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Still Left Behind: Health Insurance Coverage and Access to Care Among Latinos in California

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SUMMARY: Data from the 2015-2016 California Health Interview Survey show that Latinos remain less likely to have health insurance coverage than other Californians, as they are less likely to have insurance through an employer. Though 22% of uninsured Latinos are eligible for health insurance coverage through California's Medicaid program (Medi-

Cal), an individual's citizenship or permanent residency status remains a barrier to obtaining public coverage. This lack of coverage has important implications for the well-being of these Californian Latinos, because not only are uninsured Latinos in poorer health than those who are insured, but they also have less access to health care services.

“Latinos are more than two times more likely than other nonelderly racial/ethnic groups to be uninsured.”

Millions of Californians gained health insurance coverage under the Patient Protection and Affordable Care Act (ACA), and California's uninsured rate has reached a historic low. Implementation of the ACA led to significant increases in health insurance coverage for all racial/ethnic groups across California.¹ However, despite a significant increase in insurance rates, Latinos continue to have lower access to coverage than other Californians.¹ Using data from the 2015-2016 California Health Interview Survey (CHIS), this policy brief examines differences within the Latino population in access to health insurance. The brief focuses on differential access by citizenship and language proficiency in order to assess how restrictions on Medicaid and health insurance exchange subsidies affect eligibility and access to insurance among this important segment of the California population. In addition, the brief describes how disparities in insurance coverage affect access to care.

Latinos Continue to Have the Highest Rate of Uninsurance

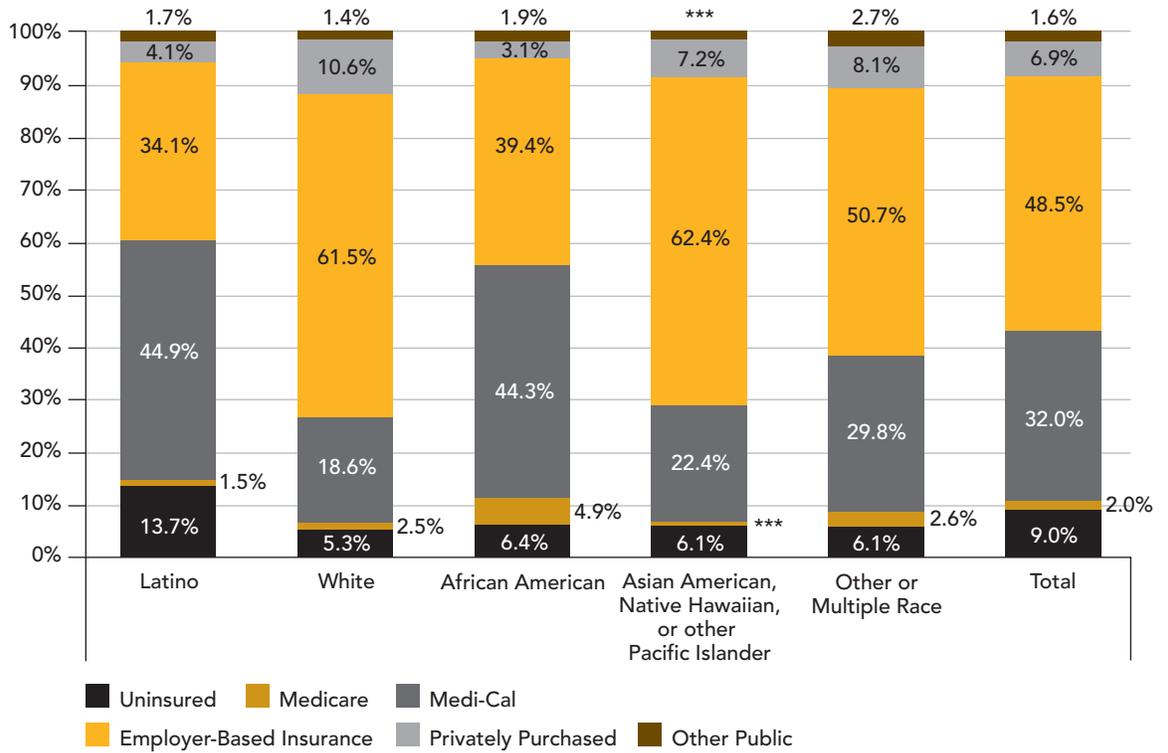
In California, Latinos are more than two times more likely than other nonelderly racial/ethnic groups to be uninsured, even with full implementation of the ACA (13.7%, compared to 6.4% for African Americans and 5.3% for non-Latino whites; Exhibit 1). However, Latinos also have one of the highest rates of enrollment in Medicaid (called Medi-Cal in California) (44.9%). Job-based coverage rates among Latinos are the lowest of all racial/ethnic groups, with one-third of Latinos reporting being insured through an employer (34.1%).

