

Important Health Care Issues for California Latinos: Health Insurance and Health Status

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Health Insurance Coverage

More than one in four Latinos ages 0-64 in California are uninsured (28% of Latinos compared to 9% of whites)—the highest rate of uninsurance among all ethnic groups. Latinos represent approximately one in two of the 4.5 million nonelderly Californians who are uninsured, based on data from the 2001 California Health Interview Survey. Latinos' high uninsured rate is largely due to the very low rate of health insurance provided by their employers, just 43% compared with 76% for whites (Exhibit 1). Health insurance is key to making health care services more accessible to a population that has poor access to health care and less than optimal health status.

Latinos' lack of insurance coverage is also related to their income and immigration status. The high poverty level among Latinos makes it less likely they will have the resources to purchase health care coverage out of pocket. More than one in three Latinos (35.3%), or 3.2 million, live below the federal poverty level in California. Among Latinos ages 0-64 living below poverty, 36.9% are uninsured, with just 13.4% receiving employment-based coverage. Of the approximate 3.0 million noncitizen Latinos under age 65 in California, about one in two, or 47.7%, is uninsured, again related to low rates of job-based insurance.

Health Status

Overall, Latinos are the most likely to report that their general health is fair or poor, compared with other ethnic groups. Among all Latino adults, more than one in four, or 28.7%, perceive their health as being fair or poor, compared with 13.0% of adult whites (Exhibit

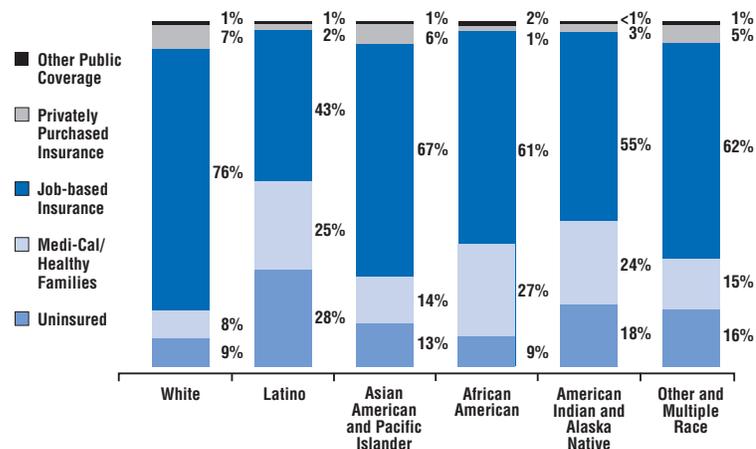
2). The pattern is very similar for children ages 0-17 with 15.2%, or over one in six Latino children's health being reported as fair or poor compared with only 3.8% of white children. Although these differences are important, additional research is needed to understand how Latinos' perception of their general health correlates with actual health outcomes.

Usual Source of Care

Over 1.6 million Latinos in California, or 18.5%, do not have a usual source of health care—a widely used measure that indicates a person's potential access to needed care. About one in four of these Latinos who do not have a usual source of care is in fair or poor health. Four in 10 uninsured Latinos ages 0-64 in fair or poor health (41.1%) do not have a usual source of care compared with 9.5% of those with employment-based coverage. Of particular interest to policymakers is that 15.7% of nonelderly Latinos in fair or poor health who have Medi-Cal or Healthy Families coverage report not

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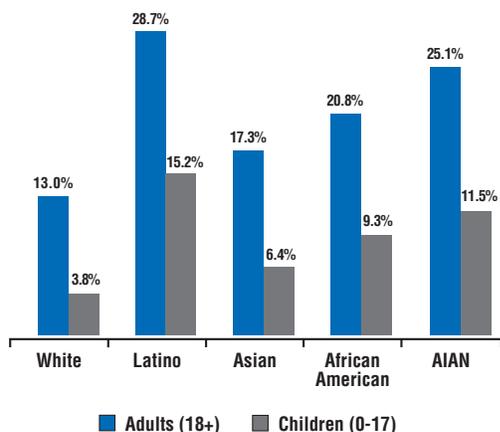
EXHIBIT 1: Health Insurance Coverage by Race/Ethnicity,* Ages 0-64, California, 2001



* Race/Ethnicity as presented here uses the UCLA Center for Health Policy Research's classification that treats Latino as a mutually exclusive category and takes into account the race/ethnicity with which respondents most identify.

Source: 2001 California Health Interview Survey

EXHIBIT 2:
Self-Reported Fair or Poor Health Status by Race/Ethnicity, California, 2001*



*In CHIS 2001, the most knowledgeable adult reported the general health status of children ages 0-11. Adolescents ages 12-17 reported their own health status.

Note: American Indian and Alaska Native is abbreviated AIAN

Source: 2001 California Health Interview Survey

Medi-Cal or Healthy Families could extend coverage to... uninsured Latino children, more than 460,000 in all.

having a usual source of care (Exhibit 3). This may speak to other access barriers not directly linked to health insurance, such as the lack of linguistically and culturally competent health care providers for this population.

For those uninsured adult Latinos ages 18-64 who do report having a usual source of care, seven in 10 (70.8%), or 730,000 persons, identify safety-net providers, such as a clinic or hospital, as the type of place they usually go for care, compared with 34.3% with job-based coverage.

Policy Recommendations

Lack of health insurance results in risks to health and well-being that affect all family members. Lack of insurance often delays children and adults in obtaining needed care and may result in time lost from work or school, poor control of chronic conditions, and inadequate monitoring of child development. Public policies can reduce these delays by increasing health insurance coverage and access to care.

EXHIBIT 3:
Usual Source of Care by Insurance Type for Latinos in Fair or Poor Health (Ages 0-64), California, 2001

	Have Usual Source of Care	Do Not Have Usual Source of Care	Total
Uninsured	58.6	41.4	100%
Medi-Cal/Healthy Families	84.3	15.7	100%
Employment-based	90.5	9.5	100%

Source: 2001 California Health Interview Survey

- Improved outreach to all uninsured children who are eligible for Medi-Cal or Healthy Families could extend coverage to two-thirds of uninsured Latino children—more than 460,000 in all.
- Implement policies that improve access to culturally and linguistically competent health care.

These policies are at risk due to California's budget deficit, which may result in substantial cuts in family Medi-Cal coverage and support for safety-net providers.

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Data Source

This fact sheet is based on findings from the 2001 California Health Interview Survey (CHIS 2001). CHIS 2001, the largest health survey conducted in any state and one of the largest in the nation, covers a broad range of public health concerns including health status and conditions, health-related behaviors, health insurance coverage and access to health care services. CHIS 2001 completed interviews with 55,428 adults, 5,801 adolescents ages 12-17, and 12,592 parents of young children ages 0-11. The data for Latinos presented in this fact sheet are based on a sample of 9,458 adults and 1,515 adolescents who most identified with being of Latino or Hispanic origin and 3,928 children whose parents identified them as being of Latino or Hispanic origin. The data were weighted based on the 2000 Census. The interviews, available in six languages, were conducted between November 2000 and September 2001.



The California Health Interview Survey (CHIS), 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 various racial and ethnic populations, 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 Latino Coalition for a Healthy California, or other CHIS 2001 funding bodies.

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