

Health Insurance, Health Care Use, and Health Status in Los Angeles County

More than 40 percent of health care costs are financed by federal, state, and local governments. Government pays for health care in two central ways. First, it provides health insurance to a number of groups, such as low-income women and children, the disabled, and the elderly. Second, it subsidizes health care, both by offering free care through publicly owned facilities and by providing grants to clinics and payments to hospitals that disproportionately serve the uninsured and those covered by Medicaid. Given the large costs associated with these services, it is important to have accurate information on a range of health-related topics to inform decisions about the development, funding, and targeting of these major public expenditures.

In *Health Insurance, Health Care Use, and Health Status in Los Angeles County*, Marianne Bitler and Weiyi Shi look at how both adults and children are faring in the health arena, paying attention to differences across racial and ethnic groups. The authors focus particularly on Hispanics, a large and growing part of the state's population. They also analyze outcomes according to nativity (U.S.-born) and immigration status (naturalized, documented, and undocumented). The relatively rare ability to differentiate between documented and undocumented immigrants is possible because of the unique, high-quality, individual-level data included in the Los Angeles Family and Neighborhood Survey (LAFANS), which was completed in 2000–2001. LAFANS is the primary source of data for the report.

Insurance Coverage

The authors found extensive differences in insurance coverage between Hispanics and other groups, with Hispanics much more likely to be uninsured, after adjusting for gender and age. At the time of the LAFANS interview, about 38 percent of Hispanic adults and 24 percent of Hispanic children were uninsured. In contrast, 13 to 18 percent of white, black, or Asian adults were uninsured, as were

1 to 4 percent of children in these groups. But after taking immigration status into account, the authors found that racial and ethnic differences in insurance coverage disappeared for adults. And after accounting for a parent's immigration status and education level, the difference in coverage rates between white and Hispanic children dropped from 20 to 9 percentage points.

Comparisons between immigrants and U.S.-born residents show striking differences in coverage. Documented immigrant adults were much more likely than U.S.-born residents to be uninsured. For undocumented adults, uninsurance rates were even higher; at the time of the LAFANS interview, they were 34 percentage points more likely than U.S.-born residents to be uninsured. Even after adjusting for race, age, gender, and education, the documented and undocumented were much more likely than the U.S.-born to lack insurance coverage.

Children of immigrants present a special case, particularly in terms of eligibility for and take-up of public coverage. These children may or may not be U.S. citizens, and they may or may not be eligible for public coverage. The authors found that among those with an undocumented parent, about 24 percent of citizen children were uninsured, compared to 68 percent of noncitizen children. Among those with a documented parent, 30 percent lacked insurance. In contrast, only 8 to 15 percent of children with a U.S.-born or naturalized parent were uninsured. Partially to fill this gap in coverage for children, Los Angeles County implemented the Healthy Kids program in 2003, offering coverage to all uninsured low-income children, regardless of immigration status. Initially offering coverage to eligible children ages 0 to 5, the program was later expanded to include older children as well. Although eligibility for younger children is still unrestricted, lack of funds has led the county to halt the enrollment of older children. Given that noncitizen children and undocumented adults are usually ineligible for other forms of public

coverage, high uninsurance rates among these groups suggest that outreach alone cannot solve the uninsurance problem in Los Angeles County.

Health Care Use

Among adults, health care use tended to vary across racial and ethnic groups. For example, even after taking education, age, and gender into account, Hispanic and Asian adults were less likely than white adults to have seen a doctor—and Hispanics were less likely to have seen a dentist—in the year before the LAFANS interview. In contrast, black adults were somewhat more likely than white adults to have seen a doctor, after accounting for education and other characteristics.

Among children, there was little variation across racial and ethnic groups. In fact, despite lower rates of insurance coverage, Hispanic children were no less likely than white children to have seen a doctor or to have had a check-up. Black children were about as likely and Asian children were more likely than white children to have seen a doctor, and both black and Asian children were more likely than white children to have gotten a check-up.

Documented and undocumented adults tended to use health care less frequently than U.S.-born adults. The undocumented were significantly less likely than the U.S.-born to have a usual source of care or to have seen a doctor or dentist. For the children of immigrants, one particular finding stood out: Noncitizen children of an undocumented parent were 45 percentage points less likely than children of a U.S.-born parent to have visited the dentist.

Use of Hospitals and Emergency Rooms (ERs)

Considerable debate has focused on whether certain groups, immigrants in particular, use emergency rooms and hospitals unnecessarily or excessively. There is also concern about the relationship of that use to uncompensated care. LAFANS asked about the overnight use of a hospital at any time in the two years before the interview (for adults) and about any visits to an emergency room during the year before the interview (for children). The data do not record whether these visits were uncompensated, and there is not enough detailed information about their cause to assess their necessity. That said, the authors found that these visits did

not vary much by race/ethnicity or immigration status. If anything, some immigrant groups and their children may have been less likely than other groups to have used the hospital or the ER, no matter what factors were controlled for. These findings suggest that concerns about immigrants and their children disproportionately using hospitals and ERs may not be well-founded for Los Angeles County.

Health Status

Generally, the authors found less variation across racial and ethnic groups in doctor-diagnosed health conditions than in health insurance or health care use. Many differences in the prevalence of chronic health conditions were reduced after controlling for such factors as family income, net worth, and neighborhood characteristics.

Comparisons between Hispanic immigrant groups and U.S.-born residents showed lower prevalence of some doctor-diagnosed conditions among immigrants. For instance, naturalized and undocumented immigrants were less likely than the U.S.-born to report high blood pressure, and the documented and undocumented were less likely to report asthma. Prevalence of diabetes and coronary heart disease, however, was fairly similar for all groups. It is important to note that findings of better health among immigrants may be related to positive immigrant selection (healthy people may be more likely than unhealthy ones to leave their home country). Or they may occur because of lower rates of diagnoses associated with less frequent use of care. Still, these findings provide some insight into the relative health of the Hispanic immigrant population.

Conclusions

As with race and ethnicity, immigration status is an important predictor of health insurance coverage and ambulatory health care use. For example, the undocumented and their children were much less likely than U.S.-born residents to have seen a dentist. At the same time, immigrants and their children were no more likely than U.S.-born residents—and in some case less likely—to have used hospitals (adults) or ERs (children). As health policies continue to evolve, understanding the demographics of the uninsured and of those who may be missing recommended health care should prove useful to policymakers and the public alike.

This research brief summarizes a report by Marianne Bitler and Weiye Shi, Health Insurance, Health Care Use, and Health Status in Los Angeles County. (2006, 180 pp. \$15.00, ISBN 1-58213-117-1). The report may be ordered online at www.ppic.org or by phone at (800) 232-5343 or (415) 291-4400 (outside mainland U.S.). A copy of the full text is also available at www.ppic.org. The Public Policy Institute of California is a private, nonprofit organization dedicated to independent, objective, nonpartisan research on economic, social, and political issues affecting California. This study was supported with funding from The William and Flora Hewlett Foundation.
