

Health Indicator Profile: **Health Insurance**



Having health insurance is a particular measure of a person's ability to access health care. People without health insurance are less likely to have a usual source of health care and are more likely to miss routine medical visits, which can identify serious health conditions early or even prevent them entirely. People with chronic diseases, such as diabetes and hypertension, need regular care to control their conditions, so lack of insurance can exacerbate these conditions. In addition, those without health insurance may struggle with large medical bills and out-of-pocket expenses.

Findings from the 2022 Santa Barbara County CHNA

Measure: Health Insurance

Having health insurance data are based on responses to the question: "Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare or Medi-Cal, or Indian Health Service?"

INSURANCE STATUS QUESTION

Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare or Medi-Cal, or Indian Health Service?



Table 1. Percentage of Adults with Health Insurance by Demographics

	2016 Santa Barbara CHNA ¹	2019 Santa Barbara CHNA ¹	2022 Santa Barbara CHNA	2021 California BRFSS	2030 Healthy People Target
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	%
Overall	88.7 (86.6, 90.9)	87.5 (84.4, 90.5)	93.8 (91.4, 96.2)	91.5 (90.7, 92.4)	92.4
Male	84.7 (81.0, 88.3)	87.6 (83.4, 91.9)	91.9 (87.5, 96.2)	89.6 (88.1, 90.7) [^]	
Female	92.5 (90.4, 94.9)	87.4 (83.1, 91.7)	95.3 (92.8, 97.9) [^]	93.5 (92.4, 94.7)	
Hispanic	76.1 (71.4, 80.8)	75.7 (69.4, 81.9)	85.7 (79.5, 91.9) [^]	82.6 (80.7, 84.5) [^]	
Non-Hispanic White	97.2 (95.7, 98.6)	96.3 (93.8, 98.7)	98.6 (97.4, 99.9) [^]	96.6 (95.6, 97.6) [^]	
Other	94.6 (90.0, 99.2)	89.5 (79.4, 99.6)	95.9 (91.0, 100.0)	97.0 (95.9, 98.1) [^]	
Age 18-44	82.7 (78.8, 86.5)	81.1 (75.7, 86.5)	89.7 (84.7, 94.7)	87.8 (86.3, 89.2) [^]	
Age 45-64	92.2 (89.5, 94.9)	90.9 (87.0, 94.9)	95.2 (92.5, 98.0) [^]	92.6 (91.1, 94.0)	
Age 65+	99.6 (99.2, 100.0)	99.8 (99.5, 100.0)	98.4 (95.5, 100.0) [^]	98.6 (97.9, 99.3) [^]	
< High School	66.2 (58.4, 74.1)	64.6 (53.7, 75.5)	85.6 (74.2, 97.0)	76.0 (72.7, 79.2) [^]	
High School Grad	90.6 (86.7, 94.6)	84.5 (77.2, 91.8)	85.3 (76.0, 94.7)	89.3 (87.3, 91.4) [^]	
Some College	92.4 (89.5, 95.2)	93.3 (88.9, 97.6)	94.8 (91.2, 98.4)	94.4 (92.9, 95.8) [^]	
College Grad	98.9 (98.2, 99.6)	95.1 (91.5, 98.7)	98.6 (97.3, 99.9) [^]	98.1 (97.5, 98.6) [^]	
<\$35,000	77.2 (72.4, 82.0)	76.0 (69.3, 82.8)	84.2 (76.1, 92.3) [^]	84.3 (82.3, 86.3) [^]	
\$35,000-\$74,999	93.9 (90.3, 97.4)	89.8 (83.2, 96.4)	93.0 (87.9, 98.1)	91.3 (89.5, 93.2)	
\$75,000 or greater	97.6 (95.9, 99.3)	98.0 (96.2, 99.7)	97.8 (96.0, 99.6) [^]	97.6 (96.8, 98.5) [^]	

