WIC DATA L.A. COUNTY

June 2022

Healthcare Use and Trends among WIC Participants in Los Angeles County

COVID-19 Pandemic - CA statewide lockdown
March 16, 2020

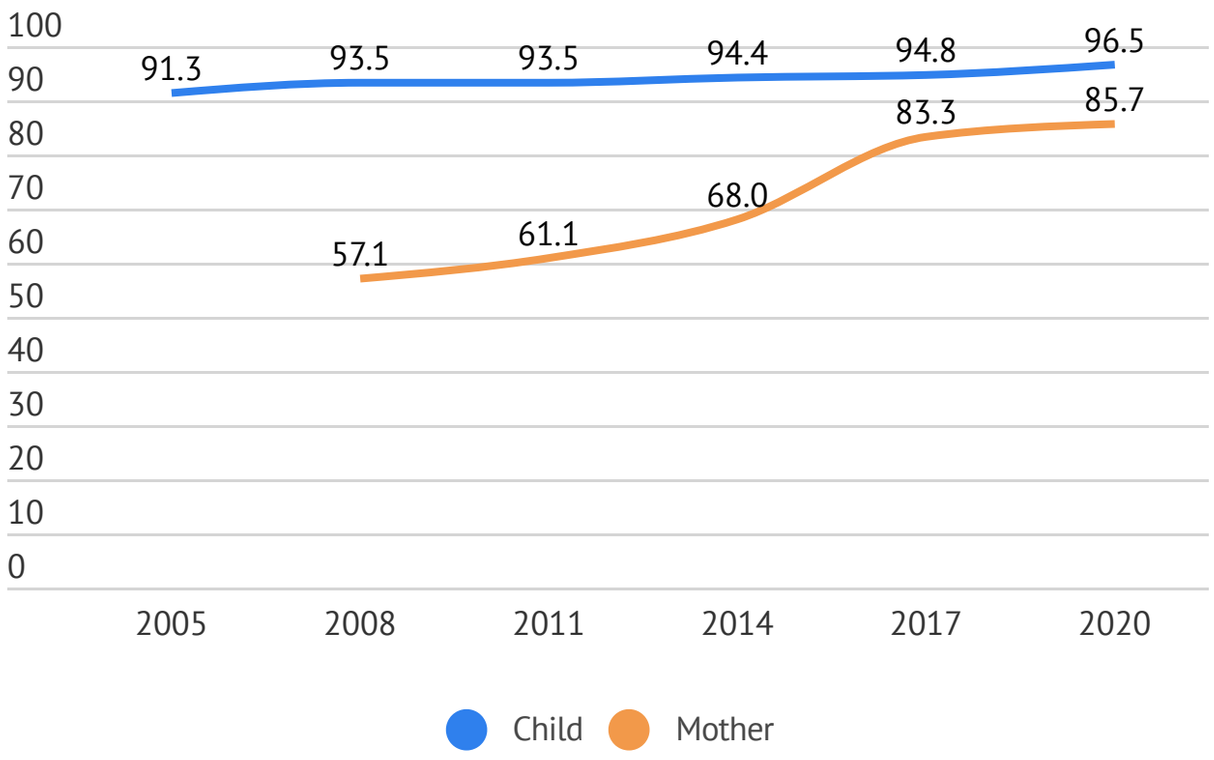
2020 Los Angeles County WIC Survey:
July - Dec 2020

