

Sonoma County Remaining Uninsured Study

Part A. Self-reported health insurance coverage, healthcare utilization, and patient experience among undocumented immigrants and their children, 2015-16

Part B. Healthcare services and utilization among low-income adult proxy undocumented immigrants at four Community Health Centers, 2015

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Executive Summary

Acknowledgements

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- Graton Day Labor Center, Graton, CA
- La Luz Center, Sonoma, CA
- Vital Immigrant Defense Advocacy and Services (VIDAS), Santa Rosa, CA
- County of Sonoma Department of Health Services, Santa Rosa, CA
- Redwood Community Health Coalition (RCHC)
- Covered Sonoma

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Background and Methods

People that are able to access the healthcare system have improved health outcomes and reduced healthcare costs. Health insurance greatly facilitates access to healthcare and improved health by providing entry to the medical system. From 2010 to 2014 there was a significant decrease in the percentage of Sonoma County residents without health insurance, decreasing from 14% to 10% uninsured. From 2014 to 2015, there was another significant decrease in the percentage of Sonoma County residents without health insurance, from an estimated 10% to 7%.ⁱ

In 2015, an estimated 7%, or 34,000 Sonoma County residents were uninsured. The group of Sonoma County residents with the highest proportion of no health insurance coverage were foreign-born, non-citizens (an estimated 27% uninsured, or 13,000 people), and this group is considered to be predominately comprised of undocumented immigrants.ⁱⁱ Adult undocumented immigrants have limited health insurance options because they cannot enroll in Medicaid or Medicare and are not eligible for tax credits or subsidies. The best estimate of number of undocumented immigrants living in Sonoma County was 38,500 people in 2013, which was about 8% of the total Sonoma County population.ⁱⁱⁱ

With funding from the Blue Shield of California Foundation to characterize the remaining uninsured in Sonoma County, we conducted a survey to assess health insurance coverage and health status. Using three different sampling methodologies to reach this population, we surveyed 254 eligible Sonoma County adult undocumented immigrants from Mexico or Central America from July 2015 through February 2016. Bilingual bicultural interviewers administered the validated survey to undocumented adults in Sonoma County. The main findings from this survey are summarized in *Part A. Survey of Undocumented Adult Immigrants and their Children in Sonoma County, 2015-16*.

To better understand healthcare utilization, preventive screenings, and chronic disease management and identify any disparities between undocumented and documented adult patients, we obtained and analyzed de-identified, de-duplicated patient-level data from Redwood Community Health Coalition (RCHC) on about 55,000 adult patients who received healthcare at Santa Rosa Community Health Centers, West County Health Center, Petaluma Health Center, or Alexander Valley Healthcare in

2015. Since there was no direct way to measure immigration status, we developed a proxy undocumented immigrant variable for low-income adult patients who met the following criteria: (1) of Latino origin, (2) Spanish speaking, (3) uninsured, (4) never previously enrolled in a publicly funded health insurance program requiring citizenship eligibility, and (5) had an income that less than 139% the federal poverty level. We developed descriptive and bivariate statistics, and then tested for statistical differences. The main findings from this analysis of RCHC patient data are summarized in *Part B*. Healthcare services and utilization among low-income adult proxy undocumented immigrants at four Community Health Centers, 2015.

Part A. Survey of Undocumented Adult Immigrants and their Children in Sonoma County, 2015-16

Main Findings



DEMOGRAPHICS

Surveyed adult undocumented immigrants (N=254) were mostly male (58%), born in Mexico (95%), young (median age of 38 years; range: 18-65 years), and lived throughout Sonoma County. The average age of entry into the United States (US) was 14 years of age. Four in five reported speaking English “*Not at all*” or “*A little*.”

Key Finding #1: The average surveyed adult undocumented immigrant living in Sonoma County entered the country as a child.



FAMILY STRUCTURE

The majority (65%) of surveyed adult undocumented immigrants reported being married or living with their partner. Half (51%) had children ages 0-17 living in their household. Almost nine in ten children living with surveyed adult undocumented immigrants had authorization to be in the US. Surveyed adult undocumented immigrants with children had, on average, two children 0-17 years of age living with them. About three in four families had a mixed family immigration status.

Key Finding #2: Two-thirds of surveyed adult undocumented immigrants were married or living with their partner. Half of surveyed adults had children living in their household. Nine in ten children of undocumented immigrants had authorization to be in the US.



HEALTH INSURANCE COVERAGE

About 14% of surveyed adult undocumented immigrants reported current health insurance coverage. The majority of surveyed adults had never had health insurance in the US. Among these adults who had never had health insurance, the main reasons were because it was too expensive (50%) and because people didn't know how to get it (20%). Nearly all children (94%) of surveyed adult undocumented immigrants had health insurance, on par with all Sonoma County children.

