ISSUE BRIEF:

The Health Care Perceptions of Low-Income Coloradans of Color

RESULTS FROM A 2016 SURVEY
Results from this survey will inform our work and help us meet our evolving goals around access to care, with an intentional focus on equity.

Individuals represented in the photos of this issue brief do not necessarily reflect the population of individuals interviewed for the purpose of this survey.

Brochure photos: inside front cover James Chance/Chris Schneider; p. 2 James Chance; p. 4 Brian Clark; inside back cover James Chance.
ISSUE BRIEF:

The Health Care Perceptions of Low-Income Coloradans of Color

AT THE COLORADO HEALTH FOUNDATION, WE WORK TO BRING HEALTH IN REACH FOR ALL COLORADANS BY ENGAGING DEEPLY IN COMMUNITIES TO PINPOINT CHALLENGES AND SUPPORT SOLUTIONS THAT LEAD TO BETTER HEALTH AND HEALTH EQUITY.

To that end, we partnered with Langer Research Associates in 2016 to conduct this survey to understand the perceptions of low-income Coloradans about the care that is available to them. Results from this survey will be used to inform our work and help us to meet our evolving goals around access to care, with an intentional focus on equity. We are sharing these findings with you so that, together, we can make informed decisions about how to improve the health care experiences and outcomes for low-income Coloradans in communities across the state.

For the purpose of this survey, “low-income” was defined as having a household income less than 200 percent of the federal poverty level, or about $49,000 per year for a family of four. A total of 901 low-income Coloradans from across the state responded to a 20-minute phone interview, and 302 Coloradans whose income is above the 200 percent federal poverty level were interviewed for comparison.

Low-income Coloradans who come from communities of color emerged as a population whose experiences include significant gaps compared to their white counterparts in use of health care services, as well as in perceptions of personal connection, continuity of care, cultural responsiveness and community ties (the 4 Cs). The findings also suggest Colorado’s health care clinics have clear strengths on which to build, especially in safety net clinics.
IN TERMS OF RACE AND ETHNICITY, THE INVESTIGATORS ATTEMPTED TO INTERVIEW A SELECTION OF PEOPLE THAT MIRRORS THE POPULATION OF COLORADO ACCORDING TO FEDERAL CENSUS DATA.

The low-income sample identify as 59 percent white, 29 percent Latino, 5 percent African American and 6 percent who did not identify as white, African American or Latino. The group of 6 percent may include Native Americans, Asian Americans, people of mixed race and refugees, among others. The survey sample was not large enough to report specific findings about any of those groups, yet further study into their health care experiences would likely yield useful results.

The term “communities of color” in this brief refers to all those who responded to the survey who do not identify as white. Unless otherwise stated, few findings were specific to any groups other than Latinos, likely because of the relatively small size of other racial and ethnic groups represented in the sample. Where the Latino population emerges separately from the other groups, the most common reasons are with regard to monolingual Spanish language and citizenship status.
Key Findings

1. Low-income people of color are less likely to be engaged in and satisfied with the care they receive than low-income white patients.

2. There may be unexplored barriers to low-income communities’ of color usage of available services. Survey results suggest that people of color may highly value certain services, but not use them in proportionate numbers.

3. Communities of color place great importance on the 4 Cs of personal connection, continuity of care, cultural responsiveness and community ties. Among those, cultural responsiveness and community ties are particularly important and yet communities of color are the least likely to report experiencing them in their care facilities.

4. Offering team-based care and access to health care navigators increases engagement and satisfaction for all patients.
Issue Brief: The Health Care Perceptions of Low-Income Coloradans of Color
Patient Satisfaction Among Low-Income Coloradans of Color

THERE IS A GAP IN OVERALL SATISFACTION BETWEEN LOW-INCOME COLORADANS OF COLOR AND THEIR WHITE COUNTERPARTS.

Fifty-one percent of the survey respondents of color report their quality of care as “excellent” or “very good” compared to 64 percent of white respondents. Thirty-nine percent of survey respondents of color said the quality of their care was “good” compared to 28 percent of white respondents. A comparable 10 and 7 percent, respectively, of Coloradans of color and white Coloradans said the quality of their care was “not so good” or “poor.”

The data suggests that the gap between low-income Coloradans of color and white Coloradans who rank their care as “good” rather than “very good” or “excellent” is completely addressed when patients perceive that their health care facilities provide a high level of cultural responsiveness and strong community ties.

