



BARRIERS TO HEALTH COVERAGE FOR HISPANIC WORKERS: FOCUS GROUP FINDINGS

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PREFACE

By 2025, Hispanics are expected to comprise nearly one-fifth of the U.S. population, or 59 million people—up from 11 percent of the population, or 31 million people, today.¹ With Hispanics constituting an increasingly significant portion of the nation's workforce, their importance to the nation's economy will only grow as the baby boom generation begins to retire in 2010.

Despite the contributions of Hispanics to the nation's economic prosperity, they are more than twice as likely to lack health insurance as the U.S. population overall. Of the 42.6 million uninsured in the United States, one-quarter are Hispanic. Recent studies find that uninsured rates remain high among Hispanics even when income and work effort are taken into account.² Lack of coverage limits Hispanics' access to needed health care and leads many individuals to forgo care altogether. Sustaining the nation's economic momentum will depend, in part, on maintaining a healthy and productive workforce—a goal that demands sufficient access to high-quality, affordable health care.

In a health system dominated by employer-based coverage, Hispanics lack health insurance primarily because they work for employers that do not offer coverage or are in jobs not covered by their firm's health plan. To understand more fully the barriers to employer-based health insurance encountered by Hispanic workers, The Commonwealth Fund's Task Force on the Future of Health Insurance commissioned Lake Snell Perry & Associates to conduct a series of focus groups with low-income Hispanic adult workers.

Under the direction of Michael Perry, the eight focus groups explored insured and uninsured Hispanic workers' views about the value of health insurance as well as their experiences with job-related health benefits. Issues for discussion included awareness or perceptions of available health coverage options, experiences with health insurance or the health care system, expectations of obtaining free or low-cost care when needed, and level of trust in government-sponsored programs.

The focus groups revealed that Hispanic workers want comprehensive health insurance, but employers either do not offer coverage or offer it at a cost too high relative to the benefits provided and the perceived need for medical care. Although health insurance is particularly important to workers with children, few are aware of the State Children's

¹ U.S. Bureau of the Census, *Statistical Abstract of the United States*, 1999 edition, p. 14.

² Kevin Quinn, *Working Without Benefits: The Health Insurance Crisis Confronting Hispanic Americans*, The Commonwealth Fund, March 2000.

Health Insurance Program or other low-cost health coverage for which their children might be eligible.

Hispanic workers, regardless of their insurance status, do not have strong preferences about whether health coverage is provided through an employer or through a government program or community health plan. Their main concern is that the options include a high-quality, affordable plan—one that does not require them to answer intrusive questions, particularly about their immigration status. Without coverage, many Hispanic workers rely on physicians who are willing to discount their services or accept payment in installments. These uninsured workers are prepared to take their chances that they will not need more expensive or specialized medical care, though a number of focus group participants described the difficulties they have had trying to pay off large medical debts. Others told of delaying care as long as possible, relying on home remedies, and, in some cases, returning to their native country to get inexpensive or free medical treatment.

We hope the voices of those who took part in the focus groups will help stimulate ideas for improving access to health insurance and high-quality medical care for Hispanic workers and their families. Efforts to make comprehensive health coverage more affordable for all low-income workers, not just Hispanics, are vital to our nation's health and economic well-being. The Task Force on the Future of Health Insurance is committed to shaping a health insurance system that meets the needs of every member of America's workforce.

Special thanks goes to Michael Perry and his staff from Lake Snell Perry & Associates for coordinating the focus groups; to Claudia Schur of Project HOPE for serving as project director; to Fernando Guerra, director of the San Antonio Metropolitan Health District, for his assistance with the San Antonio focus groups; and to Lisa Duchon and Erin Strumpf of The Commonwealth Fund for their guidance on the project and report. We also extend our deep appreciation to the 81 individuals who agreed to participate in the focus groups and share their beliefs and experiences with us.

James J. Mongan, M.D.
Chair

Cathy Schoen
Executive Director

EXECUTIVE SUMMARY

This study explores the importance of health insurance in the lives of Hispanic workers and the obstacles they must overcome when seeking coverage. It is based on eight focus groups with 81 low- and moderate-income Hispanic workers (households with incomes of \$35,000 or less), 22 of whom were insured and 59 of whom were uninsured. The focus groups were convened from March 28 to April 10, 2000.

Table 1. Focus Group Details

Location	Date	Participants	Language
Chicago	3/28/00	Uninsured Puerto Rican Workers	English
	3/28/00	Uninsured Puerto Rican Workers	Spanish
San Antonio	4/3/00	Uninsured Mexican Workers	Spanish
Frio County, TX (rural)	4/4/00	Uninsured Mexican Workers	Spanish
Los Angeles	4/5/00	Insured Mexican Workers	Spanish
Riverside County, CA (rural)	4/6/00	Uninsured Mexican Workers	Spanish
New York	4/10/00	Insured Dominican Workers	English
	4/10/00	Uninsured Dominican Workers	Spanish

Key Findings

Relative Importance of Health Insurance

- Hispanic workers want affordable health care coverage. Uninsured focus group participants said they feel vulnerable without health coverage and worry about keeping their uninsured children healthy.
- Meeting basic needs is the first priority. Uninsured participants explained that they are struggling financially—even though some hold two or more jobs—and must keep their living expenses to a minimum. Buying health coverage takes a back seat to other basic expenses, such as food and rent.
- Securing a job, with or without health coverage, is the first priority when seeking employment. Only a few of the uninsured said they asked about health coverage when applying for their current job. More important to them at the time was actually getting the job and finding out about the salary. Also, because many uninsured

participants found their job through friends, they knew up front that the employer did not offer health insurance.

- Insured workers give higher priority to health coverage. Insured focus group participants stood apart from their uninsured counterparts in that they placed a high priority on health insurance in their job search. Many of these participants said they were looking for a job with health coverage, and most asked about coverage before taking the job. Only a few insured participants would leave their current job for one that does not offer health insurance.
- Perceived or actual need for health services may be an important motivator for obtaining health insurance. Those who seemed to value coverage most were the ones who perceived a greater need for health care—that is, they thought they may need to use medical services in the near future.
- Workers who have paid large medical bills out-of-pocket—or have chronic health care needs—value health insurance. Participants who have previously incurred large medical expenses understand the benefit of having health coverage to pay those bills. They also worry about contracting a serious illness or developing a chronic condition in the future. Uninsured participants who have not faced large medical bills do not associate serious health conditions with health coverage.
- Those with children place a high value on coverage. Both uninsured and insured participants said they feel that health coverage is important because of their young children. While these parents are willing to go without insurance for themselves, they worry about keeping their uninsured children healthy.

