

L.A. Health

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Recent Trends In Health Insurance Coverage Among Los Angeles County Children

Lack of adequate health insurance has been identified as the single most important barrier to health care services for children in the United States.¹ This conclusion is based on a large body of research documenting the importance of health insurance coverage on children's access to a broad range of health care services, including primary care services. Compared to children with health insurance, children who are uninsured are more likely to lack a regular source of care, to receive fewer immunizations and other well-child care services, to rely on emergency rooms for their care, and to go without needed care for acute and chronic health conditions such as ear infections, throat infections, and asthma.²⁻⁶

In 1997, results of the Los Angeles County Health Survey indicated that one in four children (<18 years old) in the county, or approximately 700,000 children, did not have health insurance. This was nearly double the rate (14%) reported among all children nationally in 1996.¹ Since 1997, substantial efforts have been made to expand insurance coverage for children in the United States and in Los Angeles County. In August 1997, the federal government enacted the State Children's Health Insurance Program (P.L. 105-33) which expanded coverage for uninsured children up to 200% of the federal poverty level⁷ by allowing states to expand Medicaid, purchase private

The Los Angeles County Health Survey is a biennial, population-based telephone survey that collects information on sociodemographic characteristics, health status, health behaviors, and access to health services among adults and children in the county. The most recent survey was conducted for the Department of Health Services between September 1999 and April 2000 by Field Research Corporation. Support for the survey was also provided by the California Department of Health Services, the Los Angeles County Department of Public Social Services, and Los Angeles County Medicaid Demonstration Project.

1. Institute of Medicine. *America's Children: Health Insurance and Access to Care*. Washington DC: National Academy Press, 1998.

2. Newacheck PW, Stoddard JJ, Hughes DC, Pearl M. Health insurance and access to primary care for children. *N Engl J Med* 1998;338:513-519.

3. Mustin HD, Holt VL, Connell FA. Adequacy of well-child care and immunizations in US infants born in 1988. *JAMA* 1994;272:1111-1115.

4. Short PE, Lefkowitz D. Encouraging preventive services for low-income children: the effect of expanding Medicaid. *Med Care* 1992;30:766-780.

5. Newacheck PW, Pearl M, Hughes DC, Halfon N. The role of Medicaid in ensuring children's access to care. *JAMA* 1998;280:1789-1793.

6. Stoddard JJ, St. Peter RE, Newacheck PW. Health insurance status and ambulatory care for children. *N Engl J Med* 1994;330:1421-1425.

7. For a family of four, the 1999 federal poverty level corresponded to an annual income of \$16,895.

The 1999–2000 survey collected information on a random sample of 8,354 adults and 6,016 children. Interviews were offered in English, Spanish, Cantonese, Mandarin, Korean, and Vietnamese. Among households contacted and eligible for participation, the response rate was 55%. To adjust for differential rates of participation, results were weighted by selected demographic variables using 1998 census projections for the Los Angeles County population.

In any survey that includes sampling, some degree of error (referred to as “sampling error”) is introduced by chance alone, even when the sample is chosen randomly. In the present survey, if 50% of the overall sample of adults answered “yes” to a specific question, the sampling error would be plus or minus 1.2 percentage points at the 95% confidence level. This means that if all adults in the population were asked the above question, there is a 95% chance that the result would be between 48.8% and 51.2%. Because the sample sizes of subgroups are smaller than the overall sample, results for these subgroups have larger sampling errors and wider confidence levels. For all results presented in this report, confidence levels are available.

There are a number of other possible sources of error in any survey. For example, questions may be misunderstood, respondents may not provide accurate information, and errors may occur in the processing of data. In addition, surveys administered by telephone miss those who are homeless and others without telephone service. The survey professionals working on this study made every effort to minimize these sources of error.

