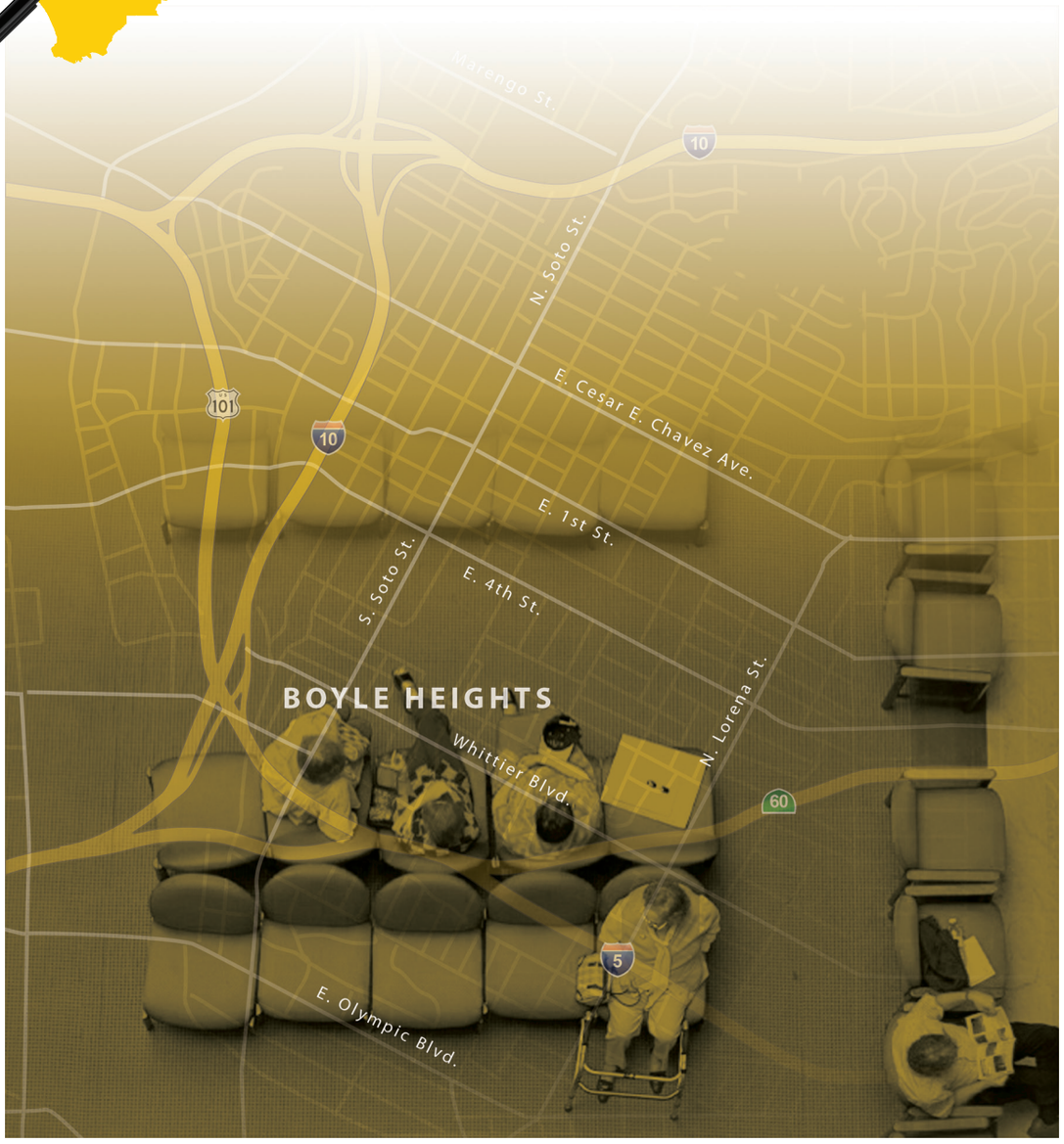
A RESEARCH SERIES OF THE PAT BROWN INSTITUTE AT CAL STATE LA

IN FOCUS: BOYLE HEIGHTS



Access to Healthcare in Los Angeles County and Boyle Heights

XIAOHAN ZHANG PHD ■ MELINA MONROY

CAL STATE LA
PAT BROWN INSTITUTE FOR PUBLIC AFFAIRS
Unleashing the Power of Participation

Building Healthy Communities
Boyle Heights

IN FOCUS

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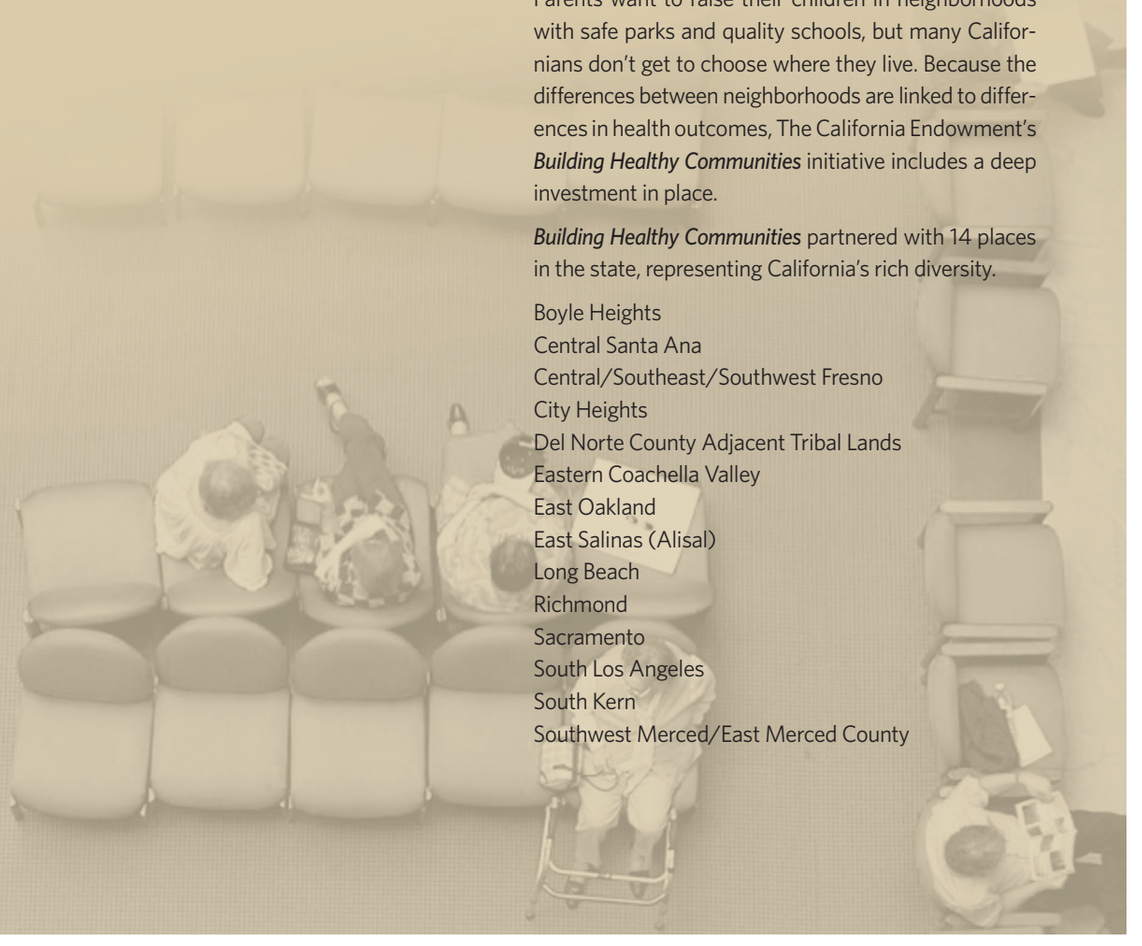
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Sacramento
South Los Angeles
South Kern
Southwest Merced/East Merced County





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Access to Healthcare in Los Angeles County and Boyle Heights

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Goals and Objectives of This Report

- This report uses descriptive statistics on Los Angeles and Boyle Heights to evaluate access to care by residents, non-citizens, and the undocumented population. The report first analyzes the demographic characteristics that are associated with uninsured status. The report then examines the undocumented population and the role of local programs such as My Health LA in meeting the demand for health care.

Key Findings and Recommendations

- In 2014, the undocumented population in Los Angeles County totaled 893,000, among whom 83% were Latinos. Approximately 457,000 or 52% of the undocumented are limited in English proficiency, which hinders their ability to acquire information concerning health insurance and health care. Multi-lingual assistance is necessary to ensure access to health insurance and services in this area.
- Between 2010 and 2014, approximately 21% of the Los Angeles County population and nearly 35% of the Boyle Heights population were uninsured, which translates to two million uninsured individuals in Los Angeles County, and 31,000 in Boyle Heights. The percent uninsured among native-born, non-citizens, and undocumented were 14%, 49%, and 61%, respectively, suggesting the scope of the problem in access to care for the undocumented.
- My Health LA will likely benefit from borrowing outreach effort practices from Covered California, including maintaining a user-friendly, multi-lingual online platform, as well as offering more in-person assistance both onsite and offsite during the enrollment process.

INTRODUCTION

About 2 million people in Los Angeles County and 31,000 people in Boyle Heights remain uninsured.[1] Some consider health insurance too costly even with the low-income subsidies available under the Affordable Care Act (ACA). These are the families who earn more than the income threshold that excludes them from coverage under Medi-Cal (California's Medicaid program), but not enough to pay for health insurance on a regular basis. Others are limited from access due to the lack of legal residency status. The undocumented population in 2014 in Los Angeles County was estimated to be 893,000 (Center for Migration Studies). Under the ACA, the only healthcare options for undocumented L.A. residents are the no-cost and low-cost programs provided by the L.A. County Department of Health Services (DHS), such as My Health LA.[2] Additionally, low-income legal residents may qualify for healthcare through programs such as the Pre-payment Plan or the Discount Payment Plan. In Los Angeles, the county with the highest number of undocumented residents in California[3] and where half of households earn less than $50,000 a year, it is very important to assess the demand for healthcare of non-citizens and low-income residents in Boyle Heights and, more broadly, Los Angeles County. It is also useful to explore the effects of the ACA on health insurance coverage.

