



Access, Affordability, and Respect:

California Poll Shows Benefits Associated with Having a Primary Care Provider

Annually since 2019, the California Health Care Foundation has conducted a survey of residents' views on a variety of health care topics, some of which are tracked over time to detect meaningful differences in public opinion. For the first time in 2021, residents were asked whether or not they have a "regular primary care provider." More than 8 in 10 Californians (85%) report having a regular primary care provider (PCP), while 13% say they do not. This report provides examples of the benefits of having a PCP as reported by residents with insurance. It demonstrates significant differences between Californians who have a PCP and those that do not across topics related to health care utilization, experience, affordability, and behaviors. See the full report of findings from the *California Health Policy Survey*.

About the Survey

The California Health Care Foundation / NORC Health Policy Survey was conducted September 27 through November 17, 2021, among a random representative sample of 1,681 adults age 18 or older living in California. Interviews were administered in English ($n = 1,647$) and Spanish ($n = 34$).

For the purpose of this analysis, the minority (5%) of respondents who report not having health insurance were excluded. Excluding Californians who report not having health insurance did not meaningfully change the proportion who report having a PCP. A multistage weighting design was applied to ensure accurate

representation of the California adult population. See Table 1 for a demographic breakdown of the insured Californians whose survey results are included in this report.

Table 1. Insured Survey Respondents, by Demographics

| | | |
|-----------------------|--|-------------|
| Gender | Female | 52% (805) |
| | Male | 46% (711) |
| | Non-binary or transgender | 1% (19) |
| | Other/missing/skipped | 1% (22) |
| Income | <200% FPL | 25% (393) |
| | 200%+ FPL | 68% (1,065) |
| | Unknown | 6% (99) |
| Race/ethnicity | White (non-Latino/x) | 43% (674) |
| | Latino/x | 31% (476) |
| | Asian (non-Latino/x) | 16% (244) |
| | Black (non-Latino/x) | 7% (115) |
| | Other races/ethnicities (non-Latino/x) | 3% (48) |

Notes: All numbers may not sum due to rounding. *Other races and ethnicities* includes different racial/ethnic groups, none of which had a large enough amount of respondents to draw meaningful conclusions for any specific group. It includes respondents who are American Indian or Alaska Native, Native Hawaiian, Guamanian or Chamorro, Samoan, or Other Pacific Islander as well as those who identified as "some other race."

Source: CHCF/NORC California Health Policy Survey (September 27, 2021 to November 17, 2021).

The question that asked whether Californians had a PCP did not define “primary care provider.” Thus, the measure of PCP is respondent defined. In **previous qualitative research**¹ performed for the California Health Care Foundation, study participants who report having a PCP meant that it was an individual provider (for example, a physician or nurse practitioner) they see regularly and go to for their primary health care needs.

Any result reported as “different from,” “more than,” or “less than” another result is a statistically significant difference at $p < .05$. Survey data do not demonstrate the cause of differences between those who have PCPs and those who do not. (For example, those with PCPs are more likely than those without one to report some healthy behaviors, as described further in the report. This survey doesn’t explain whether this is because those who have PCPs also happen to prioritize their health, or if it’s because respondents are prioritizing health because of the advice or support of their PCP.) Findings are observational, but provide important insights into the benefits associated with having a PCP relationship.

Summary of Key Findings

The results of the poll demonstrate that there are important differences between insured Californians who have a PCP and those who don’t.² Specifically, Californians with a PCP, compared to those without a PCP, are more likely to utilize some kinds of care and to have better experiences when accessing care. Having a PCP is also closely tied to reports of health care access and affordability.

Key findings and implications:

► Californians with PCPs report seeking out and **receiving more physical health care** in the last 12 months, including utilizing video care for telehealth than those without a PCP. They are also less likely to skip or defer care due to cost.

