

Chapter 3

Access and Utilization

When individuals and families have no health insurance, or cannot afford the rising deductibles or premiums of their current coverage, their health care suffers. Health insurance affects the ability to access health care. Even with coverage, many individuals and families have inadequate access to services.

Highlights of this chapter include:

- ◆ Young adults (age 18-24) in Sonoma County were more likely to be uninsured than the population as a whole, with rates of being uninsured three times higher than for the total population under age 65.
- ◆ In 2003, more than 46,000 Sonoma County residents did not have a “usual source of health care.”
- ◆ From 2002 to 2003, annual out-of-pocket health insurance premiums for California workers increased an average of 15% for both single and family coverage.
- ◆ The number of active physicians in Sonoma County decreased by 9.8% from 1995 to 2001, while the population increased by 10.3%.



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Nationally, it is estimated that 45 million Americans are uninsured, and over 8.5 million of them are children.¹ Nearly half (47%) of non-elderly uninsured adults do not have a “usual source of care” (a place where they usually go when they are sick or need health advice), and coupled with a fear of high medical bills, many delay or forgo needed care. In 2002, over 40% of uninsured adults postponed seeking medical care, and 28% say they needed but did not get medical care in the past year.²

Health Insurance

An important measure of access to health care is health insurance coverage. Uninsured people are less than half as likely as insured people to have received appropriate preventive care, such as recent mammograms or Pap tests, or to have had any recent medical visits.

Lack of health insurance also affects access to care for serious medical conditions. Evidence suggests that lack of insurance over an extended period significantly increases the risk of premature death, and that death rates among hospitalized patients without health insurance are significantly higher than among patients with insurance.³

The percent of Sonoma County residents under age 65 who were uninsured did not change significantly from 2001 to 2003. The Sonoma County rate was significantly lower

Table 3.1
Uninsured Population by Age Category, Annual Average, Sonoma County* and California 2003

	Sonoma County		California	
	Number	Percent	Number	Percent
Total population < age 65	38,000	9.5%	4,898,000	15.6%
Children < age 18	3,000	3%*	779,000	7.1%
Young adults age 18-24	12,000	31.4%	957,000	27.5%
Adults age 25-64	12,000	9.0%	3,269,000	17.8%

*Sonoma County rates unstable due to small numbers.

Source: California Health Interview Survey, Sonoma County and California 2001 and 2003.

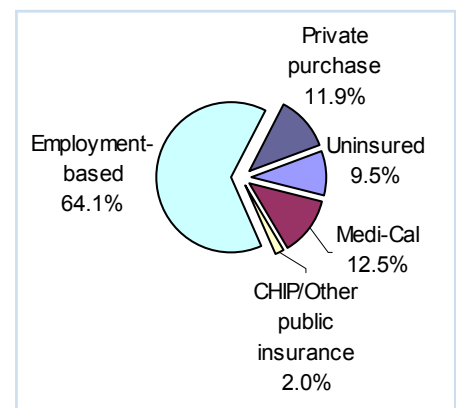
than the California rate. The rate of uninsured children was also significantly lower for Sonoma County than for California as a whole (Table 3.1).⁴

Young adults (age 18-24) in Sonoma County were more likely to be uninsured than the population under age 65 as a whole, with rates of uninsured three times that for the total population under age 65. Sonoma County and California rates for this population were similar.⁵

In 2003, the majority of Sonoma County residents under age 65 had employment-based health insurance (Figure 3.1). About 15% of the Sonoma County population had publicly funded insurance, such as Medi-Cal or Children’s Health Insurance Plan, compared to over 20% of the California population under age 65.⁶

The California Hispanic population had significantly higher rates of uninsured than all other racial/ethnic groups. Rates of unin-

Figure 3.1
Adults Age Under Age 65 by Source of Insurance Coverage, Sonoma County 2003

