ISSUE BRIEF:

The Health Care Engagement and Satisfaction of Low-Income Rural Coloradans

RESULTS FROM A 2016 SURVEY

The Colorado Health Foundation™
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.
ISSUE BRIEF:

The Health Care Engagement and Satisfaction of Low-Income Rural Coloradans

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.

“Rural,” “suburban” and “urban” areas were identified by population density statistics from federal census data. Among low-income respondents, 18 percent reported living in rural areas, 29 percent in suburban areas and 53 percent in urban areas.

Coloradans who come from rural communities rate themselves in better health than others in more densely populated areas, but are more likely than others to perceive their quality of care as “not so good” or “poor.” Rural Coloradans are also the most likely to say they skip health care they probably need and to have significant barriers to accessing care, most notably cost and lack of transportation.
Key Findings

1. Low-income rural Coloradans are the most likely of any other survey population to skip getting health care they “probably need,” with the biggest barriers to care related to cost and transportation.

2. Low-income rural Coloradans are 7 percentage points more likely than other low-income groups to rate their quality of care as “not so good” or “poor.”

3. Rural populations report higher likelihood to have someone in their facility who knows them well and to believe their facility has good community ties.

4. As with other populations, team-based care and health care navigation emerge as excellent approaches to improve patient satisfaction and engagement.
Overall Health, Patient Satisfaction and Engagement Among Rural Coloradans

Forty-five percent of rural Coloradans report they are in “very good” health, which is 11 percentage points higher than for suburban residents.

While this demonstrates great strength in the health of rural communities, 58 percent of low-income rural patients say there are times they don’t go in for care when they probably should, compared to 48 percent of suburban respondents.

In contrast, 53 percent of rural low-income residents report the quality of health care they receive is “excellent” or “very good.” The survey results suggest that number may be slightly less than what their urban and suburban counterparts report. Yet rural residents are nearly twice as likely as other low-income Coloradans to characterize their care as “not so good” or “poor.”

Where in other parts of the state the 4 Cs of personal connection, continuity, cultural responsiveness and community ties improve patient satisfaction, that is not the case in rural settings. Even though low-income rural Coloradans are more likely than others to feel they have a personal connection in their health care facility and to feel that their clinic has strong community ties, the gap in satisfaction persists.
The dissatisfaction with care persists in the rural population in a way that is different from in suburban and urban populations. According to a Colorado Health Foundation Listening Tour, rural Coloradans feel isolated from choice, from access to specialists and from the range of services available elsewhere in the state.

For example, the survey found a positive relationship between the variety of services available in safety net clinics overall and patient satisfaction. It may be that having options provides a sense of control over care that is not present in a rural setting.

Discussion Questions:
What efforts are underway in your area to increase the health care options available to low-income residents and how can you support them?

Barriers to Care

The perception of quality of care for low-income rural Coloradans may also be related to significant barriers to care, such as lack of insurance, transportation, scheduling and cost.

**BARRIERS TO CARE BY AREA**

<table>
<thead>
<tr>
<th></th>
<th>Gets Care When Needed</th>
<th>Reasons for Not Getting Care (Among Those Who Skipped Needed Care)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Always</td>
<td>Not Always</td>
</tr>
<tr>
<td>Rural</td>
<td>42%</td>
<td>58%</td>
</tr>
<tr>
<td>Suburban</td>
<td>50</td>
<td>48</td>
</tr>
<tr>
<td>Urban</td>
<td>47</td>
<td>53</td>
</tr>
</tbody>
</table>
A lack of transportation services is a major issue for rural Coloradans. Sixteen percent of rural residents do not have access to transportation services, compared to 5 percent and 4 percent, respectively, for urban and suburban residents who have not used transportation services.

Lack of health insurance is an additional barrier, as 17 percent of low-income rural Coloradans do not have insurance, compared to 10 percent of low-income urban dwellers, and 13 percent of suburban dwellers. And 29 percent of rural residents named cost as a reason they may not follow through on health care recommendations, compared to 17 percent of those in urban areas.

Finally, low-income rural Coloradans are three times more likely than urban dwellers to cite lack of availability as the reason they don’t use services outside clinic walls like healthy living classes or support groups.

Together with suburbanites, low-income rural residents report higher engagement in their care than urban residents, 76 vs. 68 percent, but they’re slightly less likely than city dwellers to feel they have all the resources they need to make informed care decisions, 51 vs. 60 percent.

Discussion Questions:

What can you and your staff do to address the barriers to care that patients experience in your community?
Rural Coloradans and the 4 Cs

THOUGH AMONG OTHER SURVEY RESPONDENTS PERSONAL CONNECTION AND COMMUNITY TIES INCREASE PATIENT SATISFACTION, THIS DID NOT HOLD TRUE FOR THE RURAL POPULATION.

Low-income rural Coloradans are more likely than others to have a personal connection at their facility, 56 percent as compared to 47 percent of urban dwellers and 41 percent of suburbanites. And low-income rural residents are more likely to see their facilities as deeply tied with the community, 67 percent as compared to 57 percent in urban areas and 52 percent in suburban areas. As discussed, despite these successes, rural residents are less satisfied overall with their quality of care.

There is no significant difference between rural and other low-income Coloradans with regard to continuity of care and cultural responsiveness, meaning there is room for improvement in rural settings which may improve overall satisfaction. More detailed information about the relationship between the 4 Cs and patient satisfaction and engagement is in The 4 Cs issue brief.
Team-based Care and Health Care Navigators

Analysis of the data that shows relationships between different factors demonstrated that team-based care approaches and having a health care navigator increase patients’ likelihood to rate highly their facilities’ continuity of care, personal connection and cultural responsiveness. This was true for all survey respondents.

Though the rural population in this survey did not show a particular gap with regard to the 4 Cs, they are somewhat less likely to have access to team-based care or health care navigators, both of which increase overall patient satisfaction and engagement.

Key Takeaways

Reducing barriers to access and expanding low-cost community services are particularly important in rural areas.

While low-income rural residents tend to be more connected and engaged in their care, impediments to receiving care and unavailability of support services likely help explain why rural communities are somewhat less satisfied with the care they receive.

Some of the challenges in rural areas can only be addressed with structural legislative, policy and resource allocation solutions. Providers in rural areas can work together with community members and individuals to advocate for more resources to be allocated to rural areas. The Colorado Health Foundation is committed to recognizing our rural residents and ensuring that their health care needs are met.
Rural populations report higher likelihood to have someone in their facility who knows them well and to believe their facility has good community ties.
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.