

# Chapter 5 Quality & Accessible Health & Social Services



The relationship between healthcare access, quality and necessary social services have an impact on health outcomes in a community. For low-income populations, access to food, childcare and other basic needs can exacerbate existing medical conditions and cause stresses that diminish overall health. In recent years, access to health insurance has improved due to the Affordable Care Act, which expands health insurance for low-income individuals through MediCal and healthcare subsidies. Unfortunately, uninsured individuals remain in our community due to a lack of access for undocumented individuals. Data on the changes in the population due to the implementation of the ACA are not yet available. It will be important to track the effect of the ACA on relevant indicators.



A greater percentage of Richmond households receive food stamps and public assistance than in Contra Costa. Many low income individuals are still not receiving food stamps, indicating a need for expansion of services. The access to quality healthcare is determined by insurance status, availability of providers, and the care patients receive. Although Richmond is not considered deplete of providers, there remains a lack of psychiatry and dental providers in the area. Although we expect access to improve with ACA implementation, we find that many hospitalizations in Richmond are due to preventable causes and that African Americans are hospitalized at a higher rate, demonstrating a potential disconnect for these individuals with the primary care system.

# Access to Social Services

## Food Stamp Participation

**Food stamp participation was higher in Richmond than in the county overall and varied similarly by race/ethnicity in both jurisdictions.** Overall, 11.0% of Richmond households receive food stamps; a greater percentage than in Contra Costa (5.5%). Within Richmond, higher percentages of households with Black/African American (17.4%) and Hispanic (15.4%) householders, and lower percentages of households with Asian (6.0%) and non-Hispanic white (2.4%) householders, received food stamps than households overall (11.0%). This pattern existed in the county overall as well. Households with Hispanic householders also had higher food stamp participation in Richmond (15.4%) than in Contra Costa (9.9%) (Table 1).

**Households with children are more likely to receive food stamps than households overall.**

Approximately one-fifth (21.3%) of households with children under 18 years of age in Richmond receive food stamps; higher than the percent of all households in the city receiving food stamps (11.0%). This pattern exists for Contra Costa County overall as well. This is not surprising given that a greater percentage of households with (related) children under 18 years live below poverty than households overall in Richmond. Households with children under 18 also had higher food stamp participation in Richmond (21.3%) than in Contra Costa (10.6%) (Table 1).

**As expected, a higher percentage of households living below poverty receive food stamps than the households overall.** However, just one-third (34.1%) of these poor households in Richmond receive food stamps. Although this is quite low, it is higher than the percentage of households below poverty that received food stamps county-wide (27.2%) (Table 1).

**TABLE 1. FOOD STAMP PARTICIPATION AMONG HOUSEHOLDS BY PRESENCE OF CHILDREN, POVERTY STATUS & HOUSEHOLDER RACE/ETHNICITY**

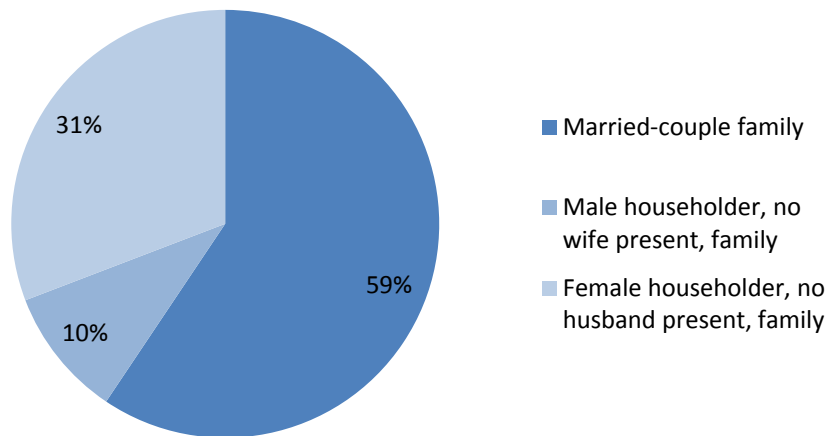
Households	Richmond			Contra Costa		
	Total (#)	Total (%)	% receiving food stamps	Total (#)	Total (%)	% receiving food stamps
<b>Households</b>	<b>36,317</b>	100%	11.0%	<b>374,552</b>	100%	5.5%
With children under 18 years	<b>13,614</b>	37.5%	21.3%	<b>137,484</b>	36.7%	10.6%
<b>POVERTY STATUS IN PAST 12 MOS</b>						
Households below poverty level	<b>6,356</b>	17.5%	34.1%	<b>35,648</b>	9.5%	27.2%
<b>RACE/ETHNICITY OF HOUSEHOLDER</b>						
Black or African American	<b>10,897</b>	30.0%	17.4%	<b>35,112</b>	9.4%	17.0%
Asian	<b>4,849</b>	13.4%	6.0%	<b>50,338</b>	13.4%	3.2%
Hispanic or Latino origin (any race)	<b>10,088</b>	27.8%	15.4%	<b>65,018</b>	17.4%	9.9%
White alone, not Hispanic/Latino	<b>9,477</b>	26.1%	2.4%	<b>212,529</b>	56.7%	2.7%

Source: U.S. Census Bureau, 2010-2012 American Community Survey 3-Year Estimates; C22002; S2201; B22005b,d,h,i; B22003.

