WORKING WITHOUT BENEFITS: THE HEALTH INSURANCE CRISIS CONFRONTING HISPANIC AMERICANS

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EXECUTIVE SUMMARY

America's Hispanic community is facing a health care crisis. Nearly 40 percent of Hispanics under age 65 do not have insurance. Despite their increasingly vital contribution to the nation's economy, Hispanic Americans are twice as likely to be uninsured as the general population.

Nine of the 11 million uninsured Hispanics are in working families. Hispanics tend to lack health insurance because their employers fail to offer them coverage. Lack of coverage limits Hispanics timely access to health care and leads many individuals to forgo care altogether. It means diagnosis and treatment of illness are delayed and that illness or injury can result in financial burdens for hard-working families.

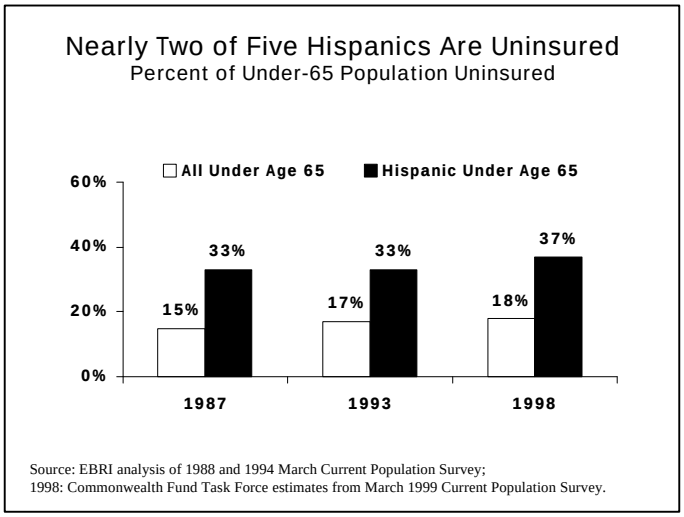
Using data from the March 1999 *Current Population Survey* and *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance,* this report examines reasons behind the coverage crisis and the effect of lack of health insurance on the Hispanic community. Other key findings include:

- The number of uninsured Hispanics almost doubled from 1987 to 1998 to reach 11.2 million, or one-fourth of the 44 million Americans uninsured.
- Only 43 percent of Hispanic adults and children are insured through employer-sponsored coverage—a rate well below the national average of 64 percent.
- Four states—California, Florida, New York, and Texas—account for 73 percent of all uninsured Hispanics. Forty percent of Hispanic residents in California and Texas are uninsured, as are more than one-third in Florida and New York. All four states have notably low levels of employer-sponsored coverage among Hispanics.
- When offered coverage, Hispanic workers participate at rates similar to other employees.
- Hispanic working families are concentrated in low-wage jobs and small firms—jobs least likely to offer health insurance.
- Within small firms or low-wage jobs, Hispanic workers are half as likely to have employer coverage and twice as likely to be uninsured as white, non-Hispanic families.
- Public coverage for low-income families fails to provide a safety net. Half of Hispanics with family incomes below the federal poverty level are uninsured.
- Within the past year, almost half of uninsured Hispanic adults had not seen a doctor when sick, went without a prescription for medication, or went without recommended medical tests of treatment. Two-thirds faced collection agencies for medical bills or could not pay their bills.

WORKING WITHOUT BENEFITS: THE HEALTH INSURANCE CRISIS CONFRONTING HISPANIC AMERICANS

By 2025, the Hispanic population of the United States is expected to increase from 31 million to 59 million, or from 11 percent of the population to 18 percent.[1] The Hispanic population is younger than the population generally. As the baby boom generation begins to retire in 2010, Hispanics will make an increasingly vital contribution to the nation's workforce. Immigrants and their U.S.-born children—who together account for two-thirds of the Hispanic population—will help ease labor shortages just as earlier waves of immigrants have in the past.[2]

Despite their ongoing contribution to the nation's economy, America's Hispanic population is suffering from a health insurance coverage crisis. Of the nation's 44 million uninsured people, one-quarter are Hispanic. Hispanics are more than twice as likely to lack health insurance as the population overall. This gap has persisted for years, despite a booming economy.



Source: EBRI analysis of 1988 and 1994 March Current Population Survey;
1998: Commonwealth Fund Task Force estimates from March 1999 Current Population Survey.

In our employer-based health insurance system, a key reason why so many Hispanics lack health insurance is not that they do not work, but rather that their employers do not offer them coverage. Nearly 9 million of the 11 million uninsured Hispanics are in families where at least one person works. The proportion is similar to or exceeds that of other race and ethnic groups.[3]

The lack of coverage means that more than one-third of Hispanics face financial ruin if they become seriously ill or injured. It also means that diagnosis and treatment of illness are more likely to be delayed.

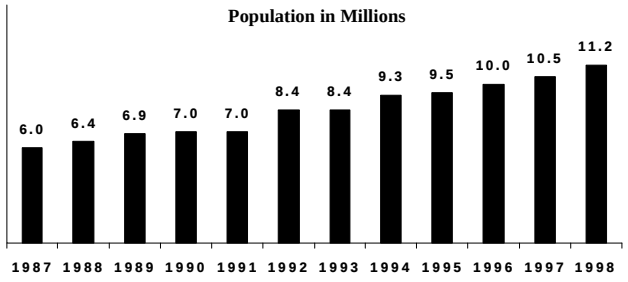
MORE THAN ONE-THIRD OF HISPANICS LACK COVERAGE

For at least a decade, national surveys have shown that about one-third or more of the Hispanic population lacks health insurance. With rapid growth in this population, the number of uninsured Hispanics almost doubled from 1987 to 1998. Moreover, the 1998

estimate is almost certainly low, since it reflects census totals that undercount Hispanics by an estimated 5 percent.[4]

