

San Mateo County Health Care for the Homeless and Farmworker Health Program

2015 Needs Assessment

Prepared January 2016 for San Mateo Medical Center



Introduction

The San Mateo Medical Center provides health services for San Mateo County's 758,581 residents.¹ Almost half of the county's residents (46%) speak a language other than English at home, and 4.6% of the population under 65 years of age lives with a disability.¹ Although per capita yearly income is close to \$50,000, 7.5% of the county's residents live in poverty.¹

The San Mateo Medical Center's Health Care for the Homeless and Farmworker Health Program provides care for two of the county's vulnerable and underserved populations. As part of an effort to improve access to and quality of health care for these populations, they have conducted a health needs and health utilization survey among homeless and farmworker residents. The aim of the survey is to gather information on how these populations access care and the kind of care and services they need. Results will inform decisions on health care planning and delivery. This survey is an update to a similar needs assessment completed with the same target populations in San Mateo County in 2013.

Methods

Structured surveys were delivered to 12 health centers in San Mateo County. Surveys were administered from June through August 2015, with a small number of additional surveys conducted at Ravenswood in the following month. A total of 425 English language and 117 Spanish language surveys were distributed, and were completed with assistance from service providers of homeless patients and farmworkers. Responses from 429 surveys conducted at nine health centers were ultimately collected and recorded. Table 1 below identifies which health centers contributed recorded surveys.

Table 1: Participating health centers and recorded surveys

Health Center	Number	Percent
Ravenswood Family Health Center	135	31%
Samaritan House/Safe Harbor	86	20%
InnVision Shelter Network	61	14%
Puente de la Costa Sur	41	10%
Mental Health Association (Spring Street Shelter)	30	7%
Saint Vincent De Paul	27	6%
Public Health Mobile Clinic	17	4%
Coastside Hope	17	4%
Coastside Mental Health	15	4%
Total	429	100%

Self-reported survey data was entered into Microsoft Excel and analyzed with the same program, using the survey questions and previous findings as a guide for analysis.

¹ "San Mateo County, California." *QuickFacts*. United States Census Bureau, 2015. <<http://www.census.gov/quickfacts/table/PST045215/06081>>.

Findings

Demographics

Survey respondents ranged in age from four to 83 years old. The median age of respondents was 49; half fell between age 33 and 57. The majority of participants were male, non-Veteran English speakers. Over one-third were White/Caucasian and a quarter were Latino/Hispanic. Complete participant demographic data can be found in Table 2.

Table 2: Respondent demographics

	Number n=429	Percent
Gender		
Male	266	62%
Female	158	37%
Decline to answer	5	1%
Ethnicity/Race*		
White/Caucasian	174	37%
Latino/Hispanic	117	25%
African American	77	17%
Asian/Pacific Islander	49	11%
Native American	28	6%
Other	21	5%
Language Spoken*		
English	343	75%
Spanish	84	18%
Tongan	15	3%
Tagalog	10	2%
Other	5	1%
Number of people in household/family		
1 person	280	68%
2 people	33	8%
3 people	27	7%
4 people	19	5%
5 people	21	5%
6 or more people	34	8%
Veteran		
Yes	41	10%
No	381	89%
Don't know	2	0.5%
No answer	5	1%

**Some participants reported multiple answers.*

Housing, Work, and Income

Participants were asked where they sleep, and specifically where they stayed “last night”. Almost half (49%) of respondents listed a homeless shelter as the place they live, followed by an apartment or house (12%) and treatment programs (11%). Eighteen percent of respondents sleep outside, in a vehicle, or in a structure not meant for residence (bus or train station, garage or shed without running water and sewer). The aggregated responses across all health centers are displayed in Table 3 below.