Barriers to Coverage

- Many employers do not offer health coverage, or offer it only to certain employees. Many uninsured participants said they work for companies that do not offer health insurance—often small firms with fewer than 50, and frequently fewer than 10, employees. Others had been informed that they are ineligible for the company health plan, which is sometimes available only to management or full-time workers.
- Some are influenced by past negative experiences with health coverage. A number of uninsured participants were not satisfied with their previous coverage, which they said did not cover enough health services and was too expensive.

- Low-wage jobs and temporary work do not usually come with health benefits. Participants noted that Hispanics are often able to obtain only low-wage jobs, which typically do not offer health coverage. Others mentioned that some Hispanic workers have a “temporary mindset”: because they plan to stay and work in the United States for only a short time, they consider health insurance unnecessary. Such reasoning leads these individuals to take seasonal jobs which, again, are unlikely to have health benefits.
- Some Hispanic workers do not perceive a pressing need for health coverage. A number of young and healthy uninsured participants questioned the value of health coverage at this point in their lives, since they are rarely ill and almost never go to the doctor. Some think about coverage only in terms of routine medical care—for example, treating the flu—and not for more serious, and potentially more expensive, medical needs.
- Language barriers pose a problem. Many participants said that materials and other information about health insurance options are not in Spanish. They feel they may be missing opportunities for coverage because of language barriers. They also want more access to Spanish-speaking physicians and other health care providers.
- Immigration concerns weigh heavy in decisions to participate in health plans. A few participants reported they are worried about signing up for their employer’s health plan because of the risk of questions about their immigration status. Immigration concerns prevent some uninsured Hispanics from enrolling themselves or family members in government programs like Medicaid and the State Children’s Health Insurance Program (CHIP).

Health Care Experiences

- Most uninsured participants said they go to low-cost or free health clinics, or see doctors who charge reduced fees or allow them to pay in installments. A few reported going to a hospital emergency room to receive care for illnesses they cannot cure at home, while a few others said they return to their home country to obtain free or inexpensive treatment. Most participants, however, said that they use over-the-counter medications and home remedies as their first line of defense. Few reported receiving any preventive health services, which they believe would be one of the advantages of having insurance.

- Some participants complained of receiving poor treatment because they are uninsured. When they do visit a clinic or doctor's office, uninsured participants said they are made to wait longer, are rushed through their visits, and are treated in an impersonal manner because of their low income and lack of health coverage.
- The insured have more health care options and are more satisfied. Overall, insured participants seemed more satisfied with their health care, mainly because they have a choice of where and when to get health services and are more likely to have a regular doctor. Their complaints are similar to the uninsured's, however, with respect to long waits, rushed appointments, and impersonal treatment. This suggests larger problems with the health care system.

Health Coverage Preferences

- The uninsured want low-cost, comprehensive coverage. Uninsured participants said they are willing to pay for health insurance as long as fees are reasonable and the coverage goes beyond basic care to include dental and vision care, prescription drugs, and other services. A number of participants said they would pay \$50 or more toward a monthly premium.
- Preferences for the source of health coverage—whether employers, the government, or the community—are mixed. Participants liked the idea of payroll deductions in the existing employer-based insurance model, but they did not want their coverage tied to keeping their job. For this reason, some preferred government-sponsored insurance, since people could retain their coverage even if they become unemployed. There was concern, however, that the government would probe into Hispanic workers' immigration status. While participants were unclear about how community-sponsored coverage would work, they found this option appealing because it suggests greater local control and sensitivity to the health needs of Hispanics.
- Many are unfamiliar with, but interested in, CHIP. Few focus group participants knew very much about the CHIP program in their state, although many said they have seen or heard advertisements for it. Since insuring their children is a priority, participants were interested in learning more about the program.

Policy Recommendations

1. Identify more affordable and comprehensive coverage options. Participants suggested that if deductibles and copayments were lower and health plans offered sliding-scale premiums, they would be more willing to purchase coverage offered by their employers. No one expects their coverage to be free; workers simply want more affordable coverage that reflects their limited financial means. They also want coverage that includes dental, vision, prescription, and other benefits.

2. Make it viable for small employers to offer, and contribute to, health coverage for their workers. Small employers are often struggling to meet expenses and cannot always afford to provide coverage and share costs with employees. Yet these are the kinds of employers that hire Hispanic workers. Smaller companies, and industries with high numbers of uninsured Hispanic workers, could be targeted for incentives to encourage them to offer employees health coverage and contribute to premium costs.

3. Have all health care materials translated into Spanish. While Spanish-language materials are more available than before, too much information is still not translated, according to participants. This includes information about plans, available doctors, coverage, and programs like CHIP and Medicaid. More widely available Spanish-language materials could also make it easier for Hispanic families to locate Hispanic or Spanish-speaking doctors.

4. Target low- and moderate-income Hispanic working families with information about public programs for which they might qualify. Participants' interest in CHIP suggests a ready audience for information about this and other public programs.

5. Address immigration concerns. Some participants said they want assurances that signing up for their employer's coverage, or for government programs like CHIP, will not have a negative impact on their immigration status. They fear being asked questions about themselves and their families when applying for insurance.

6. Cover the entire family, not just workers and not just children. When they think about health coverage, participants reported, they have their whole family in mind. They do not like that so many of their coverage options let them cover only some family members. CHIP and Medicaid, and even private insurance, should make it easier for entire families to enroll.

7. Create more low-cost health care choices for the uninsured. The uninsured rely on the health care safety net, including doctors and clinics that charge discounted fees and allow payment in installments. As long as affordable and comprehensive coverage remains elusive for many Hispanic workers, they are likely to benefit from additional options for obtaining low-cost health services.

I. INTRODUCTION

The Commonwealth Fund sponsored this study of Hispanic workers to learn more about the challenges they face in obtaining health insurance coverage. Relatively high numbers of low- and moderate-income Hispanic workers are uninsured, compared with other groups of workers. Since most people under age 65 in the United States obtain their health coverage through an employer—and the employer-based system is likely to remain the primary means through which people obtain coverage for the foreseeable future—it is important to understand why this system does not work as well for Hispanic workers.

