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Health Coverage and Access to Care for Hispanics in "New Growth Communities" and "Major Hispanic Centers"

Peter Cunningham and Michelle Banker
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September 2006

THE HENRY J. KAISER FAMILY FOUNDATION

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EXECUTIVE SUMMARY

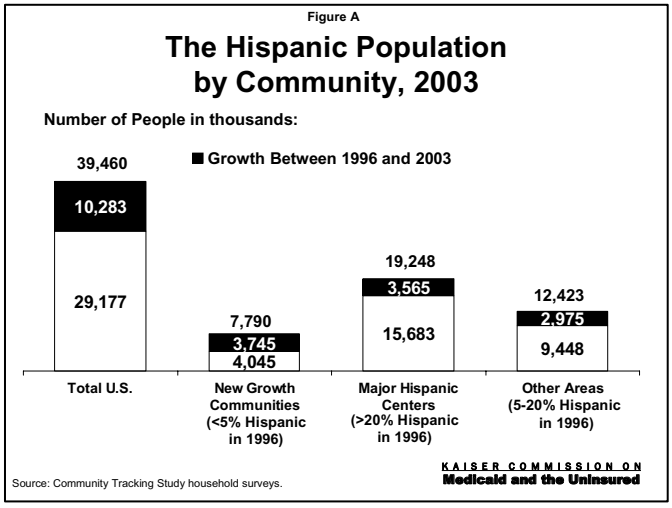
Hispanics are one of the most rapidly growing groups in the United States and are now the nation's largest racial/ethnic minority group. As the Hispanic population grows, it is becoming increasingly dispersed geographically. While much of the Hispanic population is concentrated in areas that historically have had a large Hispanic population, smaller urban and rural areas that previously had relatively few Hispanics are now experiencing very high rates of growth. Given their growing numbers and increasing dispersion, it is important to understand and address the health needs of Hispanics. Communities that have little previous experience caring for Hispanics may be less prepared to meet their health needs. The overwhelming majority of Hispanics work, but they are much less likely than other groups to have health coverage because a number are recent immigrants who often are employed in low-wage jobs that do not offer health coverage and may also face language and cultural barriers to care. As a result of their high uninsured rates and other barriers, Hispanics are more likely than other groups to have problems accessing timely and necessary medical care.

This report examines coverage and access to care for Hispanics living in "new growth" communities (those with a small but rapidly growing Hispanic population) and those living in "major Hispanic centers" (areas that traditionally have had a large Hispanic population). It also compares Hispanics with non-Hispanic whites in these communities. The primary data for the analysis are from the Community Tracking Study (CTS) Household Surveys, a series of four surveys conducted in 60 nationally representative communities between 1996 and 2003 that include large samples of Hispanics.

Findings

Between 1996 and 2003, the Hispanic population almost doubled in new growth communities (Figure A). The total Hispanic population grew by about 10 million between 1996 and 2003. The increase was fairly evenly spread across the nation, but disproportionately impacted new growth communities. In these areas, the number of Hispanics grew by 3.7 million, representing a 93% increase. In contrast, the increase of 3.6 million Hispanics in the major Hispanic centers represented a 23% increase. Despite the high rate of growth of Hispanics in new growth communities, they still only represented about 5% of the total population in these areas in 2003. In contrast, Hispanics made up nearly half (47%) of the total population in the major Hispanic centers in 2003.

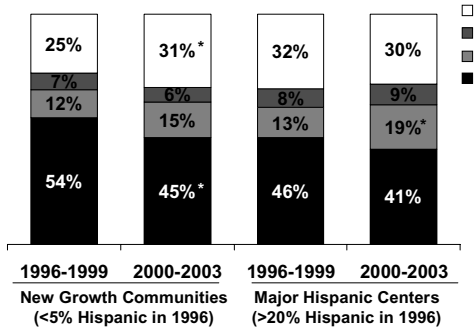
Figure A



Nearly a third of Hispanics in new growth communities were uninsured in 2003 (Figure B). The uninsured rate for Hispanics in new growth communities increased from 25% in 1996-1999 to 31% in 2000-2003, reaching the same level as the major Hispanic centers. The increase resulted from a decrease in private coverage (from 54% to 45%), which was not fully offset by an increase in public coverage. In contrast, the uninsured rate in major Hispanic centers remained stable at around 30% over the period. In these areas, there was a smaller decline in private coverage, which was offset with increases in public coverage.

Figure B

Changes in Health Insurance Coverage Among Hispanics by Community, 1996-2003



* denotes change from 1996-1999 period is statistically significant at .05 level.
Note: Medicaid includes SCHIP and other state-funded coverage
Source: Community Tracking Study household surveys.

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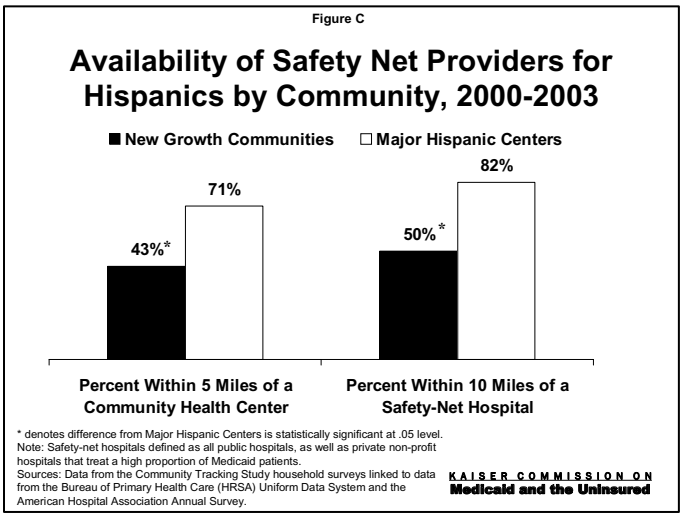
The changing health coverage pattern in the new growth communities likely stems from changing characteristics of the Hispanic population in these areas. Much of the increase of Hispanics in new growth communities was among Hispanics who conducted the survey interview in Spanish, which led to an increase in the proportion of Spanish interviews by Hispanics in these areas from 22% to 33% between 1996 and 2003. This measure is highly correlated with non-citizen Hispanics and immigrant Hispanics who have been residing in the U.S. for less than five years. Immigrants who have been residing in the U.S. for a relatively short period of time often are employed in low-wage jobs. Low-wage jobs are less likely to offer health coverage and, when it is offered, low-wage workers often have difficulty affording it. Consistent with a likely increase in low-wage Hispanic workers, in new growth communities, the percent of Hispanic families with a worker remained constant at 77% between 1996 and 2003, but the average family income decreased from $41,000 to $35,000.

Access to public coverage is also often limited for Hispanic immigrants, because almost all immigrants are barred from Medicaid and SCHIP for the first five years they reside in the United States. States can provide fully state-funded coverage for immigrants to help fill this gap. All the major Hispanic centers were in states with state-funded immigrant coverage programs, while new growth communities generally were not in states with such programs. Overall, public coverage of Hispanic non-citizens is three times higher in states with state-funded immigrant coverage programs compared to states without these programs.

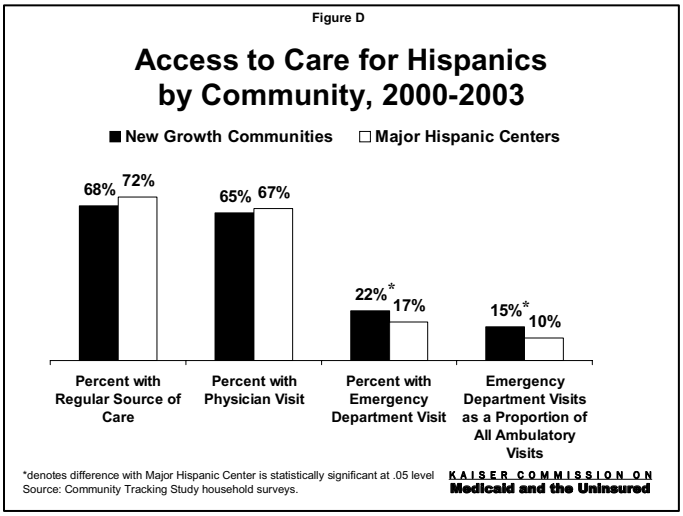
Hispanics in new growth communities were less likely than those in major Hispanic centers to live near a safety net provider. Given their high uninsured rates, access to safety-net providers is important for the Hispanic population. While the majority of Hispanics in major Hispanic centers lived within close proximity to a safety-net provider, only 43 percent of Hispanics in new growth communities lived within five miles of a community health center and about half lived within ten miles of a safety-net hospital (Figure C). This partly reflects the fact that new growth communities are more likely to be smaller urban or rural areas, which generally have lower population densities and fewer people close to health care facilities. Further, the overall populations in these areas may not be poor enough for the areas to be designated as medically underserved, a prerequisite for location of community health centers.

Figure C



Hispanics in new growth communities faced greater access barriers than Hispanics in major Hispanic centers. While there were no statistically significant differences between new growth communities and major Hispanic centers in the percent of Hispanics with a regular source of care or physician visit, Hispanics in new growth communities were more likely to rely on an emergency room for their care (Figure D). Further, relative to the size of the Hispanic population, physicians in new growth communities experienced more language barriers and problems communicating with patients compared to physicians in the major Hispanic population centers.