[^]Significant difference between estimate and Healthy People 2030 target

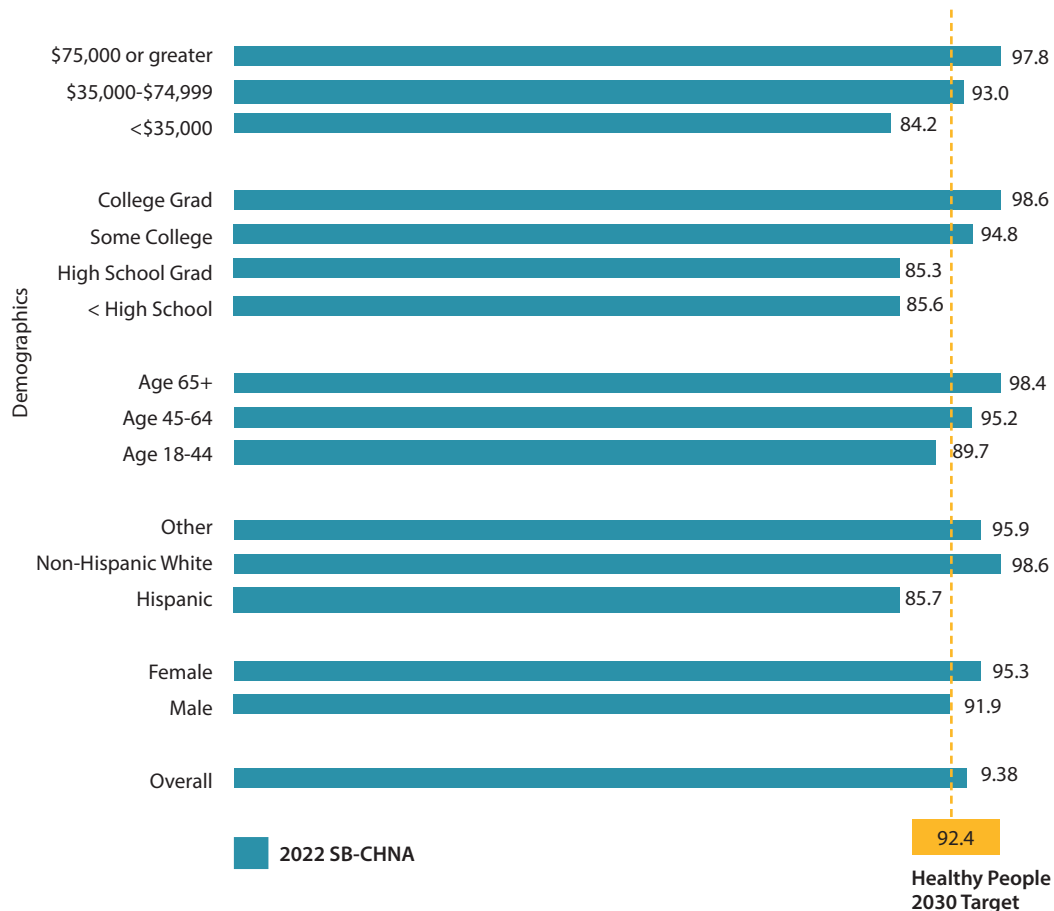
¹ Point estimates were not evaluated for significance against Healthy People 2030 Target as they were previously evaluated against Healthy People 2020 Target

Health Disparities

Overall, in 2022 Santa Barbara County is slightly above the HP 2030 target of 92.4% insurance coverage with 93.8% of adults reporting coverage. The percentage of those insured in 2022 has increased significantly since 2016 and 2019 when 88.7% and 87.5% reported coverage, respectively. Most demographic groups are above the 2030 target; however, males, Hispanics, younger adults (age 18-44), those without post high school education, and those in the lowest household income bracket reported lower coverage compared to their counterparts. Between 2019 and 2022 those with less than a high school education reported the largest increase in coverage with 21% more reporting coverage. Hispanics and those with household incomes below \$35K are the only two demographic groups significantly below the 2030 target.

Most impacted groups include those with less than a high school education, Hispanics, and those living in households with less than \$35,000 annual income.

Figure 1. 2022 Percentage of Adults that have Health Insurance by Demographic Group



Factors and Health Outcomes Associated with Self-Reported Health

Figure 2 below depicts five indicators that were most significantly related to not having health insurance, three of which were risk factors, meaning they increased the risk of not having health insurance, and two of which were protective, meaning they reduced the risk of not having health insurance. Risk factors included Serious Mental Illness, low resilience, and cost as a barrier to care.

These five indicators remained independently correlated with insurance status after adjusting for all other related variables and demographics (age, gender, race/ethnicity, and education level). The odds of not having health insurance were approximately 30 times greater for those with Serious Mental Illness compared to those without Serious Mental Illness (Table 2).

Figure 2. Percentage of Adults that Do Not Have Health Insurance by Significant Related Factors

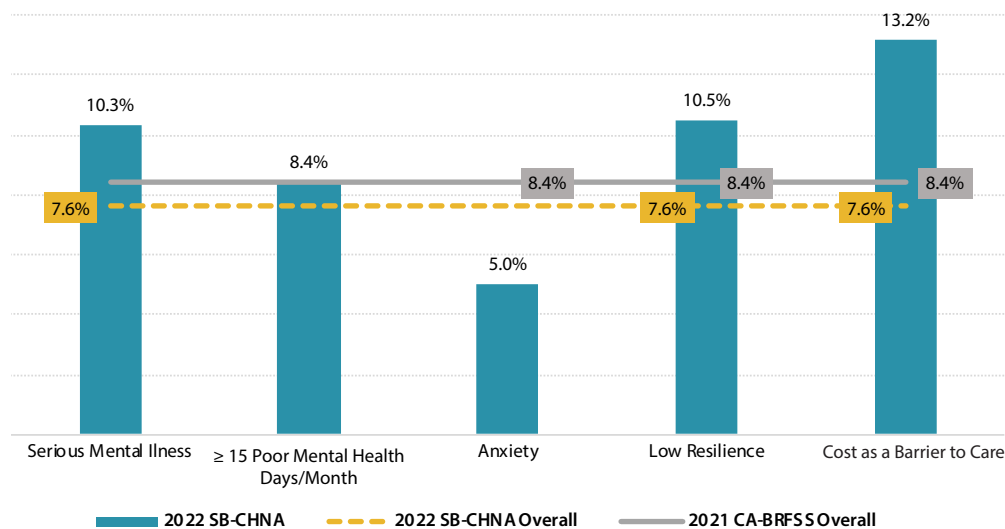


Table 2. Odds Ratio Estimates for Insurance Status by Significant Related Factors

