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## Job-based Coverage Drops for Adults and Children but Public Programs Boost Children's Coverage

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Over six and a half million nonelderly Californians were uninsured at some time during the year in 2003—more people than the entire populations of Connecticut, Maine, Rhode Island and Vermont combined. The majority of these 6.6 million Californians were uninsured for at least an entire year.

Both adults and children lost employment-based health insurance coverage between 2001 and 2003. The percent of adults who were uninsured increased slightly (but not significantly) as job-based insurance fell. However, the uninsured rate for children actually decreased as a result of expanded enrollment in Medi-Cal and Healthy Families, with approximately 321,000 fewer children uninsured in 2003 than in 2001. Overall, California's uninsured rate remained relatively flat, while the national uninsured rate and the rates in most states increased, according to U.S. Census Bureau Data.<sup>1</sup>

Based on data from the 2003 California Health Interview Survey (CHIS 2003), this policy brief provides a profile of nonelderly Californians' health insurance coverage and lack of coverage, as well as estimates of children and adults who are uninsured but eligible for coverage through public programs. It also describes how this profile has changed since 2001, based on data from CHIS 2001.

### One in Five Nonelderly Californians Uninsured

More than one in five nonelderly residents (21%) experienced lack of health insurance coverage, either private or public, in 2003 (Exhibit 1), among the highest rates in the nation. More than 3.7 million—over half of

all the uninsured—were without any coverage for at least 12 months.

California's uninsured population is larger than that of most other states because a smaller proportion of Californians have health insurance obtained through their own or a family member's employment. In 2003, only about one-half of nonelderly Californians were covered throughout the year by employment-based health insurance (53.8%). Another 15.5% were covered by Medi-Cal or the Healthy Families Program for the entire year. Finally, 9.7% had some other coverage, such as privately purchased health insurance, Medicare or another public program, or a combination of different sources for all-year privately purchased insurance.

### Job-Based Insurance Falls but Children Protected by Public Programs

Although California's children and adults experienced similar drops in employer-based coverage, they differed in their uninsured rates and in coverage through public programs.

More than 5.6 million nonelderly adults—one in four in this age group—experienced lack of coverage for some or all of the year in 2003. Both the percent of adults who were uninsured all of the year and the percent uninsured part of the year rose slightly in

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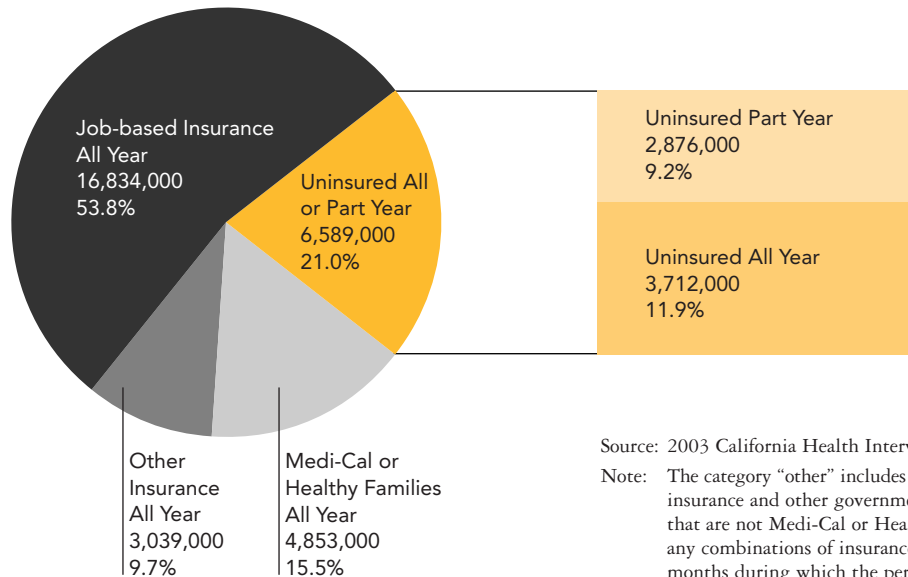


The California Endowment and The California Wellness Foundation funded the research and development of this policy brief.



