



RECENT TRENDS IN HEALTH INSURANCE COVERAGE

Introduction

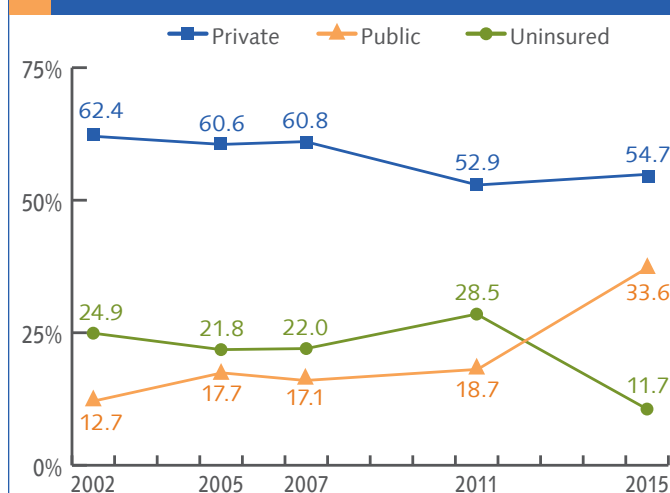
The Patient Protection and Affordable Care Act (ACA) was signed into law in March 2010 and created new opportunities to expand health coverage in California and across the nation. In California, the ACA allowed expansion of Medi-Cal to cover previously ineligible adults with incomes below 138% of the federal poverty level. For higher income individuals and families, a private marketplace, or exchange, was established, called Covered California, which provides a choice of private plans for adults and families. For low and moderate income enrollees enrolled through Covered California, subsidies are available to help reduce the cost of premiums, with the amount of the subsidy dependent on the individual's or family's income.

The ACA also specifies that young adults can now stay on their parents' health plan until 26 years of age. In addition, insurance companies can no longer deny coverage or charge higher rates to those with pre-existing conditions. The latter was accompanied by changes in the tax code that penalize individuals who choose not to purchase coverage.

Since insurance enrollment under the provisions of the ACA began in 2012, there has been a significant decline in the numbers of uninsured both nationally and in California.^{1,2} However, recent calls for repeal of the ACA, though unsuccessful to date, have raised widespread concern that the numbers of uninsured may again grow, and that many persons may lose access to critically needed health care services.

1. Katherine G. Carman, Christine Eibner and Susan M. Paddock; *Trend in Health Insurance Enrollment, 2013-2015*. Health Affairs 34, no. 6 (2015): 1044-1048. <http://content.healthaffairs.org/content/34/6/1044>

FIGURE 1: Adult (18-64 years) Insurance Type, LACHS 2002-2015



To assess recent trends in health insurance coverage among children and adults 18 to 64 years of age in Los Angeles County, and to obtain a baseline for assessing future trends in insurance coverage among key population sub-groups in the county, data from five cycles of the Los Angeles County Health Survey were analyzed for the period from 2002 through 2015.

Sharp Decline in Uninsured Adults From 2011 to 2015

- Among adults 18-64 years of age, the percentage of uninsured remained above 20% between 2002 and 2011, peaking at 28.5% in 2011, and then sharply declined to 11.7% in 2015 (Figure 1).

2. Lucia, Laurel; Jacobs, Ken; Watson, Greg; Dietz, Miranda; & Roby, Dylan H. (2013). *Medi-Cal Expansion under the Affordable Care Act: Significant Increase in Coverage with Minimal Cost to the State*. UCLA: UCLA Center for Health Policy Research. Retrieved from: <https://escholarship.org/uc/item/1pt6t9h3>

