

Health Policy Brief

September 2021

California Reached Health Coverage Milestone With 94% of People Insured in 2020, but Access to Care Remains a Challenge During the COVID-19 Pandemic

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“Federal and state policies enacted in response to the pandemic may have played a key role in mitigating the negative effects of COVID-19 on health care access.”

SUMMARY: Ninety-four percent of Californians were currently insured in 2020, a record high for the state since the California Health Interview Survey (CHIS) began surveying respondents about health care coverage in 2001. However, barriers to health care utilization and the COVID-19 pandemic presented challenges to achieving equitable access to care. About 11% of Black or African American Californians reported not having a usual place to go when sick or needing health advice in 2020, a 36% increase from 2019, and despite 88.2% being insured. Among Californians who had delayed care, more than half had forgone or had not eventually received the necessary medical care in 2020, and 1 in 5 who had delayed care cited COVID-19 concerns as a reason. While COVID-19 was a

rising concern, the high cost of medical care or lack of insurance remained pivotal reasons for going without care in 2020.

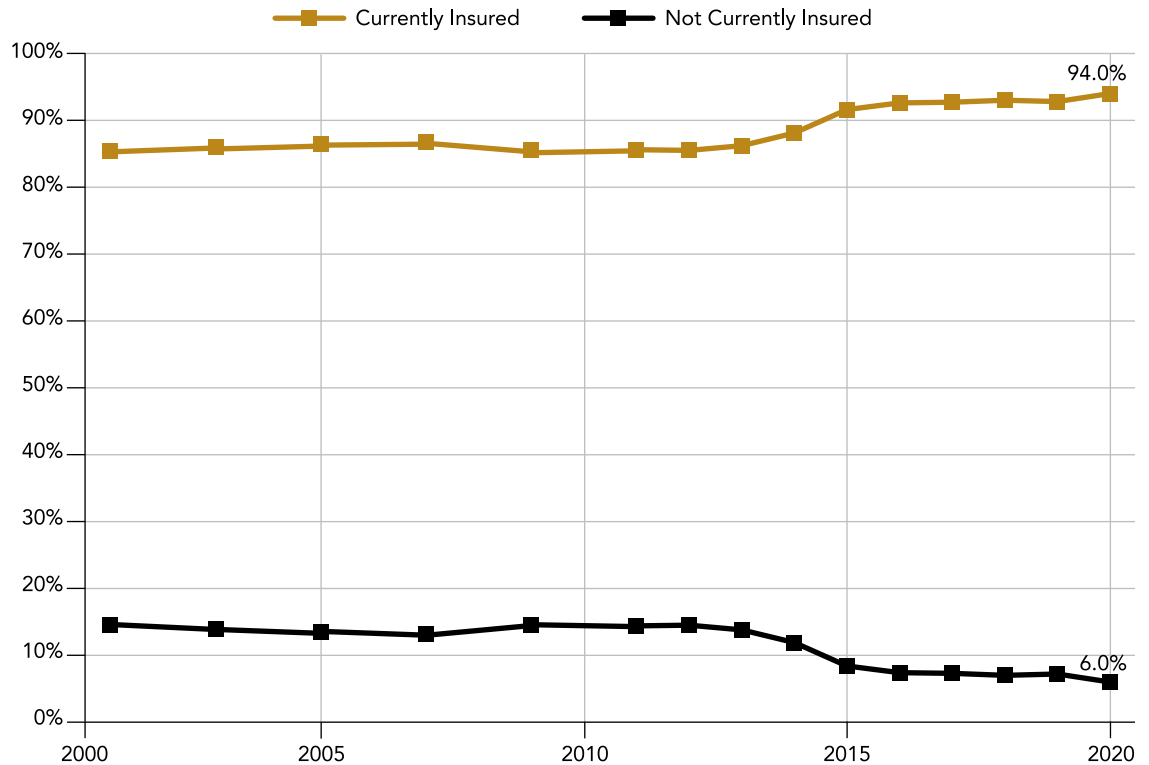
Using newly released 2019 and 2020 CHIS data, this brief examines changes in access to care in 2020 amid the COVID-19 pandemic. Indicators for access to care used in this brief are health care insurance status, usual place to go when sick or needing health advice, delays in medical care and forgoing care, and time of last dental visit. These indicators are typically used to assess access to care, while dental visits provide an expansive view of what is considered to be health care. This brief also looks into differences in health care access through various determinants of health.

