

MEETING THE CHALLENGE:

*Extending Health Coverage to Ventura County's
Uninsured Working Families*

A Report by the Ventura County
Health Coverage Task Force

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MEETING THE CHALLENGE: EXTENDING HEALTH COVERAGE TO VENTURA COUNTY'S UNINSURED WORKING FAMILIES

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Central Coast Alliance United for a Sustainable Economy (CAUSE)

CAUSE is a non-profit community planning and policy research center for the study and promotion of sustainable economic policy and community development activities in the Central Coast Region of Ventura and Santa Barbara Counties. CAUSE defines sustainable economic development policies and activities as those that contribute to the development of a prosperous, just and environmentally sound regional economy. Established in May 2000 by the Ventura County Living Wage Coalition (VCLWC), a broad-based multi-ethnic coalition of fifty-one faith, union and community-based organizations, CAUSE has emerged as an important independent intermediary resource for positive social change in the region.

CAUSE's program mission is to:

- Conduct community planning and policy research relevant to the long-term economic sustainability of the region.
- Provide popular education and public policy outreach for participating organizations, labor unions and the community at large.
- Provide community organization development assistance to participation organizations, including leadership development education, community organizing training, and organizational development technical assistance.

EXECUTIVE SUMMARY

Work and health are inextricably linked. In order to improve the quality of life, prevent disability and premature mortality and support a viable economy it is imperative that local communities address the absence of health insurance coverage for working families. This report, by the Ventura County Health Coverage Task Force, is the inception of a sustained local effort to address the problem of the working families who comprise the majority of the uninsured population. On November 21, 2000, this report was presented to the Ventura County Board of Supervisors.

The report echoes extensive research documenting the lack of health coverage access and its debilitating personal and social impact. Eighty-two percent of the affected are predominantly low-wage workers and their families who 1) do not have job-based health insurance, 2) cannot afford the employee share or much less, the entire insurance premium, and 3) do not qualify for government-sponsored public health insurance. Latino adults and children are at greatest risk of being uninsured.

To extend health coverage to working families involves a complex network including employers, government agencies and programs, private health carriers, health care providers and

working families. The report documents a decline in job-based health coverage despite a prosperous economy. In addition, government-sponsored health coverage is both difficult to access and a limited patchwork option. Despite these daunting variables, the report presents far-reaching possibilities.

“Meeting the Challenge: Extending Health Coverage to Ventura County's Uninsured Working Families” proposes four broad recommendations: 1) provide intensive outreach to employers, employees and the general public through an integrated collaborative effort by private, public and community groups; 2) simplify and expand existing public sponsored health coverage programs; 3) support living wage policies at the city and county level; and 4) conduct additional health coverage research in Ventura County.

To assist in the implementation of these recommendations and to continue studying viable alternatives, the Central Coast Alliance United for a Sustainable Economy (CAUSE) in collaboration with the V.C. Health Coverage Task Force are seeking grant funding. A proposed Work and Health Coverage Access Project will investigate, strategize and implement coordinated efforts that extend quality health care coverage to Ventura County's working families.

INTRODUCTION

Health insurance coverage remains only a dream for a significant number of Ventura County workers and their families. Not only is health coverage crucial for the health and well-being of every child and adult, it is necessary to ensure a viable and productive economy for the future. This health care coverage access report is presented to the Ventura County Board of Supervisors to call attention to the dearth of adequate health coverage for Ventura County working families. Inadequate health care coverage presents a costly burden on every Ventura County taxpayer and compromises a healthy economy. This report comprises the research efforts of the Ventura County Living Wage Coalition (VCLWC) Health Coverage Task Force. It concludes with four broad recommendations.

The members of the V.C. Health Coverage Task Force represents employers, labor, health insurance and legal professionals, community-based organizations, physicians, and

university researchers. The Health Coverage Task Force was convened by CAUSE and the Ventura County Living Wage Coalition. A living wage ordinance requires businesses that receive contracts or financial assistance from cities and/or the County of Ventura to pay workers at least \$8 an hour with health benefits or \$10 without benefits. These wages would make it possible for a family of four to earn an annual income approximate to the federal poverty level of \$17,050. Currently, approximately 23 percent of the households in Ventura County earn incomes 200% below the federal poverty level (FPL).

