



RUNNING IN PLACE:  
HOW JOB CHARACTERISTICS, IMMIGRANT STATUS,  
AND FAMILY STRUCTURE KEEP HISPANICS UNINSURED

Claudia L. Schur and Jacob Feldman  
The Project HOPE Center for Health Affairs

May 2001

The authors thank Lisa Duchon and Cathy Schoen of The Commonwealth Fund and Marc Berk of Project HOPE for comments; Jennifer Dunbar and Sheila Franco for their excellent programming; and Darla Lipscomb for assistance with report preparation.

Support for this research was provided by The Commonwealth Fund. The views presented here are those of the authors and should not be attributed to The Commonwealth Fund or its directors, officers, or staff, or to members of the Task Force on the Future of Health Insurance, or to Project HOPE.

Copies of this report are available from The Commonwealth Fund by calling our toll-free publications line at 1-888-777-2744 and ordering publication number 453. The report can also be found on the Fund's website at [www.cmwf.org](http://www.cmwf.org).

## CONTENTS

Executive Summary.....	v
Introduction .....	1
Examining Uninsured Rates Among Nonelderly Hispanics.....	4
Why Don't Working Hispanics Have Health Insurance?.....	10
Conclusions and Policy Implications.....	20
Appendix: Data Sources and Definitions.....	23

## LIST OF TABLES AND FIGURES

Table 1	Characteristics of the Hispanic Population in the United States, 2000 .....	2
Table 2	Insurance Coverage Rates Over Time, All Persons Under Age 65, 1996–98 .....	9
Table 3	Insurance Coverage Rates Over Time, by Immigration Status, All Persons Ages 18 to 64, 1996–98.....	9
Table 4	Insurance Coverage Rates Over Time for Full-Time Workers, Continuously Employed Persons Ages 18 to 64, 1996–98.....	10
Table 5	Distribution of Full-Time Workers, by Industry Classification.....	12
Table 6	Distribution of Full-Time Workers, by Major Occupation .....	12
Table 7	Alternative Work Arrangements for Full-Time Workers .....	15
Table 8	Availability of and Participation in Work-Related Coverage, Full-Time Workers .....	15
Table 9	Work-Related Coverage by Selected Industries and Occupations, Percent Offered and Eligible.....	16
Table 10	Availability of Work-Related Coverage by Firm Size, Full-Time Workers .....	17
Table 11	Availability of Work-Related Coverage, by Selected Worker Characteristics, Full-Time Workers .....	17
Table 12	Distribution of Families, by Selected Characteristics.....	18
Table 13	Availability of Work-Related Coverage, One- vs. Two-Worker Families ....	20

Figure 1	Percent Uninsured by National Origin, Nonelderly Hispanics, 1997 .....	5
Figure 2	Percent Uninsured by Immigrant Status and Country of Origin, Nonelderly Hispanics, 1997 .....	6
Figure 3	Percent Uninsured by Immigrant Status and Length of Time in the United States, Nonelderly Hispanics, 1997 .....	7
Figure 4	Percent Uninsured by National Origin, Foreign-Born Nonelderly, 1997 .....	8
Figure 5	Distribution of Full-Time Workers by Firm Size, 1999 .....	11
Figure 6	Median Annual Earnings, Full-Time Workers, 1999 .....	13
Figure 7	Distribution of Family Income, Full-Time Workers, 1999.....	14
Figure 8	Median Family Income, Married Couple Families, 1999.....	19

## EXECUTIVE SUMMARY

The alarmingly high proportion of Hispanics in the United States who have no health insurance, as well as their low rates of coverage in employer-sponsored plans, has been well documented. Data from the National Health Interview Survey indicate that in 1997, Hispanics under age 65 were more than twice as likely as non-Hispanic whites to be uninsured and only 60 percent as likely to be covered through an employer. This lower likelihood of coverage held for all income groups and for part-time and full-time workers alike. As the size of the U.S. Hispanic population continues to grow, so will the numbers of uninsured. Because health insurance coverage is pivotal to obtaining access to timely and appropriate health care, policymakers are concerned that the problem of the Hispanic uninsured will affect overall access to health care in the United States.

Using data from the 1997 National Health Interview Survey, the 1996–98 Survey of Income and Program Participation, and the 1999 Current Population Survey, this report looks at how immigrant status, job characteristics, and family structure influence health insurance coverage for the fastest-growing minority population in the United States. Our analysis shows that characteristics of employment account for much, but not all, of the problem. Family structure seems to play some role, as does immigrant status, which affects Hispanic immigrants more than other groups. Key findings include:

- Hispanics were only half as likely as non-Hispanic whites to be continuously covered by employment-related insurance over the three-year period 1996 through 1998; Hispanics were four times as likely to be chronically uninsured.
- Employers offered health coverage to fewer than 70 percent of full-time Hispanic workers in 1999; they offered coverage to almost 90 percent of non-Hispanic whites.
- A higher proportion of Hispanic workers were employed in industries and occupations where employers have traditionally been less likely to provide health insurance to workers. Within these industries, Hispanics were less likely than whites to be offered coverage in 1999. In agriculture, for example, 64 percent of whites were offered coverage compared with 38 percent of Hispanics; in construction, 67 percent of whites were offered health benefits, compared with 47 percent of Hispanics.

- Immigrant Hispanics were more likely than U.S.-born Hispanics to work in jobs for which health insurance was not available: only half of noncitizen Hispanic workers were offered health insurance through their jobs in 1999.
- Even after 15 years of living in the United States, one-third of immigrant Hispanics remained uninsured, compared with only 14 percent of immigrant non-Hispanics.
- Half of Hispanics born outside the United States were uninsured in 1997, compared with one-quarter of U.S.-born Hispanics. Nearly three-quarters of Hispanics who have lived in the United States less than five years were uninsured.
- U.S. residents of Mexican or Central or South American origin had the lowest rates of coverage of all Hispanics in 1997: 38 and 39 percent, respectively, were uninsured, compared with 22 percent of Cuban-born residents and 19 percent of Puerto Ricans.
- Hispanic immigrants who have come to the United States since 1994 and work full-time earned less than half as much as their non-Hispanic white counterparts (\$13,000 annually vs. \$27,000) in 1999.
- Married Hispanics are younger than married non-Hispanic whites, more likely to have young children at home, and more likely to be part of a family with only one worker. All these factors limit the avenues through which health insurance can be obtained. Mexican-American families and families of noncitizen Hispanics are particularly vulnerable because they are the least likely to have two workers.

# RUNNING IN PLACE: HOW IMMIGRANT STATUS, JOB CHARACTERISTICS, AND FAMILY STRUCTURE KEEP HISPANICS UNINSURED

## INTRODUCTION

The tremendous growth in the Hispanic population and the alarmingly high proportion of Hispanics without health insurance are two subjects that have received wide attention from the U.S. media and the policy research community. U.S. Census Bureau projections indicate continued rapid growth in this population throughout the first half of the century: as many as 100 million Hispanics will live in the United States by the year 2050.<sup>1</sup> At the same time, Hispanics accounted for 40 percent of the increase in the uninsured population from 1977 to 1992, and for 36 percent of the increase from 1989 to 1997.<sup>2</sup> These numbers, when combined with the population growth estimates, suggest a growing public policy issue.

A great deal of diversity exists within the Hispanic population. At least 15 different countries are represented within the population, which also includes those whose ancestors settled in what is now New Mexico in the 17th century. Immigration of Spanish-speaking people to the United States has occurred in waves, each of which has been dominated by immigrants from a single country or region. In the 1970s, for example, the fastest growth in the U.S. Hispanic population came from people born in Mexico; that population nearly doubled in size from 1970 to 1990. More recently, there has been a large increase in the proportion of people from Central and South America<sup>3</sup>—45 percent of all Central and South American immigrants have arrived in the United States since 1990.<sup>4</sup>

Perhaps because of the unprecedented demand for workers, the flow of immigration from Mexico and other regions of Central and South America has actually been accelerating during the past several years.<sup>5</sup> More than twice as many Central and South Americans entered the United States during the 1998–2000 period as entered

---

<sup>1</sup> U.S. Bureau of the Census, Population Division, December 1999.

<sup>2</sup> The former estimate is from M. L. Berk, L. A. Albers, and C. L. Schur, "The Growth in the U.S. Uninsured Population: Trends in Hispanic Subgroups, 1977 to 1992," *American Journal of Public Health* 86 (April 1996): 572–76. The latter is from O. Carrasquillo, D. Himmelstein, S. Woolhandler, and D. Bor, "Trends in Health Insurance Coverage, 1989–1997," *International Journal of Health Services* 29 (1999): 467–83.