**Public Assistance**

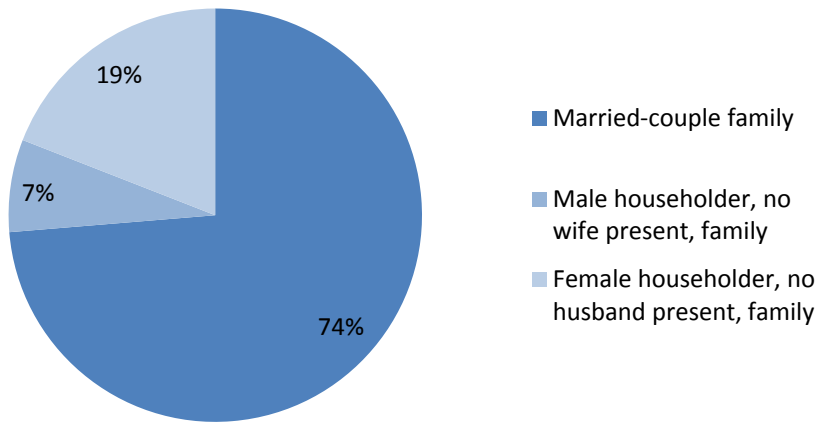
More than half of children under 18 years of age living in households live in married-couple families in both Richmond (59%) and Contra Costa (73%). (Chart 1/Chart 2).

**CHART 1 CHILDREN UNDER 18 YRS IN FAMILY HOUSEHOLDS BY FAMILY TYPE - RICHMOND**



Source: U.S. Census Bureau, 2010-2012 American Community Survey, 3-Year Estimates; B09010

**CHART 2 CHILDREN UNDER 18 YRS IN FAMILY HOUSEHOLDS BY FAMILY TYPE - CONTRA COSTA**

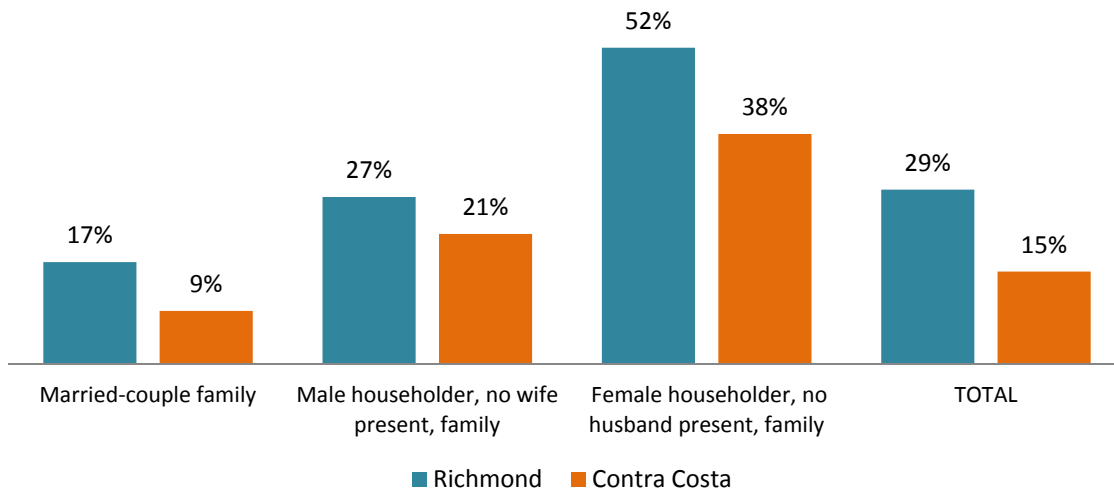


Source: U.S. Census Bureau, 2010-2012 American Community Survey, 3-Year Estimates; B09010

Yet public assistance, which includes supplemental security income (SSI), cash public assistance income, and/or food stamps/SNAP received in the prior 12 months, is most common among children living in households with a female householder, no husband present: 52% (Richmond) and 38% (Contra Costa).

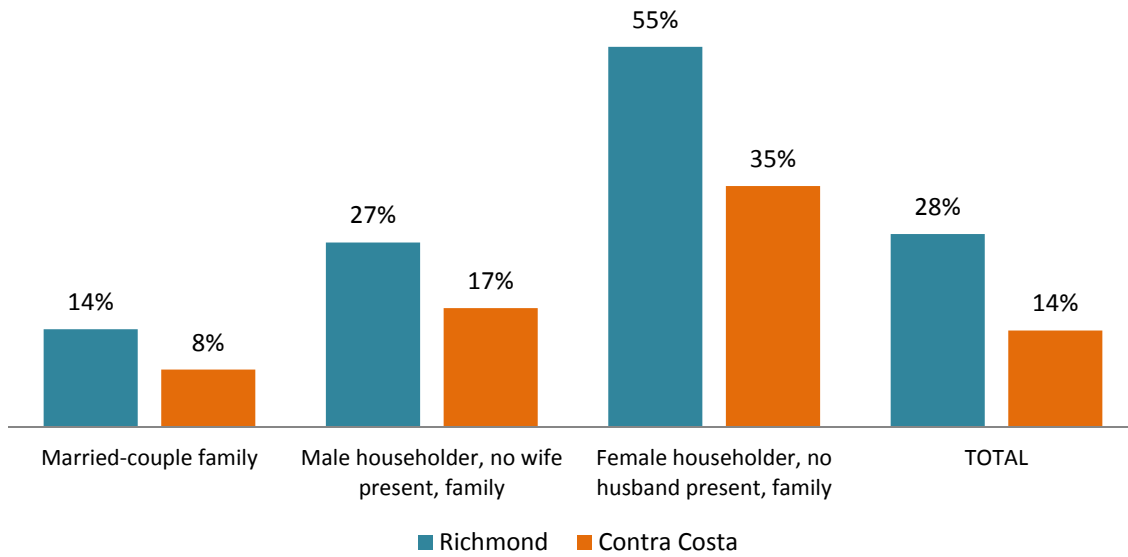
In addition, the percent of children under 18 living in families receiving public assistance is higher in Richmond than Contra Costa overall (29% vs 15%) and in family households with a female householder, no husband present (52% vs 38%), and in married-couple families (17% vs 9%). These patterns are fairly reflective of the distribution of poverty among children in these types of households. (Chart 3 & Chart 4).