Discussion Questions:

In what ways does your clinic strive for cultural responsiveness?
How does your facility engage with the surrounding community?
Patient Engagement Among Communities of Color

Patient engagement and active participation in care are key components of patient-centered care and improved health outcomes, and there are significant gaps in engagement between low-income Coloradans of color and their white counterparts.

Active Participation by Race/Ethnicity

Monolingual Spanish speakers and those who are not U.S. citizens have particular challenges with regard to active participation. They are respectively 28 and 32 percentage points less likely than all others to say they often collaborate with their care provider to make health care decisions. They are also less likely to feel they have the information needed to make health care decisions, to feel encouraged by their provider and to feel they have a great deal of say in their health care.
The survey questions were limited to citizenship and did not ask about documentation. Likely, some of the non-citizens are undocumented, and others may be students, temporary residents or have a different citizenship status.

The gaps in patient engagement and active participation on the basis of race, language and citizenship status suggest a critical need to improve the 4 Cs of personal connection, continuity of care, cultural responsiveness and community ties, and to make intentional efforts to connect with, inform and engage these patient populations.

Discussion Questions:

How can you and your staff help patients of color feel more engaged in their care?

What strategies are in place to meet the needs of monolingual Spanish speakers and people who speak other languages?
The Health Care Services
Low-Income Coloradans of Color
Value and Use

The survey asked low-income Coloradans about how much they value certain health care services, whether those services are available to them and whether they use those services.

For the basic primary care services of preventive care, medical referrals and care for chronic conditions, in accordance with other public health research, the data suggests respondents of color may be slightly more likely to value those services and slightly less likely to use those services, especially referrals to other providers. These findings suggest that communities of color experience some barriers to utilizing services that need to be better understood and addressed.

<table>
<thead>
<tr>
<th></th>
<th>HIGHLY VALUED</th>
<th>AVAILABLE</th>
<th>USE (IF AVAILABLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>OF COLOR</td>
<td>WHITE</td>
<td>OF COLOR</td>
</tr>
<tr>
<td>PREVENTIVE CARE</td>
<td>93%</td>
<td>89%</td>
<td>+4</td>
</tr>
<tr>
<td>MEDICAL REFERRALS</td>
<td>92%</td>
<td>89%</td>
<td>+3</td>
</tr>
<tr>
<td>CHRONIC CARE</td>
<td>93%</td>
<td>87%</td>
<td>+6</td>
</tr>
</tbody>
</table>

Note: Bold indicates a statistically significant difference at $p < .05$.

Survey respondents of color are more likely than white respondents to value and know about several comprehensive services, perhaps because they are more likely than white respondents to use safety net clinics that offer a wider variety of services in-house.
Despite that, their utilization of these services is not generally higher, with the exception of help enrolling in insurance programs. It may be useful to explore the reasons why value and knowledge of services does not generally translate to higher service utilization among this group.

### Value, Access & Use of Comprehensive Services by Race & Ethnicity

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Highly Important</th>
<th>Available</th>
<th>Use (If Available)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>OF COLOR</td>
<td>WHITE</td>
<td>DIFFERENCE (in percentage points)</td>
</tr>
<tr>
<td>Dental Care</td>
<td>77%</td>
<td>49%</td>
<td>+28</td>
</tr>
<tr>
<td>HC Navigator</td>
<td>70%</td>
<td>44%</td>
<td>+26</td>
</tr>
<tr>
<td>Insurance Help</td>
<td>85%</td>
<td>62%</td>
<td>+23</td>
</tr>
<tr>
<td>Reproductive Health</td>
<td>80%</td>
<td>60%</td>
<td>+20</td>
</tr>
<tr>
<td>Team-Based Care</td>
<td>77%</td>
<td>57%</td>
<td>+20</td>
</tr>
<tr>
<td>Drug Screening</td>
<td>66%</td>
<td>47%</td>
<td>+19</td>
</tr>
<tr>
<td>Social Referrals</td>
<td>66%</td>
<td>48%</td>
<td>+18</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>80%</td>
<td>64%</td>
<td>+16</td>
</tr>
</tbody>
</table>

Note: Bold indicates a statistically significant difference at $p < .05$.

**Discussion Question:**

What are ways you and your staff can work to increase awareness and uptake of services by patients of color in your clinic?
The survey indicates the 4 Cs - community ties, connectedness, continuity and cultural responsiveness - strongly influence patient satisfaction and engagement.