Having health insurance is a key aspect of access to health care, and lack of insurance is one of the greatest barriers to accessing care.¹ However, this may be changing in California. According to data from the 2020 California Health Interview Survey (CHIS), 94% of all Californians were insured in 2020—the highest rate of coverage among all Californians since CHIS began surveying respondents about their coverage in 2001 (Exhibit 1).

Given the major disruptions caused by the COVID-19 pandemic, health care coverage in California was anticipated to decrease rather than increase. However, federal and state policies enacted in response to the pandemic may have played a key role in mitigating the negative effects of COVID-19 on health care access. For example, at the onset of the pandemic, the California Department of Insurance directed all insurance companies to provide a grace period of at least 60 days for payment of premiums by policyholders.²

Exhibit 1

Percentage of Total California Population Currently Insured vs. Not Currently Insured in California, 2001–2020



Source: 2001 to 2020 California Health Interview Surveys (2001–2011; collected every other year)

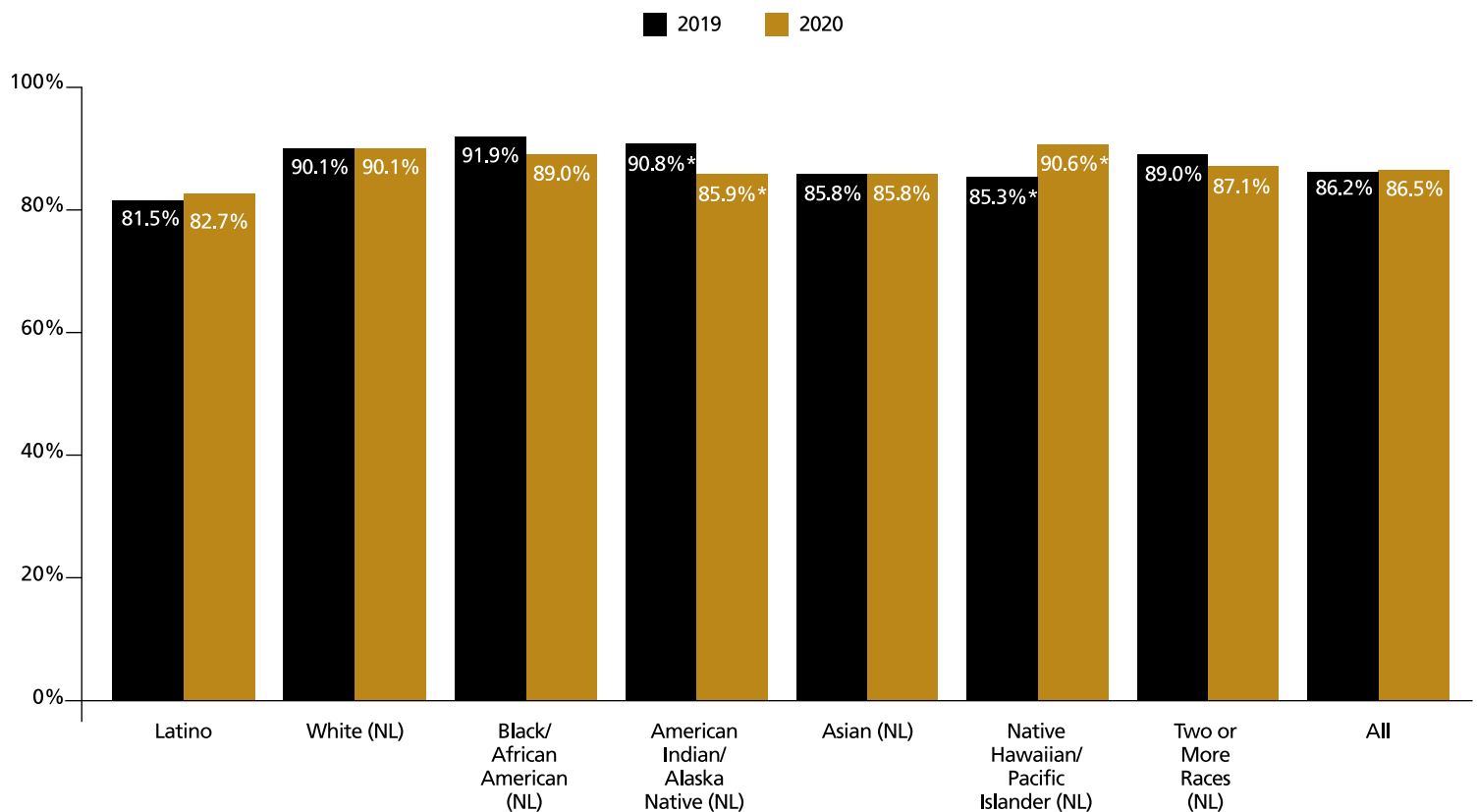
“Nonetheless, health care utilization patterns in California were still drastically and negatively affected by the COVID-19 pandemic.”

