



## Coverage and Access Disparities Between Whites and Latinos Persist

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While Latinos in California have experienced important improvements in access to health insurance and care under the Affordable Care Act, they continue to lag behind Whites in important measures.

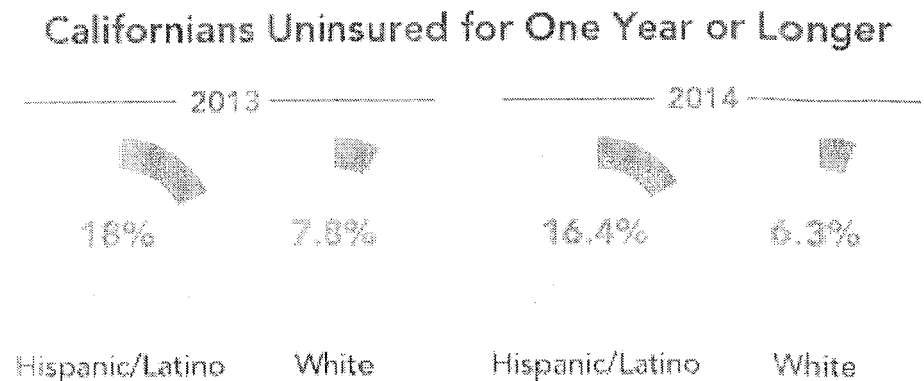
The data tracked on CHCF's ACA 411 will tell the story of how health care reform is changing coverage, access, and affordability in California.

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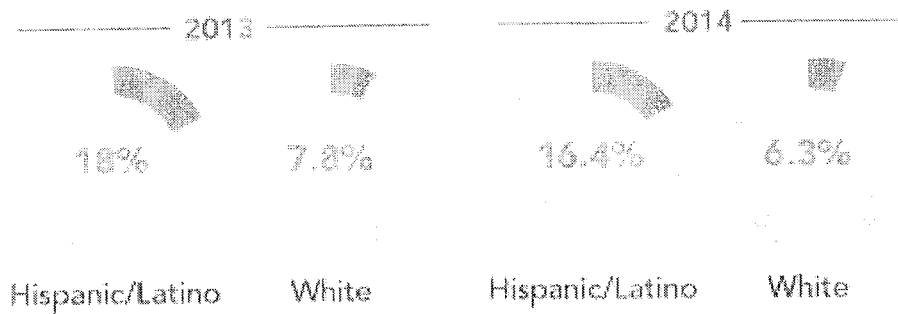
The results of the 2014 California Health Insurance Survey (CHIS) show that Hispanics/Latinos in California continue to experience disparities in insurance coverage and access to care, especially compared to Whites.

Between 2013 and 2014, the uninsured rate among Latinos remained relatively stable — 21.4% in 2013 versus 20.1% in 2014. However, Latinos reported being uninsured at nearly three times the rate of Whites in 2014 (20.1% vs. 7.6%), whereas in 2013, the Latino uninsured rate was only double that of Whites (21.4% vs. 10.3%).

Long-term uninsurance rates, defined as being uninsured for a year or more, tell a similar story. Between 2013 and 2014, Latinos were uninsured long-term at similar rates — 16.4% in 2014 versus 18% in 2013. Both of these rates are more than double the rates reported by Whites in these years, 6.3% and 7.8%, respectively.



## Californians Uninsured for One Year or Longer



The reasons for being uninsured reported by Latinos and Whites differ greatly. Latinos are five times more likely to report eligibility issues due to citizenship/immigration status or health conditions as the reason for lacking insurance (29.9% vs. 6.2%), a trend that increased significantly among Latinos between 2013 and 2014 — 20.1% in 2013 versus 29.9% the next year. There was, however, a significant decrease in Latinos reporting being uninsured due to cost (44.9% in 2013 vs. 37.3% in 2014). (Note: While the indicator used here includes both citizenship/immigration status and health conditions, starting in 2014, insurers were required to issue coverage to all applicants without regard to health status.) There was not a statistically significant decline in the share of Whites reporting cost as the primary reason for being uninsured, although the share of the overall statewide population reporting cost as the reason for remaining uninsured fell from 52.6% to 42.6%.

The results suggest that new access to Covered California subsidies and Medi-Cal are mitigating the extent to which affordability is a reason for remaining uninsured among Latinos and other communities of color and that citizenship/immigration status is increasingly identified as a barrier for uninsured Latinos.

Differences in the types of coverage among Whites and Latinos also persist. Latinos are nearly half as likely to report employment-based insurance (35% vs. 67%), and this coverage decreased significantly among Latinos between 2013 and 2014, from 39.7% to 34.6%. Latinos are also half as likely to report individual insurance as Whites (4.3% vs. 9.8%) but three times more likely to report coverage through Medi-Cal, Healthy Families, or CHIP (38.8% vs. 12.4%). However, the number of Latinos reporting individual coverage did increase significantly in 2014, up from 2.8% in 2013. That is likely due to the availability of more affordable coverage options through Covered California. (Individual coverage among Whites was statistically unchanged between 2013 [9.8%] and 2014 [10%]).

Given the disparity between Latinos and Whites in insurance rates and sources of coverage, it is not surprising that among those with a usual source of care, more Latinos reported seeking care from a community clinic, government clinic, or community hospital (34.8% vs. 14.5%), while more Whites than Latinos reported seeking care from a doctor's office, HMO, or Kaiser Permanente (72.2% vs. 43.4%).

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