TABLE 1: Percent of Uninsured Adults (18-64 years) , LACHS 2011 & 2015

	2015			2011		
	Percent	95% CI	Estimated #	Percent	95% CI	Estimated #
LOS ANGELES COUNTY	11.7%	10.5 – 12.9	750,000	28.5%	26.8 – 30.1	1,731,000
GENDER						
Male	13.5%	11.5 – 15.5	430,000	30.8%	28.2 – 33.3	925,000
Female	9.9%	8.4 – 11.4	321,000	26.2%	24.2 – 28.2	807,000
AGE GROUP						
18-25	12.6%	9.5 – 15.7	152,000	33.3%	28.8 – 37.8	366,000
26-39	15.8%	13.2 – 18.5	318,000	33.7%	30.5 – 36.9	671,000
40-49	12.3%	9.7 – 15.0	173,000	26.1%	23.1 – 29.1	362,000
50-64	6.0%	4.6 – 7.4	108,000	20.7%	18.4 – 23.0	332,000
RACE/ETHNICITY[◇]						
Latino	17.3%	15.1 – 19.4	528,000	43.1%	40.5 – 45.7	1,241,000
White	6.4%	4.7 – 8.0	111,000	13.9%	11.6 – 16.1	239,000
African American	6.1%	3.6 – 8.7	34,000	15.8%	11.6 – 20.0	82,000
Asian	7.3%	4.8 – 9.9	76,000	17.6%	13.6 – 21.6	159,000
EDUCATION						
Less than high school	23.2%	19.5 – 26.9	333,000	47.7%	43.9 – 51.5	683,000
High school	12.4%	9.6 – 15.1	172,000	35.0%	31.1 – 39.0	472,000
Some college or trade school	8.4%	6.4 – 10.4	153,000	23.1%	20.1 – 26.2	379,000
College or post graduate degree	5.1%	3.9 – 6.2	87,000	11.4%	9.7 – 13.2	186,000
FEDERAL POVERTY LEVEL						
0-99% FPL	16.9%	14.0 – 19.8	253,000	47.4%	43.7 – 51.2	731,000
100%-199% FPL	18.7%	15.6 – 21.7	319,000	40.1%	36.3 – 43.8	566,000
200% or above FPL	5.5%	4.4 – 6.7	178,000	13.9%	12.2 – 15.6	434,000
SERVICE PLANNING AREA						
Antelope Valley	11.1%	6.5 – 15.6	27,000	19.5%	13.2 – 25.8	44,000
San Fernando	11.6%	8.8 – 14.3	163,000	27.0%	23.6 – 30.4	362,000
San Gabriel	11.3%	8.4 – 14.1	127,000	26.9%	22.9 – 30.9	286,000
Metro	15.2%	11.3 – 19.1	116,000	35.5%	30.8 – 40.2	259,000
West	4.7%	2.2 – 7.3	21,000	12.7%	7.6 – 17.9	53,000
South	17.8%	13.6 – 22.0	113,000	38.2%	32.8 – 43.7	222,000
East	11.1%	7.5 – 14.7	90,000	32.4%	27.4 – 37.3	251,000
South Bay	9.5%	6.3 – 12.7	93,000	26.7%	22.5 – 30.9	254,000

[◇] Data for NHOPI and American Indian/Alaska Native are suppressed due to confidentiality

- The percentage of adults covered by private insurance declined from 62.4% in 2002 to 54.7% in 2015, with most of the decline occurring between 2007 (60.8%) and 2011 (52.9%), and no decline observed between 2011 and 2015 (54.7%).
- The decline in the uninsured between 2011 and 2015 was accompanied by an increase in adults covered by public insurance (i.e., primarily Medi-Cal), from 18.7% in 2011 to 33.6% in 2015.
- The large decline in uninsured between 2011 and 2015 was observed in all demographic and socioeconomic sub-groups, and was also observed across all Service Planning Areas (SPAs) (Table 1).
- Despite these declines, large disparities in insurance coverage persisted. In 2015, the percentage of adults who were uninsured was nearly three times higher among Latinos (17.3%) than among African Americans (6.1%), whites (6.4%), or Asians (7.3%).
- Among Latino adults, the percentage who were uninsured was higher among those living below the federal poverty level (FPL) (21.1%) and those living at 100-199% of the FPL (22.6%) than among those living at 200% or above the FPL (7.7%).

- The percentage of adults who were uninsured in 2015 was higher among those under 50 years of age than among those 50-64 years of age; 12.6% of those 18 to 25 years of age were uninsured, an age group that could be covered by their parents' insurance plan under the ACA.³
- The percentage of adults who were uninsured was more than four times higher among adults with less than a high school education (23.2%) than among those with a college degree (5.1%) (Figure 2).
- The percentage who were uninsured was more than three times higher among adults living below the FPL (16.9%) and among those living at 100-199% FPL (18.7%) than among those living at 200% or above the FPL (5.5%) (Figure 3).
- The percentage of adults who were uninsured was highest in the South and Metro SPAs (17.8% and 15.2%, respectively) and lowest in the West SPA (4.7%).

Steady Decline in Uninsured Children From 2002 to 2015

- The percentage of children 17 years of age and younger who were uninsured steadily decreased from 10.1% in 2002 to 3.4% in 2015 (Figure 4).