Section I of this report evaluates the impact of the introduction of the ACA by exploring access to health care for residents by income and legal status.

Section II shows differences in health insurance coverage in relationship to key demographic variables, as well as the size and composition of the insured and uninsured population in Boyle Heights and Los Angeles County. This section is split into three subsections: 1) all residents; 2) non-citizens; and 3) the undocumented. We first show valid statistics on the overall population, non-citizens, and the undocumented population in Los Angeles County. Then we use two approximation methods to describe the characteristics and healthcare access of the undocumented population in Boyle Heights.

SECTION I
ACCESS TO INSURANCE UNDER THE AFFORDABLE CARE ACT

The ACA went into effect on March 23, 2010. In broad terms, the ACA aims to protect Americans, both as patients and as consumers, and to provide competitive health insurance options and financial assistance through a regulated marketplace (United States. Department of Health and Human Services. Patient Protection and Affordable Care Act, 2010). According to the ACA, all individuals living in California must have health insurance, and unless one qualifies for an exemption, a tax penalty fee will be affixed.[4-7]

This section explains the different health insurance programs available to documented and undocumented residents under the ACA. The section also compares health insurance access before and after implementation of the ACA, in both legal terms and enrollment statistics.

Table 1 gives an overview of the health insurance options of residents in Los Angeles, and is the basis for this section's analysis of healthcare coverage by household income and documented status. The senior population is excluded from the table because they mostly qualify for Medicare or Medi-Cal, or both.

Documented residents who earn more than 138% of the Federal Poverty Line generally qualify for coverage

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1 Estimated from 2014 Census Bureau statistics

2 This paper was written in early 2017, when Governor Brown proposed his legislation on expanding Covered California to undocumented immigrants. The legislation has not been approved or rejected.

3 A study by Laura Hill and Joseph Hayens at the Public Policy Institute of California (PPIC)

4 "Marketplace Eligibility for Health Insurance Coverage." www.healthcare.gov/quick-guide/eligibility/

5 "Find out what immigration statuses qualify for coverage in the Health Insurance Marketplace." www.healthcare.gov/immigrants/immigration-status/

6 *Los Angeles Times* "Federal judge rules Obamacare is being funded unconstitutionally" www.latimes.com/nation/la-na-obamacare-court-ruling-20160512-snap-story.html

7 *Los Angeles Times* "Can Obama persuade reluctant states to expand Medicaid? New aid plan aims to do so" www.latimes.com/nation/la-na-obama-medicaid-20160113-story.html

Table 1. Healthcare Options for Los Angeles Residents under the Age of 65

Income as a Percent of Federal Poverty Level*	Qualified Documented Resident	Undocumented Resident**
≤ 138%	Comprehensive Medi-Cal	My Health LA (No-Cost) Ability to Pay (No-Cost)
138% - 400%	Covered California (Subsidized)	Low-Cost Program *i.e.,* Ability to Pay (Low-Cost)
> 400%	Covered California (No subsidy)	Various Programs***

* Refer to Appendices 2 and 3 for details on the 2011-2016 Federal Poverty Line.
** Excludes everyone that qualifies for Covered California or Medi-Cal, such as low income children under 19.
*** Child Delivery Plan and Pre-payment Plan do not have an income requirement. For details on eligibility of the non-poor, see the Appendix 1.

under the ACA if they are not already covered by another more generous government program. However, not everyone who is eligible for the ACA purchases their health insurance on the Covered California website. Data from 2010 to 2014 (Figure 1) show that 11% of Los Angeles County residents directly purchased health insurance (not including group insurance), and hence roughly represents the potential "market" for the Covered California platform. However, the actual enrollment in 2015, excluding Medi-Cal users, was less than four percent of the Los Angeles population.[8] The vast majority of remaining individuals are covered through an employer-provided health plan. Others are covered by various government programs, such as Medicaid or Medi-Cal (Figure 1).

Comparing L.A. County and Boyle Heights, Figure 1 illustrates some distinctive and somewhat concerning patterns:

1) Between 2010 and 2014, approximately 21% of the L.A. County and nearly 35% of the Boyle Heights populations were uninsured, translating into 31,000 uninsured individuals in Boyle Heights, and 2 million in L.A. County.
2) Nearly 45% of individuals had employer-based health insurance in L.A. County, compared to less than 22% of residents in Boyle Heights.
3) More than one-third of residents of Boyle Heights are enrolled in Medi-Cal, which is mostly for low-income persons.

What could contribute to these differences? To provide insight into this question, we first have to look at Table 1 more closely, and understand how each type of individual accesses care.

Options Available to Documented Residents

Covered California

Rather than using the federal government's marketplace, the State of California established its own health benefit exchange called Covered California in October 2013.

To enroll in a healthcare plan under Covered California, individuals must either be U.S. citizens, U.S. nationals, or be lawfully present in the U.S. Specifically, undocumented individuals are excluded from "universal eligibility" (see a brief summary in Table 1).

Each eligible individual must then enroll in minimum essential coverage or face a punitive fine. "Essential coverage" includes employer- or government-sponsored coverage, coverage with limited benefits, and individual healthcare coverage like that purchased through Covered California.[9]

[8] The number is from the Active Member Profile released by Covered California in March 2015.

[9] United States. Department of the Treasury. Internal Revenue Service. Individual Shared Responsibility Provision-Minimal Essential Coverage. 2016

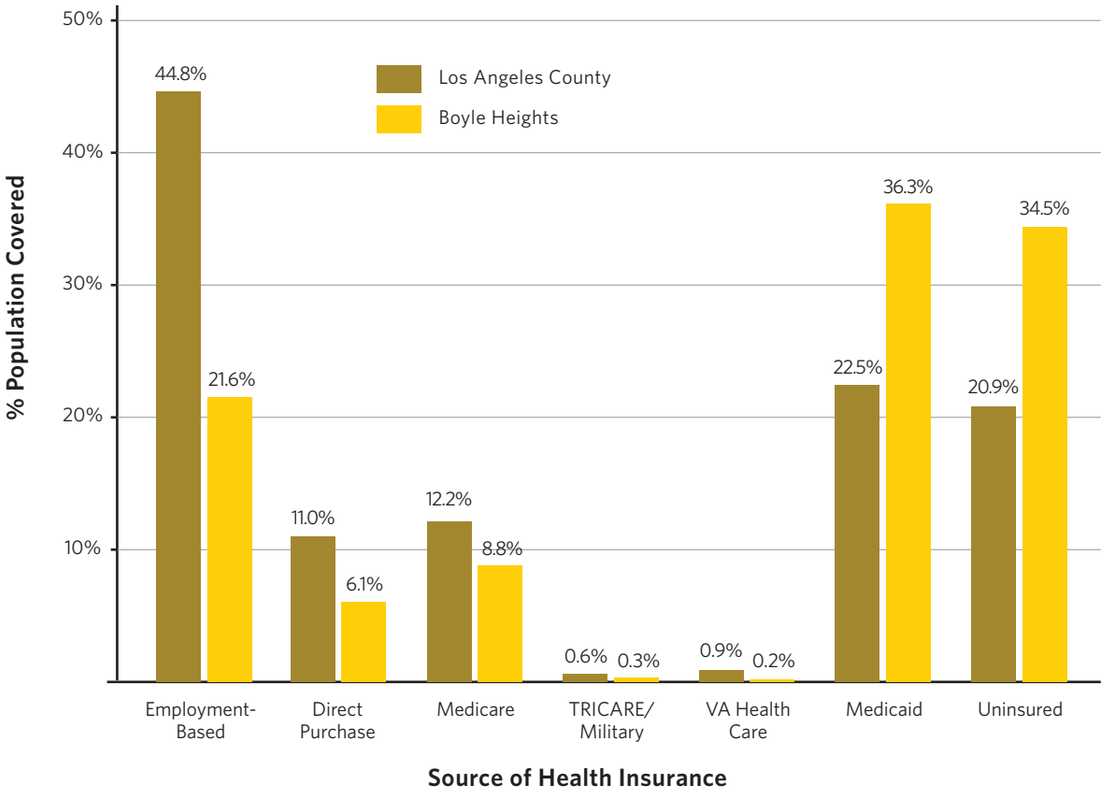


Figure 1. Sources of health insurance for residents of Los Angeles County and Boyle Heights, 2010–2014. Percentages within regions total more than 100% because some residents report more than one source of health insurance. *Data Source: 2010–2014 Five-Year American Community Survey (see page 7 for a detailed description).*

Households whose income is higher than 400% of the Federal Poverty Line, and that are not covered by an employer insurance plan, must purchase their insurance on the Covered California exchange, and do not receive any premium subsidy. The options offered are: Minimum Coverage, Bronze 60, Silver 70, Gold 80, and Platinum 90. The number at the end represents, on average, the percent of medical expenses paid by the health plan.