<sup>3</sup> All estimates pertaining to persons from Central America exclude those of Mexican origin. Persons from Central and South America were not examined separately due to data limitations.

<sup>4</sup> Project HOPE tabulations of the December 2000 Current Population Survey.

<sup>5</sup> Part of this apparent increase may be due to outreach by the Census Bureau that has improved survey participation. Thus, past rates of immigration may have been underestimated.

during 1994–96.<sup>6</sup> The increase in Mexican immigrants across the same two periods was 50 percent; 1.3 million Mexicans have come to the United States since the beginning of 1998. This influx of Mexicans is greater than the total number of U.S. residents who entered from Puerto Rico or Cuba during the preceding 60 or 70 years (as of the end of 2000).

As of 2000, 66 percent of all Hispanics residing in the United States were of Mexican origin (Table 1). Fifteen percent were from Central or South America (other than Mexico), nearly 10 percent were from Puerto Rico, and 4 percent were of Cuban origin.<sup>7</sup>

Table 1. Characteristics of the Hispanic Population in the United States, 2000

National Origin	Percent of All Hispanics	Percent Arriving in United States, 1990 to Present	Distribution of Citizenship		
			<i>U.S.-Born</i>	<i>Naturalized</i>	<i>Noncitizen</i>
All Hispanics	100.0%	19.3%	60.8%	9.8%	29.4%
Mexican	66.4	18.8	62.0	7.5	30.5
Central/South American	14.6	31.3	32.3	19.1	48.6
Puerto Rican	8.9	9.6	100.0	NA	NA
Cuban	4.0	18.5	36.5	34.4	29.1
Other Hispanic	6.1	10.7	75.2	10.4	14.4

Note: "U.S.-Born" includes those born in Puerto Rico and other U.S. territories; however, Puerto Ricans do provide a year for when they entered the United States.

Source: Project HOPE Center for Health Affairs, based on December 2000 Current Population Survey.

Three-fifths (61%) of all Hispanics living in the United States at the end of 2000 were born in the United States. This proportion varied by national origin: 62 percent of Hispanics of Mexican heritage were born in the United States, compared with 37 percent of Hispanics of Cuban heritage and 32 percent of those whose families originated in Central or South America. Nearly one-fifth of all Hispanics now living in the United States arrived within the last decade. People of Central or South American origin were most likely to be more recent immigrants. Of all Hispanics, 29 percent are not U.S. citizens. Immigrants from Central and South America accounted for the highest proportion of noncitizens—nearly half of immigrants from these countries are not citizens.

<sup>6</sup> Project HOPE tabulations of the December 1996 and the December 2000 Current Population Surveys.

<sup>7</sup> Project HOPE tabulations of the December 2000 Current Population Survey.

Understanding differences in sociodemographic characteristics—for example, differences in educational attainment—among waves of immigration may be important in developing policies to address the needs of the Hispanic uninsured. There is at least some evidence that the gap in wages between newly arrived immigrants and people born in the United States has increased substantially over time, and that the relative wages and educational attainment of immigrants have decreased with successive waves of immigration.<sup>8</sup> In other words, it may take longer than it took earlier immigrants for recent arrivals to earn the same as nonimmigrants. Looking specifically at Hispanics of Mexican origin, these same data show that the wage gap between immigrants and those born in the United States is greater for more recent arrivals. This disadvantage may be compounded by the increased value placed on education in the current economy that decreases the relative earning power of those with lower educational attainment. Thus, it is not certain that the upward mobility (and hence the acquisition of health insurance) observed in past generations of immigrants will occur for recent immigrants in the same manner.

Differences that arise from the diversity of the Hispanic population carry over into the realm of access to health care services. Though Hispanics in general are disproportionately uninsured, large variations in health coverage exist. If we are to fully address the growing problem of the Hispanic uninsured, policymakers need to understand the root causes of this lack of coverage. Specifically, the following questions need to be answered:

- Which segments of the Hispanic population are uninsured and why?
- How do labor-force characteristics such as firm size and type of industry affect the availability of coverage?
- Do Hispanic employees participate when coverage is offered?
- What is the effect of immigration status on the availability or purchase of health insurance?

We need a better understanding of the interaction among all of these factors if we are to craft appropriate public policy solutions. Clearly, the extremely large and rapidly

---

<sup>8</sup> James P. Smith and Barry Edmonston (eds.), *The New Americans: Economic, Demographic, and Fiscal Effects of Immigration* (Washington, D.C.: National Academy Press, 1997).



increasing population of recent immigrants from Mexico and Central and South America requires special attention.

Also of policy interest is the length of time that Hispanics remain uninsured. Are they more likely than other groups to be chronically uninsured? The information on insurance coverage reported in other sources generally describes who has or does not have coverage at a specific time. We know from previous studies that many people gain and lose insurance coverage over the course of a year, but that a disadvantaged core of people remain uninsured for long periods. To increase their rate of health coverage, this group may require special policy initiatives.

## EXAMINING UNINSURED RATES AMONG NONELDERLY HISPANICS

### Background

This section presents some of our initial findings from analyses of the 1997 National Health Interview Survey in order to review the basic facts that are known about Hispanics and health insurance coverage.

Hispanics are substantially more likely to be uninsured than non-Hispanic whites or blacks, and are less likely to be covered by employment-related insurance.

In 1997, 34 percent of nonelderly Hispanics (those under age 65) were uninsured, compared with 20 percent of non-Hispanic blacks and 14 percent of non-Hispanic whites. In the same year, employment-related insurance covered only 44 percent of Hispanics, while nearly three-quarters of whites and just over half of blacks had such coverage. Not only were their rates of employment-related coverage low, but Hispanics were also less likely than blacks to be enrolled in Medicaid.

Rates of coverage are lower for Hispanics whether they have low-incomes or are employed full-time.

Income disparities between non-Hispanic whites and Hispanics contribute to differences in coverage rates. However, even among the low-income population, rates of coverage are lower for Hispanics. Of those with annual family incomes of less than \$15,000, 29 percent of non-Hispanic whites and blacks were uninsured in 1997 compared with 45 percent of Hispanics. Similar differences are seen for those with incomes between \$15,000 and \$35,000: only 58 percent of Hispanic full-time workers between the ages of 18 and 64 had coverage through their jobs, compared with 75 percent of blacks and 80 percent of whites.

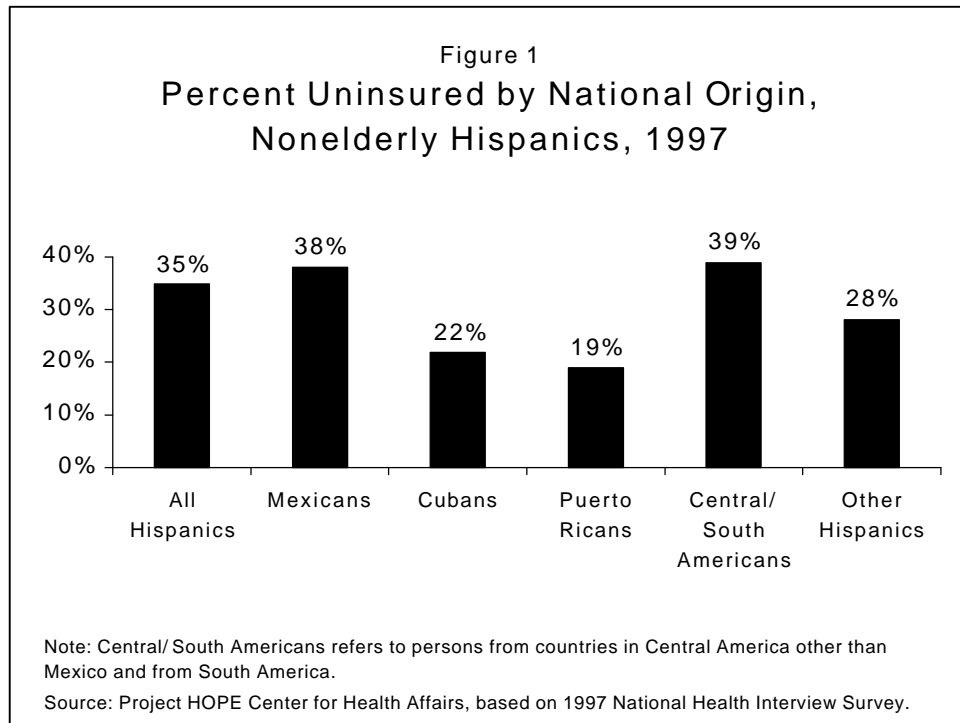
When asked why they do not have health coverage, Hispanics cite the high cost of insurance as the primary reason.