**CHART 3 PERCENT OF CHILDREN UNDER 18 YRS IN FAMILIES RECEIVING PUBLIC ASSISTANCE BY FAMILY TYPE**



Source: U.S. Census Bureau, 2010-2012 American Community Survey, 3-Year Estimates; B09010:

**CHART 4 PERCENT OF RELATED CHILDREN UNDER 18 YRS IN FAMILIES LIVING IN POVERTY BY FAMILY TYPE**

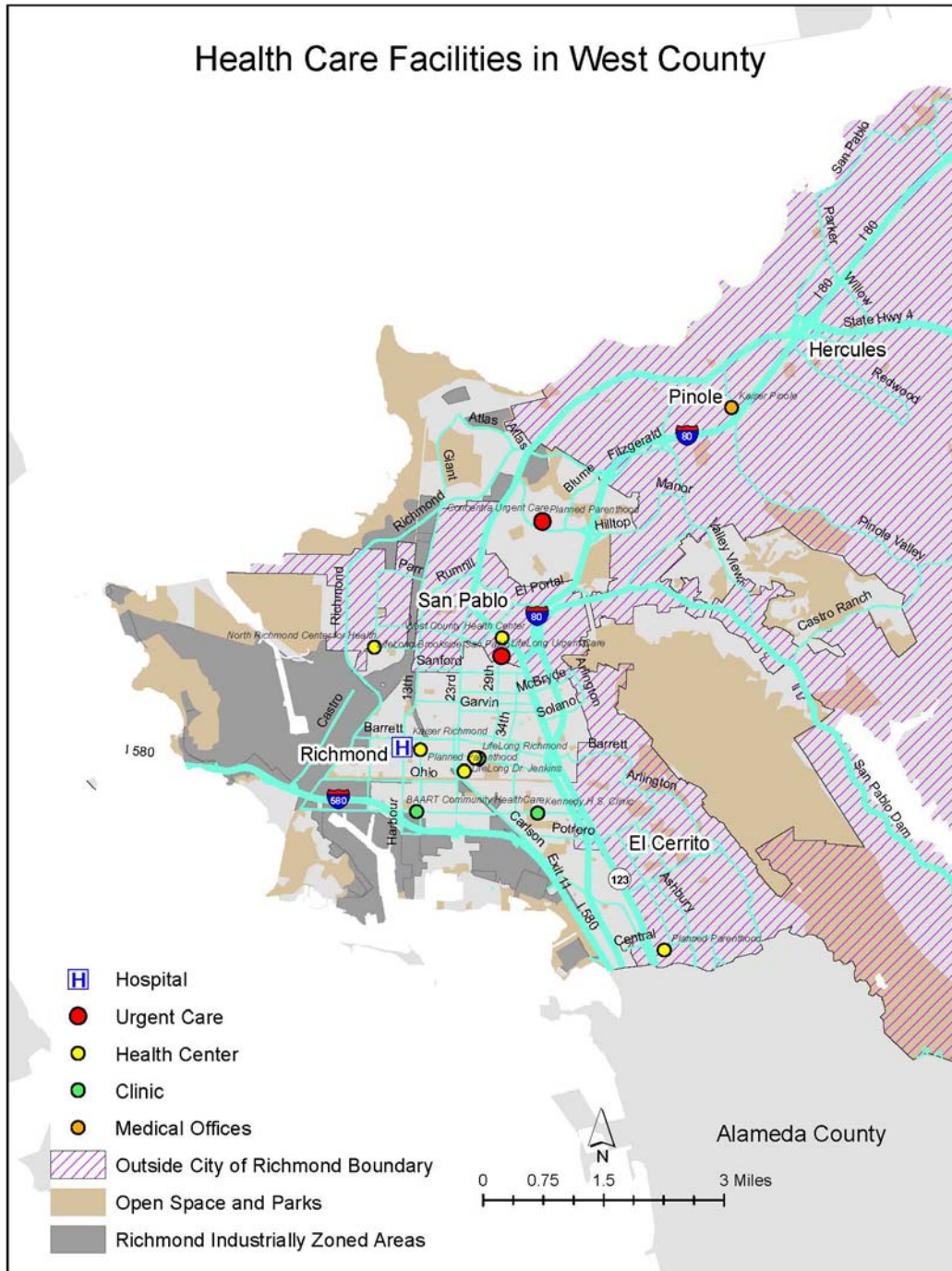


Source: U.S. Census Bureau, 2010-2012 American Community Survey, 3-Year Estimates;B17006.

Note: More than 99% of children under 18 years of age living in households live in family households in Richmond and Contra Costa and approximately 99% of children under 18 years of age living in family households in these jurisdictions are “related” children.

# Access to Quality Health Care

MAP 1 HEALTH CARE FACILITIES IN WEST CONTRA COSTA COUNTY



## Number and Type of Healthcare Providers

With the closure of Doctor’s Medical Center in 2015, there remains one hospital in West Contra Costa County and two Urgent Care Centers (Map 1). The ratio of providers to population is examined by Medical Service Study Area (MSSA). The City of Richmond is a part of three MSSAs. Overall Richmond has about the same ratio of population to Primary Care Providers (PCPs) as Contra Costa County, but fewer dentists and many fewer psychiatrists. (Table 2).

**TABLE 2 NUMBER AND RATIO OF MEDICAL, DENTAL, AND PSYCHIATRIC PRACTITIONERS BY MEDICAL SERVICE STUDY AREAS**

Medical Service Study Area	Number of Primary Care Physicians	Ratio of Population to Primary Care Physicians	Number of Dentists	Ratio of Population to Dentists	Number of Psychiatrists	Ratio of Population to Psychiatrists
Crockett/Hercules/Martinez West/Pinole/Port Costa/Richmond Northeast/Rodeo	193	446	80	1077	24	3590
Richmond Central/San Pablo Central	100	951	27	3522	6	15850
El Cerrito/El Sobrante/Kensington/Richmond North/Richmond Southeast/Wildcat Canyon	11	7063	63	1233	1	77689
All Contra Costa	1027	997.9	803	1276.2	147	6971.5

Source: 2010 MSSA Data, OSHPD

## Self-reported access to affordability quality healthcare and preventive healthcare in Richmond

The Richmond City Survey asks respondents about their access to affordable quality healthcare and preventive healthcare. In 2013 73% of respondents reported that access to affordable quality healthcare was fair or poor, this number was unchanged since 2007. This result differed by race/ethnic group, with only 57% of Whites reporting fair or poor access, while Blacks (71%), Hispanics (76%), and Other (75%) had similar responses. In 2013 66% of respondents reported fair or poor access to preventive healthcare, an improvement from 75% in 2009. The response to this question also differed by race/ethnicity group with 65% of Whites reporting fair or poor access, while Blacks (73%), Hispanics (73%), and Other (76%) had similar responses.