One-Fifth of Uninsured Latinos Eligible for Medi-Cal

Under the provisions of the ACA, any citizen or legal permanent resident with a household income less than 138% of the federal poverty level (FPL)² is eligible to be enrolled in Medi-Cal, but individuals must take action to enroll themselves. Some of those who remain uninsured are eligible for coverage through Medi-Cal. In California, uninsured

Exhibit 1

Insurance Status by Racial/Ethnic Group, California, Ages 0-64



Source: 2015-2016 California Health Interview Survey

Note: *** = Estimate is unstable due to a coefficient of variation over 30% and cannot be reported.

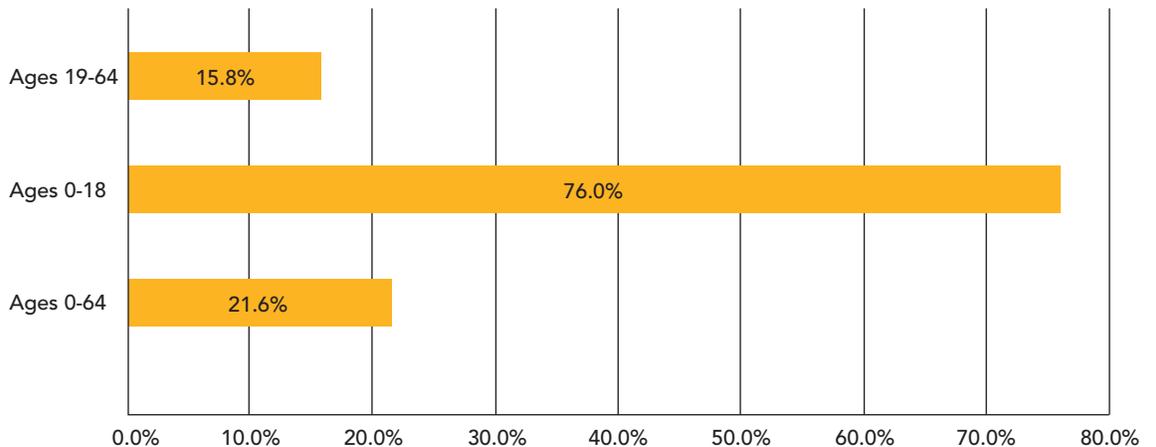
“Three in four uninsured Latino children are eligible for Medi-Cal but are not enrolled.”

people can access Medi-Cal enrollment through California’s private health insurance exchange, Covered CA, either online or with in-person assistance. Additionally, both county-level and hospital eligibility workers can help eligible people enroll in Medi-Cal.

Despite available options, 21.6% of uninsured nonelderly Latinos (a total of 410,000 people) are eligible for but not currently enrolled in Medi-Cal (Exhibit 2). Three out of every four uninsured Latino children (0-18 years) are eligible for Medi-Cal enrollment (76.0%, or 139,000) but are

Exhibit 2

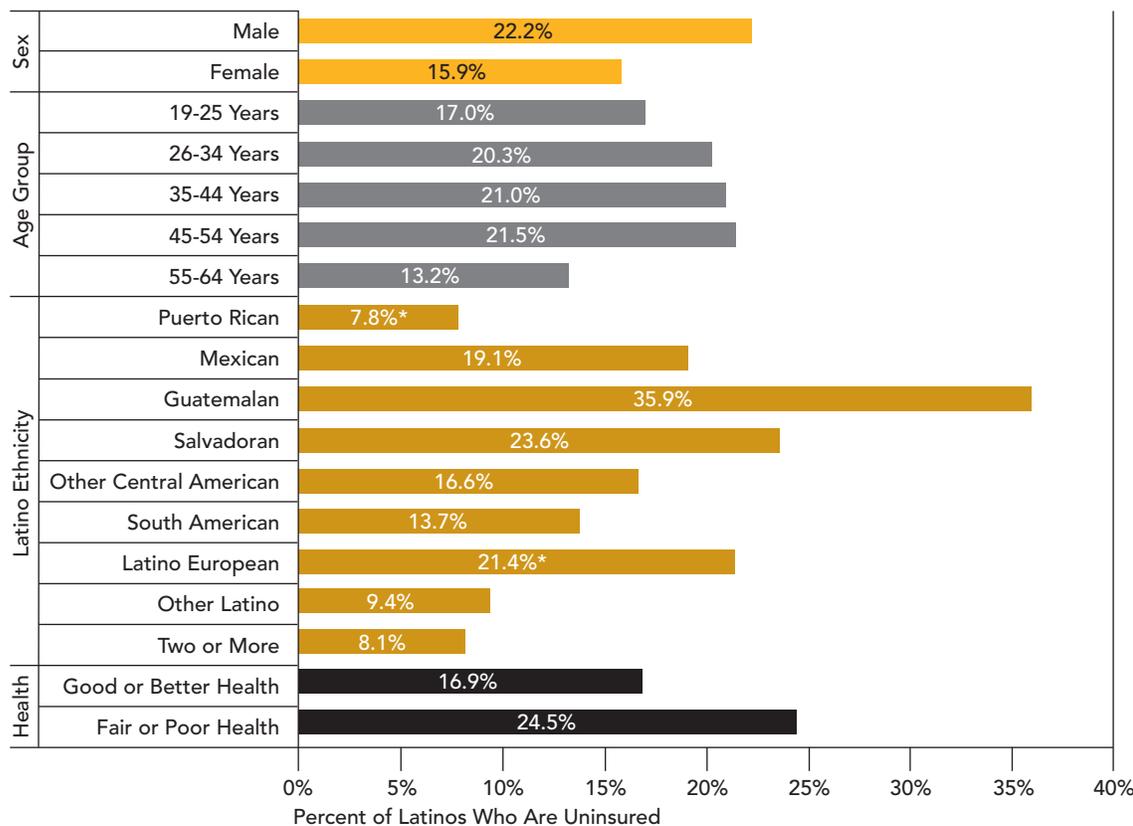
Percent Currently Eligible for Medi-Cal Among Uninsured Latinos by Age Group, California, Ages 0-64



