

## Health Indicator Profile: Cost as a Barrier to Care



Lack of health insurance is one barrier to accessing healthcare, but even people who do have health insurance sometimes delay care because **cost is a barrier**. Delays in needed care increase the risk of diagnosing diseases at a later stage, disrupt management of diseases and conditions, and can lead to preventable hospitalizations.

### Findings from the 2022 Santa Barbara County CHNA

#### Measure

Cost as a barrier to healthcare was based on the following question: "Was there a time in the past 12 months when you needed to see a doctor, but could not because of cost?" The Healthy People 2030 target is to reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care to 5.9%.

Was there a time in the past 12 months when you needed to see a doctor, but could not because of cost?



**Table 1. Percentage of Adults Who Did Not Receive Healthcare Because of Cost by Demographics**

	2019 Santa Barbara CHNA <sup>1</sup>	2022 Santa Barbara CHNA	2021 California BRFSS	2030 Healthy People Target
	% (95% CI)	% (95% CI)	%	
<b>Overall</b>	18.1 (14.4, 21.8)	17.2 (13.7, 20.6) <sup>^</sup>	9.1 (8.3, 10.0) <sup>^</sup>	5.9
<b>Male</b>	13.8 (9.0, 18.7)	17.3 (11.6, 22.9) <sup>^</sup>	8.2 (7.1, 9.4) <sup>^</sup>	
<b>Female</b>	22.6 (17.1, 28.1)	17.1 (12.8, 21.3) <sup>^</sup>	10.0 (8.7, 11.3) <sup>^</sup>	
<b>Hispanic</b>	25.3 (18.8, 31.8)	25.1 (17.9, 32.2) <sup>^</sup>	13.9 (12.2, 15.6) <sup>^</sup>	
<b>Non-Hispanic White</b>	10.2 (6.2, 14.2)	11.3 (7.5, 15.0) <sup>^</sup>	5.5 (4.4, 6.5)	
<b>Other</b>	26.1 (10.7, 41.5)	17.9 (8.5, 27.3) <sup>^</sup>	7.7 (5.8, 9.7)	
<b>Age 18-44</b>	23.3 (17.1, 29.5)	26.5 (19.9, 33.0) <sup>^</sup>	12.0 (10.6, 13.4) <sup>^</sup>	
<b>Age 45-64</b>	15.8 (10.3, 21.4)	15.0 (9.4, 20.5) <sup>^</sup>	8.5 (7.0, 10.0) <sup>^</sup>	
<b>Age 65+</b>	6.8 (2.7, 10.9)	4.8 (1.2, 8.4) <sup>†</sup>	3.4 (2.1, 4.7)	
<b>&lt; High School</b>	34.2 (22.8, 45.6)	14.7 (5.1, 24.3) <sup>†</sup>	14.5 (12.1, 16.9) <sup>^</sup>	
<b>High School Grad</b>	22.8 (13.3, 32.3)	21.3 (10.6, 31.9) <sup>^</sup>	10.9 (8.8, 13.0) <sup>^</sup>	
<b>Some College</b>	12.7 (7.1, 18.4)	21.5 (14.5, 28.5) <sup>^</sup>	9.0 (7.2, 10.7) <sup>^</sup>	
<b>College Grad</b>	12.9 (7.7, 18.2)	12.8 (8.8, 16.7) <sup>^</sup>	5.4 (4.3, 6.6)	
<b>&lt;\$35,000</b>	27.6 (20.3, 35.0)	24.4 (15.8, 32.9) <sup>^</sup>	15.1 (13.1, 17.0) <sup>^</sup>	
<b>\$35,000-\$74,999</b>	22.0 (13.0, 30.9)	20.6 (12.7, 28.4) <sup>^</sup>	10.4 (8.4, 12.5) <sup>^</sup>	
<b>\$75,000 or greater</b>	7.1 (2.7, 11.6)	13.0 (8.8, 17.1) <sup>^</sup>	4.0 (2.9, 5.1)	

<sup>1</sup> Point estimates were not evaluated for significance against Healthy People 2030 Target as they were previously evaluated against Healthy People 2020 Target

<sup>^</sup>Significant difference between estimate and Healthy People 2030 target