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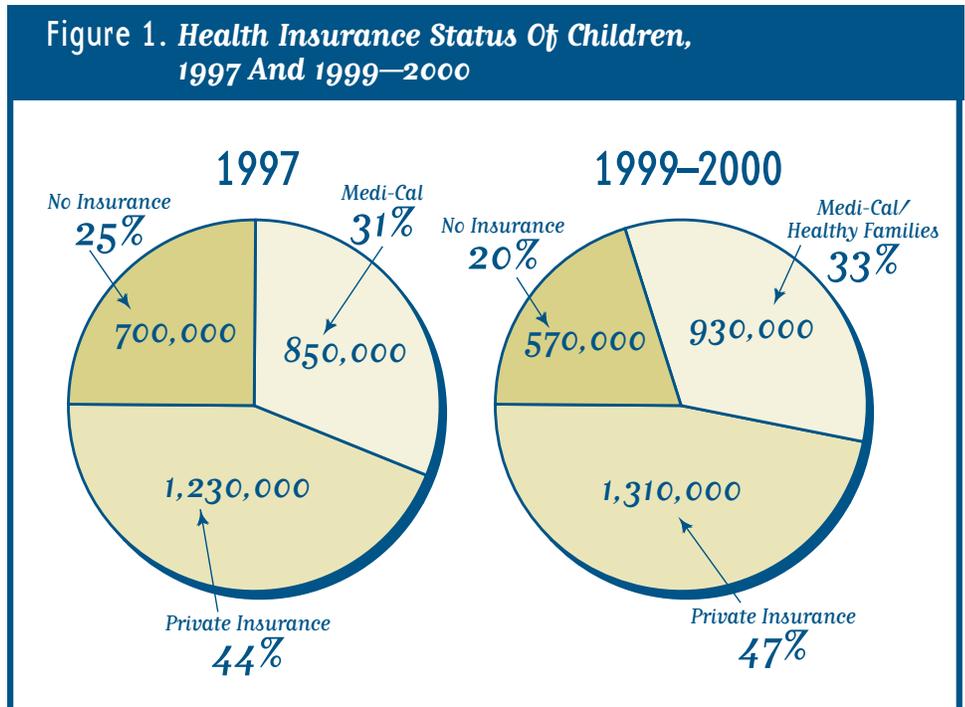
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insurance coverage, or a combination of both. California responded by creating Healthy Families, a market-based health insurance program that includes coverage for medical, dental, and vision services. California also modified the eligibility requirements and enrollment process to expand access to its Medicaid program, known as Medi-Cal.

This report presents the findings of the 1999–2000 Los Angeles County Health Survey on health insurance coverage among children in the county. Results are compared to 1997 to assess recent trends in insurance coverage and the impact of efforts to identify and enroll eligible children in the Medi-Cal and Healthy Families Programs. The results of the children’s component of the survey are based on information collected from a random sample of 6,016 households in the county between September 1999 and April 2000.

Although The Number Of Uninsured Children Decreased By Nearly One-Fifth From 1997 To 1999–2000, 20% Of Children Remain Uninsured.

➔ 20% of children (birth to 17 years) in the county, or 570,000 children, did not have health insurance in 1999–2000 (Figure 1). By comparison, 25% of children, or 696,000 children, were uninsured in 1997.



Source: Los Angeles County Health Survey

➔ 33% of children, or 930,000 children, were covered by public insurance (Medi-Cal or Healthy Families⁸) in 1999–2000. This compares to 31% of children, or 850,000 children, covered by public insurance (Medi-Cal) in 1997.

➔ 47% of children, or 1.31 million children, were covered by private insurance in 1999–2000 compared to 44%, or 1.23 million children, in 1997.

8. The survey did not allow for distinguishing between those covered by Medi-Cal and those covered by Healthy Families.

→ The decline in the percentage of children without health insurance was slightly greater for those five years of age and younger (24% in 1997 to 17% in 1999–2000) than for those 6–17 years of age (26% in 1997 to 22% in 1999–2000).

Nearly One In Three Latino Children Is Uninsured.

→ Among the different racial/ethnic groups, Latinos had the highest percentage of children who were uninsured in 1999–2000 (29%). The percentage of children who were uninsured was substantially lower among whites (8%), African-Americans (7%), and Asians/Pacific Islanders (12%). The percentage uninsured declined in all racial/ethnic groups from 1997 to 1999–2000 although the differences were not statistically significant (Figure 2).