Source: 2015-2016 California Health Interview Survey

Uninsured Rates by Demographic and Health Characteristics, Latino Adults, California, Ages 19-64

Exhibit 3A



Source: 2015-2016 California Health Interview Survey

* Estimates for Puerto Rican and Latino European are statistically unstable and should be interpreted with caution.

Note: Latino ethnicity is self-reported. A small percentage of respondents who report being Latino identify as European (generally, Spanish or Portuguese).

not enrolled. Children (ages 0-18) have fewer restrictions on eligibility than adults, due to a higher income cutoff for eligibility (266% FPL), and in 2016 eligibility was expanded to include undocumented children. An additional 271,000 uninsured Latino adults (15.8%) are also eligible for Medi-Cal but are not enrolled.

Of the uninsured Latinos ages 0-64 who are not currently eligible for Medi-Cal, nearly half (46.3%) are not U.S. citizens or permanent residents and therefore do not meet Medi-Cal eligibility criteria (data not shown). At present, California has legislation allowing the state to fund health care through Medi-Cal for residents regardless of their citizenship status, but the state needs to obtain a federal waiver in order to implement the program. If the program were implemented and fully funded, many of the

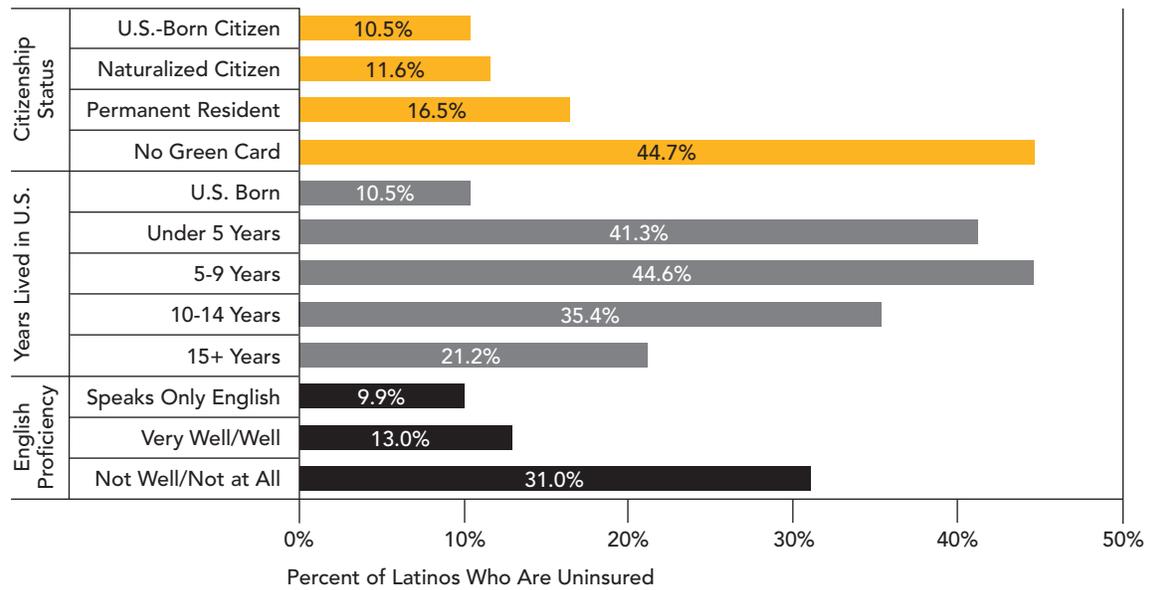
860,000 Latino adults who are currently ineligible because they are not citizens or permanent residents would gain the ability to enroll in Medi-Cal.³ Children are already eligible, regardless of citizenship status.

