

Health Indicator Profile: Has Healthcare Provider



Having a usual source of healthcare improves health outcomes, reduces disparities between groups, and can lower healthcare costs. When people have a sustained relationship with a healthcare provider, especially a **primary care provider**, it leads to greater trust, better patient-provider communication, and an increased likelihood of receiving appropriate care. Regular check-ups and screenings can help diagnose and attend to diseases at earlier, more treatable stages.

Findings from the 2022 Santa Barbara County CHNA

Measure

Having a regular primary care provider was based on the following question: "Do you have one person you think of as your personal doctor or healthcare provider?" For those that answered "No," the question was followed up with "Is there more than one, or is there no person who you think of as your personal doctor or healthcare provider?" Respondents were considered to have a regular healthcare provider if they responded yes to either question.

HEALTHCARE PROVIDER QUESTION

Do you have one person you think of as your personal doctor or healthcare provider?



Table 1. Percentage of Adults who Report Having a Regular Healthcare Provider by Demographics

	2016 Santa Barbara CHNA ¹	2019 Santa Barbara CHNA ¹	2022 Santa Barbara CHNA	2021 California BRFSS	2030 Healthy People Target
	% (95% CI)	% (95% CI)	% (95% CI)	%	%
Overall	72.5 (69.4, 75.3)	69.3 (65.0, 73.6)	79.2 (75.4, 83)^	82.0 (80.8, 83.2)^	84.0
Male	67.5 (62.6, 71.8)	65.4 (59.0, 71.9)	74.6 (68.1, 81.1)^	77.8 (76.0, 79.6)^	
Female	77.4 (73.5, 81.1)	73.1 (67.3, 78.8)	82.8 (78.3, 87.2)	86.1 (84.6, 87.6)^	
Hispanic	58.1 (52.9, 63.3)	58.8 (51.4, 66.1)	74.5 (66.8, 82.2)^	73.7 (71.5, 75.9)^	
Non-Hispanic White	82.5 (78.8, 86.1)	77.5 (72.3, 82.7)	83.6 (79.3, 87.9)	87.4 (85.9, 89.0)^	
Other	77.7 (67.9, 87.6)	66.1 (49.1, 83.0)	75.2 (64.4, 86.1)	85.9 (83.5, 88.4)	
Age 18-44	57.1 (52.0, 62.1)	56.8 (49.7, 64.0)	63.8 (56.5, 71.1)^	72.4 (70.4, 74.4)^	
Age 45-64	85.3 (81.9, 88.8)	74.7 (68.4, 81.0)	84.5 (78.6, 90.4)	87.6 (85.8, 89.4)^	
Age 65+	94.6 (92.7, 96.6)	95.6 (92.8, 98.4)	96.6 (94.6, 98.6)^	96.0 (94.7, 97.4)^	
< High School	51.1 (43.0, 59.3)	50.5 (38.9, 62.1)	66.2 (50, 82.3)	68.4 (64.8, 71.9)^	
High School Grad	70.8 (63.9, 77.8)	63.7 (53.2, 74.3)	82.4 (72.8, 91.9)	75.2 (72.2, 78.2)^	
Some College	76.2 (71.2, 81.1)	74.0 (66.5, 81.6)	81.1 (74.4, 87.9)	86.8 (84.8, 88.7)^	
College Grad	83.5 (79.7, 87.4)	76.8 (70.3, 83.3)	79.7 (74.7, 84.7)	88.9 (87.6, 90.3)^	
<\$35,000	62.2 (56.7, 67.6)	59.6 (51.8, 67.4)	72.3 (62.6, 82)^	72.7 (70.2, 75.2)	
\$35,000-\$74,999	76.6 (70.5, 82.7)	68.3 (58.5, 78.1)	76.0 (67.4, 84.5)	82.1 (79.5,84.6)^	
\$75,000 or greater	80.2 (75.4, 85.0)	80.5 (74.2, 86.8)	82.9 (78.4, 87.4)	90.6 (89.1, 92.0)^	