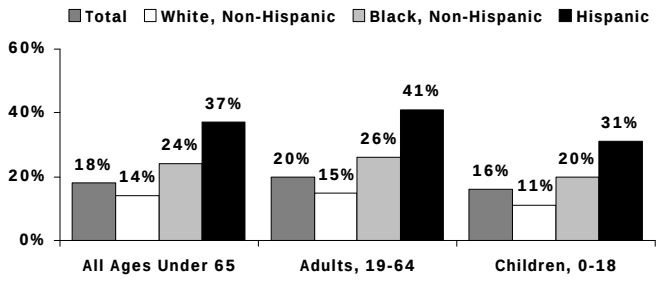
Overall, 18 percent of the population under age 65 has no health insurance, but this figure obscures considerable variation. Among whites, one of seven lacks insurance; among blacks, one of four lacks insurance; and among Hispanics, nearly two of five are uninsured (37%). More than 40 percent of working-age adult Hispanics are uninsured, almost three times the rate for the white adult population. Working-age adults ages 19 to 64 are more likely to be uninsured than children 18 and younger, but at 31 percent the uninsured rate for Hispanic children remains substantial.

Number of Uninsured Hispanics



Note: Part of the change from 1993 to 1994 reflects a Current Population Survey methodology change.
Source: Employee Benefit Research Institute, Analysis of the March Current Population Surveys, March 1988–March 1999.

Uninsured Rates by Age and Ethnicity, 1998



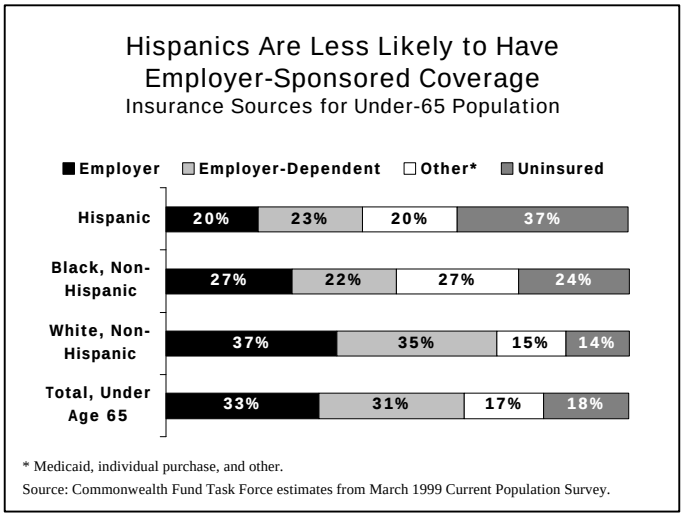
Source: Commonwealth Fund Task Force estimates from March 1999 Current Population Survey.

Hispanics are concentrated in California, Florida, New York, and Texas, which together account for 69 percent of all Hispanics and 73 percent of all uninsured Hispanics. Both Texas and California—which rank first and third respectively in their overall uninsured rate—would be much closer to the national average if not for the high uninsured rates among their Hispanic residents.[5] A third (35%) of all uninsured Hispanics reside in California and nearly one-fourth (23%) are in Texas.

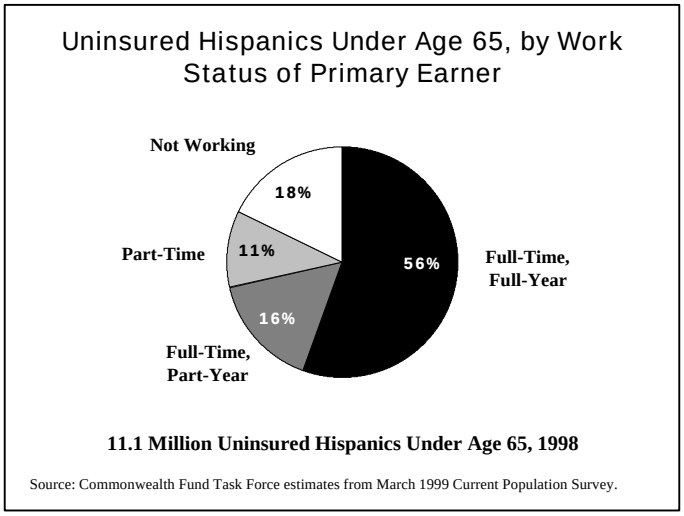
HISPANICS LACK INSURANCE BECAUSE THEY ARE NOT INSURED BY EMPLOYERS

Employer-sponsored plans are the main source of health insurance for people under age 65. Children and nonworking spouses are typically covered through a family member who works. In the under-65 age group, Medicare typically covers the permanently disabled, while Medicaid generally covers low-income single parents and their children. Only a few people in the under-65 age group are covered through direct individual purchase of insurance.[6]

A low level of employer-sponsored coverage is the chief reason why so many Hispanics are uninsured. Only 43 percent of Hispanics get coverage through their own employer or that of a family member, well below the national average of 64 percent. Rates of coverage through one's own employer are especially low—just 20 percent of Hispanics under age 65 get coverage this way, compared with 33 percent nationally.



The vast majority of uninsured Hispanics, however, belong to families in which at least one person works. In fact, more than half live in families in which at least one person works full-time, full-year. Among whites, the comparable percentage is 55 percent; among blacks it is 44 percent. Only about one in five uninsured Hispanics is in a family where no one works. The lack of employer-sponsored coverage leaves few affordable alternatives, especially for those on low incomes. Medicaid insures only 15 percent of all Hispanics under age 65. Another 5 percent are insured through individual purchases, Medicare, or military and veterans' coverage.

