



Improving Health Coverage and Access for Latinos

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Latino communities across the U.S. continue to face inequalities in health coverage, provider access, and overall health status. Uninsured Latino children and adults are less likely to receive preventive care, screening services, and appropriate acute or chronic disease management, and they are more likely than insured individuals to have poorer overall health. In 1998, the federal government made eliminating racial and ethnic disparities in health a national priority. However, despite the increased attention that is now being paid to the problem of health disparities, Latinos continue to lag substantially behind their white peers on measures ranging from provider access to health status.

THE PROBLEM

Disparities in Coverage: The Source of the Problem

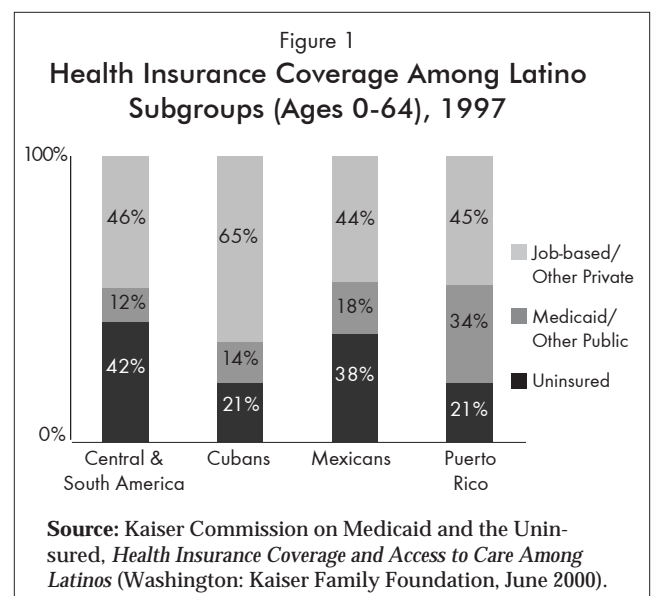
In 2004, one out of every three Latinos went without health insurance for the entire year. What's more, Latinos, who make up only 14 percent of the U.S. population, represent nearly 30 percent of the nation's uninsured. And the problem continues to get worse: The number of uninsured Latino men and women in the country increased from 10.8 million in 2000 to 13.7 million in 2004.¹ Even within the broader Latino community, there are disparities between individual ethnic subgroups. Central Americans, South Americans, and Mexicans, for instance, are notably less likely to have insurance than Puerto Ricans and Cubans (see Figure 1).²

Disparities in Access: Too Little, Too Late

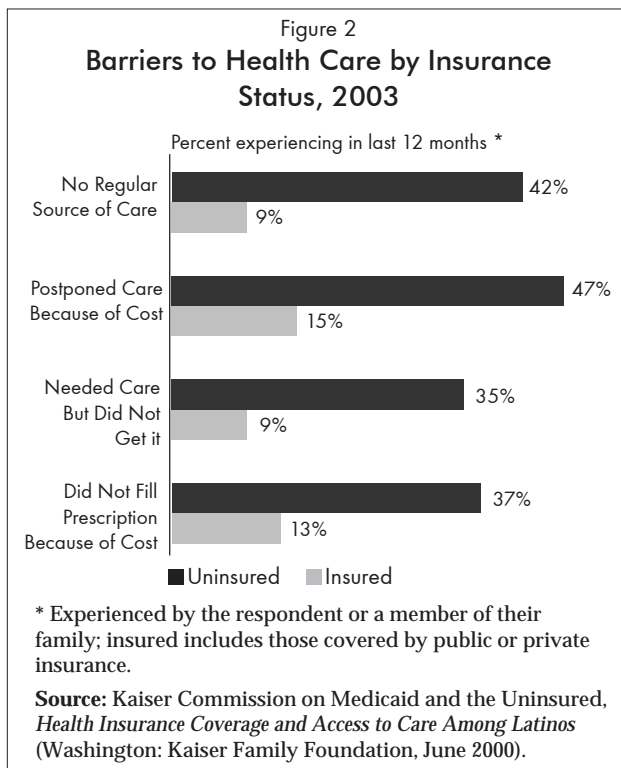
Health status and quality of care are compromised when people do not have access to a regular health care provider. Lack of insurance is the most significant barrier to obtaining health care, but other access limitations affect the health of minority communities as well. Among

Latinos, 45 percent report having no regular doctor, compared to 24 percent of whites.³ Latinos are more likely to use the emergency room as their usual source of care and are less likely to report being very satisfied with their care over time.