## Exhibit 1

## Health Insurance Coverage During the Last 12 Months, Ages 0-64, California, 2003



Source: 2003 California Health Interview Survey

Note: The category "other" includes all-year privately purchased insurance and other government-sponsored programs that are not Medi-Cal or Healthy Families, as well as any combinations of insurance over the course of twelve months during which the person was never uninsured.

2003, but not significantly compared to 2001 (Exhibit 2).

Nearly one million California children under age 18—one in 10 of the state's children—were uninsured for all or part of the year in 2003, a substantial decrease from 2001. The percent who were uninsured all of the year fell 2.5 percentage points in 2003 compared to 2001, and the percent of those uninsured part of the year declined 1.2 percentage points (Exhibit 2).

About 276,000 fewer adults and children had employment-based insurance all year in 2003 than in 2001. In 2003, 54.5% of adults had job-based insurance all year, 2.1 percentage points lower than in 2001 (Exhibit 2). This drop in employment-based coverage was due to the slack labor market and rapidly rising costs of health insurance. California's average monthly unemployment rate rose from 5.4% in 2001 to 6.8% in 2003, decreasing the proportion of Californians with access to job-based insurance and depressing workers' ability to make wage and benefit demands on employers. At the same time, the average cost of employment-based health insurance premiums continued to rise, financially squeezing both employers and workers.

Children also lost health insurance obtained through their parent's employment. Children's

all-year employment-based insurance fell 3.9 percentage points between 2001 and 2003 (Exhibit 2). The greater drop in children's employment-based coverage, compared to that of adults, is probably due to the dramatic increase in the employee share of premiums for family coverage, which jumped an average of 79.1% between 2001 and 2003.<sup>2</sup>

About one in 10 adults (9.5%) was covered all year by Medi-Cal or Healthy Families, statistically unchanged from 2001 to 2003 (Exhibit 2). In contrast, 29.4% of children were covered all year by Medi-Cal or Healthy Families, an increase of five percentage points from 2001. Children's enrollment in these public programs reflects the much more generous eligibility policies for children than adults, and the extensive efforts and resources invested in outreach and enrollment by State and local agencies, voluntary organizations, and local children's health insurance expansion programs.

Children's "other" coverage all year also rose by 2.6 percentage points from 2001 (Exhibit 2), primarily due to a 1.7 percentage point increase in privately purchased insurance (to 4.3%; data not shown). Adults' "other" coverage also increased, although they had no significant rise in privately purchased insurance (5.9%; data not shown). Many permanently disabled adults were also covered by Medicare.

## Age Group by Health Insurance Coverage During Last 12 Months, Ages 0-64, California, 2001 and 2003

Exhibit 2

Age Group	Uninsured All Year		Uninsured Part Year		Employment-Based Insurance All Year		Medi-Cal or Healthy Families All Year		Other All Year		Total
	2003	Change from 2001 <sup>†</sup>	2003	Change from 2001	2003	Change from 2001	2003	Change from 2001	2003	Change from 2001	2003
Ages 0-17	4.5 430,000	-2.5**	5.7 542,000	-1.2**	52.1 4,947,000	-3.9**	29.4 2,787,000	+5.0**	8.3 782,000	+2.6**	100% 9,488,000
Ages 18-64	15.0 3,282,000	+0.2	10.7 2,335,000	+0.1	54.5 11,887,000	-2.1**	9.5 2,066,000	+0.5	10.3 2,257,000	+1.3**	100% 21,827,000
Ages 0-64	11.9 3,712,000	-0.5*	9.2 2,876,000	-0.3	53.8 16,834,000	-2.6**	15.5 4,853,000	+1.8**	9.7 3,039,000	+1.7**	100% 31,315,000

Source: 2003 and 2001-R California Health Interview Surveys

Note: Numbers may not add to 100% due to rounding.