Penalty on the Uninsured

The Individual Mandate under the ACA assesses a monetary penalty for all individuals who can afford insurance but choose to remain uninsured for more than three months in a 12-month period. For 2016, one pays the highest of two calculated fines: either a payment of 2.5% of all household income that is above the yearly tax filing threshold; or a fixed payment for every person in the household without coverage ($695 per adult and $347.50 per child under 18 years of age).[10]

To claim exemption from having to enroll in a health plan, individuals must report exemption status when filing a tax return. Criteria for opting out of minimum essential coverage and the tax penalty include:

a) No tax filing requirement
b) Short coverage gap
c) Hardship
d) Unaffordable coverage options
e) Incarceration
f) Not lawfully present in the U.S.
g) Religious consciousness
h) Healthcare sharing ministry
i) American Indian tribes

[10] United States. Department of Health and Human Services. Covered California. Tax Penalty Details and Exemptions, 2016

Medi-Cal and Premium Tax Credit for Low-Income Individuals

As part of extending Medicaid coverage to more Americans, which comes in the form of Medi-Cal for California residents, Covered California has elected to implement MAGI (Modified Adjusted Gross Income) with the intention of allowing more persons to become eligible. Through the adoption of MAGI, the income percentage of the Federal Poverty Level for Medi-Cal eligibility rises from 133% to 138%. In addition to raising Medi-Cal eligibility income limits, health benefits were also increased for individuals and families, such as mothers and their children, and to disabled Americans receiving in-home care and long-term care services.[11]

Many programs, including Medi-Cal, constitute a sub-category under the Premium Tax Credit, as shown in Appendix 3. This appendix also includes the Cost-Sharing Reduction Enhanced Silver Plans, which are offered to individuals and families whose incomes are higher than 138% of the Federal Poverty Line, and thus are ineligible for Medi-Cal, but less than 250%. When household incomes are above 250% but below 400% of the poverty line, individuals and families then become eligible solely for a Premium Tax Credit when enrolling in a basic health insurance plan.

Regardless of the type of program, a household with an income of no more than 400% of the poverty line is eligible for some form of financial assistance under the Premium Tax Credit. In low-income households, the premium subsidy is either provided directly to insurance providers or as a refundable tax credit to the taxpayer. To determine the amount of subsidy provided, household income is expressed as a percent of the Federal Poverty Line and premiums are calculated as a share of income, as shown in Table 2.[12]

Table 2. Health Insurance Premiums for Low-income Households

Household income as Percent of Federal Poverty Line	Premium range
Up to 133%	2.0%
133%–150%	3%–4%
150%–200%	4%–6.3%
200%–250%	6.3%–8.05%
250%–300%	8.05%–9.5%
300%–400%	9.5%

Source: H.R. 3590, 111 Cong., U.S. G.P.O. 1 (2010) (enacted). 112. Print.

Options Available to Undocumented Residents

Policy Changes Relevant to the Undocumented

Federal policies concerning health care access of low-income undocumented individuals have changed significantly in the past two decades. The following list briefly captures these changes.

- ***Prior to 1996:*** Undocumented immigrants were eligible for Medicaid under the Permanent Residence Under Color of Law (PRUCOL).
- ***1996-2011:*** The Responsibility and Work Opportunity Reconciliation Act (PRWORA) removed the eligibility of the undocumented for Medicaid, but allowed them to utilize emergency services. The budget for this program was limited to $2 billion per year.
- ***2012:*** Under a new program, established by the Obama administration, DREAMers, including the Deferred Action for Childhood Arrivals (DACA) became eligible for a work permit. Qualified candidates under the DREAM Act are individuals who were brought to the U.S. before the age of 16, are currently younger than age 30, have been in the country for at least five continuous years, have no criminal history, and graduated from high school or earned their GED. Although the DREAM Act and DACA made it possible to attain a work visa, eligibility for Medicaid was denied. Aside from being ineligible for Medicaid, undocumented individuals also mostly do not qualify for the Covered California Exchange.[13]

[11] United States. Department of Health and Human Services. Patient Protection and Affordable Care Act, 2010

[12] 42 U.SC. 300gg-11. Sec 1401 (36B). 2010. Print.

[13] The only exception is when the spouse of the undocumented is a legal resident who purchases insurance for the whole family through Covered California. This is likely very rare since the total who purchased such insurance is less than 4%.

- ***2014:*** Two years later, DACA and PRUCOL recipients regained access to Medi-Cal. Another proposed law, the Deferred Action for Parents of Americans and Lawful Permanent Residents (DAPA), would have deferred deportation of parents whose children are either American citizens or lawful permanent residents. Under this proposal, those undocumented residents age 65 or older would become eligible to receive Medicare benefits, if satisfactorily meeting a work unit requirement. However, the proposal was blocked in Congress.
- ***May 2016:*** Health4All Kids (SB-4) is the new Medi-Cal regulation that allows children under 19 years of age, with a family income lower than 226% of the Federal Poverty Line, to gain full access to Medi-Cal. This regulation is currently affecting enrollment of My Health LA as some youths transfer from My Health LA to Medi-Cal. In spite of this newly-won access to Medi-Cal, the impact is still small.

Despite policy changes between 1996 and 2014, low-income undocumented residents continued to have only limited access to Medi-Cal. The situation was not much better for the more affluent undocumented, who were disqualified from Medi-Cal because of their higher incomes, and were almost entirely excluded from participating in Covered California due to the ACA mandate. It was not until 2014 that undocumented individuals in California began to benefit from various policy changes regarding Medi-Cal and other programs encouraging access to care in the future.

L.A. County DHS Programs for the Undocumented and Uninsured

For undocumented residents in Los Angeles who do not qualify for Medi-Cal, the only other healthcare coverage options are through a bundle of no-cost and low-cost programs provided by the L.A. County Department of Health Services (DHS), including My Health LA and Ability to Pay. These programs benefit undocumented individuals at all income levels, as well as low-income legal residents without access to Medi-Cal, Medicaid, or Covered California.

The last column of Table 1 outlines options available to undocumented Los Angeles residents by My Health LA and Ability-to-Pay, based on their income as a percent of the Federal Poverty Line. Undocumented residents living below 138% of the poverty line may qualify for either comprehensive or partial Medi-Cal, depending upon their age and diagnosis. Undocumented residents whose earned income ranges from 138% to 400% of the poverty line, may qualify for various low-cost programs (See Appendix I).

SECTION II

DEMOGRAPHICS AND HEALTH INSURANCE COVERAGE OF RESIDENTS, NON-CITIZENS, AND THE UNDOCUMENTED

> *"The way people seek healthcare in low-income communities like Boyle Heights proves that our current healthcare system is ineffective. Our community has a large uninsured population and many suffer chronic diseases such as diabetes."*
>
> —The *Boyle Heights Beat*

Located east of downtown Los Angeles, Boyle Heights is a neighborhood within the City of Los Angeles. Boyle Heights has historically been a gateway community receiving waves of newly-arrived immigrants and has been described as having created multiculturalism in the eastside of Los Angeles. In 1940 for instance, Boyle Heights included a Jewish population of 35,000, a Mexican-American population of 15,000, and a Japanese-American population of 5,000. Boyle Heights today is predominantly Latino, specifically people of Mexican descent (Sanchez, 2004).

This section examines health insurance coverage in L.A. County and Boyle Heights, and the demographic and socio-economic characteristics that correlate with coverage rates.

All Residents

Data

We first examine data for all residents regardless of their legal status. We primarily utilize data from the American Community Survey (ACS)[14] and the Decennial Census made available through the Census Bureau. A combination of 1-year and 5-year average samples are used in the analysis.

We use zip codes 90023 and 90033 to characterize Boyle Heights, since these two zip codes provide a close approximation of the Boyle Heights area (Figure 2). We exclude zip code 90063 because only a small fraction of it is located within Boyle Heights. The population of the two selected zip codes is 94,000, and the total Boyle Heights population is 96,000.[15]

Education, income, welfare and poverty, marital status, and work status are the key variables that drive variation in access to care and insurance coverage. Thus, the remaining part of this section discusses these key characteristics of the population of Boyle Heights and Los Angeles, while looking into the transformation of these two areas over the past decade.

Age, Ethnicity, and Coverage

Figure 3 shows the race/ethnic composition across Los Angeles County and Boyle Heights. The figure uses 2010-2014 averages to obtain statistics at the zip code level. While Los Angeles County's Latino population at 48% exceeds the national average by 17%, Boyle Heights has a dramatically higher Latino population at 93.5%.

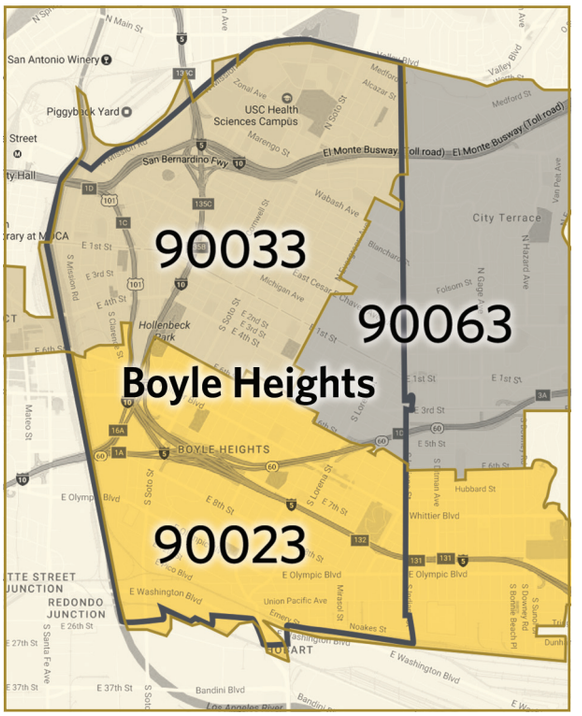


Figure 2: The community of Boyle Heights lies largely across the zip codes 90033 to the north and 90023 to the south.

Figures 3 and 4 show the growth in the Latino population between 2000 and 2010–2014, not just in Boyle Heights but in Los Angeles as a whole. The widespread increase in the Latino population across Los Angeles county can also be seen in Figure 4, which charts the change in population by zip code.

Boyle Heights is separated into north and south zones, identified by zip codes 90033 and 90023 (Figure 2). The northern zip code, 90033, has a slightly lower Latino population than the southern zip code, 90023 (Figure 5).

Children younger than 19 are covered by Medi-Cal if they are from low income households (<266% of the Federal Poverty Line), regardless of immigration status, and residents older than 65 often qualify for Medicare. From a financial perspective, hospitals can count on some form of reimbursement for young and elderly patients who depend on country resources such as the My Health LA program.