Like other groups, Hispanics say affordability is the main reason they do not have health insurance; nearly two-thirds of uninsured Hispanics and non-Hispanic blacks and whites gave this answer. Less than 1 percent of uninsured Hispanics said they did not have health insurance because free or inexpensive care was available.

### National Origin and Immigrant Status

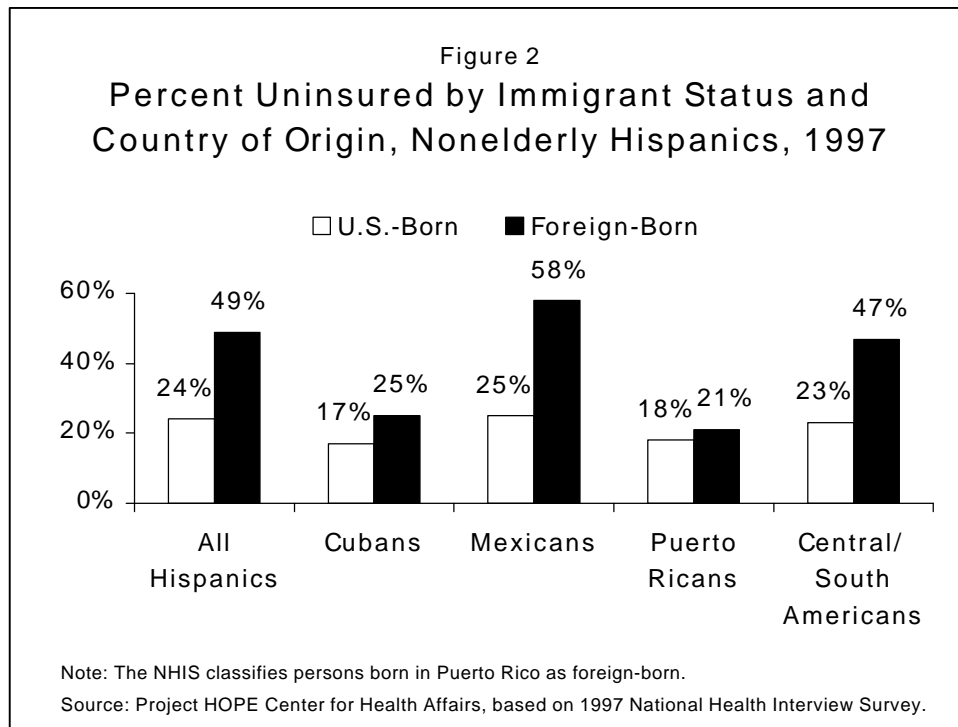
The substantial diversity within the Hispanic population is reflected in wide variations in coverage.

About 38 percent of Hispanics of Mexican origin—the largest national origin subgroup—were uninsured in 1997. Those with roots in Central and South America constitute a much smaller proportion of the U.S. Hispanic population, and were as likely as Mexican-Americans to be uninsured. Members of the smallest subgroup—Hispanics of Cuban heritage—were most likely to have employment-related insurance. At 57 percent, however, rates of job-based coverage for Cuban-Americans were still well below those of non-Hispanic whites. Although Puerto Ricans did not have particularly high rates of employment-related coverage, they were most likely to have public coverage (Medicaid covered 27 percent of Puerto Ricans). Therefore, they were the least likely of all Hispanic origin subgroups to be uninsured.



Immigrants are substantially more likely to be uninsured than U.S.-born Hispanics, but rates of coverage increase with length of residence in the United States.

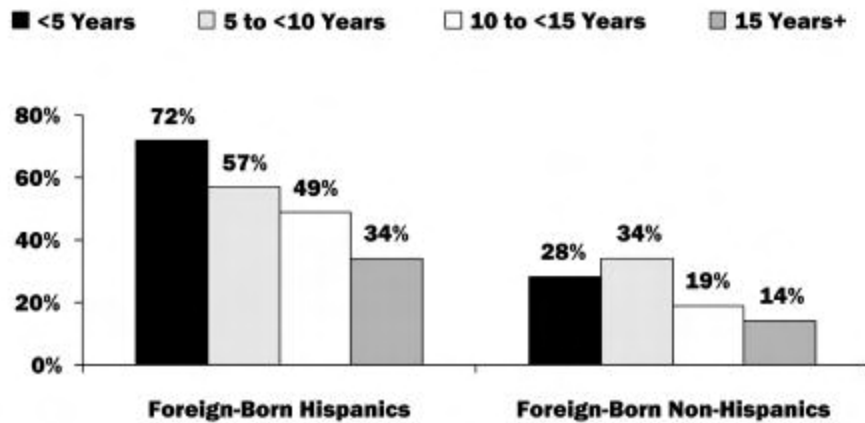
Foreign-born Hispanics were twice as likely to lack insurance as their U.S.-born counterparts (49% vs. 24%). The disparity by immigrant status is greatest for Hispanics of Mexican origin and smallest for Puerto Ricans.<sup>9</sup>



Within the immigrant population, there is a strong relationship between length of U.S. residence and health coverage. A striking 72 percent of Hispanics ages 18 to 64 who have been in the United States for less than five years had no insurance coverage in 1997; only 17 percent had coverage through their jobs. An almost linear progression occurs as length of U.S. residency increases, until close to half of those in the country for 15 years or more have job-related coverage and just over a third have no insurance. Even with this improvement over time, however, Hispanic immigrants who have lived in the United States for 15 years or more are significantly more likely to be uninsured than U.S.-born citizens of Hispanic origin (34% vs. 24%).

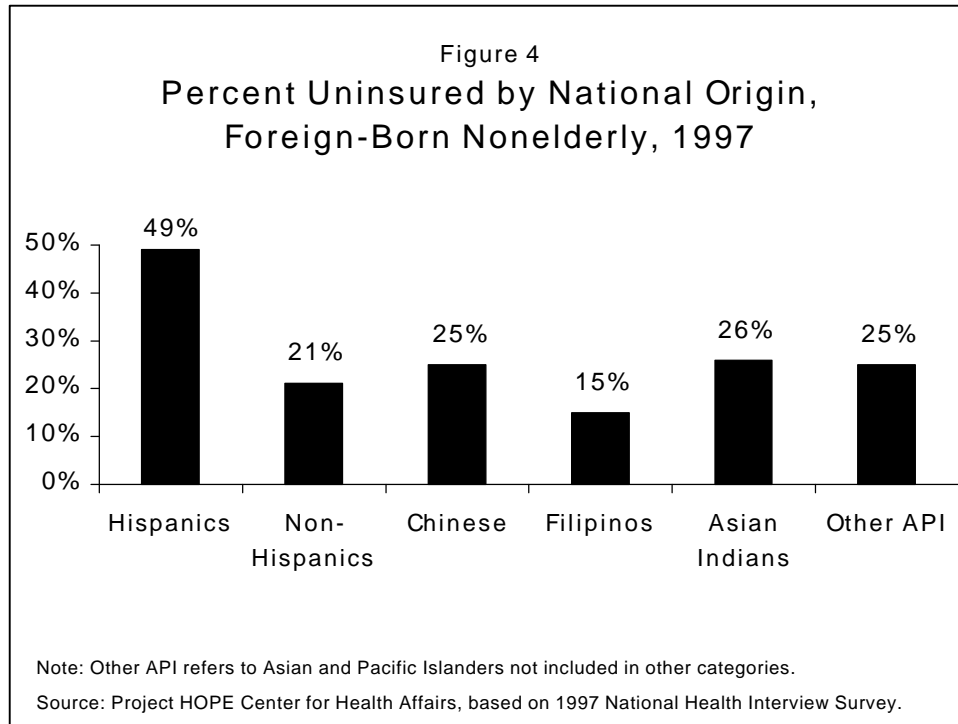
<sup>9</sup> The NHIS classifies persons born in Puerto Rico as foreign-born.

