Access to Care for Immigrant Children in California: 2001-2005

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> Center for COMMUNITY HEALTH STUDIES

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This Study Examines

- Changes in child health insurance status by immigration status
- Whether trends in access to care vary by child immigration status
- Whether insurance changes explain any observed changes in access for children by immigration status.

Data Sources

- We analyzed data on 49,554 children between birth and 19 years from three rounds of the California Health Interview Survey (CHIS)
 - 2001 (n=19,771)
 - 2003 (n=13,544)
 - 2005 (n=16,239)
- CHIS is representative of California's noninstitutionalized population and includes all major ethnic groups.

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Immigration Status

- Four groups were defined:
 - A: Child and parent are citizens
 - B: Child is citizen/legal resident (LR), parent is LR
 - C: Child is citizen, parent undocumented
 - D: Child and parent are undocumented



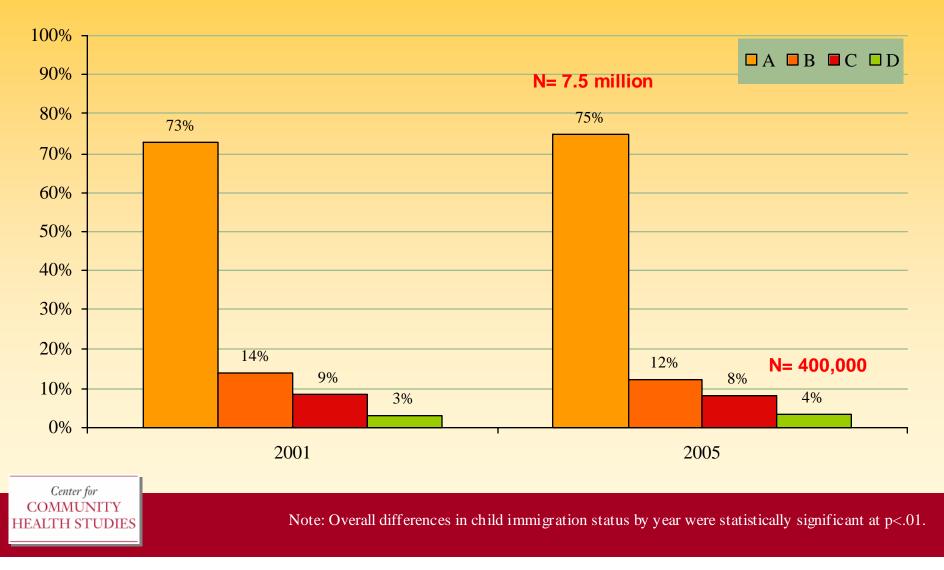
Note: Citizen includes both native and naturalized

Insurance Coverage

- Parent-reported child coverage:
 - Private or employer-sponsored
 - Medi-Cal (Medicaid)
 - Healthy Families (SCHIP)
 - Other
 - Uninsured
- Parent-reported child access:
 - Physician visit in the past year
 - Dental visit in the past year (2001 and 2003 only)

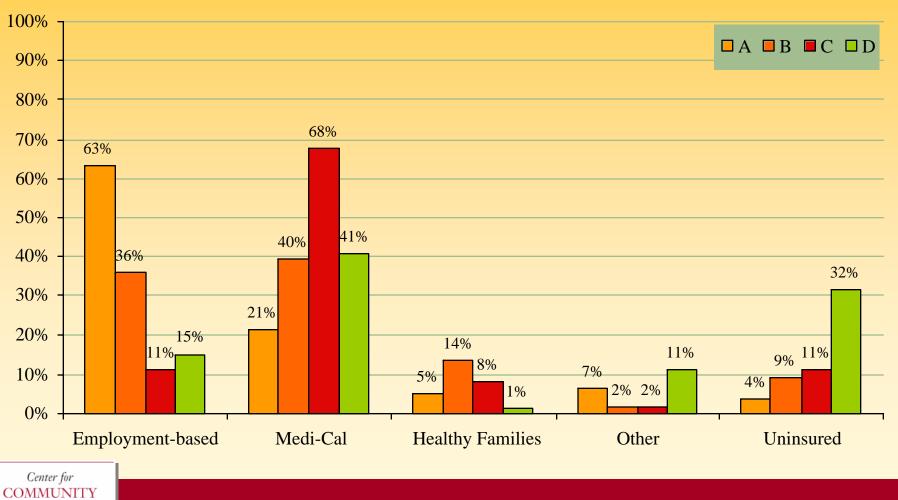
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Immigration Status: 2001-2005



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Child Insurance Status: 2005