[14] The ACS is the successor to the Census long form questionnaire, which collected detailed demographic data from a subset of Census respondents. The long form was retired after the 2000 Census. The ACS is conducted annually among an (up to) 5 percent population sample. The ACS survey questions closely follow the Census long form (Acemoglu and Autor (2011)).

[15] This population count is based on census block group-level population statistics and made available through *City-Data.com*. Since block groups are finer than zip codes and match well with city borders, they provide relatively more accurate estimates of the city-level population of Boyle Heights.

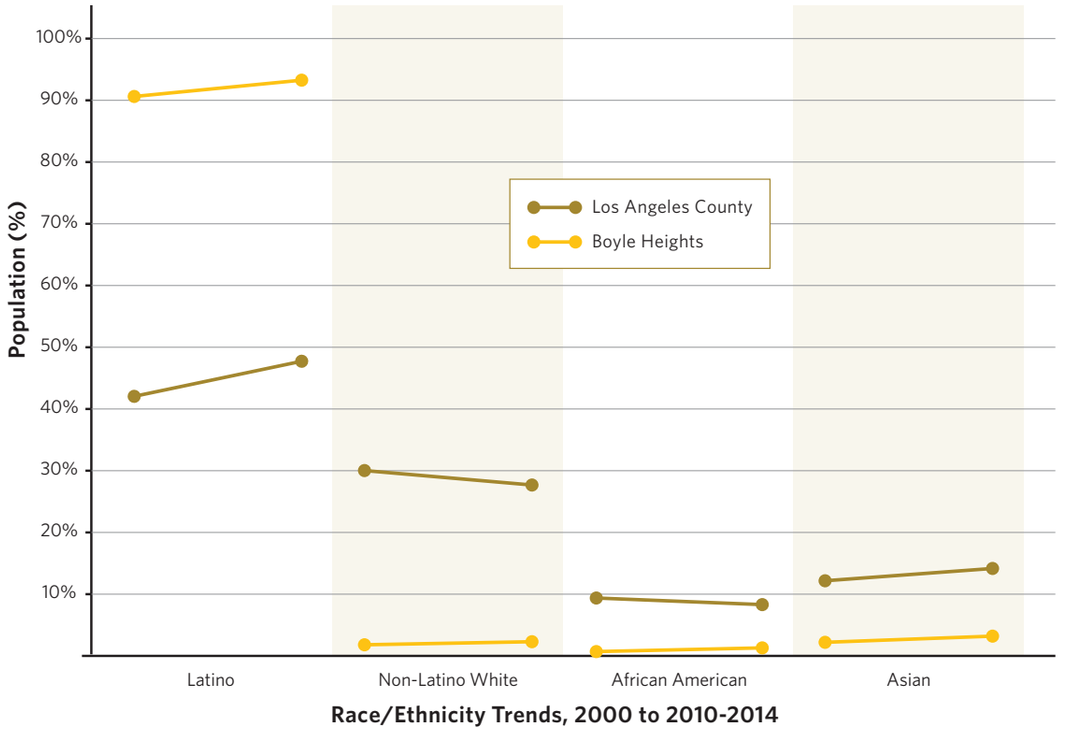


Figure 3: Ethnic composition and trends for Los Angeles County and Boyle Heights, 2000 and 2010-2014

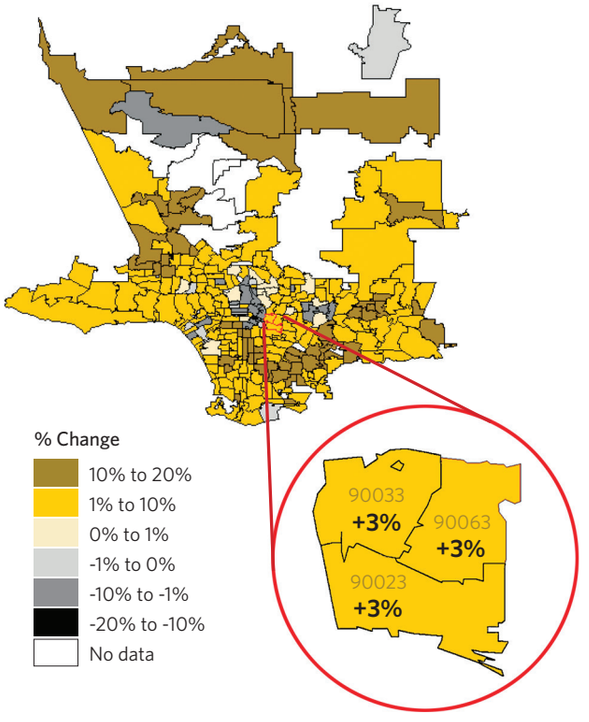


Figure 4: The change in the Latino population in Los Angeles County, 2000–2014.

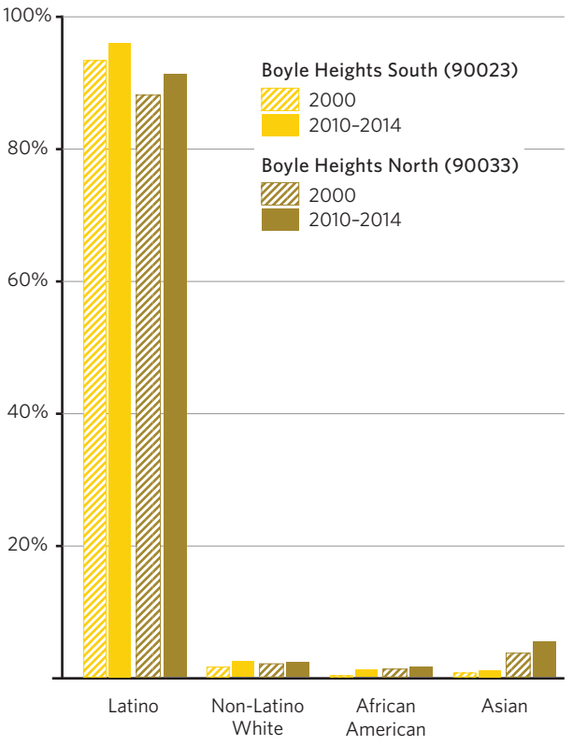


Figure 5: Trends in race/ethnicity of northern and southern Boyle Heights, 2000 to 2010–2014

Figure 6 tells a similar story by dividing the population by age groups:

1) Boyle Heights has lower rates of health insurance coverage than Los Angeles County in all age-race categories, except for Latinos 65 years of age and older;
2) Regardless of race, individuals from ages 18 to 65 have the lowest health insurance coverage rate, plausible because they are less likely to remain eligible dependents in a guardian's health plan or qualify for Medicare or Medi-Cal than the other age groups.
3) In both Boyle Heights and Los Angeles, Latinos ages 18 to 65 are 34 percentage points less likely to be insured than their non-Latino white counterparts.
4) Most groups show an increase in insurance coverage between 2008 and 2014, which may relate to strong outreach efforts by Covered California and My Health LA that launched during that time period.

Compared to the median age in Los Angeles (35) or the nation as a whole (37), that of Boyle Heights is much lower at 30 years of age. This pattern is a reflection of Boyle Height's disproportionately high Latino population. Figure 7 shows the age distribution of the Latino population in Boyle Heights is almost identical to that of Latinos in Los Angeles County as a whole. In addition, Latinos in both Boyle Heights and Los Angeles are much younger than their respective non-Latino white populations, and are twice as likely to be 17 years of age or younger. The fact that the younger Latino population comprises such a large portion of the Boyle Heights population drives down the median age in Boyle Heights compared to the county as a whole.

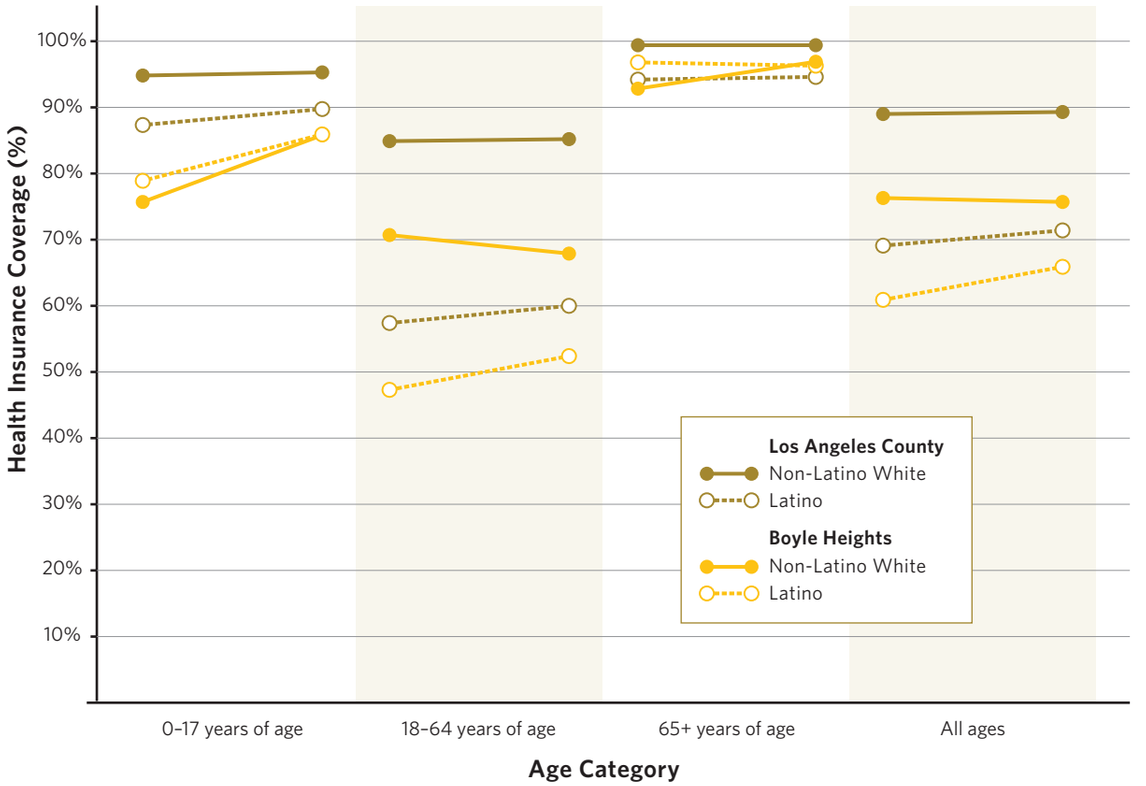


Figure 6: Health insurance coverage trends (average coverage, 2008–2012 to 2010–2014) in Los Angeles County and Boyle Heights, by age and race/ethnicity.