Note: "Other All Year" includes all-year privately purchased insurance and other government-sponsored programs that are not Medi-Cal or Healthy Families, as well as any combinations of insurance over the last 12 months during which the person was never uninsured.

<sup>†</sup> Change in percentage points, not in the percent of the total estimate. Change is from reweighted 2001 California Health Interview Survey.

\* Change from 2001 to 2003 is statistically significant at 90% confidence interval level

\*\*Significant at 95% level

### Three Out of Four Uninsured Californians Are in Working Families

Three fourths of the uninsured are workers and their family members. They include four million uninsured adults and children (60.2%) who were in families headed by at least one adult who worked full time for an employer (Exhibit 3). Over one million more were part-time employees and their dependents, or self-employed workers and their families.

Employment status was similar for people who were uninsured all year and those who were uninsured part of the year. However, compared to persons in families headed by a full-time employee, those in families headed by a self-employed worker were much more likely to have privately purchased insurance (24.6% vs. 2.6%) or to be uninsured all year (19.3% vs. 9.8%; data not shown).

The great majority of these working uninsured had no access to employment-based insurance coverage—either because they worked for an employer that did not offer health insurance, or they were not eligible for benefits from their employer. Fully, 82.8% of the 1.8 million employees who were uninsured the entire year had no access to job-based insurance (Exhibit 4). Another 17.3% had access to job-based insurance, but they did not accept it. The reasons for not accepting their employer's health plans varied considerably,

but over one-half reported that they could not afford the required premiums.

### Job-based Insurance Declined Among All Income Groups

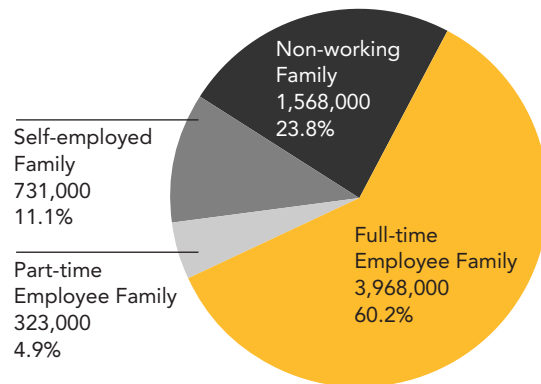
Job-based insurance declined significantly among all income groups between 2001 and 2003. Three-fourths (77.5%) of the more affluent half of the nonelderly population had employment-based insurance throughout the year in 2003, significantly down from 2001 (Exhibit 5). Nearly 1.5 million of this middle-class group experienced lack of coverage during the year, although this represented less than one in 10 of this group.

In contrast, only 11% of those with family incomes below poverty\* had job-based coverage, down from their already very low level in 2001. Nearly four in 10 people below poverty were uninsured for at least part of 2003, a total of more than two million adults and children. Among those with incomes just above poverty, 30.9% had job-based insurance throughout the year, but more than two million lacked health insurance during the year. And 55.8% of those with incomes between 200% and 299% of poverty had job-based insurance all year, leaving nearly one million in this group without coverage at some time during the year.

\*In 2003, the federal poverty level was \$9,573 for one person, \$12,384 for a two-person family, and \$14,680 for a three-person family.