Not surprisingly, racial disparities in access are just as striking among the uninsured population. Only 34 percent of uninsured Latinos report having a regular doctor, compared to more than 50 percent of uninsured whites.⁴



Even when compared to groups with similar incomes, Latinos are disproportionately less likely to have visited a doctor in the past year. For example, Latinos with incomes of less than 100 percent of poverty (\$16,090 for a family of three in 2005) are nearly 70 percent as likely not to have had a health care visit in the previous year as other racial and ethnic groups with the same income.⁵



Having regular, affordable access to health care services is essential to maintaining good health. Conversely, not having access to regular health care can lead to poor health. For example, one out of four Latino men who reported being in fair or poor health had not visited a physician during the preceding year, compared to one out of seven white men.⁶ This disparity in access is likely responsible for many of the health disparities that exist between Latinos and whites. For example, perhaps as a consequence of

lacking regular physician access, Latino men are less likely to get screened for prostate cancer and are at greater risk of having a more advanced stage of prostate cancer at the point of diagnosis than are white men. Similarly, Latinas are less likely to be screened for cervical and breast cancer than white and African-American women.⁷

Lacking health insurance is a significant barrier to obtaining medical services—a barrier that invariably leads to less care and worse health outcomes for many Latinos in the United States.

Latino Children: The Need for Expanded Coverage

Among all racial and ethnic minority groups, Latino children are the most likely to be uninsured. Latino children in the United States are uninsured at a staggering rate—in 2004, 21 percent of all Latino children under 18 went without insurance.⁸ The majority of these uninsured children actually qualify for public insurance, such as Medicaid or the State Children's Health Insurance Program (SCHIP), but enrollment barriers and a lack of effective outreach programs have left them behind.

Because they lack access to coverage, Latino children are disproportionately less likely to receive the health services they need. For example:

- Uninsured Latino children are twice as likely to lack a regular source of care as uninsured white children.
- Uninsured Latino children are significantly less likely to receive medical care than uninsured, non-Hispanic white children.⁹

And another likely result of not having adequate access to regular care is that Latino children are less likely than their white peers to be in very good or excellent health (74 percent versus 88 percent).¹⁰

The Price of Work: Why Many Working Families Can't Afford Coverage

Health insurance is becoming increasingly expensive, and few Americans can afford to pay for it on their own. Employment related insurance is still the main source of coverage for most Americans, although every year more employers are dropping or scaling back the coverage they offer. As employers stop offering coverage, more families become uninsured each year.