Demographic and Health Characteristics of Uninsured Latinos

Though Latinos as a group are more likely to be uninsured than other Californians, there are considerable differences within the Latino population (Exhibit 3A). Like other California women, Latina women are significantly less likely to be uninsured than Latino men (15.9% vs. 22.2%). In general, uninsured rates increase with age (although differences across age groups do not reach statistical significance), increasing from 17.0% among those ages 19-25 to 21.5% among those ages 45-54, although those ages 55 and older have the lowest uninsured rate

Exhibit 3B

Uninsured Rates by Immigration-Related Characteristics, Latino Adults, California, Ages 19-64



Source: 2015-2016 California Health Interview Survey

“Latinos who are noncitizens and not permanent residents are more than four times more likely to be uninsured than U.S.-born Latinos.”

among nonelderly adults. These trends are consistent with those seen for all Californians.

The uninsured rate differs significantly across Latino groups. Guatemalans are the most likely to be uninsured, with more than one-third lacking health insurance coverage, followed by Salvadorans, among whom nearly a quarter are uninsured. Puerto Ricans have the lowest uninsured rate, at 7.8%.⁴ This disparity likely reflects the fact that a higher proportion of those of Guatemalan and Salvadoran descent are not U.S. citizens and are therefore more likely to be ineligible for programs such as full-scope Medi-Cal or federal subsidies to purchase health insurance coverage through Covered California. In contrast, Puerto Ricans are U.S. citizens by birth, and those who report more than one Latino ethnicity or who fall into the “Other Latino” category are more likely to have been born in the U.S. Thus, the variations across those of different Latino ethnicities likely reflect the citizenship status and length of time members of these populations have resided in the United States.

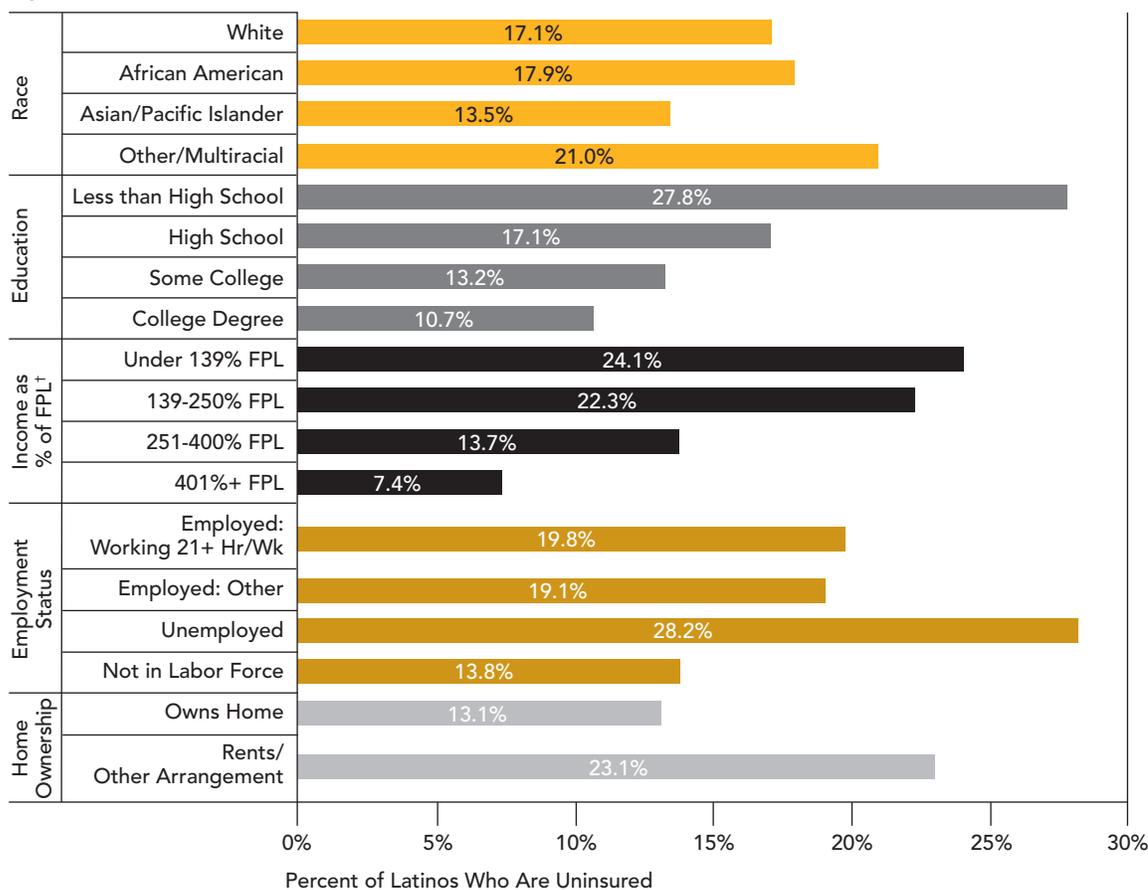
Uninsured rates are significantly higher among Latinos who are in fair or poor health than