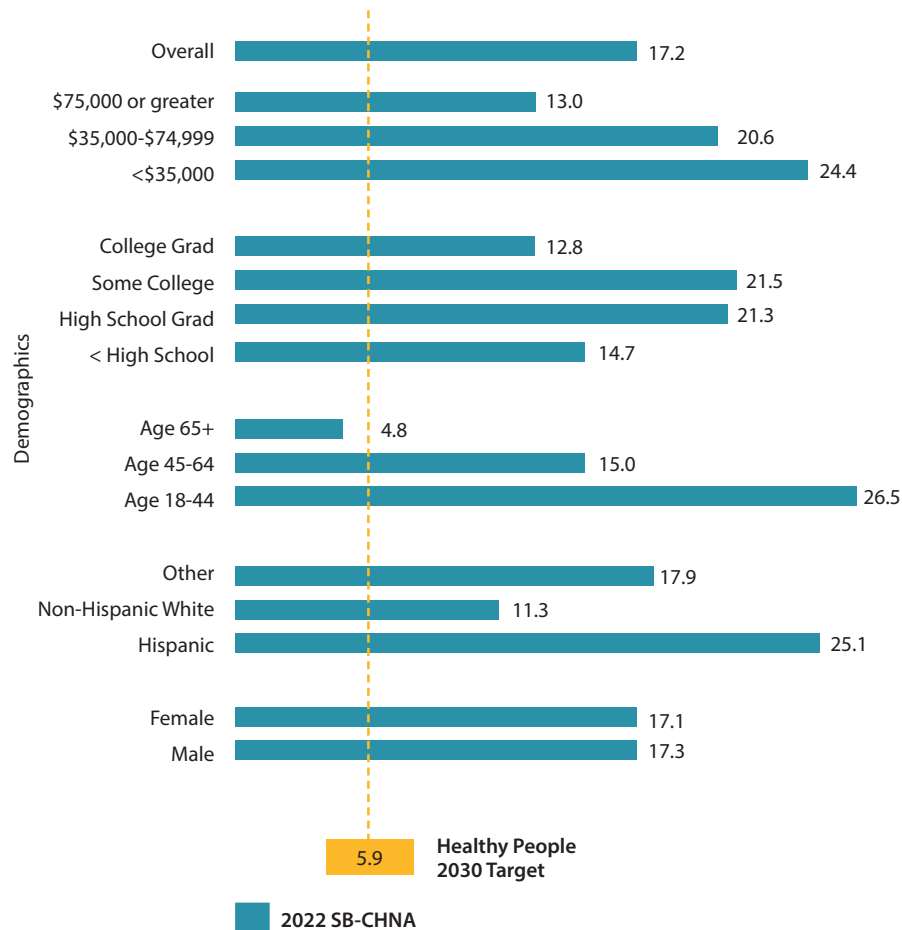
<sup>†</sup>Unreliable estimate (Relative Standard Error >0.3)

## Health Disparities

Santa Barbara County is significantly above the 2030 Healthy People target overall and for all demographic groups except those age 65+. Likewise, compared to California and across most sub-groups, Santa Barbara County residents fair worse reporting cost as a barrier at significantly higher percentages.

Most impacted subgroups include those reporting less than some college, those reporting less than \$75,000 annual household income, those less than 65 years old, and racial/ethnic groups other than non-Hispanic whites.

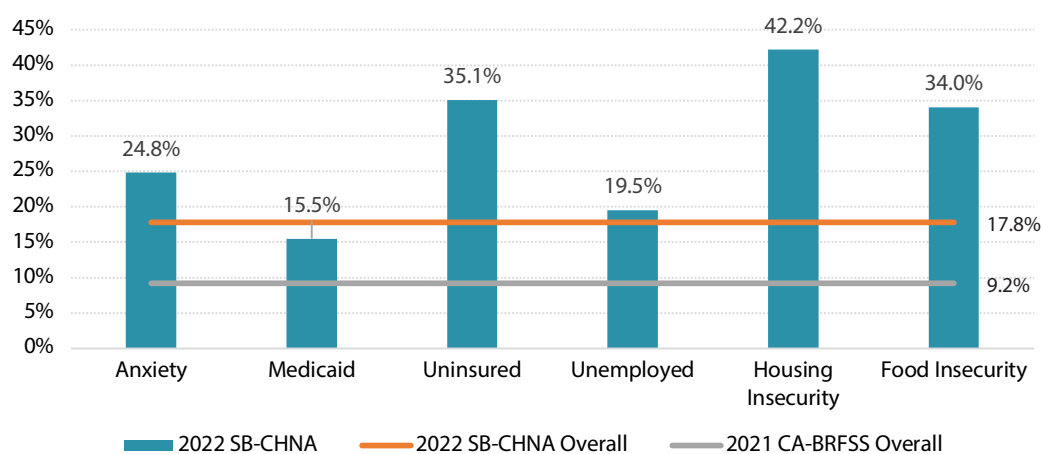
Figure 1. 2022 Percent Reporting Cost as a Barrier by Demographic Group