## Exhibit 3

### Family Work Status Among Those Uninsured All or Part of Last 12 Months, Ages 0-64, California, 2003



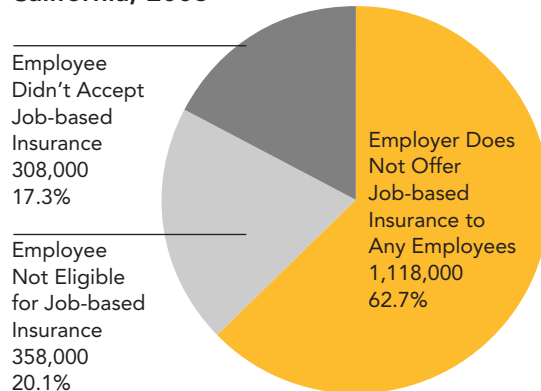
Source: 2003 California Health Interview Survey

Note: "Full-time Employee Family" includes at least one full-time worker; "Part-time Employee Family" includes at least one part-time worker and no full-time workers; "Self-employed Family" includes at least one person who is self-employed and no employees; "Non-working Family" includes persons in families with no working adult; includes unemployed, students, retired, or temporarily or permanently disabled persons.

Note: Numbers may not add to 100% due to rounding.

## Exhibit 4

### Uninsured Employees' Access to Own Job-based Insurance, Employees Who Were Uninsured All Year, Ages 18-64, California, 2003



Source: 2003 California Health Interview Survey

Note: Numbers may not add to 100% due to rounding.

The differences by family income reflect the greater access of more affluent groups to employment-based health insurance. Better-paid workers are more likely to work for an employer that offers health benefits, they are more likely to be eligible under their employer's rules, and they are more likely to be able to afford the required share of cost.

Among families below the poverty level, adults were much more likely than children to be

uninsured for all or part of the year in 2003. And, while the uninsured rate for adults living in poverty increased between 2001 and 2003, the uninsured rate for children below poverty *dropped* a stunning 6.9 percentage points (data not shown). This dramatic difference between poor adults and children is the result of children's eligibility for and enrollment in Medi-Cal and Healthy Families, not differences in access to job-based insurance.

### The Uninsured Overwhelmingly Have Low Incomes

The great majority of uninsured Californians have very low incomes. Among the 3.7 million adults and children who were uninsured all year, 2.6 million (70.5%) had incomes below 200% of the federal poverty level (Exhibit 6)—that is, less than \$30,000 a year for a family of three in 2003. Although half of all nonelderly Californians have family incomes at least 300% of the federal poverty level, only 16.6% of uninsured adults and children do. The very low incomes of the uninsured underscore the need for extensive subsidies to make health care coverage affordable to them.

### Latinos and American Indians Have High Uninsured Rates

All ethnic groups experienced declines in job-based coverage in 2003 compared to 2001. The proportion of whites with employment-based insurance throughout the year declined 2.3 percentage points—resulting in 298,000 fewer whites with job-based coverage—but they continued to have the highest rate at 66.6% (Exhibit 7), resulting in the lowest uninsured rate.

Latinos' already low rate of all-year job-based insurance fell another 1.9 percentage points to 33.9%, the lowest rate among all groups. Latinos continue to have the highest uninsured rates: one in three was uninsured for some or all of 2003, including one in five (21.9%) who lacked coverage for at least 12 months, and another 12.8% who were uninsured for part of the year.

African Americans have lower rates of employment-based insurance than whites, and experienced a decline in this coverage between 2001 and 2003. Their uninsured rate increased

## Household Income as a Percent of the Federal Poverty Level by Health Insurance Coverage Rates During Last 12 Months, Ages 0-64, California 2001 and 2003

Exhibit 5

Household Income	Uninsured All Year		Uninsured Part Year		Employment-Based Insurance All Year		Medi-Cal or Healthy Families All Year		Other All Year		Total
	2003	Change from 2001 <sup>†</sup>	2003	Change from 2001	2003	Change from 2001	2003	Change from 2001	2003	Change from 2001	2003
<100% FPL	24.6	-1.1	13.5	-0.6	11.0	-1.9**	44.8	+2.3*	6.1	+1.2**	100% 5,468,000
100-199% FPL	20.6	-1.1	13.0	+0.5	30.9	-7.5**	27.1	+6.8**	8.4	+1.3**	100% 6,162,000
200-299% FPL	11.3	-0.1	11.9	+1.5**	55.8	-5.5**	10.1	+1.6**	10.9	+2.5**	100% 4,269,000
300%+ FPL	4.0	+0.1	5.4	-0.9**	77.5	-1.2**	2.0	+0.2	11.2	+1.7**	100% 15,416,000

Source: 2003 and 2001-R California Health Interview Surveys

FPL = Federal Poverty Level

Note: Numbers may not add to 100% due to rounding.

