



Health insurance coverage in nine Chicago community areas

HEALTH SNAPSHOT NO.11

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Health insurance is the primary vehicle through which most people finance their health care needs. The Affordable Care Act enabled millions of Americans to obtain health insurance through the expansion of Medicaid and the provision of tax credits for signing up through health insurance marketplaces.¹ Insured individuals are more likely to utilize health services and have a usual place for medical care, and are less likely to have unmet health care needs; these are factors which, in turn, improve individual health outcomes and reduce overall health care costs.²⁻⁴ It is important to understand how individuals finance their health care needs in order to improve issues related to access, cost, and quality. This health snapshot presents health insurance findings from the *Sinai Community Health Survey 2.0*, a community-driven, representative survey of nine communities in Chicago.

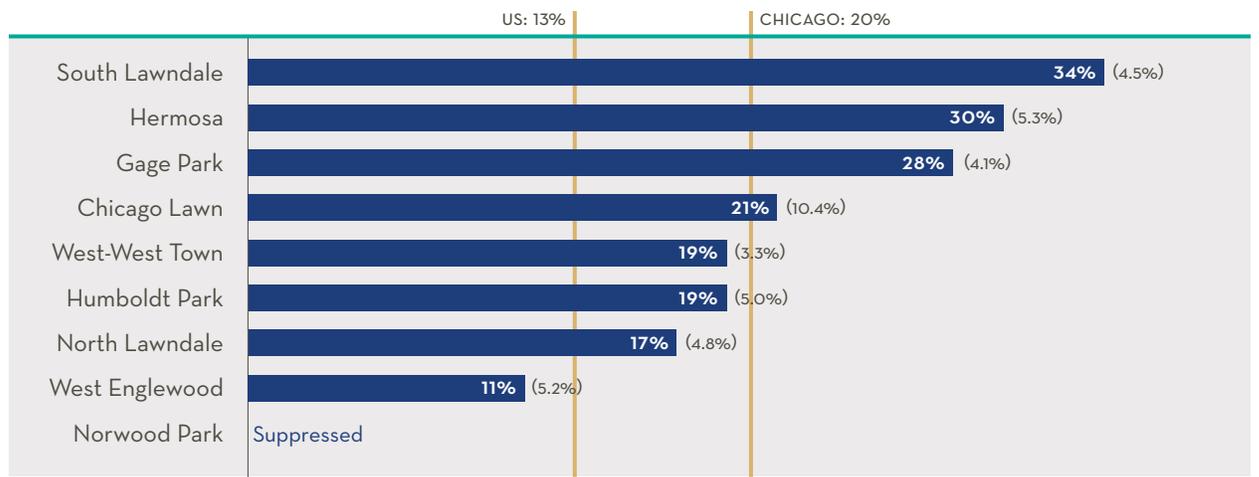
WHAT ARE KEY DIFFERENCES AT THE COMMUNITY LEVEL?

- In South Lawndale and Hermosa, about one in three adults aged 18-64 years was uninsured.
- Over half of adults aged 18-64 years were covered by public insurance in West Englewood, Humboldt Park, and North Lawndale.

WHAT ARE KEY DIFFERENCES BY RACE/ETHNIC GROUP?

- The percentage of adults aged 18-64 years without insurance was more than four times higher for adults of Mexican origin than non-Hispanic White adults.
- Nearly two out of three non-Hispanic Black adults aged 18-64 years were covered by public insurance.

FIGURE 1: Percent of adults aged 18-64 years without health insurance by community area



Sampled West Town community area west of Western Avenue only

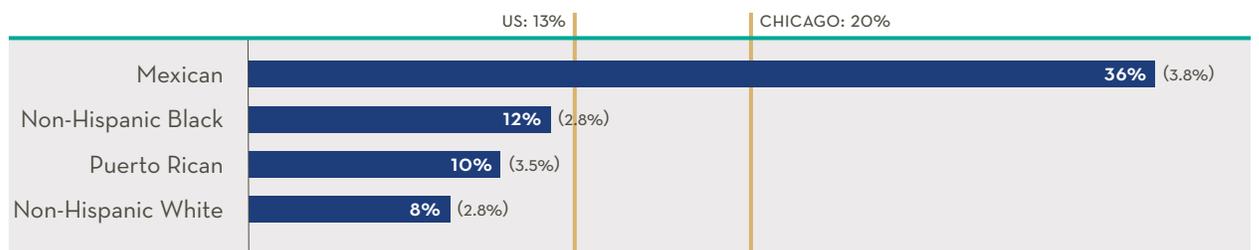
US DATA SOURCE: US Census Bureau, Current Population Survey, 2015 (adults aged 19-64 years)