The goals of the V.C. Health Coverage Task Force were to document the status of health coverage for low-wage workers in Ventura County, to identify model health insurance programs and to disseminate these findings to local policy-makers and the public at large. To accomplish these tasks, the V.C. Health Coverage Task Force met between the months of August and October 2000.

HEALTH COVERAGE: ITS ABSENCE IS A PROBLEM FOR EVERYONE

There is a chronic problem at the national, state and local levels concerning the dearth of health insurance coverage. Estimates from the Census Bureau are that 16 percent, or 44.3 million Americans, were uninsured in 1998. Of the uninsured, approximately 60 percent are working age adults (18-64) and 25 percent are children. There is a disturbingly higher percentage of uninsured in California. Between 1995 and 1998 the proportion of uninsured Californians increased from 22.7 percent to 24.4 percent. Closer to home, the Health Insurance Policy Program, a joint project of the UC Berkeley Center for Health Policy Research, reports that an average of 18 percent of Ventura County residents do not have health care coverage. This includes about 134,000 individuals, a group larger than the individual populations of nine of the ten cities that compromise Ventura County. ^(graph 1)

Lack of health insurance has serious consequences for the affected individuals and to society as a whole. Generally, the consequences include diminished access to cost effective preventive care and health promotion services, failure to seek needed medical care and weakened health status. When the uninsured do receive care, they often rely on “safety net” providers including public hospitals and community clinics typically for emergency, tertiary care, that incurs a higher cost.

As health care coverage correlates with health care access, children and families without health insurance are less likely to receive medical attention. An executive summary of the American College of Physicians and the American Society of Internal Medicine, documents that uninsured Americans are reported to be:

- Less likely to have a regular source of care
- Less likely to have had a recent physician visit
- Less likely to use preventative services
- More likely to delay obtaining care
- More likely to report they have not received needed care

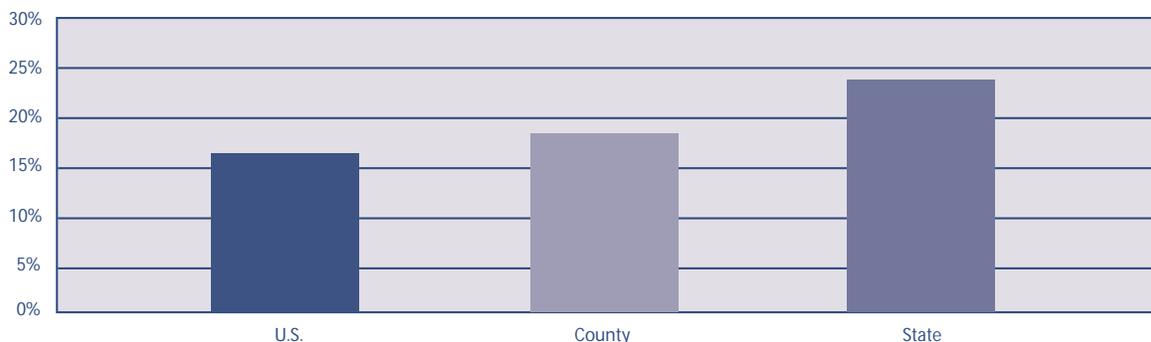
As a result, uninsured Americans experience poorer medical outcomes characterized by:

- Generally higher mortality and a specifically higher in-hospital mortality rate
- Adverse health outcomes up to three times more often than privately insured individuals
- Avoidable hospitalizations and emergency hospital care up to four times as often as insured patients

Not only is health insurance essential to family and individual well-being, it also proves to be economically beneficial to local and state government, as well as health care providers, who are typically held financially responsible for providing necessary care to the indigent. California’s counties are charged with providing medical services to the uninsured through county operated indigent care facilities and programs. Medical services provided through indigent care programs have narrow qualifying income levels, are often highly fragmented, non-comprehensive, and rely heavily on emergency care.

Despite the restrictive nature of indigent care, billions of dollars are spent every year in California to provide care to the medically indigent. Ventura County alone spent \$22 million in 1998 to cover the cost of the uninsured. Funds for county indigent health care come from a variety of federal, state, and local sources. In addition, hospitals and health care providers also provide millions of dollars every year in uncompensated or charity care. These costs affect health care consumers because health care providers must increase their rates in order to subsidize the increasing amount of money being spent on uncompensated care, which translates into higher premiums charged by health insurance companies.

