

QUESTION 5: What are the main reasons behind high levels of uninsurance among Latinos?

ANSWER:

Latinos¹ are less likely to work for an employer that offers health insurance, and public health coverage is not available to everyone who needs it. In addition, linguistic and cultural barriers hinder some Latinos' capacity to access all types of coverage.

THE EMPLOYER-SPONSORED INSURANCE (ESI) OFFER GAP

Hispanics are less likely than non-Hispanic Whites to be employed by firms that offer health insurance.

- Hispanics are just as likely to work as non-Hispanics, but they are less likely to receive health coverage through their jobs.² In 2007, only 40.3% of all Hispanics—including workers and their dependents—had workplace coverage, compared to 65.6% of non-Hispanic Whites, 61.3% of Asians, and 49.5% of non-Hispanic Blacks.³
- One study found that in 2005, 64.9% of Hispanics worked for an employer that offered ESI, compared to 85.9% of non-Hispanic Black and 87.7% of non-Hispanic White workers.⁴ Yet when employers did offer ESI, Hispanic workers were as likely as non-Hispanic workers to be eligible for the benefit and took up coverage at similar rates⁵ (see Table 1).
- Hispanic workers have been disproportionately affected by recent declines in employer sponsorship. Between 2001 and 2005, the percentage of workers whose employers offered ESI dropped by 2.3%. The decline for Hispanic workers (4.4%) was more than twice the decline for White (1.8%) and Black (1.2%) workers, a statistically significant difference.⁶

RESTRICTIONS TO SAFETY-NET COVERAGE

Public health insurance programs are critical to Latinos, but not everyone who needs safety-net coverage is eligible to receive it.

- Public programs such as Medicaid and the Children's Health Insurance Program (CHIP) are designed to serve certain low-income populations (including children, pregnant women, and the disabled), but they are less likely to cover other individuals. For example, most Hispanics covered by Medicaid or CHIP—64.6% in 2007—are children under age 18.⁷
- Similarly, many Latino immigrants—including all undocumented and the majority of legal immigrants—are categorically ineligible for public coverage, regardless of family income levels.⁸ Although programs do cover some noncitizen legal immigrants, the vast majority of Hispanics (84.2%) covered by Medicaid or CHIP in 2007 were citizens (see Table 2).

LANGUAGE BARRIERS

Although most Latinos are English proficient, many face language barriers that make it difficult to enroll themselves or their families in health coverage.

- A recent study estimates that more than half (55.4%) of Spanish-dominant Latinos have no health coverage, compared to about one-quarter (23.3%) of English-dominant Latinos (see Figure 1).⁹ After adjusting for factors such as age, gender, and education level, researchers calculated that Spanish-dominant Latinos were actually about 3.5 times more likely than English-dominant Latinos to be uninsured.¹⁰
- A major reason for this disparity is the general lack of available language services. For instance, one study of parents who were applying for Medicaid for their eligible children found that 46% of Spanish-speaking parents did not complete the application process because materials were only available in English.¹¹

Table 1:

U.S. Workers' Employer-Sponsored Insurance Offer, Eligibility, Take-Up, and Coverage Rates by Race/Ethnicity, 2005				
	Employers offer ESI	Eligible for ESI when offered	Take up ESI when eligible	Covered by ESI
Non-Hispanic White	87.7%	93.6%	83.9%	82.8%
Non-Hispanic Black	85.9%	92.6%	82.8%	72.7%
Hispanic	64.9%	92.6%	78.7%	54.0%
Other Non-Hispanic	82.9%	93.7%	83.6%	76.5%

Source: Lisa Clemans-Cope and Bowen Garrett, *Changes in Employer-Sponsored Health Insurance Sponsorship, Eligibility, and Participation: 2001 to 2005* (Washington, DC: Kaiser Commission on Medicaid and the Uninsured, 2006), Table 12.

