



## INTRODUCTION

Access to quality, comprehensive clinical care is important to health<sup>1</sup>. It prevents disease and disability and impacts overall quality of life. Barriers to care result in unmet health needs, delays in provision of appropriate treatment, and increased costs from avoidable emergency room visits and hospitalizations.

Health insurance directly affects the affordability of health care services; however, even those who have health care coverage are not ensured access to all needed health care services due to the out-of-pocket burden placed on patients. Few insurance policies cover all needed or desired services and there are often exclusions in coverage. Therefore, greater financial responsibility is placed on patients.

This presentation describes the impact of cost as a barrier to accessing health care services among adults (18-64 years old) living in Los Angeles County, particularly among minorities and the uninsured.

## METHODS

Data is from the 2011 Los Angeles County Health Survey (LACHS), a large population-based telephone survey (n=8,036 adults), that provides information concerning the health of Los Angeles County residents. The survey is conducted in six languages (English, Spanish, Mandarin, Cantonese, Vietnamese, Korean).

The data has been weighted to reflect the non-institutionalized population of Los Angeles County.

To assess the issue of affordability of medical care among adults living in Los Angeles County, the LACHS asked respondents if there was ever a time in the past year when they needed, but could not afford:

- 1) **dental care** (including check-ups)
- 2) to see a **medical doctor** for a health problem
- 3) **prescription medicine**
- 4) **mental health care** or counseling

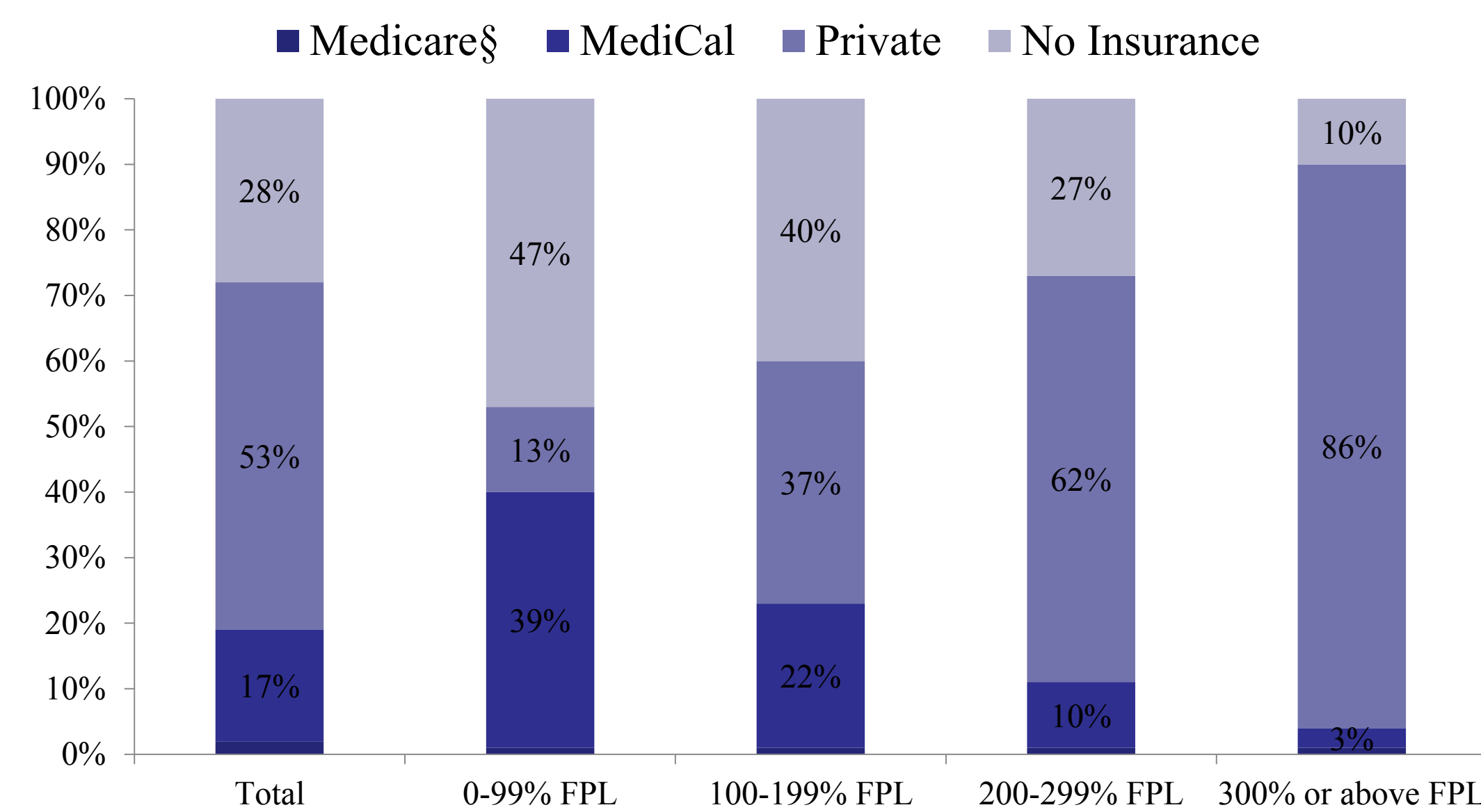
To assess presence of medical insurance, LACHS asked respondents a series of questions to determine if they were covered by health insurance, and if so, whether the insurance was public or private.