Key Finding #3: Health insurance coverage was low (14%) among surveyed adult undocumented immigrants. Nearly all children (94%) of surveyed adult undocumented immigrants had health insurance, similar to all Sonoma County children.



ACCESS TO A USUAL SOURCE OF CARE

Despite low levels of health insurance coverage, the majority (72%) of surveyed adult undocumented immigrants reported having a usual source of care. Nearly all (98%) children of surveyed adult undocumented immigrants had a usual place they went when they were sick or needed health advice, similar to all Sonoma County children.

Key Finding #4: The majority (72%) of surveyed adult undocumented immigrants reported having a usual source of care for themselves. Nearly all children of surveyed adult undocumented immigrants had a usual place they went when they were sick or needed health advice.



GENERAL HEALTH STATUS

Surveyed adult undocumented immigrants (55%) were 2.5 times more likely to report their own general health as *Poor* or *Fair* compared to 20% of Sonoma County adults 18-65 years in 2013-14.

Key Finding #5: Over half of surveyed adult undocumented immigrants reported a *Poor* or *Fair* general health status.



ACCESS TO DENTAL CARE

An estimated 7% of surveyed adult undocumented immigrants had dental insurance, and about 28% had visited a dentist or dental clinic in the last year. About one in three surveyed adults had never visited a dentist or dental clinic or hadn't visited a dentist or dental clinic in more than five years. An estimated 81% of children of surveyed adult undocumented immigrants had dental insurance, and 88% had visited a dentist or dental clinic in the last year.

Key Finding #6: An estimated 7% of surveyed adult undocumented immigrants had dental insurance, and 28% had visited a dentist or dental clinic in the last year. The majority (81%) of children of surveyed adult undocumented immigrants had dental insurance and had visited a dentist or dental clinic in the last year (88%).



ACCESS TO MENTAL HEALTH CARE

Among those who self-identified as feeling that they may need to see a professional because of problems with mental health, emotions, nerves, or use of alcohol or drugs (about 22% of surveyed adults), only 12% of them reported having health insurance that would cover treatment. Among those who self-identified as needing professional help but did not seek help (62%), the two most common barriers to care were cost (91%) and stigma, specifically concerns about what would happen *"if someone found out they had a problem"* (40%).

Key Finding #7: Access to mental health care was poor among surveyed adult undocumented immigrants. The majority (91%) identified cost as the primary barrier to care. The next most common barrier was related to stigma.



EDUCATION

Educational attainment among surveyed adult undocumented immigrants was low. The majority (57%) had an education attainment of 8th grade or lower. About 25% had attained a high school level education or higher.

Key Finding #8: Educational attainment was low among surveyed adult undocumented immigrants. Over half (57%) had not attained an education past the 8th grade.



INCOME

Nearly nine in ten surveyed adult undocumented immigrants had a total family income of \$30,000 or less in 2014, earning less than half of the median Sonoma County household income (\$64,000) in 2014. Almost one in four surveyed adult undocumented immigrant's household received CalFresh, due to mixed family immigration status. Not all eligible mixed immigration status families eligible for CalFresh benefits received them.

Key Finding #9: Nine in ten surveyed adult undocumented immigrants had a total family income of \$30,000 or less in 2014. There is a gap between mixed family immigration status families eligible for CalFresh and those actually receiving CalFresh.

Summary

To our knowledge, this was the first characterization of health status, health insurance coverage, healthcare access and utilization among undocumented adult immigrants and their children living in Sonoma County. This study provides insight into the health and healthcare disparities faced by undocumented adult immigrants. Several hypotheses were confirmed by the study – undocumented adult immigrants are less likely to have health insurance than other Sonoma County residents and they are more likely to have fair or poor health compared to Sonoma County residents of comparable age. The majority of undocumented adult immigrants have never had health insurance, and cost is cited as the main reason for not having health insurance, followed by not knowing how to get it. This study also demonstrates that compared to other Sonoma County adults, adult undocumented immigrants have similar mental health and dental health needs but with lower levels of insurance and very low levels of utilization. As these adult undocumented residents continue to age and without efforts to address access to the healthcare system and increase healthcare utilization, particularly mental and oral health care, health disparities will likely widen.

Uniquely, this study reveals that despite a low level of health insurance coverage (14%), most (82%) undocumented adult immigrants report knowing where to get medical care. In fact, the majority (72%) of surveyed adult undocumented immigrants reported having a usual source of care, which for most participants was a clinic or health center. Surveyed adult undocumented residents also report strong trust in the providers they see and positive patient experiences with medical providers and staff. However, the poorer access to dental and mental health care among surveyed adult undocumented immigrants may contribute to the worsening of dental and mental health issues over the lifespan.

There was good news for children of undocumented residents. Children of undocumented residents have high levels of health insurance coverage and a usual source of care equal to that of all Sonoma County children. This speaks to the many dedicated people and organizations in Sonoma County that have worked to ensure every child has health insurance and access to care.