## Healthcare Access

### VISITED EMERGENCY ROOM IN THE PAST 12 MONTHS<sup>1</sup>

<sup>1</sup> Respondents were asked: "During the past 12 months, did you visit a hospital emergency room for your own [teen/child's] health?". Respondents who visited the emergency room past year for asthma or other condition are also included.

An estimated one-fifth (20.7%) of Contra Costa adults reported visiting an emergency room (ER) in the past 12 months; similar to Bay Area adults (18.8%) in 2011-12.

**Reports of ER visits were higher among Bay Area adults from high poverty households and NH Blacks/African Americans.** No differences were detected in these estimates by poverty or race/ethnicity for adults in the county. However, in the Bay Area adults in high poverty households (<200% FPL) (22.5%) were more likely than those in lower poverty households (17.5%) to report having visited an ER in the past 12 months. Differences were also detected by race/ethnicity among Bay Area adults -- NH Blacks/African Americans (32.6%) were more likely than NH whites (20.2%), Hispanics (19.0%) and NH Asians (11.8%) to report having visited an ER in the past 12 months. NH Asians were less likely than these other groups to report visiting an ER during this period.

#### **DELAYED OR DIDN'T GET NEEDED MEDICAL CARE<sup>2</sup>**

Estimates of the percent of adults who reported delaying or forgoing needed medical care are similar in Contra Costa (13.1%) and the Bay Area (13.6%) in 2011-12.

**Reports of delayed or lack of needed medical care were higher among higher poverty households and NH white adults in the Bay Area.** Although no differences were detected in the Contra Costa estimates by poverty level, Bay Area estimates indicate that adults from higher poverty households (<300% FPL) were more likely to report delaying or forgoing needed care (16.6%) than those from lower poverty households (11.8%). Data by race/ethnicity at the county level was unstable but in the Bay Area such estimates indicate that NH whites (15.1%) are more likely to report delaying or going without needed medical care than NH Asians (10.0%).

#### **DELAYED OR DIDN'T GET PRESCRIPTION MEDICINE<sup>3</sup>**

Estimates of the percent of adults who reported delaying or forgoing needed prescription medication are similar in Contra Costa (9.4%) and the Bay Area (9.7%) in 2011-12.

**Reports of delayed or lack of needed prescription medication were higher among California adults from high poverty households and among Bay Area NH whites and NH Blacks/African Americans.** Although no differences were detected in the Contra Costa or Bay Area estimates by poverty level, California estimates indicate that adults from high poverty households (<200% FPL) are more likely to report delaying or forgoing needed prescription medication (13.6%) than those from lower poverty households (10.1%). Data by race/ethnicity at the county level was unstable but in the Bay Area such estimates indicate that NH whites (10.7%) and NH Blacks/African Americans (17.7%) are more likely to report delaying or going without needed prescription medication than NH Asians (6.2%).

#### **Outcomes associated with primary care availability**

Many hospitalizations can be avoided if proper primary care is received by patients. The Agency for Healthcare Research and Quality (AHRQ) developed Prevention Quality Indicators (PQI) to determine which hospitalizations could have been avoided with proper care outside of the hospital setting. These PQIs are designed by sets of diagnoses that are dependent on appropriate primary care. There are two broad categories, chronic (diseases such as diabetes, congestive heart failure, asthma, etc.) and acute

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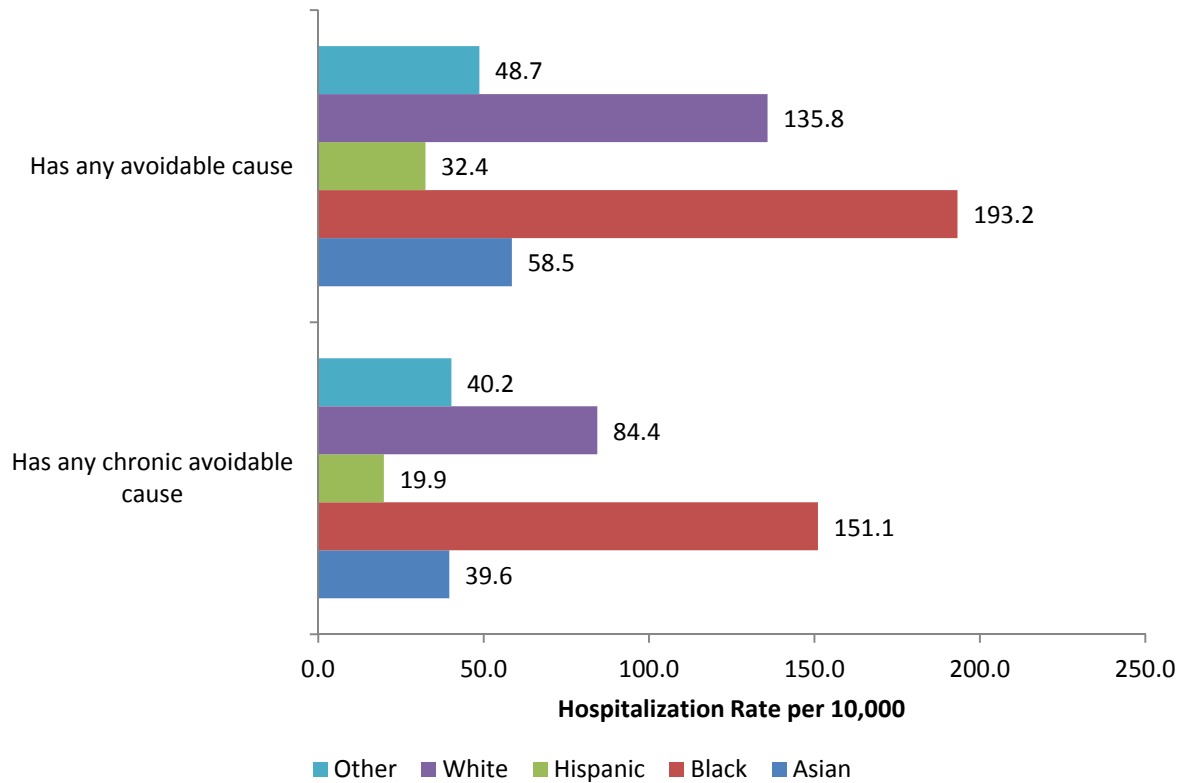
<sup>2</sup> "During the past 12 months, did you delay or not get other medical care you felt you needed-- such as seeing a doctor, a specialist, or other health professional?"