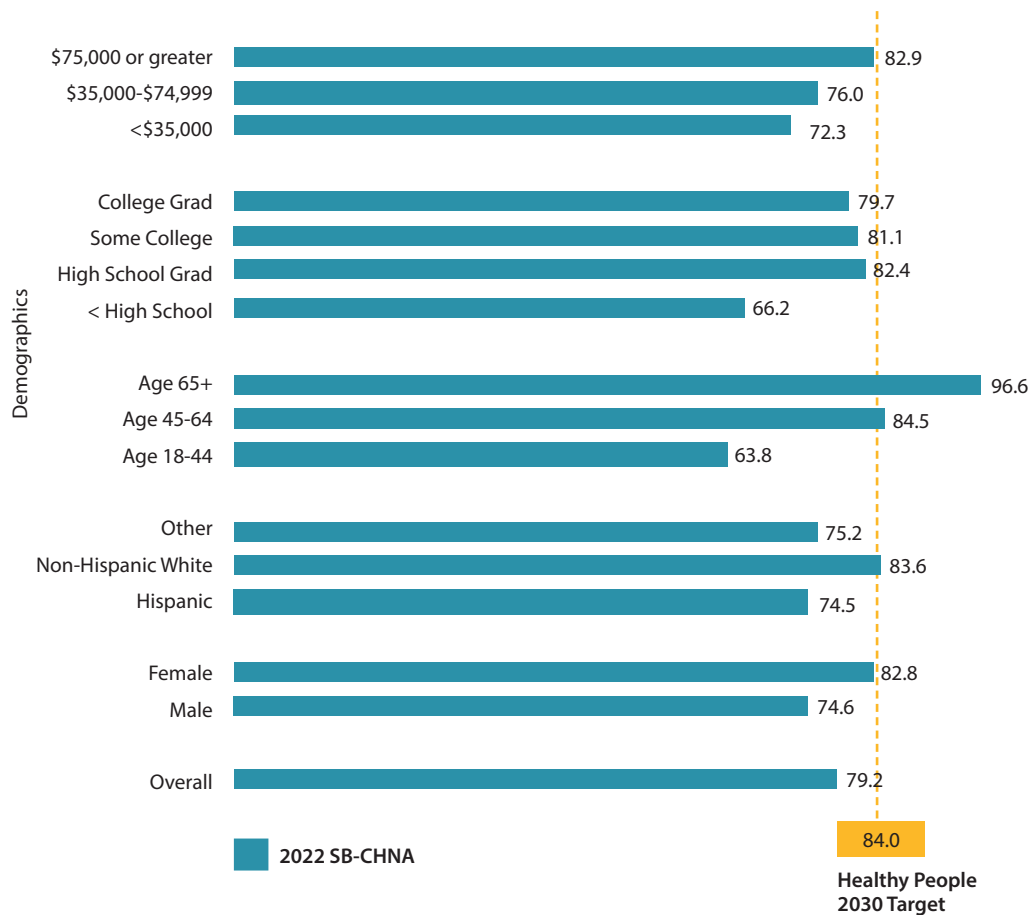
^Significant difference between estimate and Healthy People 2030 target

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

Health Disparities

Santa Barbara County overall is below the HP 2030 target of having a healthcare provider and remains lower than California overall and across most demographic groups. Those ages 18-44 years old, those with less than high school education, and those with the lowest household income fair worse in terms of reporting having a regular healthcare provider. Despite these disparities, there have been increases across most demographics. Hispanics have seen significant increases since 2016 and 2019.

Figure 1. 2022 Percentage of Adults Reporting Access to a Healthcare Provider by Demographic Group



Factors and Health Outcomes Associated with Self-Reported Health

Figure 2 below depicts the three indicators that were most significantly related to not having a healthcare provider. Two of the three were risk factors, including no dental care in the past year and half month or more of feeling mentally unwell. Protective factors include self-reported good or better health, having been diagnosed with anxiety in the past and having received a COVID-19 vaccination. The latter two factors are likely associated with having a healthcare provider due to the fact that both require engagement with healthcare.