In addition to health insurance barriers, the study explores the importance of insurance in the lives of low- and moderate-income workers, the degree to which being uninsured reflects individual choices and preferences, and employers' role in providing health coverage to their workers. By including insured Hispanic workers as well, the study is also able to provide insight into how these individuals overcame obstacles in securing coverage.

About the Study

For this study, eight focus groups with low- and moderate-income Hispanics were held from March 28 to April 10, 2000. Six focus groups were conducted in Chicago, New York, Los Angeles, and San Antonio, while two were held in more rural Frio County, Texas, and Riverside County, California. Six focus groups were held with uninsured Hispanic workers and two with Hispanic workers who had health insurance through their employers. Six groups were held in Spanish, two in English. Most participants had a household income of \$35,000 or less. Table 2 on page 3 provides details about the focus group participants.

While study participants were a diverse group, few recent immigrants were part of the sessions. Of the 48 participants not born in the United States, only five have been in this country for five years or less. Half the participants, however, have been in this country for more than 10 years. Consequently, this report may represent the views of more acculturated Hispanic workers and may not reflect the greater poverty and access problems facing new immigrants.

It should also be noted that distinctions based on national origin are not made in this report. Thus, for example, the views of Hispanic workers from Mexico are not compared with those of Hispanics from Puerto Rico. Such comparisons may be helpful, and some interesting differences did emerge, but the small number of participants in this study makes such comparisons unreliable.

Finally, it should be noted that the findings reported here are based on qualitative research, namely focus groups. Although focus groups can help identify trends and generate hypotheses for further research, they are not representative of how all Hispanic workers may feel about this topic. The quantitative portion of the study, conducted by Project HOPE, uses several national databases to investigate the sociodemographic and employment characteristics of Hispanic workers with and without health coverage, and the reasons for not having insurance. The focus groups complement these analyses by adding context and providing clues about which avenues to explore with the data. Findings from the quantitative study will be released separately.

Table 2. Participant Profile

		Total	Insured	Uninsured
Total Participants		81	22	59
Gender	Male	40	14	26
	Female	41	8	33
Origin	Mexican	39	10	29
	Puerto Rican	21	1	20
	Dominican	20	10	10
	Guatemalan	1	1	0
Marital Status	Married	55	16	39
	Single	12	3	9
	Divorced	6	0	6
	Living as Married	4	2	2
	Separated	3	0	3
	Widowed	1	1	0
Work Hours per Week	More Than 30 Hours	57	17	40
	Less Than 30 Hours	24	5	19
Employment Size	≤10 Employees	30	6	24
	11–50 Employees	21	8	13
	51–100 Employees	8	3	5
	>100 Employees	15	5	10
	Other/No Response	7	0	7
Pay per Week	<\$200	15	1	14
	\$200–\$400	30	11	19
	\$400–\$600	19	6	13
	>\$600	12	4	8
	Other/No Response	5	0	5
Born in the United States	Yes	33*	8	25
	No	48	14	34
Years in United States (if not born in United States) N=48	0–5 Years	5	0	5
	6–10 Years	16	3	13
	>10 Years	26	10	16
	Other/No Response	1	1	0
U.S. Citizen	Yes	49	16	33
	No	32	6	26
Type of Employment (most frequently mentioned)	Office/Secretarial	15	7	8
	Labor/Construction	15	3	12
	Restaurant/Food	7	1	6
	Health/Aide	7	1	6
	Other	37	10	27
Parenting Children Under 18	Yes	62	15	47
	No	19	7	12

* This includes all 21 Puerto Rican participants.

II. CONTEXT

To understand the barriers to health coverage that many low- and moderate-income Hispanic workers face, it is first useful to consider where health care concerns fit into their daily lives. Most of the focus group participants, particularly those with children, said that health care is important to them. But they talked of other pressing concerns, too. Paying bills, saving money, paying rent—these are the concerns that occupy them most and that drive the decisions they make for themselves and their families. In this context, most uninsured Hispanic workers in this study feel they must put off obtaining health coverage—or just do without it—until their financial or family situation changes.

A. Affordable Health Coverage Is the Goal

Obtaining health coverage is a goal shared by many of the uninsured focus group participants. They do not like being uninsured and worry about being able to afford medical services. Having uninsured young children makes these workers feel particularly vulnerable.

Most uninsured participants in the discussions seemed to realize the benefits of having health care coverage: access to a regular doctor, the ability to get affordable health services when sick, financial protection for serious or chronic health conditions. Many said they would prefer having health insurance for themselves and their families, and would be willing to make some sacrifices to obtain coverage. Nevertheless, the realities that low-income Hispanic workers face, as well as the shortcomings of the employer-based insurance system, prevent many from securing health coverage.

“We’re lucky to have our health, but you never know when something might happen. That’s why we want to have insurance.”

*Uninsured
Hispanic worker from
Riverside County*

B. Meeting Financial Needs Is the First Priority

Many focus group participants said they are stretched thin financially by the daily costs of living and raising a family. As an uninsured Hispanic worker from Los Angeles said, “Nowadays, things are very expensive and we don’t have enough money to cover all our expenses.” A Hispanic worker from Chicago added, “It seems like [the bills] just keep piling up. The harder you work, the harder it is to pay.”

Many participants explained how hard it is to get ahead financially. Despite working many hours—sometimes at two or more jobs—a number of workers said they are still barely making ends meet. As an uninsured participant from San Antonio related, “For those of us who come from Mexico, [in order for us] to work and live well, we have to work double in order to pay the rent. I have been living here for nine years, but I have been working eleven hours a day for three years in a restaurant.”

For many Hispanic workers, the desire for financial stability and economic advancement means that obtaining health insurance is not currently their primary focus. They feel they cannot survive on their salaries and also afford health coverage.

C. Getting the Job Comes First

Hispanic workers’ hopes for financial stability inform their approach to finding a job. Most say that when seeking a job, the first concern is *getting* the job, while their second concern is the salary. Most uninsured focus group participants admitted they did not ask their employers about health insurance when applying. As an uninsured worker from San Antonio said, “I was more interested in a job rather than the insurance.” Indeed, many of the uninsured participants said they did not discuss any benefits, whether vacation time or sick leave, with their future employers before taking the job.