**Figure 3**  
**Percent Uninsured by Immigrant Status and Length of Time in the United States, Nonelderly Hispanics, 1997**



Source: Project HOPE Center for Health Affairs, based on 1997 National Health Interview Survey.

A similar but less-pronounced pattern exists for non-Hispanic immigrants. While immigrant status is clearly a factor in the low rates of coverage among Hispanics, foreign-born Hispanics were still more likely to be uninsured than other immigrant groups. Overall, and at both ends of the spectrum (U.S. residency of less than five years or more than 15 years), foreign-born Hispanics were more than twice as likely to be uninsured as were foreign-born non-Hispanics. Health coverage rates varied among foreign-born non-Hispanics: 25 percent of Chinese, 15 percent of Filipinos, 26 percent of Asian Indians, and 25 percent of other Asian and Pacific Islanders were uninsured.



#### Length of Time Without Insurance

Hispanics are substantially more likely than other racial and ethnic groups to be chronically uninsured.

Twelve percent of Hispanics were uninsured for the three-year period 1996–1998, compared with only 3 percent of whites, 4 percent of blacks, and 7 percent of Asian/Pacific Islanders. Among Hispanics, 17 percent of Central Americans (excluding Mexicans but including people from the Dominican Republic), 16 percent of Cubans, 13 percent of Mexicans, and 3 percent of Puerto Ricans were uninsured for 36 months.

Hispanics are much less likely than whites, blacks, or Asians to have continuous employer-provided coverage.

Non-Hispanic whites are nearly twice as likely as Hispanics to be continuously insured: 60 percent had employer-related coverage for all 36 months, in contrast to 32 percent of Hispanics (Table 2). Employers covered fewer than 40 percent of non-Hispanic blacks and 45 percent of Asian and Pacific Islanders throughout the 36-month period. Those of Mexican and Central American origin were least likely to have continuous employer-provided coverage, while other Hispanics (people from South America, Spain, or those born in the American Southwest) were most likely to have such coverage.

Table 2. Insurance Coverage Rates Over Time,  
All Persons Under Age 65, 1996–98

Racial/Ethnic Origin	Percent with Employer-Related Coverage for 36 Months	Percent Uninsured for 36 Months
Hispanic	32.1%	12.3%
White	60.7	2.7
Black	38.9	4.1
Asian/Pacific Islander	44.8	6.7

Source: Project HOPE Center for Health Affairs, based on the first nine waves of the 1996 panel of the Survey of Income and Program Participation.

More recent immigrants are least likely to be covered for the entire 36-month period and most likely to be continuously uninsured.

Foreign-born Hispanics were less likely than U.S.-born Hispanics to be covered for all 36 months (30% vs. 41%) and more than twice as likely to be uninsured throughout the period (21% vs. 7%) (Table 3). Of those who were born outside the United States, the most recent immigrants (determined here by the year they attained permanent resident status) were the least likely to have continuous, uninterrupted employer-related coverage and the most likely to be chronically uninsured. Just over one-third of Hispanics who became permanent residents in the 1990s were uninsured for 36 months, compared with one-fifth of those who became permanent residents in the 1980s or late 1970s and 13 percent of those who became permanent residents in 1975 or earlier.

Table 3. Insurance Coverage Rates Over Time, by Immigration Status,  
All Persons Ages 18 to 64, 1996–98

	Percent with Employer-Related Coverage for 36 Months	Percent Uninsured for 36 Months
U.S.-Born Hispanics	40.9%	7.1%
Foreign-Born Hispanics, by Year of Permanent Residency		
1990–96	15.5	34.4
1985–89	23.8	20.6
1980–84	32.6	20.0
1975–79	33.6	20.0
1975 and earlier	44.8	12.5
All Years	29.6	21.1

Source: Project HOPE Center for Health Affairs, based on the first nine waves of the 1996 panel of the Survey of Income and Program Participation.

Looking at the relationship between employment and insurance in the 36-month period, even Hispanics who were employed full-time for the entire period were substantially less likely than non-Hispanic whites or blacks to be covered through their employers.

Of those who worked full-time for the 36 months, just over two-thirds of Hispanics were continuously insured by employers, as opposed to nearly 90 percent of whites, 82 percent of blacks, and 78 percent of Asian/Pacific Islanders (Table 4). Seven percent of Hispanics remained uninsured for the entire period despite working continuously, compared with 1 percent of non-Hispanic whites, 2 percent of non-Hispanic blacks, and 4 percent of Asian/Pacific Islanders. Again, foreign-born Hispanics were the most vulnerable—only 59 percent of full-time workers were covered by employment-related insurance for the period and 13 percent were uninsured for all 36 months.

**Table 4. Insurance Coverage Rates Over Time for Full-Time Workers, Continuously Employed Persons Ages 18 to 64, 1996–98**

	Percent with Employer-Related Coverage for 36 Months	Percent Uninsured for 36 Months
All Hispanics	67.8%	7.2%
Foreign-Born Hispanics	59.2	12.5
Whites	87.9	1.0
Blacks	81.7	1.9
Asian/Pacific Islanders	78.2	3.5

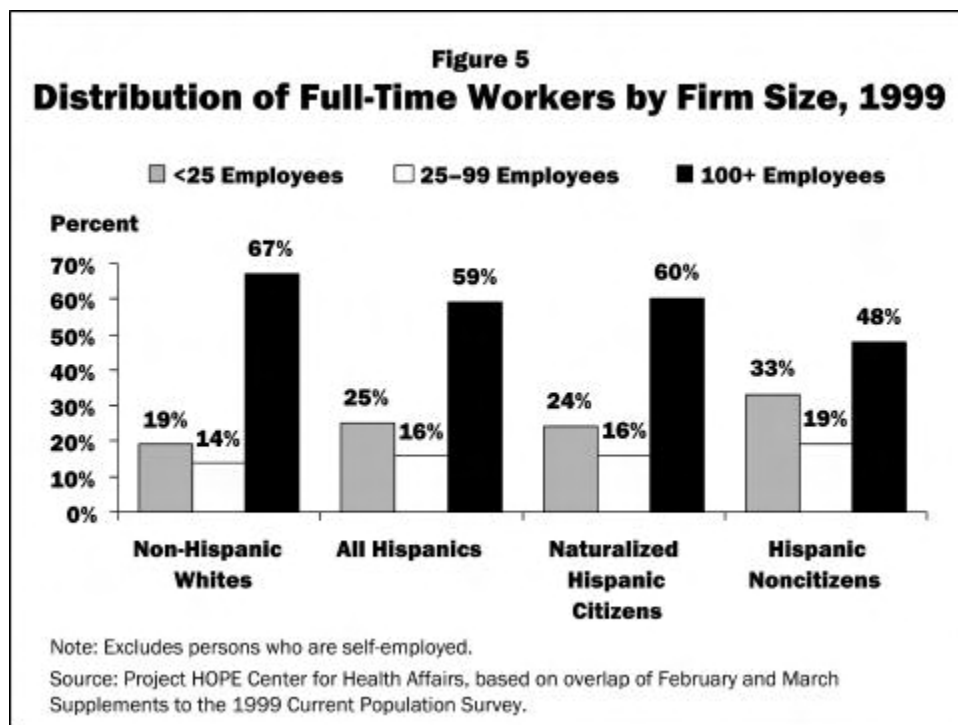
Source: Project HOPE Center for Health Affairs, based on the first nine waves of the 1996 panel of the Survey of Income and Program Participation.

#### WHY DON'T WORKING HISPANICS HAVE HEALTH INSURANCE?

It is clear that Hispanics are less likely than others to have employment-related health insurance coverage; this holds even for full-time workers. This section examines a range of factors that might influence the availability of job-related coverage. Employment characteristics like firm size and type of industry are strongly related to the offering of health benefits. We limit our analysis of the types of jobs Hispanics hold to full-time workers (those who work at least 35 hours per week). We also examine how family structure, including the presence of young children in the household and the number of parents who work, limits avenues to obtaining health insurance.

Hispanics in general are no more likely to work for small firms than non-Hispanic whites, but a larger proportion of immigrant Hispanics are employed in smaller firms.