<sup>3</sup> Respondents were asked: "During the past 12 months, did you either delay or not get a medicine that a doctor prescribed for you (child)?"



(dehydration, urinary tract infection, etc). When examining PQI categories for Richmond residents, we found that Hispanics have the lowest rates of hospitalization due to any avoidable cause and any chronic avoidable cause in Richmond. Blacks have the highest rates of hospitalization due to any avoidable cause and any chronic avoidable cause in Richmond. (Chart 5)

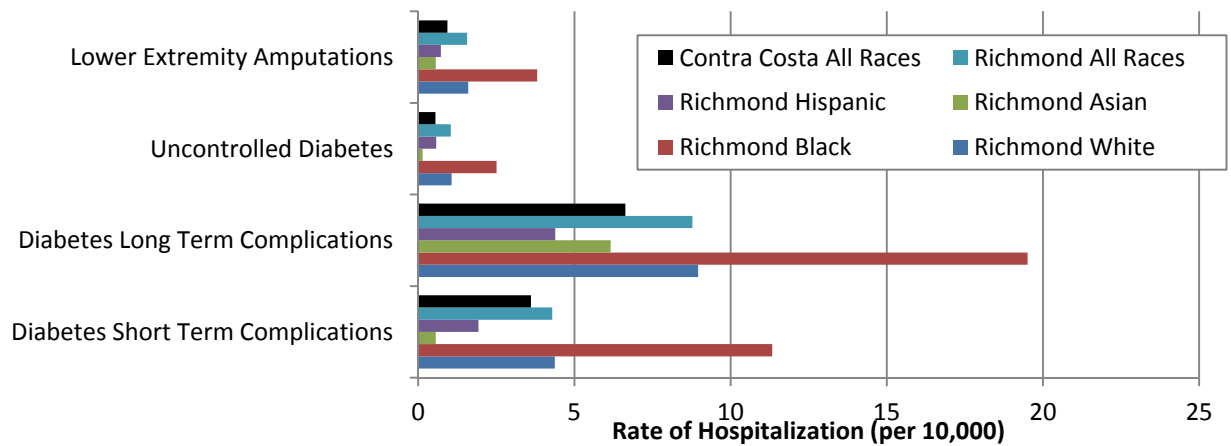
**CHART 5 RATE OF AVOIDABLE HOSPITALIZATIONS FOR RICHMOND**



Source: California OSHPD Patient Discharge Data, 2009-2011

**Rates of avoidable hospital visits due to short-term diabetes complications are not significantly different for all races in Richmond and Contra Costa County, but they are significantly higher for Blacks in Richmond than for other individual races and all races combined.** For avoidable hospital visits due to long-term diabetes complications, Richmond has significantly higher rates for all races than Contra Costa County, and in Richmond the rates for Blacks are higher than the other races and all races combined, whereas Hispanics have significantly lower rates than Whites, Blacks, and all races combined. The rates of avoidable uncontrolled diabetes hospital visits are not significantly different in Richmond by race. Avoidable hospital visit rates due to lower extremity amputations are significantly higher for Blacks in Richmond than for other individual races and for all races combined. Rates of avoidable lower extremity amputation hospital visits are significantly higher for all combined races in Richmond than Contra Costa County (Chart 6).

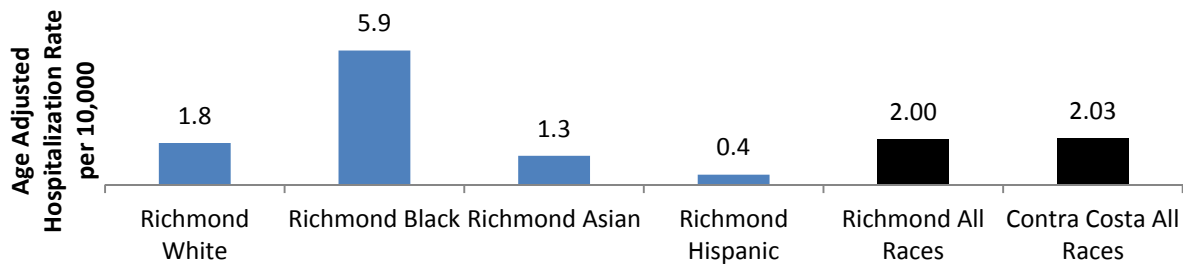
**CHART 6 AGE ADJUSTED RATES OF AVOIDABLE DIABETES HOSPITALIZATIONS BY RACE/ETHNICITY, RICHMOND**



Source: California OSHPD Patient Discharge Data and Emergency Department Data, 2009-2011

**The rates of avoidable hypertension visits are significantly higher for Blacks in Richmond than for Whites, Asians, Hispanics, and all races combined.** Rates of avoidable hypertension hospital visits are similar between Richmond and Contra Costa County. (Chart 7)