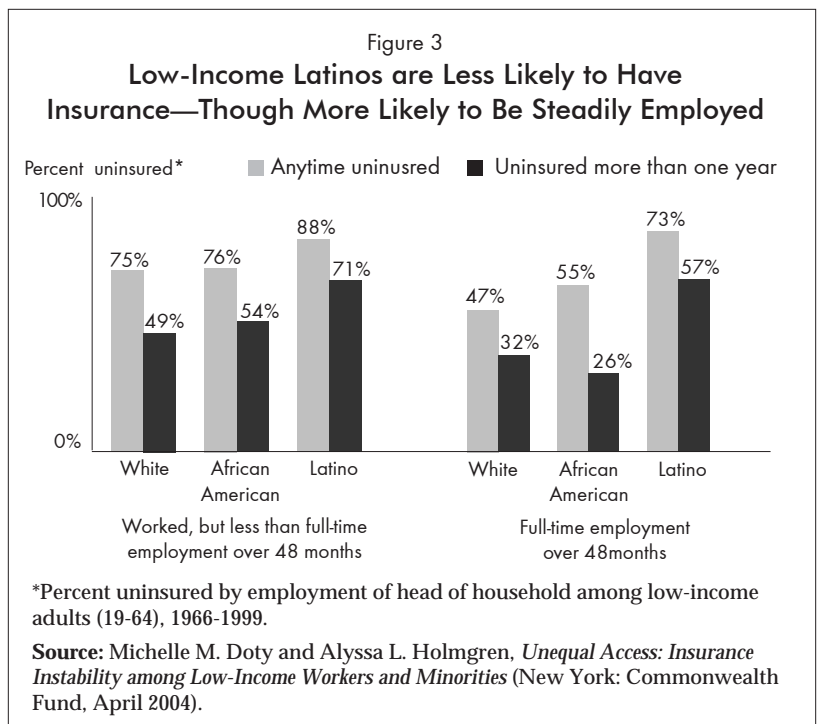
Contrary to popular belief, most people who lack health insurance actually belong to working families. In fact, just over 80 percent of uninsured adults and children live in families with at least one working family member.¹¹ Unfortunately, many Latinos work in small firms, low-wage firms, or certain employment sectors that are less likely to offer coverage. And even when these families are offered coverage, it is often unaffordable.

Young, working Latino families are disproportionately priced out of the insurance market. For example, among Latinos between ages 18 and 24 who worked full-time, more than 55 percent went without insurance coverage in 2004.¹² This is double the percentage for non-Latino whites in the same age group who worked full-time (27.6 percent). Moreover, there are lower rates of employment-based coverage among working Latinos regardless of firm size—whites who work in small firms are twice as likely as Latinos to be offered health insurance.¹³

Latino Immigrants: Living and Working without Coverage

As a group, foreign-born Latinos are more likely to report being uninsured than those born in the United State (42 percent versus 25 percent). Likewise, Latinos who reported speaking Spanish as their primary language were nearly twice as likely as their English-speaking counterparts to go without health insurance (47 percent versus 25 percent).¹⁴

It is important to recognize that foreign-born Latinos constitute only a small fraction of the overall uninsured population (18 percent in 2004). At the same time, however, close to half of all Latino immigrants went without health insurance last year.¹⁵ While Spanish-speaking Latinos are just as likely as whites to have at least one full-time worker in their family, they are more than twice as likely to have incomes below 200 percent of poverty (\$32,180 for a family of three in 2005) and three times more likely to go without insurance.¹⁶ What's more,



although many immigrant families work and pay taxes in the U.S., they are often excluded from public insurance programs and left with no options for affordable health care.

The children of Latino immigrants, particularly those children born outside the U.S., also experience disparities in access. While Latino children in citizen families are about as likely as white children to see a physician, non-citizen Latino children are less than half as likely as white children to visit the doctor (29 percent versus 71 percent).¹⁷

Compounding this problem, more than one-fifth of all uninsured children in the U.S. live in “mixed-citizenship” families.¹⁸ In such families, although the children are citizens and eligible for coverage, one or both of their parents are non-citizens, and they erroneously fear that enrolling their children in public insurance programs might jeopardize their own immigration status or their chances of becoming citizens.

THE SOLUTION

Expanding Public Programs to Improve the Health of Latinos

Racial and ethnic disparities in health will continue to exist as long as minorities lack health insurance coverage and are unable to obtain affordable health care services. Access to health coverage is an issue of critical importance to the Latino community because this community is disproportionately more likely to be uninsured.

Advocates, policymakers, and community leaders all have a stake in improving the health of Latino communities. Latinos are expected to constitute 25 percent of the entire U.S. population by 2050, so it is imperative to address the insurance crisis facing this underserved population now.

Medicaid and SCHIP have been remarkably effective at expanding coverage to low-income

Latino families and their children, but the programs face serious financial threats at both the state and federal level. By making it easier to qualify for and enroll in public health insurance programs, it is possible to make the U.S. health care system more accessible to Latinos and to help close the health disparities gap.