among those who report that their health is good or better. This means that Latinos who are more in need of health care are less likely to be able to access that care. Over time, this lack of access could lead to worsening overall health.

The important role that citizenship status plays in access to health insurance coverage is shown in Exhibit 3B. Latinos who are noncitizens and not permanent residents are more than four times more likely to be uninsured than U.S.-born Latinos (44.7% vs. 10.5%), and more than 2.5 times more likely to be uninsured than Latino noncitizens who are permanent residents (44.7% vs. 16.5%). There is no difference between U.S.-born Latinos and those who are naturalized citizens. Latinos who immigrated to the U.S. less than 10 years ago are significantly more likely to be uninsured than those who immigrated 15 or more years ago; more than 40% of those who recently immigrated were uninsured, compared to 21.2% of those who have lived in the U.S. for 15 or more years. Latinos with low English proficiency are more than three times more likely to be uninsured than those who speak only English (31.0% vs. 9.9%). This could indicate that those who do not speak English

Uninsured Rates by Socioeconomic Characteristics Among Latino Adults, California, Ages 19-64

Exhibit 4



Source: 2015-2016 California Health Interview Survey

† The federal poverty level (FPL) is an economic guideline that accounts for household size and is used to determine income eligibility for public programs such as food stamps and Medicaid. In 2016, 138% FPL was \$16,394 for a single-person household, \$22,108 for a two-person household, and \$27,821 for a three-person household.

Note: Latino ethnicity is reported separately from racial information. Thus, people of Latino or Hispanic ancestry may also report being a member of one or more of these racial groups: American Indian/Alaska Native, Native Hawaiian, or other Pacific Islander, Black or African American, Asian, white, or other.

or who have spent less time in the U.S. face significant barriers to insurance enrollment.

Socioeconomic Characteristics of Uninsured Latinos

Uninsured rates did not differ significantly by race within the California Latino population (Exhibit 4).⁵ Among Latinos, uninsured rates varied significantly with educational attainment. The proportion of uninsured decreased with higher levels of education, such that the uninsured rate among Latinos who had less than a high school degree was about 2.5 times higher than among those who had a college degree (27.8% vs. 10.7%). The biggest decrease in uninsured rates was between those with and without

a high school degree, most likely because noncitizens who are not permanent residents are more heavily represented among those without a high school degree.

Among all Californians, implementation of the ACA reduced income-based disparities in health insurance coverage by making health insurance available to those with incomes below 400% FPL.⁶ In contrast, among California Latinos, income-based disparities in 2015-2016 remained large and were statistically significant. Nearly one-quarter (24.1%) of Latinos with incomes below 139% FPL and more than one-fifth (22.3%) of Latinos with incomes between 139% and 150% FPL were uninsured, compared to 7.4%

“Income-based disparities in insurance remained large among Latinos.”

Exhibit 5

Logistic Regression Results Predicting Uninsured Status Among Latino Adults, California, Ages 19-64