- Californians with PCPs report **fewer language, distance, and affordability barriers** to appropriate care than those without PCPs. Californians without PCPs are more likely to face barriers accessing care that they could afford, care that was easy to get to, a doctor who spoke the same language, a doctor who shares the same background or experiences, and a doctor who treated them with dignity and respect. These results imply that having a PCP can facilitate both access to and utilization of needed care.
- Californians without PCPs are more likely to report having **negative experiences with health care providers**. These experiences include being *talked down to*, having a doctor *assume something about them* without asking, having a doctor suggest they were *personally to blame for their health problem*, having a doctor *refuse a test or medication* that they thought they needed, or having a doctor *not listen or not believe* what they were saying. Because negative experiences with health care providers can deter patients from seeking treatment, Californians without a PCP may continue to have their care needs unaddressed as a result of these experiences.
- Californians without PCPs are more likely to report concerns about **affording certain health care costs** and to report that this concern led to *postponing or delaying needed care*. This group is also more likely to say that delaying care due to costs then *made their health worse*. While these results may be more indicative of perceptions of health care costs rather than actual financial barriers, the perception of cost can influence a person’s likelihood of seeking needed care. It appears that having a PCP may reduce the perception of the burden of health care costs, which can empower people to get their health care concerns addressed before their conditions worsen.

► **Positive health behaviors** are more commonly reported by Californians with PCPs including making health a priority, speaking up when visiting the doctor, and getting appropriate screening and preventive care.

KEY TAKEAWAY. Latino/x Californians were the racial group least likely to report having a primary care provider. Given the positive benefits associated with having a PCP, ensuring access to one could have implications for improving health equity for Latino/x Californians.

When looking at the groups of Californians with and without a PCP by race, ethnicity, and income, significant differences appear between these groups (Figure 1). White Californians make up a large proportion of those with a PCP (44%), while Latino/x Californians were most likely to report not having a PCP (39%), compared to the other racial and ethnic groups. Californians with incomes above 200%FPL make up the majority of those with (75%) and without a PCP (64%) while Californians with low incomes represent only one-quarter (26%) of those with a PCP and over one-third (36%) of those without a PCP.

Figure 1. Stark Demographic Differences Between Californians Who Do and Do Not Have a Primary Care Provider

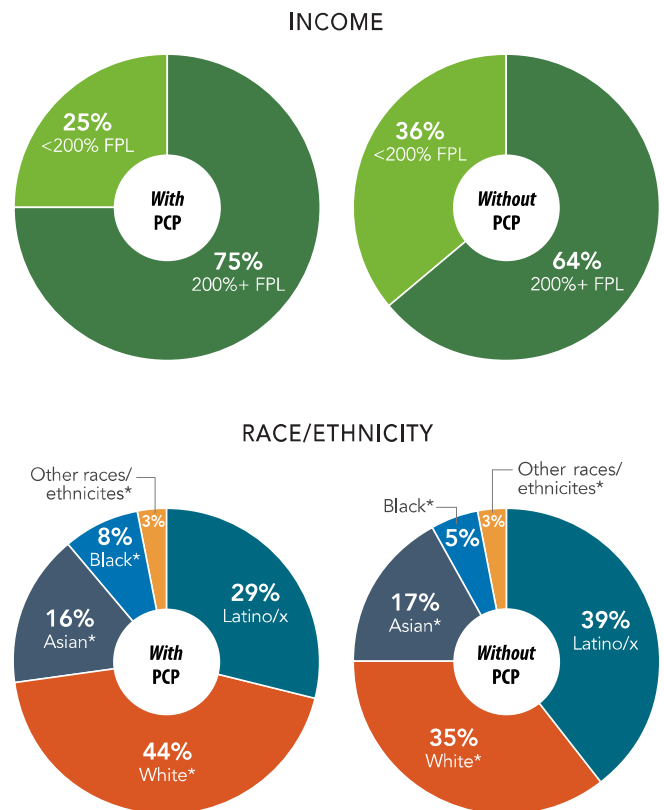
Detailed Findings

Demographics

A demographic analysis of the poll results shows that Latino/x Californians were the least likely to report having a PCP compared to all other Californians.