Figure 1. Percent Uninsured Comparison



Source: Schauffer, H.H. and E.R Brown. 2000. “State of the Uninsured in California, 1999.”

WHO AND WHERE ARE THE UNINSURED?

It is a myth that the uninsured are uninsured because they are irresponsible or do not want to work. The overwhelming majority of the uninsured are responsible, tax-paying workers. Eighty-two percent of California's uninsured include families with one or more employed workers. The uninsured are predominantly low-income working families and individuals who:

- work for employers who do not offer coverage,
- do not earn enough to afford either the employee share of the health insurance premium, much less the entire cost of a private individual premium, and
- do not qualify for government-sponsored public health insurance.

For the uninsured low-wage worker, private health insurance is a luxury they can ill afford. Sixty-nine percent of the uninsured have incomes below 200 percent FPL (\$34,100) for a family of four. Thirty-eight percent of the uninsured do not even earn 100 percent FPL (\$17,050). These include full time employees who earn the limited minimum wage of \$6.25/hour (\$13,000 annually).^(graph 2)

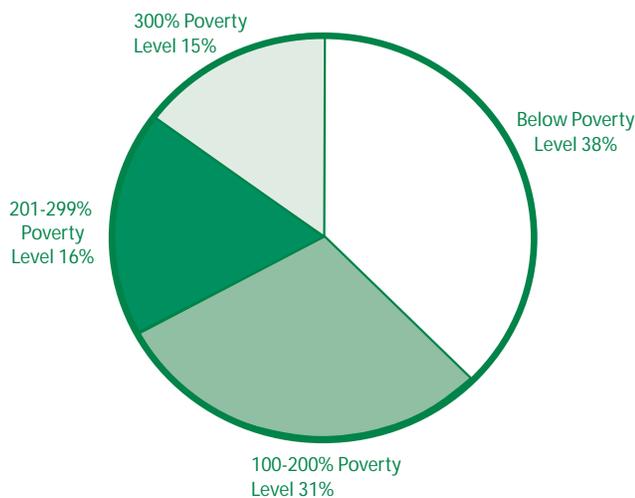
Medi-Cal, California's Medicaid program, and Healthy Families, California's implementation of the State Children's Health Insurance Program (SCHIP) provide

health insurance to low-income children, the elderly and very limited eligible adults, such as pregnant women. Medi-Cal and Healthy Families include strict eligibility requirements and qualifying procedures. The financial requirements are highly fragmented according to the age of each child, as demonstrated in the following table.^(Table 1)

According to income criteria, 86 percent of California children are eligible for one of these two government sponsored health insurance programs. However, this percentage drops to 73 percent because undocumented children are not eligible for health insurance through these programs. In addition, neither Medi-Cal nor Healthy Families are available to workers without dependent children, and only in limited instances are working parents covered by public sponsored health insurance.

Low-wage workers are not only the most economically vulnerable, but also the most at risk of suffering a job-related illness or injury. These occupational hazards include, but are not limited to, exposure to toxic chemicals, high-risk working conditions involving heavy machinery and dangerous environmental locations, and repetitive manufacturing functions. Given these high-risk conditions it is imperative that preventative and comprehensive health coverage be provided to low-wage workers.

Figure 2
Income Levels of California's Uninsured



Source: Schauffer, H.H. and E.R Brown. 2000. "State of the Uninsured in California, 1999."

Table 1
Medi-Cal and Healthy Families Eligibility

Medi-Cal		Healthy Families	
Age	Income Eligibility FPL%	Age	Income Eligibility FPL%
<1	200	<1	201-250
1-5	133	1-5	134-250
6-14	100	6-14	101-250
15-19	82	15-19	82-250

Source: State Children's Health Insurance Program Eligibility Levels, National Conference of State Legislatures

WHICH GROUP HAS THE HIGHEST RISK OF BEING UNINSURED?