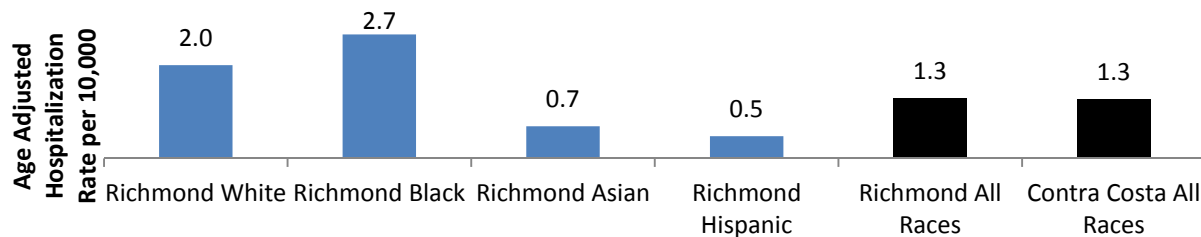
**CHART 7 AGE ADJUSTED RATES OF AVOIDABLE HYPERTENSION HOSPITALIZATIONS BY RACE/ETHNICITY, RICHMOND**



Source: California OSHPD Patient Discharge Data and Emergency Department Data, 2009-2011

**In Richmond, rates of avoidable angina hospital visits for Blacks are significantly higher than for Asians, Hispanics, and all races.** Rates of avoidable hospital visits due to angina are similar in Richmond and Contra Costa County. (Chart 8)

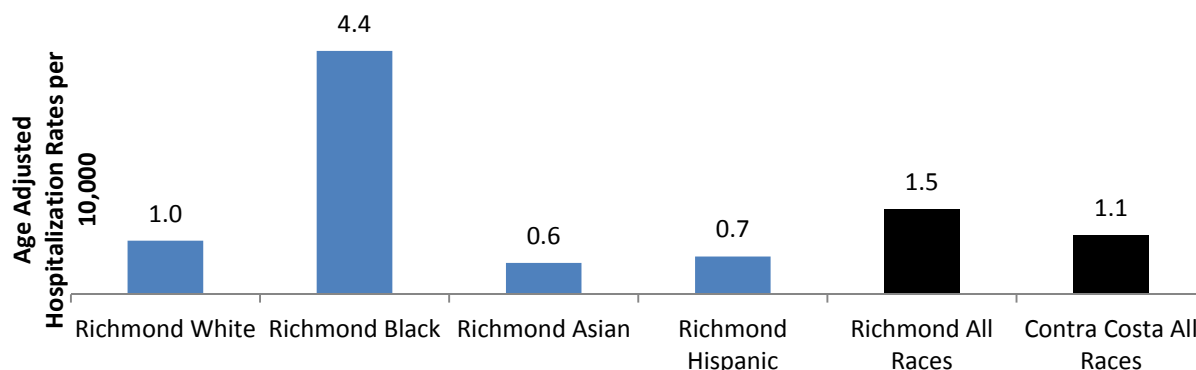
**CHART 8 AGE ADJUSTED RATES OF AVOIDABLE ANGINA HOSPITALIZATIONS BY RACE/ETHNICITY, RICHMOND**



Source: California OSHPD Patient Discharge Data and Emergency Department Data, 2009-2011

**The rates are significantly higher for Blacks in Richmond compared to Whites, Asians, Hispanics, and all races combined.** Rates of avoidable hospitalizations due to asthma among younger adults are not significantly different between Richmond and Contra Costa County when comparing all races combined. (Chart 9)

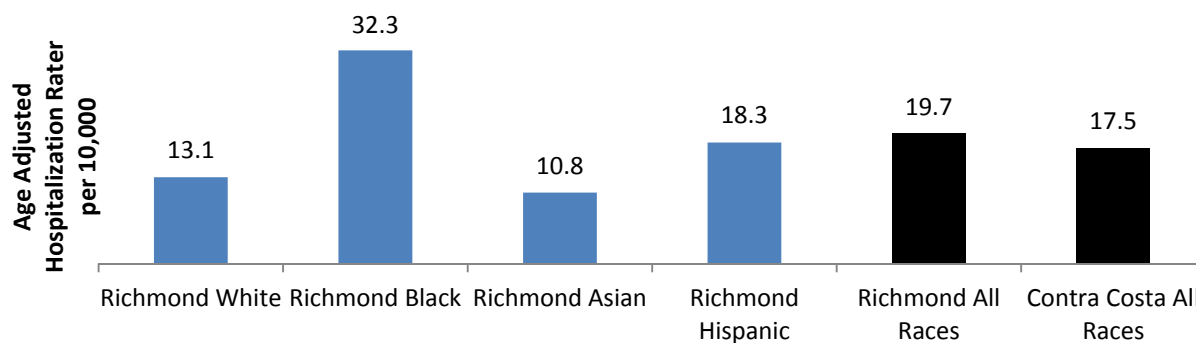
**CHART 9 AGE ADJUSTED RATES OF AVOIDABLE ASTHMA HOSPITALIZATIONS AMONG YOUNGER ADULTS IN CONTRA COSTA AND BY RACE/ETHNICITY FOR RICHMOND**



Source: California OSHPD Patient Discharge Data and Emergency Department Data, 2009-2011

**Rates of avoidable influenza hospitalizations differ by race/ethnicity in Richmond.** The rate of avoidable influenza hospitalizations for all races is slightly higher in Richmond than for Contra Costa County. The rate of avoidable influenza hospitalizations for Blacks in Richmond is significantly higher than for Whites, Asians, Hispanics, and all races. The rate for Hispanics in Richmond is significantly higher than for Asians and Whites. (Chart 10)

**CHART 10 AGE ADJUSTED RATES OF AVOIDABLE FLU HOSPITALIZATIONS IN CONTRA COSTA AND BY RACE/ETHNICITY FOR RICHMOND**



Source: California OSHPD Patient Discharge Data and Emergency Department Data, 2009-2011