Businesses with fewer than 25 employees are less likely to make health insurance available to employees; benefits of companies with 100 or more employees are more generous. Approximately 29 percent of whites and 32 percent of Hispanics worked for a firm with fewer than 25 employees in 1997. Hispanics were slightly less likely to work for the largest companies—58 percent of whites and 52 percent of Hispanics worked for firms with 100 or more employees in 1999. U.S. residents of Cuban and Central/South American origin were slightly more likely than whites to work for a small business—39 percent of Cubans and 34 percent of Central/South Americans were employed in such firms. Immigrant status and length of time in the country had a significant association with the types of firms in which Hispanics were employed. Thirty-eight percent of foreign-born Hispanics, and 43 percent of Hispanics who have lived in the United States for less than five years, worked in the smallest firms.



Hispanics, particularly recent immigrants, work in different industries than whites—industries that are least likely to offer health benefits. Hispanics were more likely than whites to be employed in the agriculture, construction, forestry, and fishing industries and in retail trade; they were less likely than whites to be employed in professional services or by governmental entities (Table 5). In general, the industries in which Hispanics are employed are much less likely to offer health benefits; those that employ more whites are substantially more likely to offer benefits (all levels of government usually provide relatively generous benefits). These patterns are more pronounced for foreign-born Hispanics, particularly more recent immigrants. The agriculture and forestry



or fishing industries employed 8.5 percent of Hispanics who were not U.S. citizens; 16.5 percent were employed in retail trade. Only 5.5 percent worked in professional services and only 3 percent in government jobs, both fields where work-related health benefits are common.

**Table 5. Distribution of Full-Time Workers, by Industry Classification**

Industry	Non-Hispanic Whites	All Hispanics	Naturalized Hispanic Citizens	Hispanic Noncitizens
Agriculture/Forestry/Fishing	0.9%	4.8%	3.9%	8.5%
Construction	5.7	8.6	6.7	13.2
Manufacturing	19.9	19.2	22.9	23.1
Transportation	6.9	5.9	7.0	3.9
Retail Trade	12.8	15.2	12.5	16.5
Finance	7.4	5.5	6.8	3.6
Professional Services	15.7	10.4	11.8	5.5
Government	16.6	11.2	11.7	3.1

Notes: Excludes persons who are self-employed. "Government" refers to federal, state, and local governments and cuts across industry classifications; government category also includes public administration industry classification.

Source: Project HOPE Center for Health Affairs, based on February Supplement to the 1999 Current Population Survey.

Within these industries, Hispanics were more likely to be in blue-collar jobs. Hispanics were half as likely as whites to be in executive, administrative, and managerial jobs, or jobs with a professional specialty. They were about twice as likely as whites to be in service occupations or to be employed as machine operators and handlers/laborers. They were five times as likely to be employed as farm workers (Table 6). Mexicans were the most prevalent Hispanic group in farm-related jobs (8% compared with 1% for whites). Foreign-born Hispanic workers, especially those who were not citizens (and many of whom are more recent arrivals to the United States), were most likely to be employed in service occupations or as farm workers, laborers, or machine operators. These jobs are less likely to offer health benefits.

**Table 6. Distribution of Full-Time Workers, by Major Occupation**

Occupation	Non-Hispanic Whites	All Hispanics	Naturalized Hispanic Citizens	Hispanic Noncitizens
Executive/Administrative/Managerial	17.8%	8.4%	9.1%	3.2%
Professional Specialty	17.7	7.0	9.8	2.7
Sales	10.8	6.9	6.1	4.8
Administrative/Support/Clerical	14.9	13.9	12.4	7.0
Service	6.3	14.0	14.5	17.9
Farm/Forestry/Fish Production	0.9	5.6	4.5	10.5
	12.8	15.3	18.4	18.1

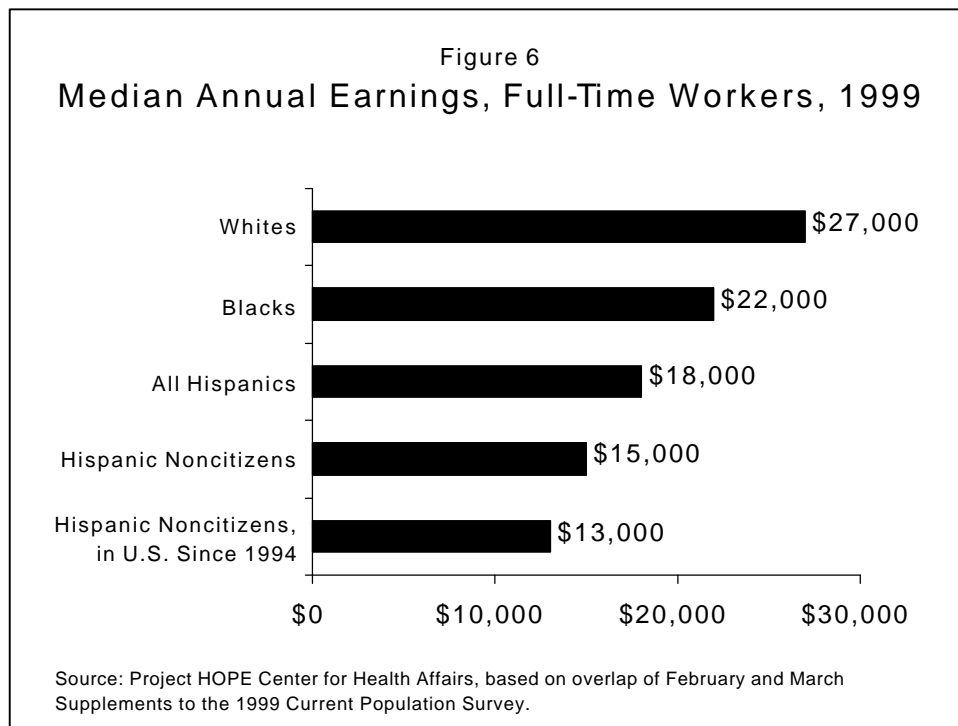
Machine Operator	6.1	11.2	13.4	15.5
Handler/Laborer	3.1	7.2	3.9	10.1

Notes: Excludes persons who are self-employed.

Source: Project HOPE Center for Health Affairs, based on February Supplement to the 1999 Current Population Survey.

On average, Hispanic workers earned only two-thirds as much as non-Hispanic white workers.

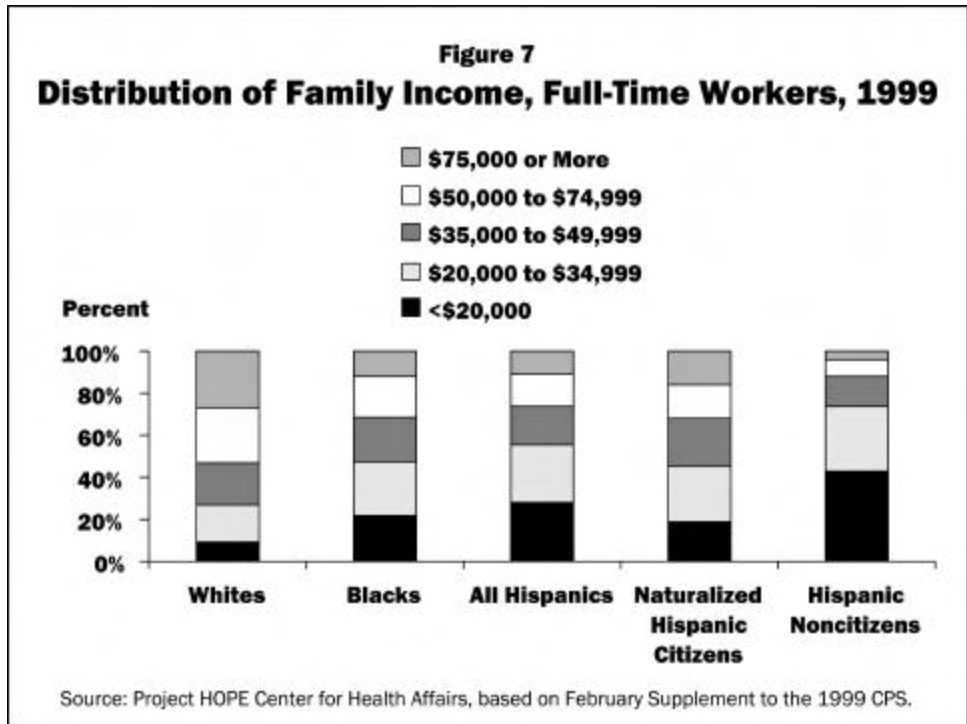
Median 1999 individual earnings for Hispanic full-time workers were \$18,000, compared with \$27,000 for non-Hispanic whites, and \$22,000 for blacks (Figure 6). Hispanics of Mexican origin earned slightly less—\$17,000 on average—and Hispanics of Cuban origin earned more—an average of \$25,000. There were substantial gaps between the earnings of Hispanics born in the United States and those born outside the United States, particularly recent immigrants.



