NEWS RELEASE

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New Report Provides Critical Information About Health Insurance Coverage and Access for Racial and Ethnic Minority Groups

Most Minority Americans are Working Yet Lack Job-Based Coverage

(WASHINGTON, DC)—A comprehensive new resource being released today provides new data about health insurance coverage and access to care for racial and ethnic minority populations. The report provides detailed information about coverage under public and private health insurance programs, access to care, and demographics such as citizenship, education levels and work status within the Latino, African American, Asian American/Pacific Islander and Native American/Alaska Native populations. The research is the first of its kind to include information on health insurance coverage and access for subgroups of both Latinos and Asian American/Pacific Islanders.

Racial and Ethnic Disparities in Access to Health Insurance and Health Care, is a publication of the UCLA Center for Health Policy Research and the Henry J. Kaiser Family Foundation. The findings come as Congress and the White House consider extending eligibility for Medicaid and the State Children's Health Insurance Program and as the Administration continues to focus federal agencies on the elimination of racial and ethnic disparities in health.

Racial and ethnic minority groups are much more likely than non-Latino whites to be uninsured, and are less likely to have job-based health insurance coverage (fig.1). Over one-third of Latinos (37%) are uninsured, the highest rate among all the groups studied and two and a half times the rate for whites (14%). Nearly a quarter of African Americans and about one-fifth of Asian Americans and Pacific Islanders have no health coverage. Uninsured rates are lower among Native Americans (17%), largely due to their ability to receive services through Indian Health Service (IHS) rather than higher rates of private or Medicaid coverage (IHS represents a set of federally provided health services as opposed to coverage). The insurance patterns among minority children mirror those of nonelderly minorities overall, with uninsured rates well above the rate for white children.

"The majority of the nation's 44 million uninsured are white, but minority groups are disproportionately affected by the lack of health insurance. Elected officials who represent them, advocates and minority communities themselves need to recognize the tremendous stake minority Americans have in this problem," said Drew Altman, PhD, President of the Kaiser Family Foundation.

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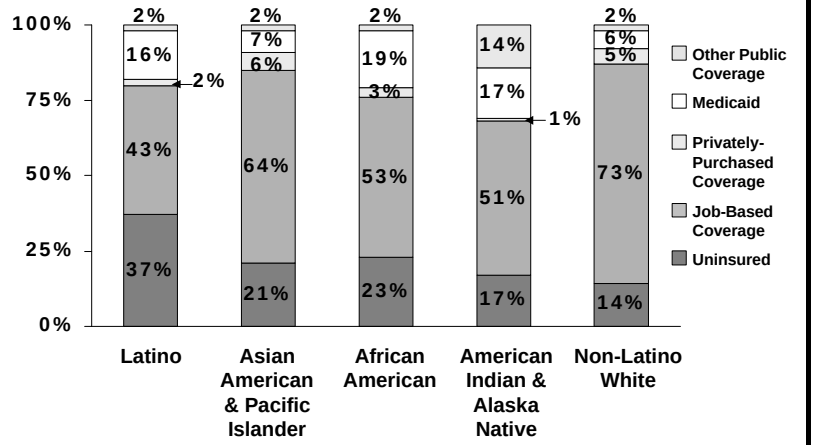
Figure 1



SOURCE: Brown, et. al., 2000, based on analysis of the Current Population Survey, March 1998.

Although minority Americans made gains of three to four percentage points in job-based coverage between 1994 and 1997 due to a strong economy, these gains were offset for most groups by declines in Medicaid coverage resulting in continued growth in the number of uninsured. Medicaid is an important health insurance safety net for many low-income people, including many members of racial and ethnic minorities. Due to their lower incomes, African American, Latinos and Native Americans are about three times as likely to participate in the Medicaid program as whites.

The study also examined differences in access to care using two measures – the extent to which respondents do not have a regular person or place where they receive care and the frequency of physician visits. Latino and Asian American/Pacific Islander adults were about one and a half times as likely as white adults not to have a usual source of health care. The disparities are greater among children: Latino, Asian American/Pacific Islander, and Native American children are nearly two to three times more likely than white children to not have a usual source of care.

Among adults in fair or poor health, many minorities are less likely than white adults with equally poor health to have seen a physician even once in the past year. Children, although generally healthier, need visits to a regular provider as well, for prevention services and developmental evaluation. However minority children are less likely than white children to have seen a physician recently. For example, 7% of white school-age children did not have a doctor's visit in the past two years, compared to 18%, 16%, and 12% respectively for Native American, Latino, and Asian American/Pacific Islanders.

“For many racial and ethnic minorities, lacking health insurance creates a barrier to accessing basic health care and exacerbates chronic conditions such as heart disease, diabetes and cancer by delaying diagnosis and reducing effective management and treatment,” said E. Richard Brown, PhD, Director of the UCLA Center for Health Policy Research and the lead author of the study. “These barriers also reduce the use of preventive services such as screenings and health education and counseling,” he added.