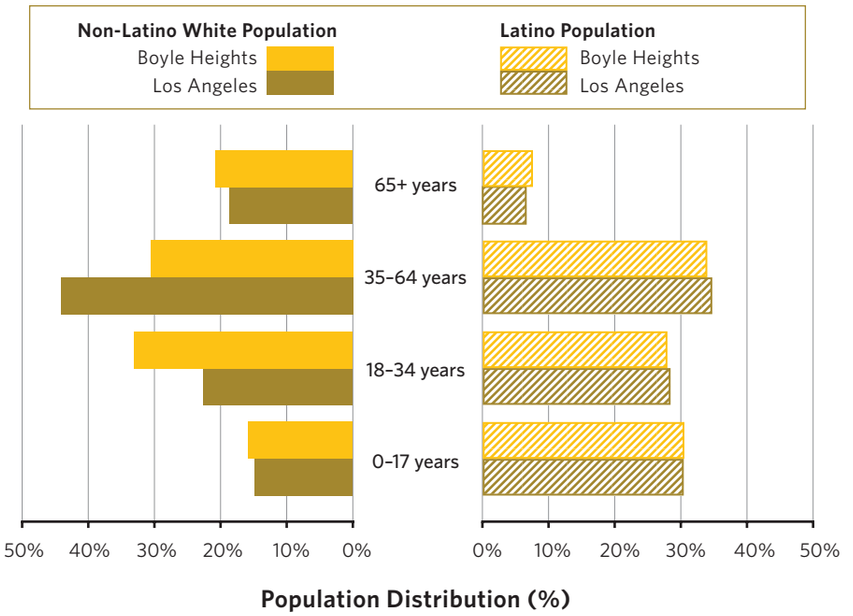


Figure 7: Age distribution of the Non-Latino White and Latino populations in Los Angeles and Boyle Heights

Economic Wellbeing

In comparison to the U.S.-born population, foreign-born non-citizens have significantly higher rates of poverty across both Boyle Heights and Los Angeles County (Figure 8). Of particular note, the lowest poverty rates are found among foreign-born naturalized residents both in Boyle Heights and across Los Angeles. In comparison to Los Angeles, Boyle Heights has a higher poverty rate in almost every demographic category.

Regardless of national origin, living in Boyle Heights is correlated with a higher likelihood of living in poverty, which is probably the result of residential sorting.[16] Figure 9 shows that as a community, Boyle Heights has one of the highest rates of poverty in all of Los Angeles. More importantly, poverty rates increased in Boyle Heights (Figure 10, shades of yellow represent an increase in poverty rate) between 2007 and 2014, despite declining in many other areas in Los Angeles (shades of gray illustrate a decline).

Non-Citizens

Data

As we mentioned in the beginning of this section, data on the undocumented are not readily available for small geographic areas such as Boyle Heights. In order to provide relatively accurate estimates for the undocumented in Boyle Heights, we examine two estimates: one for *non-citizens* in Boyle Heights, and a second approximation of the *undocumented* in Boyle Heights based on statistics from a slightly larger geographic area. The trade-off is made between geographic accuracy versus precision in legal status.

In deriving the first set of estimates for non-citizens in Boyle Heights, we use the same ACS data previously used to analyze all residents, because it identifies citizenship status.

Roughly 25% of foreign-born non-citizens are undocumented in Los Angeles County.[17] We use this same 25% figure to estimate the size of the undocumented population in Boyle Heights, their

[16] An appendix on poverty rate by age-race and gender-specific groups in Boyle Heights and Los Angeles County is available upon request.

[17] Calculated according to the ACS estimate of the non-citizens and the CMS data on the undocumented.

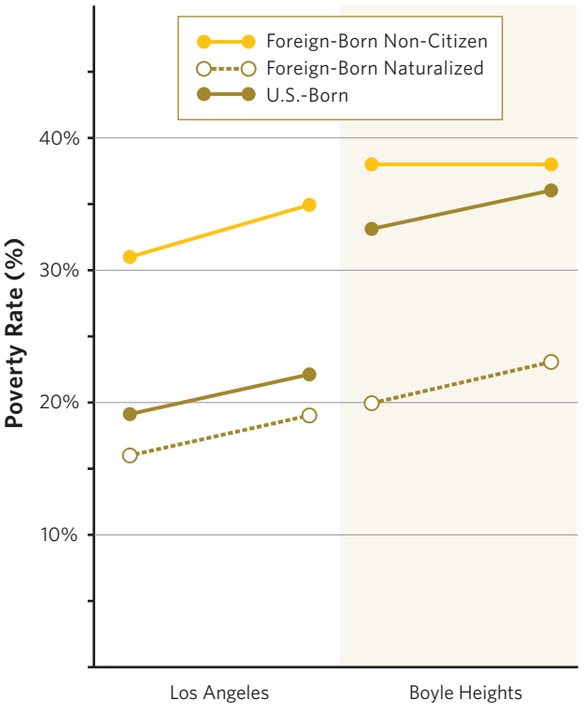


Figure 8: Trends in poverty rates by citizenship status in Los Angeles County and Boyle Heights, 2007–2011 (average) to 2010-2014 (average)

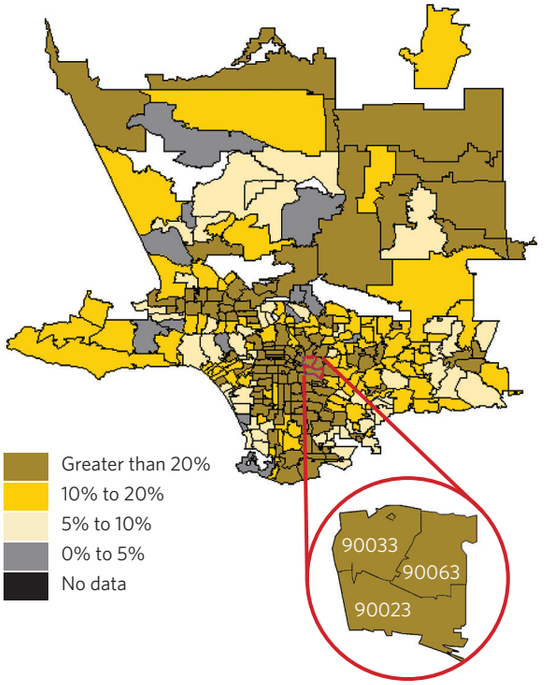


Figure 9: Poverty rate of the Latino population in Los Angeles County by zip code (calculated as a five-year average between 2010 and 2014)

demographic composition, and performance in the labor market. We recognize the fact that foreign-born non-citizens can have very different labor market participation and insurance access when compared to the undocumented, but in the absence of more detailed data, the analysis is a useful point of reference.

Citizenship and Access

Non-citizens have limited access to healthcare compared to citizens, and hence are less likely to have insurance. In Los Angeles and Boyle Heights, the native-born and naturalized foreign-born are uninsured at similar rates (Figure 11), while foreign-born non-citizens are 2.6–3.5 times more likely to be uninsured. In comparison, the rate of uninsured among the undocumented in Los Angeles County is estimated to be 61% (Table 3).

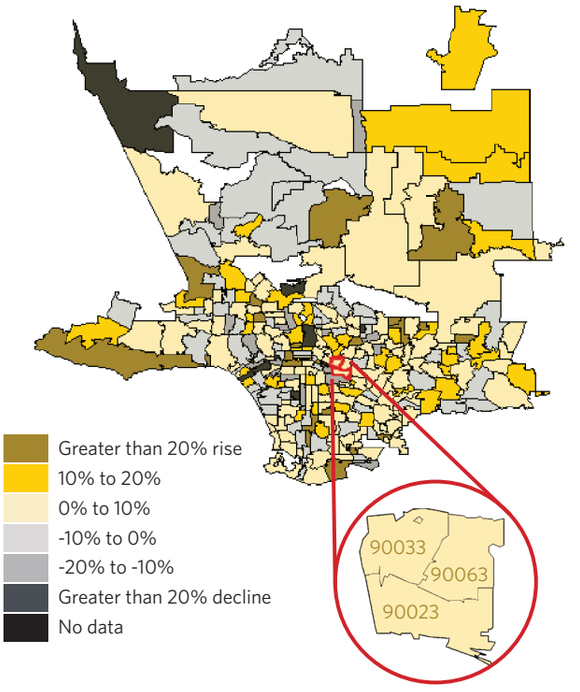


Figure 10: Percent change in poverty rate of the Latino population in Los Angeles County by zip code between 2007 and 2014

Table 3. Charateristics of the Undocumented in Los Angeles County

	2012		2014	
	Population	%	Population	%
Demographics				
Total	918,121	100.0%	892,978	100.0%
Latino	737,871	80.4%	738,282	82.7%
Married to unauthorized	207,399	23.9%	198,026	23.5%
Age				
Under 5	5,192	0.6%	10,324	1.2%
5 to 17	72,782	7.9%	68,623	7.7%
18 to 34	367,713	40.1%	324,495	36.4%
35 to 64	466,082	50.8%	482,080	54.0%
65 and older	6,359	0.7%	7,459	0.8%
Years in the United States				
Less than 5 years	109,363	11.9%	99,199	11.1%
5 to 9 years	207,055	22.6%	167,886	18.8%
10 to 14 years	221,558	24.1%	206,252	23.1%
15 to 19 years	135,049	14.7%	143,406	16.1%
20 or more years	245,094	26.7%	276,233	30.9%
English Ability (5 Years and older)				
Does not speak/speaks a little English	461,834	50.6%	457,372	51.8%
Poverty Status				
At or below poverty threshold	273,096	29.7%	255,705	28.6%
Employment Status (16 years and older)				
Employed	584,562	68.2%	596,475	71.5%
Unemployed (but seeking work)	68,896	8.0%	44,032	5.3%
Not in labor force	203,231	23.7%	193,797	23.2%
Health Insurance Coverage				
With no coverage	656,369	71.5%	545,938	61.1%
Deferred Deportation				
Total eligible for DAPA (entered prior to 2010)	309,804		301,428	
Total eligible for DACA (original and expanded)	135,237		136,820	

Data source: Center for Migration Studies, estimates of the unauthorized population for PUMAs

Citizenship is clearly highly-correlated with insurance coverage. Although this relationship is probably the outcome of several social-economic factors, including income and employment status, it is still crucial to recognize the importance of citizenship status when measuring health insurance coverage.