When job-seeking, uninsured participants explained, wages—not benefits—are the initial concern. “I was probably more concerned about how much I was going to make [than about health insurance],” explained an uninsured worker from Chicago. “At that time, it wasn’t really one of the priorities about the job.” Other participants said they did not discuss benefits with their prospective employer because they learned about the opening from a friend. In fact, most Hispanic workers in this study found their current job through friends. Many participants said they already knew what their job’s benefits were, including health insurance, before they even applied. As one uninsured Hispanic worker from San Antonio put it:

I didn’t ask because the job I have, I have through a friend.
I knew that he was not paid any benefits. No insurance. If

“I like to work and I have to work. Pay nowadays is not good. Everything is going up for us in Pearsall and wages are low.”

*Uninsured
Hispanic worker from
Frio County*

“I needed the job, and just took it and wasn’t worried about asking [about insurance]. Now I wish I had it.”

*Uninsured
Hispanic worker
from New York*

it rained, they did not pay. Days off or holidays were not paid. So I knew ahead of time. That's why I didn't ask. I just wanted and needed to work.

A few participants noted also that many Hispanic workers are not used to the U.S. system of employer-based coverage and so would not think of negotiating with employers to get health coverage. These participants said that some Hispanics come from countries where the government, rather than employers, provides health insurance. Moreover, the coverage is automatic, not negotiated as a benefit of employment. One participant from Mexico said that in his home country "health insurance is required by law." Another remarked, "Here, insurance is optional—if you don't know to ask, you don't get it. But in Mexico, it's automatic." An uninsured worker from San Antonio explained further:

It's different from Mexico. In Mexico ... they give you your Social Security [Mexico's health program]. You go to the doctor and it doesn't cost you—your family is covered. And here they aren't. Here most companies offer optional insurance. So maybe one doesn't ask [about insurance] because one is not used to doing so.

According to the focus groups, some Hispanics mistakenly assume they have insurance when they get a job when, in fact, they do not. "People think that Social Security [in the United States] is the same as health insurance. Many people get confused: they think they have insurance if they are paying Social Security," said an uninsured worker from San Antonio. Participants suggested that when some workers complete the paperwork for their new jobs, or when they receive their paychecks and see various deductions, they may be assuming that they have health insurance. Only later do they realize they are still uninsured.

Since many of the uninsured Hispanic participants said they do not inquire about health coverage when job-seeking, focus group leaders asked whether employers ever raise the topic. The answer from most uninsured participants was *no*: employers never informed them about insurance coverage prior to starting the job nor told them that none was offered.

Uninsured participants were also asked if they would take a lower-paying job that offered a health plan over a higher-paying job that did not. Initially, most participants said they would not take the lower-paying job, reiterating their desire for a higher salary and the need to get ahead financially. But some participants did find this trade-off appealing, as long as there was only a modest drop in their salary. Said one uninsured participant from Riverside County, “In my case, if it was \$30 or \$40 [less] per week, I would take it. There is a saying, ‘better to have it and not need it than to need it and not have it.’ ”

D. Insured Hispanics Consider Health Coverage a Priority

Insured Hispanic workers in this study had a different experience when applying for their current jobs. Almost all said that they were informed up front by their employers about health coverage. For many of these workers, insurance was an important factor in their decision to take the job. “I did take the job because of the insurance,” explained an insured Hispanic worker from Los Angeles. Another person from the same focus group added, “I look for jobs that have insurance available.” A number of other insured participants said they also asked about insurance when applying.

Insured participants said that keeping their insurance would also be a factor if and when they change jobs. Most insured participants reported that they would leave a job with health benefits for a job without health benefits only if the new job paid enough to cover the cost of buying their own insurance.

This emphasis on obtaining and keeping health insurance stood in contrast to the views of uninsured Hispanic workers in the study. When looking for employment, insured focus group participants seemed to give a greater priority to health insurance coverage than uninsured participants.

E. Adults with Children Value Health Coverage

Study participants with children seemed to place a higher value on health coverage than those without children. Indeed, Hispanic workers who have insurance for their family said that having children—particularly younger children—motivated them to seek out and maintain their health coverage. As an insured worker from New York

said, “Personally, I rarely go to the doctor, but because of [my children] ... it became important to me. And actually I would have not taken the position had there not been health insurance.”

Hispanic workers with uninsured children said they would like to have health coverage for their children. As one uninsured participant in San Antonio put it, “I don’t [think insurance is unnecessary], because I have children and they can get sick at any moment.” These parents said that they worry about their children’s health. They fear that if their children become seriously ill or have an accident, they will not be able to afford their medical care.

For now, these parents pay for necessary health services for their uninsured children out-of-pocket—without skimping on care. Many said they are willing to go into debt or pay in installments in order to get their children the medical care they need. One parent from Chicago illustrated this willingness: “Now I have some money in the bank, so if something happens to my kids—okay, fine, I’ll blow it on my kids. But as for me, I’m a survivor.”

Even those uninsured Hispanic workers without children believe that they, too, would find health coverage to be more important if they had uninsured children. Said one participant from Chicago, “I guess if I were to have kids, [insurance] would be one of my concerns. But because I hardly ever go to the doctor, I don’t [worry about it].”

F. Those Who Have Incurred Large Medical Expenses or Have Chronic Health Care Needs Value Insurance

Participants who have had to pay large medical bills also were more likely to value health coverage highly. Many of these men and women said they view insurance as a cost-saving opportunity, in that it defrays the high cost of health services and precludes large medical bills in the future. An insured worker from New York explained: “I feel it’s necessary with the medical expenses today. You go to the dentist ... it costs a lot. A blood test costs you \$60 to \$80. It’s a lot, so you need insurance.” Another participant from the same focus group made a similar point:

“I suffered an accident in the army, and I have a pinched nerve. I can live with that, but with my seven-year-old child, it is not the same. He is more important.”

*Uninsured
Hispanic worker from
Riverside County*

Any doctor that you go to costs a lot. After my husband died, my son was having a lot of emotional problems coping with the situation. Thank goodness for the insurance; it covered the therapist. If I had to pay from my own pocket, it would be \$40 a week, which I couldn't afford.

It seems that insured and uninsured workers who have incurred large medical bills have learned a lesson from their experiences. One insured woman from Los Angeles explained, "[Insurance] is very important for me, especially since I had been without insurance for a while. During that time, I had a baby and my husband was not employed, and I still have a debt to pay due to my child's birth." Another insured participant from Los Angeles said, "I did take the job because of the insurance. This is because before, a visit to the hospital emergency room with my girl was \$800."