	AOR	95% Conf Int	
Female	0.72	(0.50, 1.03)	+
Age Group (Reference = 55-64 years)			
19-25 years	1.67	(0.78, 3.57)	
26-34 years	1.10	(0.62, 1.95)	
35-44 years	1.00	(0.57, 1.77)	
45-54 years	1.26	(0.73, 2.17)	
Latino Ethnicity (Reference = Mexican)			
Puerto Rican	0.92	(0.20, 4.23)	
Guatemalan	1.40	(0.78, 2.51)	
Salvadoran	1.05	(0.50, 2.20)	
Other Central American	0.79	(0.29, 2.14)	
South American	1.04	(0.46, 2.33)	
Latino European	3.30	(0.18, 61.91)	
Other Latino	0.87	(0.20, 3.70)	
Two or More	0.71	(0.38, 1.32)	
Citizenship Status (Reference = U.S.-Born Citizen)			
Naturalized Citizen	0.94	(0.57, 1.57)	
Permanent Resident	1.09	(0.61, 1.94)	
No Green Card	4.12	(2.35, 7.23)	***
Years Lived in the U.S. (Among Non-U.S. Born. Reference = 15+ Years)			
Less than 5 years	1.92	(0.98, 3.75)	+
5-9 years	1.77	(0.97, 3.23)	+
10-14 years	1.23	(0.76, 1.97)	
English Proficiency (Reference = English Only)			
Very Well/Well	1.01	(0.64, 1.58)	
Not Well/Not at All	1.51	(0.87, 2.63)	
Self-Reported Race (Reference = White)			
African American	0.87	(0.39, 1.96)	
Asian/Pacific Islander	0.67	(0.27, 1.63)	
Other/Multiple	1.25	(0.95, 1.65)	
Education (Reference = Less than High School)			
High School Degree	0.90	(0.63, 1.27)	
Attended College	0.95	(0.60, 1.49)	
College Degree	0.75	(0.45, 1.24)	
Income as Percent of Federal Poverty Level (Reference = Above 400% FPL)			
Under 139% FPL	1.66	(0.91, 3.02)	+
139-250% FPL	2.08	(1.20, 3.62)	**
251-400% FPL	1.57	(0.77, 3.21)	
Employment Status (Reference = Employed, Working 21+ Hr/Wk)			
Employed: Other	0.90	(0.54, 1.49)	
Unemployed	1.48	(0.85, 2.60)	
Not in Labor Force	0.58	(0.38, 0.87)	**
Does Not Own Home	1.00	(0.71, 1.40)	
In Fair or Poor Health	1.36	(0.98, 1.89)	+

Source: 2015-2016 California Health Interview Survey
AOR = Adjusted Odds Ratio
*** p<0.001; ** p<0.01; * p<0.05; + p<0.10

Note: Latino ethnicity is self-reported. A small percentage of respondents who report being Latino identify as European (generally, Spanish or Portuguese).

of those with incomes above 400% FPL. This difference reflects the fact that Latinos were disproportionately less likely to be eligible for the expansion in Medicaid eligibility and subsidies to purchase health insurance mandated by the ACA. These Californians have been left out of the expansion in coverage that was available to others.

Latinos who are not in the labor force are less likely to be uninsured than Latinos who are unemployed (13.8% vs. 28.2%) or Latinos who are employed and working half-time or more (13.8% vs. 19.8%). Uninsured rates are significantly lower among those who own their home than among those who rent or have another living arrangement (13.1% vs. 23.1%). These findings likely reflect the higher economic security of the former group. Those who remain out of the labor force are more likely to be those who have financial support and/or health insurance from another source (e.g., a spouse or SSDI). They are less likely to need to work to obtain health insurance coverage. Similarly, those who own their own home are generally more economically stable and have a higher income than those who rent or have another living arrangement.

Citizenship Status and Income Explain Differences in Insurance Access for Latinos

Up to this point, we have examined each of these demographic and socioeconomic characteristics separately. Exhibit 5 shows the results of a logistic regression model predicting being uninsured among nonelderly adult Latinos. This model adjusts for age, Latino ethnicity, immigration characteristics, socioeconomic status, and overall health. The results are presented as adjusted odds ratios (AOR), or the adjusted ratio of the odds of being uninsured among Latinos in each group listed in the table compared to Latinos in the respective reference group. Reference groups are listed in the table. A value below 1.0 indicates that the group is less likely to be uninsured than the reference group. A value above 1.0 indicates that the group is more likely to be uninsured than the reference group.