Also, flexibilities were created in the Medical program that retained enrollees and allowed for greater ease of access to health care; these included placing a moratorium on redetermining current enrollees’ eligibility and waiving requirements such as pre-

authorizations and utilization controls.³ Nonetheless, health care utilization patterns in California were still drastically and negatively affected by the COVID-19 pandemic.

Percentage of Californians Who Have a Usual Place to Go When Sick or Needing Health Advice Across All Racial/Ethnic Groups, 2019 and 2020

Exhibit 2



*Statistically unstable estimates

Source: 2019 and 2020 California Health Interview Surveys

A greater number of Black or African American Californians did not have a usual place to go to when sick or needing health advice in 2020

While California set a new record in health care coverage overall, the Black or African American population in particular faced greater barriers to accessing care in 2020. Among Black or African American Californians, the proportion reporting that they had a usual place to go to when sick or needing health advice decreased from 91.9% in 2019 to 89% in 2020 (Exhibit 2). In other words, there was a 36% increase from 2019 to 2020 among those in this population who did not have a usual source of care. While the increase was statistically insignificant, the change is still notable given the severity of COVID-19 infections and mortality rates last year among Black or African American individuals.⁴

Among Black or African American Californians who did not have a usual source of care in 2020, 27.5% were children (0–17 years old), 68.8% were adults (18–64 years old), and 3.7% were older adults (65 years and older) (See Appendix A1). About 9 out of 10 (91.7%) lived in urban areas, and 88.2% were currently insured (Appendix A2).