Concerns about chronic illness also appear to motivate some to want coverage more than others. An uninsured worker from Chicago made the following point: "In my family, there are a lot of diabetics. There are a lot of people with arthritis. And I come from that. I know I need insurance."

A few uninsured participants, however, did not agree with the notion that health insurance can save money. They saw only the deductions from their paychecks every week. One uninsured worker from Chicago told the following story:

This was the first job I ever had where you had to pay for your insurance. I never worked anywhere where I had to pay for insurance—it was always provided. And so ... when I started getting deductions, I went to my employer ... and they told me, 'You have to pay a portion of your insurance.' So after a couple of years I just said, 'Well, just drop it,' because I had been going to the doctor maybe once or twice, and I added it up and figured it was just cheaper to pay cash.

"You might have a period where [you think], 'I don't need it,' but you wake up. I had surgery done, and it cost almost \$15,000, and I had to pay out-of-pocket."

Insured Hispanic worker from New York

It seems clear that these participants were not thinking about serious medical conditions, or large medical bills. Rather, they were likely more concerned with the cost of regular check-ups or visits for routine illnesses such as the flu—conditions that could be treated with over-the-counter medications or with a single visit to a free or low-cost health clinic.

Yet those workers who have experience with serious medical conditions, chronic illnesses, or expensive medical services seem convinced that having health insurance will ultimately save them money. As an insured worker from New York stated, “I believe that it’s too expensive to be sick nowadays. Have you seen those bills for any kind of test they have? And because of my children ... I can’t imagine not having any insurance at all.”

III. BARRIERS TO HEALTH COVERAGE

Participants in this study told of many barriers to health insurance coverage for Hispanic workers. By far the greatest obstacle mentioned was cost. Most uninsured participants considered health insurance out of their reach, or not worth the price they would have to pay. Another major obstacle cited was that many employers simply do not offer coverage.

A. Cost of Coverage Relative to Other Needs

Uninsured participants agreed that the major reason they lack health coverage is the high cost of insurance. For those participants employed by firms not offering health benefits, insurance is just too expensive to afford individually. Even when coverage is offered, many who take it complain about the amount deducted from their paychecks, the deductibles, and the copayments. Said one insured participant from New York City:

I think I pay \$50 for myself, and then I have to pay a \$15 copayment every time I go to the doctor. I mean it's expensive just for myself. I don't go to the doctor that much, [so paying] \$50 a month, and then the copayments, is a lot.

"If [my employer] takes out \$60 to \$70 [for health insurance], I can't pay the rent."

*Uninsured
Hispanic worker from
San Antonio*

Most uninsured participants claimed they cannot afford these types of fees and still pay for life's necessities. "Here's my bottom line, you know. I look at how much I make a month ... and how much I pay on transportation and all of that and ... I don't go [to the doctor's office] that often," reasoned an uninsured participant from Chicago.

A few uninsured participants also believe that by doing without health insurance, they can send more money to family members living in their home country. Explained one uninsured Hispanic worker from Frio County, Texas, "I believe all [uninsured Hispanics] want to earn money, and they don't care [about insurance]. All they want is money for their families they have left behind."

B. Employer Does Not Offer Coverage or Employee Is Not Eligible

Another barrier that many uninsured participants cited is that their current employer does not offer them health coverage. “I did [ask about insurance] and they told me that they did not have any kind of coverage. Just like that and I was told right there—no coverage,” explained an uninsured worker from San Antonio. Many believe that health insurance is unavailable because they work for small companies—typically employing less than 50 workers and often less than 10—that cannot afford to pay for coverage for their employees. “Not until a large established company comes around [can you] get it. The small companies do not have [insurance],” reasoned an insured worker from Los Angeles.

“Where I work, everyone used to have [insurance] if you worked over 30 hours. But then they took that away.”

*Uninsured
Hispanic worker from
Frio County*

Other uninsured participants said that while their employer provides health coverage to some employees, they themselves are ineligible. Those who work less than full-time, for example, usually do not qualify for insurance. “They explained to me that the job did not entail health insurance because I wasn’t working forty hours,” reported an uninsured worker from Chicago. Some participants also said that their firm offers coverage only to management.

C. Negative Experiences with Previous Health Coverage

A number of uninsured focus group participants had previously been insured—through private insurance or Medicaid—but were not satisfied with the experience. Some participants complained, for example, about the high fees that insurance companies charge. As one of the participants from Chicago said, “Something else that really aggravates me about these insurance companies: You pay so much for insurance a week, a month, or whatever the case may be. Yet the deductible was so high on top of paying all that money—it’s outrageous.” A few participants resented that they must pay these fees even though they rarely see their doctor or seek medical care.

A few uninsured participants also said that their private insurance was confusing and overly complicated, and that their health plan was purposely vague about coverage. An uninsured worker from Chicago described the written materials provided by health plans this way:

If you want to read a manual, forget about it. It's a book. You might as well go to the library and get a novel. I think that there are too many little details involved with insurance. It's almost like they're trying to [confuse you]. And [all you really want to know] is what [services] do you provide? For what? And why don't you provide a dentist or eyeglasses and stuff like that?

Some uninsured workers who have had previous experience with Medicaid likewise harbored negative feelings toward that program. They said they disliked the paperwork, long waits, and rude treatment they received. Said one uninsured participant from Riverside County, "It's too much of a waste of time. You have to be there very early, and at times you don't even get to see anyone all day. It's not worth going through it all."

It was not clear if these negative experiences and perceptions of insurance would keep these participants from enrolling in insurance in the future. Nonetheless, it seems likely that uninsured Hispanic workers who hold these views are less motivated to obtain coverage.

D. Low-Wage and Temporary Jobs

During the focus group sessions, some participants said that many Hispanic workers lack insurance because of the types of jobs they tend to have. Hispanics, they said, take jobs that no one else wants. Two participants work as gravediggers, for example, while many others work in restaurants or at construction jobs, or clean houses. Such jobs usually pay low wages and do not include health insurance benefits. But as several in the focus groups explained, Hispanics take these jobs because they need them more than others. "We are the ones who need [these jobs] the most," asserted an uninsured worker from Riverside County. Another participant thought that employers exploit Hispanics' need for work:

Sometimes it is more convenient for the person in charge to hire a Mexican or Spanish-speaker. For example, in construction, a manager will turn down Americans for Mexicans, since he knows he can pay [them] less.