Note: The 2003 FPL was \$9,573 for one person, \$12,384 for a two-person family and \$14,680 for a three-person family, <http://www.census.gov/bbes/poverty/tbresbld/tbresb03.html> (accessed November 22, 2004).

<sup>†</sup> Change in percentage points, not in the percent of the total estimate. Change is from reweighted 2001 California Health Interview Survey.

\* Change from 2001 to 2003 is statistically significant at 90% confidence interval level

\*\*Significant at 95% level

during this period (a change that is significant at the 90% confidence interval level only for those uninsured part year).

Asian Americans and Pacific Islanders (AAPI) overall have a lower rate of employment-based insurance than whites and also lost job-based coverage during this period (Exhibit 6). Some Asian ethnic groups had particularly high rates of uninsurance for all or part of the year in 2003, including Koreans at 34.1% and Vietnamese at 22.2% (data not shown). South Asians (including Asian Indians and Pakistanis) had a particularly low uninsured rate at 8.7%, while Filipinos (11.5%), Japanese (16.0%), and Chinese (17.4%). These variations were due in large part to differing rates of job-based coverage.

A relatively low percentage of American Indians/Alaska Natives (AI/AN) have job-based insurance, which dropped eight percentage points in 2003 from 2001 (Exhibit 6). One in four AI/ANs in California was uninsured during some or all of 2003, including 14.6% who were uninsured for at least 12 months and another 11.4% uninsured part of the year. Contrary to popular belief, most AI/ANs do not have access to the Indian Health Service medical

clinics or hospitals, most of which are available only on tribal lands.

### Number of Eligible Uninsured Children Drops with Increased Enrollment in Public Programs

To estimate the number of children who are eligible for public programs, we use information about children who were uninsured at the time of the CHIS interview. With Medi-Cal and Healthy Families enrollment of children expanding dramatically, the number of children up to age 18 who were uninsured at the time of the CHIS interview dropped significantly—from 1,016,000 in 2001 to 779,000 in 2003.

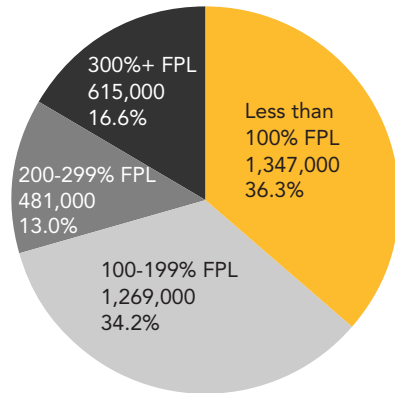
A little more than half of uninsured children (55%) were eligible for enrollment in either Medi-Cal or Healthy Families. Approximately 204,000 uninsured children were eligible for Medi-Cal and another 225,000 were eligible for the Healthy Families Program (Exhibit 8).

In addition, 45,000 children were eligible for insurance through the county-based health insurance programs, which cover low- to moderate-income children who do not qualify for other coverage, public or private. However, because most of the county programs have reached their maximum enrollment caps, the



## Exhibit 6

### Household Income as a Percent of the Federal Poverty Level Among Persons Uninsured All Year, Ages 0-64, California, 2003



Source: 2003 California Health Interview Survey

Note: Numbers may not add to 100% due to rounding.

Note: The 2003 FPL was \$9,573 for one person, \$12,384 for a two-person family and \$14,680 for a three-person family, <http://www.census.gov/hhes/poverty/thresbld/thresb03.html> (accessed November 22, 2004).

opportunities for eligible children to enroll are actually far more limited than the number of children that are eligible.

