



## UCLA CENTER FOR HEALTH POLICY RESEARCH

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### **LACK OF HEALTH INSURANCE COVERAGE IS LONG-TERM CONDITION FOR MANY CALIFORNIANS**

#### **4.5 million Lack Health Insurance Coverage for Six Months or Longer. Those with Chronic Diseases Experience Greatest Impact.**

An in-depth report from the UCLA Center for Health Policy Research examines long-term and intermittent health insurance coverage, and the sources and consequences of resulting periods of uninsurance, using data from the 2001 California Health Interview Survey. The study found that 4.5 million Californians were uninsured for six months or longer in 2001 out of the total 6.3 million who lacked health insurance for all or part of a year. A total of 3.3 million people were uninsured for longer than one year. Only fifteen percent of the 6.3 million — less than 1 million — were uninsured for as brief a period as three months. *The State of Health Insurance in California: Long-term and Intermittent Lack of Health Insurance Coverage* was funded by the California Wellness Foundation and is available online at the Center's website, [www.healthpolicy.ucla.edu](http://www.healthpolicy.ucla.edu).

“The lack of health insurance coverage is a long-term condition for over five million Californians. It has real consequences for their access to health services and for their health,” said lead author E. Richard Brown, director of the UCLA Center for Health Policy Research and professor in the School of Public Health. Sharp differences in the duration of uninsurance and health insurance coverage were also found by race and ethnicity, by family income, and by citizenship and immigration status.

It is well documented that people who experience sporadic periods without insurance are less effective at managing their chronic conditions resulting in poorer overall health. The report examines whether adults with four chronic diseases, and children with asthma, take medications for their illnesses. Among California adults with heart disease, just over one-fourth of those uninsured the entire year (27.5 percent) take medications for the disease, less than the 44 percent who have job-based coverage all year.

A similar pattern holds for those with high blood pressure (29.8% for the uninsured versus 54.6% for those with job-based coverage) and for diabetes (57.0% versus 76.5%). And among both adults and children with asthma, those uninsured all year are also less likely to be taking medications. One positive note is the role of Medi-Cal and Healthy Families of providing access to medications. For all but one of these chronic diseases

examined, individuals with these public forms of coverage are *more* likely than those with job-based insurance to take medications for their illnesses.

Although public programs have expanded, the majority of uninsured children and adults have been without coverage for long periods of time. Among uninsured children who were eligible for either Medi-Cal or Healthy Families, seven in 10 lacked coverage all year. Among adults who were Medi-Cal eligible, eight in 10 lacked coverage for all of the past 12 months.

Differences in the duration of health insurance coverage and uninsurance are due overwhelmingly to the lack of affordable private health insurance, which most Americans get through their own or a family member's employment. Employees who were uninsured all year were most likely to have worked for establishments with fewer than 10 employees (32.3 percent), while workers uninsured part of the year were most likely to have been employed in large firms with 1,000 or more employees (35.6 percent). Also, seven in 10 employees who were uninsured part of the year or throughout the year worked an average of at least 40 hours a week, but they tend to work for employers that do not offer health benefits at all.

“Even when offered health insurance by an employer, these low- and moderate-income employees are required to pay a large share of the cost, which for family coverage especially can be very expensive. And if an employer doesn't offer health benefits at all, employees and their families have few affordable options for coverage,” said Brown. Other report authors are Ninez Poncé, senior research scientist at the Center and assistant professor at the UCLA School of Public Health, Thomas Rice, professor at the UCLA School of Public Health, and Shana Alex Lavarreda, senior research associate at the Center.

CHIS 2001 data were compiled from interviews of more than 55,000 randomly selected adults drawn from every county in California. A collaboration of the UCLA Center for Health Policy Research, the California Department of Health Services, and the Public Health Institute, this biennial survey is the largest of its kind conducted in any state and one of the largest in the nation.

The UCLA Center for Health Policy Research, established in 1994, is one of the nation's leading health policy research centers and the premier source of key health policy information for California. It is based in the UCLA School of Public Health and is also affiliated with the UCLA School of Public Policy and Social Research.

#### **Online Resources:**

- UCLA Center for Health Policy Research: [www.healthpolicy.ucla.edu](http://www.healthpolicy.ucla.edu)
- UCLA School of Public Health: [www.ph.ucla.edu](http://www.ph.ucla.edu)
- UCLA School of Public Policy and Social Research: [www.sppsr.ucla.edu](http://www.sppsr.ucla.edu)
- The California Wellness Foundation: [www.tcdf.org](http://www.tcdf.org)