## Healthcare Insurance Status

The status of insurance in Richmond is changing rapidly with the spread of the Affordable Care Act and the expansion of Medi-Cal. The data presented here is before the implementation of the act, therefore we expect that the uninsured rate will be declining, but it should be tracked over time. Furthermore, insurance is still out of reach for many in our community, in particular, those who are undocumented. We must also consider that insurance is not a measure of healthcare access, which should be measured as well. (Table 3)

**TABLE 3 PERCENT OF ADULTS WHO ARE UNINSURED IN RICHMOND (TOTAL, BY INCOME, EDUCATION, EMPLOYMENT, RACE/ETHNICITY)**

Uninsured	Contra Costa County	Richmond
Total Uninsured (aged 18-64)	16.7%	26.6%
By Household Income (Civilian household population)		
Total	12.2%	20.8%
Under \$25,000	21.7%	23.0%
\$25,000 - \$49,000	22.9%	25.8%
\$50,000 - \$74,999	15.2%	20.0%
\$75,000 - \$99,999	12.5%	29.1%
\$100,000 and Over	4.8%	11.4%
By Employment (ages 18 and older)		
Total	14.2%	23.4%
In Labor Force	15.9%	26.2%
In Labor Force: Employed	13.0%	23.7%
In Labor Force: Unemployed	38.9%	43.2%
Not in Labor Force	10.5%	17.0%
By Race/Ethnicity		
Hispanic/Latino	23.2%	29.4%
Non-Hispanic White	7.1%	11.8%
Black or African American	13.6%	16.1%
Asian	10.4%	14.7%
Other*	19.8%	26.4%

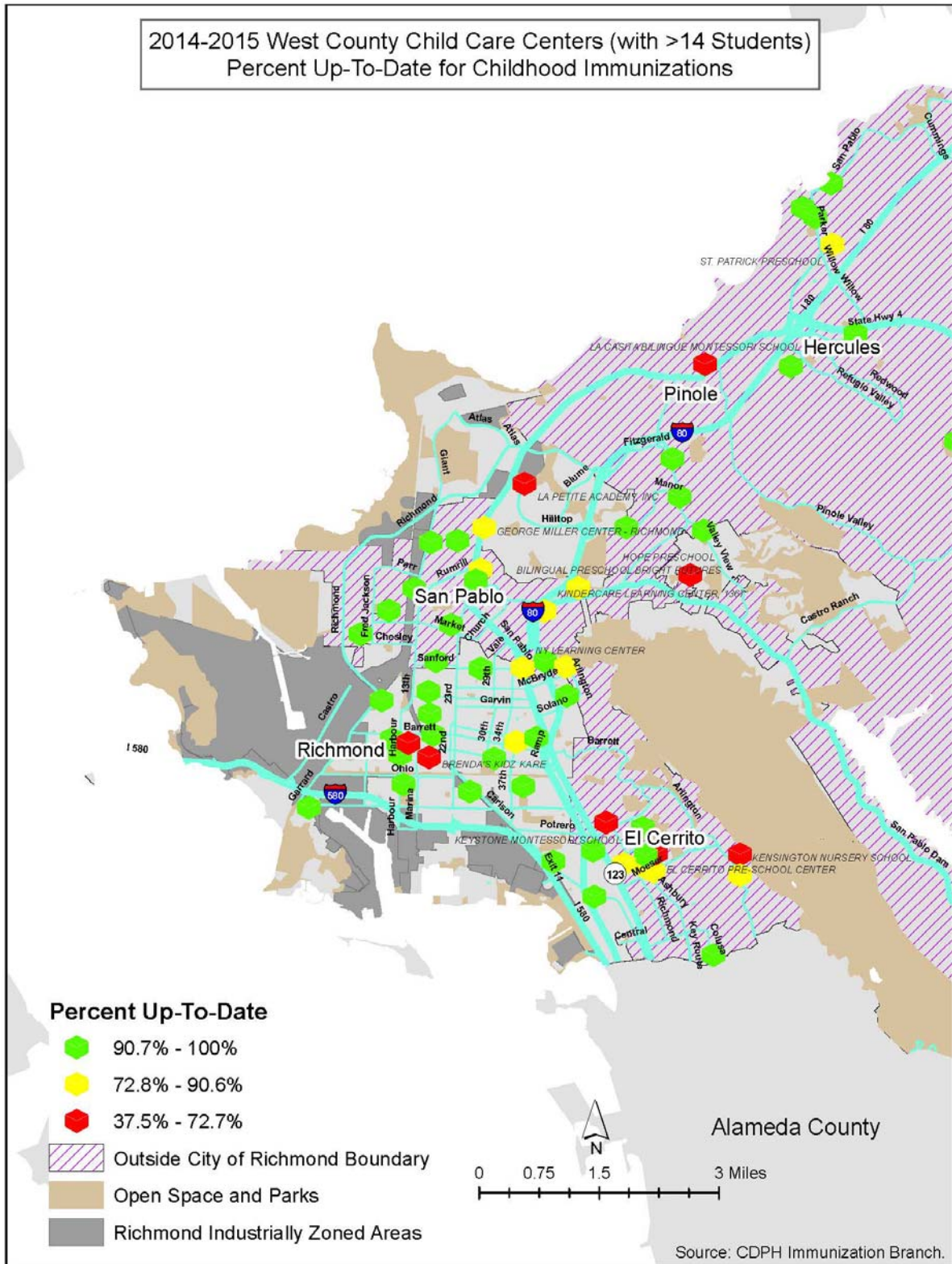
Source: United States Census Bureau, 2009-2011 American Community Survey 3-Year Estimates

\*Other refers to two or more races or some other race.