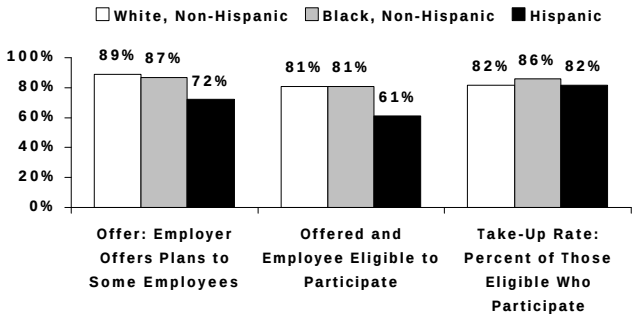


HISPANIC WORKERS ARE LESS LIKELY TO BE OFFERED COVERAGE, BUT THEY PARTICIPATE AT HIGH RATES WHEN COVERAGE IS OFFERED

With their high participation in the workforce, why are Hispanics unlikely to have employer health plans? Employer-sponsored coverage depends on a chain of three decisions: whether the employer voluntarily offers a plan, whether the worker is eligible for the plan, and whether the worker enrolls in the plan. *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance* found that Hispanics are substantially less likely

to work for employers that sponsor a plan. If a plan is available, they are less likely to be eligible for it. But if there is a plan for which the worker is eligible, then Hispanics are about as likely to enroll as are whites and blacks.

Hispanic Employees Take Insurance When They Can, But Are Less Likely to Have the Opportunity



Note: Excludes the self-employed.
Source: *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance.*

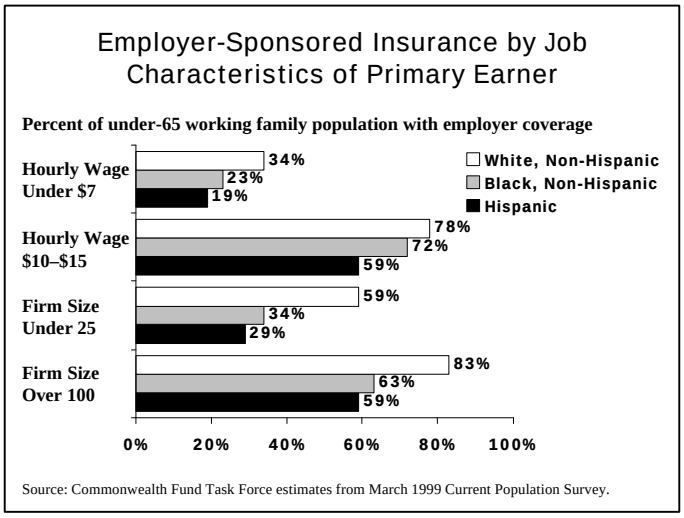
When the Fund survey asked Hispanic workers why they did not have insurance through their employers, half said their employer did not sponsor a plan. Another quarter said they were ineligible for the employer plan, most commonly because they did not work enough hours or they were still in the waiting period. About 10 percent turned down an employer's offer of coverage because they had better options elsewhere—for example, through their spouse's employer. About 8 percent declined coverage because it was too expensive or the benefits were not sufficient. Less than 1 percent of all Hispanic workers without coverage said they turned down an employer plan because they did not need insurance.[7]

UNINSURED RATES ARE HIGH AND EMPLOYER COVERAGE LOW ACROSS JOB CATEGORIES

Whether employers choose to sponsor health coverage often reflects employer size, type of industry, and other factors. In general, small employers and low-wage firms are less likely to sponsor a plan than larger employers and those that pay higher wages.[8] Hispanics are at particular risk for lack of insurance since they tend to work for these types of employers. They are twice as likely as the overall population to belong to a family where the primary wage-earner makes less than $7 an hour (26% of Hispanics, compared with 13% overall under age 65). Hispanic working families are also more likely to rely on jobs with smaller firms. Twenty-seven percent of Hispanics belong to families in which the primary wage-earner works for an employer with fewer than 25 employees, compared with 19 percent of whites and 14 percent of blacks (see appendix, table 1).

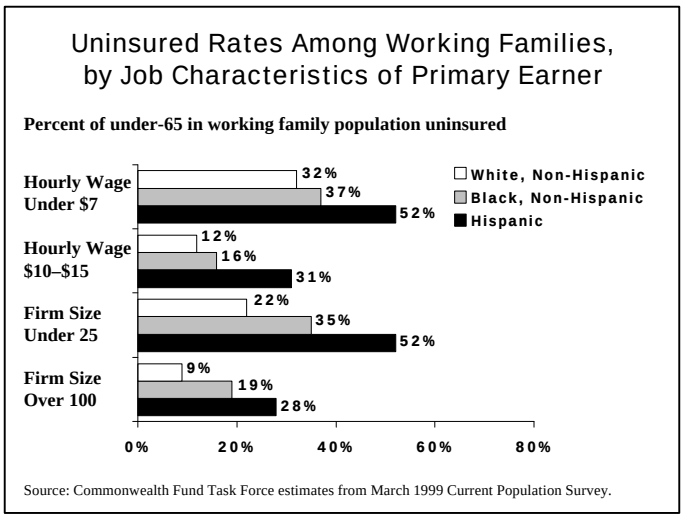
Wage rates and firm size are only part of the explanation. Even within these wage and firm size categories, Hispanics are substantially less likely to have coverage through an employer. For example, rates of employer-sponsored coverage in the low-wage or small-employer categories are about twice as high for whites as they are for Hispanics. The

pattern of low rates of employer-sponsored coverage extends across various wage groups, firm sizes, and industries (see appendix, table 2).



Source: Commonwealth Fund Task Force estimates from March 1999 Current Population Survey.

