Health Policy Fact Sheet

Health Insurance Coverage in the United States Latino Population

Immigration Status as a Barrier to Coverage

- The foreign-born U.S. population is about 2.5 times more likely to be uninsured than the native* population (33.3% compared to 13.3%).

- According to U.S. Census Bureau statistics, nativity status has a direct correlation to whether or not an individual has health insurance (Figure 1). In 2004, non-U.S. citizens were more likely than naturalized citizens to lack coverage, again by about 2.5 times: 44.1% (9.5 million out of 21.6 million) compared to 17.2% (2.3 million out of 13.5 million). Of the 255.4 million native-born population, only 13.3% (32.4 million) were without health insurance coverage.

- Employment-based health insurance is rare for part-time and seasonal work. According to the 2002 Current Population Survey, over one-fourth of immigrants age 16 and over who are in the labor force are part-time or seasonal workers or are unemployed. Undocumented immigrants, an estimated 26% of the foreign-born population, are barred from government insurance programs, allowing them few options for affordable health insurance.

Latinos: Disproportionately Uninsured

- Latinos are currently the biggest minority group in the United States, accounting for 13% of the total population.

- Nationwide, Latinos are over 3 times as likely as non-Latino whites to be uninsured.

- There are 13.7 million Latinos living in the United States who do not have health insurance coverage (32.7% of the total Latino population).

- According to The Pew Hispanic Center/Kaiser Family Foundation 2002 National Survey of Latinos, only 58% of foreign-born Latinos report having health insurance, compared with 75% of native-born Latinos. Of those surveyed, Latinos who were bilingual or predominantly spoke English were over 1.5 times more likely to have health insurance than those who predominantly spoke Spanish.

- Latinos who earn less than $30,000 annually are over 4 times as likely to lack health insurance as those who make more than $50,000 annually (Figure 2).

- In California, where Latinos make a major contribution to the state’s economy, the farmworker population in particular suffers enormous health disparities: over 70% lack health insurance.

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Figure 1. Uninsured United States Population by Nativity,* 2004

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Native</th>
<th>Foreign-Born Naturalized Citizen</th>
<th>Foreign-Born Non-Citizen</th>
</tr>
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<tbody>
<tr>
<td>13.3%</td>
<td>17.2%</td>
<td>44.1%</td>
<td></td>
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</tbody>
</table>

Source: U.S. Census Bureau, 2005

Figure 2. Latinos’ Reported Health Insurance Coverage by Annual Income, 2002

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Less than $30,000</th>
<th>$30,000 up to $50,000</th>
<th>$50,000 and greater</th>
</tr>
</thead>
<tbody>
<tr>
<td>55%</td>
<td>71%</td>
<td>89%</td>
<td></td>
</tr>
</tbody>
</table>

Source: The Pew Hispanic Center/Kaiser Family Foundation, 2002
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Children

- 15.4% of children nationwide do not have health insurance.¹
- In 2004, 21.1% of Latino children in the U.S. did not have any health insurance, compared to 7.6% for non-Latino white children, 13% for African-American children, and 9.4% for Asian-American children.²
- In California, U.S.-born children with at least one undocumented immigrant parent are twice as likely to be uninsured as U.S.-born children of non-immigrant parents. Non-U.S.-born children of immigrant parents are even more likely to be uninsured, regardless of their parents’ legal status.³
- Two-thirds of California’s U.S.-born children of undocumented parents are eligible for Medi-Cal, and over a quarter are eligible for Healthy Families, yet they are not enrolled in these programs.⁴
- One in five children in California, either U.S.-born or undocumented, ages 2-17, with at least one undocumented parent, has never visited a dentist, a rate double that of U.S.-born children of U.S.-born parents.⁵

Policy Opportunities

- Those without health insurance are less likely to seek treatment when sick and less likely to obtain preventive services because of the high cost of medical care in the United States. Moreover, the uninsured population is more likely to pay out of pocket for medical services.¹¹ In a recent survey of California’s farmworkers, 41% said they paid for their last health-care visit. This payment mechanism is the most inefficient way to purchase health-care services since individual income is not protected from unpredictable and variable health-care expenses.¹²
- Problems of access to health care also translate into higher levels of stress for Latinos when they need to use health services. Nationwide, among uninsured Latino adults, about two-thirds have trouble paying their medical bills or have been contacted by a collection agency about their medical expenses.¹³
- Emotional and economic problems caused by personal or family medical expenses could translate into increased health disparities for the Latino population (the poorer of whom may not seek preventive or timely medical care), decreased labor productivity, and fewer opportunities to increase their future earnings.

References


*Nativity is defined by the U.S. Census Bureau as having been born in the United States, Puerto Rico, or certain U.S. Island Areas (Guam, the Northern Mariana Islands, or the Virgin Islands of the United States) or in a foreign country but having had at least one parent who was a U.S. citizen.

This fact sheet was reviewed by Steven P. Wallace, PhD, Associate Director of the UCLA Center for Health Policy Research and Professor at the UCLA School of Public Health.

The information presented in this fact sheet was assembled by Xóchitl Castañeda, California-Mexico Health Initiative Director, with the support of the CMHI staff.

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