Hispanic full-time workers were three times as likely as non-Hispanic whites who worked full time to have annual family incomes of less than \$20,000, and half as likely to have incomes of \$50,000 or more.

Fewer than 10 percent of whites were in the lowest income category, compared with 28 percent of Hispanics (Figure 7). Incomes for Hispanic immigrants were even lower.

Nearly three-quarters of those who were not U.S. citizens earned less than \$35,000 annually.



A number of other aspects of employment may affect the opportunity to obtain health insurance at the workplace. The self-employed cannot realize the tax or administrative benefits of employer-provided group coverage. Part-time or temporary workers are often ineligible for benefits even when the employer offers them to full-time permanent employees. Although these alternative work arrangements do affect the availability of coverage, there are few large differences between Hispanics and non-Hispanic whites that would account for the low rates of coverage in the Hispanic population (Table 7). Whites are much more likely to be self-employed than Hispanics and are more likely to work part-time. Hispanics are more frequently in temporary jobs or in contingent positions. These differences are relatively small, and such a small proportion of the population is affected that they are not likely to account for the large differences in rates of coverage.

Table 7. Alternative Work Arrangements for Full-Time Workers

	Non-Hispanic Whites	All Hispanics	Naturalized Hispanic Citizens	Hispanic Noncitizens
Multiple Jobs	6.1%	3.9%	4.8%	2.6%
Self-Employed	11.5	5.9	10.0	5.4
Part-Time	20.2	15.6	11.9	12.1
On-Call	0.9	1.3	0.2	1.7
Laborer	0.1	0.4	0.9	0.6
Temporary	2.3	4.4	2.8	5.7
Contract	1.5	0.9	1.1	0.5
Independent Contractor	0.7	0.5	1.0	0.7
Contingent	1.0	1.9	1.1	2.3

Note: Work arrangement categories are not mutually exclusive. Full-time workers only except for part-time row. Excludes persons who are self-employed except for self-employed row. Contingent workers are in a temporary job or have job tenure of less than a year.

Source: Project HOPE Center for Health Affairs, based on February Supplement to the 1999 Current Population Survey.

The jobs in which Hispanics were employed were less likely to come with insurance coverage; at the same time, there was little difference in the rates at which workers accepted coverage that was offered.

Health insurance coverage was offered through the workplace to 87 percent of white full-time workers, 85 percent of blacks, and 69 percent of Hispanics (Table 8). Work-related coverage was available to 81 percent of Hispanics who were born in the United States, 75 percent of naturalized Hispanic citizens, and only 50 percent of noncitizen Hispanics. The take-up rate—participation in the employer plan by those who were eligible—was similar across groups, and the majority of those who were eligible signed up for coverage.

Noncitizen Hispanics were somewhat more likely to decline coverage than whites or Hispanics in general, but the majority of those who were offered coverage and eligible to participate chose to do so when coverage was available even though they are among the lowest-paid workers.

Table 8. Availability of and Participation in Work-Related Coverage, Full-Time Workers

	Percent Offered and Eligible	Take-Up Rate
White	87.3%	87.4%
Black	84.6	87.0
Hispanic	68.9	85.7
U.S.-Born	80.9	86.6
Naturalized Citizen	75.2	89.8
Noncitizen	49.9	81.4

Notes: Excludes persons who are self-employed. The take-up rate represents the percent of those eligible for the plan who participated in it.

Source: Project HOPE Center for Health Affairs, based on February Supplement to the 1999 Current Population Survey.

Even within the same industries and occupations, health insurance was less likely to be available to Hispanic workers.

Clear patterns in the availability of work-related coverage are evident across industries and occupations, even with the broad categories used here. Yet within these industries and occupations, employment-related health insurance was consistently less likely to be available to Hispanics (Table 9). The smallest differences were in executive, administrative, or managerial positions (93% for non-Hispanic whites and 88% for Hispanics), and in government (96% and 93%, respectively). However, most of the differences between offer rates for Hispanics and whites were on the order of magnitude of 20 percentage points. Work-related coverage was even less likely to be available to Hispanic noncitizens.

**Table 9. Work-Related Coverage by Selected Industries and Occupations, Percent Offered and Eligible**

	Whites	Blacks	Hispanics	Hispanic Noncitizens
<b>Industry</b>				
Construction	64.5%	62.1%	45.9%	32.7%
Agriculture	59.0	a	37.6	a
Manufacturing	94.3	91.2	73.8	60.9
Retail Trade	77.1	69.0	56.9	42.7
Government	96.4	93.7	93.0	a
Professional Services	88.1	86.2	79.3	a
<b>Occupation</b>				
Exec/Admin/Managerial	92.6	93.7	87.6	a
Machine Operators	89.2	90.5	63.2	51.5
Farming	60.8	a	41.8	38.0
Administrative Support	89.2	89.5	79.2	64.8
Service	68.9	74.3	58.9	48.8

Notes: Excludes persons who are self-employed. "Government" refers to workers employed by federal, state, and local governments and cuts across industry classifications; public administration classification also included in government category. Sample of foreign-born Hispanic citizens is too small to make estimates by industry or occupation.

<sup>a</sup> Sample too small for reliable estimate.

Source: Project HOPE Center for Health Affairs, based on February Supplement to the 1999 Current Population Survey.

Offer rates were lower for all groups in small firms compared with larger firms, but they were dramatically lower for Hispanics.

Less than half of Hispanics who work in firms with fewer than 25 employees are offered work-related health insurance and are eligible for it, compared with 70 percent of whites and 63 percent of blacks (Table 10). Hispanics who are not citizens are least likely to be offered health insurance—only 31 percent are offered and eligible for a job-related plan.

The availability of coverage for all groups increases with the size of the firm. However, while the discrepancy between whites and Hispanics narrows with firm size, it does not vanish. Even within companies that employ 100 or more people, health insurance is less available to Hispanics than to whites. Offer rates for Hispanic noncitizens continue to be the lowest even in larger firms.

**Table 10. Availability of Work-Related Coverage by Firm Size, Full-Time Workers**

Firm Size	Whites	Blacks	All Hispanics	Naturalized Hispanic Citizens	Hispanic Noncitizens
Less than 25	70.0%	63.1%	47.3%	a	30.8%
25–99	86.5	75.2	65.8	a	51.6
100 or more	93.4	89.8	83.2	89.2%	67.2

Note: Excludes persons who are self-employed.

<sup>a</sup> Sample too small for reliable estimate.

Source: Project HOPE Center for Health Affairs, based on overlap of February and March supplements to the 1999 Current Population Survey.

Within each earning class, Hispanics were less likely to be offered work-related coverage and to be eligible to participate compared with non-Hispanic whites. Hispanic males were slightly less likely to be offered and eligible for coverage than Hispanic females.

While the gap in offer rates between Hispanics and whites narrows at higher wage rates, Hispanics were less likely than non-Hispanic whites to have job-related health insurance available at all comparable earnings levels (Table 11). The differences were largest in the lowest earnings categories: coverage was available to 44 percent of Hispanic full-time workers earning less than \$13,520 annually and 69 percent of Hispanics earning \$13,520 to \$24,999. Comparable figures for whites in those earnings groups were 51 percent and 80 percent. Only 33 percent of noncitizen Hispanics in the lowest income category had coverage available. While white males and females encounter similar offers of health insurance in their jobs, both Hispanic and black females are somewhat more likely than their male counterparts to have employment-coverage available to them.

**Table 11. Availability of Work-Related Coverage, by Selected Worker Characteristics, Full-Time Workers**

	Whites	Blacks	Hispanics	Hispanic Noncitizens
Male	88.9%	82.9%	69.7%	51.2%
Female	87.6	87.0	76.7	59.5
Individual Earnings				
Less than \$13,520	51.1	53.5	44.0	32.9
\$13,520–\$24,999	80.2	82.8	68.5	58.9

\$25,000–\$40,000	90.4	91.5	82.4	67.2
More than \$40,000	93.7	92.5	89.4	a

Note: Excludes persons who are self-employed.

<sup>a</sup> Sample too small for reliable estimate.

Source: Project HOPE Center for Health Affairs, based on overlap of the February and March Supplements to the 1999 Current Population Survey.