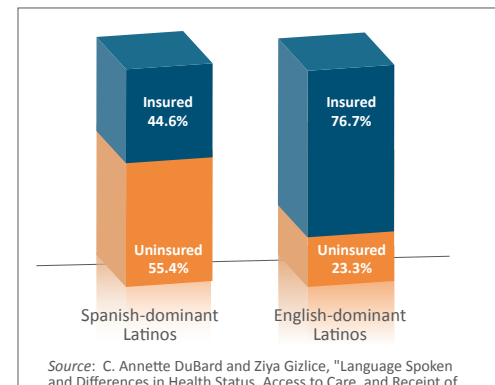
Table 2:

Hispanics Covered by Medicaid/CHIP, 2007		
	Number (in thousands)	Percent of population
U.S.-born citizens	8,104	78.3%
Naturalized citizens	612	5.9%
Noncitizens	1,632	15.8%
Total	10,348	100%

Source: NCLR calculation using data from U.S. Bureau of the Census, "2007 Annual Social and Economic Supplement," *Current Population Survey*. Conducted by the Bureau of the Census for the Bureau of Labor Statistics. Washington, DC, 2008, http://www.census.gov/hhes/www/cps/cps_table_creator.html (accessed February 2009).

Figure 1:

Estimated Insurance Status of Latinos Ages 18 and Over by Primary Language, 2003–2005



Source: C. Annette DuBard and Ziya Gizlice, "Language Spoken and Differences in Health Status, Access to Care, and Receipt of Preventive Services Among U.S. Hispanics," *American Journal of Public Health* 98, no. 11 (2008): 2021–2028.

Endnotes

¹ The terms “Hispanic” and “Latino” are used interchangeably by the U.S. Census Bureau and throughout this document to refer to persons of Mexican, Puerto Rican, Cuban, Central and South American, Dominican, Spanish, and other Hispanic descent; they may be of any race. Furthermore, unless otherwise noted, estimates in this document do not include the 3.9 million residents of Puerto Rico.

² In 2007, the Hispanic workforce participation rate was 68.8%, compared to 66.4% for non-Hispanic Whites and 63.7% for non-Hispanic Blacks. Among Hispanics, the foreign-born were even more likely to participate in the labor force (71.3%) than native citizens (66%). See U.S. Bureau of the Census, *Current Population Survey*, Table 3, “Employment status of the civilian noninstitutional population by age, sex, and race,” and Table 4, “Employment status of the Hispanic or Latino population by age and sex.” Conducted by the Bureau of the Census for the Bureau of Labor Statistics. Washington, DC, 2008. See also U.S. Department of Labor, “Foreign-Born Workers: Labor Force Characteristics in 2007,” Table 1, news release, March 26, 2008, <http://www.bls.gov/news.release/pdf/forbrn.pdf> (accessed December 2008).

³ NCLR calculation using data from U.S. Bureau of the Census, “2007 Annual Social and Economic Supplement,” *Current Population Survey*. Conducted by the Bureau of the Census for the Bureau of Labor Statistics. Washington, DC, 2008, http://www.census.gov/hhes/www/cpstc/cps_table_creator.html (accessed February 2009).

⁴ Lisa Clemons-Cope and Bowen Garrett, *Changes in Employer-Sponsored Health Insurance Sponsorship, Eligibility, and Participation: 2001 to 2005* (Washington, DC: Kaiser Commission on Medicaid and the Uninsured, 2006), Table 12.

⁵ Ibid.

⁶ Ibid.

⁷ NCLR calculation using data from U.S. Bureau of the Census, “2007 Annual Social and Economic Supplement.”

⁸ Although categorically ineligible immigrants do not qualify for full-scale Medicaid, they may be eligible for emergency Medicaid—which only covers treatment for the sudden onset of medical emergencies—if they are otherwise qualified for the program.

⁹ C. Annette DuBard and Ziya Gizlice, “Language Spoken and Differences in Health Status, Access to Care, and Receipt of Preventive Services Among U.S. Hispanics,” *American Journal of Public Health* 98, no. 11 (2008): 2021–2028.

¹⁰ Ibid.

¹¹ Kaiser Commission on Medicaid and the Uninsured, *Medicaid and Children: Overcoming Barriers to Enrollment, Findings from a National Survey* (Washington, DC: Kaiser Commission on Medicaid and the Uninsured, 2000), <http://www.kff.org/medicaid/upload/Medicaid-and-Children-Overcoming-Barriers-to-Enrollment-Report.pdf> (accessed February 2009).