There are wide racial/ethnic gaps in all of these measures. Low-income Coloradans of color are much less likely than their white counterparts to report they:

- Feel a personal connection with someone in their facility: 33 percent compared to 55 percent
- See the same team member at each visit: 49 percent compared to 71 percent
- Believe their clinic is responsive to their culture: 53 percent compared to 74 percent, though communities of color are 31 percent more likely to view this as “highly important”
- Feel their facility has strong community ties: 50 percent compared to 62 percent, but communities of color are 13 percent more likely to view this as “highly important”

Among the survey respondents of color, people who did not identify as white or Latino were less likely to feel their facility excels at cultural responsiveness and has community ties.

Significant gaps also emerged for monolingual Spanish speaking and people who are not U.S. citizens in terms of personal connection and continuity of care.

Given the disparity between the value low-income Coloradans of color place on the 4 Cs and the ratings they give their facilities, it is clear that facilities that serve communities of color will likely benefit from improving on their existing practices, or creating new ones in these areas.
## The 4 Cs by Groups

<table>
<thead>
<tr>
<th></th>
<th>Personal Connection</th>
<th>Continuity of Care</th>
<th>Cultural Responsiveness</th>
<th>Community Ties</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Latinos</strong></td>
<td>32%</td>
<td>47%</td>
<td>59%</td>
<td>54%</td>
</tr>
<tr>
<td><strong>Not Identified as White or Latino</strong></td>
<td>34%</td>
<td>55%</td>
<td>37%</td>
<td>39%</td>
</tr>
<tr>
<td><strong>White</strong></td>
<td>55%</td>
<td>71%</td>
<td>74%</td>
<td>62%</td>
</tr>
<tr>
<td><strong>Not Citizens</strong></td>
<td>19%</td>
<td>37%</td>
<td>65%</td>
<td>56%</td>
</tr>
<tr>
<td><strong>Citizens</strong></td>
<td>51%</td>
<td>67%</td>
<td>65%</td>
<td>58%</td>
</tr>
<tr>
<td><strong>Spanish</strong></td>
<td>21%</td>
<td>36%</td>
<td>66%</td>
<td>55%</td>
</tr>
<tr>
<td><strong>English</strong></td>
<td>50%</td>
<td>66%</td>
<td>65%</td>
<td>58%</td>
</tr>
</tbody>
</table>

**Discussion Question:**

What are ways you and your staff can work to improve on the 4 Cs in your facility to better meet the needs of your patients of color?
Team-Based Care
and Health Care Navigators

TEAM-BASED CARE AND PROVIDING HEALTH CARE NAVIGATORS INCREASE PATIENTS’ PERCEPTIONS OF THE 4 CS AMONG ALL PATIENTS.

Low-income Coloradans of color are about 20 and 26 percentage points more likely than white patients to perceive team-based care and health care navigators as highly valuable. These findings suggest that clinics who are able to incorporate those approaches may experience an increase in patient satisfaction and engagement indicators among patients of color.

Key Takeaways

THE SURVEY FINDINGS SUGGEST THAT THERE ARE SIGNIFICANT GAPS IN LOW-INCOME PATIENTS OF COLOR SATISFACTION AND ENGAGEMENT IN CARE AS COMPARED TO WHITE PATIENTS.

Patients of color are also less likely than white patients to use preventive care, chronic care, medical referrals and other similar services that they value and have available to them. Safety net clinics offer care to the majority of low-income Coloradans of color, therefore have the biggest opportunity to build on and increase the number of patients who report high satisfaction and engagement. Team-based care and providing health navigators seem to significantly improve the health care experiences of all low-income Coloradans, including those from communities of color.

The 4 Cs of personal connection, continuity of care, cultural responsiveness and community ties are important to all Coloradans. Cultural responsiveness and community ties have particular importance to low-income Coloradans of color, and where they are present, they increase patient engagement and satisfaction. Read more in The 4 Cs issue brief.
Team-based care and providing health navigators seem to significantly improve the health care experiences of all low-income Coloradans, including communities of color.
About the Colorado Health Foundation:

The Colorado Health Foundation is bringing health in reach for all Coloradans by engaging closely with communities across the state through investing, policy and advocacy, learning and capacity building. For more information, please visit www.coloradohealth.org.

The Colorado Health Foundation would like to thank Langer Research Associates for their work on this study. For more information, please visit www.langerresearch.com.

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