

Health Coverage in Latino Communities: What's the problem and what can you do about it?

December 2002

Latino communities across the U.S. face inequalities in health coverage, provider access, and overall health status. Uninsured adults are less likely to receive preventive care, screening services, and appropriate acute or chronic disease management, and they are more likely to have poorer overall health compared to insured individuals.¹ Lack of health insurance often forces people to put off getting needed medical care because they cannot afford the out-of-pocket costs of health services. These problems disproportionately affect Hispanic or Latino Americans, who make up about 13 percent of the population but who represent more than 30 percent of the uninsured.²

THE PROBLEM

Disparities in Coverage

Despite the decline in the number of uninsured Americans that began in 1999, significant disparities in health coverage among different ethnic groups persist. Recent Census data show that the number of uninsured Americans has started to rise again, and communities of color continue to be disproportionately affected by a lack of health insurance. Hispanics have the highest rate of uninsurance among all ethnic groups: Thirty-three percent of Hispanics are uninsured. This is well above the national average of 15 percent and the percentage of uninsured non-Hispanic whites (10 percent). Twenty-four percent of Hispanic children have no health insurance.¹ Nearly half (46 percent) of Hispanics ages 18-64 were uninsured at some point in the last year, compared with 20 percent of white adults in the same age group.²

Percent without Insurance¹

Total Hispanic:	46%
Mexican:	49%
Central American:	55%
Puerto Rican:	35%

Disparities in Access

Health status and quality of care are compromised when people do not have access to a regular health care provider. Access to health care remains a problem for communities of color. Forty-five percent of Hispanics report having no regular doctor, compared with 25 percent of whites. Latinos are more likely than whites to use emergency rooms as their usual source of care and are less likely to report being very satisfied with their care over time. Not surprisingly, ethnic disparities in access among the uninsured are far greater than those among the insured. Only 31 percent of uninsured Latinos report having a regular doctor, compared to over 51 percent of uninsured whites. Among insured individuals, there is an 11 percent difference between the two groups.¹

Currently, Hispanics are a younger population and are less likely than the national average to report chronic disease. Hispanic adults age 50 and over, however, report chronic problems at rates

similar to those for all adults in this age group.² Approximately 10 percent of all Hispanics have Type 2 diabetes.³ Latino Americans also are significantly affected by HIV/AIDS; approximately 20 percent of the population living with AIDS is Hispanic.⁴

One obstacle to medical care for Latino families is the shortage of culturally appropriate services. Without language translation services or Spanish-speaking providers and staff, successful navigation of the health care system is difficult. But even when culturally appropriate services are available, the lack of health insurance plays a crucial role in both the low rates of access to quality health services and the worsening problems in the health status of the Hispanic community.

Working Families Can't Afford Coverage

Health insurance is expensive, and few of us could afford it by ourselves. If the cost were not paid in part by employers, most families would not be able to get coverage. Contrary to popular belief, most people who lack health insurance are in working families. In fact, more than 80 percent of uninsured adults and children live in working families. Unfortunately, workers employed by small firms, low-wage firms, or certain employment sectors are less likely to be offered coverage and, if they are offered coverage, it is often unaffordable. Forty-three percent of Hispanics have employment-based coverage, compared to 68 percent of non-Hispanic whites. Interestingly, in the Hispanic community, there are lower rates of employment-based coverage than there are for whites, regardless of firm size. Whites who work in small firms are twice as likely to be offered health insurance as are Hispanics.¹

The high rate of uninsurance among certain groups of Latino Americans also reflects the lower use of public coverage. Mexican and Central Americans are more likely to be uninsured and are less likely to be enrolled in Medicaid (6 percent and 8 percent enrollment respectively). Puerto Ricans have the highest insurance rate among Latino Americans, and 20 percent of Puerto Ricans are covered by Medicaid.²