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Key Findings for African Americans

- The uninsured rate for African Americans is more than 50% higher compared to whites (23% vs. 14%) largely because of gaps in employer-based coverage.

- Although over 8 in 10 African Americans are in working families, employer-sponsored health insurance remains substantially lower than that of whites, despite the fact that they are more likely than other groups to work in large businesses (which typically offer health insurance).

- A wide income gap exists between African Americans and whites, with African Americans three times as likely as whites to live in poverty. 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.

- Although job-based health insurance coverage did increase for African Americans between 1994 and 1997, enrollment in Medicaid and other public programs during this period declined from 27% to 21%. The net effect of the drop in public 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% during this time.

- African Americans' heightened risk for several chronic conditions, e.g., diabetes and hypertension, increase their need for regular and consistent medical care. However, access to care for African Americans is no different on most measures than that of whites who are at lower risk of chronic illness and disability. African American women in fair or poor health are notably less likely than their white counterparts to have had a doctor visit in the past year.

Key Findings for Latinos

- Nearly 4 in 10 Latinos are uninsured. The high rate is driven by lack of employer-based coverage with only 43% covered through the workplace compared to 73% of whites.

- The large majority (87%) of uninsured Latinos come from working families. Nearly a third of all Latinos 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.

- In recent years welfare reforms and changes in Medicaid eligibility for legal immigrants have decreased the number of Latinos covered by Medicaid -- a critical source of coverage for over 40% of poor Latinos. Between 1994 and 1997, Medicaid coverage of Latinos overall declined from 20% to 16%, and was not fully offset by increases in job-based coverage.

- The great majority of Latinos are legal residents, still large proportions of Latinos are uninsured, including 27% of US citizens, 35% of naturalized citizens, and 44% of Latino legal immigrants.

- Health coverage varies considerably among Latino subgroups. Mexican-Americans and Central/South-Americans are about twice as likely as Cubans or Puerto Ricans to be uninsured.

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- Having health insurance dramatically equalizes Latinos access to a usual source of care. However, it does not eliminate disparities in the frequency of physician visits. For example, 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%).

Key Findings for Asian American/Pacific Islanders

- Overall Asian Americans and Pacific Islanders (AAPIs) are less likely than whites to have job-based health coverage and consequently, are far more likely to be uninsured (21% vs. 14%).

- Subgroups of Asian Americans and Pacific Islanders however, vary widely in their health coverage. Uninsured rates among first- and second-generation AAPIs range from a low of 13% among Japanese to 34% among Koreans. The variation is a function of the proportion in an AAPI subgroup who are self-employed or have low family incomes.

- Medicaid coverage for most Asian American and Pacific Islander subgroups is well below that of whites, despite their higher rates of poverty.

- Uninsured Asian American/Pacific Islander subgroups are all less likely than uninsured whites not to have a regular source of care. Having insurance helps to eliminate this disparity; there are no differences in the proportion without a usual source of care between privately insured Asian Americans and Pacific Islanders and whites. Insurance however does not completely eliminate the differences between AAPIs and whites in whether a physician visit has occurred in the past year or two.

Key Findings for American Indian and Alaskan Natives

- The Indian Health Services (IHS) was established to provide health care directly to all members of federally recognized tribes, however because these services are predominantly available through reservations only 20% of American Indians and Alaska Natives reported having access to the IHS in 1997.

- The geographic dispersion of the 2.4 million Native Americans is a challenge for the IHS since as many as 70% of Native Americans live in urban areas or do not reside on a tribal reservation. To obtain IHS care, an individual has to travel to his or her home reservation.

- About half of Native Americans have employer-sponsored insurance. Medicaid is an important safety net for this population since half of nonelderly Native Americans have family incomes below 200% of the federal poverty level. However, a quarter of poor and near poor Native Americans are uninsured.

- More than a third of uninsured Native Americans report that they do not have a usual source of care, more than three times the population of those with insurance. Although Native Americans who are covered only through the IHS are more likely than other Native Americans to have a usual source of care, they are less likely than other Native Americans with insurance (public or private) to have seen a physician in the past year or two.

This report, along with individual fact sheets on health insurance coverage and access for each of these minority populations are available on the Kaiser Family Foundation website at www.kff.org/kcmu or through the website of the UCLA Center for Health Policy Research at www.healthpolicy.ucla.edu. Printed copies of the fact sheets and the report are available by calling the Foundation's publications request line at (800) 656-4533.

The Kaiser Family Foundation, based in Menlo Park, California, is a non-profit, independent national health care philanthropy and is not associated with Kaiser Permanente or Kaiser Industries.

The UCLA Center for Health Policy Research conducts research on important policy-related health issues and provides data and analysis as a public service to policy makers and community organizations. The authors can be reached through the Center at (310) 794-0909.

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