The proportion of uninsured remains greatest among Latinos (irrespective of age or gender) and children living in low-wage households. According to 1998 Census data, Latinos make up 30% of Ventura County's population. Of California's major ethnic groups, Latinos have the highest uninsured rate. Thirty-eight percent of Latinos are uninsured compared to only 13 percent of non-Latino whites. Even with the implementation of Healthy Families, the percentage of uninsured California children increased between 1995 and 1998 from 17 percent to 21 percent. During this same three-year period, the rate of uninsured children nationwide increased from 14 percent to 15 percent. Nearly one of every three Latino children (32 percent) is uninsured compared to one of every eight (12 percent) of non-Latino white children.

Latino demographics indicate that they are younger than the general population and have lower educational levels and lower incomes when compared to non-Latino whites. Latino men have a higher labor force participation rate; nevertheless most do not have employer-based access to health insurance. While 69 percent of non-Latino whites have job-based insurance, the rate is a low 41 percent for Latinos. Latinos are especially likely to be among the working poor.

Across all demographic and employment categories, Latinos in California are less likely to have job-based insurance and consequently more likely to be uninsured than non-Latino whites. The compounding factors that influence the disparity in health coverage for Latinos include low wage earnings, fewer years of formal education and residency status. With regard to the latter, children who are citizens whose parents are non-citizens are nearly three times as likely to be uninsured than children who are citizens whose parents were born in the U.S.

A special subgroup of the Latino population that is severely underinsured includes the nearly 700,000 agricultural workers throughout California. Of the six state agricultural regions, the Central Coast ranks third in number of agricultural workers. A landmark report conducted by the California Institute for Rural Studies and sponsored by the California Endowment, *Suffering in Silence: A Report on the Health of California's Agricultural Workers*, documents staggering underinsurance rates of nearly 70 percent.

Not surprisingly, 31.8 percent of the men and 10 percent of the women surveyed had never received care from a physician or medical site in their lifetime.

A growing population at risk of joining the uninsured is that of childcare workers. Whether childcare workers are self-employed or employed by a small business childcare provider, both sectors are vulnerable to being uninsured. A closer study of this growing low-wage service sector is warranted.

Given the economic and ethnic correlates to health insurance, the uninsured in Ventura County are likely to be concentrated in Santa Paula, Fillmore and Oxnard. These cities have the highest percentage of households earning below the federal poverty level and the greatest proportion of Latino residents. In 1994, Ventura County cities had the following percentage of households earning below 100 percent FPL. ^(Table 2)

At approximately \$25,000 for a family of four, these FPL households earn far below Ventura County's median income of \$68,500. While the county's poor and Latino are concentrated in three cities, the larger cities of Simi Valley, Thousand Oaks and Ventura still have greater numbers of people who are uninsured, with the exception of Oxnard that is both the largest city and has a high percentage of below FPL households.

Table 2: Ventura County cities had the following percentage of households earning below 100 percent FPL.

Cities	Percentage Earning Below 150% FPL
Santa Paula	34%
Fillmore	35%
Ojai	32%
Oxnard	26%
Pt. Hueneme	30%
Ventura	23%
Camarillo	18%
Moorpark	9%
Thousand Oaks	11%
Simi Valley	10%

Source: Ventura County Public Health, 1999 Child Care Needs Assessment.

THE COMPLEXITY OF HEALTH COVERAGE

Health coverage is actually multifaceted, involving individual workers, family, health care providers, employers, private health plans, and public/government programs. The following is a brief overview of the issues that were identified by the V.C. Health Coverage Task Force that require attention in order to expand health care coverage to the working families of Ventura County.

INDIVIDUAL AND FAMILY

At the individual and family level, the major barrier to health insurance is cost. Private health insurance premiums are expensive for low-wage working families earning below poverty wages. A family earning minimum wage or \$500 biweekly may pay as much as \$130 per pay period to provide health coverage for two children. This is over one quarter of their gross pay siphoned by health coverage, which makes it impossible to cover housing, food and clothing costs.

For working families who receive publicly sponsored health insurance, it can be complicated to manage the multiple health networks. Given the age and income criteria, a family can have one child covered by Medi-Cal, another by Healthy Families and possibly the parent and spouse with an additional job-based private health plan. Each requires initial and follow-up forms and billing, and each has its own provider network and service coverage delineation, which may or may not coincide. Other logistical barriers experienced by low-wage workers include non-compensated sick leave, transportation, childcare and lower literacy levels.

