.

Providers and policymakers have an opportunity to take specific and comprehensive action to address the inequities outlined by the women in this study, including the following:

- ▶ Ensure women with Medi-Cal can find and reliably access a regular provider or a medical home.
- ▶ Create incentives for providers to build trust and maintain caring relationships with female patients with Medi-Cal.

- ▶ Expand and publicize existing community health worker and *promotor* programs to educate women with Medi-Cal about the health care system, and ensure these workers reflect the lived experience and attributes of the communities they serve.
- ▶ Gather meaningful and timely feedback from female patients, analyze the feedback, and take appropriate actions to address issues raised.
- ▶ Focus on tracking outcomes for women with Medi-Cal and implement evidence-based practices to address inequities.
- ▶ Focus on pain management for women with Medi-Cal, especially those of childbearing age.

THE TAKEAWAY

Listening to Black women with Medi-Cal in interviews, focus groups, and a statewide survey reveals a shared story of women who are engaged with the health care system yet too often encounter discrimination or other negative experiences during their health care visits. Providers and policymakers have immediate opportunities to make sure these women can have trusting relationships with providers and can receive the care they need without discrimination.

Appendix A. Demographics of Female Respondents with Medi-Cal Coverage (N = 383, Age 18+)

	PARTICIPANTS (#)	PARTICIPANTS (%)
AGE		
18 to 34	79	42%
35 to 49	144	33%
50 to 64	110	20%
65+	49	5%
REGION		
Los Angeles County	157	33%
Inland Empire	41	18%
Other Southern California	24	6%
San Francisco Bay Area	97	26%
Central Valley	30	11%
North	26	5%
Central Coast	5	1%
Far North	2	1%
SELECT POPULATIONS		
Has a Mental Health Condition	151	42%
Has a Physical Health Condition	170	40%
Has a Disability	122	29%
LGBTQIA+	56	8%

Notes: Ns are unweighted. Percentages are weighted. "Prefer not to say" is not shown.

Endnotes

1. Linda Cummings, [In Their Own Words: Black Californians on Racism and Health Care](#), California Health Care Foundation (CHCF), January 2022.
2. Linda Cummings, [Listening to Black Californians: How the Health Care System Undermines Their Pursuit of Good Health](#), CHCF, October 2022.
3. *Medi-Cal Monthly Eligible Fast Facts: December 2022 (Date Represented: September 2022)*, California Dept. of Health Care Services.
4. "[Access to Primary Care](#)," Healthy People 2030, accessed February 28, 2023.
5. Kelly M. Hoffman et al., "[Racial Bias in Pain Assessment and Treatment Recommendations, and False Beliefs About Biological Differences Between Blacks and Whites](#)," *Proceedings of the Natl. Academy of Science* 113, no. 16 (Apr. 4, 2016): 4296–301.