UCLA CENTER FOR HEALTH POLICY RESEARCH

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Where Californians Live Within State Is Important Factor in Access to Health Care, New Study Finds
Insurance Coverage Also Cited As Having Major Role

LOS ANGELES, CA – Where Californians live within the state plays an important role in determining their access to health care, according to a new study from the UCLA Center for Health Policy Research that examined health care usage patterns at the county level.

The study, County Residency and Access to Care for Low- and Moderate-Income Californians, also found that health insurance played a major role in determining access to care. The study’s findings have significant implications for the ongoing policy debate over potential cutbacks in the Medi-Cal and Healthy Families programs.

Results from key measures of access to health care examined in the study “paint a picture of the challenges faced by each county in providing an adequate level of access to care for their residents,” said Shana Alex Lavarreda, a researcher with the Center and one of the study’s authors.

The study, which is available online at www.healthpolicy.ucla.edu, looked at health care access on the county level because California law requires that counties must either be the “provider of last resort” or assure that residents who cannot get care elsewhere have at least their basic health care needs met. It found that access to county hospitals and clinics, as well as to community clinics, varies widely from county to county. For example, among low- and moderate-income residents who said they had a usual source of care, only 10% of those in Placer County got that care from clinics, versus 46% in Monterey and San Benito counties. Similar disparities were found in comparisons among other counties.

Using data from the 2001 California Health Interview Survey (CHIS), a collaboration of the UCLA Center for Health Policy Research, the California Department of Health Services, and the Public Health Institute, the study examined the overall rate of un-insurance in each county, as well as whether county residents delayed or did not seek care in the past year because of issues related to cost or insurance status. The
study confirmed that health insurance plays a major role for many Californians in determining access to health care.

“For moderate-to-low income children and adults, both persistent un-insurance and intermittent coverage reduce access to care and place a larger burden on community and public clinics and hospital-based clinics,” the study’s authors said. “The demands on this already-stretched safety net will likely rise with any increase in the number of uninsured people, whether that lack of coverage is short-term or long-term.”

The authors concluded that ongoing coverage is directly linked to health care access. “Consistent and continuous insurance coverage is essential to assure access to timely medical care,” said E. Richard Brown, Center director, adding that results of this study point to two broad policy implications. “First, continuous coverage is critically important to enable low- and moderate-income children and adults to obtain access to important health services. Second, because those who lack continuous coverage rely more heavily on community, public, and hospital-based clinics, these health care providers will bear the burden of any reductions in coverage.”

The UCLA Center for Health Policy Research was established in 1994 and is one of the nation’s leading health policy research centers. It is also the premier source of key health policy information for California. The Center is based in the UCLA School of Public Health and is affiliated with the UCLA School of Public Policy and Social Research.

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