Table 3: Current housing*

	Number n=429	Percent
Homeless shelter	210	49%
Apartment/house (rent/own/on lease)	53	12%
Treatment program	49	11%
Car/truck/van	29	7%
Outside	28	7%
Couch surfing/shared housing (paying no/little rent)	22	5%
Farmworker housing	18	4%
Transitional housing	18	4%
Hotel/motel	14	3%
Place not meant for living (bus or train station)	10	2%
Structure without running water and sewer (garage, shed, basement, etc)	8	2%

**Some participants reported multiple answers.*

All Puente de la Costa Sur respondents reported living either in farmworker housing (15) or an apartment or house (25), and 44% of them live with five or more people. At Ravenswood Family Health Center, 34% of participants reported living in a treatment program, which is significantly higher than the 11% average for respondents across the county. Similarly, Samaritan House and Mental Health Association respondents have a disproportionately high rate of living in a shelter, at 85% and 67% respectively. Over half (59%) of Coastside participants, at both Coastside Hope and Coastside Mental Health, reported living in a vehicle, outside, or in a structure not meant for residence.

Eight of nine reporting health centers had all or most of their participants report monthly incomes below \$1,350 (see Table 4 for complete income data). Puente de la Costa Sur, which has a large proportion of farmworkers, was the exception, with 61% of participants reporting a monthly income over \$1,350. In contrast, at Ravenswood Family Health Center, 61% of people reported incomes in the lowest bracket (less than \$500 per month). Only three respondents reported a monthly income of \$4,000 or more, which is equivalent to the county per capita income.

Nearly one-third of respondents (29%) reported receiving income from a job. However, 88% of participants at Puente de la Costa Sur received income from a job, likely primarily farm work. Over one-fifth (22%) of respondents had no income at all; this figure more than tripled for

clients participating at the Public Health Mobile Clinic (71%). Forty-six percent of respondents received some form of government assistance (social security, disability, or general assistance). Among respondents from the Mental Health Association, 77% identified a form of government assistance as a source of income.

Table 4: Income

	Number n=429	Percent
Monthly Income (last month)		
\$0-\$500	196	48%
\$500-\$1349	139	34%
\$1350-\$2000	55	14%
\$2000-\$4000	12	3%
>\$4000	3	0.7%
No Answer	24	6%
Source of Income*		
Job	125	29%
No income	93	22%
General Assistance	81	19%
Social Security	72	17%
Disability	41	10%
Other	32	7%

**Some participants reported multiple answers.*

Fourteen percent (59) of respondents reported that they or a family member had worked as a farmworker in the past two years; 85% (363) reported that they had not, and 2% (7) declined to answer. Farmworkers and their families were concentrated among two health centers; 83% of participants at Puente de la Costa Sur and 50% of Coastside participants (from both Coastside Hope and Coastside Mental Health) reported being farmworkers or their family members. Other health centers had few or no reported farmworkers.

Health Care and Insurance

Participants were asked to identify the type of insurance coverage they have, if any. Fifteen percent were uninsured, and no respondents identified Healthy Kids as their source of insurance. During the previous needs assessment conducted in 2013, 22% of respondents were receiving insurance through Medi-Cal, and 28% were covered through the Medicaid Coverage Expansion (the latter was not an option in this year's survey). This year, 63% of respondents reported being covered by Medi-Cal, a 13 percentage point increase over the combined Medicaid coverage in 2013.

Several health centers had participants that reported a higher level of Medi-Cal coverage than the average across all reporting health centers. Seventy-four percent of Saint Vincent De Paul participants were covered by Medi-Cal, as were 88% of Public Health Mobile Clinic participants and 90% of Mental Health Association respondents. Participants from InnVision Shelter Network reported lower rates of Medi-Cal coverage (52%) and higher than average rates of being

uninsured (26%). Of the 66 participants county-wide that reported having no insurance, 23% are Spanish speakers.

Table 5: Source of health care and insurance

	Number n=429	Percent
Health Insurance*		
Medi-Cal	271	63%
No insurance	66	15%
Medicare	55	13%
ACE	33	8%
Private insurance	33	8%
Healthy Kids	0	0%
Source of Health Care*		
SMMC clinics	116	27%
SMMC emergency department	72	17%
Public Health Mobile Van	61	14%
Ravenswood Family Health Center	60	14%
Elsewhere	51	12%
Private clinic/other clinic	48	11%
SMMC Mobile Dental	47	11%
Veterans Administration Hospital/facility	33	8%
Other emergency department	31	7%
Pescadero Clinic/Puente Coast Clinic	14	3%

**Some participants reported multiple answers.*

The most commonly reported sources of health care for participants were San Mateo Medical Center (SMMC) clinics (27%), the San Mateo Medical Center emergency department (17%), the Public Health Mobile Van (14%), and Ravenswood Family Health Center (14%). SMMC clinic use was particularly common among Mental Health Association clients, half of whom reported receiving care from them. Although only 8% of respondents county-wide reported using the Veterans Administration Hospital and facilities, 39% of InnVision Shelter Network participants identified it as a source of care.