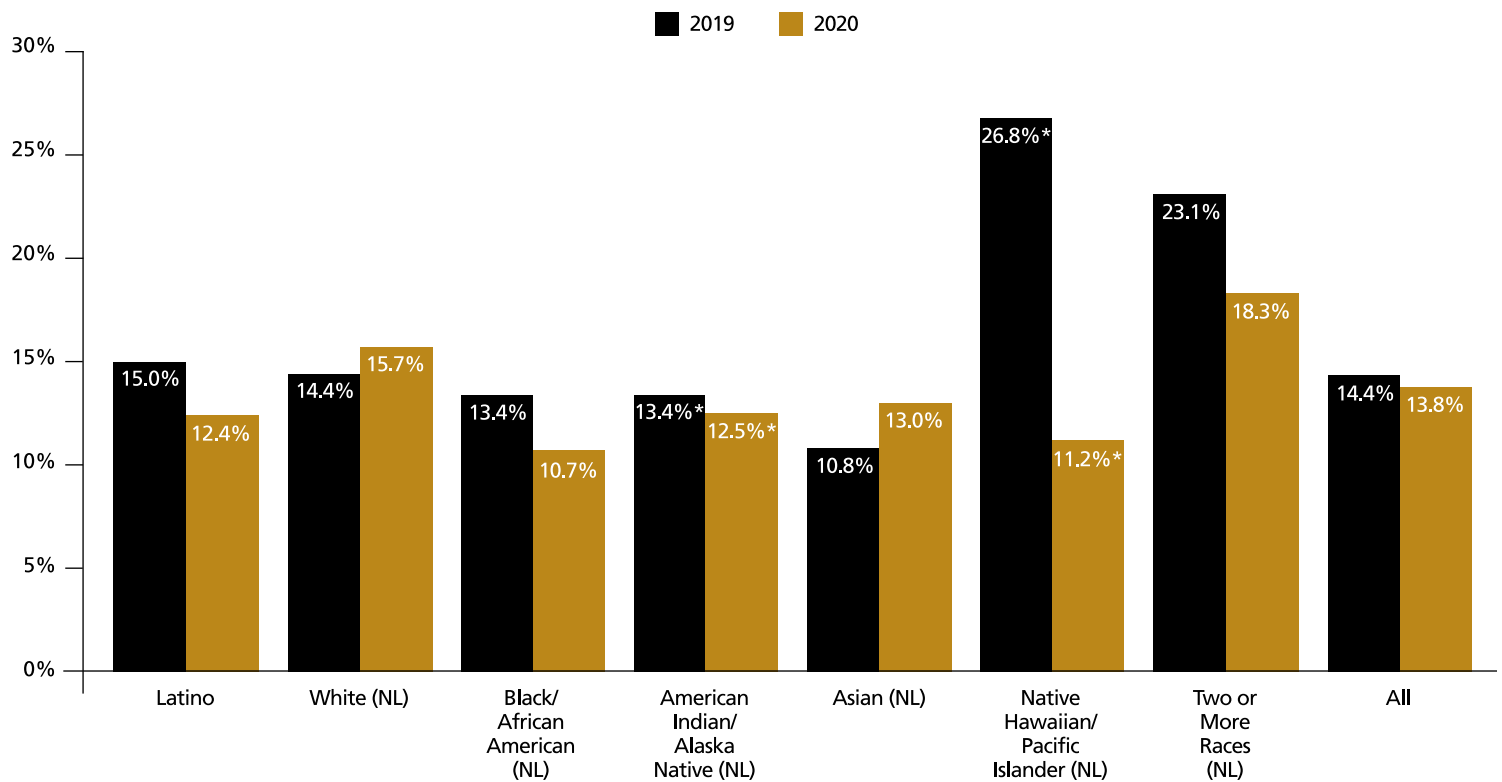
While there was an increase in the proportion of Black or African American Californians who reported a doctor's office as their usual source of care from 63.9% in 2019 to 68.5% in 2020, the proportion who used a community/government-run clinic as the usual source of care decreased, dropping from 24.1% in 2019 to 18.2% in 2020 (Appendix A3).

Among the Latino population in California, 82.7% reported having a usual place to go when they were sick or needed health advice in 2020, compared with 81.5% in the previous

“The Black or African American population in particular faced greater barriers to accessing care in 2020.”

Exhibit 3

Percentage Who Delayed or Did Not Get Care by Race/Ethnicity, 2019 and 2020



*Statistically unstable estimates

Note: NL = Non-Latino

Sources: 2019 and 2020 California Health Interview Surveys.

“The COVID-19 pandemic negatively affected access to care, with decreases from 2019 to 2020 in the number of doctor visits and preventive visits.”

year (Exhibit 2). Among the state’s white and Asian American populations, a steady trend was seen from 2019 to 2020, with an estimated 90.1% and 85.8% of these groups, respectively, reporting having a usual source of care in 2020.