Health insurance is defined as a financial benefit which covers a person's healthcare expenses, categorized as either private or government insurance[1] . In 2020, 91.4% of the U.S. population had health insurance coverage[1]. The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) serves low-income communities as an adjunct partner in healthcare 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 the Medicaid insurance program. WIC serves women while pregnant and for 6-12 months postpartum, and children from birth until their 5th birthday. In 2020, 17.8% of the US population was covered under Medicaid. In California, Medi-Cal coverage, the equivalent of Medicaid in this state, was expanded in 2014 along with the creation of Covered California due to the implementation of the Affordable Care Act (ACA). This program expansion has resulted in a decrease in the uninsurance rate, dropping from 16% in 2013 to 6% in 2020[2]. The aim of this brief is to highlight the changes in healthcare coverage among WIC participants in Los Angeles County (LAC) as well as analyze the differences in coverage by language preference and ethnicity. A secondary aim of this brief is to look at the impact that the COVID-19 pandemic has had on the access and use of healthcare for our WIC participants in LAC. Data were collected every three years starting in 2005 through 2020. The LAC WIC Surveys were conducted with random samples of 5,000 - 6,750 families receiving WIC services at that time.

Health insurance coverage for WIC families by survey year

Since 2005, health insurance coverage for children has remained above 90% and continued to steadily increase across survey years. In comparison, health care coverage among WIC mothers is lower, but has increased substantially through 2020, likely as a result of the passage of the ACA. Data for health insurance coverage was not collected for mother's in the 2005 LAC WIC survey year. The trend for mothers improved from 57% coverage in 2008 to nearly 86% coverage in 2020 among LAC WIC mothers. The largest increase occurred soon after the ACA was implemented and noticeable between the 2014 and 2017 survey years (Figure 1).

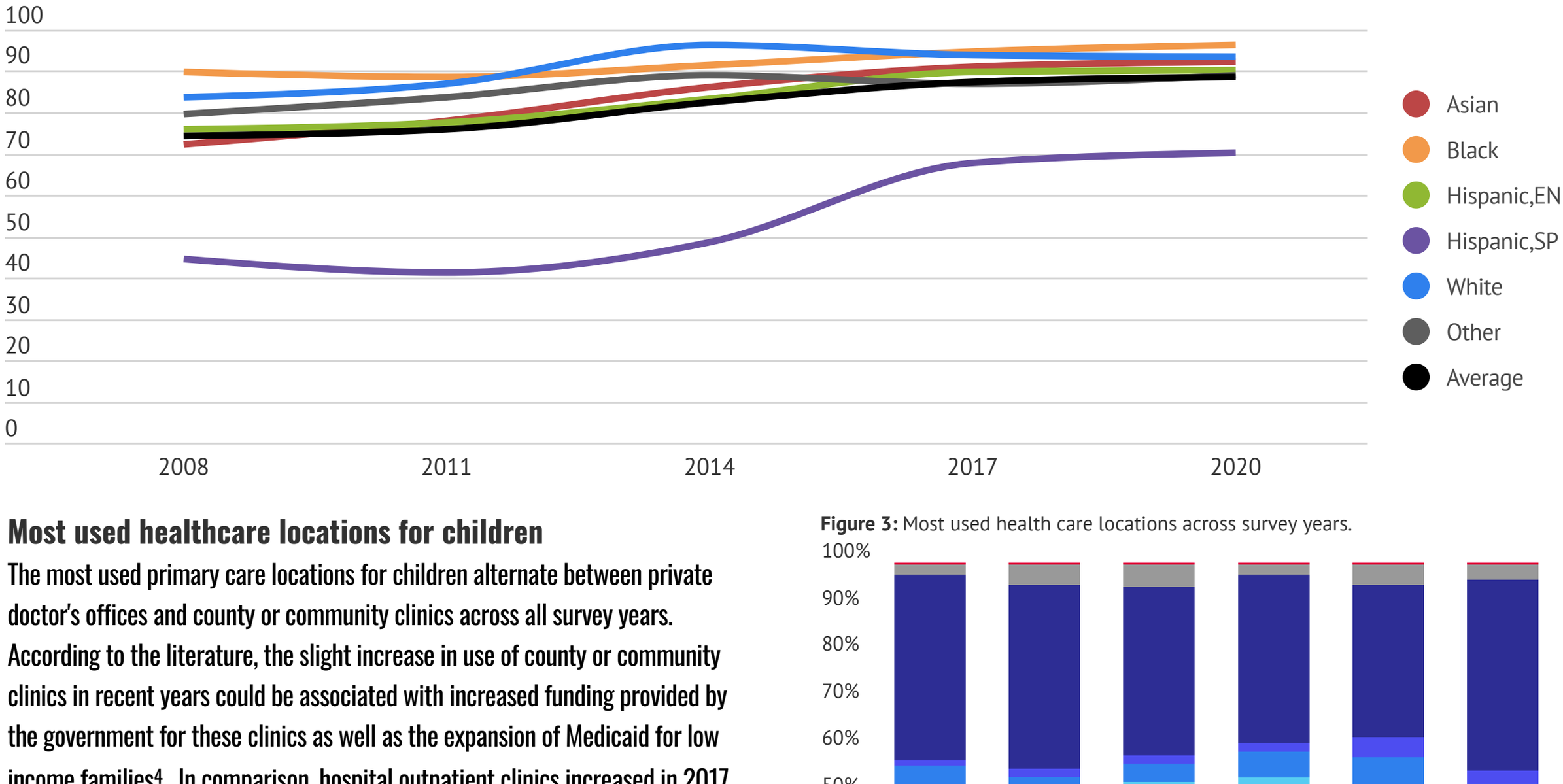
Figure 1: Healthcare coverage trends across survey year for child and mother