Improvements to public health programs must be coupled with increased access to job-based insurance. Because the vast majority of uninsured Latinos are members of working families, it is imperative that employers offer affordable health insurance to their workers. This is especially important in the service industries, where many Latinos find employment. Without affordable access to coverage, the problem of health disparities in the Latino population will continue to worsen.

Endnotes

¹ Estimate based on the Census Bureau's March 2005 Current Population Survey, *Current Population Survey: Annual Social and Economic Supplements*, available online at <http://pubdb3.census.gov/macro/032005/health/toc.htm>, accessed on November 22, 2005.

² Kaiser Commission on Medicaid and the Uninsured, *Key Facts: Health Insurance Coverage and Access to Care Among Latinos* (Washington: Kaiser Family Foundation, June 2000).

³ J. Lee Hargraves, *Trends in Health Insurance Coverage and Access Among Black, Latino and White Americans, 2001-2003* (Washington: Center for Studying Health System Change, October 2004).

⁴ Ibid.

⁵ Marsha Lillie-Blanton, Osula Evadne Rushing, and Sonia Ruiz, *Key Facts: Race, Ethnicity & Medical Care, Update June 2003* (Menlo Park, CA: Kaiser Family Foundation, 2003), available online at <http://www.kff.org/minorityhealth/upload/Key-Facts-Race-Ethnicity-Medical-Care-Chartbook.pdf>.

⁶ E. Richard Brown, Victoria D. Ojeda, Roberta Wyn, et al., *Racial and Ethnic Disparities in Access to Health Insurance and Health Care* (Los Angeles: UCLA Center for Health Policy Research and Kaiser Family Foundation, April 2000), available online at <http://www.kff.org/uninsured/1525-index.cfm>.

⁷ Marsha Lillie-Blanton et al., *Key Facts: Race, Ethnicity & Medical Care, Update June 2003*, op. cit.

⁸ Estimate based on the Census Bureau's March 2005 Current Population Survey, op. cit.

⁹ Findings cited here were adapted from an analysis of the 2003 National Survey of Children's Health, as reported in *Going Without: America's Uninsured Children* (Washington: Robert Wood Johnson Foundation, August 2005).

¹⁰ Federal Interagency Forum on Child and Family Statistics, *America's Children: Key National Indicators of Well-Being* (Washington: U.S. Government Printing Office, 2005), available online at <http://www.childstats.gov/americaschildren/index.asp>.

¹¹ Kaiser Commission on Medicaid and the Uninsured, *The Uninsured: A Primer, Key Facts About Americans Without Health Insurance* (Washington: Kaiser Family Foundation, December 2003).

¹² Estimate based on the Census Bureau's March 2005 Current Population Survey, op. cit.

¹³ Institute of Medicine, *Care Without Coverage: Too Little, Too Late* (Washington: National Academy Press, 2001).

¹⁴ Kaiser Family Foundation and Pew Hispanic Center, *Health Care Experiences – 2002 National Survey of Latinos Survey Brief* (Washington: Kaiser Family Foundation and Pew Hispanic Center, March 2004), available online at <http://www.kff.org/kaiserpolls/7055.cfm>.

¹⁵ Estimate based on the Census Bureau's March 2005 Current Population Survey, op. cit.

¹⁶ Michelle M. Doty, *Hispanic Patients' Double Burden: Lack of Health Insurance and Limited English* (New York: The Commonwealth Fund, February 2003).

¹⁷ Leighton Ku and Timothy Waidmann, *How Race/Ethnicity, Immigration Status and Language Affect Health Insurance Coverage, Access to Care and Quality of Care Among the Low-Income Population* (Washington: Kaiser Commission on Medicaid and the Uninsured, August 2003).

¹⁸ Michael E. Fix and Wendy Zimmerman, *All Under One Roof: Mixed-Status Families in an Era of Reform* (Washington: Urban Institute, October 1999).

For more information on Families USA's Minority Health Initiatives,
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