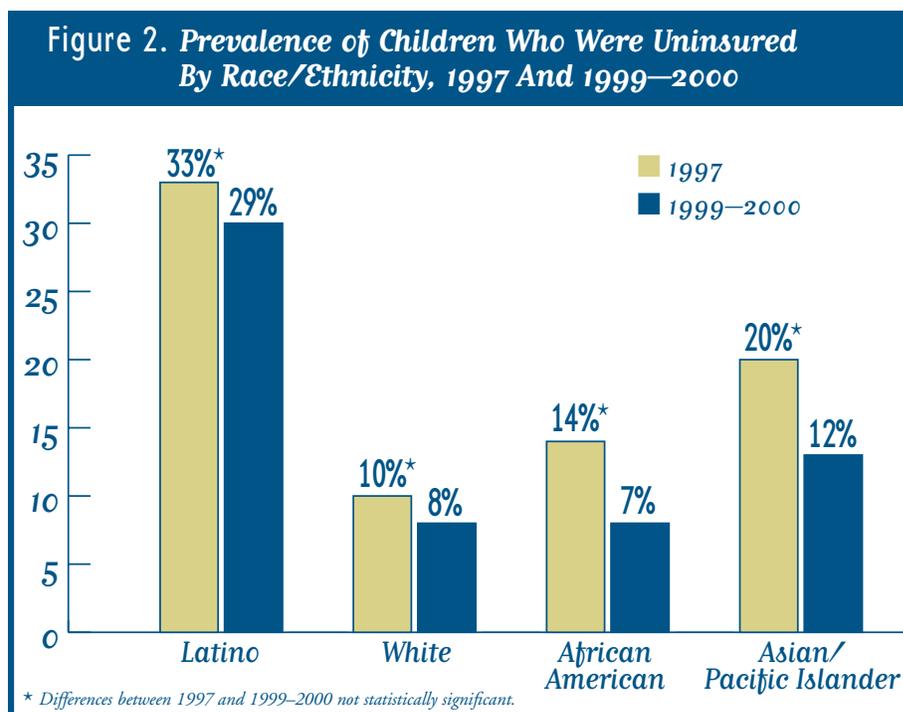
→ Among all children in the county without health insurance in 1999–2000, 82% (or 470,000 children) were Latino. In 1997, 80% of the uninsured children (or 560,000 children) were Latino.

Children Living At Or Below 200% Of The Federal Poverty Level Are More Than Three Times As Likely To Be Uninsured Than Those Living Above This Level.

→ Among children in households with incomes below 100% of the federal poverty level, 29% were uninsured in 1999–2000. In comparison, 31% of children in this income group were uninsured in 1997 (this difference was not statistically significant). The percentage of children in this income group who were covered by Medi-Cal/Healthy Families did not change from 1997 to 1999–2000 (57% in both years).

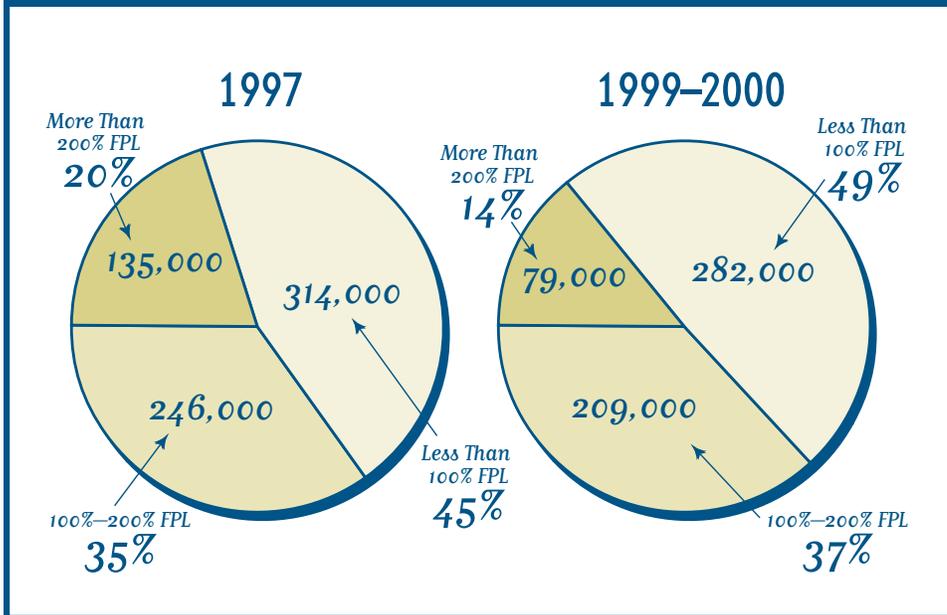
→ Among children in households with incomes between 100%–200% of the federal poverty level, the percentage of children who were uninsured decreased from 32% in 1997 to 26% in 1999–2000. This was associated with an increase in the percentage of children covered by Medi-Cal/Healthy Families, from 25% in 1997 to 37% in 1999–2000.

