

Primary Care Access in California and Disparities Across Major Cities

Across the nation, primary care plays a central role in driving individual and community health. Availability of primary care providers (PCPs) and access to high-quality care are associated with better health outcomes for people with chronic conditions as well as lower mortality rates, even after accounting for factors like income and insurance coverage. However, there are stark differences in primary care access across the country and within states. These differences are often associated with social and economic disparities. Primary care provider (PCP) shortages disproportionately affect communities of racial and ethnic minorities, as well as rural, uninsured, and low-income populations. Shortages in primary care providers are forecast in most states, including California, which is home to over 39 million people, nearly one-third of whom are low-income. This will result in decreased access to primary care and poses a major community health concern.

The Primary Care Development Corporation (PCDC) analyzed county-level measures of primary care access and primary care need to examine regional differences across California. The geospatial patterns of these **four key measures** across the state provide important context for our understanding of California’s primary care landscape.



Primary Care Provider Availability
Number of PCPs per 10,000 county residents.



Self-reported Health
Percent of county adults (18+ years) reporting “fair” or “poor” health.



Lack of Health Insurance Coverage
Percent of the county population without health insurance coverage.



Low-income Status
Percent of county residents living below 200% of the federal poverty level (FPL).

Key Findings

- California has 10.3 PCPs for every 10,000 people.
- PCP availability is nearly **three times greater** in San Francisco than in Los Angeles County (27.7 vs. 9.7 PCPs per 10,000 people).
- Indicators of need are higher in Los Angeles compared to San Francisco, both in terms of the low-income population (36.0% vs. 22.1%) and fair or poor health (16.4% vs. 11.1%).

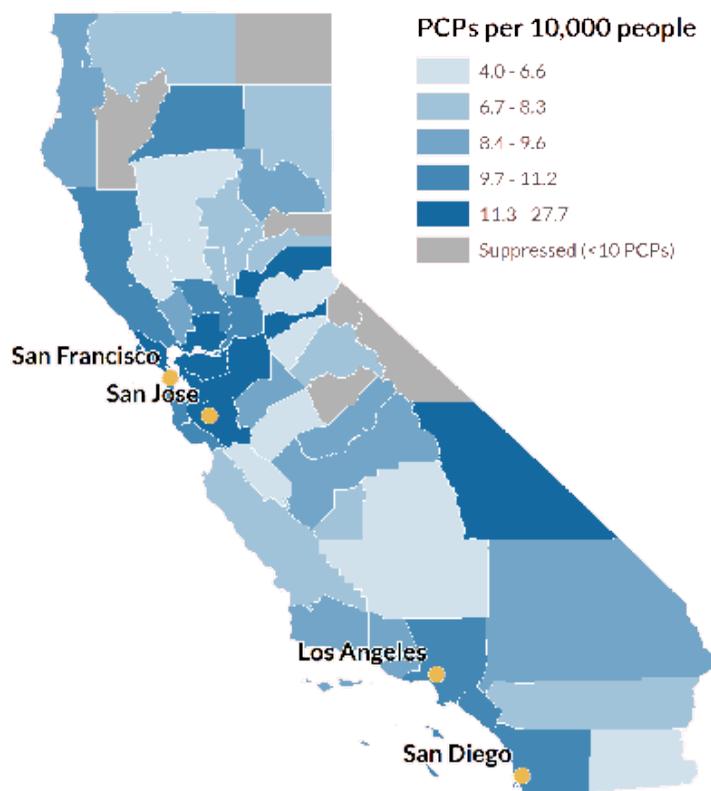


Figure 1. Primary care providers (PCPs) per 10,000 people by California county, 2018.
Data Sources IQiVA; American Community Survey, 2018 5-year estimates.

Statewide Findings

Primary care provider availability differs across California’s counties (Figure 1).

The four counties with the state’s largest cities—Los Angeles, San Diego, Santa Clara (containing San Jose), and San Francisco—have higher PCP availability than most rural counties.

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Uninsured rates differ across California's counties, with higher uninsured rates found in southern California counties (Figure 2). Similarly, more residents in southern California counties report fair or poor health status; indicators of poor health status appear more concentrated in counties containing and surrounding the cities of Los Angeles and San Diego (Figure 3).