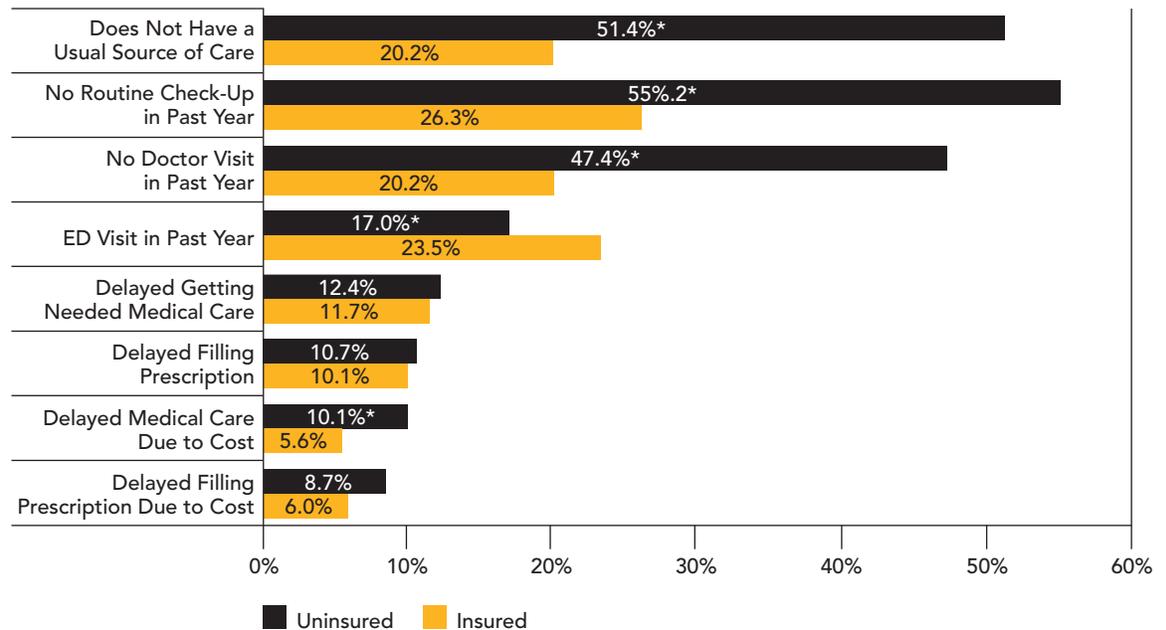
In the bivariate comparisons, the uninsured rate increased with age. However, after adjusting for other demographic, immigration, socioeconomic, and health characteristics, age is not a predictor of being uninsured among California Latinos. Women are less likely to be uninsured than men, but this difference is only marginally significant. Differences across Latino ethnic groups no longer reach statistical significance after adjusting for differences in immigration and socioeconomic characteristics. After adjusting for other characteristics, we found that only Latinos who are noncitizens and not permanent residents are more likely to be uninsured. Their uninsured rates decline with time spent in the U.S.

The relationship between uninsured rates and education shown in Exhibit 4 is no longer present once other socioeconomic characteristics are adjusted for in the model. Latino college graduates are no less likely to be uninsured than Latinos with less education. Latinos with household incomes above 400% FPL are less likely to be uninsured than those with lower household incomes; however, the uninsured rate does not differ by income among those with incomes below 400% FPL. Latinos who are not in the labor force are less likely to be uninsured. This is most likely because those who are out of the labor force are more likely to be disabled and eligible for Medicare, or to be students or spouses who have parents or partners who are affluent enough to afford coverage or who work for an employer offering dependent coverage and are thus able to extend health insurance to other household members. Even after adjusting for demographic, immigration, and socioeconomic characteristics, Latinos who are in fair or poor health are more likely to be uninsured than those with good or better health, though this difference is only marginally significant.

“Latinos were less likely to be eligible for the expansion in Medicaid eligibility and subsidies to purchase health insurance.”

Exhibit 6

Indicators of Poor Access to Health Care by Insurance Status Among Latino Adults, California, Ages 19-64



Source: 2015-16 California Health Interview Survey

* Statistically different from "Insured," $p < 0.05$

“These findings show the limitations of public health policies that exclude noncitizens.”

Uninsured Latinos Less Likely to Have Usual Source of Health Care, More Likely to Delay Medical Care Due to Cost

Previous research has documented lower access to care among Latinos compared to non-Latino whites in California.⁷ These disparities in access are especially acute for the uninsured Latino population, for whom lack of insurance coverage is a significant barrier to receiving health care (Exhibit 6). More than half of uninsured Latino adults (51.4%) lacked a usual source of health care, compared to just 20.2% of those with insurance. In addition, 55.2% of uninsured Latino adults had not had a routine check-up in the past year, and 47.4% had not had any doctor visit at all in the past year, compared to 26.3% and 20.2%, respectively, of those with insurance. The proportion of Latino adults who delayed needed medical care or delayed filling a prescription did not differ by insurance status. However, uninsured Latinos were more likely than insured Latinos to delay needed medical care due to cost (10.1% and 5.6%, respectively). Although rates of emergency department (ED) utilization

are typically higher among uninsured than insured populations, uninsured Latino adults (17.0%) had lower rates of ED visits in the past year than insured Latino adults (23.5%).

Discussion and Conclusions

Following the full implementation of the ACA, uninsured rates have remained much higher among nonelderly Latinos than among other nonelderly Californians. The results shown in this brief suggest that although a large number of uninsured Latinos are eligible for coverage, an important part of the story is the policy decision to exclude noncitizens who are not permanent residents from receiving the benefits of the Medicaid expansion and subsidies for purchasing health insurance through Covered California.