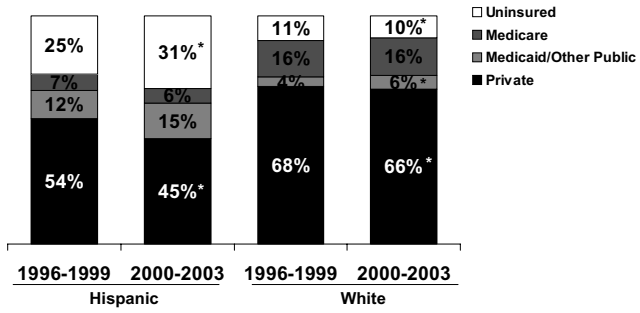
Figure D



Whites in new growth communities maintained substantially higher coverage rates than Hispanics and experienced some improvements in access to care. While Hispanics in new growth communities experienced increasing uninsured rates that reached over 30% by the 2000-2003 period, non-Hispanic whites maintained a significantly lower uninsured rate of 10% (Figure E). Similarly, the uninsured rate for non-Hispanic whites in major Hispanic centers remained fairly stable and significantly below the rate for Hispanics.

Figure E

Changes in Health Insurance Coverage in New Growth Communities by Ethnicity, 1996-2003



* denotes change from 1996-1999 period is statistically significant at .05 level.
Note: Medicaid includes SCHIP and other state-funded coverage
Source: Community Tracking Study household surveys.

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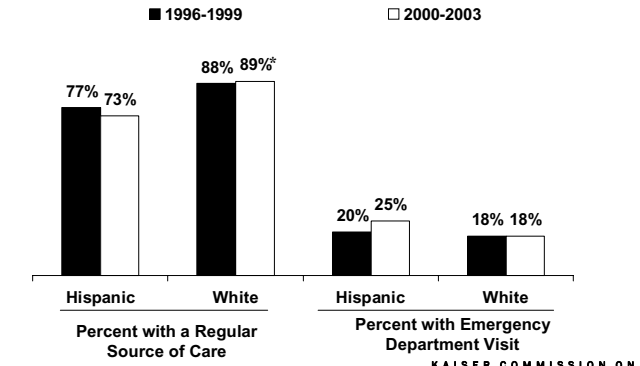
Further, while the percent of Hispanics with a regular source of care did not change significantly between 1996 and 2003 in new growth communities, there was a small increase in the percent of non-Hispanic whites with a regular source of care (Figure F). There was also an increase in the percent of non-Hispanic whites with a physician visit that was not seen among Hispanics. The percent of non-Hispanic whites with an emergency room visit remained unchanged over the period. In the major Hispanic centers, neither whites nor Hispanics experienced significant changes in measures of access to or use of care.

Figure F

Changes in Access to Care in New Growth Communities, by Ethnicity, 1996-2003



* denotes change from 1996-1999 period is statistically significant at .05 level.
Source: Community Tracking Study household surveys.

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Conclusion

Many communities that have historically had a small Hispanic population are experiencing large rates of growth in their Hispanic population. Even with this growth, Hispanics still represent less than five percent of the total population in these areas. Given their limited experience caring for this population, these communities may be less prepared to meet the health care needs of Hispanics, particularly the needs of recent immigrants, who are more likely to be uninsured and to face language and cultural barriers to care. These findings show that the uninsured rate for Hispanics in new growth communities increased to about the same level as in major Hispanic centers and that Hispanics in new growth communities experienced more problems accessing needed care than those in major Hispanic centers. Health coverage and access to care for whites did not appear to be impacted by the growth of the Hispanic population in these areas, as their coverage rates remained stable and they experienced improvements in some measures of access. The findings suggest that as the Hispanic population becomes increasingly dispersed, there is a growing need for nationwide efforts that will increase coverage and access to care for Hispanics.

INTRODUCTION

The increase in the Hispanic population in the United States has been one of the most important demographic trends in recent years and will remain so for the foreseeable future. Driven both by immigration from Latin America as well as higher than average birth rates, the number of Hispanics increased 58 percent during the 1990's.[1] Hispanics have surpassed African-Americans as the nation's largest racial/ethnic minority group, accounting for 14 percent of the population in 2004 (compared to 12 percent for African-Americans).[2] The U.S. Census Bureau projects that the Hispanic population will continue to increase rapidly well into the 21st century, comprising about 20 percent of the population by the year 2030.[3]

As the Hispanic population in the U.S. increases in size, it is also becoming more dispersed geographically. Historically, the Hispanic population has been heavily concentrated in certain areas of the West and Southwest, and some large metropolitan areas (e.g., Miami, New York City). As a result of changing immigration patterns, however, the highest growth in the Hispanic population has been in states and communities that have historically had relatively few Hispanics.[4] These include many states in the Southeast, central plains, upper Midwest, mountain regions, and Pacific Northwest. Moreover, while most Hispanics have historically lived in large metropolitan areas, some of the largest growth has occurred in smaller urban and rural areas.

Greater proximity to the continental U.S. has made immigration much more feasible for families from Latin America trying to escape poverty or political instability compared to poor families in other parts of the world. By contrast, many immigrants from Asia—the second largest source of immigrants to the U.S.—often arrive as students or are recruited by U.S. employers for professional or highly skilled labor. Thus, compared to both the native U.S. population as well as Asian immigrants, Hispanic immigrants are on average much poorer, have less education, and have fewer job skills.[5] Even in the face of these challenges, Hispanic immigrants serve as a key part of the workforce in the nation. Nearly three quarters (72 percent) of Hispanics have at least one full-time worker in the family, compared to 75 percent of all Americans.[6] However, they tend to be employed in low-wage, low-skill jobs.

A key challenge facing Hispanic immigrants today is obtaining health coverage and health care. About one-third of Hispanics are uninsured, the highest among the major racial/ethnic groups in the U.S.[7] Non-citizens and recent immigrants have particularly high uninsured rates, as they are the most likely to be employed in low-wage, low-skill jobs where employer-sponsored coverage is either not available or not affordable. Also, the 1996 welfare reform legislation restricted Medicaid and State Children's Health Insurance Program (SCHIP)

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[1] Based on estimates from the 1990 and 2000 Census, cited in *Hispanics: A People in Motion*, Pew Hispanic Center, January 2005.
[2] Ibid
[3] U.S. Census Bureau, "U.S. Interim Projections by Age, Sex, Race, and Hispanic Origin, 2004.
[4] Randolph Capps, Michael E. Fix, and Jeffrey Passel, "The Dispersal of Immigrants in the 1990s," Urban Institute, Immigration Studies Program, November 2002.
[5] U.S. Census Bureau, *Statistical Abstract of the United States, 2006.*
[6] Estimates are based on the Community Tracking Study Household Survey, and appear in Table 4 of this report.
[7] Paul Fronstin, "Sources of Health Insurance and Characteristics of the Uninsured: Analysis of the March 2005 Current Population Survey, Employee Benefit Research Institute, December 2005.

eligibility for most recent immigrants.[8] In addition to lack of health insurance coverage, many recent Hispanic immigrants also encounter language barriers in trying to communicate with medical providers.[9] Lack of familiarity with the U.S. health care system can also lead to greater difficulties in obtaining necessary services.

Many communities and states have responded to the problems and challenges the Hispanic community has in obtaining medical care. Some states have created state-funded programs that provide coverage to some low-income legal (and sometimes undocumented) immigrants who are not eligible for Medicaid or SCHIP.[10] These include most states with the highest percentage of Hispanics, such as California, New Mexico, Texas, Florida, New York, and Illinois. In addition, large metropolitan areas with a large Hispanic population frequently have an extensive and relatively well-funded network of public hospitals, community health centers, and other social services, which often target poor immigrant communities.[11] Providers in these communities often have Spanish-language speakers on staff as well as other "culturally competent" services in order to reduce language and other access barriers.

However, such services and programs are less likely to be available in the states and communities that are currently experiencing the largest increase in the Hispanic population. In fact, most of the states in the Southeast, central plains, and mountain regions—where the Hispanic population is increasing the fastest—do not have state-funded immigrant coverage programs.[12] In smaller urban and rural areas, safety net providers may be either less available or more distant to where Hispanic immigrants live. Unaccustomed to dealing with a large immigrant population who may lack familiarity with the English language and organization of the health care system, medical care providers in these communities may be less prepared to address language and cultural barriers.

Improving access to medical care among Hispanics is a particularly urgent need due to their increasing numbers, high uninsured rates, and language and cultural barriers. Efforts to improve access need to take into account changing immigration patterns, especially since many of the new growth areas are not as likely to have programs in place or experience in addressing the special needs of this population.

This report examines health insurance coverage and medical care access among Hispanics living in "new growth" communities—those with a small but rapidly growing Hispanic population—and compares them to Hispanics living in the major Hispanic centers—areas that have traditionally had a large Hispanic population. The report shows how the

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[8] Kaiser Commission on Medicaid and the Uninsured, "Medicaid and SCHIP Eligibility for Immigrants," April 2006 and Claudia L. Schur and Jacob Feldman, "Running in Place: How Job Characteristics, Immigrant Status, and Family Structure Keep Hispanics Uninsured, The Commonwealth Fund, May 2001.

[9] Survey Brief from the 2002 National Survey of Latinos, Pew Hispanic Center and the Henry J. Kaiser Family Foundation, March 2004.

[10] Shawn Fremstad and Laura Cox, "Covering New Americans: A Review of Federal and State Policies Related to Immigrants' Eligibility and Access to Publicly Funded Health Insurance," Kaiser Commission on Medicaid and the Uninsured, November 2004.

[11] Andrea B. Staiti, Robert E. Hurley, and Aaron Katz, "Stretching the Safety Net to Serve Undocumented Immigrants: Community Responses to Health Needs, Center for Studying Health System Change, February 2006.

[12] Fremstad and Cox, Covering New Americans.