Compared with non-Hispanic whites, Hispanic couples were younger, more likely to have young children, and more likely to have only one full-time worker. Overall, Hispanic married couples were slightly younger than non-Hispanic white couples—women and men in Hispanic couples averaged 37 and 40 years old, respectively, compared with 42 and 44 years old, respectively, for women and men in non-Hispanic white couples (Table 12). More Hispanic families (40%) had young children at home; only 23 percent of non-Hispanic white married couples had at least one child 6 years of age or younger in 1999. Of households with two married adults, 62 percent of Hispanic households had only one worker compared with 58 percent of white households.

Table 12. Distribution of Families, by Selected Characteristics

	White	Black	Hispanic		
			All	U.S.-Born	Noncitizen
Mean Age					
Husband	44	43	40	41	37
Wife	42	41	37	39	35
Percent of All Families with Child Age 6 or Younger	23.0%	23.0%	40.0%	35.8%	47.2%
Number of Workers (percent distribution)					
One worker	57.9	49.0	61.5	50.2	72.9
Two workers	42.1	51.0	38.5	49.8	27.1
Families with Child Age 6 or Younger (percent distribution)					
One worker	67.8	42.0	70.4	58.2	83.6
Two workers	32.2	58.0	29.6	41.8	16.4

Notes: Limited to married couple families with at least one full-time worker. Excludes persons who are self-employed.

Source: Project HOPE Center for Health Affairs, based on overlap between February and March Supplements to the 1999 Current Population Survey.

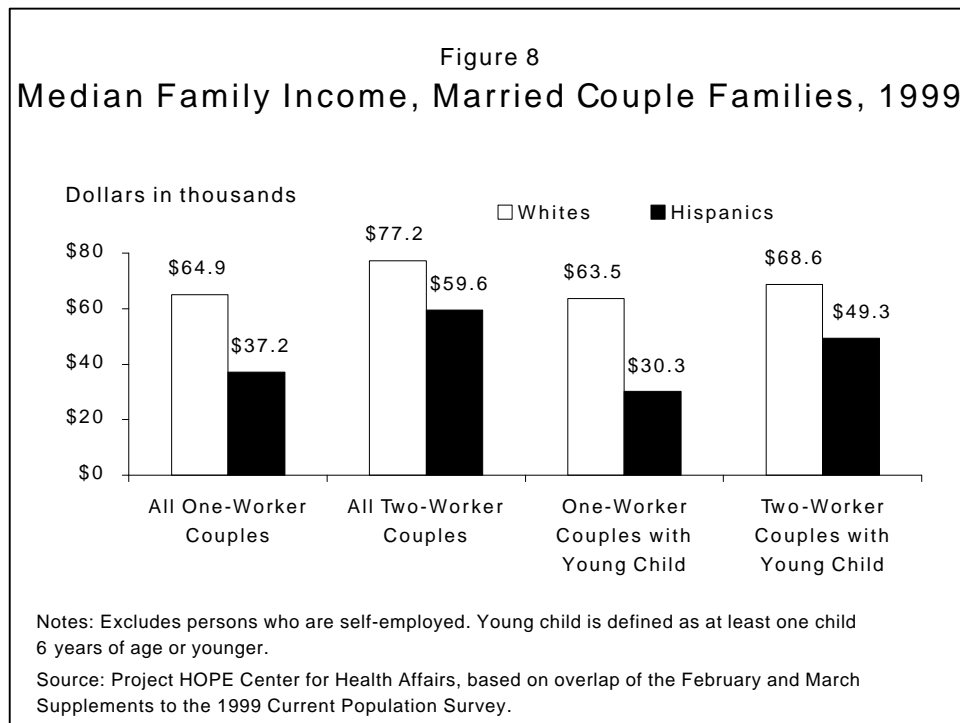
Both Hispanic and white families with young children at home were more likely to have only one full-time worker. The proportion was similar for both groups: of families

with at least one child 6 years of age or younger, 70 percent of Hispanic families and 68 percent of white families had only one worker.

Noncitizen Hispanic couples were different from Hispanics as a whole. Both husband and wife were slightly younger still than the average U.S. Hispanic couple. Nearly half had young children. These families were even more likely to have only one worker. While Hispanic women in one-worker families were no younger than Hispanic women in two-worker families, noncitizen parents in one-worker families were slightly younger than their two-worker family counterparts.

Income levels were lower for one-worker families than for two-worker families, and lowest for one-worker families with young children. Hispanic families were financially worse off than whites in each category, exacerbating the problem of lack of health insurance.

Median family income for all married couple families was \$56,000 in 1999. White married couple families had slightly higher incomes, just over \$58,000, while Hispanic married couple families earned substantially less, with a median of about \$34,000. The discrepancy between Hispanics and non-Hispanic whites was greatest for one-worker families with a young child: for these families, Hispanic median incomes were only half that of white incomes (Figure 8).





The combined effect of more one-worker couples and low offer rates from employers limits Hispanics' access to employer-provided coverage. Only 6 percent of white couples with at least one full-time worker have no health insurance available to them, compared with 25 percent of Hispanic couples (Table 13). Only a quarter of these families have a choice of coverage from two employers; one-third of white couples have such a choice. Noncitizen Hispanics are at a particular disadvantage; nearly half of these couples are unable to buy employment-related coverage.

**Table 13. Availability of Work-Related Coverage,  
One- vs. Two-Worker Families**

	White	Black	Hispanic		
			<i>All</i>	<i>U.S.-Born</i>	<i>Noncitizen</i>
<b>One-Worker Families</b>					
Offered	52.8%	42.9%	39.5%	39.5%	32.9%
Not Offered	5.1	6.0	22.0	10.7	40.0
<b>Two-Worker Families</b>					
Both Offered	33.8	40.1	25.3	40.5	10.7
One Offered	7.4	9.3	10.0	7.0	11.1
Neither Offered	0.9	1.7	3.2	2.3	5.3
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

Notes: Limited to married couple families with at least one full-time worker. Excludes persons who are self-employed.

Source: Project HOPE Center for Health Affairs, based on February Supplement to the 1999 Current Population Survey.

## CONCLUSIONS AND POLICY IMPLICATIONS

The growing population of Hispanic Americans faces a tremendous disadvantage in securing health insurance coverage through the workplace. While a range of factors contributes to the low rates of coverage, no single cause is easily isolated. Findings in this report show that much of the problem can be attributed to the kinds of jobs Hispanics hold, but employment characteristics alone do not account for all the differences in coverage. Family structure plays some role. Immigrant status also looms large. Because of the number of contributing factors and the lack of a single culprit, there is not likely to be one simple policy solution to this problem.

Another complication is the degree of diversity within the Hispanic population. Because those of Mexican descent account for approximately two-thirds of Hispanics currently living in the United States, their numbers tend to drive most of the findings in this report. With respect to health insurance, immigrants from other parts of Central America are similar in many ways to Mexicans—they, too, are in the lowest income brackets and are continuing to enter the country in large numbers. Cuban-Americans and Puerto Ricans living on the U.S. mainland are generally more integrated into the health

care system and more likely than other Hispanic groups to be either privately insured or covered by Medicaid.

Despite high rates of labor force participation and a significant contribution to the economy, it is apparent that Hispanics are less often insured because they are less likely to be offered coverage through their jobs. They are on the lower ends of the earnings and benefits scales compared with non-Hispanic whites and are concentrated in industries and occupations in which employers less often make coverage available. Even within the same types of industries and jobs, Hispanics are less likely to be offered and to be eligible for work-related insurance. The information presented here indicates that Hispanics in general tend to purchase coverage at rates comparable to other groups when it is available. There is little evidence that Hispanics value insurance less than others or choose not to be covered.

We find that recent immigrants are particularly vulnerable in the workplace, with dramatically lower offer rates and, hence, even lower rates of coverage. U.S.-born Hispanics (just over 60 percent of all Hispanics living here) are in many ways comparable to non-Hispanic whites in terms of the availability of work-related health insurance coverage. It is immigrant Hispanics who face the most formidable barriers to coverage. Compared with U.S.-born Hispanics, recent immigrants are more heavily concentrated in jobs and in geographic areas where health insurance is much less often available and they are also more often found in smaller firms where work-related coverage is less common and more costly.

