

Latinos, Immigrants, and the Uninsured

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I have presented data on the North Carolina uninsured a number of times over the past couple years to a variety of audiences. Typically each audience finds a particular point of interest—one audience may ask questions about the low-income uninsured, while another may be interested in the working uninsured—but in almost every situation, one of the first few questions is how either Latinos or immigrants (or both) affect the uninsured rate in our state. This question is not altogether unanticipated. The issue of immigration, legal and illegal, is particularly topical given the tremendous population growth over the past decade and the current political focus. An often cited statistic is that, on a percentage basis, North Carolina's Hispanic population was the fastest growing in the country from 1990 to 2000. Congress's consideration of immigration reform, and the subsequent public demonstrations, has focused national interest on the issue. Based on this widespread attention to immigrants in general, and how they contribute to the uninsured rate in particular, there is a cry for objective evidence. How much of the uninsured problem *can* be attributed to Latinos and immigrants?

The simple answer, of course, is that there is no simple answer. Like most topics worth considering, there is no definitive answer and data can be used to support conflicting conclusions on the issue. However, when one examines the constellation of statistics on this issue, there is only one defensible conclusion: although Latinos and non-citizens in general are more than three times as likely to be uninsured than non-Latinos and citizens, other factors are more important causes of the problem.

Popular media coverage often blurs the definition between *Latinos*, *immigrants*, *non-citizens*, and *illegal* (or *unauthorized immigrants*). Often, it appears, many people consider these groups identical. In North Carolina, however, 32% of non-citizens are not Latino, and 35% of Latinos were born in the United States.¹ Non-citizens include both those who are in this country legally (i.e., with work, student, or other visas), as well as those

in the country without documentation. Although much of the consternation on this issue relates directly to undocumented (illegal) immigrants, most of the data sources on the uninsured contain no information on an immigrant's legal status.² Thus, this commentary focuses on

“...two thirds of the difference in the uninsured rate among Latinos and non-Latinos can be explained by factors other than being Latino...”

ethnicity (Latino or non-Latino) and citizenship (citizen or non-citizen). In addition, I limit my focus specifically to insurance coverage. A broader assessment of the costs and benefits of North Carolina's immigrant population is well beyond the scope of this analysis.

Simple Comparisons of Uninsured Rates

It is useful to start with simple comparisons. As often mentioned elsewhere in this issue of the Journal,³ most analyses of the uninsured consider only the non-elderly, since due to Medicare, less than 1% of the elderly are uninsured. Table 1 presents the uninsured rate by citizenship and Latino ethnicity. Slightly less than 18% of non-elderly North Carolinians were uninsured in 2004, although there are marked differences by

a One study estimates that 55.5% of North Carolina's Latino population is "authorized."²

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Table 1.
Uninsured Rate by Ethnicity and Citizenship,
North Carolina 2003-2004

	Not Latino	Latino	Total
Non-citizen	21.9%	73.0%	57.7%
Citizen	15.1%	25.2%	15.4%
Total	15.2%	53.6%	18.0%

Source: Current Population Survey Annual Social and Economic Supplement, US Census Bureau and Bureau of Labor Statistics

both citizenship and ethnicity. While 15% of North Carolina citizens are uninsured, more than half of non-citizens are uninsured. Likewise, 15% of non-Latinos are uninsured compared with 54% of Latinos.

The data can also be considered from another perspective. Latinos represent approximately 7% of the North Carolina population, while non-citizens represent 6%. Of the 1.3 million uninsured, however, Latinos and non-citizens are overrepresented: 22% of the uninsured are Latino, and 20% of the uninsured are non-citizens. Of North Carolina's 1.3 million uninsured, approximately 170,000—just over one in eight—were born in Mexico.

Trends

Another way to consider the role of Latinos and non-citizens would be to look at changes over time.^b In 2000, roughly 13.4% of non-Latinos were uninsured; that grew to 15.0% in 2004, an increase of 1.6 percentage points. That is, examining only non-Latinos, the uninsured rate grew from 2000 to 2004. The uninsured rate for Latinos, however, grew substantially, from 37.8% to 51.8%, an increase of 14 percentage points. Likewise, the number of uninsured increased by more than 200,000 for non-Latinos and roughly 125,000 for Latinos. Given the total increase of 334,290 in the uninsured, the

growth in the number of non-Latino uninsured represented 63% of the total increase in the North Carolina uninsured from 2000 to 2004.

Another way to analyze the changes is to try to discern whether the increase in the number and percent of uninsured Latinos is due to changes in the state's demographics (the percent of population that is Latino), or changes in the within-demographic uninsured rate (the percent of citizen Latinos who lack health insurance). Performing this analysis shows that one quarter to one third of the change in the percentage of North Carolinians who are uninsured between 2000-2004 were driven by changes in the population. The remaining two thirds to three quarters are due to uninsured increases within each group. Note that the percent of citizen non-Latinos—93% of the North Carolina population in 2000—who were uninsured increased 1.4 percentage points from 2000 to 2004. Thus, the increase in the uninsured rate in citizen non-Latinos alone was responsible for roughly 1.3 percentage points statewide—almost half the increase in the uninsured rate from 2000 to 2004.

Nationally, states with proportionately more Latino and/or non-citizens have higher uninsured rates. The question, of course, is whether this relationship is a direct result of high Latino/non-citizen populations, or whether Latino/non-citizen individuals have other risk factors making them likely to be uninsured.