To determine dental care coverage, the LACHS asked respondents if they had any kind of dental insurance coverage that pays for some or all of their routine dental care.

## RESULTS

•Over one quarter of adults (approximately 1.7 million) reported being uninsured in 2011. Those living under the federal poverty level (<100% FPL) reported the highest rates of being uninsured (Figure 1).

**Figure 1: Health Insurance Coverage Among Adults ages 18-64 by Income<sup>§</sup>, LACHS 2011**



<sup>§</sup> Values are ≤2%

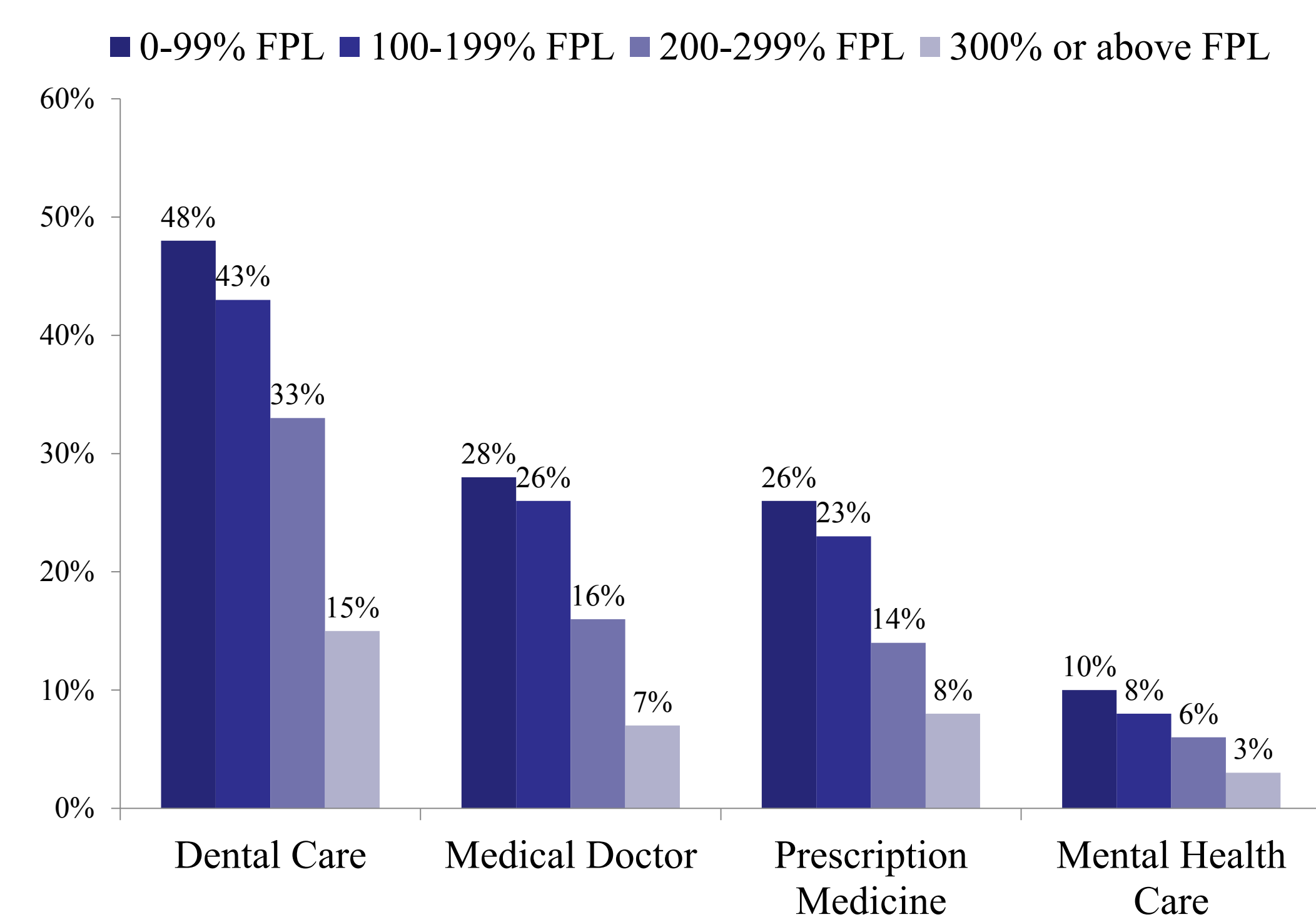
<sup>§</sup>Based on U.S. Census 2009 Federal Poverty Level (FPL) Thresholds, which for a family of four (2 adults, 2 dependents) correspond to annual incomes of \$21,756 (100% FPL), \$43,512 (200% FPL) and \$65,268 (300% FPL).