Concerning Latino families, additional cultural differences mitigate access to the use of insurance programs. Non-citizen and legal resident adults with citizen children are fearful that the use of public health insurance programs will lead to problems with future naturalization procedures. Many low-wage working Latinos see public health insurance as a hand out and do not want to utilize government sponsored health coverage. In addition, acculturation issues including language, literacy, and the health insurance concept itself pose insurmountable obstacles for Latinos. For these reasons, first generation adult Latinos rarely progress through the application and eligibility process, nor do they access the health care once insured for themselves or for their children.

HEALTH CARE PROVIDER

The V.C. Health Coverage Task Force identified a disparity in the acceptance of different health insurance plans by providers as an important issue that affects health coverage access. Specifically, low reimbursement rates, cumbersome and lengthy forms particular to government sponsored programs may deter many providers from accepting individuals with these health plans. Many doctors

choose, or feel forced in order to maintain a financially viable practice, not to accept government-sponsored health programs because of the low reimbursement rate and the complex and time consuming forms.

EMPLOYER

In 1998, nationwide 69 percent of Americans had job-based health coverage. In California, however, only 58 percent of workers had job-based health coverage. Employers, unlike an individual employee, have the financial and tax advantage of purchasing health plans. It is more affordable to purchase group health plans rather than individual plans and the premium costs are a full tax write-off to employers but not to employees.

Employee premium contributions for employer health plans can be paid through tax-free income, providing the firm takes advantage of Section 125 of the Internal Revenue Service (IRS) code. The IRS code authorizes employers to offer "Cafeteria Plans" also referred to as "Flexible Compensation" or "Flexible Benefit," which save both the company and the employee money. The advantage to the employee is that a portion of their salary can be directed on a tax-free basis towards payment of a health insurance premium, non-reimbursable medical expenses, or dependent care expenses. The employer benefits as well. A typical employer saves 10 percent in tax savings on each dollar that employees contribute, as well as payroll savings related to lower taxable salaries (workers compensation, FICA).

Small business employers are least likely to offer health benefits. In Ventura County, 94 percent of employers are small business employers with less than 50 employees. Recent legislation, AB1672, requires health insurance carriers to provide plans for employers with as few as two employees.

A member of the V.C. Health Coverage Task Force and member of the California Association of Health Underwriters provided the following reasons as to why employers do not offer health benefits:

- the employer does not know the cost of insurance and assumes that it is too expensive
- the employer is unaware of how the cost of insurance can be shared with the employee (including Section 125 of the IRS code, "Cafeteria Plans")
- the employer does not know how to choose plans that best fit the employer and employees needs
- the employer does not have the additional administrative and employee time to investigate and provide health plan options

PUBLIC/GOVERNMENT PROGRAMS

Even when the employer does offer health benefits, not all employees take advantage of health benefits for the following reasons:

- the cost, even when shared with the employer, is still beyond the employee's ability to pay
- the employer plan is marked by an absence of employee choice in determining health plan options
- the employee does not realize the trade-off between paying a regular, smaller insurance premium now compared to an exorbitant, out-of-pocket bill for health care in the future

According to UC Berkeley and UC Los Angeles researchers, affordability remains the most important barrier to accessing health insurance coverage for the uninsured. Employers not offering coverage and employees losing coverage when they change or lose their jobs are other important barriers to coverage. They recommend extension of small group market reforms that guarantee the issuance and renewal of health insurance for small firms (2-50 employees) to include self-employed individuals in single employee firms (1-50 employees). An American Express survey advertised in the November 2000 issue of Fortune Small Business reveals that affordable healthcare for employees and business owners were the #2 and #3 issues selected by small business owners as "very important."

A post-election survey conducted in November and December 2000 sponsored by the Kaiser Family Foundation and the Harvard School of Public Health reveals nationwide concern and support for assisting the uninsured. Seventy-seven percent of those surveyed support using part or a substantial amount of the federal budget surplus to provide insurance to the uninsured. The public supports both expanding government health coverage and requiring employers to share the cost of insurance with workers. Finally, 73 percent of voters prefer job-based insurance.