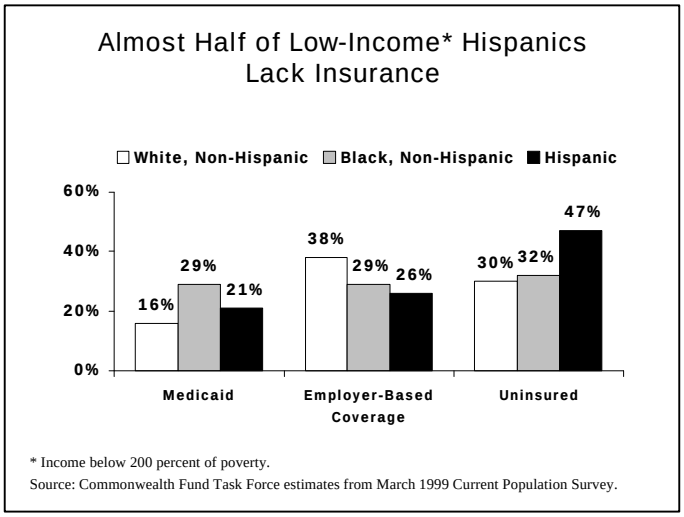
As a result of such low rates of coverage through work, uninsured rates among working Hispanic families are high. Fully half of Hispanics are uninsured if the family's primary earner works in a low-wage job or for a small employer. Across firm size, Hispanic families working in moderate- and low-wage jobs are uninsured at a substantially higher rate than white or black families in similar situations. It appears that Hispanics tend not only to work within low-coverage sectors of the economy, but also to work in the low-coverage jobs within those sectors. Lack of insurance among working Hispanic families persists across an array of job characteristics (see appendix, tables 3 and 4).



Source: Commonwealth Fund Task Force estimates from March 1999 Current Population Survey.

DESPITE LOW INCOMES, HISPANICS ARE OFTEN NOT ELIGIBLE FOR PUBLICLY FUNDED INSURANCE PROGRAMS

More than four-fifths of uninsured Hispanics have low incomes, including 3 million children and 6 million working-age adults. Within the low-income population (defined here as those with family income below 200 percent of the federal poverty level) nearly half of Hispanics lack insurance, compared with about



* Income below 200 percent of poverty.
Source: Commonwealth Fund Task Force estimates from March 1999 Current Population Survey.

one-third of whites and blacks. In 1998, 200 percent of the poverty level was about $16,000 for a single person, $22,000 for a couple, and $26,000 for a three-person family.[9]

Medicaid, the State Children's Health Insurance Program (CHIP), and other publicly funded programs are designed to help the poorest families with children. But coverage reaches relatively few low-income Hispanics. Only one of five Hispanics with income under 200 percent of poverty reports having Medicaid coverage. Half of Hispanics with incomes below poverty—including 2 million children—are uninsured (see appendix, table 3).

Several factors appear to underlie Hispanics' low levels of safety net insurance coverage.

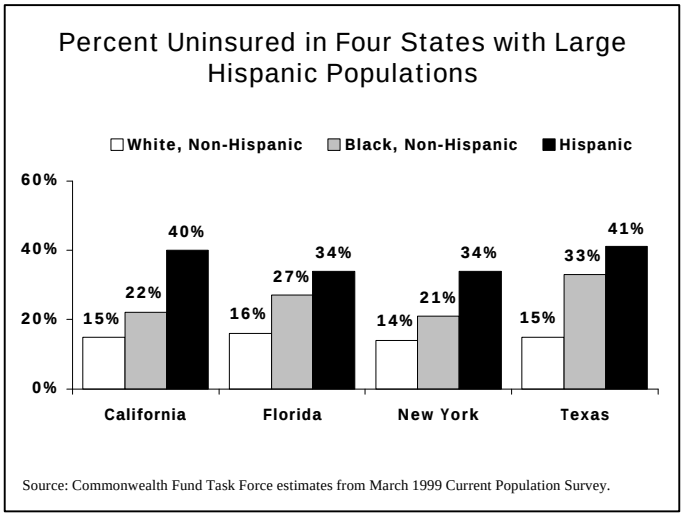
A substantial number of Hispanics lack legal residency. Noncitizens without legal status in the United States are ineligible for Medicaid and similar programs, except for emergency services.[10] The Immigration and Naturalization Service (INS) estimates that 3.5 million Hispanics lack legal status.[11] Moreover, most noncitizens who have become legal residents since 1996 are barred from Medicaid for five years, regardless of need. The rules on relying on relatives for financial support were also tightened. Such provisions raised barriers to traditional sources for impoverished families with children. However, immigration issues appear to be only one factor contributing to Hispanics' lack of health insurance. Hispanics with U.S. citizenship are also uninsured at rates twice as high as those for whites and several percentage points higher than blacks (see appendix, table 3).

Many noncitizens are concerned about being labeled a public charge. Regardless of legal status, noncitizens have had reason to fear that receipt of Medicaid would make them ineligible for a green card. In May 1999, however, the INS said enrollment in Medicaid, CHIP, or similar programs would not make a person a public charge.[12] Nevertheless, some noncitizen parents may avoid enrolling their U.S.-citizen children in Medicaid for fear of calling official attention to themselves.

Hispanics are more likely to live in two-parent families. Medicaid rules often exclude low-income adults in two-parent families from coverage. Among low-income people, Hispanics are more likely than either whites or blacks to live in a two-parent family.[13]

Medicaid eligibility standards are often well below poverty levels, effectively excluding adults in working families. For those who do not have insurance through an employer, the availability of publicly funded insurance depends on

eligibility rules set by each state. Many states have set eligibility standards well below the federal poverty level. In several states that are home to high proportions of Hispanic working families, even a part-time minimum-wage job disqualifies the worker from coverage. About 30 percent of uninsured Hispanics live in Florida and Texas, where government health insurance programs have been categorized as "limited."[14] A single mother with two children and a minimum-wage job would be ineligible for Medicaid if she worked 16 hours a week in Texas, 17 hours a week in Florida, 30 hours a week New York, or 39 hours a week in California.[15]



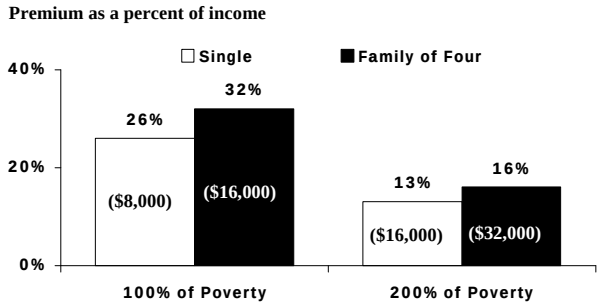
In the four states with high concentrations of Hispanic residents—California, Florida, New York, and Texas—low rates of employer-based coverage often combine with low rates of Medicaid coverage, leaving many uninsured. Forty percent of Hispanics living in California and Texas and more than one-third of Hispanics in Florida and New York are uninsured. Rates of employer-sponsored coverage for Hispanics are well below statewide averages in all four states. In fact, among these four largest states by Hispanic population, the number of uninsured often rivals or exceeds the percentage of the Hispanic population with coverage through employer-sponsored plans. Even in more comprehensive Medicaid states such as New York and California, Medicaid does not offset the low rates of coverage through work (see appendix, table 5).