Hispanic population is changing in new growth communities, not only in size, but also in social and economic circumstances, and the implications of these changes for coverage and access to care.

METHODS

Data Source. The data for this study are based on the Community Tracking Study (CTS) household survey, conducted in 1996-97, 1998-99, 2000-01, and 2003.[13] The survey was designed to produce representative estimates of health insurance coverage, access to care, and use of services for the U.S. population and 60 randomly selected communities in 34 states and the District of Columbia. The CTS is primarily a telephone survey, supplemented by in-person interviews of households without telephones in order to ensure representation. The overall samples include about 60,000 persons in the 1996-97, 1998-99, and 2000-01 surveys, and about 46,600 persons in the 2003 survey. The number of individuals who identified themselves as Hispanics ranged from 4,711 in the 2003 survey to 6,400 in the 2000-01 survey.

Classification of communities based on the size of the Hispanic population. The 60 CTS communities were classified based on the percent of the population that was Hispanic (all races) in the 1996-97 survey. Classifying communities based on the 1996-97 survey allows for changes between 1996 and 2003 to be observed in communities that began the study period with a relatively small number of Hispanics and to compare these changes with communities with an already large Hispanic population.

Appendix Table 1 shows the percent of the population that was Hispanic in each of the 60 CTS sites for both the 1996-97 and 2003 surveys. The size of the Hispanic population in 1996-97 ranges from 53.5 percent of the total population in Miami to less than 1 percent in 8 different communities. For the purposes of this report, three distinct groups of communities (or sites) were identified based on the size of the Hispanic population in 1996: (1) sites with greater than 20 percent Hispanic, (2) sites with between 5 and 20 percent Hispanic, and (3) sites with less than 5 percent Hispanic. Although this classification does not directly take into account the extent of change in the Hispanic population between 1996 and 2003, the three site groups are strongly correlated with the rate of change in the Hispanic population (i.e. the group of sites with less than 5 percent Hispanic had by far the largest percent increase in the number of Hispanics between 1996 and 2003).

Results for all three groups of communities are presented, although for ease of presentation most of the discussion focuses on comparisons between the group of communities with the largest Hispanic population (i.e. greater than 20 percent) and the group of communities with the smallest number of Hispanics (less than 5 percent). To facilitate discussion of the results in the text, these two groups are referred to as the "major Hispanic centers" and "new growth communities."

[13] For a detailed description of the survey, see Richard Strouse, Barbara Carlson, John Hall, "Community Tracking Study: Household Survey Methodology Report, Round 4," Technical Publication No. 62, Center for Studying Health System Change, March 2005.

Measurement of Hispanic ethnicity, citizenship. Classification of individuals as "Hispanic" follows the same method as used by the U.S. Census Bureau, in which Hispanic ancestry or origin is self-reported by survey respondents separately from race. Thus, Hispanic in this analysis includes individuals of any race. Country of origin/ancestry was not asked in the survey.

The 2003 survey also includes standard Census Bureau questions on citizenship status—whether individuals are born or naturalized citizens and length of time in the country for those citizens and non-citizens not born in the U.S. However, information on citizenship was not ascertained in the prior rounds of the survey, prohibiting an analysis of change over time on these criteria.

As a proxy for recent Hispanic immigrants that can be used with all four rounds of the survey, we use an indicator for whether the survey interview was conducted in Spanish (interviews were conducted in Spanish using a translated instrument for respondents who were not fluent in English or preferred to conduct the interview in Spanish). Although not ideal, the measure is highly correlated with recent immigrants. For example, in the 2003 survey, a much higher proportion of Hispanic non-citizens conducted the interview in Spanish (about 70 percent) compared to citizens (about 25 percent). Also, foreign-born Hispanics who have been in the U.S. for five years or less were much more likely to conduct the interview in Spanish (80 percent) compared to 60 percent for those who have been in the U.S. for 10-20 years, and 38 percent for those in the U.S. for 20 years or longer. Hispanic differences in income, insurance coverage, and access based on this measure are consistent with differences based on citizenship status.

Statistical Analysis. In order to increase the statistical precision of estimates, most of the analyses are based on combining two or more rounds of the survey. The 2000-01 and 2003 surveys are pooled to produce estimates that reflect averages for the 2000-03 period, while the 1996-97 and 1998-99 surveys are pooled to produce averages for the 1996-99 period. All estimates are weighted and take into account the complex survey design for the purposes of computing standard errors and tests of statistical significance.

Regression analysis of access to medical care. The analysis examines differences in medical care access and use based on the size of the Hispanic population in the community. Multivariate regression analysis is used to control for differences in the characteristics of Hispanics both within and across communities on the following factors that are also known to affect medical care access and use: age, gender, family income relative to poverty, education, employment, insurance coverage, and perceived health, and language of interview (i.e. Spanish vs. English). The analysis also controls for differences between large metropolitan, small metropolitan, and nonmetro areas, as well as regional differences. To increase sample sizes and the statistical precision of estimates, the analysis combines the sample for the 2000-01 and 2003 surveys. An indicator for the round of the survey is included in order to control for changes between the two surveys.

The unit of analysis for the regression is individuals. The key independent variables identify individuals living in the three groups of communities based on the prevalence of the

Hispanic population, as defined above. Dependent variables include standard measures of access and use of medical care, including (1) probability of having a regular source of medical care; (2) probability of a physician visit; (3) probability of an emergency department visit; (4) emergency department visits as a proportion of all ambulatory visits. Regression models are estimated for all Hispanics, as well as separate models for Spanish-interview and English-interview Hispanics, since the former are usually more vulnerable to problems with access to medical care. Estimates are presented as regression-adjusted means.[14]

FINDINGS

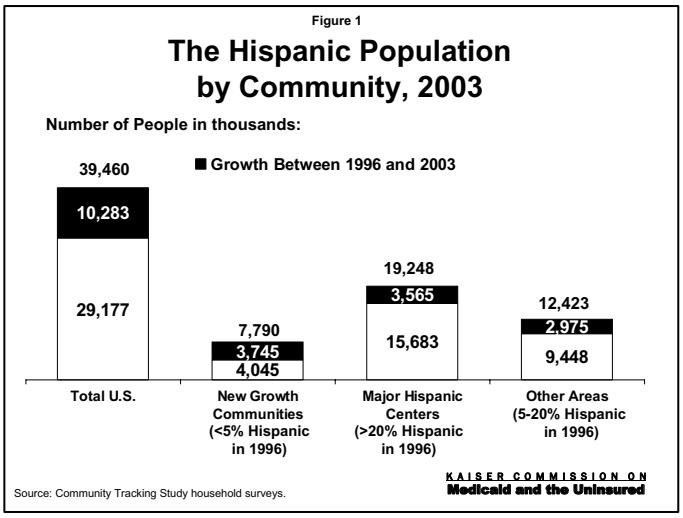
Demographic Changes Impacting Coverage and Access to Care

Hispanic population increased and became more geographically dispersed. Based on the Community Tracking Study data, the Hispanic population grew about 35 percent between 1996 and 2003, compared to about 7.4 percent for the general population (Table 1). Hispanics as a percentage of the total population increased from 11.1 percent in 1996 to 13.9 percent in 2003.

New growth communities (i.e., less than five percent Hispanic in 1996) experienced the most rapid growth, as the number of Hispanics in these communities almost doubled between 1996 and 2003 (i.e. a 92.6 percent increase) (Figure 1). More than one-third of the total increase in the number of Hispanics nationwide between 1996 and 2003 occurred in these communities, increasing their overall share of the Hispanic population from 13.9 percent in 1996 to 20 percent in 2003. One-third of the increase in the Hispanic population nationwide also occurred in the major Hispanic centers (i.e. greater than 20 percent Hispanic in 1996). However, this increase is much smaller in percentage terms (22.7 percent) compared to new growth areas. As a result, the proportion of all Hispanics living in major Hispanic centers decreased from 53.8 percent to 48.8 percent.

Figure 1

The Hispanic Population by Community, 2003



Source: Community Tracking Study household surveys.

[14] These are computed by using the regression results to predict access and service use for each of the 3 community groups. Predictions for each of the community groups are performed by setting the binary variable for the respective group to "1", setting the binary variable for the other community groups to "0", and setting all other independent variables equal to their mean value.

Table 1:
Changes in the Hispanic Population Between 1996 and 2003.

	Total U.S.	New Growth Communities (< 5% Hispanic in 1996)	Major Hispanic Centers (> 20% Hispanic in 1996)	Other Areas (5-20% Hispanic in 1996)
Number of Persons (thousands)				
All persons				
1996	263,489	147,003	38,367	78,117
2003	283,111	158,185	41,093	83,833
Hispanics				
1996	29,177	4,045	15,683	9,448
2003	39,460	7,790	19,248	12,423
Change in population, 1996-2003 (thousands)				
All persons	19,622	11,182	2,726	5,716
Hispanics	10,283	3,745	3,565	2,975
Percent increase in population, 1996-2003				
All persons	7.4	7.6	7.1	7.3
Hispanics	35.2	92.6	22.7	31.5
Percent of persons in community groups				
All persons				
1996	100	55.8	14.6	29.7
2003	100	55.9	14.5	29.6
Hispanics				
1996	100	13.9	53.8	32.4
2003	100	19.7	48.8	31.5
Percent of total population that is Hispanic				
1996	11.1	2.8	40.9	12.1
2003	13.9	4.9	46.8	14.8

Source: Community Tracking Study household surveys, 1996 and 2003.

