

Over Half of California's 6.3 Million Uninsured Lack Health Coverage for More Than a Year

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Over six million children and nonelderly adults in California were uninsured for all or part of the year in 2001. Although 79% of Californians were insured all year, one in five (21%) lacked coverage for some or all of the year (Exhibit 1).

Of the 6.3 million Californians who experienced uninsurance, 21.3% were uninsured for less than six months. Another 26.1% were uninsured for six to 12 months. Over half the uninsured—52.6%, or 3.3 million people — were uninsured for more than a year.

In this fact sheet, using data from the 2001 California Health Interview Survey, we examine how coverage throughout the year varies for children and adults by major ethnic and racial groups, family income, and access to employment-based insurance.

Demographic Breakdowns

Children are more likely than adults to be insured all year (85.8% vs. 75.6%); they are about half as likely to lack coverage all year (7.1% vs. 13.8%; Exhibit 2). Although adults are more likely to be covered by health insurance obtained through employment, children ages 0-17 are more likely to be covered through the Medi-Cal or Healthy Families programs. Nevertheless, over 650,000 children were uninsured all year in 2001; another 650,000 were uninsured part of the year. More than 2.8 million adults were uninsured all year.

There are substantial disparities in coverage stability across ethnic and racial groups. About 86% of whites and African Americans were insured all year in 2001 compared with lower proportions for Asian Americans and for American Indians and Alaska Natives (Exhibit 2). Latinos are the least likely to be insured all year (64.1%) and the most likely to be uninsured all year (22.8%).

Coverage stability varies even more by family income. Among nonelderly persons with family incomes of at least 300% of the federal poverty level (FPL), 89.9% were insured all year compared with just 61.3% of those below poverty (Exhibit 2). Just 3.7% of those with incomes of 300% or more of poverty were uninsured all year, less than one-sixth the proportion (24.8%) of those below poverty. (In 2001, the FPL was \$9,214 for households of one person, \$11,920 for two persons, and \$14,128 for three persons.)

In other words, 4.8 million Californians who lacked coverage at some time during 2001—including 2.9

million who were uninsured all year—had incomes below 300% FPL (e.g., up to about \$42,000 a year for three persons). Given the high costs of family coverage (\$6000 a year or more), even moderate-income children and adults will require substantial subsidies to obtain and keep coverage.

Employer Benefits and Duration of Uninsurance

Having coverage during the year is largely a result of access to employer-sponsored health benefits. Among adult employees who were insured all year, 74.0% both worked for an employer who offered insurance, and accepted the health benefits. Another 12.0% were eligible but did not accept coverage from their own employer, often because of coverage through another family member (Exhibit 3). In contrast, among adult employees who were uninsured all year, 67.8% work for employers who offered no health benefits; another 17.8% had employers who offered coverage for which they were not eligible. Only 14.4% were eligible but did not take-up the offer.

The uninsured are overwhelmingly low- and moderate-income working families and individuals without access to affordable coverage through employment. Based on data from the Current Population Survey, more than eight in ten uninsured adults and children are in working families, including half who are in a family with at least one adult employed full-time full-year.

Over half the uninsured—52.6%, or 3.3 million people—were uninsured for more than a year.

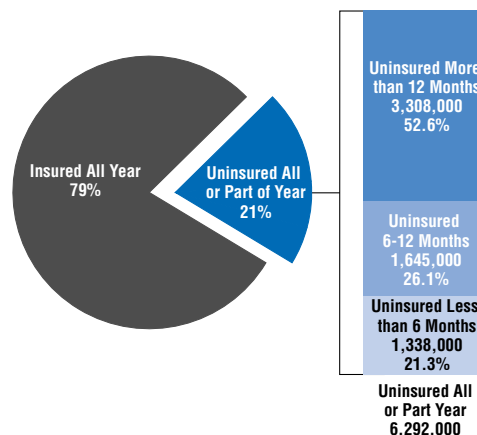


EXHIBIT 1:
Duration of Insurance Coverage and Uninsurance, Ages 0-64, California, 2001
Source: 2001 California Health Interview Survey

EXHIBIT 2:

Percent Insured All Year, Uninsured Part Year, and Uninsured All Year by Age Group, Race and Ethnicity, and Family Income, Ages 0–64, California, 2001

