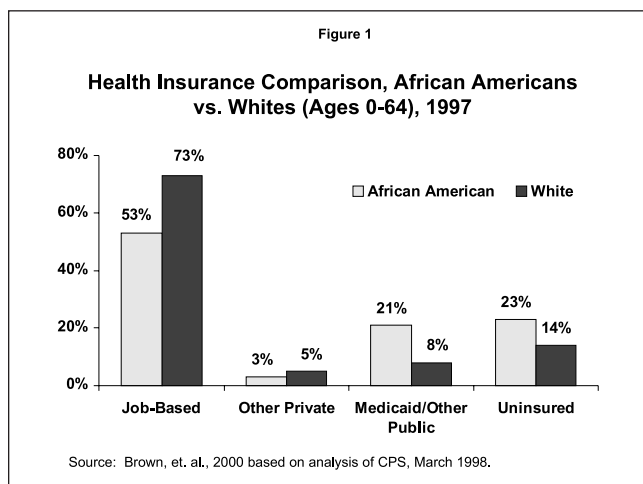


Health Insurance Coverage and Access to Care Among African Americans

African Americans comprise 13% of the U.S. population. As a group, their health status continues to lag behind that of whites. For example, the African American infant mortality rate is more than double that of whites and African Americans die from diabetes at more than three times the rate of whites. Although many factors account for health status differences, access to health insurance coverage and appropriate health services could reduce many of these disparities.

Health Insurance Coverage

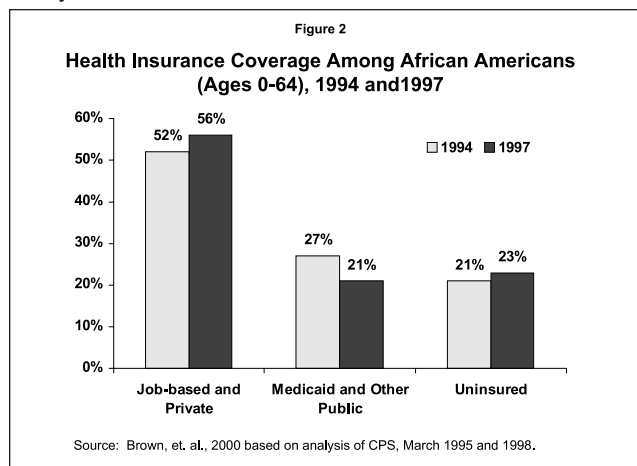
Nationally, 56% of African Americans have private health insurance coverage. Medicaid covers an additional 21%, but almost one quarter (23%) are uninsured (Fig. 1). The uninsured rate for African Americans is more than one and a half times the rate for white Americans, largely because of gaps in employer-based coverage. Although over 8 in 10 African Americans are in working families, employer-sponsored health insurance among African Americans remains substantially lower than that of whites (53% vs. 73%), even in a strong economy that has helped to improve access to job-based health benefits for some.



Many factors disadvantage African Americans in the workplace, including less education, lower pay (even when similarly educated), and discriminatory practices. As a result, a wide income gap exists between African Americans and whites, with African Americans three times as likely as whites to live in poverty (the federal poverty level for a family of three was \$12,802 in 1997). Half of all African Americans have family incomes less than 200% of the poverty level.

While lower family income translates to a lower likelihood of having employer-based health coverage, African Americans are less likely to have job-based coverage at all income levels compared to whites. Lower rates of employer-based coverage result even though African Americans are more likely than other groups to work in large businesses that typically offer health benefits. In fact, African Americans are substantially less likely than whites to receive job-based coverage across all firm sizes and industries.

Medicaid provides an important safety net for one in five African Americans, underscoring the role that Medicaid plays for low-income families with children. Medicaid covers half of African Americans with incomes below poverty and 17% of those between 100 and 199% of poverty. However, Medicaid's protection is incomplete leaving 30% of African Americans below 200% of poverty uninsured.