Participants were also asked if they are satisfied with their current health care provider. Sixty-nine percent of respondents agreed or strongly agreed that they are satisfied, and only 8% disagreed or strongly disagreed (meaning they are not satisfied with their current provider). Participants at the Public Health Mobile Clinic and Coastside Hope reported less satisfaction than the county-wide average (47% and 41% respectively), while Mental Health Association respondents were more satisfied than average (83%).

Table 6: Satisfaction with current provider

	Number n=415	Percent
Strongly Agree	125	30%
Agree	161	39%
Neither Agree nor Disagree	42	10%
Disagree	26	6%
Strongly Disagree	10	2%
Not Applicable	51	12%

Knowledge and Awareness

Survey participants were asked about their knowledge of where to get different types of care (medical, dental, mental health and substance abuse, and accurate and confidential health information). More than half of respondents agreed or strongly agreed that they knew where to find each type of care. Table 7 below contains the full results.

Participants felt most confident about finding medical care; 80% agreed or strongly agreed that they knew where to find it. This figure is even higher among participants at Mental Health Association (90%). However, only 47% of respondents from the Public Health Mobile Clinic agreed or strongly agreed.

Sixty-one percent of respondents felt that they knew where to find dental care, including 76% of participants at Puente de la Costa Sur. Coastside Mental Health (33%) and the Public Health Mobile Clinic (35%) had the lowest reported levels of knowledge.

A similar proportion of participants (66%) felt that they knew how to find mental health and substance abuse services. Interestingly, participants at the two mental health-specific health centers had differing levels of reported awareness about where to access mental health and substance abuse services. At Mental Health Associates, 83% of respondents agreed or strongly agreed that they knew where to find mental health services; at Coastside Mental Health, only 60% agreed or strongly agreed. This range of responses persisted at other health centers as well; respondents at the Public Health Mobile Clinic (24%), Coastside Hope (47%), Puente de la Costa Sur (49%), and InnVision Shelter Network (80%) all reported levels of knowledge that varied significantly from the county-wide average. Additionally, 43% of those across the county who disagreed or strongly disagreed that they knew where to find mental health care speak a language other than English.

Finally, when asked if they knew where to find accurate and confidential health information, 61% of respondents reported that they did (agreed or strongly agreed). The health center with the highest rate of reported knowledge on these services was Mental Health Association (73%), while the Public Health Mobile Clinic (24%) and Saint Vincent De Paul (41%) respondents had the lowest.

Table 7: Knowledge of where to find services

	Number n=418	Percent
Medical Care		
Strongly Agree	145	35%
Agree	190	45%
Neither Agree nor Disagree	35	8%
Disagree	18	4%
Strongly Disagree	14	3%
Not Applicable	16	4%
Dental Care		
Strongly Agree	100	24%
Agree	157	37%
Neither Agree nor Disagree	47	11%
Disagree	55	13%
Strongly Disagree	41	10%
Not Applicable	19	5%
Mental Health & Substance Abuse Services		
Strongly Agree	98	24%
Agree	175	42%
Neither Agree nor Disagree	43	10%
Disagree	30	7%
Strongly Disagree	23	6%
Not Applicable	48	12%
Accurate and Confidential Health Information		
Strongly Agree	80	19%
Agree	175	42%
Neither Agree nor Disagree	64	15%
Disagree	37	9%
Strongly Disagree	27	6%
Not Applicable	34	8%

Health Care Needs and Priorities

To identify which health care needs are most important to homeless and farmworker populations in San Mateo County, participants were asked to rank their top five health care needs from a list of eight potential priorities. However, this process was not consistently completed, and in many cases respondents either checked the boxes of their selections (without putting them in rank order), or applied a ranking multiple times (for example, listing two priorities as number one). As a result, Table 8 displays the frequency with which each item was identified as a need (but not its weighted ranking).

