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POLICY BRIEF

Expanded access to health care and use of services among Los Angeles high school students, 2016

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The 2010 Patient Protection and Affordable Care Act (ACA) expanded health insurance eligibility to over 20 million American residents, but explicitly excluded undocumented immigrants. California enrolled over five million previously uninsured individuals into its health insurance exchange, Covered California, or Medicaid program, Medi-Cal[1]. California has also been one of the states that expanded eligibility for Medi-Cal to undocumented immigrants eligible for the Deferred Action Childhood Arrivals (DACA) executive order, allowing potential insurance access to 300,000 adolescents and young adults.[2] However, given the discussion at national level which specifically excluded DACA youth, it was unclear to what extent DACA students were aware of their health insurance eligibility and to what extent they used health care services. In addition, California Bill 75 became in effect on May 1, 2016, providing full-scope Medi-Cal eligibility for **all** children under age 19 with family income at or below 266% of the Federal Poverty Level (FPL), regardless of immigration status.[3]

Funded through UC Berkeley's Research Program on Migration and Health, this brief describes the knowledge of Los Angeles foreign born and DACA-eligible adolescents about rights to accessing care, available programs and services, and experiences accessing care. We compared knowledge and experiences of DACA-eligible and foreign-born youth with those of US-born youth. We conducted a cross-sectional internet-based survey of 1,127 adolescents enrolled at public high schools in Los Angeles from April to June 2016. Students were recruited through school health initiatives administered by participating schools of the LA Unified School District or through L.A. Trust Wellness Center and its community-based partner InnerCityStruggle. The survey had approval from the Institutional Review Board of the University of California, San Francisco, the National Institute of Public Health in Mexico and the Los Angeles Unified School District.

The survey inquired about knowledge about Medi-Cal eligibility and DACA provisions, barriers to enrollment, and socio-demographics, including place of birth. We used bivariate statistics to test for differences by place of birth (US or foreign-born).

Demographics: From the 1,127 respondents, we had a total of 1,027 completed surveys, There were nearly equally female (54.7%) and male (42.3%) with 1.6% indicating transgender or other gender identity. A majority of the respondents was 15 years and younger (47.6%) and another 42.5% were 16 and 17 years old. Nearly all students (79.7%) reported qualifying for partial or total school lunch subsidies and 85.8% were Hispanic or Latino. Of the survey respondents, 10.3% were born in Mexico and 10.7% in 29 other countries (21% total). According to year of arrival, the majority of foreign-born (88.9% of the 21%) would be DACA eligible but it should be noted that the group of foreign-born students includes an unknown proportion of legal residents and naturalized citizens.

Knowledge of Medi-Cal eligibility: Although 88% of the students had heard about Medi-Cal, two-thirds (65.7%) did not know who qualifies for the program. Only few students knew that pregnant women and low-income adults were Medi-Cal eligible (7.1% foreign-born vs 6.3% US-born, p=0.67) or that DACA-recipients or undocumented minors may enroll in Medi-Cal (2.3% foreign-born vs 1.6% US-born, p=0.48). Even fewer students (6.2%) knew about eligibility for the Family PACT program, California's family planning program that provides reproductive health services to adolescents and adults regardless of immigration status.

30.7% of those who reported being uninsured or not enrolled in MediCal (n=545) said that somebody told them that they might be eligible for Medi-Cal. Students were asked whether anybody told them that they might qualify for Medi-Cal. Of these 545 who were asked this question, 18.7% said yes, and nearly two-thirds (60.8%) of these students were US born. A quarter of the students (27%) had applied for Medi-Cal for themselves or somebody else. The most frequently cited reasons for non-enrollment were not knowing where to apply (32.0%), complexity of forms (24.6%) and/or the enrollment process (24.4%). Concerns about documentation status were mentioned by 29.2% students in this group (41.3% of the foreign-born; 24.7% of the US-born).

Knowledge about DACA youth eligibility for health programs: A large proportion (55.5% and 45.6%) had not heard about DACA. Among those students who had, the most frequently cited sources were TV and school. A fifth (21.4%) knew that DACA youth can qualify for Med-iCal, but not that they can get private insurance through the employer (only 2.6%) or enroll in Family PACT (5.8%), My Health LA (MHLA) (5.9%) and Wellness center (4.7%). 137 (13.4%) students applied themselves or know somebody who applied for DACA (60 foreign-born, 77 US-born).