→ Among children in households with incomes above 200% of the federal poverty level, the percentage uninsured decreased from 13% in 1997 to 8% in 1999–2000. This was associated with an increase in the percentage (and number) of children covered by private insurance, from 77% (780,000 children) in 1997 to 85% (880,000 children) in 1999–2000.



Source: Los Angeles County Health Survey

**Figure 3. Uninsured Children By Poverty Level
1997 And 1999-2000**



Source: Los Angeles County Health Survey

→ Among all children in the county without health insurance in 1999–2000, 86% (or 490,000 children) were from households with incomes at or below 200% of the federal poverty level (Figure 3). In comparison, 80% of uninsured children (or 560,000 children) in 1997 were from households with incomes at or below 200% of the federal poverty level.

Most Uninsured Children Have At Least One Parent In The Workforce.

→ Among all children without health insurance in 1999–2000, 82% (or 470,000 children) had at least one parent in the workforce.

- Among children who were non-citizens, including legal immigrants and the undocumented, 63% (or 160,000 children) did not have health insurance coverage in 1999–2000.
- In 1999–2000, the highest percentages of children without health insurance were in the South (28%) and Metro (27%) Service Planning Areas (SPAs). The largest numbers of uninsured children were in the South (106,000) and San Gabriel (99,000) SPAs (Table 1).

Table 1. Estimated Number And Percent Of Uninsured Children By Service Planning Area, 1997 And 1999–2000

| Service Planning Area | 1997 | | | 1999–2000 | | |
|-----------------------|---------|--------------------------|------------------|-----------|--------------------------|------------------|
| | Percent | ±95% Confidence Interval | Estimated Number | Percent | ±95% Confidence Interval | Estimated Number |
| Los Angeles | 25% | ±2% | 696,000 | 20% | ±1% | 570,000 |
| Antelope Valley | 19%* | ±10% | 20,000 | 10% | ±3% | 10,000 |
| San Fernando | 26% | ±4% | 122,000 | 17% | ±2% | 87,000 |
| San Gabriel | 21% | ±4% | 121,000 | 19% | ±2% | 99,000 |
| Metro | 32% | ±6% | 100,000 | 27% | ±3% | 88,000 |
| West | 31%* | ±9% | 26,000 | 17% | ±4% | 19,000 |
| South | 33% | ±5% | 131,000 | 28% | ±3% | 106,000 |
| East | 20% | ±4% | 91,000 | 20% | ±3% | 85,000 |
| South Bay | 22% | ±4% | 84,000 | 18% | ±3% | 74,000 |

*Estimates are based on a small sample size and may not be reliable.