Yet, job-related characteristics do not fully explain the low rates of coverage within the Hispanic population. Family structure appears to play some role: Married Hispanics are more likely than married non-Hispanic whites to be younger, to have young children, and to be part of one-worker rather than two-worker families, all attributes that compound the lack of access to job-related coverage. And there is an additional joint effect of family structure and immigrant status so that recent immigrant families are younger still and less likely to have two workers in the family, making them even more vulnerable.

The mechanism through which immigrant status itself affects health insurance coverage is difficult to identify. Hispanic immigrants are substantially worse off economically than Hispanics overall and they are also worse off than other immigrant groups such as Asians. The data examined in this report suggest that even after as many as 15 years in the United States (a long transition from most perspectives) there remain large

differences in health insurance coverage between U.S.-born and immigrant Hispanics, and between immigrant Hispanics and immigrant non-Hispanics.

In considering incremental changes within the current system of job-based health insurance, policy initiatives targeted at employers should be explored in order to increase coverage rates.

In particular, the issues of high administrative costs and inadequate pooling of risk that face small employers need to be addressed. Incremental reforms could include tax incentives to encourage employers to make coverage available and subsidize its purchase, as well as the provision of more direct assistance to small employers to form purchasing alliances.

Dealing with specific industries that have been traditionally reluctant to offer coverage may be more difficult. What is likely to be most critical is the development of a mechanism for subsidizing the employee's portion of the premium to achieve higher participation rates among the lowest-wage workers.

If we expect that immigrants will obtain better jobs—and better benefits—over a reasonable time period, policy solutions that emphasize a bridge from the time of entry to some time of fuller acclimation could be proposed. With the passage of welfare reform and related amendments in 1996, access to public benefits for undocumented immigrants was severely curtailed and noncitizen immigrants or those in the United States less than five years after enactment face new restrictions on benefits.<sup>10</sup> Liberalization and clarification of recent changes in the law might serve to cover a substantial portion of the immigrant population during such a transitional time. However, it is unclear how long this transition would take to complete.

If this transition is indeed a long one, then it is likely that the current list of policies is insufficient to meet the needs of the unique situations that different Hispanic immigrant groups face. In fact, the remedy for the extremely low rates of coverage among Hispanics may well lie outside the health care system.

---

<sup>10</sup> INS Fact Sheet <http://www.ins.U.S.doj.government/hqopp/factsfin.htm> updated 1/31/97. While the welfare reform law and related amendments contain this stipulation, it is not clear whether the stipulation is legal or enforceable.

## APPENDIX: DATA SOURCES AND DEFINITIONS

The data presented in this report come from several sources. In the first section, most of the data describing insurance coverage by demographic characteristics, national origin, and length of time in the United States are from the 1997 National Health Interview Survey (NHIS). The NHIS, sponsored by the National Center for Health Statistics, is an annual cross-sectional survey that uses in-person interviews. The 1997 survey collected data from 103,477 respondents, 21,874 of whom were Hispanic. Data are weighted to be nationally representative and include information on health insurance, employment, and socio-demographic characteristics.

Information describing insurance coverage over a three-year period is from the first nine waves (36 months) of the 1996 panel of the Survey of Income and Program Participation (SIPP) and covers the period from January 1996 through December 1998. Conducted by the Bureau of the Census, the SIPP is a continuous panel of surveys with interviews every four months over a period of four years. Information on month-by-month health insurance coverage is gathered at each interview. The 1996 panel includes 11,241 Hispanics.

Data on offer and take-up rates of employment-related coverage, as well as industry, occupation, and family income, are from the February supplement to the 1999 Current Population Survey (CPS). The CPS is a cross-sectional survey conducted by the Bureau of the Census in person and by telephone, with monthly interviews that often focus on additional topics related to employment and benefits. Its primary purpose is to serve as the basis of labor force statistics. We used information for 3,958 Hispanics working at the time of the February interview. The data presented on alternative work arrangements are also from the February supplement. Information on the distribution of workers by firm size and data that combine individual earnings, firm size, and offer rates are tabulated from the overlap sample in the February and March 1999 supplements to the CPS. The linked February/March data include 2,469 Hispanics. Information on family structure was also obtained from the linked file. We also conducted basic tabulations of the characteristics of the Hispanic population using the December 2000 data. We used files from December 1996 and December 2000 to examine changes in the composition of the immigrant population.

Data from NHIS and CPS on national origin are self-reported and coded into the following categories: Mexican; Central or South American other than Mexican; Puerto Rican; Cuban; other Hispanic origin. For SIPP data, the Central American category includes people from the Dominican Republic. South Americans are in the "Other

Hispanic” category. Married couple families were classified as Hispanic only if both individuals in the couple were Hispanic.

Full-time workers are those reporting that they worked 35 hours or more: in the two-week period prior to the interview (NHIS); in the week of the interview (CPS); or in the month of the interview (SIPP); or that they had a job where they usually worked at least 35 hours.

## RELATED PUBLICATIONS

In the list below, items that begin with a publication number are available from The Commonwealth Fund by calling our toll-free publications line at 1-888-777-2744 and ordering by number. These items can also be found on the Fund's website at [www.cmwf.org](http://www.cmwf.org). Other items are available from the authors and/or publishers.

---

#425 *Barriers to Health Coverage for Hispanic Workers: Focus Group Findings* (December 2000). Michael Perry, Susan Kannel, and Enrique Castillo. This report, based on eight focus groups with 81 Hispanic workers of low to moderate income, finds that lack of opportunity and affordability are the chief obstacles to enrollment in employer-based health plans, the dominant source of health insurance for those under age 65.

#391 *On Their Own: Young Adults Living Without Health Insurance* (May 2000). Kevin Quinn, Cathy Schoen, and Louisa Buatti. Based on *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance* and Task Force analysis of the March 1999 Current Population Survey, this report shows that young adults ages 19–29 are twice as likely to be uninsured as children or older adults.

#370 *Working Without Benefits: The Health Insurance Crisis Confronting Hispanic Americans* (March 2000). Kevin Quinn, Abt Associates, Inc. Using data from the March 1999 Current Population Survey and *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance*, this report examines reasons why 9 million of the country's 11 million uninsured Hispanics are in working families, and the effect that lack has on the Hispanic community.

#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.

#362 *Listening to Workers: Findings from The Commonwealth Fund 1999 National Survey of Workers' Health Insurance* (January 2000). Lisa Duchon, Cathy Schoen, Elisabeth Simantov, Karen Davis, and Christina An. This full-length analysis of the Fund's survey of more than 5,000 working-age Americans finds that half of all respondents would like employers to continue serving as the main source of coverage for the working population. However, sharp disparities exist in the availability of employer-based coverage: one-third of middle- and low-income adults who work full time are uninsured.

#363 *A Vote of Confidence: Attitudes Toward Employer-Sponsored Health Insurance* (January 2000). Cathy Schoen, Erin Strumpf, and Karen Davis. This issue brief based on findings from *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance* reports that most Americans believe employers are the best source of health coverage and that they should continue to serve as the primary source in the future. Almost all of those surveyed also favored the government providing assistance to low-income workers and their families to help them pay for insurance.

#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.

#347 *Can't Afford to Get Sick: A Reality for Millions of Working Americans* (September 1999). John Budetti, Lisa Duchon, Cathy Schoen, and Janet Shikles. This report from *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance* finds that millions of working Americans are struggling to get the health care they need because they lack insurance or experience gaps in coverage.

#368 *Managed Care in Three States: Experiences of Low-Income African Americans and Hispanics* (Fall 1999). Wilhelmina A. Leigh, Marsha Lillie-Blanton, Rose Marie Martinez, and Karen Scott Collins. *Inquiry*, vol. 36, no. 3. This article examines the experiences of low-income Hispanics, African Americans, and whites enrolled in managed care plans in Florida, Tennessee, and Texas and compares them to their racial/ethnic counterparts enrolled in fee-for-service plans.

#321 *U.S. Minority Health: A Chartbook* (May 1999). Karen Scott Collins, Allyson Hall, and Charlotte Neuhaus. This chartbook, which is intended to serve as a quick reference for currently available information on minority health, shows that minorities continue to lag behind whites on many important health indicators, including infant mortality rates, life expectancy, and health insurance coverage.

#314 *Employer-Sponsored Health Insurance: Implications for Minority Workers* (February 1999). Allyson Hall, Karen Scott Collins, and Sherry Glied. This report shows that disparities in minorities' health insurance coverage can be found across industries, occupations, and part- and full-time workers, and that no matter what the company size, minority workers are less likely to receive health insurance from their employer.