The major Hispanic centers tend to be concentrated in large metropolitan areas and in a few specific geographic regions. In 2003, all of the CTS sites with large Hispanic populations were in large metropolitan areas (greater than 200,000 persons) (Table 2). Hispanics in these areas were concentrated primarily in two geographic regions: the Pacific (49.1 percent) and South Atlantic (33 percent). New growth communities were much more geographically dispersed, and about one-fourth of Hispanics in these communities were living in non-metro areas.

Table 2:
Geographic Location of the Hispanic Population, 2003

	New Growth Communities (< 5% Hispanic in 1996)	Major Hispanic Centers (> 20% Hispanic in 1996)	Other Areas (5-20% Hispanic in 1996)
Metro area			
% in large metro (>200,000)	67.7	100.0	90.7
% in small metro	7.6	0	0
% in nonmetro	24.6	0	9.3
Census Division			
% in New England	3.6	0	10.9
% in Middle Atlantic	6.7	7.2	17.7
% in E. North Central	27.3	0	6.5
% in W. North Central	2.8	0	0
% in South Atlantic	29.4	33.0	9.5
% in E. South Central	7.7	0	0
% in W. South Central	8.6	10.6	2.9
% in Mountain	0	0	43.1
% Pacific	14.0	49.1	9.4

Source: Community Tracking Study household survey, 2003.

Increase in recent immigrants. Overall, in 2003, new growth communities had fewer foreign-born Hispanics (i.e. non-citizens or naturalized citizens) compared to the major Hispanic centers (32.7 percent vs. 46.6 percent) (Table 3). Also, new growth communities had fewer Hispanics who conducted the survey interview in Spanish (33 percent), compared to 48.3 percent in the major Hispanic centers.

Table 3:
Foreign-Born and Spanish-Speaking Residents, 2003

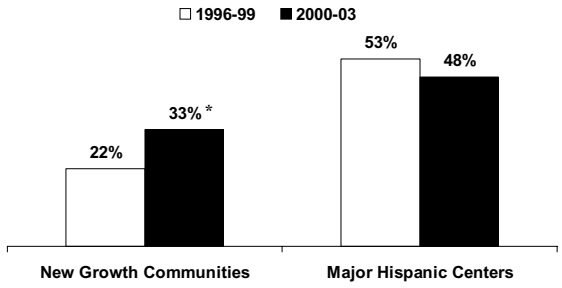
	Total U.S.	New Growth Communities (< 5% Hispanic in 1996)	Major Hispanic Centers (> 20% Hispanic in 1996)	Other Areas (5-20% Hispanic in 1996)
% Foreign born (Non-citizen and naturalized citizens)				
All persons	9.8	3.5*	29.1	11.1*
Hispanic	***42.5***	***32.7****	***46.6***	***42.3***
White, non-Hispanic	2.9	1.6*	7.7	4.4*
Average years in U.S. (Foreign-born residents only)				
All persons	16.8	17.3	16.9	17.4
Hispanic	***13.9***	***9.4****	***15.9***	***12.7****
White, non-Hispanic	26.5	27.5	24.2	26.8
% Spanish interview (Hispanics only)	***44.7***	***33.1****	***48.3***	***44.9***

*Difference with >20% Hispanic statistically significant at .05 level
**Difference with > 20% Hispanic statistically significant at .10 level.
Source: Community Tracking Study household survey, 2003.

However, the number of Spanish-interview Hispanics in new growth communities more than doubled between 1996-99 and 2000-03, which accounted for more than half (57 percent) of the increase in the total number of Hispanics in these communities. As a result, the percent of Spanish interviews among Hispanics in new growth communities increased from 22 percent to 33 percent over the same period (Figure 2). As the use of Spanish interviews in the survey is strongly correlated with citizenship and length of time in the U.S., these findings suggest that much of the increase in the Hispanic population in new growth communities included non-citizen Hispanics and foreign-born Hispanics who have been residing in the U.S. for a relatively short period of time.

Figure 2

Change in Percent of Hispanics Using Spanish Interview by Community, 1996-2003



* Change from 1996-99 is statistically significant at the .05 level
Source: Community Tracking Study household surveys.

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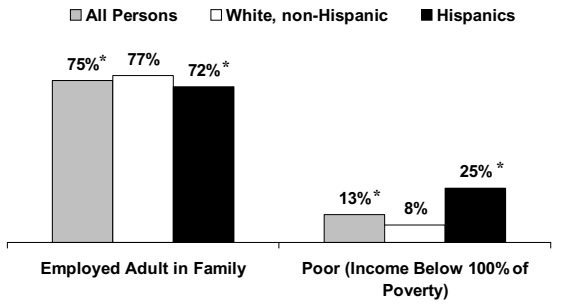
Changes in economic status. Although Hispanics are about as likely as all Americans to be employed, they have higher poverty rates and lower incomes compared to white, non-Hispanics (25.4 percent of Hispanics were poor compared to 8.1 percent of whites over the 2000-2003 period) (Figure 3 and Appendix Table 2). Further, poverty rates among Spanish-interview Hispanics were twice that of Hispanics who conducted the interview in English (35.5 percent vs. 17.2 percent in 2000-2003).

Figure 3

Employment and Poverty Rates of Hispanics, 2000-2003



* denotes difference with white, non-Hispanic is statistically significant at .05 level.
Source: Community Tracking Study household surveys.

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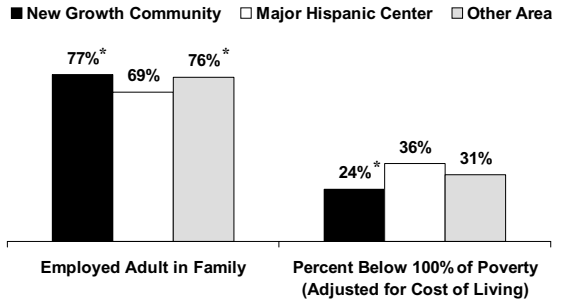
Average incomes among Hispanics were relatively similar across the three groups of communities, averaging between $33,000 to $35,000 annually in the 2000-2003 period (Table 4). Consequently, poverty rates among Hispanics were also similar across the three community groups—between 23 and 27 percent (differences across communities are not statistically significant). However, the major Hispanic population centers include some of the nation's highest cost areas, including New York City, Los Angeles and Orange

Figure 4

Employment and Poverty Rates for Hispanics by Community, 2000-2003



*denotes difference with Major Hispanic Center is statistically significant at .05 level
Source: Community Tracking Study household surveys.

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County, CA, and Miami. When cost-of-living differences are taken into account, the major Hispanic centers have much higher poverty rates among Hispanics (35.7 percent) compared to new growth communities (24.1 percent) (Figure 4).[15]

Table 4:
Employment and Income, by Prevalence of Hispanic Population in Community, 2000-03

	New Growth Communities (< 5% Hispanic in 1996)		Major Hispanic Centers (> 20% Hispanic in 1996)		Other Areas (5-20% Hispanic in 1996)	
	1996-99	2000-03	1996-96	2000-03	1996-99	2000-03
% employed or in family with employed adult						
All persons	77.9	76.8*#	76.8	71.2#	77.9	77.5*
Hispanic	***76.9***	***76.7****	***75.3***	***69.4#***	***75.6***	***76.4****
White, non-Hispanic	78.0	76.8#	78.4	73.3#	78.4	77.8
Average family income						
All persons	52,500	54,700#	51,800	51,700	60,100*	62,500*#
Hispanic	***41,000****	***35,000#***	***34,200***	***33,200***	***35,400***	***34,900***
White, non-Hispanic	53,000*	55,800*#	70,600	72,900	64,600*	68,400#
% below poverty (unadjusted)						
All persons	11.8*	9.7*#	19.3	18.2	10.7*	9.6*#
Hispanic	***27.8***	***24.8***	***29.9***	***27.1***	***26.8***	***23.3***
White, non-Hispanic	11.2*	8.8#	7.9	8.1	7.7	6.7#
% below poverty (adjusted for cost-of-living differences)[a]						
All Persons		9.1*		24.6		12.1*
Hispanic		***24.1****		***35.7***		***31.0***
White, non-Hispanic		8.2*		11.8		8.1*

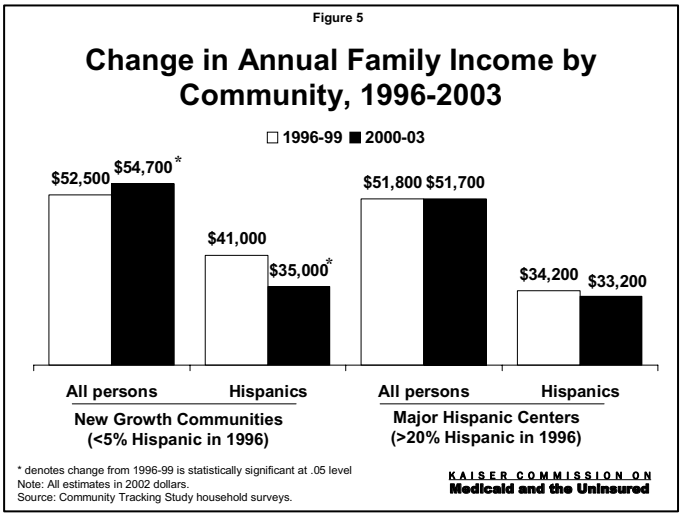
[a]Computed only for the 2000-03 period. Adjusted estimates based on cost of living index computed by ACCRA.
*Difference with communities >20% Hispanic is statistically significant at .05 level; #Change from 1996-99 period is statistically significant at .05 level.
Source: Community Tracking Study household surveys, 2000-01 and 2003

However, the economic status of Hispanics is changing in new growth communities. While overall employment rates remained stable, average family incomes among Hispanics declined after adjusting for inflation, from about $41,000 in 1996-99 to $35,000 in 2000-03 (Figure 5).[16] By comparison, inflation-adjusted incomes increased 4.2 percent overall in new growth communities, while average family incomes among Hispanics in the major Hispanic centers were unchanged during the study period.

