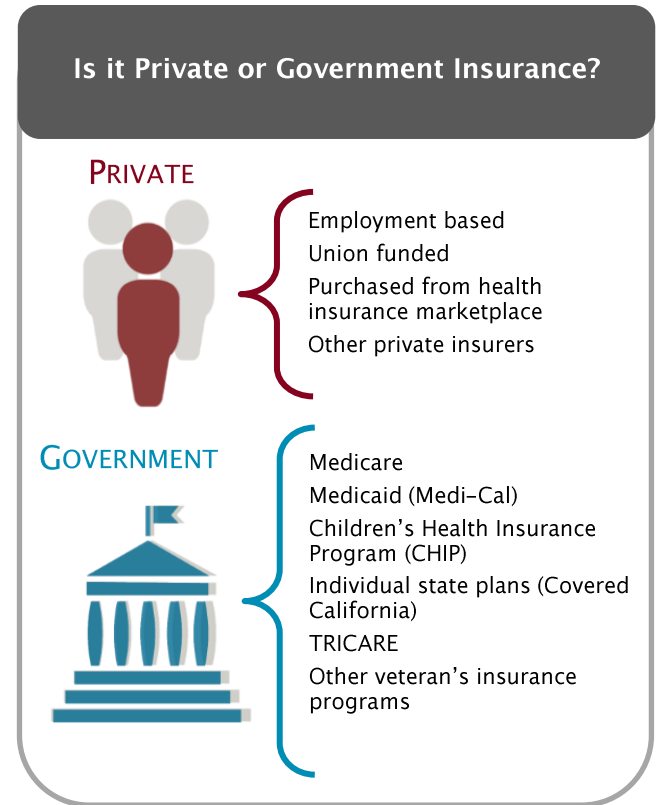


Health Care Coverage among WIC Participants in Los Angeles County

Health insurance is defined as a financial benefit which covers a person's health care expenses, categorized as either private or government insurance¹. While there are many types of health insurance plans, the primary distinctions are private and government insurance programs (see the figure "Is it private or government insurance"). In 2017, 28.5 million (8.8%) people were not covered under any type of health insurance¹. Of those insured, 37.7% were covered by a government program and 67.2% through private insurance. The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) serves low income communities as an adjunct partner in health care for women and children under the age of 5. To be eligible for WIC, a household must have an income under 185% of the federal poverty level (FPL) or have adjunctive eligibility through concurrent enrollment in Medi-Cal, the California based Medicaid insurance program. Medi-Cal coverage was expanded in 2014 along with the creation of Covered California due to the implementation of the Affordable Care Act (ACA). In California, the rate of people uninsured was cut nearly in half, from 16% in 2013 to 9% in 2015, due to the expansion of these programs². The aim of this brief is to highlight the changes in health care coverage among WIC participants in Los Angeles County (LAC) as well as analyze the differences in coverage by language preference and ethnicity. Data were collected from the 2008, 2011, 2014, and 2017 LAC WIC Surveys (LACWS) conducted with random samples of ~5,000 families receiving WIC services at that time.