Table 2. Race/Ethnicity of Survey Respondents Reporting Having a Primary Care Provider

| | |
|--|-----|
| Black (non-Latino/x) | 92% |
| White (non-Latino/x) | 91% |
| Asian (non-Latino/x) | 87% |
| Latino/x | 85% |
| Other races/ethnicities (non-Latino/x) | 87% |



*Non-Latino/x.

Note: Segments may not sum 100% due to rounding.

TABLE 2 AND FIGURE 1

Other races/ethnicities includes different racial/ethnic groups, none of which had a large enough amount of respondents to draw meaningful conclusions for any specific group. It includes respondents who are American Indian or Alaska Native, Native Hawaiian, Guamanian or Chamorro, Samoan, or Other Pacific Islander as well as those who identified as “some other race.”

Source: CHCF/NORC California Health Policy Survey (September 27, 2021 to November 17, 2021).

Health Care Utilization

Californians with a PCP are more likely than those without a PCP to report receiving treatment or care for physical conditions, and receiving a video visit. However, there were no differences between the two groups when it came to getting care for mental health or alcohol or drug use problems, receiving a phone visit, or skipping or postponing care for any reason.

- ▶ Californians with a PCP are more likely to report that they or a family member received treatment or counseling for any physical health condition such as high blood pressure, heart disease, cancer, diabetes, asthma, or an injury (52%), compared to those who did not have a PCP (31%).
- ▶ The proportion of each group reporting that they or their family member received care in the past 12 months for any mental health condition was similar (30% for those who had a PCP and 29% for those who did not) or alcohol or drug use problems (4% for those with a PCP and 7% for those without). About half of each group (50% of those with a PCP and 55% of those without a PCP) report that they or a family member in their household skipped or postponed care for any reason in the past 12 months (no statistically significant difference).

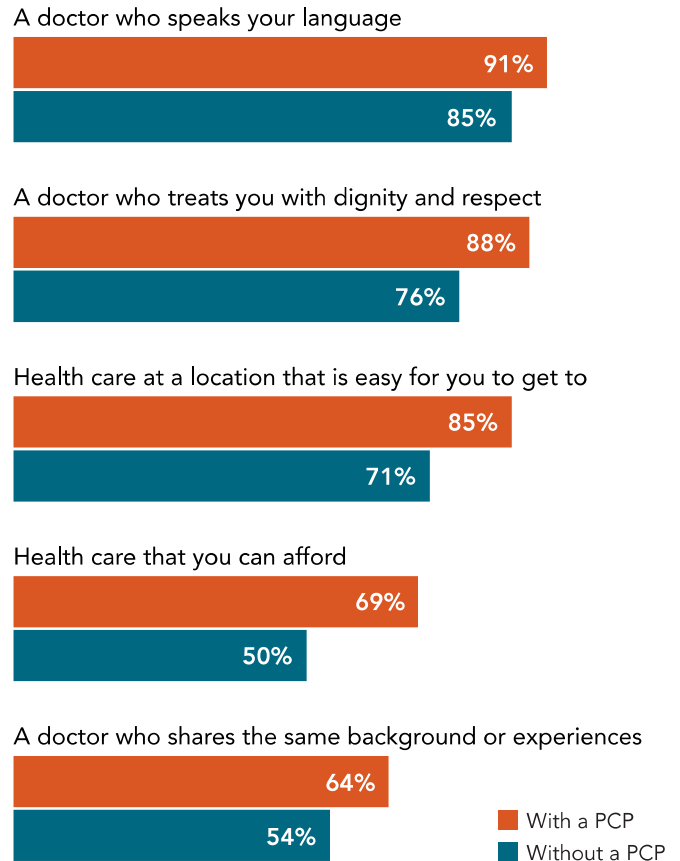
When it comes to telehealth, Californians with a PCP are more likely to report that they received video care in the past 12 months (47%) compared to only a third of those who did not have a PCP (32%). There was no significant difference between the groups for those who report receiving phone care (56% for PCP vs. 51% for without a PCP).