[15] Family incomes were adjusted using a cost of living index computed by ACCRA (www.accra.org).
[16] Family incomes were inflation-adjusted based on the Consumer Price Index. All estimates reflect 2002 dollars.

The decrease in average income among Hispanics in new growth communities likely reflects the growing number of non-citizen Hispanics in these areas, particularly immigrants who have been residing in the U.S. for a relatively short period of time (as suggested by the increase in Spanish interviews in these areas). As mentioned, recent Hispanic immigrants tend to have less education and lower job skills compared to native residents (both Hispanic and non-Hispanic), and therefore tend to be employed in lower wage jobs.

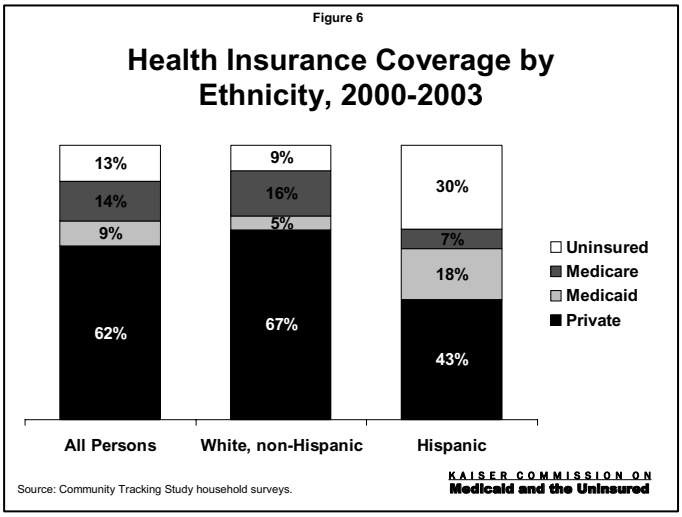
Figure 5



Coverage and Access to Care for Hispanics

Changes in insurance coverage. In general, Hispanics have much higher uninsured rates compared to other racial/ethnic groups. In the 2000-03 period, 30.0 percent of Hispanics were uninsured compared to 12.9 percent overall and 9.0 percent for whites (Figure 6 and Appendix Table 3).[17] Spanish-interview Hispanics had even higher uninsured rates (43.3 percent) compared to those who conducted the interview in English (19.2 percent), which reflects very low rates of private insurance coverage among Spanish-interview Hispanics. Although public coverage (Medicaid and other state coverage) is somewhat higher for Spanish-interview Hispanics than for English-interview Hispanics, public coverage provides much less of an offset to the low rates of private coverage among Spanish-interview Hispanics, likely reflecting Medicaid and SCHIP eligibility restrictions for recent immigrants.

Figure 6

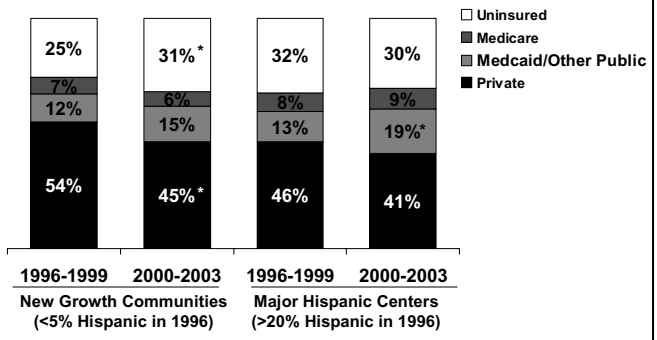


[17] Estimates reflect insurance coverage on the day of the interview (i.e. point-in-time estimate).

There was little variation in Hispanic uninsured rates across the three groups of communities in the 2000-03 period. However, new growth communities experienced a surge in the uninsured rate for Hispanics, from 24.5 percent in 1996-99 to 31.1 percent in 2000-03 (Figure 7 and Table 5). This increase was due to a decrease in private insurance coverage, from 54.3 percent to 45 percent, that was not offset by an increase in public coverage.

Figure 7

Changes in Health Insurance Coverage Among Hispanics by Community, 1996-2003



* denotes change from 1996-1999 period is statistically significant at .05 level.
Note: Medicaid includes SCHIP and other state-funded coverage
Source: Community Tracking Study household surveys.

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Hispanics in the major Hispanic population centers also experienced a decline in private coverage between 1996-99 and 2000-03, although the decrease was not statistically significant. This decrease was entirely offset by an increase in Medicaid/state coverage, from 13 percent in 1996-99 to 19.1 percent in 2000-03, which resulted in no net change in uninsured rates.

The decrease in private coverage among Hispanics in new growth communities likely reflects, in part, the shifts in employment described above. Overall, workers employed in lower-wage jobs are less likely to have employer-sponsored coverage due to both lower employer offer rates and lower employee take-up rates.[18] The percent of the Hispanic population who was offered and eligible for employer-sponsored coverage in new growth communities decreased from 66.6 percent in 1996-99 to 62.4 percent in 2000-03, although the decrease was not statistically significant. There was a statistically significant decrease in take-up rates among Hispanic workers offered and eligible for coverage, from 75.6 percent in 1996-99 to 68.3 percent in 2000-03. Decreasing take-up rates likely reflect affordability problems for recent immigrants, who generally have lower wages and incomes, as well as less generous benefits offered to them at their place of employment. Nationally, take-up rates among Spanish-interview Hispanics were 65.6 percent in the 2000-03 period compared to 74.2 percent for English-interview Hispanics.

[18] Garrett, Bowen, "Employer-Sponsored Health Insurance Coverage: Sponsorship, Eligibility, and Participation Patterns in 2001," Kaiser Commission on Medicaid and the Uninsured, July 2004.

Table 5:
Health Insurance Coverage, by Prevalence of Hispanic Population in Community

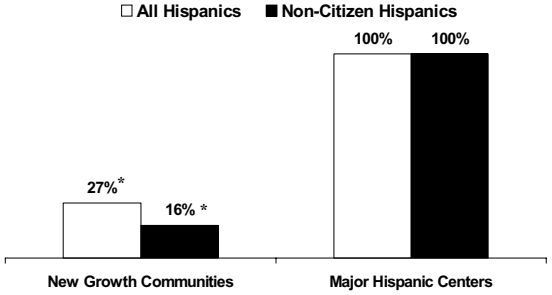
	New Growth Communities (< 5% Hispanic in 1996)		Major Hispanic Centers (> 20% Hispanic in 1996)		Other Areas (5-20% Hispanic in 1996)	
	1996-99	2000-03	1996-96	2000-03	1996-99	2000-03
% Medicare						
All Persons	15.4*	15.5	11.9	12.7	14.3	13.7
Hispanic	***6.6***	***6.0***	***7.7***	***8.7***	***6.6***	***5.2***
White, non- Hispanic	15.7	16.0	16.3	17.3	15.7	15.6
% Privately Insured						
All Persons	66.9*	65.1*#	56.7	52.4	66.0*	65.5*
Hispanic	***54.3****	***45.0#***	***46.1***	***40.6***	***48.8***	***47.4****
White, non- Hispanic	67.5	66.3#	68.1	65.8	69.1	69.3
% Medicaid/other state						
All Persons	4.5*	6.5*#	8.3	12.1#	5.1*	6.4*#
Hispanic	***12.1***	***14.6****	***13.0***	***19.1#***	***13.2***	***15.9***
White, non- Hispanic	4.1	6.0*#	3.2	4.0	3.6	4.4#
% Uninsured						
All Persons	11.2*	10.7*	21.4	20.8	12.1*	11.6*
Hispanic	***24.5****	***31.1#***	***32.0***	***30.2***	***28.4***	***28.8***
White, non- Hispanic	10.6	9.5#	10.1	10.2	9.1	8.0*
% offered ESI coverage among workers, age 18-64						
All workers	71.1*	71.1*	62.8	63.1	69.0*	68.0
Hispanic	***66.6****	***62.4***	***56.6***	***55.4***	***66.8****	***62.3#***
White, non-Hispanic	71.3	71.5	68.6	70.6	69.3	69.1
% of workers that take-up ESI coverage, if offered and eligible						
All workers with offer	79.9	78.7#	80.2	79.0	80.5	79.5
Hispanic	***75.6***	***68.3#***	***75.2***	***73.8***	***74.8***	***70.4***
White, non-Hispanic	80.1	79.2	83.9	83.0	81.3	81.1

ESI is employer-sponsored insurance.
* Difference with > 20% Hispanic is statistically significant at .05 level.
#Change from 1996-99 period is statistically significant at .05 level.
Source: Community Tracking Study household surveys, 2000-01 and 2003.

The private coverage decline for Hispanics in new growth communities was not fully offset by an increase in public coverage. In part, this is likely explained by the Medicaid and SCHIP eligibility restrictions for recent immigrants. Moreover, new growth communities tend to be in states that do not have state-funded immigrant coverage programs to fill these gaps in Medicaid and SCHIP coverage. Some 23 states had immigrant coverage programs funded solely by state dollars as of 2004.[19] However, relatively few Hispanics in new growth communities had access to immigrant coverage programs. While all major Hispanic centers were in states with immigrant coverage programs in 2003, only 27.4 percent of Hispanics—and 15.6 percent of Hispanic non-citizens—in new growth communities were in states that had such programs (Figure 8).[20]

Figure 8

Percent of Hispanics in States with Immigrant Coverage Program, 2003



*denotes difference with Major Hispanic Center is statistically significant at .05 level
Source: Community Tracking Study household surveys and Fremstad and Cox, "Covering New Americans: A Review of Federal and State Policies Related to Immigrants' Eligibility and Access to Publicly Funded Health Insurance, KCMU, November 2004.