Region-specific actions are needed to address the inequities in both rural and urban areas and to reduce health disparities across California.

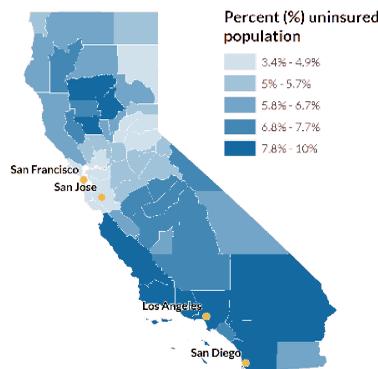


Figure 2. Percent (%) uninsured population by California county, 2018.
Data Source: Uniform Data System, 2018.

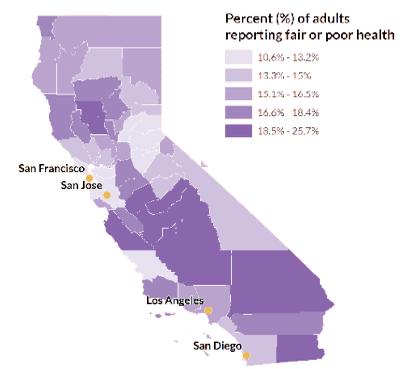


Figure 3. Percent (%) of adults reporting fair or poor health by California county, 2017.
Data Source: Behavioral Risk Factors Surveillance System, 2017.

City Comparison

Substantial disparities in primary care access and need are apparent across the counties containing California's four largest cities. San Francisco and Santa Clara (San Jose) counties, which have high levels primary care access, also have better reported health status and income levels. Conversely, San Diego and Los Angeles counties, which have relatively poor levels of primary care access, have worse overall self-reported health and more low-income residents (Figure 4). The grouping pattern across the measures of primary care access and need between California's major cities highlights inter-urban disparities.

Future work should explore the relationship between primary care access and different social and cultural dynamics of each city.

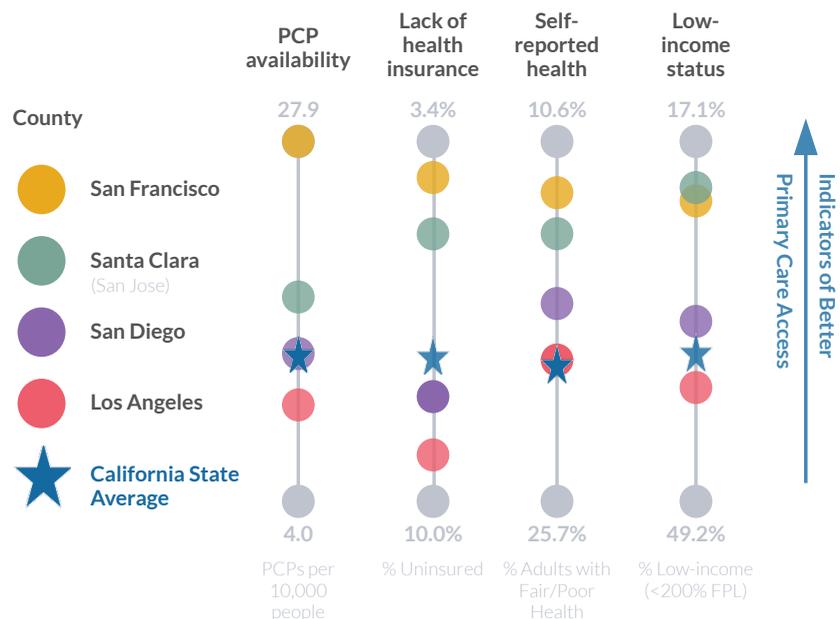


Figure 4. Primary care access and need measures for California counties with the four most populous cities, 2017-2018.
Data Sources: IQVIA, 2018; Uniform Data System, 2018; Centers for Disease Control and Prevention Behavioral Risk Factors Surveillance System, 2017.

Suggested citation:

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Primary Care Development Corporation (PCDC)

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