INDIVIDUALLY PURCHASED INSURANCE IS USUALLY UNAFFORDABLE

In theory, people without an employer plan could buy coverage for themselves and their families. In fact, about 900,000 Hispanics do so. Given the low incomes of almost all uninsured Hispanics, however, buying coverage on the individual (nonemployer) market is almost always prohibitively expensive. Individually purchased coverage is a major expense, little if any tax break is available to subsidize its purchase, and premiums are high relative to the incomes of the typical uninsured Hispanic.

Although premiums vary widely, typical health plans cost from $2,000 to $2,500 for individual coverage and $5,000 to $6,500 for family coverage, even at group rates.[16] For the 6 million Hispanics who are uninsured and have family incomes below the poverty level, such an expense would represent one-third to 40 percent of their annual income. For single adults living on a poverty income, the expense would consume at least one-quarter of their total income. For the 3 million uninsured Hispanics with incomes from 100 percent to 200 percent of poverty, the expense would represent 13 percent or more of their annual income, depending on family size. For example, a family of four trying to make ends meet on poverty-level income of $16,000 would have to spend one-third of its income for coverage, assuming no health condition pushed rates higher. Even at twice the poverty level, the premium costs of health insurance would typically be beyond reach.

Individually Purchased Plans as a Share of Income for Low-Income Individuals or Families

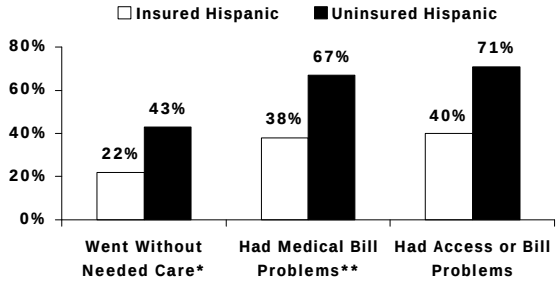


Source: Estimates based on average group premiums in J. Gabel et al., *The Financial Burden of Self-Paid Health Insurance on the Poor and Near-Poor*, The Commonwealth Fund, April 1998.

BEING UNINSURED CAUSES FINANCIAL AS WELL AS HEALTH PROBLEMS

Each of the 44 million people without health insurance faces the real possibility of financial disaster if he or she becomes seriously ill or injured. But even in the absence of medical catastrophe, paying for health care can cause serious financial problems for families. Uninsured Hispanics are nearly twice as likely to report difficulty paying medical bills as insured Hispanics. Among uninsured Hispanic adults, about two-thirds have trouble paying their medical bills or have been contacted by a collection agency about medical expenses, compared with about one-third of insured Hispanics.

Percent of Hispanic Adults Ages 18 to 64 with Access and Cost Problems, 1999

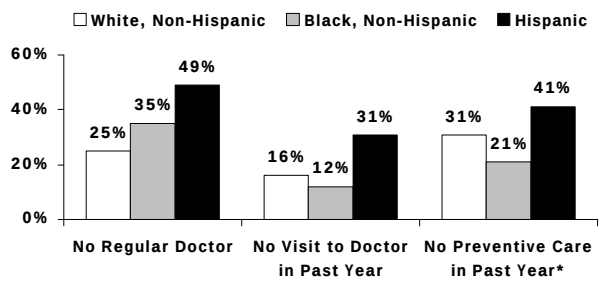


* Did not see a doctor when sick, fill a prescription, or get recommended tests or treatment in past year.
** Time could not pay medical bill or contacted by collection agency for medical bills in past year.
Source: *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance.*

The high cost of health care can lead many uninsured people to delay or forgo care when they are sick. This is a common problem among Hispanics, regardless of insurance status. Within the past year, nearly one-quarter of Hispanics with insurance and almost half of uninsured Hispanics have not seen a doctor, filled a prescription, or received recommended medical tests or treatment because of the cost. These percentages are higher than those for whites or blacks.

Obtaining preventive services, too, is often difficult for Hispanics. Half of Hispanics have no regular source of health care and nearly one-third have not visited a doctor in the past year. Forty-one percent of Hispanics report not receiving any preventive care in the past year. At the same time, half of Hispanics use a hospital or public clinic as their usual source of care, compared with one-quarter of whites and 40 percent of blacks.[17]

Percent of Adults Ages 18 to 64 Without a Primary Care Doctor or Recent Preventive Care



* Preventive care includes physical exam, blood cholesterol test, or Pap test.
Source: *The Commonwealth Fund 1998 Survey of Women's Health.*

Yet for many conditions—infectious diseases, cancer, pregnancy, hypertension, diabetes—outcomes are better when patients receive early diagnosis and treatment. A recent comprehensive literature review found that even after adjusting for other factors, the uninsured are more likely to be in poor health, to experience avoidable hospitalizations, to die earlier, and to be diagnosed at a late stage of disease.[18] A variety of studies have found Hispanics at particularly high risk. Hispanic women are less likely than white women to receive prenatal care in the first trimester. They are also less likely to receive recommended mammograms.[19] And though cervical cancer is one of the few cancers that has well-defined precancerous stages, Hispanic women are less likely to have *ever* been screened for cervical cancer. This contributes to a cervical cancer mortality rate for Hispanics that is one-third higher than that for white women.[20]

IMPLICATIONS OF THE HEALTH INSURANCE CRISIS AMONG HISPANICS

The widespread lack of insurance is arguably the most pressing health problem facing the Hispanic population. Whether this problem continues to grow remains to be seen. Since this population has persistently been more likely to be uninsured, some analysts foresee a substantial effect on overall rates of insurance coverage as the population grows.[21] The

growth in the Hispanic population, however, is expected to reflect mostly growing numbers of children born in the United States to Hispanic parents, not any large change in annual immigration.[22] Because citizens are much more likely to be insured than noncitizens, extrapolation of trends must be undertaken with caution. It appears doubtful, on the other hand, that the situation is about to improve, given the persistently high rates we have seen for the past decade.