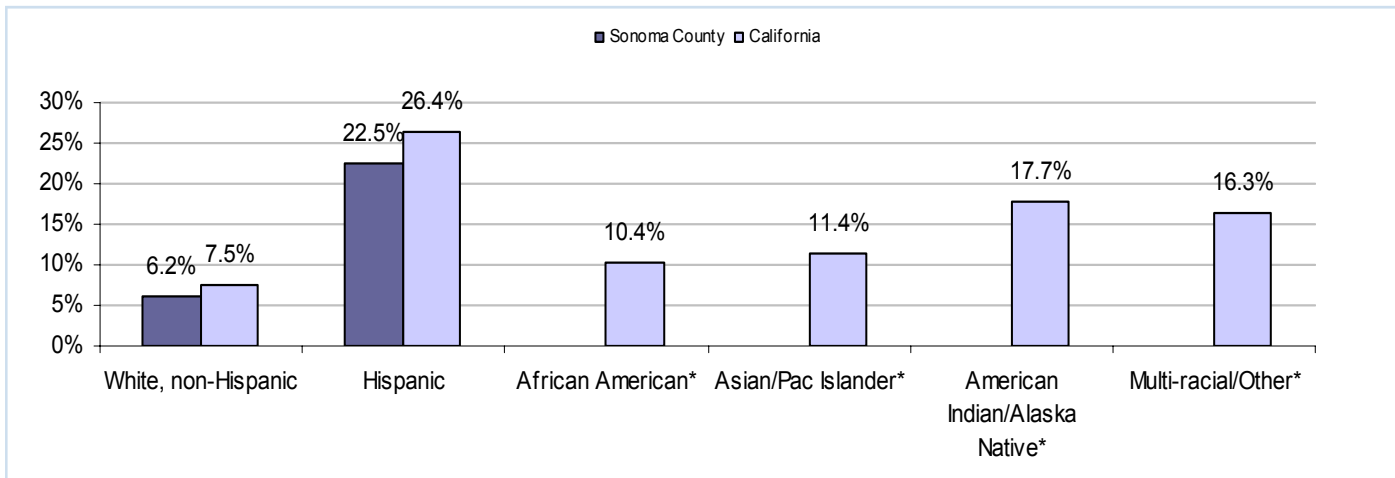


Source: California Health Interview Survey, Sonoma County and California 2001 and 2003.

sured White, non-Hispanics in California are significantly lower than rates for Asian Americans, American Indians, and Multi-racial/Other, racial/ethnic groups in the state. Trends in Sonoma County are similar for White, non-Hispanic and Hispanic residents (Figure 3.2).⁷

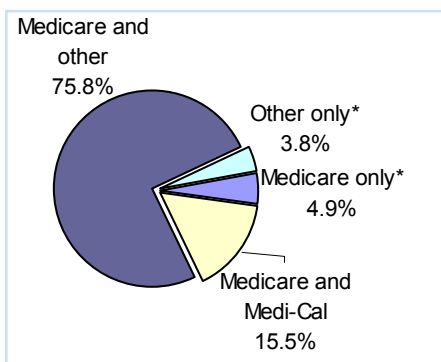


Figure 3.2
Percent of the Population that is Uninsured by Race/Ethnicity, Annual Average, Sonoma County* and California 2003



*Sonoma County rates unstable due to small numbers.
Source: California Health Interview Survey, Sonoma County 2001.

Figure 3.3
Insurance Coverage by Type for Residents age 65+, Sonoma County 2003



*Rates are unstable due to small numbers.
Source: California Health Interview Survey, Sonoma County 2003.

Medicare

In 2003, about 3,000 (5%) seniors (age 65+) in Sonoma County had Medicare as their only source of health insurance. Approximately 95% of Sonoma County seniors supplemented their Medicare insur-

Table 3.2
Sources of Drug Coverage for Medicare Recipients, California 2003

	California	Nation
Employer-sponsored	30%	29%
Medicare HMO	30%	15%
Medi-Cal	11%	11%
No drug coverage	18%	36%
Other public	4%	2%

Source: Kaiser Family Foundation, California Seniors and Prescription Drugs 2003.