Many participants also believed that working Hispanics are often without health coverage because they have a “temporary mindset”—that is, they are in the United States only to earn money and return to their home country. This thinking, participants explained, leads many Hispanics to take seasonal work and temporary jobs, most of which lack health benefits. “My uncle is a manager at a strawberry field and all the Mexicans that work there are not offered insurance by their boss. They are temporary—seasonal workers,” commented an insured Hispanic worker from Los Angeles.

“I was not planning on getting sick here.”

*Uninsured
Hispanic worker from
Riverside County*

Some Hispanic workers said they generally do not worry about health coverage, since they can obtain health services when they return to their home country. Of course, not all Hispanic workers who intend to go back to their country of origin actually do so, and some return only after many years.

E. Perception That Coverage Is Not Needed Now

For the most part, uninsured focus group participants had a fairly sophisticated understanding of insurance and valued it highly. Many knew that the purpose of making monthly payments for insurance was to provide access to health services when needed. Many also understood copayments, deductibles, premiums, and coverage issues. When they turned down health coverage from their employer, most did so because they felt the fees were too high or the coverage was not worth the high cost. Most, in fact, wanted coverage—it was just too expensive for them at the moment.

“Well, I think that we really don’t pay much attention to our health until something really goes wrong.”

*Uninsured
Hispanic worker from
Riverside County*

A few uninsured participants, however, may have turned down coverage because they were young and healthy. They felt they did not use health services enough to justify the costs. “When you are young, you feel like you are going to live forever, you never get sick,” commented an insured participant from New York. These participants tended to be in their 20s and 30s and had apparently not suffered any serious illness or health crisis for which insurance would be most useful. Some of these younger workers said they believe it is simply cheaper to pay out-of-pocket for the few times they see a doctor rather than pay for insurance each month out of their paychecks.

F. Reliance on Alternatives to Health Coverage

Some uninsured focus group participants said they believe there are ways to “get around insurance.” An uninsured worker from San Antonio said, “We go [to clinics] since we don’t have the resources; we look for the cheapest way.” Others go to the doctors they used to see when they had insurance and pay in installments or at reduced rates. When urgent care is needed, some of the workers said they go to the emergency room of a local hospital. Indeed, more than a few participants in the groups acknowledged they were currently paying off expensive emergency room bills. Some said that if they need more serious medical care, they can go back to their home country to obtain it for free or at low cost.

Having these alternative sources of health care made a few focus group participants feel they can do without health insurance for now. One participant from San Antonio explained it this way: “I’d say it would be better for me if I were paid more [instead of getting insurance and being paid less] because there is a lot of help here. There are a lot of clinics and you don’t have to pay a lot.”

Another common practice cited by uninsured workers was to use home remedies and over-the-counter medicines to treat and prevent illnesses. Some participants said that they were given home remedies as children and taught to take care of health problems at home before seeking out a doctor. Said one worker from Chicago:

I didn’t bother to ask [about insurance coverage] because I knew it was going to be a lot of money. From the time we were little, it was like, “Don’t get sick! Don’t get sick!” If I had an ear infection, my mom would start looking in there and so on. That’s the way it was.

Hispanic workers in the focus groups noted that theirs is not a culture of “running to the doctor’s office” every time someone is ill. Participants described a purposeful avoidance of the health system—both in the United States and in their home country—and a reliance on self-made remedies for treating many illnesses. An uninsured adult from New York detailed the remedies used in his family: “Aloe with honey, lemon, and chopped onion is very good. I also take a root

“I’ve been to a clinic where the doctor asked me to make installments in payments for treatments and she would give me the medicine for free. That is something very rare.”

*Uninsured
Hispanic worker from
Riverside County*

called 'kinairivago'—it is a powder that they send me from Santo Domingo." A participant from Frio County, meanwhile, fights illness by taking cinnamon, chamomile tea, and "pills."

G. Language Barriers

For some uninsured focus group participants, language has been a barrier to learning more about health care and their insurance choices. These participants said they do not feel fully informed of all of their options for coverage, particularly those whose employer does not offer health benefits. "Those are issues you can't understand when you aren't fluent in English," explained an uninsured worker from San Antonio. Employers, as well as government programs like Medicaid, do not provide enough information about health coverage in Spanish, according to a number of participants.

Some workers said that language barriers also prevent them from accessing health services. Rather than trying to communicate with a physician in English, some participants with limited English choose not to see one at all. Commented one participant from Riverside County, "When [doctors] speak Spanish, you have the confidence to tell them your problems. That's why some people don't even want to see [English-speaking] doctors."

While some participants acknowledged that some health materials are available in Spanish, they felt that more needs to be done to help Hispanics learn about their health coverage options.

H. Immigration Concerns

Another major barrier to health insurance coverage mentioned by some uninsured participants was concern over immigration status. They feared that signing up for insurance might create problems with immigration officials. "You would be constantly scared thinking that immigration was going to come after you if you provided [your employer with] information," said an uninsured participant from Frio County. For this reason, some uninsured Hispanic workers chose not to enroll in their employer's health plan.

Fear of detection may also be a reason why some uninsured Hispanic workers avoid using health services. "If you are undocumented and

"It's hard to communicate with the doctor and nurses ... how to ask for things and make them understand you."

*Uninsured
Hispanic worker from
Riverside County*

you go to a clinic, you have fear. You fear because you don't know what they can tell about you," said an uninsured worker from Riverside County.

Finally, some participants felt that employers take advantage of undocumented workers. Some employers do not offer coverage, they said, because they know that workers without green cards do not want to draw attention to themselves by complaining. As an uninsured worker from Riverside County explained, "Many of the jobs we do have undocumented people working in them, and those companies usually don't offer the insurance. And they know that employees like this cannot file a complaint against the company. So we know this and remain quiet to keep working."

IV. HEALTH CARE EXPERIENCES

When uninsured and insured focus group participants discussed their use of health services, many differences and some similarities emerged. The biggest difference was the degree to which *cost* drives the decisions uninsured participants make about where and when to obtain services. Insured participants, on the other hand, seemed to have more choices about where they receive care and appear more satisfied with the care they receive. Both uninsured and insured participants, however, experienced some of the same problems getting medical treatment and offered similar criticisms of the health care system.