## Factors and Health Outcomes Associated with Barrier to Care

Figure 4 below depicts the six health indicators that were most significantly related to cost as a barrier to care and includes anxiety, being uninsured and both housing and food insecurity as independent risk factors. When controlling for factors related to cost as a barrier and demographics (including age, gender, education, and race/ethnicity) all six remained significant. Being housing-insecure increased the odds of reporting cost as a barrier to care by almost ninefold.

**Figure 2. Percentage of Adults for Whom Cost Was a Barrier to Care by Significant Related Factors**



**Table 1. Odds Ratio Estimates (Cost as a Barrier to Care)**

Effect	Point Estimate	95% Confidence Limits	
Anxiety	3.4	1.3	8.9
Medicaid	0.2	0.0	0.7
Uninsured	5.9	1.1	32.1
Unemployed	0.1	0.0	0.6
Housing Insecurity	8.7	3.1	24
Food Insecurity	3.6	1.6	7.9

NOTE: The degrees of freedom in computing the confidence limits is 1318.

## Findings from the 2022 Santa Barbara County Listening Tour

Listening Tour participants shared challenges in accessing healthcare services as well as accessing basic needs. Inaccessibility to basic needs refers to barriers that make it difficult for individuals to receive services or even prohibit their ability to pursue help. This includes housing insecurity, access to primary care providers, financial costs, food insecurity, lack of transportation, or insurance status.

### High Costs Block Access to Healthcare

Across the board, findings highlight that the community is **unable to access healthcare because of high costs**. There are not enough resources to help people pay for the care they need, so they avoid the healthcare system altogether or have to wait long periods of time to get care until they are able to find a way to pay for it.

*So then I emailed, you know, some of my colleagues, and said, "...[patient name] is needing help..." And, um, they gave me a couple of names. And it was, "No, we don't take insurance, and it's cash-paying." ... And I was like, "Whoa, I can afford this, but I'm not going to because this is so inequitable. On a moral ground, I am not going to pay you cash." Because my insurance should be paying for this and, you know, [we should be getting this] for free. I know that's not realistic. So it went on for four months. We could not get her in. – Community Leader*

### Housing Insecurity Affects Care

Many community members and providers noted that housing insecurity severely impeded residents' access to healthcare. A ripple effect is caused when **access to basic needs is interrupted or compromised by rising housing costs**.

*So I think, like, notice smaller cities like Lompoc and all that, their resources are limited. So you know, that hurt a lot of people out there. Yeah, those resources are real limited and also challenges like that really affected a lot of people who don't got the money for this; they don't got the money for that. – Hospital Service Worker*



## Lack of Flexibility with Work

Families in the community, especially with the farmworker population, are being pushed away from healthcare services because oftentimes their **jobs do not allow time off** to access these services. If jobs do allow time off, it is not paid time off, so they lose wages for the day or days needed to take care of themselves and their families.

*If they're a farmworker, they may feel ...the lost wages if they go and get that appointment. Or it might take them 3 hours to get through that appointment; it's a loss of wage. So I do think that where they work, where they live, has an impact on their accessibility to services. – Community Leader*

*And for people that are working jobs where they're paid by the hour, and they don't have, you know, paid sick time or something that's really significant. So they end up not getting the care that they need because they can't afford to wait for four or five hours. So I think that's a really big problem. – Countywide Service Provider*

## Inability to Pay for Childcare

Parents in the community are **unable to pay for childcare**, and they are left to face the choice of going to work and leaving their child at home alone or taking care of their child and not being able to pay for basic needs.

*También se necesitan guarderías, hay una lista de espera tremenda y carísima. We also need daycare. There's long waiting lists, and it is extremely expensive. – South County Promotores*

## Conclusion

The high cost of healthcare and loss of wages creates a barrier for vulnerable groups to have access to routine care. More free and accessible resources are needed for basic needs, such as childcare and housing. In addition, farmworkers and other hourly, unbenefited workers are especially vulnerable groups and need flexibility to take time off from their jobs to access healthcare and basic needs supports. Addressing a broader system of support can help residents to care for both their most fundamental needs and ultimately help them to access vital healthcare services.