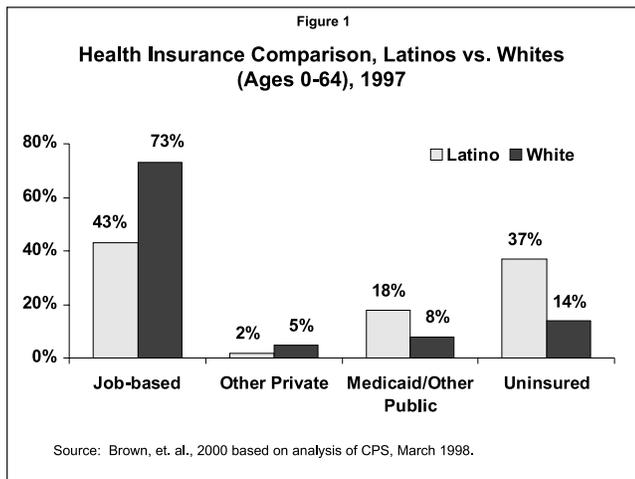


Health Insurance Coverage and Access to Care Among Latinos

Latinos today comprise 12% of the U.S. population, but nearly one quarter of this nation's uninsured people. The Latino population is very diverse, reflecting differences in both culture and country of origin. Their experience in obtaining health coverage demonstrate the holes in the United States' health insurance system. Nearly 4 in 10 Latinos are uninsured, the highest uninsured rate among all racial or ethnic groups. Lack of coverage compromises their access to health care.

Health Insurance Coverage

Nationally, 37% of non-elderly Latinos are uninsured, a rate more than double that of whites (Fig. 1). Latinos' high uninsured rate is driven in large part by lack of employer-based coverage with only 43% covered through the workplace compared to 73% of whites. Medicaid and other public coverage reaches an additional 18% of Latinos.

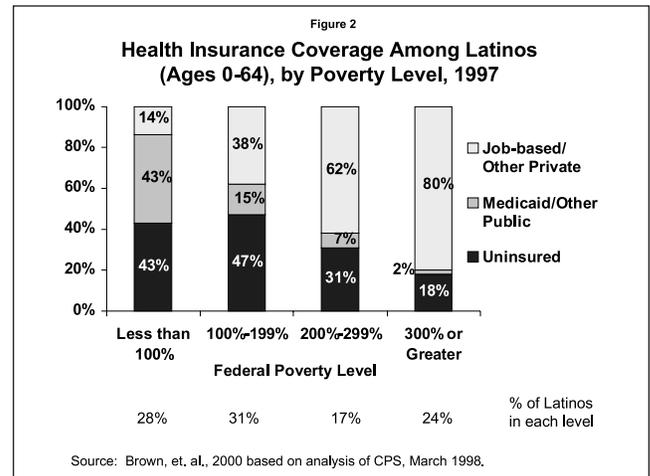


The large majority (87%) of uninsured Latinos come from working families. Despite high levels of employment, nearly 60% of Latinos live in families with incomes below 200% of the poverty level compared to 23% of whites. Low-wage workers are less likely to be offered health benefits or to be able to afford the employee's share of premiums when they are offered coverage. Nearly a third of all Latinos (30%), compared to 13% of whites, work for an employer who does not offer insurance to any workers.

Regardless of the amount or type of work, or the size of the employer, Latinos are far less likely to have job-based coverage compared to whites. Even among families with a full-time worker employed all year, Latinos are only about two-thirds as likely as whites to have job-based

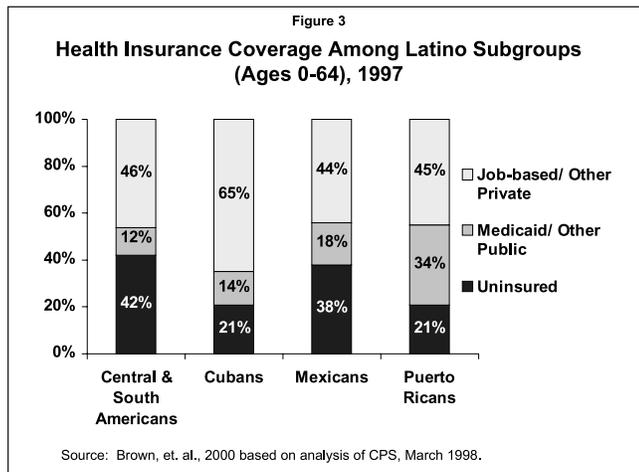
coverage (58% vs. 85%). Disparities in job-based coverage between Latinos and whites are greatest where the primary family wage earner works in a small firm. In firms with fewer than 25 employees, Latinos are half as likely as whites to have job-based coverage. Similarly, in every type of industry — from agriculture to public administration — Latinos are considerably less likely to have employer coverage.