Figure 2. Access to a Healthcare Provider by Significant Related Factors

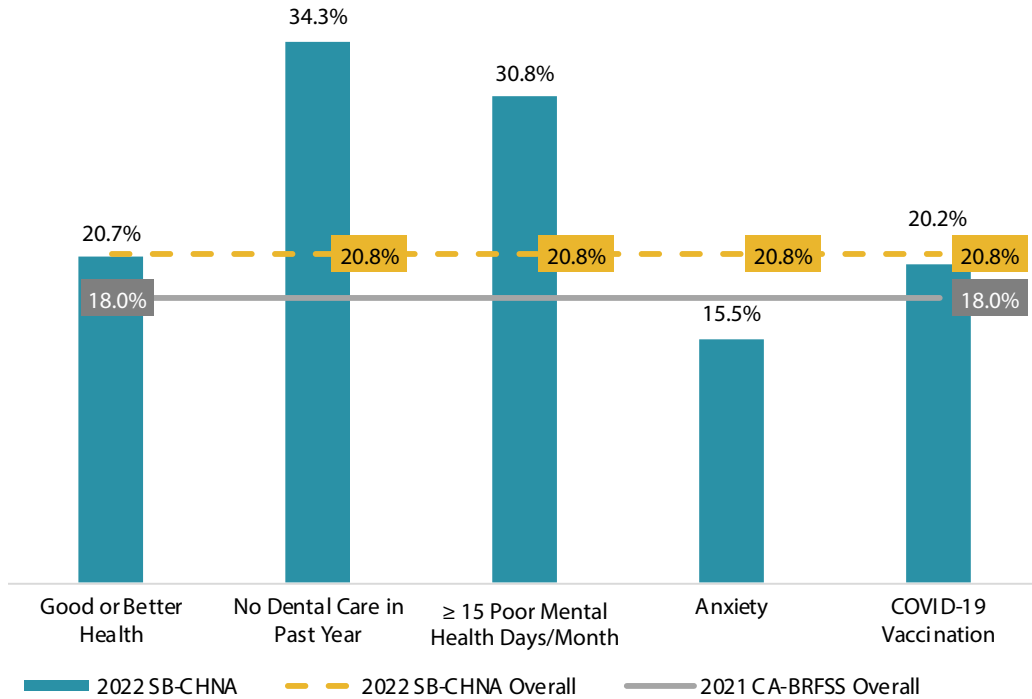


Table 2. Odds Ratio Estimates (Does Not Have Healthcare Provider)

Effect	Point Estimate	95% Confidence Limits	
Good or Better Health	0.26	0.08	0.81
No Dental Care in Past Year	2.0	1.0	3.9
≥ 15 Poor Mental Health Days/Month	4.1	1.9	8.9
Anxiety	0.17	0.0	0.4
COVID-19 Vaccination	0.17	0.0	0.4

NOTE: The degrees of freedom in computing the confidence limits is 1235.

Findings from the 2022 Santa Barbara County Listening Tour

Through the 2022 Listening Tour, participants repeatedly identified challenges in accessing a primary care provider.

Lack of Providers

Participants described challenges with availability and quantity of primary care providers in Santa Barbara County. In addition, there are also not enough providers who are culturally representative, and there are challenges in accessing affordable healthcare services. Seeking alternative solutions, residents often resort to receiving care in other counties.

Santa Barbara in particular, I think, is a pretty small network of providers who don't take insurance. We just had one provider leave practice, which caused an overflow to other areas, so I think that's kind of a challenge – just a lack of providers in this area, as well as for OB. – Service Provider

This question is specific about health challenges. It's really difficult to not look at if someone's not feeling that they can trust their providers, or feeling like they have culturally representative providers accessible to them, or providers that they can afford through their various types of insurance or non-insurance status. You know, just not having representative care, let alone care at all because it's just so thin. In this town, there's not enough, and many people don't feel respected. – Service Provider

Long Wait Times to Receive Care

Wait times to see providers can be prohibitively long, especially for those who would need to take unpaid leave from work. For those who cannot afford to take off work, this often means not seeking care at all.

If you do get sick, and you do need to see a doctor...You can't see your doctor until next year. You can't get an appointment now until next year. So then if you decide to go to urgent care, it's a minimum four hour wait. 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. – Service Provider Leader

So by the time somebody is admitting that they need the help and ready to seek the help, then we've got another wait to find a provider that is contracted with the insurance and when can they see them and how, you know, how soon can we get them seen? And like now you're looking at months before that happens, so it's kind of like this trifecta of all these things that contribute to why people aren't seeking the help or getting the help when they need it. – Service Provider

Emergency Department or Urgent Care Access

As a result of difficulties in scheduling appointments to see primary care providers, participants described urgent care as the next best option; however for those who cannot afford to use a portion of their day waiting to be seen, they often opt out of seeking help altogether. The emergency departments have also felt the strain of an increase in people and lack of resources, especially during the pandemic. Participants describe the increased number of visits to the emergency departments as an alternative to receiving support from their primary care provider.

But emergency rooms have been impacted terribly, because, you know, whether it's a mental health crisis or a non-COVID related illness. That seems to be the default location where people go for services; those that are underinsured or uninsured. And now, I think it's just compounded. So I don't really know what the answer is. – Service Provider

Conclusion

It is evident that getting an appointment to see a primary care provider can be difficult. This leads to inappropriate utilization of the emergency departments or not seeking care at all. Need exists to recruit more primary care providers, especially providers who are bilingual and bicultural in Spanish and Mixteco. Timely access to clinical care is fundamental to the physical and mental well-being of Santa Barbara County residents.