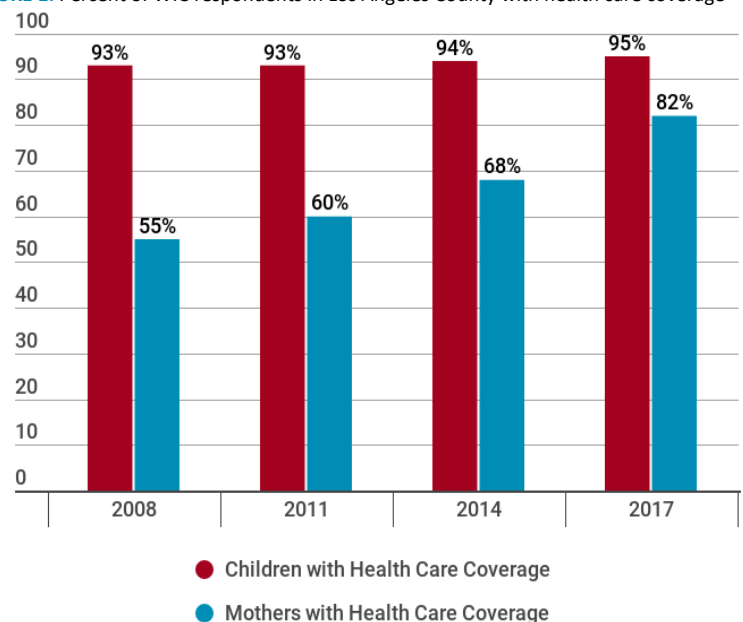


Health care coverage among WIC participants in Los Angeles County

Figure 1 shows the percentage of WIC respondents reporting current health care coverage. WIC serves women while pregnant and for 6–12 months postpartum, and children from birth until their 5th birthday.

- Respondents have reported their children as having some type of health insurance at rates above 93% since 2008.
- In comparison, health care coverage among WIC mothers is lower, but increased substantially in 2017, likely as a result of the passage of the ACA.

FIGURE 1: Percent of WIC respondents in Los Angeles County with health care coverage





2 in 3 insured children were receiving health care coverage through a government program

&



1 in 3 insured mothers was receiving health care coverage through a government program

Ethnicity of Uninsured WIC Mothers

Hispanics in California account for 40% of the overall population and, in a report published in 2015, it was estimated the Hispanic population accounted for 55% of those who are uninsured. Over 80% of WIC participants in LAC are of Hispanic origin. Given the shifts in language preference over past decade, Hispanics are grouped by language preference for this analysis. The majority of uninsured WIC mothers are Hispanic respondents with a Spanish-language preference. In 2017, Hispanic mothers with a Spanish-language preference made up only 43% of the LACWS respondents but made up 73% of the uninsured population (Figure 2). This is an improvement, however, over previous years. Trends by racial-ethnic group are shown in Figure 3.

Summary and Implications

Children served by WIC have a long history of high levels of health care coverage, with only 5–7% of children on WIC without health care coverage over the past decade. This suggests that WIC and health care partners are well connected when it comes to covering young children in low-income families. Until recently, however, health care coverage rates for low-income women served by WIC were low. Results of this analysis suggest that the ACA has had a positive impact on access to health care for low-income women, and it is essential to maintain this access for all individuals served by WIC. The disparities present in Hispanic

Spanish-speaking participants, the majority of those uninsured, highlight the challenges that non-English speaking participants face not only in receiving health care but also in being properly informed about the types of coverage available for eligible low-income families. Given the importance of healthy pregnancies for healthy births, and the significant cost savings accrued through access to quality prenatal care, it is essential that WIC and health care providers continue to work together to ensure all low-income pregnant and postpartum women have access to quality health care⁴.

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FIGURE 2: Comparison of ethnicity distribution for the overall WIC mothers versus uninsured WIC mothers in Los Angeles County, 2017

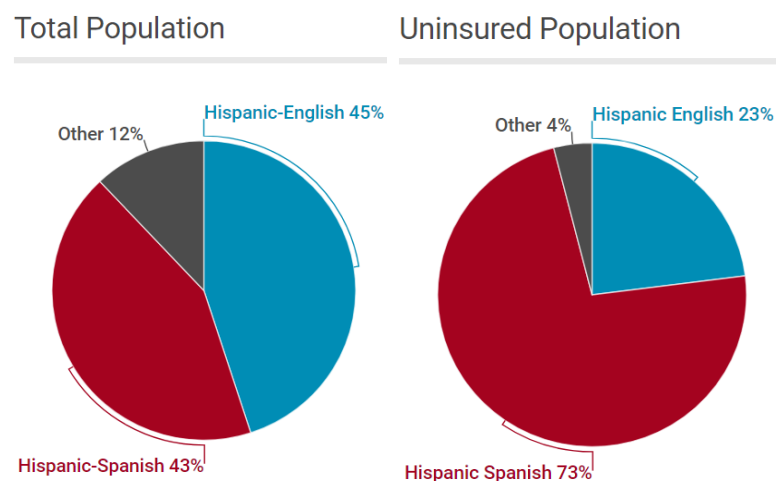


FIGURE 3: Trends for uninsured WIC mothers by ethnicity in Los Angeles County

