

Increase Access to High Quality Health Care + Services



Access to comprehensive, high quality health care and other services is essential in preventing illness, promoting wellness, and fostering vibrant communities. While San Francisco often outperforms the state and other California counties in terms of health care resources like primary care doctors, availability does not always equal accessibility; many of San Francisco's more vulnerable residents – ranging from low-income persons to non-native English speakers seeking culturally competent care in their primary language – struggle to get the services they need to be healthy and well.

Exhibit 13. Percentage of Residents with Usual Source of Care (2009)

As of 2010, 94 percent of San Franciscans between the ages of 18 and 64 either

	San Francisco Percentage	California Percentage	HP 2020 National Target Percentage
Usual source of care (all ages)	86.8	85.8	95.0

Source: California Health Interview Survey (CHIS), 2009; Healthy People 2020

had health insurance or were enrolled in Healthy San Francisco, a program that is part of San Francisco's safety net.¹ As indicated in Exhibit 13 above, however, **San Francisco falls short of the Healthy People 2020 target for residents with a usual source of care.**

Some residents may lack a usual source of care because they do not have insurance and are not enrolled in Healthy San Francisco; others, because providers do not accept their coverage. According to a study conducted in 2008, **California providers are less likely to serve Medi-Cal beneficiaries** compared to those with private insurance or Medicare, likely because of the state's low reimbursement rate.²

My English level is okay for daily speaking. For medical questions, I need a translator, but it takes a long time. Sometimes I don't want to wait, so I just guess what it's about.

- *Chinese-speaking Excelsior resident*

Data also suggest that San Franciscans who speak English less than very well – as well as English speakers with limited literacy skills – may struggle to access the services they need. In focus groups, **residents often expressed the importance of the linguistic and cultural competency of service providers** in diminishing their anxiety and frustration.

The "Increase Access to High Quality Health Care + Services" priority strives to bridge these gaps, so all residents may access the services they need to support their health and wellbeing.



¹ Health Matters in San Francisco; American Community Survey 1-Year Estimates, 2010

² Bindman, A, Chu P, Grumbach K. Physician Participation in Medi-Cal, 2008. Prepared for the California Health Care Foundation. July 2010.

PRIORITY 3: INCREASE ACCESS TO HIGH QUALITY HEALTH CARE + SERVICES

GOAL	OBJECTIVE (Source)	INDICATOR (Source)	SF BASELINE		2016 CITYWIDE TARGET (5% Improvement)	2020 CITYWIDE TARGET (10% Improvement)
			EQUITY	CITYWIDE		
a. Improve integration + coordination of services across the continuum of care	i. 100% of San Franciscans enrolled in either health insurance or Healthy San Francisco (HP 2020/Community Target)	Percent of currently insured (CHIS) + percent enrolled in Healthy San Francisco (HSF)	Subpopulation data unavailable	94%	99%	100%
b. Increase connection of individuals to the health services they need	i. ↓ barriers to medical care (HP 2020)	Percent of persons who delayed or did not obtain medical care (CHIS)	<u>White</u> : 23.5% <u>Black/African American</u> : 19.7%* <u>Best-performing</u> : <u>Asian</u> : 2.5%*	15.1%	14.3%	13.6%
	ii. ↓ preventable hospital stays among seniors and persons with disabilities (Community Target)	Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees (CHR)	Subpopulation data unavailable	49	47	44
c. Ensure services are culturally + linguistically appropriate	i. ↓ cultural and linguistic barriers to care (Community Target)	Percent of adults who speak a language other than English at home who have difficulty understanding their doctor (CHIS)	<u>Spanish</u> : 29.9%* <u>English & Spanish</u> : 9.9%* <u>Chinese</u> : 5%*	2.1%	2.0%	1.9%
			<u>Best-performing</u> : <u>English</u> : 0.6%			
d. Ensure San Franciscans have access to a health care home	i. ↑ number of residents with a primary care provider (HP 2020/Community Target)	Percent of persons who have a usual place to go when sick or need health advice (CHIS)	<u>Asian</u> : 85.4% <u>Latino</u> : 86.8%* <u>White</u> : 88.1%*	86.8%	91.1%	95.5%
			<u>Best-performing</u> : <u>Black/African American</u> : 97.8%*			

* Statistically unstable due to small subpopulation sample size; best data available.

PRIORITY 3: INCREASE ACCESS TO HIGH QUALITY HEALTH CARE + SERVICES

PROJECT LEAD(S)	SELECTED STRATEGIES	POSSIBLE INDICATOR(S)
SF Department of Public Health	Implement the Medical Home Model at all SFDPH clinics (Evidence-Based)	Health Commission meeting minutes
SF Department of Public Health, Community Transformation Grant Team	↑ the number of primary care health systems in San Francisco that use community health workers to help patients manage chronic conditions (Evidence-Based).	Post-graduation placement data from City College of San Francisco Community Health Worker Certificate Program
SF Department of Public Health; participating SF hospitals, community clinics, and medical groups	Maintain Healthy San Francisco (HSF) program.	<ul style="list-style-type: none"> Continued HSF online presence HSF Annual Reports
SF hospitals	Provide charity care to qualified individuals.	Annual Charity Care Report
SF hospitals	Provide medical financial assistance for those who qualify.	Annual Charity Care Report
SF Human Services Agency - Department of Aging and Adult Services	↑ access to long-term supports and services through better coordination of primary care and long-term supports and services.	Creation of Long-Term Care Integration Plan
SF Medical Society	Sustain a local health information exchange.	Continued online presence and operation of HealthShare Bay Area
YMCA of San Francisco	Develop and implement with health care providers and insurers community-based chronic disease prevention programs, such as the CDC-approved diabetes prevention program.	Written program brochures/materials

COMMUNITY ASSETS + RESOURCES (Examples)
Health Reform as driver toward primary care home as well as integration and Coordination
Healthy San Francisco + SFPATH
SF system of care (SFDPH, nonprofit hospitals, community clinics, private providers)