FIGURE 2: Percent of Uninsured Adults (18-64 years) by Education, LACHS 2015

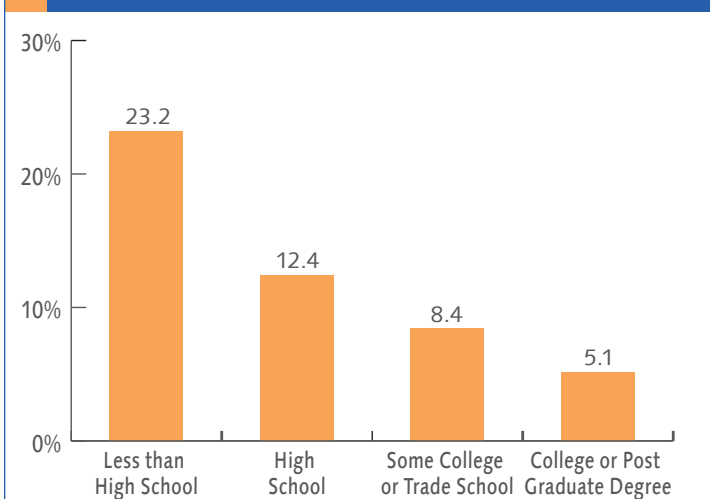
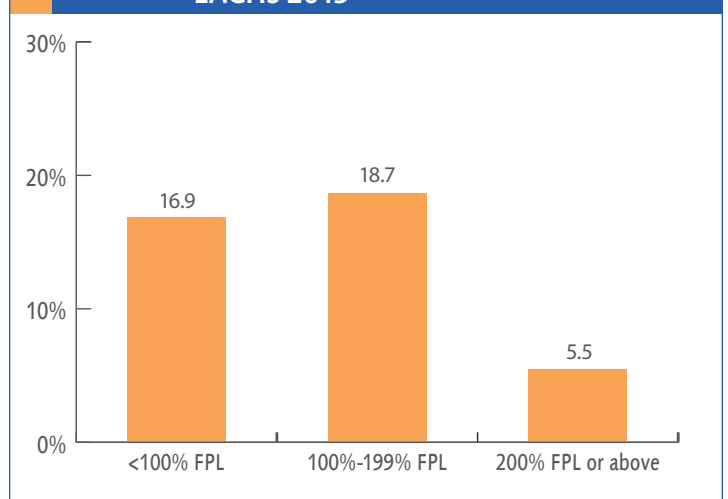


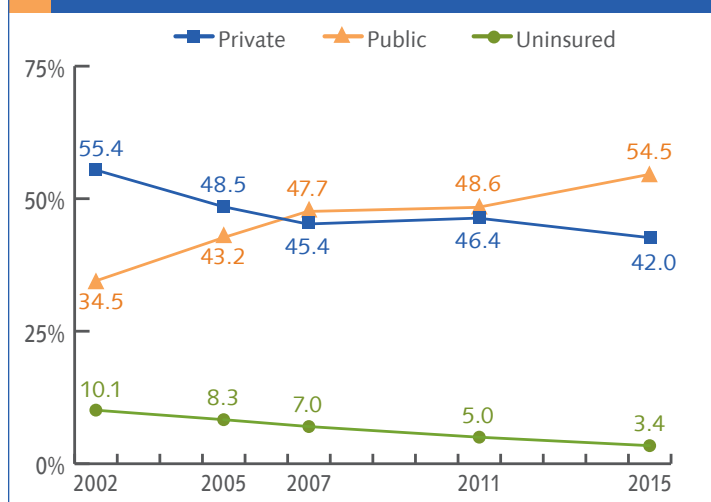
FIGURE 3: Percent of Uninsured Adults (18-64 years) by Federal Poverty Level (FPL), LACHS 2015



³ Note: Some in this population are not eligible to be covered by their parents' insurance due to their immigration status.

- This decrease was accompanied by an increase in the percentage of children covered by public insurance (from 34.5% in 2002 to 54.5% in 2015), and a decrease in the percentage of children covered by private insurance (55.4% in 2002 to 42.0% in 2015).
- The percentage of children who were uninsured in 2015 was 5.4% among 12-17 year olds, 2.9% among 6-11 year olds, and 1.8%* among those 5 years of age and younger (Table 2).
- The percentage of children who were uninsured in 2015 was higher among children living in households below the FPL (5.2%) than among those living at 200% or above the FPL (1.8%).
- The percentage of children who were uninsured in 2015 was below 5.0% in all SPAs except the San Gabriel SPA (5.8%) and the Antelope Valley SPA (5.1%*).

FIGURE 4: Child (0-17 years) Insurance Type, LACHS 2002-2015



Discussion

These findings indicate a significant reduction in the level of uninsured among working aged adults in Los Angeles County between 2011 and 2015. This decline occurred during the period in which both Medi-Cal enrollment and private insurance options greatly expanded in California through provisions in the ACA. While private insurance coverage declined between 2007 and 2011, the lack of further decline between 2011 and 2015 is likely attributable to the expansion of Covered California and the improving economy.

Despite this progress, significant disparities in coverage persist, particularly affecting Latinos living below 200% of the federal poverty level. In addition, there remain large geographic disparities in coverage, with the rate of uninsured more than three times higher among adults in the South and Metro SPAs than in the West SPA.