Health Care Experiences

Access to care. Californians with a PCP report fewer barriers to accessing care compared to those without a PCP. They are more likely to report being able to find affordable health care and health care at a convenient location as well as doctors who speak the same language, have the same cultural background, and treat them with dignity and respect (Figure 2).

Figure 2. Californians with a PCP Report Fewer Barriers to Accessing Appropriate Care

PERCENTAGE WHO SAY THAT IT IS "EASY" OR "VERY EASY" FOR THEM TO FIND THE FOLLOWING FOR THEMSELVES AND THEIR FAMILY.



Source: CHCF/NORC California Health Policy Survey (September 27, 2021 to November 17, 2021).

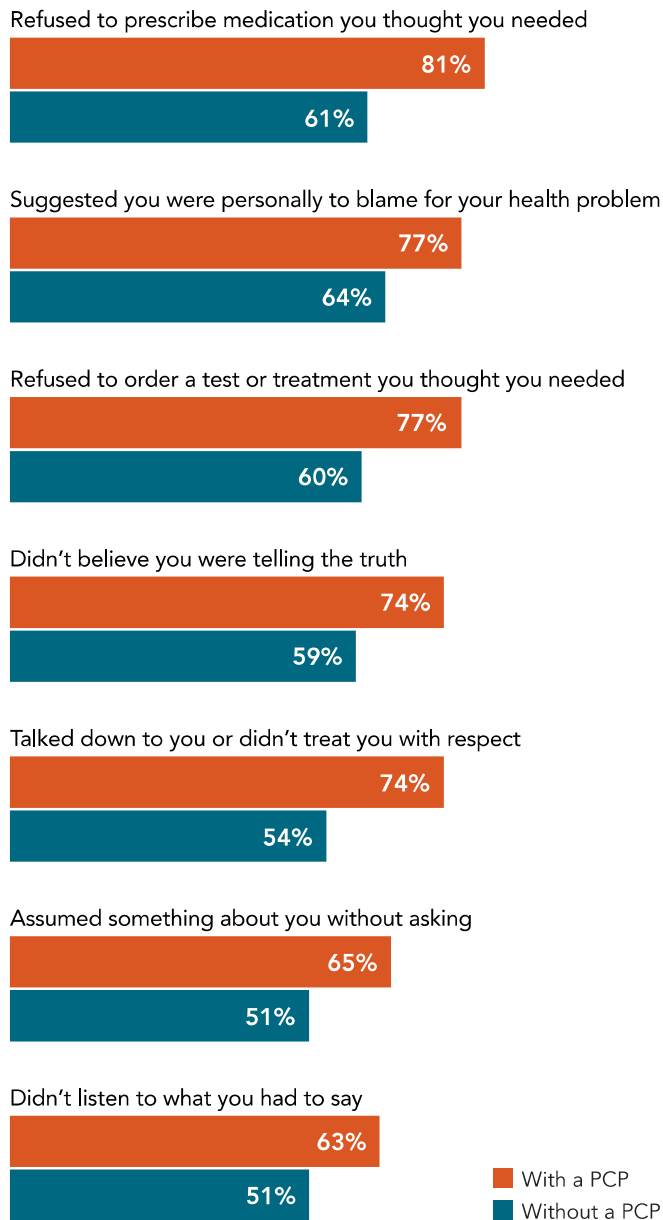
KEY TAKEAWAY. Californians with a primary care provider report fewer barriers to accessing care compared to those without a PCP.

Experiences with health care providers. Californians who had a PCP are less likely than those without a PCP to report negative experiences with their health care providers, such as a doctor being disrespectful, assuming something about them, suggesting they were to blame for a health problem, refusing to prescribe them needed medication or to order a test they

needed, not listening to what they said, or not believing they were telling the truth (Figure 3).

Figure 3. Californians with a PCP Are More Likely to Say They Do Not Have Negative Experiences with Health Care Providers

PERCENTAGE WHO SAY THEY HAD NOT EXPERIENCED THE FOLLOWING IN THE LAST FEW YEARS (HIGHER PERCENTAGE IS BETTER)



Source: CHCF/NORC California Health Policy Survey (September 27, 2021 to November 17, 2021).