Figure 12 shows the distribution of Latino and non-Latino white residents by citizenship status and place of birth, for both Los Angeles and Boyle Heights. Each bar represents 100% of the residents in the corresponding category. The foreign-born living in Boyle Heights are much less likely to be citizens than the foreign-born in Los Angeles county, regardless of their ethnicity. Among the Latino population in Boyle Heights, 35% are foreign-born non-citizens.

When comparing naturalization rates in Boyle Heights and Los Angeles County, Boyle Heights lags behind for both non-Latino whites and Latinos (Figure 13). As compared to 35% of foreign-born Latinos who live in Los Angeles County and have been naturalized at some point in their lives, only 27% of those living in Boyle Heights have similarly obtained citizenship. And despite the five-percentage-point rise in the

naturalization rate among Latinos in Boyle Heights between 2000 and 2010–2014 (Figures 13 and 14),[18] Boyle Heights still exhibits a low naturalization rate among Latinos in comparison to Los Angeles County (Figure 15). In the years 2010-2014, the foreign-born non-Latino white population in Boyle Heights showed a naturalization rate of 38%, while the corresponding rate in Los Angeles County was much higher at 68% (Figure 13).

Undocumented

Data

Datasets that identify the legal status of the interviewee are difficult to find, and the few that exist often have many limitations. Previous studies of the undocumented population have used datasets that are

[18] We take a closer look at the changing foreign-born status of the Latino population in Figures 14 and 15. Boyle Heights has experienced a small increase in naturalized citizens between 2000 and 2014.

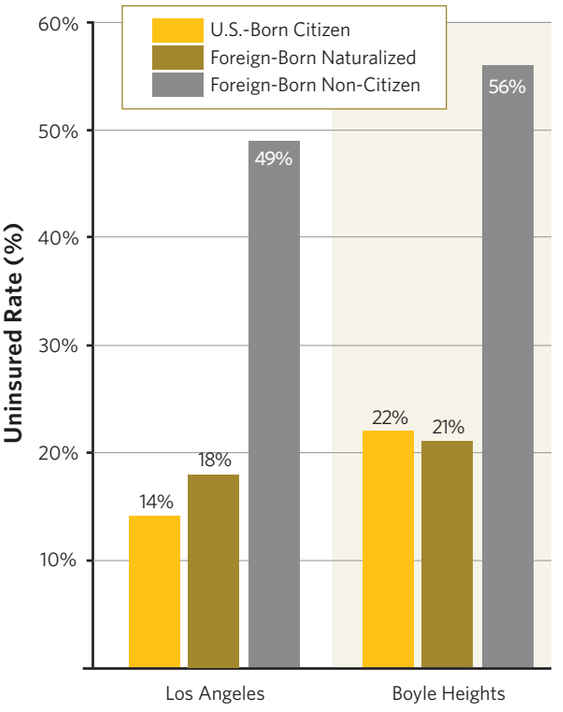


Figure 11: Percent uninsured by citizenship status, Los Angeles and Boyle Heights (average 2010–2014)

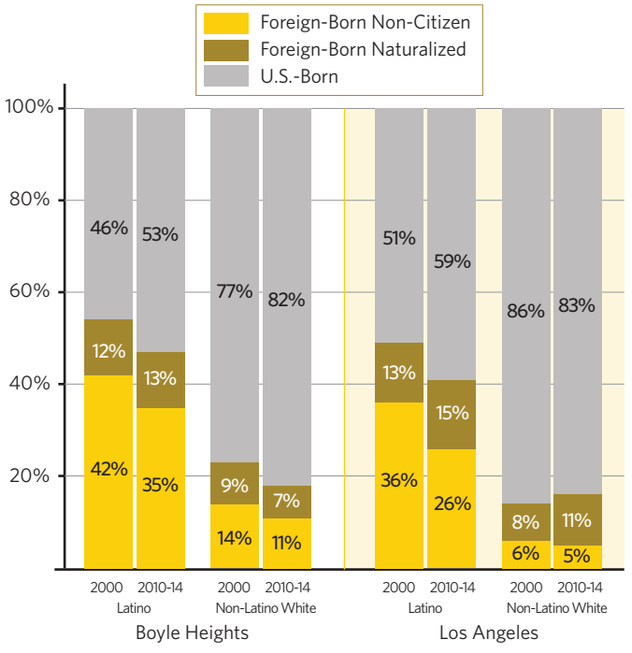


Figure 12: Population distribution by birthplace and citizenship status for Latino and non-Latino white residents, for Boyle Heights and Los Angeles between 2000 and 2010–2014

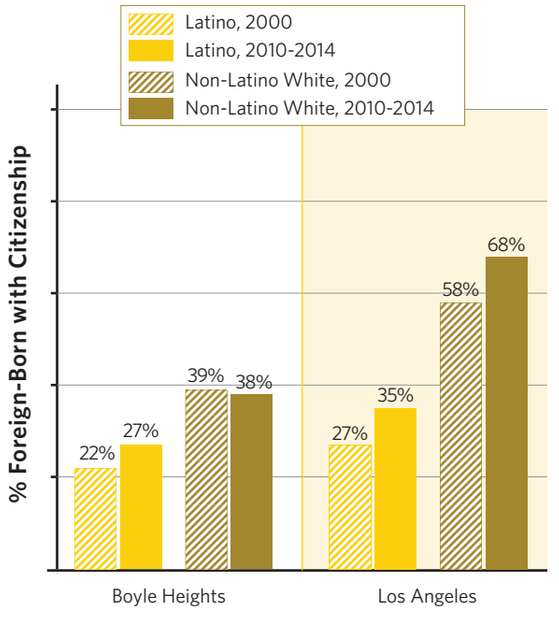


Figure 13: Naturalization rates for Latino and non-Latino white residents, for Boyle Heights and Los Angeles between 2000 and 2010–2014

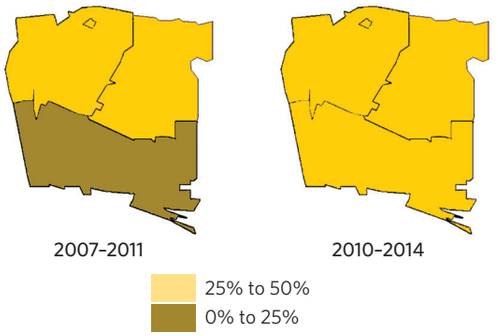


Figure 14: Improvement in naturalization rates in Boyle Heights between 2007 and 2014.

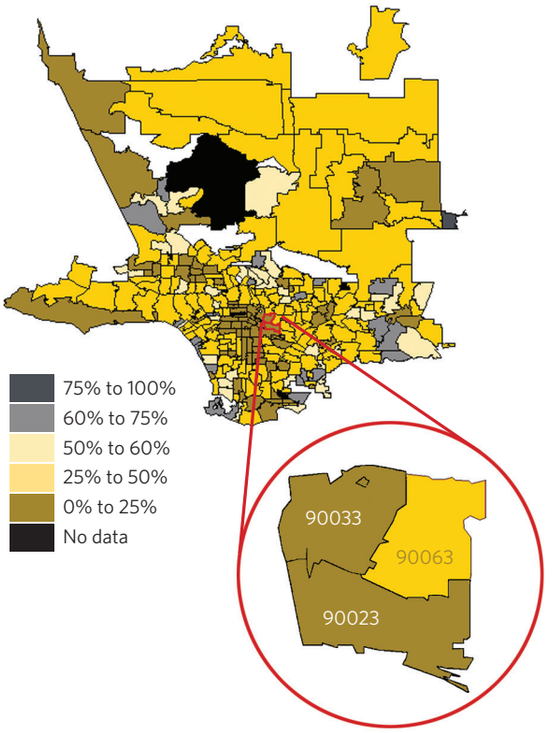


Figure 15: Naturalization rates for Latino foreign-born in Boyle Heights and Los Angeles, 2000, using zip code-level data.

small in sample size, such as the Census Bureau's Survey of Income and Program Participation (SIPP) and Current Population Survey (CPS).[19] These two datasets are designed to be nationally representative, surveying fewer than 50,000 and 60,000 households across the U.S. in any given year. The data from these surveys that are drawn from L.A. County are so limited as to likely produce highly-inaccurate county-level measures, let alone for the even smaller geographic entity of Boyle Heights. Other studies have used the Children's Health Insurance Program (CHIP) dataset, which is unfortunately limited by the fact that it only includes the families of CHIP enrollees.