Engaging employers in the effort to extend health coverage to working families is necessary. A report in the Health Affairs journal documents that the 2.6 fold real increase in health coverage costs has been passed on from employer to employee as the worker contribution towards health coverage has increased 3.5 fold. Workers are paying the increase in health care insurance despite the *decline* in real wages for as much as 18 percent of those without a high school diploma and 11 percent for non supervisory workers. The profits of a strong economy have not been shared with workers in the form of higher wages or health care coverage.

There are numerous public health insurance programs in California funded through a combination of both state and federal funds. These health services access programs include Medi-Cal, Healthy Families, Aid to Infants and Mothers (AIM), Child Health and Disability Program (CHDP), and California Children's Services (CCS). These programs are meant to provide only a "safety-net" for Californians, not to be a substitute for private or job-based health coverage. Thus, they are very limited in scope with an excess of cumbersome eligibility criteria and frequent eligibility reviews. Whereas job-based insurance is usually a one-time application process, public insurance programs entail income reviews every few months. These requirements and procedures can and do constitute an insurmountable barrier to access given the time, transportation, childcare, literacy and uncompensated workday constraints. Furthermore, with so many government public health programs, each with extensive eligibility requirements, government health agency staff are specialized in one program and are not equipped to provide information on other public health insurance programs for which individuals may be eligible.

Medi-Cal and Healthy Families may potentially provide comprehensive health coverage for very low-income children and specific adult populations including pregnant women, the elderly over 65, skilled nursing/intermediate care facility patients and refugees in the country less than one year. Although dental and vision services are covered, they are rarely accessed due to low provider participation. Medi-Cal covers the medically indigent, yet it still may require that a significant share of cost be paid by the patient. Many Ventura County workers and their families are not eligible for Medi-Cal as even poverty wages exceed income criteria and few adults are eligible overall. Working families are too impoverished to afford private health plans and too wealthy to qualify for Medi-Cal.

Healthy Families, the state insurance program currently targeting children of working families, covers those children ineligible for Medi-Cal. Households earning up to 250 percent FPL, or \$42,625 for a family of four, qualify with a modest premium cost of \$4 - \$18 per month. Working parents without job-based insurance who are unable to afford private health insurance are ineligible. Recent legislation has been approved to expand the Healthy Families to include parents. To date the appropriation of funds has not been allocated.

Parents attempting to obtain health coverage through Kaiser Permanente's Child Health Plan, a special program targeting children in households earning between 200 and 250 percent FPL were surveyed. Fifty-one percent of patients cited physician refusal to accept Medi-Cal as the

reason for pursuing private health insurance, while 75 percent perceive private insurance provides better services. Eighteen percent of parents surveyed rated Medi-Cal as “bad/very bad” while only 3 percent rated Healthy Families as such. Less than 50 percent of parents rate either public coverage program as “good” or “very good.” Government sponsored health insurance programs carry a negative stigma that must be superseded for parents to utilize these financially accessible programs.

The Ventura County Health Care Plan (VCHCP) is an innovative health insurance program similar to ones only a few other counties have developed. It serves as a nonprofit health maintenance organization, providing a variety of health plans primarily to county employees and their families and the indigent population. The VCHCP represents efforts by the County to leverage available monies, including Medi-Cal and Healthy Families public health insurance programs, to extend affordable and comprehensive health coverage and provides an opportunity for further expansion.

RECOMMENDATIONS

The V.C. Health Coverage Task Force offers the following broad recommendations to the Ventura County Board of Supervisors to address the issues presented above.

1. Provide intensive outreach to employers, employees and the general public through an integrated collaborative effort among private, public and community groups.

Obtaining health coverage is a complex process for all consumer groups including employer, employee, parents and children. Readily available information and technical assistance concerning the availability, options and process of securing health coverage is insufficient.

The Healthy Families' public insurance program continues to be under-utilized and there has been a noticeable decline in the percent of children covered by Medi-Cal (from 25 percent to 20 percent). Employers continue to assume that providing health benefits is beyond their fiscal and administrative reach, although health insurance agents are prepared to assist, without a direct cost to the employer. Extending health coverage necessitates the collaboration of the entire community (schools, community-based organizations, civic groups, public agencies, etc.) in order to reach employers, employees and their families. Outreach education and technical assistance efforts regarding options for health insurance coverage need to be intensified beyond the bus stop advertisements and private insurance brokers. Possible avenues include:

- *Health Care Coverage Internet Web Site* - An on-line site where employers, employees and the public can investigate available programs, download and/or complete required forms and review a list of local agencies, organizations and businesses that process or provide technical assistance to secure health insurance.