Waste and repetition. Californians with a PCP are more likely than those without one to be spared from some of the wasteful and repetitive activities common in a fragmented health care system, such as repeating medical histories, repeating tests, and sharing information across providers. Californians with a PCP are more likely than those without one to report that, in the last five years, they did not have to:

- ▶ Repeat medical history to a new health care provider (55% vs. 42%)
- ▶ Repeat a medical test because prior results weren't available to the new provider (79% vs. 59%)
- ▶ Communicate other information about their condition or treatment from one provider to another (55% vs. 44%)

Health Care Affordability

Californians without a PCP report far more challenges with health care affordability than those with a PCP:

- ▶ Close to 4 in 10 Californians (38%) without a PCP report that they or a family member had problems paying any medical bills, such as bills for doctors, dentists, medication, or home care compared to just 22% of those with a PCP.
- ▶ Californians without a PCP also report higher levels of worry than those with a PCP about being able to afford monthly health insurance premiums (61% vs. 48%), prescription drugs (60% vs. 46%), and unexpected medical bills (69% vs. 60%). This could in part be because Californians with a PCP are more connected to a doctor's office that can help them navigate costs, and they may be more used to the cost associated with accessing care (Figure 4).
- ▶ Californians without a PCP are twice as likely as those with one to say they skipped or postponed physical health care (40% vs. 20%) or mental health care (36% vs. 16%) because of cost. Those without a PCP are also more likely to say they skipped a recommended medical treatment or test (33% vs. 20%) (Figure 5).

- ▶ More than half of those without a PCP (61%) say that the actions they took due to cost made their health condition worse compared to only 44% of those with a PCP.

Figure 4. Fewer Californians with a PCP Report Health Care Affordability Concerns.

PERCENTAGE WHO SAY THAT THEY ARE “SOMEWHAT” OR “VERY WORRIED” ABOUT BEING ABLE TO AFFORD THE FOLLOWING FOR THEM AND THEIR FAMILIES:

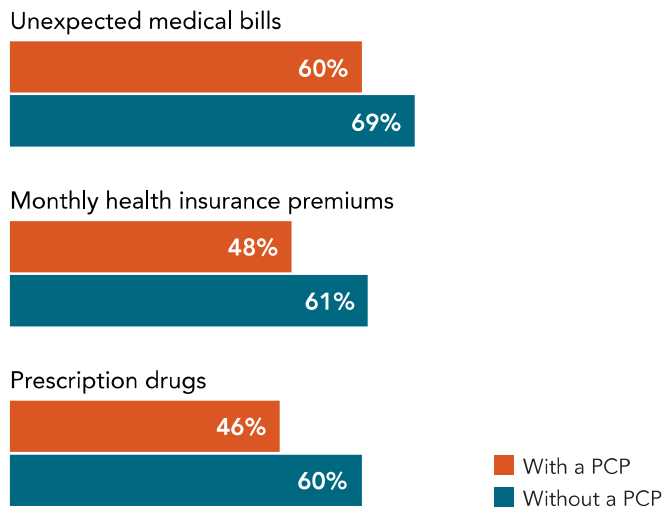
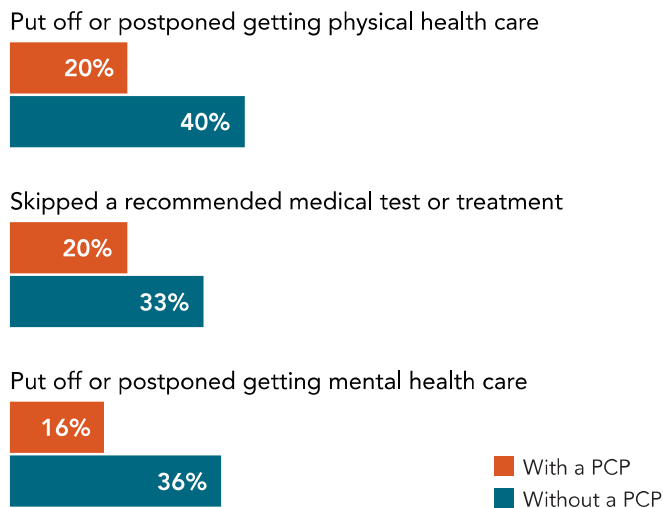


