Projected 2014 Medi-Cal Eligibility Among 18-24 Year Old Male Jail Detainees by County

Prepared for the California HealthCare Foundation

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Research Goal

- To help jurisdictions prepare for Health Reform, this research makes a reasonable projection of the size of the jail-involved population in California that is likely to be Medi-Cal eligible in 2014.

Research Challenge

- A reasonable approximation of the size of the uninsured but potentially Medi-Cal eligible jail-involved population is currently unavailable on a state or a county level.

- Existing jail surveys that track inmate characteristics (such as income) are often:

    – outdated

    – prone to statistical shortcomings inherent in small, non-random samples

    – reliant on self-reporting by individuals who, for various reasons, tend to provide incomplete or inaccurate information on questionnaires

Statistical Precedent

- In a 2011 study[i], researchers from the U.S. Census Bureau analyzing data from the American Community Survey of 2009 developed an approach to approximating the jail-involved population that mitigates many of these challenges and informed our own research methodology.

- The authors describe their reasoning as follows: "…since the adult correctional population is disproportionately drawn from an economically disadvantaged segment of society, we document the educational [as well as socioeconomic] characteristics of adults in the general household population who might be at risk of incarceration in order to ***compare the characteristics of prisoners[1] to the most similar group in the general population.***" [emphasis added]

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[1] The authors refer to the entire adult correctional population, including jail inmates, as prisoners.

- To facilitate the comparison, the authors identified two separate groups in the general population who are most "at risk" of incarceration. The groups consist of those:

    – who are unemployed/not in the labor force (excluding students)

    – whose individual income is below $14,000 (excluding students)

- The authors also highlight the relevance of the 18 to 24 year old male demographic, noting prior research that shows that young minority males have disproportionately high incarceration and un-insurance rates. (See appendix)

- The parameters for being "at risk" closely align with Medi-Cal eligibility guidelines under Health Reform in 2014, thereby capturing a pool of candidates who can qualify for Medi-Cal coverage on the basis of income up to 138% of the FPL.

Additional Data Sources

- Our focus builds on the ACS data by bridging the "at risk" figures with county-specific statistics from the BJS's Annual Survey of Jails[ii] and from the FBI's Uniform Crime Reporting.[iii]

- These annual datasets track jail admissions and arrests subdivided by gender, age, and race/ethnicity group.

- By incorporating these data into our analysis we capitalize on the respective strengths and similarities between each of the surveys while minimizing generalizations, assumptions, and overestimations.

Admission and Age Calculations

- The estimated number of annual jail admissions was calculated by multiplying weekly admissions by the number of weeks in a year (the same method used by BJS statisticians William J. Sabol, Ph.D., and Todd D. Minton to estimate nationwide annual admissions to jails). Raw data on admissions is not readily available and acquiring this data was beyond the scope of this initial study.

- The projections for annual jail admissions for our age group was calculated by multiplying the total estimated number of unique annual admissions by the ratio of arrests for our particular age group (18-24) relative to the total arrests for all ages. This ratio was derived from 2009 arrest data found in the FBI's Uniform Crime Reports.

Estimating Medi-Cal Eligibility

- The existing "at-risk" cohort from the ACS population survey excludes students.

- This current study modifies the cohort to better reflect the make-up of the jail-involved population by excluding unemployed/low-income individuals with some college-level education.

- By excluding the portion of the "at-risk" population that is less likely to parallel those typically cycling through the criminal justice system, what remains is the percentage of individuals who are highly likely to:

    – be jail-involved

    – be eligible for Medi-Cal (income up to 138% FPL)

- ACS data describes the likelihood of sub-138% FPL status for three distinct racial/ethnicity groups which can be correlated with admissions data from each county by virtue of these two datasets being subdivided into the same three groups.

- We are excluding female inmates from this analysis due to the fact that they represent a small fraction of the total confined population and are much more likely to be already eligible for Medi-Cal under the existing guidelines than their male counterparts.

Documentation Status

- Undocumented individuals who may otherwise qualify for Medi-Cal coverage on the basis of income **are not eligible**.

- To account for the exclusion of these individuals, tallies of non-US citizen[2] detainees reported by counties in the BJS's Annual Survey of Jails were collected, converted into annual admissions, and then subtracted from the total Hispanic admissions count on a county by county basis.

- Finally, the Medi-Cal eligibility estimates for documented Hispanics were determined using the same calculation scheme as the other sub-populations.

County Level Data and Eligibility Estimates

- As data on admissions and arrest becomes updated and/or improved at the county level, more accurate estimates can be generated.

- Since the projected eligible detainees percentage by race/ethnicity is derived from the ACS, a nationwide survey, it is independent of county-level data.

- Hence, future adjustments to the overall estimates could come from incorporating new county-level figures or updated surveys (as they become available) into the same methodological framework.

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[2] Because a significant number of non-US citizens of legal immigration status are eligible for Medi-Cal, and because not all non-US citizens are Hispanic, the projected number of Hispanic detainees who will be eligible for Medi-Cal in 2014 is probably an underestimate of the actual number who will be eligible.

Appendix

In California, CHCF reports that in 2010, the likelihood of being uninsured in the general population between ages 18 to 20 was 26.0% and reports the same likelihood between ages 21 to 24 at 34.3%, the highest in any age category. These figures are likely to be much higher for individuals in this age group that are jail-involved.
(www.chcf.org/~/media/MEDIA%20LIBRARY%20Files/PDF/C/PDF%20CaliforniaUninusred2011.pdf)

According to a 2007 CDC survey, ". . .for all persons under 65 years of age, the percentage of persons who were uninsured at the time of the interview was highest among those aged 18-24 years (27.5%) . . . Starting at age 18, younger adults were more likely than older adults to lack health insurance coverage."
(www.cdc.gov/nchs/data/nhis/earlyrelease/insur200806.pdf)

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[i] S Ewert and T Wildhagen. U.S. Census Bureau: Housing and Household Economic Statistics Division. *Educational Characteristics of Prisoners: Data from the ACS*. Presented at the Annual Meeting of the Population Association of America. Washington, DC. 2011-03-31.

[ii] United States Department of Justice. Office of Justice Programs. Bureau of Justice Statistics. *Annual Survey of Jails: Jail-Level Data, 2010*. ICPSR31261-v1. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2011-08-02. doi:10.3886/ICPSR31261.v1

[iii] United States Department of Justice. Federal Bureau of Investigation. *Uniform Crime Reporting Program Data: Arrests by Age, Sex, and Race, 2009*. ICPSR30761-v1. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2011-09-30. doi:10.3886/ICPSR30761.v1