We choose instead to use the Center for Migration Studies dataset to measure the undocumented population.[20] This dataset is comprised of administrative data from the 2010 Department of Homeland Security (DHS), applications for legalization by country from the Immigration Reform and Control Act (IRCA), and estimates of nonimmigrant overstays by country, annually derived by the DHS from 1988 to 1992. A method is then generated to identify the undocumented population from ordinary census survey questions that do not directly inquire about undocumented status. After this, estimates of the undocumented population are further refined by leveraging the size of the American Community Survey, which can successfully identify specific geographic locations. The identification criteria include, but are not limited to: the historic amnesty laws in the U.S., the likely occupation of the undocumented, the family structure, eligibility for public subsidies, and other adjustments for underrepresentation of undocumented residents in typical surveys.

This dataset allows a more accurate estimate of the undocumented population in Los Angeles County, although granulated data for Boyle Heights are not provided. It does, however, provide another estimate

[19] One of the datasets worth mentioning is the Los Angeles County Mexican Immigrant Health & Legal Status Survey (LAC-MIHLSS) which was used in a series of studies conducted by the USC Center for the Study of Immigration Integration. This dataset focuses on Mexican immigrants, but it is relatively small and uses a logistic regression equation (designed by Dr. Enrico Marcelli of San Diego State University) that predicts legal status from age, sex, education and years residing in the USA. The USC reports use the Census American Community Survey to supplement the LAC-MIHLSS. This method is very similar to the method we use with the data from the Center for Migration Studies, and our estimates are comparable.

[20] This is the same dataset used by the Public Policy Institute of California (PPIC).

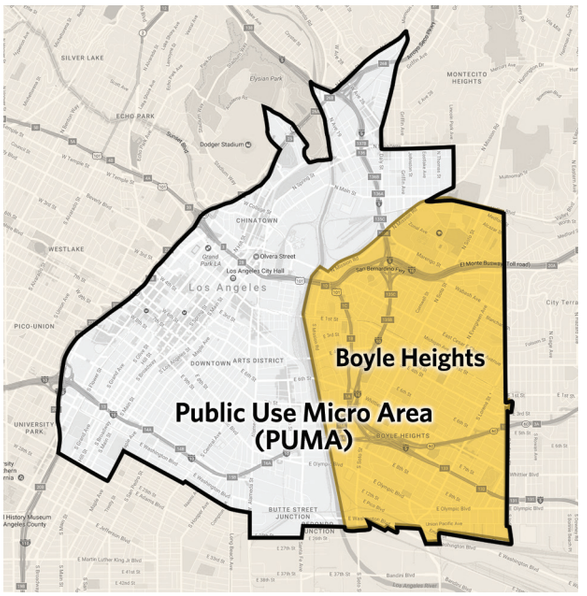


Figure 16: Boyle Heights situated within its corresponding Public Use Micro Area (PUMA)

at a slightly larger geographic level, the Public Use Micro Area (PUMA), which groups together East Central/Central City and Boyle Heights (Figure 16).

Assuming that Boyle Heights shares the same percentage of undocumented population as the larger PUMA, and that the demographic information provided from the census data is accurate, we can derive a reliable, albeit conservative estimate. It is conservative because with respect to Boyle Heights, the rest of the PUMA reports a slightly higher income, a lower Latino percentage population, and a lower percentage of non-citizens, which implies a lower percentage of undocumented population.

In addition to the dataset on the undocumented from the Center for Migration Studies, we also use numerous statistics from the ACS, Los Angeles County DHS, and Covered California in this section.

Characteristics of the Undocumented

Los Angeles County has the largest undocumented population in California. The Center for Migration Studies survey shows that in 2014 the undocumented population living in the county was 893,000, among whom 83% are Latino (Table 3). About 30% of the undocumented first arrived within the past nine years, while 31% arrived 20 years or more prior.

Approximately 457,000 or 52% of the undocumented population have limited English proficiency, which limits job prospects and the ability to acquire necessary information concerning healthcare. In addition, Los Angeles has more than 136,000 children and young adults eligible for the Deferred Action for Childhood Arrivals (DACA).

Table 4. Characteristics of the Undocumented in Boyle Heights estimated from PUMA data, 2014.

	PUMA		Boyle Heights	
	Population	%	Population	*Est. %*
Total Population	165,842		95,767	
Demographics of the Undocumented				
Total	25,149	100.0%	14,523	***100.0%***
Latino	23,005	91.5%	13,288	***91.5%***
Married to unauthorized	4,659	18.9%	2,745	***18.9%***
English Ability (5 Years and older)				
Does not speak English or Speaks a little English	16,536	65.7%	9,541	***65.7%***
Poverty Status				
At or below poverty threshold	273,096	29.7%	4,313	***29.7%***
Health Insurance Coverage				
With no coverage	16,214	64.5%	9,367	***64.5%***

Data source: Center for Migration Studies, estimates of the unauthorized population for PUMAs. The left two columns use the LA City (East Central/Central City& Boyle Heights PUMA) PUMA. The right two columns approximate the statistics for Boyle Heights using the same percentage as LA City PUMA.

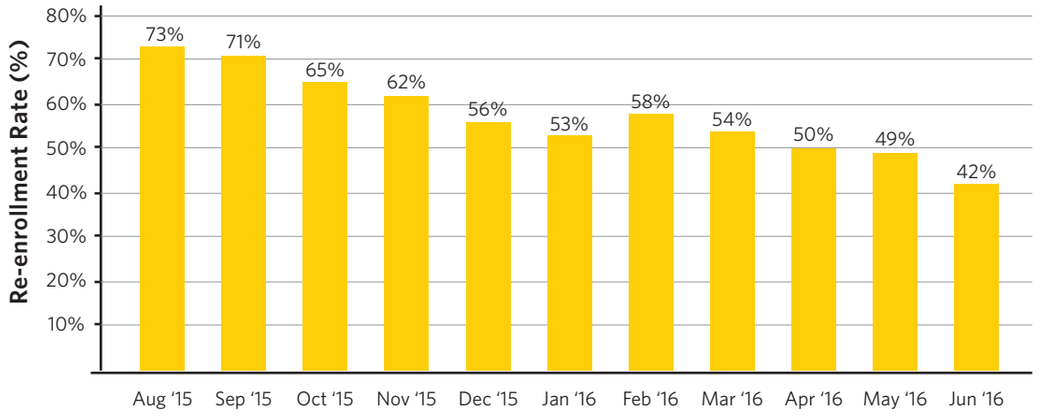


Figure 17: My Health LA re-enrollment rate trends *(Data source: LA County Department of Health Services)*

The assumption we make in this section is that Boyle Heights has the same percentage of undocumented population as the PUMA described in Figure 16, and therefore shares similar characteristics. As the smallest dataset for the undocumented population in terms of geographic unit, this becomes the closest approximation of the undocumented population in Boyle Heights using public data. Further, considering that the PUMA statistic is mostly comprised of Boyle Heights (the total population in the PUMA is 166,000, while 96,000 live within the borders of Boyle Heights), we can develop a reasonable approximation.

Table 4 reports the results of the second method of estimation. From the total estimated undocumented population of 14,500 in Boyle Heights, approximately 9,300 are estimated to have not been covered by health insurance in 2014. A similar estimation is performed for 2012. Between 2012 and 2014, the uninsured and undocumented population in the Boyle Heights neighborhood decreased from 80% to 65%. Similar patterns exist for L.A. County as well. In 2014, approximately 546,000 or 61% among the undocumented population in Los Angeles did not have health insurance coverage. Compared to similar statistics in 2012, the health insurance coverage was higher by 10 percentage points (Table 3).

Estimates of the Upper Bound of the Size of the My Health LA *Patient Pool and Policy Suggestions*

Among the undocumented population in Los Angeles, approximately 546,000 or 61% do not have health insurance coverage. Accessibility to healthcare is primarily made possible only through My Health LA. As of June 2016, My Health LA enrolled 144,167 individuals, almost reaching its enrollment cap of

Table 5. Estimated size of the My Health LA patient pool.

	Los Angeles County	Boyle Heights
Total undocumented	892,978	14,523
Undocumented older than 18	814,031	13,098
≤ 149% poverty line (all residents)	25.5%	51.8%
Estimated patient pool	207,578	6,785

Data source: Center for Migration Studies, estimates of the unauthorized population for PUMAs. The data on income distribution come from the 2014 5-year ACS, where we apply the same zip code restriction on Boyle Heights as in the first chapter—90023 and 90033.

Table 6. Covered California Service Channel, Los Angeles County, 2016

	Enrollees	(Column %)
Certified Enrollment Counselor	9,300	7.5%
Certified Insurance Agent	61,680	49.7%
Certified Plan-based Enroller	1,290	1.0%
County Eligibility Worker	90	0.1%
Service Center Representative	10,560	8.5%
Unassisted	41,220	33.2%
Grand Total	**124,130**	**100.0%**

Source: Covered California.

146,000 with a budget of $61 million. Further expansion is imminent as simplification of the re-enrollment process is underway, in pursuit of increasing the 42% re-enrollment rate as of June 2016 (Figure 17).

A question facing policy makers is the size of the patient pool they need to eventually serve when the My Health LA program is full-fledged.

Before discussing our estimate for the My Health LA patient pool, we reiterate that our dataset does not survey every undocumented individual in Los Angeles and that we have to approximate many key statistics for this population. Our estimate for the size of the patient pool is an educated guess with the potential for a large margin of error.

According to the estimate presented in Table 5, Los Angeles County has approximately 900,000 undocumented individuals. Another estimate is further shown in the second row, which excludes children below the age of 18, as this age group qualifies for Medi-Cal under the Health4AllKids program.

My Health LA has an income limit for enrollees not to exceed 138% of the Federal Poverty Line. However, such a statistic for the undocumented does not exist in our dataset. To approximate such an estimate, we count the percent of total population in each area that earns below 149% of the Federal Poverty Line. This income distribution comes from the 2014 5-year ACS. We continue by applying the same zip code restriction for Boyle Heights as in the first section (zip codes 90023 and 90033). We then reach our estimated size of the My Health LA patient pool of more than 207,000 for the Los Angeles County area and more than 6,700 for the Boyle Heights area.