Figure 5. Californians Without a PCP Are More Likely to Skip or Postpone Care Due to Cost

Q: IN THE PAST 12 MONTHS, HAVE YOU OR ANOTHER FAMILY MEMBER DONE THE FOLLOWING BECAUSE OF COST?



FIGURES 4, 5, AND 6:
Source: CHCF/NORC California Health Policy Survey (September 27, 2021 to November 17, 2021).

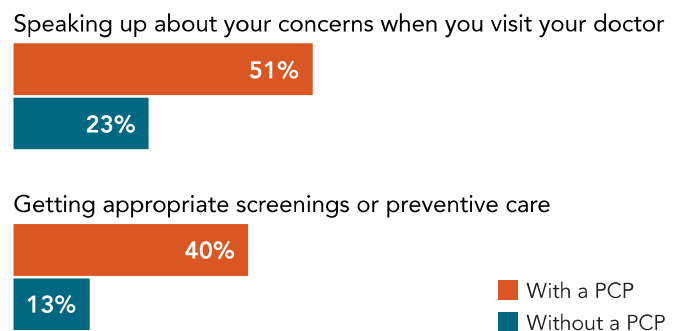
Healthy Behaviors

Survey findings demonstrate that Californians with a PCP are more likely than those who don't to engage in certain healthy behaviors:

- ▶ Californians with a PCP are more than twice as likely as those without one to report that they almost always try to make their health a priority (46% vs. 21%).
- ▶ Californians with a PCP are three times more likely than those without one to report that they put “quite a bit” or “a great deal” of effort into getting appropriate screenings or preventive care (40% vs. 13%) as well as speaking up about concerns when visiting the doctor (51% vs. 23%) (Figure 6).

Figure 6. Californians with a PCP Report Putting More Effort into Getting Screenings and Speaking up at Doctor's Visits.

PERCENTAGE WHO SAY THAT THEY PUT “QUITE A BIT” OR “A GREAT DEAL” OF EFFORT INTO EACH OF THE FOLLOWING:



Conclusion

The results of this poll show important disparities in who reports having a PCP. Californians with a PCP are more likely than those without one to be White and to have a higher income, and less likely to be Latino/x and to have a lower income.

Having a PCP is associated with numerous benefits. Those with a PCP are more likely than those without one to receive physical health care and to put effort into staying healthy, getting appropriate screenings, and speaking up about their concerns to their doctor. They are less likely than those without a PCP to skip or defer care due to cost, and less likely to report language, distance, and affordability barriers to appropriate care.

In contrast, a host of negative experiences with health care providers are more common among Californians without a PCP, including being talked down to or having a doctor not listen or not believe what they were saying. Californians without PCPs are also more likely to report concerns about affording certain health care costs and to report that this concern led to postponing or delaying needed care. This group is also more likely to say that delaying care due to costs then made their health worse.

The positive benefits associated with having a PCP suggest that ensuring access to a PCP could have implications for improving health equity, especially for Latino/x Californians who are the least likely to report having one compared to all other Californians.

About the Authors

Rebecca Catterson, MPH, is a senior research director at **NORC** at the University of Chicago; Lucy Bailey, MPH, is a research scientist at NORC.

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.

Endnotes

1. Jen Joynt, Lucy Rabinowitz, and Rebecca Catterson, *Listening to Californians with Low Incomes: How They Experience the Health Care System and What It Means for the Future*, California Health Care Foundation, May 25, 2021.
2. This analysis was limited to Californians with health insurance. All references to Californians with (or without) a PCP are insured.
3. In 2021, 200% FPL for a family of four was \$53,000/year or \$25,700/year for a single individual, according to the US Department of Health and Human Services.