The low level of uninsured among children in the county may be the result of intensive local outreach efforts over the past several decades to identify and

enroll uninsured children in Medi-Cal and Healthy Families programs. Since 2003, a County collaborative of outreach and enrollment agencies led by the Department of Public Health successfully enrolled 317,000 families and children.⁴ Additionally, a local program, Healthy Kids, was established in 2003 that provided insurance for some children 18 years of age and younger in the county who were not eligible for coverage under the federal and state programs.⁵

Given the current climate of uncertainty regarding the ACA and future reform efforts, ongoing tracking of insurance coverage and other measures of health care access and quality in the county population will be critically important. The results presented in this report may serve as an important baseline for assessing the impact of future health care reform on insurance coverage and access to care in the Los Angeles County population overall and among important sub-populations adversely impacted by health inequities.

* Data are statistically unstable and should be interpreted with caution.

4. Los Angeles County Department of Public Health, Maternal, Child & Adolescent Health Programs; Children's Health Outreach Initiatives; <http://publichealth.lacounty.gov/mch/choi/choi.htm>.

5. The Healthy Kids program ended in 2017 after passage of CA Senate Bill 75, which expanded Medi-Cal eligibility for all income-eligible children through age 19, regardless of their immigration status.

TABLE 2: Percent of Uninsured Children (0-17 years), LACHS 2011 & 2015

	2015			2011		
	Percent	95% CI	Estimated #	Percent	95% CI	Estimated #
LOS ANGELES COUNTY	3.4%	2.5 – 4.3	79,000	5.0%	4.1 – 6.0	119,000
GENDER						
Male	3.2%	2.0 – 4.4	38,000	4.8%	3.6 – 6.0	58,000
Female	3.6%	2.3 – 5.0	41,000	5.3%	3.7 – 6.8	61,000
AGE GROUP						
0-5	1.8%*	0.8 – 2.9	14,000	2.7%	1.5 – 4.0	21,000
6-11	2.9%	1.5 – 4.3	22,000	5.2%	3.4 – 7.1	40,000
12-17	5.4%	3.5 – 7.4	43,000	6.9%	5.1 – 8.7	58,000
RACE/ETHNICITY[◇]						
Latino	4.3%	3.0 – 5.6	62,000	6.7%	5.2 – 8.2	98,000
White	1.4%*	0.3 – 2.4	6,000	2.5%	1.6 – 3.4	11,000
African American	1.0%*	0.0 – 1.9	2,000	2.0%*	0.8 – 3.1	4,000
Asian	3.7%*	1.0 – 6.4	9,000	2.2%*	0.9 – 3.4	5,000
FEDERAL POVERTY LEVEL						
0-99% FPL	5.2%	3.1 – 7.2	42,000	6.7%	4.7 – 8.6	52,000
100%-199% FPL	3.4%	1.9 – 5.0	22,000	7.1%	4.7 – 9.6	42,000
200% or above FPL	1.8%	0.9 – 2.7	16,000	2.5%	1.7 – 3.3	25,000
SERVICE PLANNING AREA						
Antelope Valley	5.1%*	0.1 – 10.2	6,000	2.7%*	1.0 – 4.3	3,000
San Fernando	2.4%*	0.7 – 4.1	12,000	4.2%	2.8 – 5.6	21,000
San Gabriel	5.8%	2.6 – 9.1	23,000	4.3%*	2.3 – 6.3	18,000
Metro	1.9%*	0.2 – 3.6	4,000	6.6%*	2.9 – 10.2	14,000
West	3.0%*	0.0 – 6.7	3,000	3.0%*	0.7 – 5.3	3,000
South	3.0%*	1.1 – 5.0	9,000	8.6%*	4.1 – 13.1	26,000
East	3.1%*	1.0 – 5.3	11,000	6.5%*	3.6 – 9.4	23,000
South Bay	3.3%	1.5 – 5.1	12,000	2.9%*	1.5 – 4.3	11,000

* The estimate is statistically unstable and should be interpreted with caution

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The Los Angeles County Health Survey is a periodic, population-based telephone survey that collects information on sociodemographic characteristics, health status, health behaviors, and access to health services among adults and children in the County. The 2015 survey collected information on a random sample of 8,008 adults and 5,982 children. The survey was conducted for the Los Angeles County Department of Public Health by Abt SRBI Inc., and was supported by grants from First 5 LA, the Los Angeles County Department of Mental Health, and Department of Public Health programs including the Division of Chronic Disease and Injury Prevention, Children's Medical Services, the Emergency Preparedness and Response Program, Substance Abuse Prevention and Control, and Environmental Health.