A. Where and How the Uninsured Get Care

Uninsured participants said that cost, not quality of care or convenience, dictates where they go for health care services. For this reason, they seek out free or low-cost health clinics, or doctors who will charge them reduced fees or accept payment in installments. Some participants reported they go to hospital emergency rooms—though usually as a last resort only, since they can be so expensive. A few uninsured participants said they go back to their home country when they are ill and need medical care, which is often a cheaper alternative to visiting a clinic or hospital in the United States. Some also said they feel more comfortable being treated by someone from their own culture and believe they ultimately receive better care by returning home.

While some uninsured participants expressed satisfaction with the care they receive in the United States, many others are critical. These individuals said they are made to wait longer than insured patients at the clinic or doctor's office. "I'd rather have regular insurance through my job because you have to sit in these clinics. I mean, they see you but you're sitting there the whole day," explained an uninsured worker from Chicago. Others reported that they are rushed during doctor visits and have little time to ask medical questions. Some also mentioned the impersonal nature of their health care—how they only see the doctor who happens to be available at the clinic or emergency room. Instead, these participants wished they had a relationship with a regular doctor.

Furthermore, many uninsured participants said they do not get preventive health care, such as regular check-ups and screenings, because they cannot afford it. They seek care only when they are ill and cannot treat themselves with over-the-counter medication or home remedies—that is, only when seeing a doctor is unavoidable. Some participants miss having access to preventive care, which they believe is an important reason to have health insurance. Said one uninsured participant from Riverside County, "Since we don't have [insurance], we can't get physical check-ups, which might prevent something worse."

B. The Insured Have More Choices

Whereas the uninsured workers who took part in the focus groups seemed more likely to use health clinics, the insured workers talked more about seeing an individual doctor when they want medical care. Many insured workers said they have a regular doctor, but others reported they just see whichever doctor is available. "I have a family doctor for my daughter and myself. Every time I go he sees us," explained an insured participant from Los Angeles. But another insured participant from that same group said, "I see the one in the office that day." Some, meanwhile, reported using private health clinics when they need care. Overall, insured participants have more health care options than their uninsured counterparts. Because they enjoy a greater sense of control over their health care, insured participants expressed much higher satisfaction with their care.

Workers who have health insurance nevertheless share some experiences and perspectives with uninsured workers. For example, insured and uninsured alike said they use home remedies and over-the-counter medications before visiting the doctor or emergency room. The insured also complain of problems with the health care system, such as long waits for care, rushed appointments, and the inability to see the same doctor at each visit.

V. HEALTH COVERAGE PREFERENCES

Focus group participants were asked to weigh various options for providing health insurance to uninsured workers. From these discussions, it became clear that the uninsured workers were very interested in obtaining low-cost, comprehensive care. Moreover, they would most likely support policies and programs that provide affordable health coverage to uninsured workers. They were less certain, however, about who should provide this coverage—the government, employers, or community programs. Many were unaware of CHIP, for which some participants' children might qualify, but expressed interest in the program and wanted more information about it.

A. Desire for Low-Cost, Comprehensive Coverage

Uninsured focus group participants said they would like more affordable health coverage options than they currently have. For now, most believe that insurance is financially not within their reach; cost is their number-one obstacle to coverage. For this reason, they would support efforts to offer low-cost, comprehensive coverage to uninsured workers like themselves. As one uninsured participant from Riverside County said, "If there was insurance that was cheap and they didn't care about the applicants' legal status, as long as they paid their monthly fees, I think many people would take it."

Many uninsured participants expressed a willingness to pay for coverage—up to \$50 or more toward a monthly premium. Although they do not expect free coverage, the uninsured do want more affordable options. Many Hispanic workers said they could afford subsidized fees for health coverage, but not the higher premiums, deductibles, and copayments they must pay when coverage is offered at work.

Another priority for many participants is comprehensive health insurance that covers basic health care as well as dental care, prescription drugs, and other services. In the focus group discussions, some participants recalled paying high premiums for insurance that was "not very good" and that did not cover the services they needed.

B. Mixed Preferences Regarding Source of Coverage

While they have strong views about the need for more affordable health coverage options, uninsured participants did not express strong preferences about the source of their health coverage. They see advantages and disadvantages to the three sources discussed—government, employers, and community programs.

With respect to government-sponsored insurance, a key disadvantage cited by some participants is that they may be asked questions about their immigration status when applying. They explained that both documented and undocumented Hispanics worry about applying for public programs because of this. “When you say ‘government’, we’d rather not know anything about them, especially if we are talking about people that don’t have papers and who don’t speak English,” said an uninsured worker from Riverside County. However, participants do appreciate the fact that with government insurance, their coverage could continue even if they lost their job and became unemployed.

Employer-sponsored insurance—the current system of insurance for most workers—appears to have pros and cons as well. The main drawback mentioned was the need to remain in a job in order to keep the health insurance. “If you work and then there isn’t any more work, you are left without insurance,” commented an uninsured participant from Frio County. On the other hand, some participants said that payroll deductions are easier to accept than other insurance payment methods. Some uninsured participants said they would “feel it less” if their share of health coverage costs were automatically deducted from their paycheck.

Community-sponsored coverage is a less-familiar option to uninsured participants, many of whom do not have a clear idea of how a community program would actually work. Nevertheless, when explained to them, participants did see its advantages. A community approach, they felt, would be more sensitive to the needs of Hispanics. Participants thought of Spanish-speaking physicians, proximity of health care services to home, and local control as all being positive aspects to community-sponsored coverage.

“You don’t feel the pinch as much when it comes from your check. Because if you had to pay cash and for some reason you had no money to pay, then what happens? It is more practical.”

*Insured
Hispanic worker from
Los Angeles*

C. Unfamiliarity with, but Interest in, CHIP

Less than half of participants in the focus groups had heard of CHIP (the specific state names for their children's health insurance programs were used in the focus groups). Most of these individuals could only vaguely recall seeing an ad or two, and most knew very little, if anything, about how the program works and which children qualify for it. "I've seen it on TV. But I didn't know exactly what it was," explained an insured worker in New York.

Parents in the focus groups wanted to know more about CHIP, specifically whether their children could qualify for the program. Given their concern for their uninsured children, these parents represent a good target market for CHIP. Some first wanted to know, however, if their immigration status could be affected if they apply. Others wanted information about the cost associated with CHIP, and wondered if they could afford it—even though CHIP offers low-cost health coverage. A few others wanted to know if their child would be assigned a doctor, or whether they would be able to choose their child's provider. And there were questions about the quality of the plans that would be available and about the services covered.