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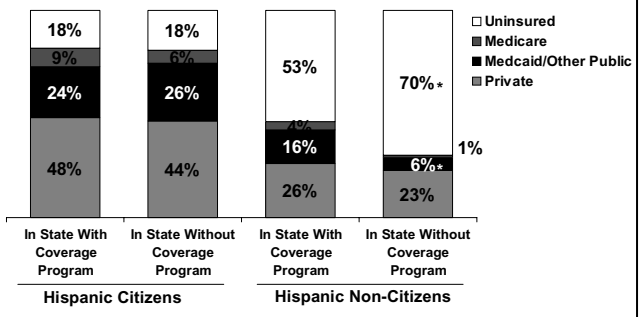
The presence of a state-funded program does not guarantee that all immigrants are eligible, since these programs vary in terms of eligibility and the generosity of benefits. For example, eligibility for some programs is limited to children, and income thresholds for eligibility vary from 100 to 300 percent of poverty. Benefits for some programs are similar to that of the state's Medicaid or SCHIP program, while benefits in other programs are much less generous. However, the presence of a program does have an impact on uninsured rates for Hispanic non-citizens. Overall, coverage of Hispanic non-citizens through Medicaid or other state coverage is three times higher in states with an immigrant coverage program compared to states with no program (15.7 percent vs. 5.7 percent), which is a major contributor to lower uninsured rates among Hispanic non-citizens (Figure 9).

Figure 9

Health Insurance Coverage Among Hispanics by Presence of State-Funded Program, 2003



* denotes difference from states with immigrant coverage is statistically significant at .05 level.
Note: Medicaid/Other Public includes SCHIP and other state-funded coverage.
Source: Community Tracking Study household surveys and Fremstad and Cox, "Covering New Americans: A Review of Federal and State Policies Related to Immigrants' Eligibility and Access to Publicly Funded Health Insurance, KCMU, Nov. 2004.

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Availability of safety net providers. Safety net providers, including federally funded community health centers (CHCs) and public hospitals can help alleviate access problems associated with lack of insurance coverage. Recipients of federal funds, which include most CHCs, are required by federal law to provide meaningful access to their services for limited-

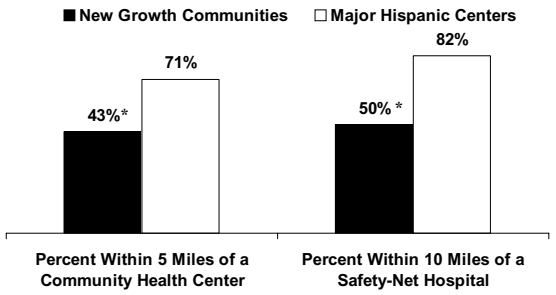
[19] Fremstad and Cox, Covering New Americans.
[20] Data on Hispanics is from the Community Tracking Survey for 2003. Information on state coverage programs is from Fremstad and Cox, Covering New Americans, and is based on coverage as of May 2004.

English proficient individuals, which often involves Spanish-speaking staff, translators, and bi-lingual materials. Research has shown that greater proximity to safety net providers increases access to care for racial/ethnic minorities, including recent Hispanic immigrants.[21]

Hispanics in general live closer to safety net providers, such as CHCs, than other racial/ethnic groups, in part because a high concentration of poor racial/ethnic minorities (who are often recent immigrants) is a key criterion for determining the location of CHCs.[22] Therefore, it is not surprising that a high percentage of Hispanics in the major Hispanic centers (71.1 percent) live within 5 miles of a CHC (Figure 10 and Table 6). By comparison, 42.6 percent of Hispanics in new growth communities live within 5 miles of a CHC. Safety net hospitals and hospital emergency departments are also generally more available in the major population centers compared to new growth communities. Further, at least several of the major Hispanic population centers (e.g. Los Angeles, New York, Miami) have extensive and well-recognized networks of public hospitals and CHCs that serve a large and racially diverse low income population.

Figure 10

Availability of Safety Net Providers for Hispanics by Community, 2000-2003



* denotes difference from Major Hispanic Centers is statistically significant at .05 level.
Note: Safety-net hospitals defined as all public hospitals, as well as private non-profit hospitals that treat a high proportion of Medicaid patients.
Sources: Data from the Community Tracking Study household surveys linked to data from the Bureau of Primary Health Care (HRSA) Uniform Data System and the American Hospital Association Annual Survey.

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Lower availability of safety-net providers in new growth communities reflects, in part, the fact that many of these communities are smaller urban or rural areas, which in general have much lower population densities and, therefore, fewer people concentrated close to health care facilities. In addition, the Hispanic population in some new growth communities may still be too small (and not poor enough) for the areas they live in to be designated as medically underserved by the federal government, a prerequisite for location of CHCs.

[21] Jack Hadley, Peter Cunningham, and J. Lee Hargraves, "Will Expanding the Safety Net Offset Reduced Access From Lost Insurance Coverage? Differences by Race and Ethnicity, Working Paper, Center for Studying Health System Change, Feburary 2006.
[22] Jack Hadley and Peter Cunningham, "Availability of Safety Net Providers and Access to Care of Uninsured Persons," *Health Services Research* 29, no. 5, 2004: pp. 1527-1546.

Table 6:
Availability of Safety Net Providers by Prevalence of Hispanic Population in the Community, 2000-03

	New Growth Communities (< 5% Hispanic in 1996)	Major Hispanic Centers (> 20% Hispanic in 1996)	Other Areas (5-20% Hispanic in 1996)
% within 5 miles of a CHC[a]			
All	25.4*	59.0	30.1*
Hispanic	***42.6****	***71.1***	***44.4****
White, Non-Hispanic	24.5*	45.1	27.1*
% within 10 miles of a safety net hospital[b]			
All	43.8*	74.3	46.5*
Hispanic	***50.1****	***81.8***	***60.1****
White, Non-Hispanic	43.4*	65.8	43.6*
Distance to nearest hospital emergency department (miles)[3]			
All	6.4*	3.0	5.3*
Hispanic	***5.1****	***2.8***	***4.2****
White, Non-Hispanic	6.5*	3.2	5.6*

*Difference from > 20% Hispanic is statistically significant at .05 level.
[a]From the Bureau of Primary Health Care (Health Resources and Services Adminstration), Uniform Data System, linked to the CTS household survey by zip code.
[b]From the American Hospital Association Annual Survey linked to the CTS household survey by zip code. Safety net hospitals defined as all public hospitals, as well as private non-profit hospitals that treat a high proportion of Medicaid patients (more than one standard deviation above the mean proportion of Medicaid patient days in each state).

Language barriers reported by physicians. Less access to safety net providers and less experience on the part of providers in caring for recent immigrants in new growth communities may contribute to communication problems between physicians and Hispanic patients. The 2004-05 CTS physician survey, conducted in the same 60 communities as the CTS household survey, asked physicians about the percentage of their patients they had difficulty communicating with due to language barriers.[23] Physicians in new growth communities reported fewer language barriers with patients (3.4 percent of patients on average), compared to physicians in the major Hispanic population centers (10.2 percent of patients) (Table 7). However, this difference largely reflects the fact that Hispanic patients comprise only about 7 percent of all patients in practices in new growth communities, compared to about 36 percent of patients in the major Hispanic centers.

Therefore, it is more accurate to examine differences in language barriers relative to the number of Hispanic patients that physicians actually see in their practice. For each physician in the survey, the ratio of the percent of patients that physicians reported language barriers (as shown in Table 7, row 2) to the percentage of patients in their practice that were Hispanic (as

[23] For a detailed description of the CTS physician survey, see Nuria Diaz-Tena, et al., "Community Tracking Study: Physician Survey Methodology Report, Round 3," Center for Studying Health System Change, Technical Publication No. 38, May 2003.

shown in row 1) was computed. Averages for this measure were then computed for physicians in the three groups of communities. The result is a measure of the extent of language barriers physicians encountered in their practice relative to the number of Hispanics they see in their practice. Using this measure, physicians in new growth communities had communication problems with about 56.2% of their Hispanic patients, compared to physicians in major Hispanic centers who had communication problems with 36.8% of their Hispanic patients. These results suggest that—relative to the size of the Hispanic population—language barriers are more prevalent in new growth communities than in the major Hispanic population centers.

Table 7:
Extent of Language Barriers Experienced by Physicians, 2004-05

	New Growth Communities (< 5% Hispanic in 1996)	Major Hispanic Centers (> 20% Hispanic in 1996)	Other Areas (5-20% Hispanic in 1996)
% of Hispanic patients in practice	7.2*	35.9	16.6*
% of patients physicians report difficulty communicating with due to language			
Overall	3.4*	10.2	5.3*
Relative to number of Hispanic patients[a]	56.2*	36.8	48.3*

*Difference with > 20% Hispanic is statistically significant at .05 level.
[a]Computed for each physician as the ratio of the percent of patients they reported communication problems (row 2) to the percent of patients in their practice that are Hispanic (row 1), and then averaged for all physicians within each community group.
Source: Community Tracking Study physician survey, 2004-05.