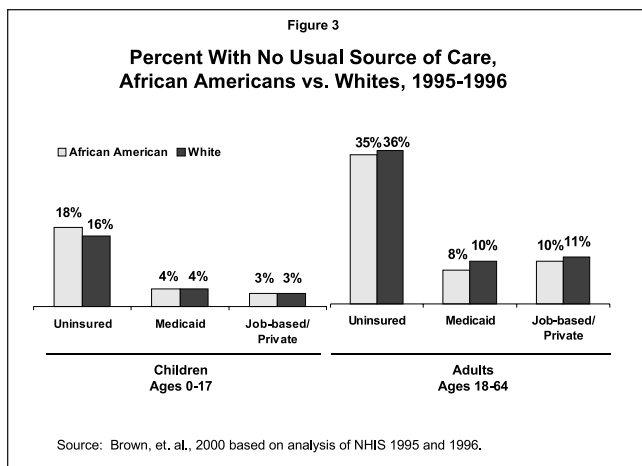


Job-based coverage for African Americans increased between 1994 and 1997, driven by a robust economy (Fig. 2). Offsetting these gains, the mid-1990s saw a sizeable decline in Medicaid and other public coverage of African Americans from 27% in 1994 to 21% in 1997. Welfare reform resulted in many individuals moving into low-wage entry-level positions where health benefits are less likely to be offered or affordable. Although states were required to continue Medicaid for families moving into the workforce, gaps in state administrative systems and lack of effective outreach resulted in a decline in Medicaid coverage for parents and children. The net effect of the drop in Medicaid coverage was growth in the share of uninsured African Americans from 21% to 23%. Among African Americans living below poverty, the uninsured rate grew from 24% to 30%.

Access to Health Care

Having a health provider where one usually goes for medical care provides an important connection to the health system. African Americans' heightened risk for certain chronic conditions, e.g., diabetes and hypertension, increases the need for early detection of disease and consistent medical management.

Health insurance results in better access to care and Medicaid provides access at rates similar to private insurance. Uninsured African Americans are at least three times more likely than those with private insurance or Medicaid to be without a usual source of care, rates comparable to the white population (Fig. 3). Over a third of uninsured African American and white adults do not have a regular place to go for their health needs.



Uninsured African Americans are much less likely to have seen a physician over the course of a year compared to those with private or Medicaid coverage (Fig. 4). African Americans and whites have comparable patterns of physician use, with one exception. African American women in fair to poor health are notably less likely than their white counterparts to have had a doctor visit in the past year — 9% vs. 6%.

The uninsured among both African Americans and whites are more than twice as likely not to meet these physician care standards. Among uninsured African American children, 20% of school-age children and 10% of younger children have not seen a physician even once in the past year. Regular check-ups are important to assess both physical and social development, as well as to provide parents with age-appropriate preventive advice and information.

Uninsured women—even those in fair or poor health—are at least half as likely to meet basic physician visits

guidelines as women with health coverage. While rates of physician visits for men are roughly equal between races, men are less likely than women to have seen a doctor in the past year. Lack of coverage adds to the disparity—over one quarter of uninsured men who are in fair or poor health have not seen a doctor in the past year. Many have chronic conditions that need ongoing evaluation and management.

Figure 4
Percent Who Have Not Met Minimum Standards* for Physician Visits by Race, Age, Health Status & Health Insurance Status, 1995-1996

	African American	White
Ages 0-5*	5%	5%
Uninsured	10%	12%
Medicaid	4%	4%
Job-Based/Private	6%	4%
Ages 6-17	8%	7%
Uninsured	20%	17%
Medicaid	5%	6%
Job-based/Private	6%	6%
Women (Ages 18-64) in Fair/Poor Health	9%	6%
Uninsured	19%	13%
Medicaid	5%	3%
Job-based/Private	7%	5%
Men (Ages 18-64) in Fair/Poor Health	15%	14%
Uninsured	26%	29%
Medicaid	**	6%
Job-based/Private	16%	12%

*At least one physician visit in past year for children ages 0-5 and in past two years for children ages 6-17 (modified AAP guideline), and past year for adults in fair to poor health and past two years for adults in good to excellent health.
**Sample size too small for reliable estimate.

Source: Brown, et. al., 2000 based on analysis of NHIS 1995 and 1996.

Policy Implications

African Americans' access to health services is compromised by an uninsured rate that is one and a half times that of whites. With half of all African Americans living in families with incomes below 200% of poverty, this rate would be much higher were it not for Medicaid coverage. Improving Medicaid outreach and enrollment, enhancing incentives for employers to offer affordable coverage to low-wage workers, and expanding eligibility to more low income adults are all necessary to close the gap in health insurance coverage for African Americans.

Drawn from: Brown, ER, Ojeda, VD, Wyn, R, and R Levan. *Racial and Ethnic Disparities in Access to Health Insurance and Health Care*. UCLA Center for Health Policy Research and Kaiser Family Foundation, April 2000. Report available at www.kff.org.