Though uninsured rates differ across Latino groups and are particularly high among Guatemalans, these differences are nearly entirely explained by differences across these populations in citizenship status and time spent living in the United States. Beyond these immigration-related differences, low-

income and unemployed Latinos experience greater barriers to obtaining health insurance coverage. This difference reflects the fact that Latinos are less likely to receive coverage through an employer and were disproportionately less likely to be eligible for the expansion in Medicaid eligibility and subsidies to purchase health insurance mandated by the ACA. These Californians have been left out of the expansion in coverage that was available to others. The importance of these barriers is clear: Rather than the expected negative selection into health insurance coverage, Latinos who are in fair or poor health are less likely to have health insurance coverage than those in good or better health.

These findings have important ramifications for access to care and for public health more generally. Though they report being in worse health, Latinos who are uninsured have fewer contacts with the health care system. They are less likely to have a usual source of care, to have seen a doctor, or to have had a routine check-up. Despite this, they are also less likely to visit the emergency room. This discrepancy could be due to familiarity with access to emergency room coverage or fear of the high costs of emergency room care. Although uninsured Latinos are not more likely to have delayed getting needed medical care or filling a prescription, they are more likely to report cost as a reason for these kinds of delayed care.

The findings presented in this policy brief show the limitations of public health policies that exclude noncitizens. Bringing down the uninsured rate among Latinos will require expanding eligibility to noncitizens for public health coverage programs and/or subsidies to purchase private coverage. Otherwise, Latinos will continue to be left behind. For example, California currently has legislation allowing the state to fund health care through Medi-Cal for residents regardless of citizenship status, but the state needs to obtain a federal waiver to be able to implement the program. If it is implemented, many of the 860,000 Latino

adults in California who are currently ineligible because they are not citizens or permanent residents would gain the ability to enroll in Medi-Cal.

Methodology

This policy brief presents data from the 2015–2016 cycle of the California Health Interview Survey (CHIS), conducted by the UCLA Center for Health Policy Research (CHPR). Health insurance coverage was measured at a point in time (at the time of responding to the survey). As a result, estimates presented here may differ from other sources that report coverage over the past year. CHIS is a telephone survey that uses a dual-frame, random-digit-dial (RDD) technique. Through the use of traditional landline RDD and cell-phone RDD sampling frames, the survey is representative of the state's population. Survey items for the adult modules are self-reported, with data collected by trained interviewers. CHIS data are collected continuously throughout the year, and each full cycle is comprised of two years. Each year, CHIS completes interviews with adults, adolescents, and parents of children in more than 20,000 households, drawn from every county in the state. Interviews are conducted in English, Spanish, Chinese (both Mandarin and Cantonese), Vietnamese, Tagalog, and Korean. Interviews cover a diverse array of health-related topics, including health insurance coverage, health status and behaviors, and access to health care. CHIS employs a complex survey design that requires analysts to use complex survey weights to provide accurate variance estimates and statistical testing. All analyses presented in this policy brief incorporate replicate weights to provide corrected confidence interval estimates and statistical tests.

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This publication contains data from the California Health Interview Survey (CHIS), the nation's largest state health survey. Conducted by the UCLA Center for Health Policy Research, CHIS data give a detailed picture of the health and health care needs of California's large and diverse population.

CHIS is a collaboration of the UCLA Center for Health Policy Research, California Department of Public Health, California Department of Health Care Services, and the Public Health Institute. Learn more at: www.chis.ucla.edu

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Endnotes

- 1 Becker T. 2018. *ACA Reduces Racial/Ethnic Disparities in Health Coverage*. Los Angeles, CA: UCLA Center for Health Policy Research.
- 2 The federal poverty level (FPL) is an economic guideline that accounts for household size and is used to determine income eligibility for public programs such as food stamps and Medicaid. In 2016, 138% FPL was \$16,394 for a single-person household, \$22,108 for a two-person household, \$27,821 for a three-person household, etc.
- 3 As of June 11, 2019, the California Legislature and Governor Newsom had reached a budgetary agreement to approve state funding for Medi-Cal coverage for uninsured undocumented persons ages 19-25. Whether this provision will be implemented will be seen after this year's state budget process is complete.
- 4 Estimate is unstable due to small sample size.
- 5 In accordance with federal guidelines about the collection of race and ethnicity information, Latino ethnicity is reported separately from racial information. Thus, people of Latino or Hispanic ancestry may also report being a member of one or more of these race groups: American Indian/Alaska Native, Native Hawaiian or other Pacific Islander, Black or African American, Asian, white, or other.
- 6 Becker T. 2017. *Number of Uninsured in California Remained at Record Low in 2016*. Los Angeles, CA: UCLA Center for Health Policy Research.
- 7 Ortega AN, McKenna RM, Kemmick Pintor J, Langellier BA, Roby DH, Pourat N, Vargas Bustamante A, Wallace SP. 2018. Health Care Access and Physical and Behavioral Health Among Undocumented Latinos in California. *Medical Care* 56 (11): 919-926.