## Childhood Immunizations

The lack of childhood immunizations is a growing problem locally, statewide, nationally and internationally. Immunizations are tracked by childcare providers and schools by state regulation. Although overall, Richmond childcare facilities exhibit higher immunization rates than in other parts of the county, there are multiple childcare facilities with low immunization rates Richmond and in the West County region. (Map 2)

MAP 2 PERCENT OF UP-TO-DATE CHILDHOOD IMMUNIZATIONS AT WEST COUNTY CHILD CARE FACILITIES



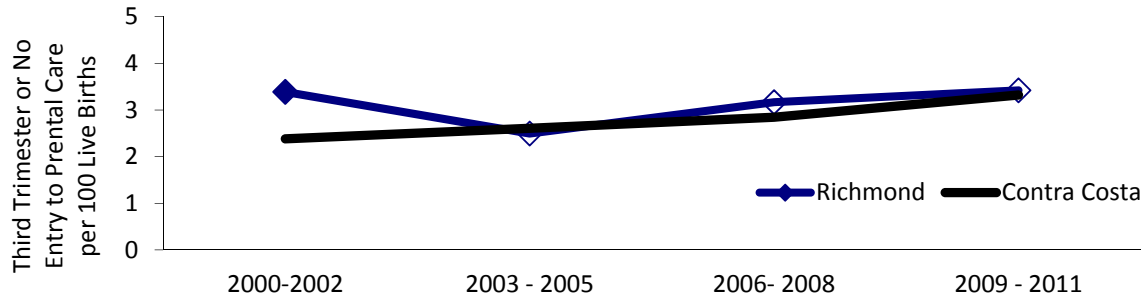
Contra Costa Public Health, Epidemiology, Planning and Evaluation, June 2015

06.24.15

### Prenatal Care

Richmond has not seen improvement in late or no entry to prenatal care since 2000, however, the Richmond rate is now equivalent to Contra Costa County, as it appears that the county rate of late or no prenatal care is increasing. (Chart 11)

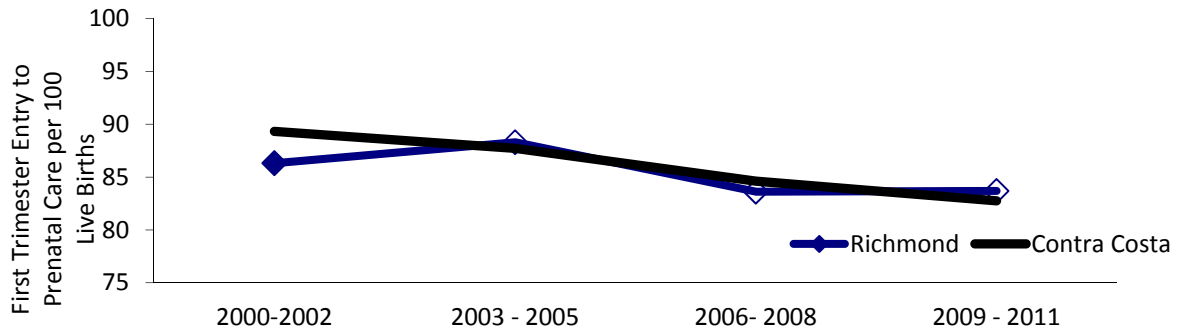
**CHART 11 LATE ENTRY OR NO PRENATAL CARE**



Source: Vital Statistics 2000-2011. Note: Late PNC = PNC that begins in month 7,8 or 9 . Filled marker indicates value is statistically different from the county rate.

Richmond has not seen improvement in early prenatal care since 2000, however, the Richmond rate is now equivalent to Contra Costa County, as it appears that the county rate of early prenatal care is decreasing. (Chart 12)

**CHART 12 EARLY PRENATAL CARE**



Source: Vital Statistics 2000-2011. Note: Early PNC = PNC that begins in month 1,2,or 3 . Filled marker indicates value is statistically different from the county rate.

## Cancer Screening

### MAMMOGRAPHY<sup>4</sup>

#### **Women from higher poverty households in California and Hispanic and NH Asian women in the Bay Area are more likely to report never having had a mammogram.**

An estimated 16.8% of Contra Costa women 30 years and older reported in 2011-12 that they have never had a mammogram; similar to Bay Area women (21.8%). Differences were not detected at the county or Bay Area levels by poverty level but in California estimates indicate that women from higher poverty households (<200% FPL) were more likely (27.9%) to report they never had a mammogram compared to those from lower poverty households (19.5%).

Data by race/ethnicity were unstable at the county level but in the Bay Area estimates indicate that Hispanic (32.0%) and NH Asian (29.0%) women are more likely than NH African American (15.5%) and NH white (14.1%) women to report they have never had a mammogram.

### COLORECTAL CANCER SCREENING<sup>5</sup>

#### **Adults from higher poverty households in Contra Costa are more likely to report non-compliance with colorectal cancer screening guidelines. Some differences exist by race/ethnicity among Bay Area adults.**

Estimates indicate that approximately one-third (35.7%) of Contra Costa adults 50 years and older were not compliant with colorectal cancer screening guidelines in 2009; similar to Bay Area adults (29.1%). Reported non-compliance estimates varied by poverty level in the county. Contra Costa adults from high poverty households (<200% FPL) were more likely to report non-compliance (61.4%) than adults from lower poverty households (28.6%).

Data by race/ethnicity were unstable at the county level but in the Bay Area estimates indicate that NH whites (25.0%) were less likely than NH Asians (37.5%) to report non-compliance with the screening recommendations.

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<sup>4</sup> Respondents were asked: "Have you EVER had a mammogram?", if yes, asked "How long ago did you have your most recent mammogram?" **This variable is not asked of everyone:** Asked of all women 30 years or older.

<sup>5</sup> Respondents were asked a series of questions on their cancer screening behaviors and were considered compliant if they had a fecal occult blood test (also called a blood stool test) within the past year, a sigmoidoscopy within the past five years, or a colonoscopy within the past ten years. Compliance is based on the 2001 to 2004 U.S. Preventive Services Task Force (USPSTF) recommendations for the 50+ population. **This variable is not asked of everyone:** Asked of all adults 50 years and older.