Mother's Healthcare Coverage Trends by Race & Ethnicity

Among the Los Angeles County WIC population, Hispanic Spanish speaking have historically had the lowest coverage rates compared to all the other race and ethnicities. This is consistent with results from one study on health care spending and use showing that limited English proficiency adults spent 35% less on medical care than English proficient Hispanics and 42% less than non-Hispanic adults who were English proficient[3]. While English speaking Hispanics have similar coverage rates to all other groups, Spanish speaking Hispanic mothers report only 70% coverage compared 90% or more coverage for all other groups. (Figure 2)

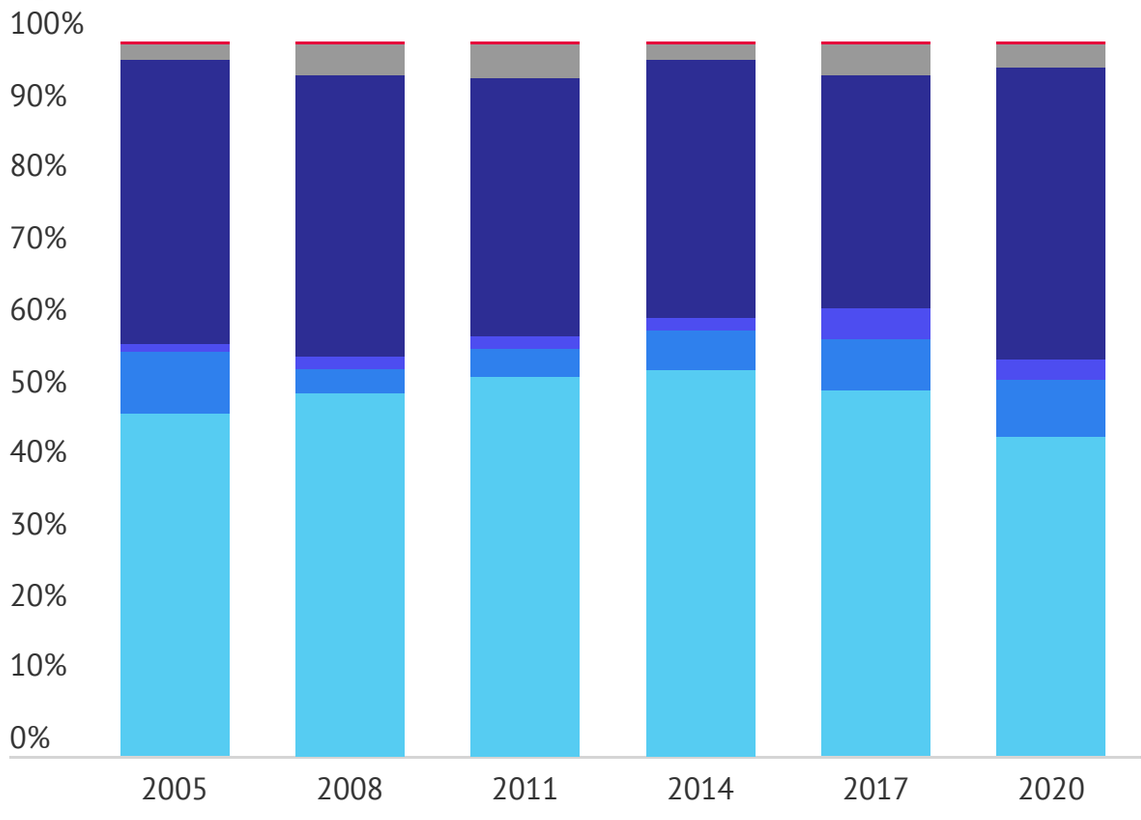
Figure 2: Trends of healthcare coverage among WIC mothers by race and ethnicity