Hispanic Immigrants Are Even More Likely to Be Uninsured

Hispanic immigrants and their U.S.-born children make up two-thirds of the Hispanic population. The Welfare Reform Act of 1996 placed restrictions on immigrants' access to public programs. In every state except Wyoming, legal immigrants who lived in the U.S. before August 22, 1996 can get public coverage through Medicaid or the State Children's Health Insurance Program (SCHIP). However, those who entered on or after that date are not eligible for five years, and then other restrictions apply. Undocumented immigrants are barred from Medicaid in most states. These restrictions prevent a large number of recent Latino immigrants from obtaining health care through Medicaid or SCHIP. Compounding this problem, more than one-fifth (21 percent) of all uninsured children in the U.S. live in "mixed-citizenship" families. Although the children are citizens and eligible for coverage, their parents are non-citizens and erroneously fear that enrolling their children in public insurance programs will hurt their chances of becoming citizens. Even immigrants who *do* qualify are afraid to apply because they wrongly fear that receiving Medicaid will jeopardize their citizenship status. (See the Families USA fact sheet, *Immigrants' Eligibility for Medicaid and CHIP*.¹)

THE SOLUTION

Expanding Coverage

Expanding public health insurance programs like Medicaid would greatly help uninsured Latino families and the State Children's Health Insurance Program (SCHIP) opened the door for more children to obtain health insurance coverage. Now, children in most states are eligible for Medicaid or SCHIP if their family incomes are as high as twice the federal poverty level (\$36,200 for a family of four). Many states have liberalized Medicaid and/or SCHIP coverage for the parents or caretaker relatives of these children, but more states need to take advantage of the option to expand coverage to parents as well as to adults without children.

Clarifying the Myths about Eligibility

Federal funding for immigrants' health coverage is restricted by very complicated rules, which create confusion among Latino families about who can get Medicaid or SCHIP and who can't. Federal and state initiatives should be undertaken to clearly define eligibility criteria for immigrants. Only 22 states have opted to use their own funds to provide health coverage to immigrants in the absence of federal funding.

WHAT CAN YOU DO?

- ✓ Help spread the word!
- ✓ Educate yourself on the issue.
- ✓ Join a coalition working on the issue in your state.
- ✓ Write the members of your state legislature and your members of Congress.
- ✓ Register to vote... and vote!

For more information on expanding health insurance within communities of color, contact the Field Department at Families USA at 1-800-593-5041

¹ Institute of Medicine, *Care Without Coverage: Too Little, Too Late* (Washington: National Academy Press, 2001).

² Mills, R, *Health Insurance Coverage: 2001* (Washington: U.S. Census Bureau, September 2002). Tumlin, Karen C., Wendy Zimmerman, and Jason Ost, *State Snapshots of Public Benefits for Immigrants: A Supplemental Report to "Patchwork Policies"* (Washington: The Urban Institute, August 1999).

³ Ibid.

⁴ Doty, M., Ives, B. *Quality of Health Care for Hispanic Americans: Findings from the Commonwealth Fund 2001 Health Care Quality Survey* (New York: The Commonwealth Fund, March 2002).

⁵ Ibid.

⁶ Hargraves, J. *Tracking Report: The Insurance Gap and Minority Health Care, 1997-2001* (Washington: Center for Studying Health System Change, June 2002).

⁷ Doty, M., Ives, B., op. cit.

⁸ National Diabetes Information Clearinghouse: (<http://www.niddk.nih.gov/health/diabetes/pubs/hispan/hispan.htm>).

⁹ Centers for Disease Control and Prevention (<http://www.cdc.gov/hiv/pubs/facts/hispanic.htm>).

¹⁰ Institute of Medicine, *Coverage Matters: Insurance and Health Care* (Washington: National Academy Press, 2001).

¹¹ Doty, M., Ives, B., op. cit.

¹² Families USA, *Immigrants' Eligibility for Medicaid and CHIP* (Washington, Families USA, February 2001).