Doctor visits and routine checkups in past 12 months were significantly affected during COVID-19 pandemic

The COVID-19 pandemic negatively affected access to care, with decreases from 2019 to 2020 in the number of doctor visits and preventive visits. When asked about having a preventive visit in the past 12 months, 67.9% of California adults had had one in 2020, a statistically significant decrease from the estimate of 71.1% in 2019, and the lowest estimate since 2013 (Appendix A4). Similarly, a decrease was seen in the number of California adults who had had at least one doctor visit in the past 12 months. In 2020, about 80.3%

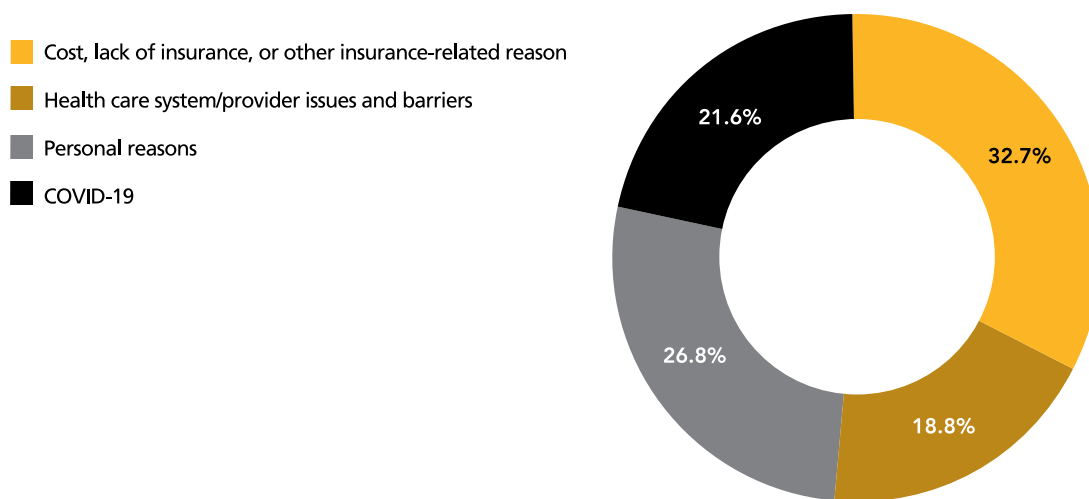
reported that they had had a doctor visit in the past 12 months, a statistically significant drop from 2019, when the percentage was 82.4% (Appendix A5).

While doctor visits and preventive visits among adults significantly decreased, there was also a nonsignificant decrease from 14.4% in 2019 to 13.8% in 2020 in the proportion of Californians who reported that they had delayed or not gotten the medical care they needed in the past 12 months (Exhibit 3).

Examining racial patterns among those who had delayed or not received needed care in the past 12 months, we found that Latino and Black or African American populations reported having lower proportions of delayed care (Exhibit 3). Among the Latino population, the decrease was from 15% in 2019 to 12.4% in 2020. Among the Black or African American population, the decrease was from 13.4% in 2019 to 10.7% in 2020.

Main Reasons for Delaying or Forgoing Necessary Medical Care in California, 2020

Exhibit 4



Sources: 2020 California Health Interview Surveys

On the other hand, the Asian American population reported the greatest increase in percentage across any racial/ethnic group in 2020, with about 13% reporting delaying or not receiving needed care, an increase from 10.8% in 2019. Among the white population, about 15.7% had delayed care or not gotten care in the past 12 months, a slight increase from 14.4% in 2019. While delays in care between 2019 and 2020 decreased from 26.8% to 11.2% among Native Hawaiian or Pacific Islander populations and from 13.4% to 12.5% among American Indian or Alaska Native populations, these estimates were statistically unstable.

Overall, fewer Californians had delayed care in 2020 compared to 2019. However, of those who had delayed care in 2020, more than half (59.5%) had forgone care (not eventually gotten the medical care they felt they needed), which was higher than the estimate in 2019 of 56% (Appendix A6). Within all racial/ethnic groups, more than half had forgone care in 2020, with Latino and white populations reporting the highest percentages (61.6% and 61.5%, respectively) (Appendix A7).