Most used healthcare locations for children

The most used primary care locations for children alternate between private doctor's offices and county or community clinics across all survey years. According to the literature, the slight increase in use of county or community clinics in recent years could be associated with increased funding provided by the government for these clinics as well as the expansion of Medicaid for low income families[4]. In comparison, hospital outpatient clinics increased in 2017 and 2020 while emergency room use increased in 2017 and dropped in 2020. (Figure 3)

Figure 3: Most used health care locations across survey years.

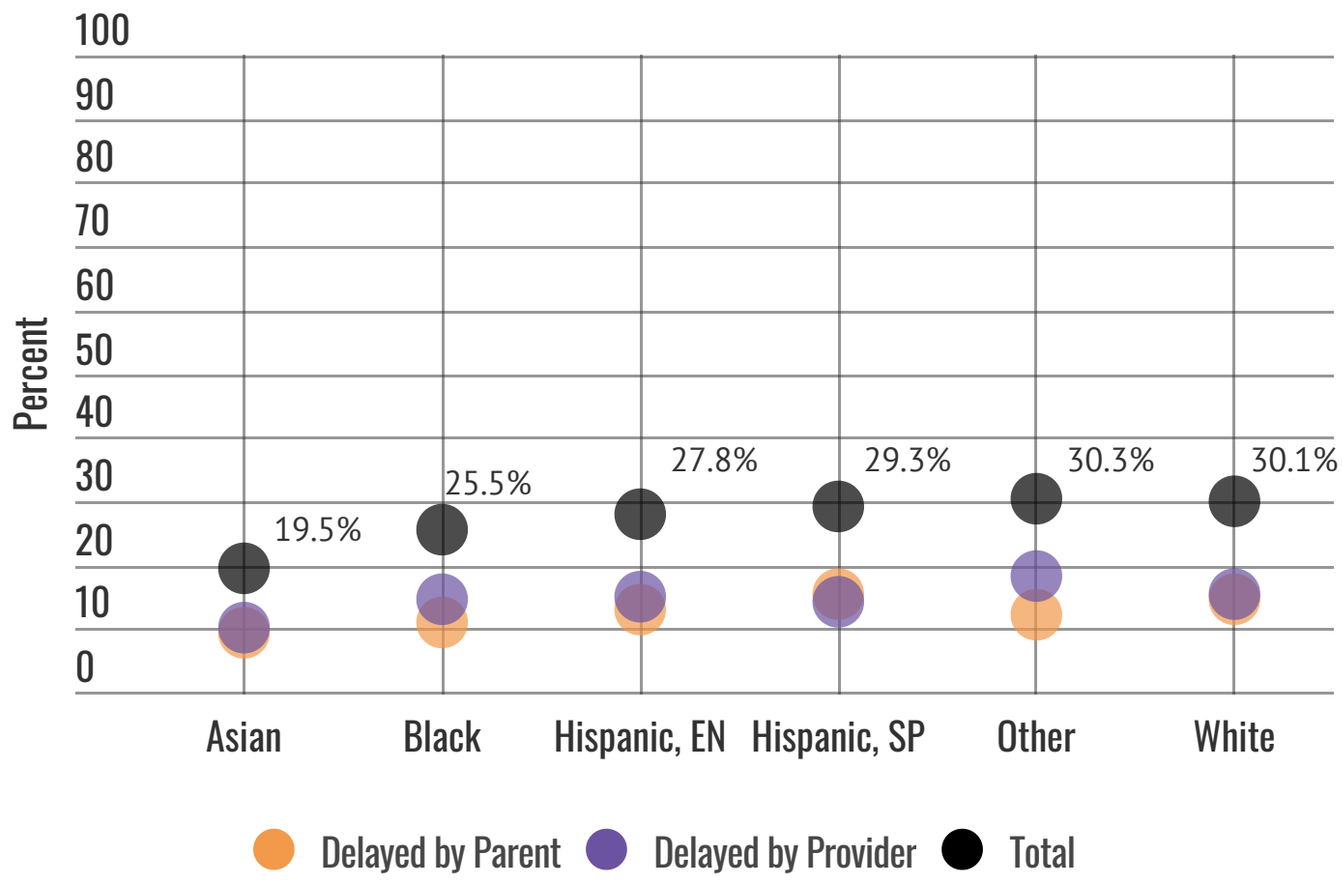


	Private doctor's office	Hospital outpatient clinic	Hospital emergency room	County or community clinic	Somewhere else	None
2005	47.9%	9.0%	1.0%	39.8%	2.1%	0.3%
2008	51.0%	3.4%	1.6%	39.5%	4.3%	0.4%
2011	53.0%	4.1%	1.6%	36.0%	4.9%	0.3%
2014	54.3%	5.4%	1.8%	36.0%	2.2%	0.3%
2017	51.1%	7.3%	4.3%	32.5%	4.6%	0.2%
2020	44.8%	8.1%	2.9%	40.8%	3.3%	0.2%

Routine medical care delays during COVID-19

During the 2020 Survey, data from LAC WIC participants' use of health care was captured while the COVID-19 pandemic was ongoing. COVID-19 disrupted the capacity of medical professionals and the access patients had to retain routine medical care visits and immunization schedules for their children[5]. Among LAC WIC participants, 28.2% reported their child's routine medical care visits were delayed either by the parent (13.5%) or by the medical care provider (14.7%). All racial ethnic groups were more likely to have a routine visit delayed by the medical care provider except for Spanish speaking Hispanics. Black or Other race had a much larger gap between the percent who reported the delay was made by the parent compared with the delay made with the provider. This result suggests an opportunity to explore reasons for disparities in delays in care by racial ethnic groups.