CHICAGO DATA SOURCE: Healthy Chicago Survey, 2014

PREVALENCE (STANDARD ERROR)

- The percentage of adults aged 18-64 years without health insurance ranged from a high of 34% in South Lawndale to a low of 11% in West Englewood.
- In South Lawndale and Hermosa, about one in three adults aged 18-64 years was uninsured.

FIGURE 2: Percent of adults aged 18-64 years without health insurance by race/ethnicity



US DATA SOURCE: US Census Bureau, Current Population Survey, 2015 (adults aged 19-64 years)

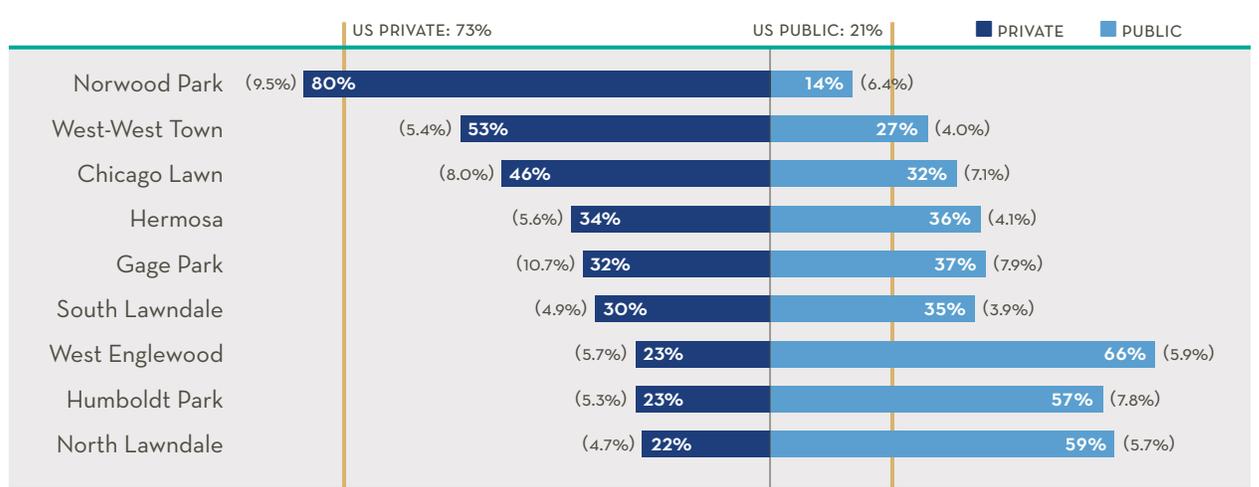
CHICAGO DATA SOURCE: Healthy Chicago Survey, 2014

Rao-Scott Chi-Square p-value < 0.0001

PREVALENCE (STANDARD ERROR)

- There was a statistically significant difference in the percentage of adults aged 18-64 years without health insurance by race/ethnic group, which was highest for adults of Mexican origin (36%) and lowest for non-Hispanic White adults (8%).
- The percentage of adults aged 18-64 years who were uninsured was at least three times higher for adults of Mexican origin than adults of other race/ethnic groups.