While they are very interested in CHIP's benefits, uninsured participants made clear they would prefer that the program covered all uninsured family members, not just children.

VI. POLICY IMPLICATIONS

While it is impossible to draw definite conclusions from these eight focus groups, some important insights with public policy implications emerged from this study. First, however, it is instructive to review what the uninsured and insured Hispanic workers in the groups had to say about the health insurance barriers they face.

The single most important reason so many uninsured Hispanic workers lack coverage is the *high cost of health insurance*. According to the focus groups, most uninsured Hispanics do not believe they can afford monthly deductions from their paychecks. Nor do they think they can purchase insurance on their own if their employer does not provide it—and still pay for basic living expenses. Some also feel that the plan offered by their employer is not worth the high cost to themselves. Without a low-cost coverage option available, many uninsured participants forgo insurance for the time being, hoping they will be able to afford it later when their financial situation improves.

Another significant barrier for some Hispanics is that their company does not offer employees health coverage, or they themselves are not eligible for the coverage that is offered. These participants explained that they work for small businesses—typically with fewer than 50 employees and often fewer than 10—that cannot afford to provide health benefits. Furthermore, some noted that Hispanics take jobs that no one else will take—most often low-wage jobs without health benefits.

Participants also identified among some Hispanic workers a temporary mindset, according to which health insurance is not really necessary, since they will soon be returning to their home country. This reasoning leads these workers to take seasonal and temporary jobs, which typically do not offer insurance. All these factors, in addition to language barriers and immigration concerns, are the reasons why the uninsured participants in this study lack health coverage.

Identification of these barriers offers some clear directions for policymaking:

- Identify more affordable and comprehensive coverage options. Participants suggested that if there were lower deductibles, lower copayments, and sliding-scale premiums, then they would be more willing to purchase coverage when employers offered it. They do not expect coverage to be free; rather, they want more affordable coverage that reflects their limited means. But participants do not want just affordable coverage, they want *comprehensive* coverage, too. This

includes a wide range of health services: dental care, vision care, prescription coverage, preventive care, and physician visits, among others.

- Make it viable for more small employers to offer, and contribute to, health coverage for employees. Small employers are often struggling to make ends meet and so cannot always afford to provide coverage and share costs with employees. Yet these are the kinds of employers that hire Hispanic workers. Public policy could target smaller companies, as well as industries with high numbers of uninsured Hispanic workers, for incentives that would encourage them to cover their workers and contribute to insurance costs.
- Have all health-related materials translated into Spanish. While Spanish-language materials and information are becoming more available, much information is still provided only in English, according to participants. This would include information about health plans, available doctors, breadth of coverage, and public programs like CHIP and Medicaid. Health plans and programs could also make it easier for Hispanic workers to see Hispanic or, at least, Spanish-speaking, doctors.
- Target low- and moderate-income Hispanic working families for education initiatives about available public health insurance programs. Focus group participants' interest in CHIP suggests a ready audience for information about this and other public programs.
- Address immigration concerns. Some Hispanic workers want assurances that signing up for their employer's health plan, or for government programs such as CHIP, will not negatively affect their immigration status. Specifically, they fear being asked questions about themselves and their families when trying to apply for insurance.
- Cover the entire family, not just workers and not just children. Focus group participants think about health coverage in terms of their whole family. They do not like that so many of their insurance options provide coverage to some family members but not others. Programs such as CHIP and Medicaid, and even private insurance, should make it easier for entire families to enroll.
- Create more low-cost health care choices for the uninsured. Uninsured participants in this study rely on the health care safety net for the care they receive.

This includes doctors and clinics that charge discounted fees and allow them to pay in installments. As long as affordable and comprehensive coverage remains elusive for many Hispanic workers, they are likely to support developing more low-cost options to allow access to health services for the uninsured.

These ideas for policymaking emerged from comments made by focus group participants in the course of discussing their negative experiences with past insurance, their reasons for choosing not to participate in a particular health insurance plan offered by an employer, or their vision of an ideal health plan.

Some participants would support making the changes outlined above within the existing employer-based health insurance model, mainly because they believe payroll deductions may be the easiest way to pay for insurance. Others have reservations about this model and dislike that their coverage is tied to keeping their current job. Government-sponsored health coverage also has advantages and disadvantages. While some are concerned about possible invasive questions regarding immigration status, others like that insurance would no longer be tied to employment. Finally, community-sponsored health coverage, while still a vague notion, does have its appeal as the only approach that suggests a greater sensitivity to the specific health needs of working Hispanics.

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#411 *ERISA and State Health Care Access Initiatives: Opportunities and Obstacles* (October 2000). Patricia A. Butler. This study examines the potential of states to expand health coverage incrementally should the federal government decide to reform the Employee Retirement Income Security Act (ERISA) of 1974, which regulates employee benefit programs such as job-based health plans and contains a broad preemption clause that supercedes state laws that relate to private-sector, employer-sponsored plans.

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#364 *Risks for Midlife Americans: Getting Sick, Becoming Disabled, or Losing a Job and Health Coverage* (January 2000). John Budetti, Cathy Schoen, Elisabeth Simantov, and Janet Shikles. This short report derived from The Commonwealth Fund 1999 National Survey of Workers' Health Insurance highlights the vulnerability of millions of midlife Americans to losing their job-based coverage in the face of heightened risk for chronic disease, disability, or loss of employment.

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#361 *Listening to Workers: Challenges for Employer-Sponsored Coverage in the 21st Century* (January 2000). Lisa Duchon, Cathy Schoen, Elisabeth Simantov, Karen Davis, and Christina An. Based on The Commonwealth Fund 1999 National Survey of Workers' Health Insurance, this short report shows that although most working Americans with employer-sponsored health insurance are satisfied with their plans, too many middle- and low-income workers cannot afford health coverage or are not offered it.

#262 *Working Families at Risk: Coverage, Access, Costs, and Worries—The Kaiser/Commonwealth 1997 National Survey of Health Insurance* (April 1998). This survey of more than 4,000 adults age 18 and older, conducted by Louis Harris and Associates, Inc., found that affordability was the most frequent reason given for not having health insurance, and that lack of insurance undermined access to health care and exposed families to financial burdens.