Source: Los Angeles County Health Survey

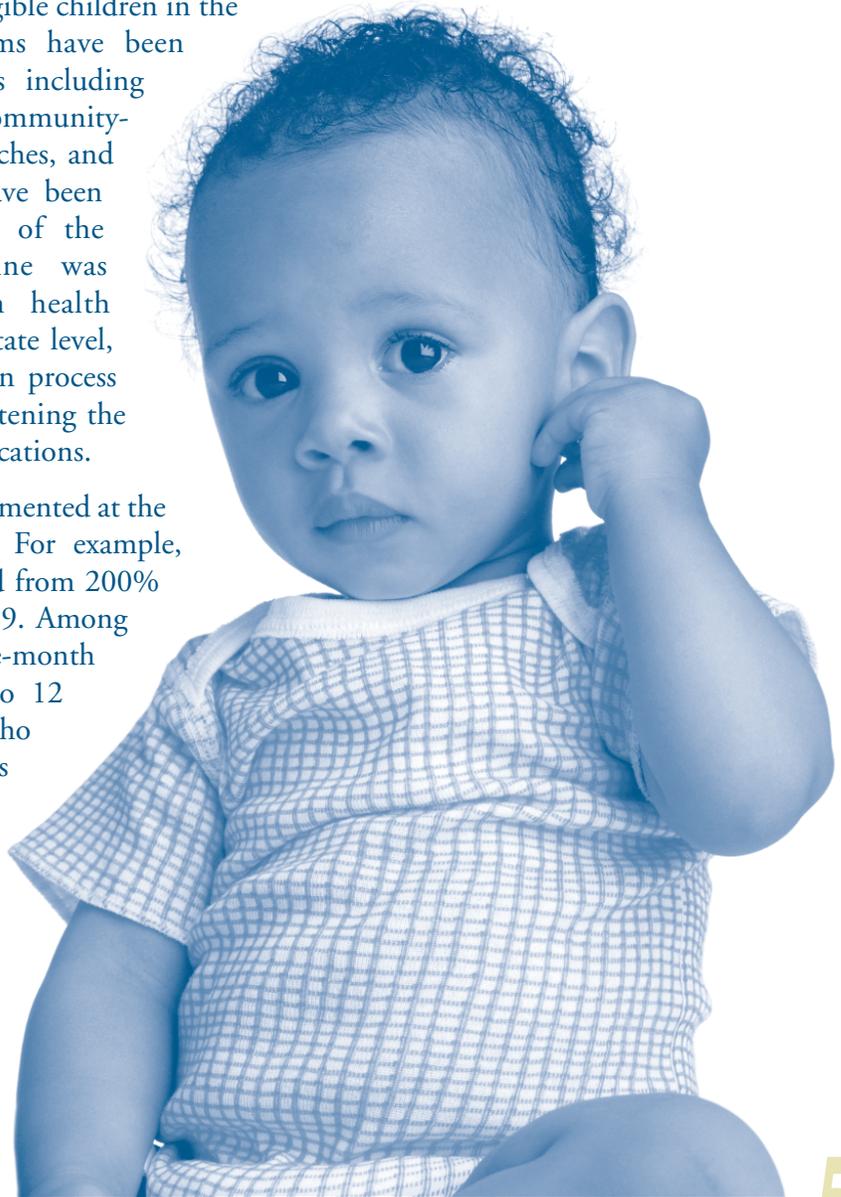
Discussion

The results of the most recent Los Angeles County Health Survey indicate that the number of uninsured children in the county decreased by nearly one-fifth between 1997 and 1999–2000. Most of the decrease can be accounted for by an increase in private coverage among children living above 200% of the federal poverty level and an increase in public insurance coverage among children living between 100%–200% of the federal poverty level. The latter finding may reflect the impact of local outreach and education efforts to identify and enroll eligible children in public programs. However, the percentage of children who are uninsured continues to be significantly higher among those living at or below 200% of the federal poverty level than among those from more affluent families. In addition, the percentage of children who are uninsured continues to be markedly higher among Latino children than those in other racial/ethnic groups.

A broad range of activities was initiated in Los Angeles County in 1997–1998 to increase insurance coverage for low income children. Public sector efforts have been coordinated by the Department of Public Social Services (DPSS) and the Department of Health Services (DHS).

Outreach activities to identify and enroll eligible children in the Medi-Cal and Healthy Families Programs have been implemented in a large number of sites including county and community health clinics, community-based organizations, schools, libraries, churches, and shopping malls. Advertising campaigns have been conducted to increase public awareness of the programs. A toll-free telephone hotline was established to provide information on health insurance and health care services. At the state level, steps were taken to simplify the application process for Medi-Cal and Healthy Families by shortening the application form and allowing mail-in applications.

Recent policy initiatives have also been implemented at the state level to increase insurance coverage. For example, eligibility for Healthy Families was increased from 200% to 250% of the federal poverty level in 1999. Among those covered by Medi-Cal, the every three-month recertification requirement was extended to 12 months to reduce the number of persons who lose coverage. However, these policy changes occurred during and after implementation of the 1999–2000 survey and, therefore, did not likely contribute much to the observed increase in insurance coverage.



Despite these efforts, many eligible children in the county remain uninsured, highlighting the critical importance of identifying and eliminating barriers to enrollment and factors that lead to inappropriate loss of coverage. A series of focus groups conducted in 1997 by DHS and DPSS in collaboration with Kaiser Permanente found that, among Latino and Asian parents, the most frequently reported barrier to enrollment in Medi-Cal was concern about immigration and citizenship.⁹ Other barriers reported among all racial and ethnic groups included the negative stigma of being on “welfare,” having to travel to county offices to apply, transportation problems, inadequate childcare, unfriendly eligibility workers, privacy concerns, and not knowing about the

9. Maradiaga S, Gilbert J. Medi-Cal focus group project: report of findings. Kaiser Permanente and the Los Angeles County Departments of Health and Public Social Services, 1998.



programs or their eligibility requirements. While California policymakers sought to reduce many of these barriers by purchasing private health insurance for the Healthy Families Program, it is likely that many barriers remain given the similarities of the populations served. In addition, creation of Healthy Families may have introduced new barriers due to administrative fragmentation in relation to the Medi-Cal Program.