Part B. Healthcare services and utilization among low-income adult proxy undocumented immigrants at four Community Health Centers, 2015

Main Findings



DEMOGRAPHICS

Proxy undocumented adult patients were younger (median age: 41 years), and less likely to be female (54%) than other adult patients (median age: 43 years, and 62% female).



AVERAGE NUMBER OF SERVICES RECEIVED

Of all patients who received a particular type of service, proxy undocumented adult patients had significantly¹ fewer medical services, dental services, mental health services, and enabling services² than other adult patients.³ Proxy undocumented adult patients and other adult patients who received vision services were equally likely to receive the same number of services.

¹ $p\text{-value} < 0.05$

² Enabling services include services provided by case managers, patient and community education specialists, outreach workers, and other non-medical staff

³ Patients were only included in the calculation for the average number of services if they had at least one visit for the particular type of service



PREVENTIVE HEALTH SCREENINGS

Tobacco use and cessation counseling. Proxy undocumented adult patients were significantly less likely to be screened for tobacco use (72%) than other adult patients (76%). Proxy undocumented adult patients who identified as tobacco users were less than half as likely to receive tobacco cessation counseling than other adult patients (20% vs. 43%).

Weight Screening and Follow-up. Proxy undocumented adult patients were significantly less likely to be screened for their weight and have follow-up (27%) than other adult patients (39%).

Cancer Screenings. Among women 24-64 years, proxy undocumented patients were significantly more likely to receive cervical cancer screening (85%) compared to other adult patients (71%). Proxy undocumented adult patients 51-74 years were significantly more likely to receive colorectal cancer screening (40%) compared to other adult patients (34%). Among women 52-74 years, proxy undocumented patients were equally likely to receive a mammogram.



BLOOD PRESSURE AND DIABETES CONTROL

Among patients 18-84 years with a diagnosis of hypertension before June 30, 2015, with at least two medical visits in 2015, proxy undocumented patients and other patients were about equally likely to have hypertension control. Among patients 18-74 years with a diagnosis of diabetes and at least two medical visits in 2015, proxy undocumented patients were significantly less likely to have diabetes control than other patients (65% vs. 70%).

Summary

Proxy undocumented adult patients were significantly younger and less likely to be female than other adult patients. On average, proxy undocumented adult patients had significantly fewer medical, mental health, dental health, and enabling services than other adult patients seen at Santa Rosa Community Health Centers, West County Health Center, Petaluma Health Center, or Alexander Valley Healthcare in 2015.

Among identified tobacco users, proxy undocumented adult patients were about half as likely to receive tobacco cessation counseling than other adult patients. Proxy undocumented adult patients were also significantly less likely to be screened for their weight and have follow-up.

Proxy undocumented adult patients were more likely to have cervical cancer and colorectal cancer screenings, and equally likely to have a mammogram as other adult patients. For women’s health preventive health screenings, this was likely due to the availability and utilization of the Family Planning, Access, Care and Treatment (Family PACT) program. Family PACT provides comprehensive family planning services to eligible low-income men and women, regardless of immigration status.

There was also no disparity identified in blood pressure control among proxy undocumented patients and other adult patients. Proxy undocumented adult patients were statistically significantly less likely to have diabetes control than other adult patients.

Opportunities for Action

Public health is what we – residents, non-profit, business, and philanthropic sectors, government, and elected officials – collectively do as a society to assure the conditions in which people can be healthy. To improve health outcomes public health must reduce and eliminate health disparities. **This study confirmed that there is disparate access to health insurance and access to healthcare in our county, and that the majority of surveyed adult undocumented residents with disparate access to healthcare have poor or fair health.**



Below are opportunities for action. If addressed, these actions would reduce the disparities identified by this study and address challenges faced by adult undocumented immigrants and their children in Sonoma County. The list below follows the order in which the main findings were summarized and presented in this Executive Summary.

- A. Increase the number of undocumented adult immigrants with health insurance
- B. Increase the number of undocumented adult immigrants with a usual source of medical care
- C. Increase the number of undocumented adult immigrants with dental and mental health insurance
- D. Increase access to free or low-cost dental and mental health services for undocumented adult immigrants
- E. Increase food security among mixed immigration status families
- F. Increase economic security among undocumented adult immigrants
- G. Increase the average number of medical, dental, mental health, and enabling services among undocumented adult patients
- H. Increase preventive clinical services (screening for tobacco use, tobacco cessation counseling, weight screening and follow-up) among undocumented adult patients
- I. Increase diabetes control among undocumented adult patients

ⁱ U.S. Census Bureau, American Community Survey, 2010 to 2015 1-Year Estimates

ⁱⁱ U.S. Census Bureau, American Community Survey, 2015 1-Year Estimates

ⁱⁱⁱ Public Policy Institute of California, Estimated Number of Undocumented Immigrants by Zip Code, 2013