This estimation is the upper-bound estimation based on our data, because we have chosen a more relaxed income requirement (≤149% rather than ≤138%) due to data limitations. Therefore, if our data is accurate, the total patient pool should not exceed these estimates. If My Health LA were to simultaneously cover all the individuals who are potentially in the patient pool, the cap needs to be increased by about 40% based on our upper-bound patient pool estimates.

POLICY RECOMMENDATIONS

My Health LA is the only access to care for more than 200,000 undocumented population. It is important to encourage their enrollment into My Health LA. To achieve this purpose, we can resort to ways known to help enrollment in Covered California.

In-person and phone call assistance are also crucial. Table 6 shows enrollment rates by way of service channel. Although the Covered California website is designed to be self-explanatory and user-friendly, only a third of the population succeeds in enrolling without assistance. When enrolling, two-thirds of all clients seek assistance from a live person. Considering

the challenge of understanding the U.S. healthcare system, particularly for the 52% undocumented individuals who are limited in English proficiency (Table 3), My Health LA will likely benefit from borrowing outreach practices from Covered California and providing multilingual personal assistance.

Covered California often employs offsite information booths that offer enrollment assistance at places such as public libraries. Currently, all My Health LA enrollment is done onsite through certified insurance agents and community partners. Using offsite enrollment and information booths can both reduce the burden for onsite enrollment and provide timely treatment to patients. Such locations could include churches, public libraries, schools, and community centers, to which the undocumented population can gain access. It is also important to educate the potential enrollees that enrollment in My Health LA will not be used as a reason for deportation.[21] This may help to increase the coverage of My Health LA. Proper funding should be assigned to support one or more of the above efforts to improve the enrollment experience.

[21] According to one MHLA pamphlet, "being part of My Health LA will NOT affect your immigration status. All information will be confidential." http://file.lacounty.gov/SDSInter/dhs/242196_TrifoldEnglishMHLAContact.pdf

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About the Author

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Melina Monroy completed her master's degree in Economics at Cal State LA and her undergraduate studies in International Development Studies at UCLA. As a local from Los Angeles, she continues to work with the community in different capacities. Currently, her professional work has led her to Acquisitions for the Air Force Space Command's Space and Missile Systems Center.

Acknowledgements

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APPENDIX 1: My Health LA Eligibility Criteria

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES

YOU CAN GET NO-COST OR LOW-COST MEDICAL CARE
AT ANY LA COUNTY CLINIC OR HOSPITAL IF YOU ARE ELIGIBLE FOR ONE OF THE PROGRAMS BELOW

Program	Who Can Get it?	How Much Does it Cost?	What Care Is Covered?	Where Do I Go For Care?
Ability to Pay (ATP) *The former ORSA is now part of ATP*	Los Angeles County residents who do not qualify for Medi-Cal or Medicare	• No-Cost for persons with incomes at or under 138% FPL • Low-Cost for those over 138% FPL	• Clinic and outpatient hospital visits • Tests and medicines • Inpatient hospital care • Emergency Room (ER) visits • Certain surgeries	ONLY • County hospitals • County clinics
Pre-Payment Plan	Los Angeles County residents	• A low-cost, flat fee for each visit, if paid within 7 days of choosing Pre-Payment Plan	• Clinic and outpatient hospital visits • Tests only • ER visits • Certain outpatient surgeries *Does not include hospital/inpatient care or medicine you take home*	ONLY • County hospitals • County clinics
Discount Payment Plan	Non-County residents who • have no insurance or have high medical costs even with insurance • do not qualify for Medi-Cal; income is at or under 350% FPL	• A 5% discount off charges or what Medi-Cal would pay (whichever is less)	• *Inpatient hospital care and outpatient hospital visits* • *ER visits*	ONLY • County hospitals
Specialty No-Cost or Low-Cost Programs				
County Mental Health Services (Short Doyle)	Persons needing mental health treatment who • Do not qualify for Medi-Cal • Are functionally disabled by severe and persistent mental illness or who are seriously emotionally disturbed	• One amount for the whole year • Varies, depending on family size, resources and income	• Inpatient hospital care • Outpatient mental health care	• Call the L.A. County Department of Mental Health at 1-800-854-7771 to find a county mental health facility
Child Delivery Plan	• Pregnant women who are Los Angeles County residents • Each mother must apply for Medi-Cal for her baby	• $2,000 flat fee paid within 7 days after leaving the hospital	• All labor and delivery services	ONLY • County hospitals
Dialysis; TB; Post-Polio	• Dialysis & Post-Polio: California residents • TB: No residency requirement	• Low-Cost fees	• Care for kidney disease, inpatient tuberculosis care, and post-polio related services	ONLY • County hospitals • County clinics
No Extra Cost Medicines	Los Angeles County residents who are outpatient clinic patients	• No-Cost	• Medicine for emergency and public health services	ONLY • County hospitals • County clinics

Who Can Apply for No-Cost or Low-Cost programs in LA County?	
Minimum requirements	Patient must be a Los Angeles County resident and provide acceptable proof that you live in Los Angeles County (ID and proof of address or statement certifying homelessness) and must have medical costs that Medi-Cal, Medicare, private insurance or other benefits will not pay.
What is income at 138% of the Federal Poverty Level (FPL)?	Income is based on your family size. **For 2016, 138% FPL monthly income is $1,367 for a family of one; $1,843 for two; $2,319 for three; $2,795 for four; $3,271 for five; $3,747 for six; $4224 for seven; $4703 for eight.** For families larger than eight, add about $479 per person. For pregnant women count the woman and the number of expected babies. A County worker will see if your income qualifies for these programs and the amount you must pay.
Can non-LA County residents still receive low-cost care?	**Yes, non-LA County residents may receive a discount on their cost for care at LA County hospital under the Discount Payment Plan if they have income at or under 350% FPL.** *Only LA County residents may get no-cost medical care.*

For more information on these programs, call 1(800) 378-9919. See the back of this sheet for where to apply.

HS000026 (4-16) Page 1 of 2

APPENDIX2: Subsidies under the Affordable Care Act

Income Guidelines

use through October 2016

You may be eligible for Medi-Cal or Low-Income Health Plan.

Whether you qualify for financial assistance depends on your household income and family size. See the charts below to help determine if you qualify for financial help.

This chart is the Federal Poverty Level Guidelines for the 2016 Benefit Year. View the chart to help determine if you qualify.

Program Eligibility by Federal Poverty Level (FPL) for 2016 Coverage Year													
Household Size	Eligible for Premium Tax Credit (PTC) (≥100% to ≤400%)												
		MAGI Medi-Cal for Children under Age 19 (≤ 266%) (No PTC)										County Children's Health Initiative Program (C-CHIP) (> 266% to ≤ 322%) (No PTC)	
		MAGI Medi-Cal	MAGI Medi-Cal for Pregnant Women (M9) (> 138% to ≤ 213%) (No PTC)				Medi-Cal Access Program (MCAP) (> 213% to ≤ 322%) (No PTC)						
			Enhanced Silver Benefits (Cost-Sharing Reduction)										
	94%		94% (≥100% to ≤150%)		87% (>150% to ≤200%)		73% (>200% to ≤250%)						
	100%	≤ 138%	> 138%	150%	200%	≤ 213%	> 213%	250%	≤ 266%	>266%	300%	≤322%	400%
1	$11,770	$16,394	$16,395	$17,655	$23,540	$25,304	$25,305	$29,425	$31,600	$31,601	$35,310	$38,253	$47,080
2	$15,930	$22,107	$22,108	$23,895	$31,860	$34,122	$34,123	$39,825	$42,613	$42,614	$47,790	$51,584	$63,720
3	$20,090	$27,820	$27, 821	$30,135	$40,180	$42,940	$42,941	$50,225	$53,625	$53,626	$60,270	$64,915	$80,360
4	$24,250	$33,534	$33,535	$36,375	$48,500	$51,759	$51,760	$60,625	$64,638	$64,639	$72,750	$78,246	$97,000
5	$28,410	$39,247	$39,248	$42,615	$56,820	$60,577	$60,578	$71,025	$75,650	$75,651	$85,230	$91,576	$113,640
6	$32,570	$44,960	$44,961	$48,855	$65,140	$69,395	$69,396	$81,425	$86,662	$86,663	$97,710	$104,907	$130,280
7	$36,730	$50,687	$50,688	$55,095	$73,460	$78,234	$78,235	$91,825	$97,701	$97,702	$110,190	$118,270	$146,920
8	$40,890	$56,428	$56,429	$61,335	$81,780	$87,095	$87,096	$102,225	$108,767	$108,768	$122,670	$131,665	$163,560
For each additional person, add	$4,160	$5,741	$5,742	$6,240	$8,320	$8,860	$8,861	$10,400	$11,066	$11,067	$12,480	$13,396	$16,640

Legend: Premium assistance through Covered California | Medi-Cal

Covered California Outreach and Sales Division
OutreachandSales@covered.ca.gov

Updated: April 15, 2016

APPENDIX 3. Federal Poverty Levels, in US dollars.

	YEARS					
Persons in household	2011	2012	2013	2014	2015	2016
1	10,890	11,170	11,490	11,670	11,770	11,880
2	14,710	15,130	15,510	15,730	15,930	16,020
3	18,530	19,090	19,530	19,790	20,090	20,160
4	22,350	23,050	23,550	23,850	24,250	24,300
5	26,170	27,010	27,570	27,910	28,410	28,440
6	29,990	30,970	31,590	31,970	32,570	32,580
7	33,810	34,930	35,610	36,030	36,730	36,730
8	37,630	38,890	39,630	40,090	40,890	40,890
For each additional person, add	3,820	3,960	4,020	4,060	4,160	4,160

Source: Modified from Office of Economic Opportunity/ Community Services Administration. "Prior HHS Poverty Guidelines and Federal Register References." *aspe.hhs.gov*. Office Of The Assistant Secretary For Planning and Evaluation. 25 April 2016. Wed. 22 May 2016.



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