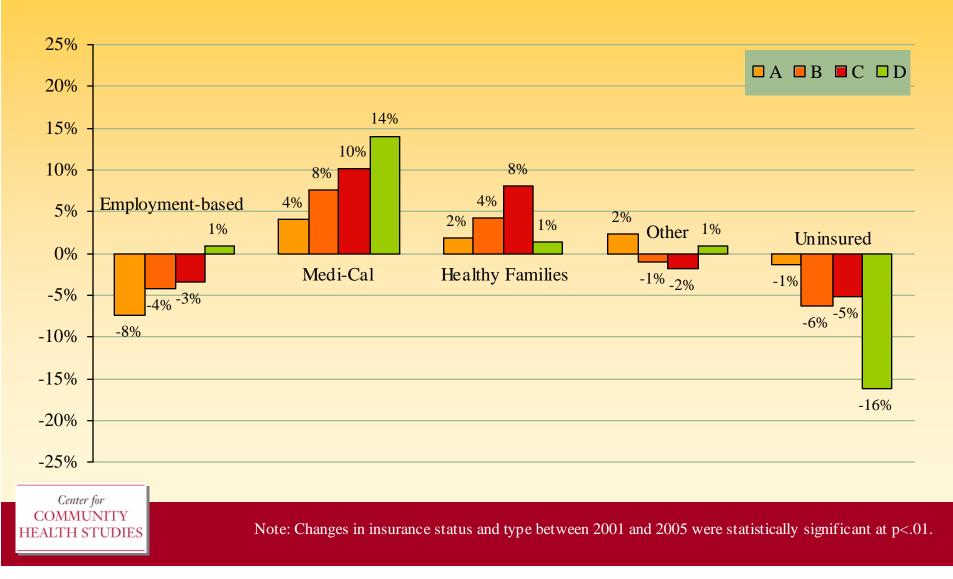


Note: Differences in insurance coverage across immigration status groups were statistically significant at p<.01.

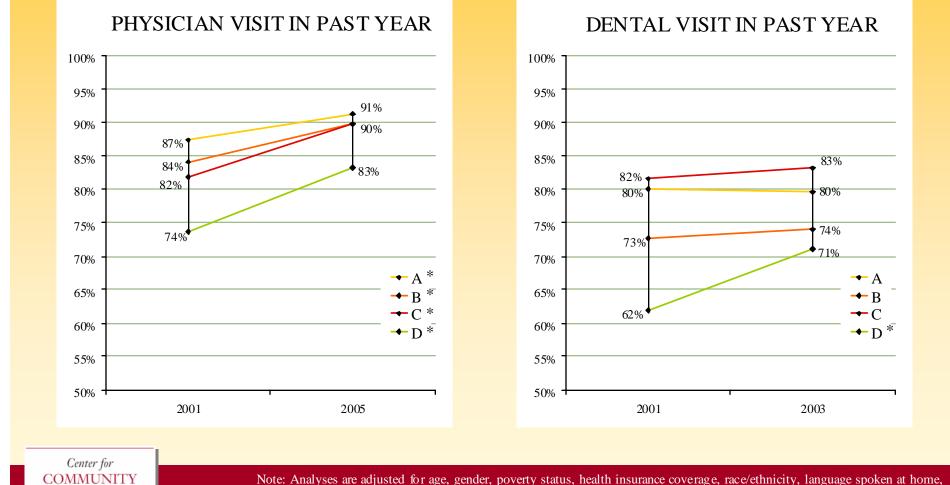
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Trends in Insurance: 2001-2005



Changes in Access: 2001-2005



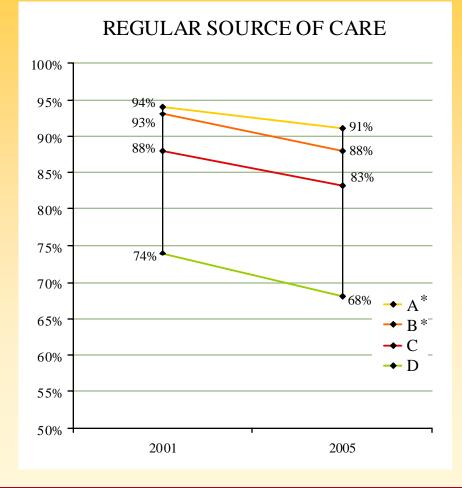
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geographic region, and health status. Differences across immigration status groups within each year are all statistically significant at

p<.01. *p<.05 for the difference between years for a given immigration group.

Changes in Access: 2001-2005



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Note: Analyses are adjusted for age, gender, poverty status, health insurance coverage, race/ethnicity, language spoken at home, geographic region, and health status. Differences across immigration status groups within each year are all statistically significant at p<.01. *p<.05 for the difference between years for a given immigration group.

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Summary

- Some significant improvements in insurance coverage and access to care for immigrant populations.
- Undocumented children appeared to gain the most with regard to physician and dental visits.
- Achieved in a state with ongoing high levels of poverty, decreases in employer coverage, and rising immigration.

Limitations

- Some differences in response rates across years that may contribute to differences despite CHIS adjustments.
- Undocumented children are likely to be undercounted and thus may represent a unique population of those willing to respond openly to a health survey.
- Possibly some regression to the mean for regular source of care variable.

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Policy Implications

- Contrary to our expectations, changes in access were not clearly attributable to the changes in insurance coverage over time.
- Changes in access might have been due to non-insurance health system changes that have occurred alongside changes in the health insurance system.



Two Recent Policy Changes

- County-based efforts, known as Children's Health Initiatives (CHIs), that aim to assure that all children, including the undocumented, have access to care.
- Increased monitoring by the CA Dept. of Health Services of Medi-Cal managed care regarding initial health assessments with a primary care physician.

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CHI Expansion: 2006



Thank You

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