- *Local Ventura County Multi-lingual Telephone Information Line* - Recorded information with basic information accessible 24 hours a day, seven days a week. Personal customer service representatives available during evening hours who refer the uninsured to local technical assistance sites.
- *Information Dispersal Sites* - Collaborate with established public sites including schools, CalWORKs One Stop centers, community-based organizations, civic groups (e.g. Neighborhood Councils, Chamber of Commerce) and churches to disseminate clear health coverage options, criteria, costs and access procedures.
- *Neighborhood canvassing* - For the segment of the uninsured population with low literacy levels, or who are overwhelmed by the complex system of buildings, and intimidating institutions and those who do not have access to childcare or transportation, home visits are necessary to inform and increase health coverage utilization.

These and other public awareness and utilization efforts must be developed for specific populations according to literacy level, employment status, ethnic group and gender. The venues used effectively to provide information and assistance is also population specific. For instance, Spanish radio for native Spanish speakers, radio in general for low literacy level groups; the work site for employees and employers, home visits for homemakers, targeted TV advertisements during peak hours and diverse print media. The outreach efforts need to be audience specific.

RECOMMENDATIONS

2. Integrate and expand current health coverage programs.

The V.C. Health Coverage Task Force concurs with the following specific recommendations offered by the UC Berkley and UCLA Health Insurance Policy Program:

- Continue simplifying the application and eligibility process for Medi-Cal and Healthy Families.
- Extend the 1999 reforms for children's coverage by increasing income eligibility for the Healthy Families program to 300 percent of the federal poverty guidelines.
- Expand eligibility for children by increasing the duration of eligibility to 12 months before requiring re-certification.
- Take the eligibility determination process for California's public health care programs out of the welfare system.
- Integrate the Medi-Cal, Healthy Families and AIM programs to create a continuous system of health care coverage.

In addition, the V.C. Health Coverage Task Force recommends that the County support state legislature to appropriate funds to expand the already approved extension of the Healthy Families program to cover parents. It is further suggested to request that a portion of the unused Healthy Family funds be utilized for public outreach and technical assistance efforts.

3. Support living wage policies at the city and county level.

City and county living wage ordinances provide employers with an incentive to offer health coverage to their employees. Such public policies also increase the affordability potential for employees by raising wages from below poverty level. Furthermore, living wage ordinances, in targeting low-wage workers in hazardous occupations, serve to reduce the long-term public health costs associated with chronic and emergency hospital care.

4. Conduct additional research on health coverage in Ventura County.

The V.C. Health Coverage Task Force has prepared the foundation, through this report, for a more thorough documentation of the need for health coverage in Ventura County. What is needed is specific data on the uninsured and the extent to which Ventura County employers provide health coverage. Furthermore, a key to expanding the utilization of health coverage availability is the issue of its affordability. A more detailed assessment of the cost of health plans in this region is needed.

CONCLUSION

Meeting the Challenge: Extending Health Coverage to Ventura County's Uninsured Working Families documents the negative and costly implications of the absence and complexity of accessing and utilizing health care coverage. The Ventura County Health Coverage Task Force urges the Ventura County Board of Supervisors to take a proactive role to address this crucial public health and economic problem. Such a role can begin with full consideration and future action on the recommendations presented by the task force.

As a next step in the process, the V.C. Health Coverage Task Force has begun to plan for the expansion of its cur-

rent research effort. This will include a survey of local employers and low-wage workers, as well as an employer outreach program designed to educate employers regarding existing programs and private health plans. The UCLA Ralph and Goldy Lewis Center for Regional Policy Studies and the California Endowment, a California-based health foundation, have expressed interest in participating. In order to maximize the effectiveness of such an effort, the V.C. Health Coverage Task Force welcomes and encourages full participation from the County Board of Supervisors and multiple agency staff in this community effort to increase health insurance coverage to the working families of Ventura County.

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