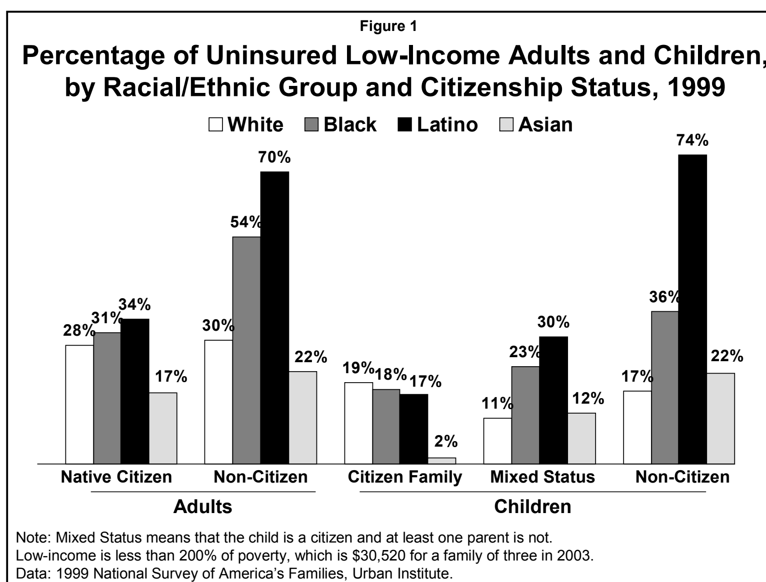
THE HENRY J. KAISER FAMILY FOUNDATION
THE KAISER COMMISSION ON
Medicaid and the Uninsured

Disparities in Health Coverage, Access, and Quality: The Impact of Citizenship Status and Language on Low-Income Immigrants

Citizenship status and language play a large role in disparities in health coverage, access, and quality for racial and ethnic minorities. Citizenship status (e.g., citizen, legal immigrant, or undocumented alien) impacts a person's ability to obtain health coverage by affecting the likelihood of having a job that offers health insurance and a person's eligibility for Medicaid or SCHIP. English proficiency affects a person's ability to fill out health insurance applications and other forms and the ability to discuss medical problems with a physician or nurse.

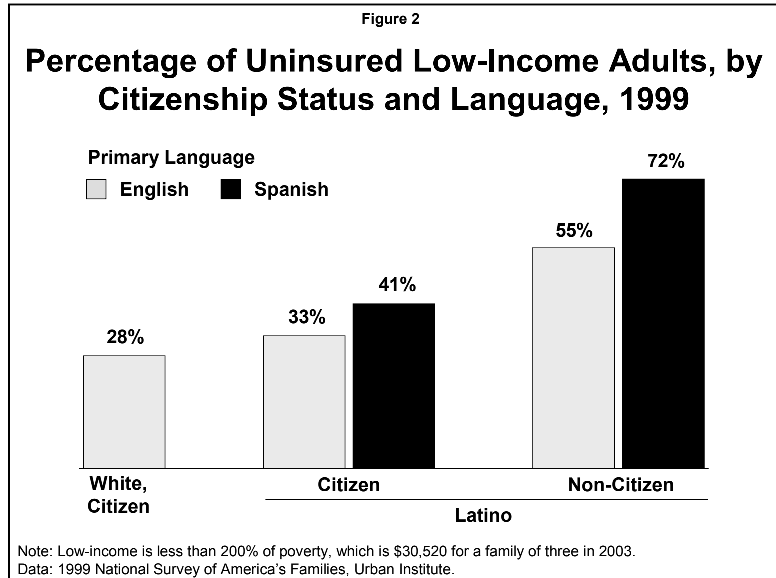
Using data from the 1999 National Survey of America's Families (NSAF), this brief examines the relative roles of race/ethnicity, citizenship, and language on insurance coverage, access to care, and quality of care, with a particular focus on the low-income Latino population. Findings show that low-income Latinos who are not citizens and those with limited English proficiency are much more likely to be uninsured, less likely to utilize health care services, and more likely to report problems communicating with their health care providers compared to their citizen and English-speaking peers.

Racial and ethnic disparities in coverage exist among citizens, but these disparities are substantially greater among non-citizens (Figure 1). Among citizens, racial and ethnic minorities are more likely to be uninsured than non-Hispanic whites, but these disparities increase dramatically among non-citizens. For example, among citizens, Latino adults are slightly more likely to be uninsured than white adults (34% vs. 28%). But, among non-citizens, the uninsured rate surges to 70% for Latinos while remaining at 30% for whites. A similar pattern is observed for children. Relatively small differences in insurance coverage by race and ethnicity are found among children in citizen families, but large disparities emerge in non-citizen families, with 74% of Latino children uninsured compared to 17% of white children.



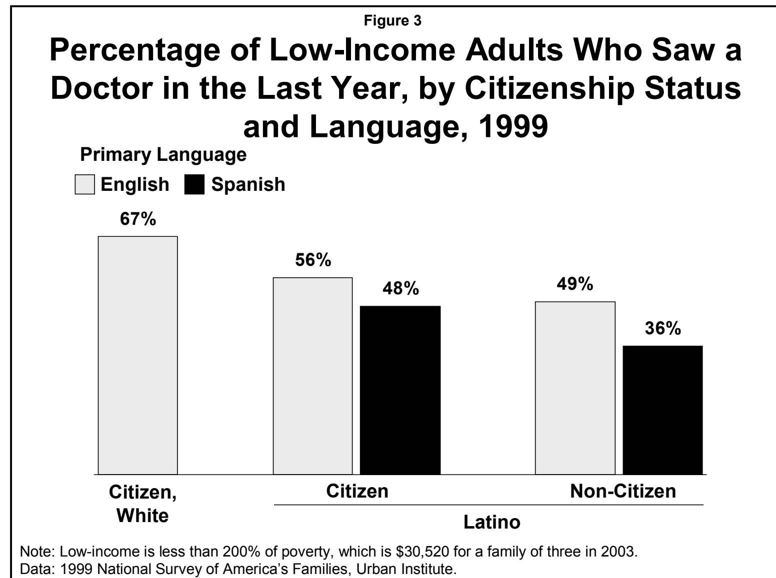
People in families that primarily speak Spanish are at greater risk for lacking insurance than those in English-speaking families, and those in non-citizen Spanish-speaking families are at the greatest risk. Among adult citizens whose primary language is English, Latinos are more likely to be uninsured than whites (33% vs. 28%), but the chances of being uninsured increase for Spanish-speaking Latino citizens (to over 40%) (Figure 2). The