To address the current crisis, initiatives that make employer-sponsored insurance more available and more affordable are likely to do the most to help uninsured Hispanics. Such initiatives need to be directed at small employers and low-wage workers in order to reach the Hispanics most likely to be employed by firms that do not sponsor health plans. As we have noted, once the opportunity of coverage is available, the evidence shows that Hispanics are likely to take advantage of it.

NOTES ON METHODOLOGY

Most data in this report come from either the March 1999 *Current Population Survey* (CPS) or *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance.*

The *Current Population Survey* is undertaken monthly by the U.S. Bureau of the Census. The annual March supplement includes additional questions on income, health insurance, and similar topics. Approximately 50,000 households containing about 100,000 people are interviewed for the March supplement, generating one of the most detailed datasets available to analysts.

Estimates based on CPS data were provided by the staff of the Joseph L. Mailman School of Public Health at Columbia University under the direction of Sherry Glied and compiled by a research team lead by Kevin Quinn at Abt Associates, Inc. In analyzing the data, all individuals were combined into "health insurance units" that included family members living together who would typically be eligible for family coverage under definitions used by insurers. Individuals who indicated more than one source of coverage during the year were assigned a primary source of insurance according to the following hierarchy: employer, Medicare, Medicaid, military and veterans coverage, and individual insurance.

To compare coverage rates by work and job characteristics in families with more than one worker, the person with the highest income was designated the "primary earner." Other workers were classified as "other earners." Analysis by wage rate, employer size, or industry relate to the job characteristics of the primary wage-earner.

The Commonwealth Fund 1999 National Survey of Workers' Health Insurance, conducted by Princeton Survey Research Associates from January through May 1999, consisted of 20- to 25-minute telephone interviews with a random, national sample of 5,002 adults ages 18 to 64, with oversamples of adults in areas with a high proportion of low- and moderate-income residents. The survey included questions on whether or not an employer offered coverage and on eligibility issues, as well as an array of questions about health care and insurance experiences. Results of the survey are being released as a series of reports.[23]

APPENDIX: TABLES

Table 1
Demographics of Under-65 Population, by Race/Ethnicity

	Total	Race/Ethnicity		
		White	Black	Hispanic
Total Under Age 65, in Millions	239.9	165.9	31.5	30.0
Percent Distribution				
Age				
0–18	32%	29%	38%	40%
19–64	68	71	62	60
Married	61	64	43	61
Single	39	36	57	39
Poverty				
Under 100%	19	12	36	38
100%–149%	9	7	12	16
150%–200%	9	8	10	12
Over 200%	64	73	42	34
Work Status of Primary Earner				
Full-time, full-year	71	76	58	64
Full-time, part-year	11	10	13	13
Part-time (full- and part-year)	8	7	11	8
Not working	10	7	18	14
Country of Birth				
Born in U.S.	89	96	94	59
Born outside the U.S.	11	4	6	41
Citizenship				
U.S. citizen	93	98	97	72
Not a U.S. citizen	7	2	3	28
State of Residence				
California	13	9	6	32
Florida	5	4	7	8
New York	7	6	8	9
Texas	8	5	7	21
Under Age 65 in Working Families, in Millions	215.5	153.7	25.7	25.6
Firm Size of Primary Earner				
Fewer than 25 employees	20%	19%	14%	27%
25–99 employees	12	12	11	15
100 or more employees	47	47	52	44
Self-employed	6	6	3	4
Public sector	15	15	20	10
Wage Rate of Primary Earner				
Less than $7	13	10	21	26
$7–$10	13	11	18	22
$10–$15	22	22	25	22
$15 or more	46	51	33	26
Industry of Primary Earner				
Agriculture, mining, construction	11	11	5	18
Manufacturing	27	28	26	25
Trade	18	17	17	21
Personal services	38	38	44	31
Public sector	6	6	8	4
Changed Jobs During Year, Primary Earner				
Yes	14	15	16	12
No	86	85	84	88

Source: The Commonwealth Fund Task Force analysis of March 1999 *Current Population Survey.*

Table 2
Percent of Under-65 Population with Employer-Based Coverage, by Race/Ethnicity

		Race/Ethnicity		
	Total	White	Black	Hispanic
Total Under Age 65, in Millions	239.3	165.9	31.5	30.0
Percent with Employer-Based Coverage	64%	71%	50%	43%
Work Status of Primary Earner				
Full-time, full-year	77	81	70	57
Full-time, part-year	50	58	40	28
Part-time (full- and part-year)	31	38	20	17
Not working	16	22	9	8
Number of Current Workers in Family				
2 workers full-time	87	89	87	72
2 workers: 1 full-time and 1 part-time	82	84	74	64
1 worker full-time	67	73	62	47
Only part-time	38	45	28	21
No worker	17	23	9	10
State of Residence				
California	56	67	52	39
Florida	60	67	50	46
New York	60	73	43	33
Texas	58	71	48	42
Other	67	72	51	47
Total Under Age 65 in Working Families, in Millions	215.5	153.7	25.7	25.6
Percent with Employer-Based Coverage	70%	75%	59%	48%
Firm Size of Primary Earner				
Fewer than 25 employees	51	59	34	29
25–99 employees	68	76	48	46
100 or more employees	78	83	63	59
Self-employed	40	43	27	17
Public sector	81	85	75	68
Wage Rate of Primary Earner				
Less than $7	28	34	23	19
$7–$10	56	61	55	42
$10–$15	75	78	72	59
$15 or more	87	89	81	78
Industry of Primary Earner				
Agriculture, mining, construction	56	63	51	33
Manufacturing	81	85	75	62
Trade	57	65	40	37
Personal services	70	75	55	51
Public sector	80	83	74	73