ance with Medi-Cal or other health insurance coverage (Figure 3.3).⁸

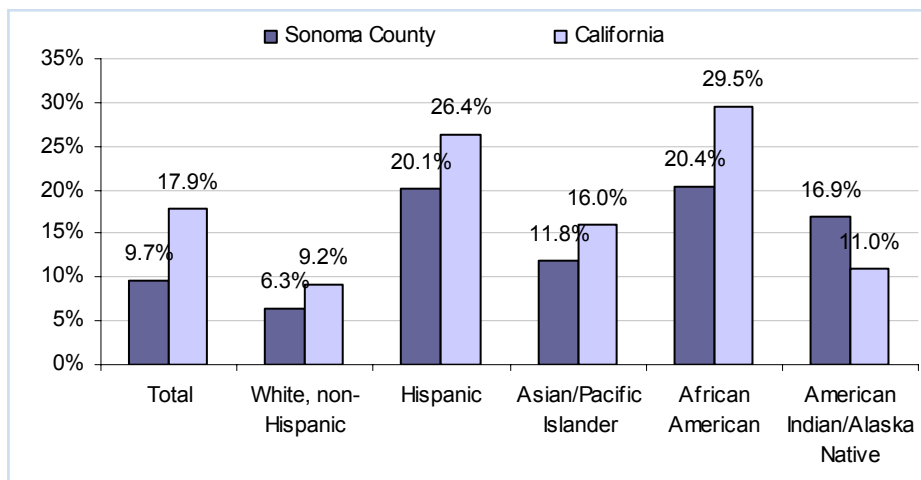
In the absence of a Medicare prescription drug benefit, California seniors have relied on a variety of sources for prescription drug insurance. Employer-sponsored plans and Medicare HMOs were the pri-

mary source of drug coverage in 2003 (Table 3.2). Medicare HMOs were a more common source of coverage for California seniors than for Medicare beneficiaries across the nation (30% compared to 15%).⁹ Compared to Medicare beneficiaries nationwide, California seniors were much more likely to have drug coverage.

Medi-Cal and Other Programs

Medi-Cal offers primary care, specialty care, and specialized programs for pregnant women, children, the elderly and individuals with disabilities. Medi-Cal serves families who receive financial aid through Temporary Assistance to Needy Families (TANF) or Supplemental Security Income, and certain groups who are unable to pay for

Figure 3.4
Percent of the Population Enrolled in Medi-Cal by Race/Ethnicity, Sonoma County and California 2003



Source: California Department of Health Services, Medi-Cal beneficiary counts, Sonoma County 2003.

health care. Additionally, almost 25% of Sonoma County Medi-Cal recipients are eligible for benefits under Medi-Cal and other benefits under the County Medical Service Program (CMSP) (dual eligibility).¹⁰

Sonoma County has proportionally fewer individuals enrolled in Medi-Cal than California (9.7% of the population compared to 17.9%). This trend is similar across race/ethnicities (Figure 3.4). In 2004, about 60% of all Sonoma County residents eligible for Medi-Cal lived in Santa Rosa. The city with the highest proportion of Medi-Cal eligible residents was the city of Sonoma (Table 3.3).¹¹

Healthy Families, a children's health insurance program administered by the state, contracts with private insurers to provide health

coverage for children with family incomes above the level eligible for Medi-Cal, and below 250% of the federal income guidelines. In 2003, there were approximately 6,600 Healthy Families recipients in Sonoma County, up 40% from 2001.¹²

Source of Health Care

An individual has a "usual source of care" when they have a usual place to go when sick or in need of health advice. Having a primary care provider (PCP) as the usual source of care is especially important because of the beneficial attributes of primary care. These benefits include the provision of integrated, accessible health care services by providers who are accountable for addressing a majority of personal health care needs, developing long-

Table 3.3
Medi-Cal Eligible Residents by City, Sonoma County 2004

	Number	Percent of residents eligible for Medi-Cal
Cloverdale	1,106	14.8%
Cotati	694	10.1%
Healdsburg	1,490	13.0%
Petaluma	4,268	7.6%
Rohnert Park	2,916	6.9%
Santa Rosa	22,990	14.9%
Sebastopol	1,485	19.0%
Sonoma	1,893	20.0%
Windsor	2,142	8.7%

Source: California Department of Health Services, Medical Care Statistics, persons certified eligible for Medi-Cal, Sonoma County 2004.