Access to medical care. Numerous studies have documented that Hispanics in general have lower access to medical care compared to whites, in part, because of higher uninsured rates.[24] Compared to whites, Hispanics are less likely to have a regular source of medical care and are less likely to have a physician visit during the year (Appendix Table 4). While use of hospital emergency departments by Hispanics is comparable to whites, Hispanics depend on emergency departments for their ambulatory care to a greater extent. Among Hispanics, recent immigrants (as indicated by Spanish interview) are even less likely to have a regular source of care and see a physician, although their use of and reliance on hospital emergency departments does not differ greatly from other Hispanics.

Less availability of safety net providers and greater language barriers may exacerbate problems accessing medical care in new growth communities, especially for more recent immigrants. After controlling for differences in demographic characteristics, family income, health status, insurance coverage, and geographic area, 53.7 percent of Spanish-interview Hispanics reported a regular source of medical care in new growth communities, compared to 66.4 percent in the major Hispanic population centers (Table 8). There were no statistically significant differences across the three community groups in regular source of care for English-interview Hispanics.

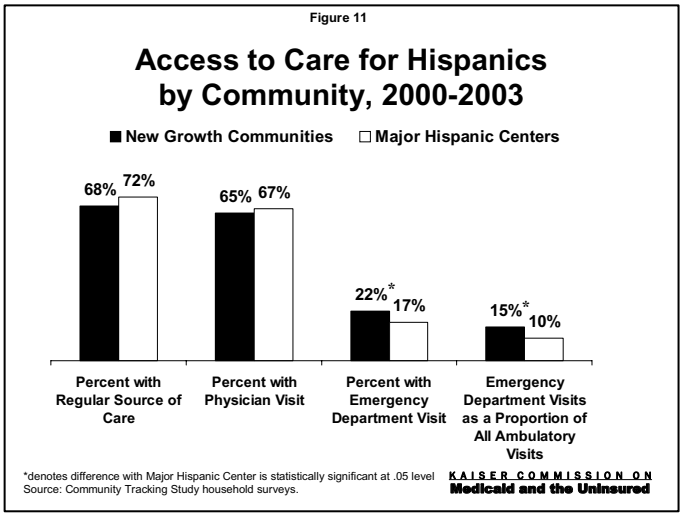
[24] Agency for Healthcare Research and Quality, "2005 National Healthcare Disparities Reprot," AHRQ Pub. No. 06-0017, 2005.

Table 8:
Medical Care Access and Use by Hispanics, Regression-adjusted Means, 2000-03.

	New Growth Communities (< 5% Hispanic in 1996)	Major Hispanic Centers (> 20% Hispanic in 1996)	Other Areas (5-20% Hispanic in 1996)
Percent with regular source of care			
All Hispanics	68.0	72.1	68.0
Spanish interview	53.7*	66.4	57.5*
English interview	78.7	77.2	77.4
Percent with physician visit			
All Hispanics	65.2	66.7	61.7*
Spanish interview	55.1	58.2	50.6*
English interview	73.1	72.9	70.9
Percent with ED visit			
All Hispanics	21.5*	16.5	19.4
Spanish interview	20.8*	12.5	19.4
English interview	22.7	19.5	19.6
ED visits as a proportion of all ambulatory visits			
All Hispanics	14.6*	10.0	14.7
Spanish interview	19.3*	9.4	18.3*
English interview	12.2	10.7	13.1

ED is emergency department
*Difference with > 20% Hispanic is statistically significant at .05 level.
Estimates are based on OLS regressions that control for the following factors: age, gender, family income (relative to the poverty level), general health status, insurance coverage, educational attainment, metro/nonmetro residence, and Census region.
Source: Community Tracking Study household surveys, 2000-01 and 2003.

Emergency department use among Hispanics was higher in new growth communities—21.5 percent of Hispanics in new growth communities reported an emergency department visit, compared to 16.5 percent in the major Hispanic centers (Figure 11). In addition, there was greater reliance on emergency departments for ambulatory care by Hispanics in new growth communities—emergency department visits comprised about 15 percent of all ambulatory care visits for Hispanics in new growth communities, compared to 10 percent in the major Hispanic centers. Most of the differences in emergency department use across communities reflect even larger differences for Spanish-interview Hispanics, which is consistent with the fact that they have higher uninsured rates than other Hispanics and are most vulnerable to language barriers.



Interestingly, there were fewer differences between the major Hispanic population centers and new growth communities in the probability of a physician visit, both for Hispanics in general and separately for Spanish-interview Hispanics. Thus, while overall access to physicians may be similar, the results for regular source of care and emergency department use suggest that care is being delivered less efficiently and at potentially higher cost in new growth communities. Higher levels of emergency department use may also reflect less access to specialty care and specialty providers, as emergency departments are often used for these purposes by uninsured persons who can not get referrals to specialty care providers. Physicians may be more likely to refer Spanish-speaking patients to the emergency department if they are not able to provide language or translation services.

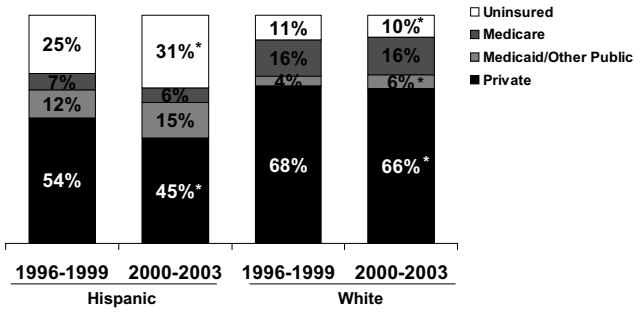
Coverage and Access to Care for Non-Hispanic Whites

While coverage and access generally worsened among Hispanics in new growth communities, coverage and access to care for non-Hispanic white residents did not appear to be impacted by the growth of the Hispanic population in these areas as they did not experience similar decreases in coverage or measures of access to care:

Coverage. The uninsured rate for Hispanics in new growth communities increased between 1996 and 2003, but the overall uninsured rate in these communities did not change, remaining at about 10 percent. This is a result of two factors. First, despite a doubling of the Hispanic population in new growth communities, it is still relatively small compared to the total population, limiting its impact on overall trends. Second, the uninsured rate among whites decreased in new growth communities, from 10.6 percent in 1996-99 to 9.5 percent in 2000-03, due largely to an increase in Medicaid and other state coverage (Figure 12).

Figure 12

Changes in Health Insurance Coverage in New Growth Communities by Ethnicity, 1996-2003



* denotes change from 1996-1999 period is statistically significant at .05 level.
Note: Medicaid includes SCHIP and other state-funded coverage
Source: Community Tracking Study household surveys.

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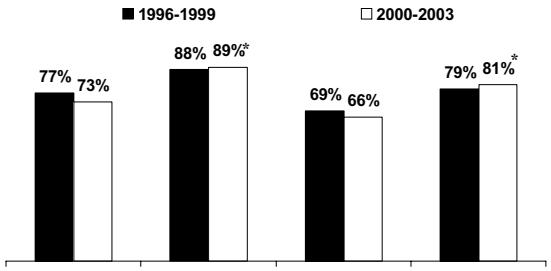
Access to care. The percent of Hispanics with a regular source of medical care and physician visit in new growth communities decreased between 1996-99 and 2000-03, although these decreases were not statistically significant (Figure 13 and Table 9).[25] In contrast, access improved slightly for whites in new growth communities, as the percent with a physician visit increased from 79 percent in 1996-99 to 81 percent in 2000-03, and the percent with a regular source of care increased from 88 percent to 89 percent. Further, while reliance on emergency departments for ambulatory care among Hispanics increased in new growth communities, it was unchanged for whites (Figure 14).

Even among low-income and uninsured whites in new growth communities, measures of medical care access and use were unchanged between 1996-99 and 2000-03 (Table 9). While there was a drop in the proportion of white uninsured with a physician visit (though not statistically significant), this trend was not limited to new growth communities, but rather reflected a national trend of decreasing use of physicians among uninsured persons.[26]

Figure 13

Changes in Regular Source of Care and Physician Visits in New Growth Communities, by Ethnicity, 1996-2003



* denotes change from 1996-1999 period is statistically significant at .05 level.
Source: Community Tracking Study household surveys.

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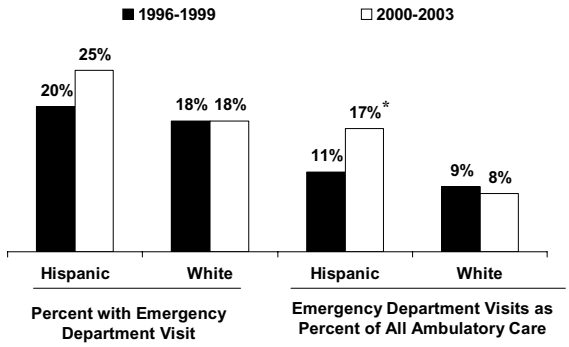
Figure 14

Changes in Emergency Department Use in New Growth Communities, by Ethnicity, 1996-2003



* denotes change from 1996-1999 period is statistically significant at .05 level.
Source: Community Tracking Study household surveys.

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[25] Estimates of access to care and use in Figures 13, 14 and Table 9 are unadjusted, and thus reflect the actual change in use between 1996-99 and 2000-03.

[26] Peter J. Cunningham and Jessica May, "A Growing Hole in the Safety Net: Physician Charity Care Declines Again," Center for Studying Health System Change, March 2006.