Source: The Commonwealth Fund Task Force analysis of March 1999 *Current Population Survey.*

Table 3
Percent of Under-65 Population Uninsured, by Race/Ethnicity

		Race/Ethnicity		
	Total	White	Black	Hispanic
Population Under Age 65, in Millions	239.3	165.9	31.5	30.0
Percent Uninsured	18%	14%	24%	37%
Gender				
Female	18	13	22	35
Male	19	14	26	39
Age				
0–18	16	11	20	31
19–64	20	15	26	41
Adult Marital Status				
Married	14	10	19	37
Single	28	23	31	48
Individual Health Status				
Excellent/very good	16	12	23	36
Good	24	18	26	40
Fair/poor	22	18	24	35
Poverty				
Under 100%	41	37	36	51
100%–149%	32	29	32	42
150%–200%	24	21	19	39
Over 200%	9	8	12	18
Work Status of Primary Earner				
Full-time, full-year	14	10	18	32
Full-time, part-year	27	22	27	46
Part-time (full- and part-year)	31	27	34	47
Not working	33	28	33	45
Number of Current Workers in Family*				
2 workers full-time	8	6	10	23
2 workers: 1 full-time and 1 part-time	10	7	16	25
1 worker full-time	20	15	23	40
Only part-time	31	27	32	47
No worker	32	27	33	43
Country of Birth				
Born in the U.S.	16	13	23	29
Born outside the U.S.	36	20	35	49
Citizenship				
U.S. citizen	16	13	23	29
Not a U.S. citizen	45	25	39	58
State of Residence				
California	24	15	22	40
Florida	21	16	27	34
New York	20	14	21	34
Texas	27	15	33	41
Other	16	13	23	33

* Work status of single adult, or if married, work status of husband and wife.

Source: The Commonwealth Fund Task Force analysis of March 1999 *Current Population Survey.*

Table 4
Percent of Population Under 65 Uninsured in Working Families, by Work Characteristics

		Race/Ethnicity		
	Total	White	Black	Hispanic
Total in Working Families	215.5	153.7	25.7	25.6
Percent of Uninsured in Working Family	82%	85%	74%	82%
Percent Uninsured by Work Characteristics of Primary Earner				
Total	17	13	22	36
By Firm Size				
Fewer than 25 employees	28	22	35	52
25–99 employees	20	14	32	38
100 or more employees	13	9	19	28
Self-employed	30	25	45	56
Public sector	8	5	12	17
By Wage				
Less than $7	38	32	37	52
$7–$10	27	23	25	41
$10–$15	15	12	16	31
$15 or more	7	6	11	15
By Industry				
Agriculture, mining, construction	28	22	35	49
Trade	24	18	30	43
Services	15	11	22	31
Manufacturing	12	8	16	28
Public sector	6	4	11	12
By Job Type				
Farming, fishing	40	29	44	51
Service worker	29	23	29	45
Machine operator	23	16	25	41
Crafts and repairs	19	16	21	38
Technical and sales	15	12	20	27
Management, professional	8	7	12	18
Changed Jobs During Year				
Yes	21	17	25	38
No	16	12	21	35

Source: The Commonwealth Fund Task Force analysis of March 1999 *Current Population Survey.*

Table 5
Insurance Coverage in States with High Proportions of Hispanic Population
Percent of Under-65 Population, by Insurance Source and Race/Ethnicity

	California	Texas	New York	Florida	Total U.S.
Population in Millions:					
Total Under Age 65, in Millions	29.9	18.0	16.0	12.0	239.3
Hispanics Under Age 65	9.7	6.2	2.6	2.3	30.0
Uninsured Hispanics	3.9	2.6	.9	.8	11.1
Distribution of Uninsured Hispanics	35%	23%	8%	7%	100%
Percent Uninsured					
White, Non-Hispanic	15	15	14	16	14
Black, Non-Hispanic	22	33	21	27	24
Hispanic	40	41	34	34	37
Percent with Medicaid					
White, Non-Hispanic	6	3	6	3	5
Black, Non-Hispanic	19	12	29	15	18
Hispanic	17	13	27	10	15
Percent with Employer-Based Coverage					
White, Non-Hispanic	67	71	73	67	71
Black, Non-Hispanic	52	48	43	50	50
Hispanic	39	42	33	46	43

Source: The Commonwealth Fund Task Force analysis of March 1999 *Current Population Survey.*

Table 6
Primary Source of Health Insurance Coverage for the Under-65 Population, by Race/Ethnicity

	Total	Employer-Based		Individual Purchase	Medicaid	Other*	Uninsured
		Own	Dependent				
Population in Millions							
White, Non-Hispanic	165.9	61.2	57.4	11.1	8.2	5.3	22.7
Black, Non-Hispanic	31.5	8.6	7.0	1.1	5.8	1.5	7.5
Hispanic	30.0	6.0	6.8	0.9	4.5	0.7	11.1
Other	11.9	3.5	3.6	0.6	1.1	0.4	2.6
TOTAL	239.3	79.3	74.8	13.7	19.6	7.9	43.9
Distribution, by Race/Ethnicity							
White, Non-Hispanic	100%	37%	35%	7%	5%	3%	14%
Black, Non-Hispanic	100	27	22	3	18	5	24
Hispanic	100	20	23	3	15	2	37
Other	100	29	30	5	9	3	22
TOTAL	100	33	31	6	8	3	18

* Includes Medicare, veterans, and military insurance.