Medicaid is a critical source of health coverage for Latinos covering over four in ten poor Latinos (Fig. 2). Medicaid's eligibility rules, however, leave many low-income Americans without coverage. Parents may qualify for Medicaid but often at eligibility levels lower than children. Single adults and childless couples are generally not eligible no matter how poor. In recent years, welfare reforms and changes in Medicaid eligibility for legal immigrants have decreased the number of Latinos covered by Medicaid. Between 1994 and 1997, Medicaid coverage of Latinos declined from 20% to 16%, offsetting an increase in job-based coverage of 40% to 43%.



Legal residents entering the U.S. after 1996 are not generally eligible for Medicaid and those who are eligible may be reluctant to apply for Medicaid because they incorrectly fear it will jeopardize future citizenship or that they will be forced to repay Medicaid costs. Undocumented residents do not qualify for Medicaid, except for emergency care. However, the great majority of Latinos are U.S. citizens or legal residents. For example, among Mexican Americans, the largest Latino subgroup, about 85% are U.S. citizens or legal residents. Still large proportions of Latinos are uninsured, including 27% of U.S. citizens, 35% of naturalized citizens, and 44% of legal immigrants.

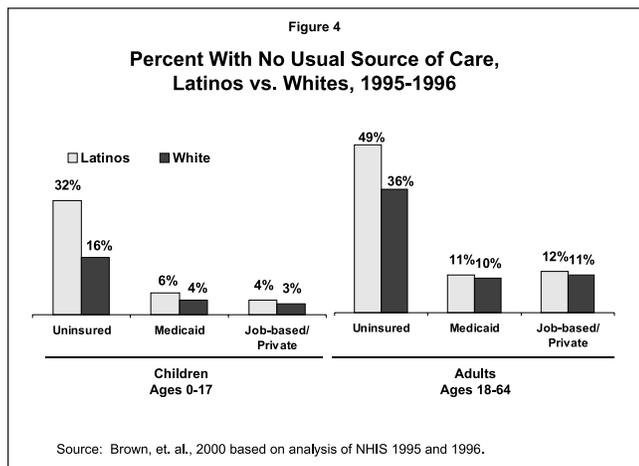
Mexican- and Central/South-Americans are the least likely among Latino subgroups to have job-based coverage and the most likely to be uninsured (Fig. 3).



Puerto Ricans' rates of job-based coverage are equally low, but Medicaid's reach is greater because they are U.S. citizens by birth. Cubans have higher rates of private insurance (54% through jobs and 11% purchased separately), but are less likely to have Medicaid, leaving 21% uninsured.

Access to Health Care

High uninsured rates impede access to care for Latinos, but access disparities also persist between insured Latinos and whites. Other barriers, including cultural and language differences, are significant factors that also reduce Latinos' access to care.



Latinos are the least likely among all ethnic groups to have a usual provider to go to when they need health care. A quarter of Latino adults—and nearly half of uninsured Latino adults—have no usual source of care (Fig. 4). Uninsured Latino children are twice as likely as white children to have no usual source of care (32% vs. 16%). These disparities are found almost entirely among the

uninsured; having private or Medicaid coverage increases the likelihood of having a usual source of care and eliminates the ethnic disparities. Annual exams for adults in fair or poor health (for chronic disease management and preventive care) and for younger children (for screening and developmental monitoring) are a minimal standard of access to physicians. Among uninsured Latino adults in fair to poor health, 24% of women and 40% of men have not visited a doctor in the past year, rates far higher than for uninsured whites (Fig. 5).

Figure 5
Percent Who Have Not Met Minimum Standards* for Physician Visits, 1995-1996

	Latinos	White
Ages 0-5		
Uninsured	8%	5%
Medicaid	16%	12%
Job-based/Private	6%	4%
Ages 6-17		
Uninsured	16%	7%
Medicaid	29%	17%
Job-based/Private	9%	6%
Women (Ages 18-64) in Fair/Poor Health		
Uninsured	13%	6%
Medicaid	24%	13%
Job-based/Private	7%	3%
(Ages 18-64) in Fair/Poor Health		
Uninsured	8%	5%
Medicaid	25%	14%
Job-based/Private	40%	29%
	**	**
	19%	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 standards), 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.

Health insurance decreases, but does not eliminate, these Latino-white differences in access to physician care. Privately insured Latino men in fair or poor health are more likely not to have seen a doctor in the past year than similar white men (19% vs. 12%). Differences in physician care among women and children also persist even among those with comparable health coverage.

Policy Implications

Without health coverage, Latinos' access to health services will continue to lag seriously behind other Americans. Although Latinos are largely in working families, they are often unable to obtain or afford employment-based coverage. Recent public policy has discouraged or barred noncitizens from Medicaid and fears of jeopardizing future citizenship have kept eligible families from enrolling. Because so many Latinos live in families with limited incomes, both improving access to Medicaid and making insurance more affordable are necessary to improve health coverage.

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.