In summary, by comparing data from the 1997 and 1999–2000 Los Angeles County Health Surveys, we are able to assess recent trends in health insurance coverage among children in the county. The findings indicate that appreciable progress has been made in increasing insurance coverage in this population. The findings also suggest that local outreach and education efforts between 1997 and 1999 may have contributed to the increased enrollment in public insurance programs among children living between 100%–200% of the federal poverty level. However, given the large number of children in the county who remain uninsured, ongoing outreach efforts are clearly needed and should focus most intensively on the Latino population and those living below 200% of the federal poverty level. Additional strategies should also be considered. For example, to create a more family-focused system in the public sector, efforts are being made at the state level to expand Healthy Families coverage to include parents of currently eligible children. In addition, policies that require or encourage employers to extend insurance coverage to all workers and their dependents are also needed.

Acknowledgments

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A Message From The County Health Officer

This issue of *LA Health* is the first in a series that will present results of the 1999–2000 Los Angeles County Health Survey. A similar series was released in 1998–1999 and presented results on selected topics from the 1997 survey (available on the Department's Public Health web site: www.lapublichealth.org). The 1999–2000 survey covered a wide range of topics including health insurance coverage and access to health care services, use of clinical preventive services, health status, including mental health and disability, chronic health conditions, and health behaviors. The child health component of the survey was expanded to ensure collection of data that would be useful for planning activities associated with the Proposition 10 initiative—data related to child health and development, parenting practices, and family and community resources.

Each issue of this *LA Health* series will provide an analysis of the 1999–2000 survey results on a specific priority health topic. In addition, the Department will soon be introducing a new publication series, *LA Health at a Glance*, that will also provide data from 1999–2000 survey in a fact sheet format. We hope the information presented in these publications will be a valuable resource for program planning, priority-setting, advocacy, and policy development at the county level and below.

To obtain additional information about the Los Angeles County Health Survey or related reports and publications, contact the Office of Health Assessment and Epidemiology at (213) 240-7785.

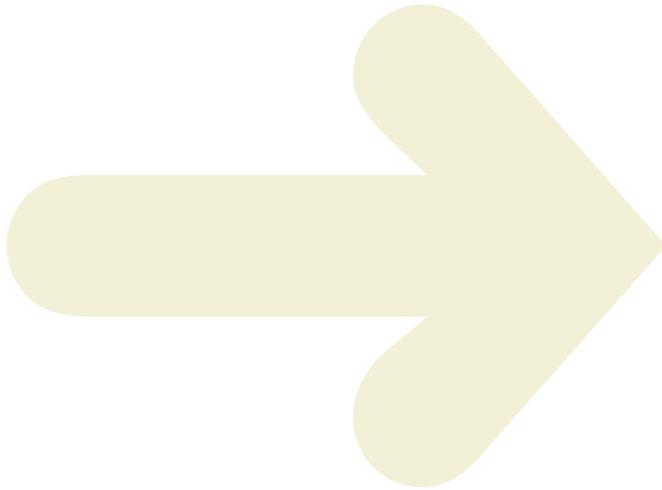


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Summary:

LOS ANGELES COUNTY HEALTH SURVEY

Issue 1

- The number of uninsured children in Los Angeles County decreased by nearly one-fifth from 1997 to 1999–2000; however, 20% of children (or 570,000 children) were still uninsured in 1999–2000.
- Among children living between 100%–200% of the federal poverty level, those covered by public insurance (Medi-Cal or Healthy Families) increased by more than one-half between 1997 and 1999–2000.
- Nearly one in three Latino children (29%) in the county was uninsured in 1999–2000, more than three times the rate among those in other racial/ethnic groups.
- Among all children in the county without health insurance in 1999–2000, 86% (or 490,000 children) were from households with incomes at or below 200% of the federal poverty level
- Among all children without health insurance in 1999–2000, 82% (or 470,000 children) had at least one parent in the workforce.
- Among children who are non-citizens, including legal immigrants and those who are undocumented, 63% (or 160,000 children) did not have health insurance coverage in 1999–2000.