Source: The Commonwealth Fund Task Force analysis of March 1999 *Current Population Survey.*

THE COMMONWEALTH FUND TASK FORCE ON THE FUTURE OF HEALTH INSURANCE FOR WORKING AMERICANS

Mission and Activities

Employer-sponsored health insurance emerged as the nation's predominant source of insurance coverage based on a workforce and economy of the 1950s. While employers are still the dominant source of private health insurance coverage, 44 million Americans—most of whom work or are part of a working family—are currently uninsured. In response to renewed public interest in finding ways to expand health insurance to uncovered workers, The Commonwealth Fund has created the Task Force on the Future of Health Insurance for Working Americans.

The Task Force is a five-year effort approved by The Commonwealth Fund Board of Directors to provide a national, independent forum for debate and exploration of ways to expand coverage and build a health insurance system that meets the needs of a 21st-century workforce.

The mission of the Task Force is to:

- examine the changing workforce and economy and implications for availability, affordability, and stability of health insurance into the 21st century;

- improve the continuity, quality, and affordability of health insurance for working families; and

- put the debate on expanding health insurance coverage back on the national agenda and make significant progress toward reducing the number of uninsured workers.

In its first year, the Task Force will fund research by leading experts in health care economics and finance, tax policy, business management, government programs and other disciplines. The goal of this research will be to provide constructive analyses on a wide range of incremental "workable solutions" that offer a potential base to build on for the future.

The Task Force is nonpartisan and aims to assist public policymakers and private sector leaders through the dissemination of thoughtful analyses; it will not advocate one specific solution over another.

James J. Mongan, M.D., president of Massachusetts General Hospital, is chair of the Task Force. Janet Shikles, vice president at Abt Associates, a national health care consulting firm, is the executive director.

THE COMMONWEALTH FUND TASK FORCE ON THE FUTURE OF HEALTH INSURANCE FOR WORKING AMERICANS

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James J. Mongan, M.D.
Chair
President
Massachusetts General Hospital

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Roger Scott Joslin
Chairman of the Board
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Charles Kolb
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George D. Lundberg, M.D.
Editor In Chief
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Diane Rowland
Executive Vice President
Henry J. Kaiser Family Foundation

Kathleen Sebelius
Commissioner of Insurance
State of Kansas

Sandra Shewry
Executive Director
California Managed Risk Medical Insurance Board

Russ Toal
Commissioner for the Department of Community Health
State of Georgia

ENDNOTES

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

[2] A. Dianne Schmidley and Campbell Gibson, Profile of Foreign-Born Population in the United States: 1997, Current Population Reports P23-195 (Washington D.C.: U.S. Bureau of the Census, 1999), p. 25.

[3] Hispanics may be of any color or race. The author uses the term "white" to refer to non-Hispanic whites and "black" to refer to non-Hispanic blacks. Nearly four-fifths of the "other" category are of Asian background.

[4] U.S. Bureau of the Census, "Decision of the Director of the Bureau of the Census on Whether to Use Information from the 1990 Post-Enumeration Survey (PES) to Adjust the Base for the Intercensal Population Estimates Produced by the Bureau of the Census," *Federal Register,* 58:1(January 4, 1993), pp. 69–78. The Bureau's most recent estimate of the undercount is 5 percent, which would imply an increase in the Hispanic population of 1.6 million people. If one-third of this group were also uninsured—a conservative estimate—the total number of uninsured Hispanics would be 11.7 million. For the 5 percent figure, see U.S. Bureau of the Census, "Census in Schools Program Reaches Out to Hispanic Community" (news release), October 19, 1999.

[5] Jennifer A. Campbell, "Health Insurance Coverage 1998," Current Population Reports P60-208 (Washington, D.C.: U.S. Bureau of the Census, October 1999), p. 7.

[6] All numbers in this paper refer to the primary source of insurance. Individuals who indicated more than one source of coverage during the year were assigned a primary source of insurance according to the following hierarchy: employer, Medicare, Medicaid, military and veterans coverage, and individual insurance. For more information on the hierarchy, see Kevin Quinn, *The Sources and Types of Health Insurance* (Cambridge, MA: Abt Associates, Inc., 1998), pp. 9–10.

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[8] Lisa Duchon, Cathy Schoen, Elisabeth Simantov, Karen Davis, and Christina An, *Listening to Workers: Findings from The Commonwealth Fund 1999 National Survey of Workers' Health Insurance* (New York: The Commonwealth Fund, January 2000), pp. 9–10.

[9] U.S. Bureau of the Census, *Poverty in the United States,* Current Population Reports P60-207 (Washington, D.C.: U.S. Government Printing Office, September 1999), p. A-4.

[10] All immigrants also remain eligible for certain other health care services that may or may not be provided through a Medicaid program. These include immunizations, testing for and treatment of communicable diseases. See U.S. General Accounting Office, *Welfare Reform: Many States Continue Some Federal or State Benefits for Immigrants,* GAO/HEHS-98-132, July 1998.

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[12] U.S. Immigration and Naturalization Service, "Inadmissibility and Deportability on Public Charge Grounds," Proposed Rule, *Federal Register* 64:101 (May 26, 1999), pp. 28,676–28,688. See also U.S. Immigration and Naturalization Service, "Field Guidance on Deportability and Inadmissibility on Public Charge Grounds" (notice), *Federal Register* 64:101 (May 26, 1999), pp. 28,689–28,693. Recipients of long-term institutional care under the Medicaid program, however, would be considered public charges.

[13] U.S. Bureau of the Census, "Living Arrangements of Children Under 18 Years, by Marital Status and Selected Characteristics of Parent: March 1998," accessed February 7, 2000, from www.census.gov. Among children living in households with income under $20,000 a year, 45 percent of Hispanics live in a two-parent household compared with 38 percent of whites and 11 percent of blacks.

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[15] Jocelyn Guyer and Cindy Mann, *Employed But Not Insured: A State-by-State Analysis of the Number of Low-Income Working Parents Who Lack Health Insurance* (Washington, D.C.: Center on Budget and Policy Priorities, February 1999).

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[18] American College of Physicians/American Society of Internal Medicine, *No Health Insurance? It's Enough to Make You Sick,* accessed January 10, 2000, from www.acponline.org/uninsured.

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