Women accounted for more than half of those who had forgone (not eventually gotten) care in 2020

Women comprised 58.2% of those in California who had forgone care in 2020, an increase from 55.7% in 2019 (Appendix A8). This trend is consistent with declines at the national level in reproductive health care utilization during the initial months of the COVID-19 pandemic.⁵ Among women and across racial/ethnic groups, about half to more than half had forgone care in 2020, including 60% of women who identified as Latina, white, or Black or African American (Appendix A9).

About 1 in 5 Californians reported COVID-19 as their reason for delaying or forgoing necessary medical care

Approximately 1 in 5 Californians cited COVID-19 as a reason for delaying or forgoing necessary medical care (Exhibit 4). On a related note, 44.2% of those who had delayed or forgone necessary medical care due to COVID-19 concerns were older adults (Appendix A10). This finding is in line with the higher risks of COVID-19–related hospitalization and death among older adults compared to younger adults (aged 18–29).⁶

“Almost half of those who had delayed or forgone necessary medical care due to COVID-19 concerns were older adults.”

Exhibit 5

Main Reasons for Delaying or Forgoing Necessary Medical Care in California by Race/Ethnicity, 2020

	Latino	White (NL)	Black or African American (NL)	Asian (NL)	Two or More Races (NL)
Cost, lack of insurance, or other insurance-related reasons	40.0%	28.1%	31.9%	30.0%	28.4%
Health care system/provider issues and barriers	19.4%	16.9%	20.2%	20.0%	30.3%
Personal reasons	27.1%	26.8%	18.3%	28.6%	27.9%
COVID-19	13.5%	28.2%	29.6%	21.5%	13.4%

Note: NL = Non-Latino

Sources: 2020 California Health Interview Surveys.

Cost of medical care and lack of insurance were major barriers to accessing care for many Californians amid COVID-19 pandemic and related concerns

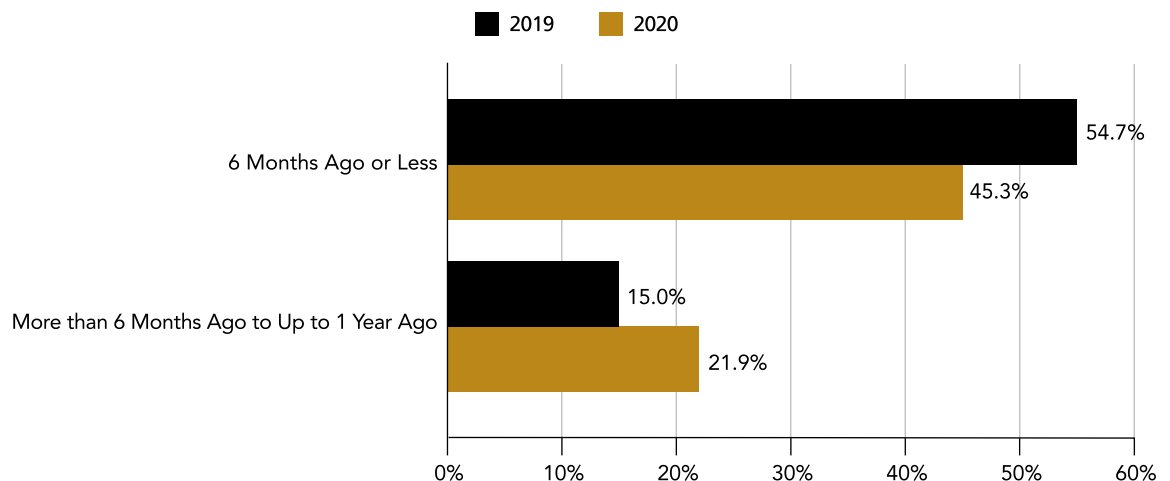
Along with concerns about COVID-19, the cost of medical care and lack of insurance were still major obstacles for many Californians to accessing care in 2020 (Exhibit 5). Among those in the Latino population who had delayed or forgone care, 40% cited the cost of medical care or lack of insurance, and about 13.5% cited concerns about COVID-19. The percentages reporting the same two concerns as a reason for delaying or forgoing care were similar among the Black or African American population (31.9% for cost/lack of insurance, and 29.6% for COVID-19 concerns) and the Asian American population (30% and 21.5%, respectively).