Source: 2001 California Health Interview Survey

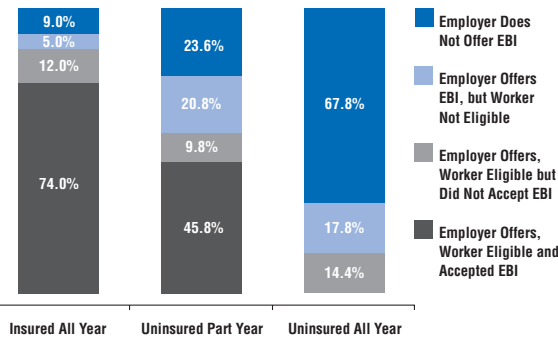
| | Insured All Year | Uninsured Part Year | Uninsured All Year | Total in Population Group |
|--|------------------|---------------------|--------------------|---------------------------|
| Ages 0-64 | 78.8 | 9.5 | 11.7 | 100% |
| Ages 0-17 | 85.8 | 7.1 | 7.1 | 100% |
| Ages 18-64 | 75.6 | 10.6 | 13.8 | 100% |
| Race and Ethnicity | | | | |
| White | 86.3 | 7.8 | 6.0 | 100% |
| Latino | 64.1 | 13.1 | 22.8 | 100% |
| Asian American | 81.7 | 8.5 | 9.9 | 100% |
| African American | 85.6 | 7.6 | 6.8 | 100% |
| American Indian and Alaska Native | 76.0 | 10.3 | 13.7 | 100% |
| Other* | 77.5 | 10.7 | 11.8 | 100% |
| Family Income as % of Federal Poverty Level | | | | |
| 0 – 99% FPL | 61.3 | 14.0 | 24.8 | 100% |
| 100 – 199% FPL | 66.1 | 13.0 | 20.9 | 100% |
| 200 – 299% FPL | 78.3 | 10.7 | 11.0 | 100% |
| 300% + FPL | 89.9 | 6.3 | 3.7 | 100% |

* Includes Native Hawaiians and other Pacific Islanders, other race, and multiple race responses.

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

EXHIBIT 3:
Offer, Eligibility and Take-Up of Own Employment-Based Health Insurance by Duration of Coverage, Employees Ages 18–64, California, 2001

Source: 2001 California Health Interview Survey



Having coverage during the year is largely a result of access to employer-sponsored health benefits.

Policy Implications

Uninsurance adversely affects the health and well-being of children and adults. Without insurance, people delay or do not get needed care for:

- chronic illnesses such as diabetes, heart disease, and asthma;
- acute conditions such as injuries and infectious diseases; and
- preventive care such as immunizations, monitoring child development, and cancer screenings.

Public policies and programs can, however, extend coverage to uninsured Californians, including the persistently uninsured. Seven in 10 children and one in five adults who were uninsured all year are eligible for coverage under Medi-Cal or Healthy Families. Intensified outreach and enrollment efforts could cover these over 470,000 children and nearly 360,000 adults, with federal matching funds helping defray the costs.

As shown above, the main cause of persistent lack of coverage among nonelderly adults is the failure of

employers to offer health benefits. The California Legislature has introduced two comprehensive approaches addressing this problem: a “pay-or-play” proposal requiring employers to insure workers or pay into a state program that would do so, and a “single-payer” tax-financed state health insurance program. Either approach would cover nearly all uninsured Californians.

Authors

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Data Source

This fact sheet is based on findings from the 2001 California Health Interview Survey (CHIS 2001). The main CHIS 2001 survey interviewed 55,428 adults, 5,801 adolescents ages 12-17, and 12,592 parents of young children ages 0-11. The data were weighted based on the 2000 Census. The interviews, available in six languages, were conducted by telephone between November 2000 and September 2001.

CHIS california health interview survey CHIS is a collaboration of the UCLA Center for Health Policy Research, the California Department of Health Services, and the Public Health Institute. The California Health Interview Survey, a new source of health information for California, provides statewide information for California's overall population as well as important information not previously available on the state's racially and ethnically diverse population, including local level-information to assist in local planning and in making comparisons between counties and regions. Funding for CHIS 2001 was provided by the California Department of Health Services, The California Endowment, the National Cancer Institute, the California Children and Families Commission, the Centers for Disease Control and Prevention (CDC), and the Indian Health Service. For more information on CHIS, visit www.chis.ucla.edu.

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The views expressed in this policy brief are those of the authors and do not necessarily represent the UCLA Center for Health Policy Research, the California Health Interview Survey collaborators, the Regents of the University of California, The California Wellness Foundation, or other CHIS 2001 funding bodies.

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