uninsured rate escalates significantly further for non-citizen Spanish-speaking Latino adults—nearly three in four (72%) lack coverage. Children's coverage patterns show similar trends. Among citizen families, Latino children in English-speaking families are about as likely to be uninsured as white children (16% vs. 17%), but Latino children in Spanish-speaking families are more likely to be uninsured (26%). Latino children in non-citizen Spanish-speaking families are over four times more likely to be uninsured than white children in citizen families (72% vs. 17%).

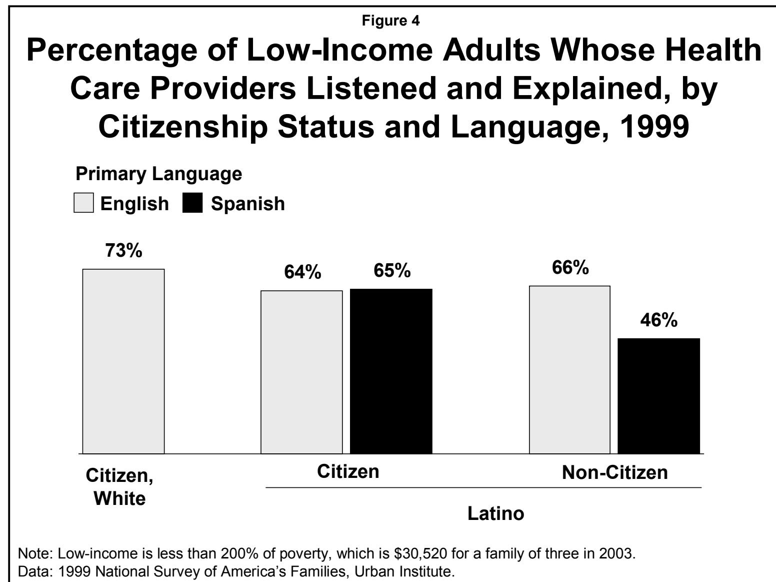


Non-citizens and those who do not speak English as a primary language experience greater problems accessing care then other groups, resulting in less connection with the health care system. Among citizen adults, the likelihood of a doctor visit in the last year declines from 67% for whites to 56% for English-speaking Latinos and to 48% for Spanish-speaking Latinos (Figure 3). Only a third (36%) of non-citizen Spanish-speaking Latino adults saw a doctor in the last year.

Among children in citizen families, race and language do not appear to play as large a role—about 70% of Latino children in both English- and Spanish-speaking citizen families saw a physician in the past year, which is roughly the same rate as for white children in citizen families. However, children in Spanish-speaking families where at least one caregiver is not a citizen were less likely to see a physician (59%), and less than a third (29%) of children who are themselves non-citizens in Spanish-speaking families saw a doctor in the past year.



Problems communicating with medical providers are much more common among non-citizens who speak Spanish as their primary language than for other groups (Figure 4). Latino citizens were less likely to report good communication with their medical providers than white citizens (about 65% vs. 73%). Non-citizen English-speaking Latino adults were as likely as their citizen counterparts to report good communication (66%), but less than half (46%) of non-citizen Spanish-speaking Latino adults reported this way. Similarly, Spanish-speaking caregivers of non-citizen children in non-citizen families were much less likely to report good communications with their medical providers than caregivers for white children in citizen families (55% vs. 79%).



Overall, these findings show that citizenship status and English proficiency have a significant impact on disparities in insurance coverage, access to care, and quality of care among the low-income population. In particular, Latinos who are not citizens and who primarily speak Spanish are much more likely to be uninsured, less likely to have a connection with the health care system, and more likely to have difficulty communicating with medical providers.

Several factors likely contribute to these disparities for non-citizen immigrants. Non-citizens are more likely to be employed in low-wage jobs that do not offer health insurance benefits, recent immigrants are ineligible for Medicaid or SCHIP under federal law, and there is often concern in the immigrant community that enrolling in a public program may jeopardize one's residency or citizenship status. Without insurance, non-citizens have difficulty establishing a relationship with the health care system that would facilitate the use of preventive and primary care. Further, while federal law requires providers to provide language assistance for people with limited English proficiency, many patients who do not speak English as a primary language still encounter difficulties because their providers do not have adequate interpretation services.

Policies to improve health coverage of immigrants and to reduce language barriers in the health care system are essential to eliminating health care disparities in the United States. Public policy must address these issues if the United States is to take meaningful steps to reduce the number of uninsured, to enable all residents to seek appropriate preventive and medical care, and to improve the delivery of health care.

Drawn from: Ku, L. and T. Waidmann, *How Race/Ethnicity, Immigration Status and Language Affect Health Insurance Coverage, Access to Care and Quality of Care Among the Low-Income Population*,prepared for the Kaiser Commission on Medicaid and the Uninsured, August 2003. Publication #4132, available at http://www.kff.org