Fewer Californians, regardless of age, had visited a dentist as recently as six months ago or less in 2020

Amid the COVID-19 pandemic, decreases in utilization of other types of care, such as dental visits, were also observed. Of all California adults in 2020, 45.3% had seen a dentist six months ago or less—a drastic decrease from 2019, when 54.7% had reported visiting the dentist within that time span (Exhibit 6). In 2020, 21.9% of adults had visited a dental clinic more than six months and up to a year ago, a large increase from 15% of adults in 2019. These changes were also seen among children (ages 3–11 and under 3, with teeth) and adolescents (ages 12–17). The percentage of children who had had their last dental visit six months ago or less dropped from 72.8% in 2019

Exhibit 6

Time Since Last Dental Visit by Percentage of Adults (18+) in California, 2019 and 2020



Sources: 2019 and 2020 California Health Interview Surveys

to 59.2% in 2020 (Appendix A11), while the percentage among adolescents decreased from 84% in 2019 to 66.1% in 2020 (Appendix A12). These decreases suggest that Californians, regardless of age, may have responded to the risk of COVID-19 infection or stay-at-home guidelines by delaying other types of care aside from medical care.

Discussion/Policy Implications

With record-high rates of health insurance, California has a window of opportunity to achieve universal health care coverage. However, the path to covering all Californians is not guaranteed without greater attention to those who remain without health insurance. About 2.3 million Californians were not insured in 2020; under current policies, many of these individuals will continue to be ineligible due to their citizenship status.⁷ In addition, California faces tough decisions ahead as policies enacted to maintain and stabilize insurance markets and mitigate the negative effects of COVID-19 were conditional on California's being in a state of public health emergency.

The COVID-19 pandemic has worsened already existing disparities in health care access and will likely have negative consequences on health outcomes. At the same time, new policies and strategies were set in motion in response to the pandemic, and these may hold the key to improving and strengthening equity in health care access. One example is the broader use of telehealth in providing care, for which a greater range of questions will be featured in the 2021 CHIS. Moreover, lessons from the rollout of COVID-19 vaccines point to the critical need for equity-based public health interventions and the prioritizing of marginalized communities in order to improve access to care.⁸

Data Sources and Methods

This policy brief presents data from the 2019 and newly released 2020 California Health Interview Survey (CHIS), conducted by the UCLA Center for Health Policy Research.

In this brief, forgoing necessary medical care is defined as delaying care and not getting the necessary medical care eventually. To construct the estimate for forgoing care, the CHIS questionnaire asked respondents who had delayed or not gotten the medical care they felt they needed in the past 12 months whether they had gotten the care eventually. The term "COVID-19 or COVID-19 concerns" was aggregated based on open-ended responses concerning reasons for delaying or forgoing care in 2020. This brief utilizes the Office of Management and Budget (OMB) Department of Finance definitions of race and ethnicity when providing estimates on racial/ethnic groups. Estimates of the last dental visit for children were based on data for children ages 3–11 and children under 3 years who have teeth.

Author Information

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The California Health Interview Survey covers a wide array of health-related topics, including health insurance coverage, health status and behaviors, and access to health care. It is based on interviews conducted continuously throughout the year with respondents from more than 20,000 California households. CHIS interviews were offered in English, Spanish, Chinese (both Mandarin and Cantonese), Vietnamese, Korean, and Tagalog. CHIS is designed with complex survey methods requiring analysts to use complex survey weights in order to provide accurate variance estimates and statistical testing. CHIS is a collaboration of the UCLA Center for Health Policy Research, the California Department of Public Health, the California Department of Health Care Services, and the Public Health Institute. For funders and other information on CHIS, visit chis.ucla.edu.

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Endnotes

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