Significant Related Risk Factor	Point Estimate	95% Confidence Limits	
Serious Mental Illness	29.5	4.0	213.7
≥ 15 Poor Mental Health Days/Month	0.0	0.0	0.3
Anxiety	0.0	0.0	0.1
Low Resilience	6.5	1.7	24.0
Cost as a Barrier to Care	16.8	4.8	58.3

NOTE: The degrees of freedom in computing the confidence limits is 1342.

Findings from the 2022 Santa Barbara County Listening Tour

Through the Listening Tour, participants describe not being insured as one of the biggest obstacles they face in health care. Not only is it too expensive to afford insurance, but also even with insurance, most programs demand cash, time, and transportation to farther distances than many can afford. Thus, being insured (or not) is a great factor in the engagement and experience community members have with accessing care and health outcomes.

Insurance is Not Financially Affordable

Healthcare, even with insurance, is **prohibitively expensive**. Insurance is often automatically withdrawn from paychecks, and this additional expense cuts into already slim paychecks for low wage earners. **Treatment programs, particularly for youth behavioral health services, are frequently full** (with long wait times) and are more expensive than programs in other counties. This is leading to families seeking services outside of the county and having to **pay for health services out of pocket to receive them in a timely fashion**.

Well, the barriers are that so there's no residential treatment programs here in Santa Barbara County. So you're looking at out of county, and these are expensive programs. So we have to get insurance authorization that takes some time. Some of the programs are going to require some out of pocket, and the insurance would then reimburse, so that sometimes just stops the conversation. And then you also have the challenge of getting buy-in from the family and from the patient. You have to sort of take a timeout on their life for a month or so. So, I think my experience is I can get a family there in terms of helping them understand this is really necessary. But then the question is, how will you pay for it? – Physician

Provider Challenges in Accepting Insurance

Even those with insurance are unable to access healthcare since there are **not enough doctors that accept insurance** or no consistency with what services are covered by insurance. Even **private practices can't afford to accept insurance**, which limits the care they're able to administer.

*I'm in a private practice where I just really **can't afford to take insurance**. And I perceive that there will be limitations on the kind of care that I can actually deliver if I'm being told this is what's reimbursable. – Physician*

*And then they're having to choose between whether they get their pelvic health needs taken care of, or their mental health needs taken care of, or fill in the blank, especially because insurance providers don't create an environment where a lot of providers feel they can afford to be on a panel. So it's not that people are being greedy, it's that they **can't afford to pay off their bills if they accept insurance.***
– Service Provider

Requiring Cash

Physicians and private practice offices discussed the need to move toward cash-paying options as insurance coverage for services was not enough to meet their financial needs. However, participants, even those with insurance, mentioned the injustices with accessing services. They were given the option to pay cash for services that should be covered by insurance, creating a decrease in access to services.

*The challenge here is that the cost of providing an office environment in Santa Barbara typically runs much higher than the insurance reimbursement for gynecological care. This means that physicians are **unable to accept insurance for GYN visits as they would lose money on every patient seen.** Private physicians therefore must often move to “cash only” practices in order to “just break even.” Larger institutions, like Sansum Clinic, can accept insurance only because they subsidize their GYN services by taking money away from other specialists or from the obstetrical pool, something called cost shifting.” – Physician*

Cultural Barrier to Insurance

There is also a lack of cultural representation when seeking insurance or medical support.

*Anyone else who knows, or yourselves who have faced barriers due to the pandemic, and somehow [medical offices] did not want to help you with disability, not being able to pay, insurance issues, **language barriers, not knowing where to go due to cultural problems.*** – Mixteco Community Members

***They face different problems being Hispanics because there is no health insurance.** They worry, what happens if there is a problem later? So I think it's a set of problems, but I also believe that it's not just Hispanics.* – South County Promotora

Conclusion

Listening Tour participants echoed that being insured would improve access to healthcare and reduce financial stress on individuals and families. Participants expressed that having insurance is not enough as there are high cash payments often required when seeking care. Many physicians expressed not accepting insurance because it is more expensive to do so, and they lost money with every patient seen. The need for cash payments decreased the access to healthcare for participants. Thus, people flood other means of healthcare, which limits access for individuals who cannot afford or navigate insurance, and further highlights financial and cultural disparities. Increasing funding and offering more opportunities for insurance would help increase positive health outcomes.