Health insurance status and Medi-Cal enrollment: Overall, 707 students (69%) reported having health insurance. Insurance status varied by age with younger students (15 years and younger) being more likely to be uninsured or not know their insurance status (42.5%) than students in the 16-17 year old or 18 and over age group (30.5% and 30.4%, respectively). The majority of the students with insurance (79%) said that they were insured through Medi-Cal or MHLA. Foreign-born students were less likely to report having any insurance than US born (47.7% vs 68.4% ; $p<0.001$) or a usual source of care (56.5% vs. 72.8%, $p<0.001$). However, a large percentage (27.4%) said that they did not know whether or not they were insured. The main reason students said they were uninsured was because they thought that they were not eligible due to citizenship/immigration status (37%, 23 of 63 without insurance).

Use of medical services in the last 12 months: Three fourths of students had seen a doctor or nurse for some kind of medical care in the past 12 months, and a substantial proportion of students (40.7%) reported that they themselves decided when to seek care. This medical care was mainly a non-serious health problem (76.1%). Preventive services (18.3%) were mainly sports physicals (66.5%) followed by family planning, STI testing or other reasons. Serious health problems (15.3%) were mentioned less frequently as reason for a health care visit.

Among those who had seen a doctor in the last 12 months, the most common place of care were community or county clinic or hospital/hospital clinic. Emergency room or urgent care use was only indicated 8% of the times and a small group (4.4%) reported having used the Wellness Center or other school-based clinic. The majority thought that they did not need to pay anything at the time of the visit but a fifth said that they did not know whether there was a co-payment.

A large proportion of students indicated that they did not know (37%) whether they delayed health care that they needed for more than 4 weeks. Nearly 10% reported that they had delayed health care they needed for more than 4 weeks. Main reasons for the delay were lack of money for the visit or co-pay and long time to get an appointment; less frequently students mentioned not knowing where to go (8.6%) or immigration fear (2.2%). However, among foreign-born immigration fear was mentioned by 9.1%.

Source of health information: Family was the main source of health insurance information for US-born and foreign-born alike (58.1% versus 55.6%; p=0.4) A higher proportion of foreign-born students (28.7%) indicated school and school-based health centers (Wellness Centers) as source of health insurance information than US born students (22.3%;p=0.05). Foreign-born students were also more likely than US-born students to report that school and Wellness Centers were the most useful source of information overall (30.6% vs 24.9%; p=0.09).

Conclusions

Two years after Medicaid expansion, knowledge of California‘s Medi-Cal eligibility remains low among students in LA high schools. A substantial proportion of adolescents make decisions on use of medical services on their own. School health education classes and programs as well as teachers are an important source of information on health issues and should be used to disseminate information about health insurance access and help to enroll youth, in particular recent arrivals, into health programs. Concern about migratory status is a key concern among the uninsured, even among US-born students. In order to turn insurance eligibility into enrollment and use of services, youth health programs need to provide adolescents who are DACA recipients or living in mixed status families with timely information about their rights and available programs such as Medi-Cal and Family PACT and provide skills to effectively navigate the health care system.

The president-elect announced his intention to eliminate DACA protections for undocumented youth and to repeal the ACA (ObamaCare). These announcements and likely cutbacks and barriers to health care are likely to increase adolescents’ confusion about divergent federal and

state health insurance policies. Students who are undocumented or in mixed status families may be more reluctant to use any publicly-funded health program which might hamper health promotion and disease prevention initiatives for youth who are in a crucial developmental stage.

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1 California Health Care Foundation, Facts and Figures on the ACA in California: What We've Gained and What We Stand to Lose. Sacramento, November 2016. http://www.chcf.org/publications/2016/11/facts-figures-aca-ca?_cldee=dGhpZWxoQG9iZ3luLnVjc2YuZWR1&recipientid=contact-23d8ac99591ce51180f7c4346bac4b78-67318c7f628f498eb2a8ef57f4b30cdf&esid=9fd393dd-07b1-e611-80ef-5065f38a3b81

2 Mitchell, D (editor), Health Insurance and Demographics of California Immigrants Eligible for Deferred Action. California Policy Options 2016, UCLA Luskin School of Public Affairs. http://laborcenter.berkeley.edu/health-daca-dapa/

3 California Legislative Information, Senate Bill No. 75, Sacramento, version 6/24/2015 http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160SB75