Another 157,000 uninsured children are citizens or permanent residents who are ineligible for any of these public programs because their family incomes exceed the limits in Healthy Families and other public programs.

Finally, 148,000 uninsured children were ineligible because of their immigration status.

In contrast to uninsured children, only 5.9% of uninsured adults ages 19-64 are eligible for public programs (Exhibit 8)—less than 250,000 out of 4.1 million uninsured adults. Medi-Cal is available to adults on a far more restrictive basis than to children, and the Healthy Families Program's authorized extension to parents of eligible children has not been implemented. Most of the county programs exclude adults; only the Alameda County program has an adult component. More than two-thirds of uninsured adults who are ineligible for Medi-Cal or Healthy Families are citizens or permanent residents.

### Policy Implications

The continuing decline in job-based coverage is the result of two factors: the rapidly rising costs of health insurance, and the still-slack labor market. This dynamic has reduced employment-based insurance in California and the rest of the nation since 2001, as evidenced by all national surveys. Average premiums for employment-based health insurance rose a painful 31.3% in California between 2001 and 2003, according to the Kaiser Family Foundation, to which most employers responded by shifting more of the costs to

## Exhibit 7

### Racial and Ethnic Group by Insurance Coverage Rates During Last 12 Months, Ages 0-64, California, 2001 and 2003

Race & Ethnic Group	Uninsured All Year		Uninsured Part Year		Employment-Based Insurance All Year		Medi-Cal or Healthy Families All Year		Other All Year		Total 2003
	2003	Change from 2001 <sup>†</sup>	2003	Change from 2001	2003	Change from 2001	2003	Change from 2001	2003	Change from 2001	
White	6.0	-0.3	7.2	-0.7**	66.6	-2.4**	7.7	+1.5**	12.6	+1.9**	100% 14,403,000
Latino	21.9	-1.9**	12.8	-0.1	33.9	-1.9**	26.1	+2.6**	5.2	+1.3**	100% 9,764,000
Asian American/ Pacific Islander	9.6	-1.1	7.2	-0.9	58.5	-2.5*	12.3	+1.5*	12.4	+2.9**	100% 3,692,000
African American	8.1	+1.3	8.9	+1.7*	51.3	-3.7**	24.9	-0.9	6.9	+1.6**	100% 2,171,000
American Indian/ Alaska Native	14.6	+1.1	11.4	+1.0	43.3	-8.0**	21.6	+2.3	9.2	+3.7*	100% 412,000

Source: 2003 and 2001-R California Health Interview Surveys

Note: Numbers may not add to 100% due to rounding.

Note: "Other single and multiple race" category data are not shown in this table.

<sup>†</sup> Change in percentage points, not in the percent of the total estimate. Change is from reweighted 2001 California Health Interview Survey.

\* Change from 2001 to 2003 is statistically significant at 90% confidence interval level

\*\*Significant at 95% level

employees, cutting benefits, restricting eligibility and, particularly among small firms, no longer offering health insurance.<sup>3</sup> In addition, as unemployment rose and work hours fell, fewer workers had access to health benefits and those that did had less income with which to meet their rising shares of health insurance costs, particularly for family coverage. Even as the economy began to recover, many of the newly-created jobs offered lower wages and no health benefits.

Medi-Cal and Healthy Families have proven their effectiveness in covering children. As joint federal-state programs, they have the added advantage of providing federal matching funds for eligible persons—approximately 50 cents out of every dollar spent in Medi-Cal and 65 cents in Healthy Families. The effectiveness of these public programs in assuring that children are covered for health care expenses, even as adults have been losing coverage, underscores their potential for offsetting at least some of the loss in job-based insurance.