•47% of adults living in households below the federal poverty level were uninsured.

•Overall, adults living in LA County reported cost as a barrier to accessing dental care (32.1%) more often than a medical doctor (18.0%), prescription medicine (16.8%), or mental health care (6.7%).

•Cost as a barrier to accessing medical care decreased as income increased, but remained substantial even for those living well above the FPL (Figure 2).

**Figure 2: Cost as a Barrier to Accessing Medical Care Among Adults ages 18-64 by Income<sup>§</sup>, LACHS 2011**

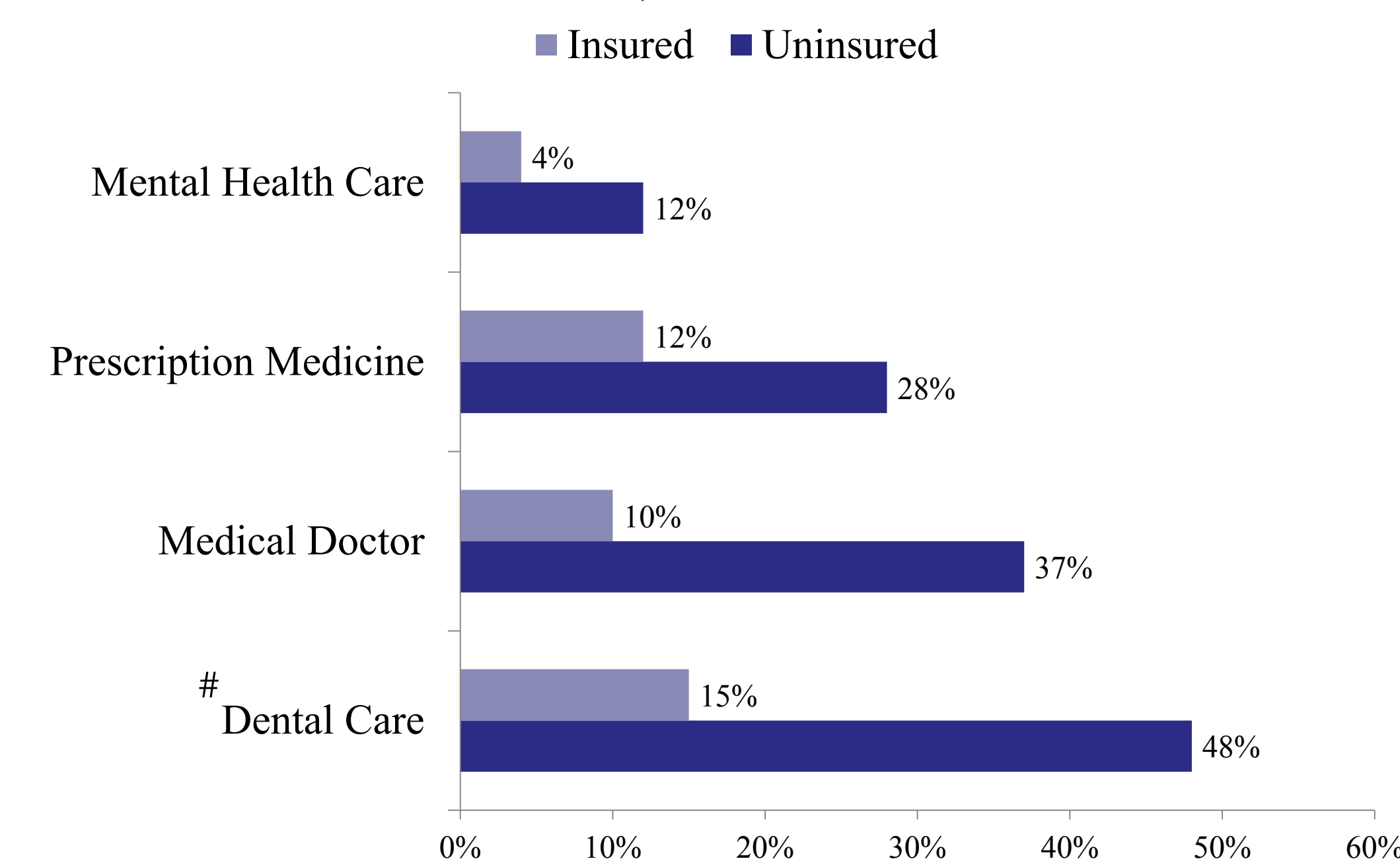


<sup>§</sup>Based on U.S. Census 2009 Federal Poverty Level (FPL) Thresholds, which for a family of four (2 adults, 2 dependents) correspond to annual incomes of \$21,756 (100% FPL), \$43,512 (200% FPL) and \$65,268 (300% FPL).

## RESULTS (Continued)

•At least twice as many uninsured adults reported cost as a barrier to accessing health care services (Figure 3).