Table 9:
Changes in Medical Care Use and Access, 1996-2003

	New Growth Communities (< 5% Hispanic in 1996)		Major Hispanic Centers (> 20% Hispanic in 1996)		Other Areas (5-20% Hispanic in 1996)	
	1996-99	2000-03	1996-99	2000-03	1996-99	2000-03
% regular source of care						
Hispanic	77.0	73.0	71.3	70.0	72.5	68.3
White, non-Hispanic	88.3	89.2*	86.4	85.0	88.0	88.1
Uninsured	67.7	65.7	58.5	50.7	64.6	63.2
< 200% of poverty	84.4	83.9	79.5	82.1	82.8	82.2
% with physician visit						
Hispanic	69.4	65.8	63.4	66.2	66.8	61.9*
White, non-Hispanic	79.0	81.0*	80.5	80.2	80.5	81.1
Uninsured	57.2	53.6	54.0	44.7	53.2	49.6
< 200% of poverty	75.1	76.7	75.6	78.1	75.5	74.5*
% with ED visit						
Hispanic	19.9	24.7	15.7	14.8	19.4	20.0
White, non-Hispanic	18.1	18.3	16.5	14.9	17.6	16.7
Uninsured	23.1	24.8	17.8	12.5	18.9	19.4
< 200% of poverty	23.9	23.3	20.1	19.4	21.5	20.2
ED visits as a percent of all ambulatory care visits						
Hispanic	11.2	16.7*	9.9	9.2	11.9	14.7
White, non-Hispanic	8.5	8.1	6.9	6.3	7.9	7.4
Uninsured	19.9	22.3	16.4	15.5	18.0	20.1
< 200% of poverty	12.4	11.9	9.9	8.6	10.6	9.9

* Change from 1996-99 is statistically significant at .05 level
Source: Community Tracking Study household surveys, 1996-99, 1998-99, 2000-01 and 2003.

IMPLICATIONS

The federal government has called for the elimination of racial/ethnic disparities in health as part of its Healthy People 2010 agenda, and reducing ethnic disparities in health care continues to be a high priority among federal, state, and local policymakers, as well as many health care providers. Reducing disparities in health care faced by Hispanics poses special challenges, because of their very high uninsured rates, the low socioeconomic status of many recent immigrants, and the lack of familiarity with the English language and the U.S. health care system among many recent immigrants.

Expanding insurance coverage and the availability of safety net providers is key to reducing disparities in access to medical care between Hispanics and whites, especially recent immigrants.[27] Insurance coverage is essential for assuring that people can obtain needed care and provides financial protection from the high costs of medical care. Safety net providers are an important source of low cost medical care for those who are not able to obtain coverage and

[27] Hadley, Cunningham, and Hargraves, Will Expanding the Safety Net Offset Reduced Access From Lost Insurance Coverage?

often serve as a medical home for low income racial/ethnic minorities who live in areas where there are few other providers.

Although Hispanics in all areas of the country face greater coverage and access problems than whites, states and communities that are major Hispanic centers are in a stronger position to address these challenges. As of 2004, all major Hispanic centers were in states with immigrant coverage programs. Also, the extensive network of CHCs and other safety net providers in the major Hispanic centers results in closer proximity of these providers to where Hispanics live. Further, a large Hispanic population increases the potential effectiveness of community advocates and political leaders to increase awareness of problems in the Hispanic community, promote programs and policies to address their concerns, and help to hold off efforts that may prove harmful to their interests.

Most of these advantages are lacking in new growth communities. These communities are less likely to be in states with immigrant coverage programs, which contributes to higher uninsured rates among recent immigrants. Also, the Hispanic population in new growth communities is much more dispersed both across and within a larger number of communities and states, including smaller urban and rural areas. This makes it much more difficult and less efficient from a policy perspective to target safety net providers and programs. For example, communities must demonstrate that they are medically underserved in order to receive federal support for CHCs, of which one key criterion is having a large number of low income racial/ethnic minorities. Lacking political clout due to smaller numbers, such communities and states may also be more vulnerable to measures designed to restrict benefits and services for immigrants.

To improve coverage and access to care for Hispanics and reduce the disparities between Hispanics and whites, more attention must be focused on areas of the country outside of the traditional Hispanic centers. More than half of the Hispanic population now lives in communities that are less than 20 percent Hispanic. Moreover, two-thirds of the recent growth in the Hispanic population has occurred in communities that are less than 20 percent Hispanic, and one-third of the growth has occurred in communities that are less than 5 percent Hispanic. Communities with a small but growing Hispanic population have a relative absence of immigrant coverage programs, lower availability of safety net providers, greater provider language barriers, lower access to care among Hispanics, and higher use of emergency departments by Hispanics compared to communities with a large Hispanic population. Despite the policy focus on reducing disparities in health and health care, such disparities may actually worsen for Hispanics as their numbers continue to increase in areas that have less experience meeting their health care needs.

APPENDIX TABLES

Appendix Table 1:
Classification of Site Groups Based on the Percentage of the Population that is Hispanic in each of the 60 CTS sites (based on 1996 estimates).

Site	Percent of Population that is Hispanic	
	1996	2003
Site group #1 -- Hispanic GT 20%		
Miami	53.5	57.7
Los Angeles	46.2	53.7
San Antonio	36.8	48.3
Riverside	32.4	42.5
Houston	29.5	28.0
New York City	28.4	29.1
Modesto	28.3	29.6
Orange County	28.1	30.7
Site group #2 -- Hispanic 5-20%		
Phoenix	18.6	23.8
San Francisco	17.2	13.9
Santa Rosa	16.3	12.1
West Palm Beach	14.3	18.0
Las Vegas	13.6	15.6
Denver	13.4	14.0
Killeen	12.9	14.3
Nassau	11.8	8.2
Chicago	11.5	18.3
Newark	10.8	12.9
Bridgeport	10.5	8.1
Philadelphia	8.0	4.9
Tampa	6.8	13.7
Northern Utah	6.0	5.1
Boston	5.9	6.4
Washington DC	5.2	4.9
Detroit	5.1	2.7
Middlesex	5.1	7.0
Northwest Washington	5.1	5.5
Site group #3 -- Hispanic LT 5%		
Worcester	4.8	3.6
Lansing	4.6	4.7
Eastern North Carolina	4.5	3.9
Portland	4.4	10.0
Northern Georgia	3.7	8.7
Seattle	3.5	5.3
Milwaukee	3.3	5.8
Rochester	3.2	2.3
Atlanta	3.1	8.0
St. Louis	3.0	2.2
Central Arkansas	2.9	3.1
Northeast Illinois	2.7	5.9

Site	Percent of Population that is Hispanic	
	1996	2003
Cleveland	2.6	3.2
Augusta	2.5	1.1
Syracuse	2.4	2.0
Minneapolis	2.4	6.7
Little Rock	2.4	2.1
Shreveport	2.0	2.3
Greenville	1.9	2.7
Indianapolis	1.9	2.7
Wilmington	1.8	6.2
Baltimore	1.8	2.5
Eastern Maine	1.7	3.1
Tulsa	1.3	1.5
Greensboro	1.0	4.9
Northeast Indiana	0.9	1.1
Terre Haute	0.9	1.2
Pittsburgh	0.8	0.6
Huntington	0.7	2.2
Columbus	0.6	1.1
Dothan	0.5	3.3
Knoxville	0.4	6.2
West Central Alabama	0.3	5.7

Source: Community Tracking Study Household Survey, 1996-97 and 2003

Appendix Table 2:
Employment and Income, United States, 2000-03.

% employed or in family with employed adult	
All Persons	74.9*
Hispanic	***72.3****
Spanish-interview	***70.2****
English-interview	***73.9***
White, non-Hispanic	76.9
Average family income	
All Persons	52,300*
Hispanic	***33,100****
Spanish-interview	***22,100****
English-interview	***42,000****
White, non-Hispanic	59,130
% with family incomes below poverty	
All Persons	12.9*
Hispanic	***25.4****
Spanish-interview	***35.5****
English-interview	***17.2****
White, non-Hispanic	8.1

*Difference with white, non-Hispanic is statistically significant at .05 level
Source: Community Tracking Study household surveys, 2000-01 and 2003

Appendix Table 3:
Health Insurance Coverage, United States, 2000-03.

% Medicare	
All Persons	14.1*
Hispanic	***6.8****
Spanish-interview	***6.3****
English-interview	***7.3****
White, non-Hispanic	16.0
% privately insured (no public)	
All Persons	61.8*
Hispanic	***43.4****
Spanish-interview	***29.1****
English-interview	***54.9****
White, non-Hispanic	67.2
% Medicaid/other state	
All Persons	8.6*
Hispanic	***17.6****
Spanish-interview	***20.0****
English-interview	***15.7****
White, non-Hispanic	5.4
% Uninsured	
All Persons	12.9*
Hispanic	***30.0****
Spanish-interview	***43.3****
English-interview	***19.2****
White, non-Hispanic	9.0

*Difference with white, non-Hispanic is statistically significant at .05 level
Source: Community Tracking Study household surveys, 2000-01 and 2003

Appendix Table 4:
Medical Care Use and Access, United States, 2000-03

% with regular source of care	
All Persons	84.6*
Hispanic	***69.9****
Spanish-interview	***61.6****
English-interview	***76.7****
White, non-Hispanic	88.6
% with physician visit	
All Persons	77.9*
Hispanic	***64.6****
Spanish-interview	***54.8****
English-interview	***72.5****
White, non-Hispanic	81.1
% with ED visit	
All Persons	18.5*
Hispanic	***18.2***
Spanish-interview	***15.5***
English-interview	***20.4****
White, non-Hispanic	17.5
ED visits as a proportion of all ambulatory visits	
All Persons	9.0*
Hispanic	***12.3****
Spanish-interview	***13.3****
English-interview	***11.8****
White, non-Hispanic	7.7

ED is emergency department.
*Difference from White, non-Hispanic is statistically significant at .05 level
Source: Community Tracking Study household surveys, 2000-01 and 2003.

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