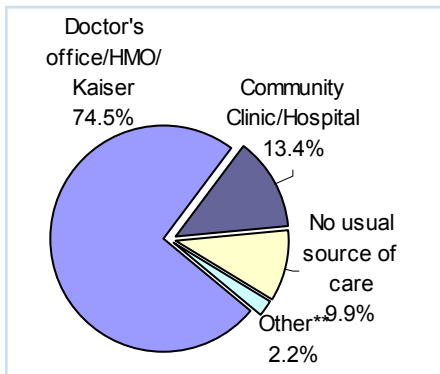
term relationships with patients, and practicing in the context of family and community. The Healthy People 2010 goal is for 96% of the population to have a source of ongoing care.¹³

In 2003, almost 10% of Sonoma County residents did not have a usual source of health care (Figure 3.5). This proportion is similar to the California rate of 12.5%, and accounts for about 46,000 Sonoma County residents.¹⁴

With health insurance premiums in California and the U.S. growing at double-digit rates, it has become increasingly difficult for employers to provide affordable health care coverage for their workers. Because



Figure 3.5
Residents by Type of Usual Source of Care, Sonoma County 2003



*Rates are unstable due to small numbers.

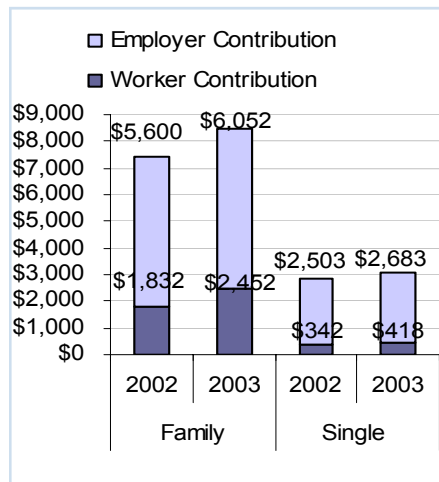
**Other includes Emergency room/ Urgent care, and Some other place/No one place.

Source: California Health Interview Survey, Sonoma County 2003.

information on employer-based insurance is unavailable for Sonoma County, California data are provided.¹⁵

California workers covered by health plans in 2003 were much more likely to be enrolled in Health Maintenance Organizations (HMOs) than covered workers in the nation (52% compared to 24%). Average monthly premiums in California in 2003 were lower than those in other parts of the country for single and family coverage for all plan types except Preferred Provider Organizations (PPOs). From 2002 to 2003, annual out-of-pocket premiums for California workers increased for both single and family coverage an average of 15%. In addition, the proportion of premium contributions made by

Figure 3.6
Average Annual Worker and Employer Premium Contributions, California 2002 and 2003



Source: Kaiser Foundation and Health Research and Educational Trust, California Employer Health Benefit Survey 2003.

employers increased significantly (Figure 3.6).¹⁶

Hospitalizations

The average length of stay in Sonoma County hospitals has decreased over 40% since 1987 – to 4.5 days in 2003.¹⁷ Compared to California (5.3 days), Sonoma County had a slightly lower average length of stay. Advances in technology, less invasive procedures and increased availability of home health services have shortened hospital stays in general.¹⁸

The average number of licensed acute beds per 1,000 population in Sonoma County decreased between 1997 and 2003 (2.2/1,000 compared

Table 3.4
Hospital Utilization, Sonoma County and California 2003

	Sonoma County	California
Licensed acute care beds per 1000	1.4	1.7
Patient days per 1000	339.5	539.4
Average length of stay (days)	4.5	5.3
Hospitalizations per 1000	93.9	110.7
Licensed bed occupancy-total	51.2%	60.1%
Licensed acute bed occupancy	47.8%	57.9%