The most frequently identified priority was basic medical care (82%), followed by dental care (70%) and mental health care (43%). A modified analysis of the weighted rankings was also completed, to identify a rank order among those respondents who completed the answer as instructed. In this analysis, the top three priorities match the frequency-only analysis.

Table 8: Patient-identified health care needs

	Number n=429	Percent
Basic medical/health care	353	82%
Dental care	300	70%
Mental health care	185	43%
Substance abuse care	127	30%
Help getting to medical appointment/doctor	127	30%
Help to obtain health insurance	122	28%
Accurate and confidential health information and education	121	28%
Help to manage health/medical care	116	27%

The fourth and fifth priorities in the frequency-only analysis were substance abuse care and transit to health care services, with 30% of respondents identifying each. These were ranked fifth (substance abuse) and sixth (transit) in the weighted analysis, following the need for help in obtaining health insurance. In both analyses, health information and education, and help managing medical care were least important (seventh and eighth respectively).

Participants from several health clinics reported priorities that varied from the county-wide rankings. Among respondents from Puente de la Costa Sur, transit was identified as being more important than mental health, and respondents from Saint Vincent De Paul identified transit as being more important than both mental health and substance abuse services. Mental Health Associates participants prioritized mental health, substance abuse services, and health education above dental care and help obtaining health insurance.

Barriers to Care

Survey participants were asked about potential barriers that make accessing health care problematic. The first category of barriers could be described as “infrastructural” barriers which make it difficult to set appointments or get to a health center. These include the time it takes to make an appointment, the need for transit to get to an appointment, and the ability to take time off from work and find child care in order to attend an appointment. Table 9 outlines the full set of responses.

Thirty-one percent of respondents agreed or strongly agreed that it takes too long to get an appointment, and another 31% agreed or strongly agreed that finding transportation to get to an appointment is problematic. Sixty percent of participants from Coastside Mental Health agreed or strongly agreed that they have problems accessing health care because it takes too long to get an appointment, but only 18% of Public Health Mobile Clinic respondents felt the same way. Similarly, only 18% of Coastside Hope participants felt that transportation was a barrier to care, while 44% of Saint Vincent De Paul respondents identified it as problematic.

Being unable to take time off from work was identified as a barrier to care by 14% of respondents; this figure doubles (28%) among those who report getting income from a job (which can be considered a proxy for being employed). Twenty-nine percent of respondents from Samaritan House agreed or strongly agreed that they had problems getting health care

because they were unable to take time off work, as did 20% of Coastside Mental Health participants. However, only 6% of participants from both Coastside Hope and Ravenswood Family Health Center, and zero participants from the Public Health Mobile Clinic, identified needing to take time off from work as problematic in accessing care.

Table 9: Infrastructural barriers to care

	Number n=417	Percent
Takes Too Long to Get an Appointment		
Strongly Agree	36	9%
Agree	92	22%
Neither Agree nor Disagree	71	17%
Disagree	79	19%
Strongly Disagree	91	22%
Not Applicable	45	11%
Can't Find Transportation to Doctor		
Strongly Agree	46	11%
Agree	84	20%
Neither Agree nor Disagree	80	19%
Disagree	88	21%
Strongly Disagree	83	20%
Not Applicable	36	9%
Unable to Take Time Off from Work		
Strongly Agree	12	3%
Agree	47	11%
Neither Agree nor Disagree	63	15%
Disagree	106	25%
Strongly Disagree	90	22%
Not Applicable	99	24%
Do Not Have Child Care		
Strongly Agree	15	4%
Agree	29	7%
Neither Agree nor Disagree	45	11%
Disagree	92	22%
Strongly Disagree	96	23%
Not Applicable	134	33%

A lack of child care was identified as a barrier to accessing health services by 11% of respondents. This figure was similar (10%) among female respondents. Among InnVision Shelter Network respondents, 2% agreed or strongly agreed that a lack of child care made accessing health care problematic; zero participants from Coastside Hope felt the same.