FIGURE 3: Percent of adults aged 18-64 years with private or public health insurance by community area



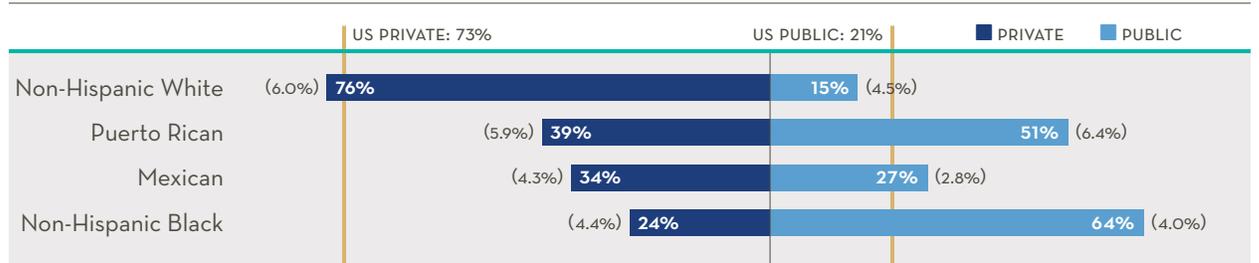
Sampled West Town community area west of Western Avenue only

US DATA SOURCE: US Census Bureau, Current Population Survey, 2015 (adults aged 19-64 years)

PREVALENCE (STANDARD ERROR)

- The percentage of adults aged 18-64 years with private health insurance ranged from a high of 80% in Norwood Park to a low of 22% in North Lawndale.
- The percentage of adults aged 18-64 years with public health insurance ranged from a high of 66% in West Englewood to a low of 14% in Norwood Park.

FIGURE 4: Percent of adults aged 18-64 years with private or public health insurance by race/ethnicity



US DATA SOURCE: US Census Bureau, Current Population Survey, 2015 (adults aged 19-64 years)

Rao-Scott Chi-Square p-value < 0.0001 (private insurance); p < 0.0001 (public insurance)

PREVALENCE (STANDARD ERROR)

- There was a statistically significant difference in the percentage of adults aged 18-64 years covered by private or public health insurance by race/ethnic group.
- Non-Hispanic White adults had the highest percentage of 18-64 year-olds covered by private health insurance (76%), while non-Hispanic Black adults had the highest percentage of 18-64 year-olds covered by public health insurance (64%).

ABOUT THE SURVEY

Sinai Urban Health Institute (SUHI) is a unique, nationally-recognized research center on the west side of Chicago. Our mission is to achieve health equity among communities through excellence and innovation in data-driven research, interventions, evaluation, and collaboration. SUHI is a proud member of Sinai Health System. For more information about SUHI, visit www.SUHChicago.org.

SUHI designed and conducted the *Sinai Community Health Survey 2.0* in partnership with our Community Advisory Committee and The University of Illinois at Chicago Survey Research Laboratory (SRL). SRL administered surveys face-to-face in both English and Spanish to randomly selected households from each of the nine surveyed communities. Interviewers randomly selected up to two adults (18 and over) per household. Data collection took place between March 2015 and September 2016 with a final sample size of 1,543 adults. Survey results are representative at the community area level for all communities with the exception of West Town, which was sampled west of Western Avenue only. More information about the survey is available at www.SinaiSurvey.org.

DEFINITIONS

Uninsured was defined as having: (1) no health insurance, or (2) only a single service insurance plan such as a dental, vision, or prescription plan.

Private insurance was defined as having insurance coverage through (1) your employer, (2) someone else's employer, (3) a plan that you or someone else buys on your own, or (4) COBRA. Respondents who listed both private and public sources of insurance were labeled as privately insured.

Public insurance was defined as having insurance coverage through (1) Medicare, (2) Medigap, (3) Medicaid [Family Care, Moms & Babies, County Care], (4) Medicaid HMO, (5) Military health care, (6) Indian Health Service, (7) State-sponsored health plan [e.g. Illinois CHIP], or (8) another government program.

METHODS

We used sampling weights to compute statistical estimates to ensure (1) the estimates accounted for the differential probability of the selection of respondents; and (2) the demographic profile of survey respondents matched the community area demographic profiles from the 2010-2014 *American Community Survey*. The Rao-Scott Chi-Square test was used to test for statistical differences by race/ethnic group. Findings were suppressed when the number of observations was less than five.

REFERENCES

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4. Wilper AP, Woolhandler S, Lasser KE, McCormick D, Bor DH, Himmelstein DU. Health insurance and mortality in US adults. *Am J Public Health*. 2009; 99(12): 2289-2295.