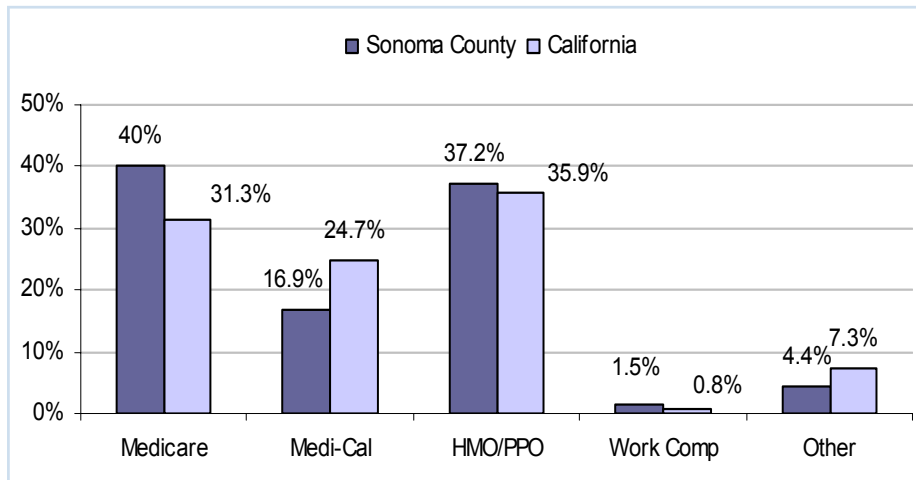
Source: Office of Statewide Health Planning and Development, patient discharge data profile.

to 1.4/1,000, respectively). The California average number of licensed acute beds in 2003 was 1.7/1,000 (Table 3.4).¹⁹

From 1997 to 2003, the number of patient days per 1,000 population in Sonoma County dropped significantly (444.8/1,000 to 339.5/1,000, respectively). California experienced a similar drop in patient days per 1,000 population during the same time period, from 646.2/1,000 in 1997 to 539.4/1,000 in 2003.²⁰

Hospitalizations in Sonoma County have decreased slightly from 103.2/1,000 in 1997 to 93.9/1,000 in 2003. The California rate increased from 76.7/1,000 to 110.7/1,000 for the same time period.²¹

Figure 3.7
Source of Hospital Payment, Sonoma County and California 2003



Source: Office of Statewide Health Planning and Development, patient discharge data 2003.

The primary source of payment for hospitalizations in Sonoma County is Medicare (40%), reflecting the higher proportion of older adults within the county compared to California as a whole. In California the primary source of hospital payment is HMO/PPOs (Figure 3.7). In 2003, Sonoma County had a significantly lower rate of payments from Medi-Cal for hospitalizations (16.9%) than California (24.7%).²²

Medical Provider Profile

The over- or under-supply of primary and specialty physicians affects patient access, satisfaction and scheduling, as well as physician compensation and the overall cost and quality of medical care.

According to a study of Sonoma County practicing physicians, the

number of active physicians in Sonoma County decreased by 9.8% from 1995 to 2001, while the population increased by 10.3%. From 1995 to 2001, there was a decline (10.2%) in specialist physicians in Sonoma County – from 499 to 448.²² In 2003-2004, there was one physician or surgeon in Sonoma County for every 354 residents.²³

Sixteen community-based clinics and two public health clinics provided primary care services to more than 61,000 people in 2002, many on a sliding-fee basis. Approximately one-fourth (14,699) of all patients seen in these clinics were Medi-Cal enrollees, 5% were Medicare enrollees, 3% were County Medical Services Program enrollees, 12% were Child Health and Disability Prevention Program enrollees, 13% had private health insurance, 5% were non-payments,

and 24% were self-pay. The remaining 13% were enrollees in other state and county programs.²⁴

Emergency Medical Services

Emergency medical services (EMS) are provided to residents with life-threatening health problems or injuries. In 2004, the Sonoma County EMS system consisted of nine ground ambulance provider agencies and two helicopter ambulance providers.²⁵

According to 2003 data from Coastal Valleys EMS Agency (serving Sonoma, Napa and Mendocino counties), the leading reasons for EMS calls were cardiac event/chest pain (12.4%), altered level of consciousness (10.7%), and respiratory/breathing problems (10.4%). More than one in three EMS calls were for adults over age 70.²⁶



Chapter 3 References

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