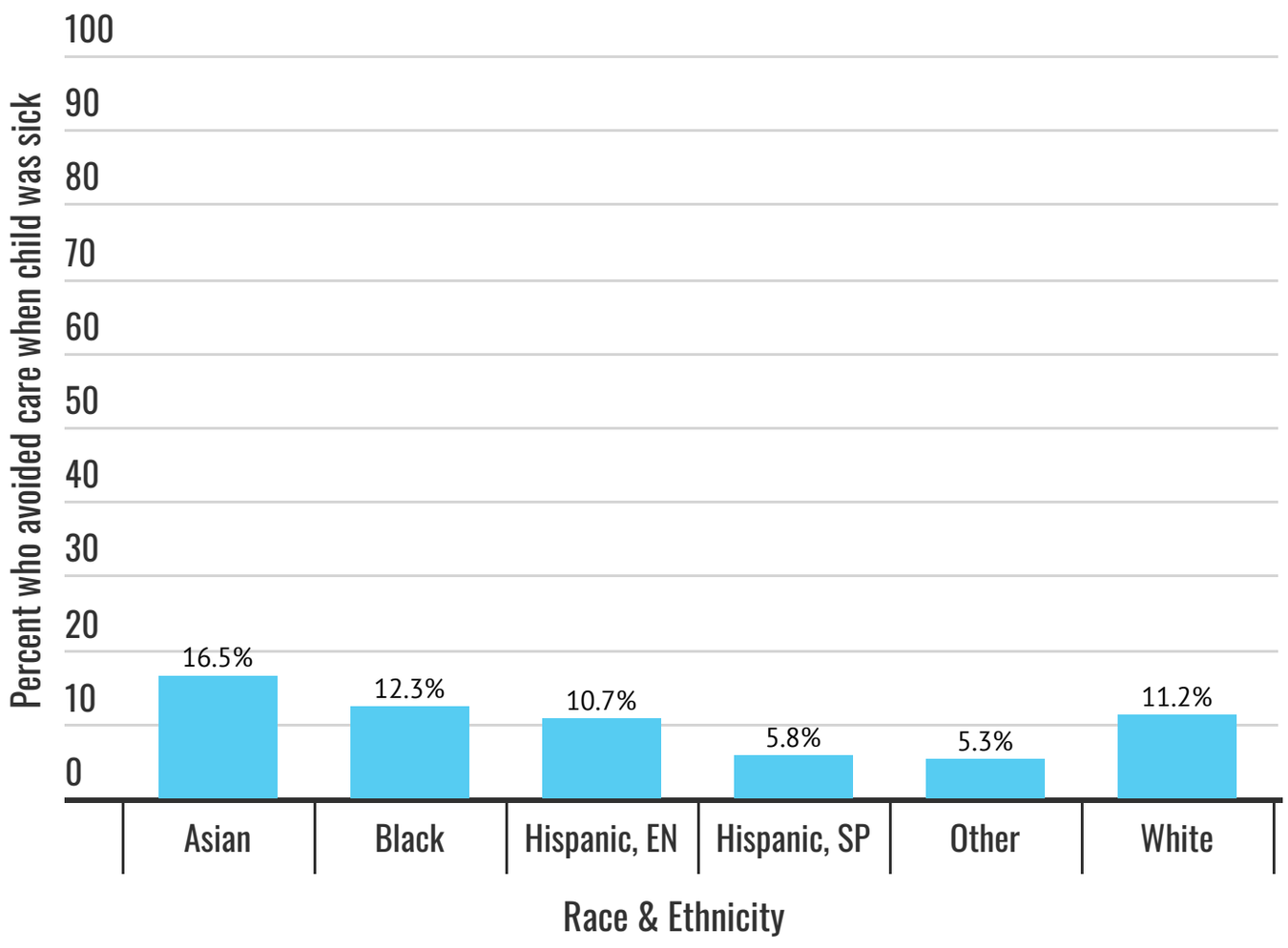
Figure 4: Comparison of delays by race and ethnicity



Avoiding care during COVID-19

An important question asked during the 2020 survey was whether parents avoided taking their child to medical care providers while their child was sick. 9.8% of WIC participants reported they indeed avoided taking their child however the reasons why care was avoided were not explored further. In Figure 5, it is apparent that Asian families were most likely to avoid taking their child to the doctor when their child was sick compared to all other racial ethnic groups.

Figure 5: Avoidance of care when child was sick by racial ethnic group



Conclusion

This analysis adds to the opportunities for further study of the disparities that exists by race and ethnicity in low income communities when it comes to accessing healthcare. Positive results show that WIC families have experienced excellent coverage rates for their children. While the increase in coverage for mothers across survey years shows progress, there are distinct disparities in access to care for specific racial ethnic groups. These stark differences by racial ethnic group can be further explored to help increase a community's understanding of the healthcare system and expand access to available healthcare.

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