**Figure 3: Cost as a Barrier to Accessing Medical Care Among Adults ages 18-64 by Insurance Status, LACHS 2011**



<sup>#</sup>Analyzed by dental insurance status

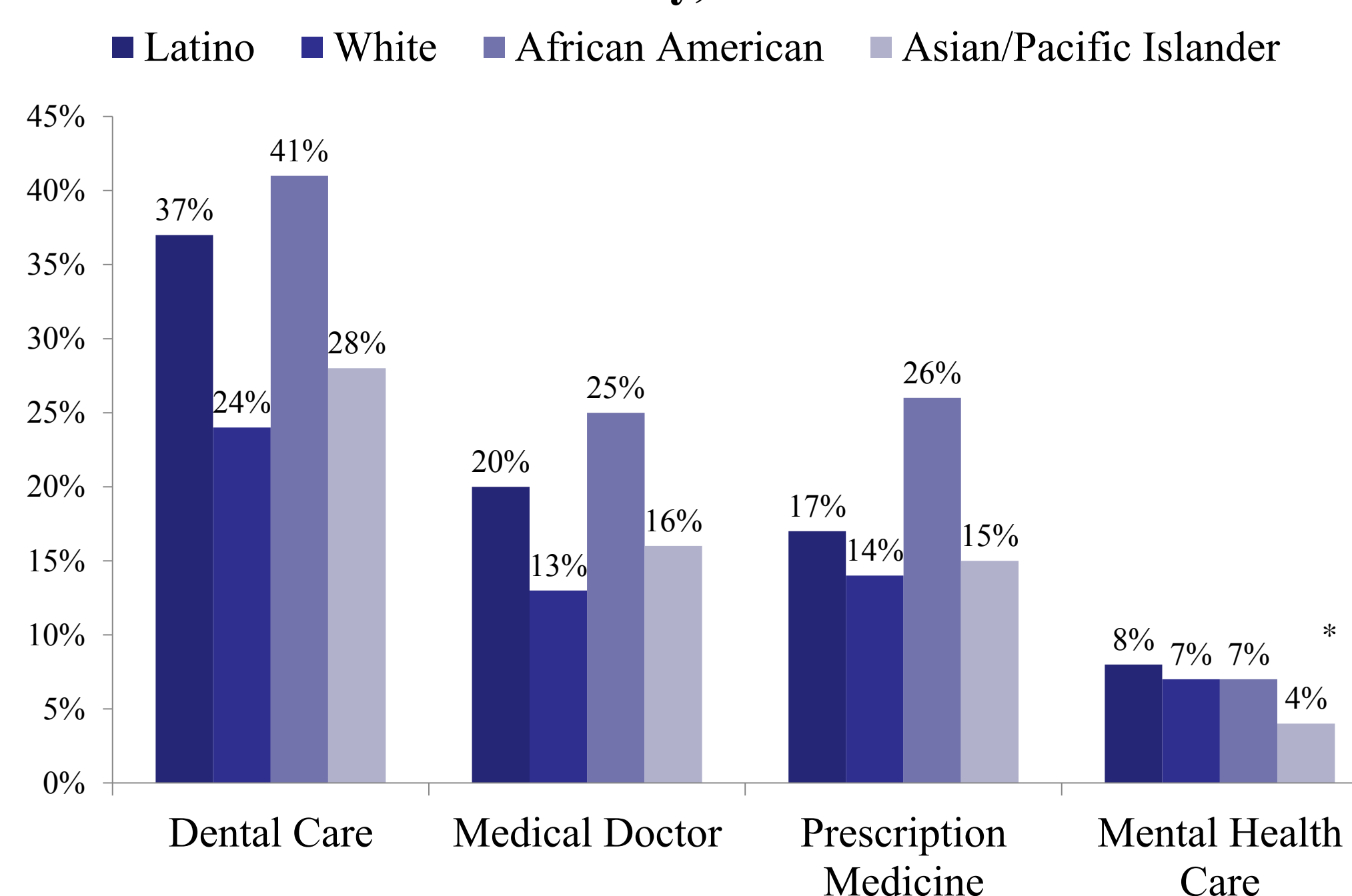
•More women than men reported cost as a barrier to accessing:

- dental care (36.9% vs. 27.3%, respectively);
- a medical doctor (20.4% vs. 15.6%);
- prescription medicine (19.1% vs. 14.4%);
- mental health care (7.7% vs. 5.6%).

•Cost as a barrier to accessing medical care varied by education level. Respondents with less than a high school education reported cost as a barrier more often than those with college and/or post-graduate education.

•African Americans and Latinos reported cost as a barrier to accessing care more often than whites with the exception of mental health care (Figure 4).

**Figure 4: Cost as a Barrier to Accessing Medical Care Among Adults ages 18-64 by Race/Ethnicity, LACHS 2011**



\*Estimate is unstable

## DISCUSSION

The findings presented in this report underline disparities in health care access due to cost.

It is important to note that the data for this report was collected after the beginning of the current recession. The results show that the state of the economy may have influenced impact of cost as a barrier to accessing health care services.

The Affordable Care Act (ACA), passed by President Barack Obama on March 23, 2010, has the potential to enact change in the health care system and may have the ability to improve affordability of health care services for Los Angeles County residents.

Under ACA, Medicaid will be expanded to provide health care coverage for individuals or families with an income less than 133% of the federal poverty level. For low-income uninsured adult residents who qualify, Healthy Way LA is a health program that provides health care coverage at no cost. Additionally, Health Insurance Exchanges will be available for individuals and families to have access to health insurance.

Overall, the new legislation aims to reduce disparities in health by making appropriate, comprehensive health care services more accessible and affordable.

## LIMITATIONS

The data was retrospective and self-reported and therefore responses might be subject to recall bias.

Non-telephone households were not included in the sample.

The data does not represent individuals living in group quarters, such as nursing homes, college dormitories or jails.

Overall declining response rates seen locally and nationally to telephone surveys.

## REFERENCES

1. U.S. Department of Health and Human Services (2010). *Healthy people 2020: The road ahead*. Retrieved from <http://www.health.gov/healthypeople/url/>

## ACKNOWLEDGEMENTS

**Southwest Regional Public Health Training Center**

**Los Angeles County Department of Public Health**

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