Participants were asked about four additional potential financial and emotional barriers to care, including the cost of care, being treated disrespectfully, fear of arrest or deportation, and

concerns about privacy. The data on whether or not these barriers impact access to health care for the survey populations is outlined in Table 10.

Table 10: Financial and emotional barriers to care

	Number n=416	Percent
Can't Afford the Bills		
Strongly Agree	50	12%
Agree	94	23%
Neither Agree nor Disagree	67	16%
Disagree	84	20%
Strongly Disagree	76	18%
Not Applicable	45	11%
Not Treated with Respect		
Strongly Agree	17	4%
Agree	26	6%
Neither Agree nor Disagree	61	15%
Disagree	126	30%
Strongly Disagree	119	29%
Not Applicable	68	16%
Fear Deportation or Arrest²		
Strongly Agree	16	4%
Agree	37	9%
Neither Agree nor Disagree	4	11%
Disagree	78	19%
Strongly Disagree	150	36%
Not Applicable	86	21%
Worried about Privacy of Health Care		
Strongly Agree	51	12%
Agree	103	25%
Neither Agree nor Disagree	89	21%
Disagree	78	19%
Strongly Disagree	64	15%
Not Applicable	31	7%

Thirty-five percent of respondents agreed or strongly agreed that they have problems getting health care because they cannot afford the bills. This number is as high as 47% among respondents at Coastside Mental Health, and as low as 18% among participants at the Public Health Mobile Clinic.

One-tenth (10%) of all respondents agreed or strongly agreed that they have problems receiving health care because they are not treated with respect. However, zero participants at the Public Health Mobile Clinic agreed with this notion, as did only 2% from Puente de la Costa Sur and 3%

² n=371

from InnVision Shelter Network. Twenty-two percent of respondents from Saint Vincent De Paul identified not being treated with respect as a barrier to care. Among county-wide respondents who agree or strongly agree that they have problems receiving health care because they are not treated with respect, 19% speak a language other than English, and 67% are non-White.

The identification of fear of arrest or deportation as a barrier to accessing health care varied widely across clinics and subpopulations. County-wide, 13% of respondents agreed or strongly agreed that they had problems getting health care because they are afraid of being deported or arrested. Of those who agree or strongly agree, 66% are non-White. Coastside Mental Health and Saint Vincent De Paul respondents had significantly higher levels of agreement with this barrier (27% and 30% respectively), while only 2% of InnVision Shelter Network respondents and none from the Public Health Mobile Clinic agreed or strongly agreed.

Over one-third of patients (37%) reported that they are worried about the privacy of their health care. This is nearly double the level of concern reported in the previous survey in 2013, at which time 19% of respondents expressed concerns about privacy. Participants from clinics like Coastside Hope (18%) and InnVision Shelter Network (26%) were on average less worried about privacy, while respondents from Saint Vincent De Paul (48%), Puente de la Costa Sur (49%), and Coastside Mental Health (60%) reported greater levels of concern.

Conclusions

Survey participants were more heavily male than the county population (63% male respondents, compared to 50% male population within the county), but White and Hispanic/Latino participant proportions (37% and 25%) were similar to the population of the county. African Americans and Native Americans were disproportionately represented in the survey, and Asian American and Pacific Islanders were underrepresented.

Poverty, employment, and housing are challenges for the study population. Almost all (99.3%) of the survey participants earn less than the county per capita income, and half live on less than \$500 per month. Twenty-two percent had no income at all in the last month, and 71% are likely unemployed (reported no income from a job in the last month). Only 12% of participants live in a house or apartment that they own or rent.

Medi-Cal coverage within these populations is increasing, but 15% remain uninsured. One quarter of respondents receive medical care from emergency departments in the county. The level of knowledge about where to find basic medical care is high (80%), but fewer respondents knew how to find other types of care and health information.

The amount of time it takes to get an appointment, finding transportation to appointments, the cost of care, and concerns about privacy are the largest reported barriers to accessing care among these populations. Privacy concerns in particular are on the rise within these groups. Two-thirds of participants who reported fear of arrest or deportation or not being treated with respect as barriers to care were non-White, highlighting the need for culturally competent solutions.