County-based health insurance programs for children represent a small but important expansion. These programs cover only children who are not eligible for employment-based insurance or for Medi-Cal or Healthy Families and whose family incomes do not exceed 300% of the federal poverty level (with two exceptions, one at 250% FPL and one at 400% FPL). Only one of these county programs was in operation in 2001, but seven were operational at the time of the CHIS 2003 survey, three more planned to begin enrollment before the end of 2004, and 10 additional programs are being developed. While county-based coverage programs for children provide expanded opportunities for coverage to otherwise uninsured children, they have limited resources and most of them cap enrollment at limits that have already been reached in most of the programs. In addition, the programs cannot be sustained without strong support from federal and state funds.

Expanding coverage will require government action. One policy option is for the State to expand Medi-Cal and Healthy Families to match the eligibility that prevails in the

### Eligibility for Medi-Cal and Healthy Families Among Currently Uninsured Persons by Age Group, Ages 0-64, California, 2003

Exhibit 8

	Children, Ages 0-18	Adults, Ages 19-64
Medi-Cal Eligible	26.2% 204,000	5.9% 244,000
Healthy Families Eligible	28.8% 225,000	N/A
County Program Eligible	5.8% 45,000	0.1% 3,000
Citizen or Noncitizen with Green Card, Not Eligible	20.1% 157,000	67.8% 2,792,000
Noncitizen Without Green Card, Not Eligible	19.0% 148,000	26.2% 1,080,000
Population in 2003	100% 779,000	100% 4,119,000

Source: 2003 California Health Interview Survey

N/A = Not applicable

Note: Numbers may not add to 100% due to rounding.  
Numbers may not add to total uninsured counts due to some respondents not answering some questions.

county programs, a change that would cover up to 230,000 additional children. Although the State funding that this approach would require is challenging in this fiscal climate, it would draw federal matching funds that would substitute for some of the current funding raised at the local level, and it would stabilize this expanded children's coverage to assure its continuity.

Adults are the largest share of the uninsured. The low incomes of most uninsured adults and their limited access to job-based insurance have clear implications for any policy solutions. First, the great majority of the uninsured cannot afford health insurance without substantial subsidies that would need to come from government if individuals do not receive them from their employers. Second, employers, who as a group already sponsor coverage for a majority of nonelderly Californians, could be incentivized or required to either pay for or directly provide coverage to their workers and dependents. Proposition 72, which would have required employers to "pay or play," was defeated in the November 2004 election, but barely so, suggesting that some form of this approach may have more political life. Another option is an individual mandate, which has been proposed by some. It would require substantial subsidies and significant



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reform of the health insurance market, but it would accelerate the erosion of employment-based insurance. To avoid dumping millions of Californians into an inefficient and confusing market for private health insurance, the State would need to create a streamlined public program that, like Healthy Families, would provide health insurance to all who seek it on a generous sliding scale.

The great majority of the uninsured are moderate- and low-income workers and their families who have little or no access to coverage they can afford—a challenge to our values of fairness. The continued erosion of employment-based insurance coverage will continue to generate a large number of uninsured Californians unless policy makers intervene.

**Data Source**

The 2003 California Health Interview Survey (CHIS 2003) provides the most recent information available on health insurance coverage of Californians, both statewide and at the county level. CHIS 2003 completed interviews with 42,000 households, drawn from every county in the state, in English, Spanish, Chinese (both Mandarin and Cantonese), Vietnamese and Korean. CHIS 2001 data were re-weighted to be consistent with the weighting methodology adopted for CHIS

2003. CHIS is a collaboration of the UCLA Center for Health Policy Research, the California Department of Health Services, and the Public Health Institute. Funding for CHIS 2003 was provided by the California Department of Health Services, The California Endowment, the National Cancer Institute, the Centers for Disease Control and Prevention (CDC), the Robert Wood Johnson Foundation, the California Office of Patient Advocate, Kaiser Permanente, L.A. Care Health Plan, and the Alameda County Health Care Agency. For more information on CHIS, visit [www.chis.ucla.edu](http://www.chis.ucla.edu).

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