Behind the Curtain—Latinos and Immigrants Have Increased Risk Factors for Being Uninsured

Of course, Latinos and non-citizens have other factors beyond their ethnicity/citizenship status that make them likely to be uninsured. For example, both Latinos and non-citizens are more than twice as likely to have incomes below poverty guidelines, and full-time workers are nearly twice as likely to

Table 2.
Single Year Estimates of the Uninsured Population of North Carolina, 2000-2004

Year	Percent Uninsured			Number of Uninsured		
	Non-Latino	Latino	Total	Non-Latino	Latino	Total
2000	13.4%	37.8%	14.8%	839,752	139,940	979,692
2001	14.4%	43.5%	16.3%	960,877	202,401	1,163,278
2002	16.8%	52.2%	19.0%	1,128,732	233,312	1,362,044
2003	15.8%	58.2%	19.4%	1,051,870	361,796	1,413,665
2004	15.0%	51.8%	17.5%	1,049,697	264,285	1,313,982
Change						
2000-2004	1.6%	14.0%	2.7%	209,945	124,345	334,290
Percent of non-elderly North Carolina uninsured population				63%	37%	100%

Source: Current Population Survey Annual Social and Economic Supplement, US Census Bureau and Bureau of Labor Statistics

^b The data in Table 2 do not use the two-year averaging used elsewhere in the commentary, so the numbers are slightly different.

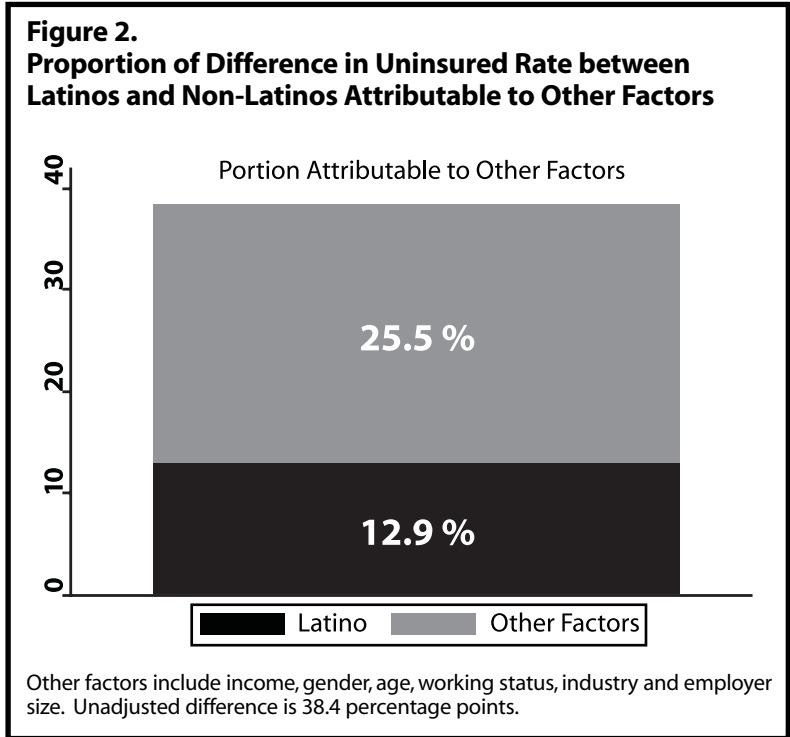
work for a small employer (less than 25 employees). Both low-income and small-employer workers are more likely to be uninsured. Other risk factors for being uninsured are higher among Latino and non-citizen populations. Both groups are much more likely to be male, young adults (25-34), and work in low-coverage industries, such as agriculture, construction, and hospitality.^{c4} In addition, low-income Latinos, especially recent immigrants or people without documentation, are also less likely to qualify for publicly-subsidized insurance, such as Medicaid or North Carolina Health Choice.^d

After adjusting for the differences in these underlying characteristics, the difference in the uninsured rate attributable to being Latino decreases by 67%, from 38 percentage points to 12 percentage points. In other words, two thirds of the difference in the uninsured rate among Latinos and non-Latinos can be explained by factors other than being Latino *per se*. Similar results hold for citizenship. Note that differences in the rate of being uninsured remain even after adjusting for demographic and socioeconomic differences between the Latino and non-Latino populations.

The Final Answer: A Considerable Contributing Factor, but Not the Largest Driver of the Increase

The evidence, taken in totality, presents a mixed picture. Some statistics in this commentary may seem to prove that Latinos and/or non-citizens are the primary driver of the uninsured rate in North Carolina. Viewed in totality, though, the evidence suggests that other factors, such as socioeconomic status, place of employment, and inability to access publicly-subsidized insurance, may be the factors driving the lack of coverage. The evidence here is consistent with other research, taken from a national perspective, which found that the primary driver of the increase in the uninsured is the increase in health insurance premiums and not changes in demographic or socioeconomic characteristics of the population. One analysis of changes in the uninsured rates of metropolitan areas found that the primary determinant was the increase in the cost of health insurance.⁵ Changes in the percent of the metropolitan area residents that were foreign born were generally unrelated to

changes in coverage. Another study found that changes in the socioeconomics and demographics of working adults from 1987 to 2002 predict a half a percentage point decrease in the nationwide proportion uninsured. The authors found that the increase in the percent of population that is Latino explained half a percentage point increase in the uninsured rate.⁶ A study of immigrants in Los Angeles county found that socioeconomics explained most of the difference in coverage rates between non-native born and native born, but undocumented immigrants remained 16 percentage points more likely to be uninsured after accounting for the differences in employment and other characteristics.⁷ The authors claim that extrapolation of their data to national trends suggests that undocumented workers are responsible for about one third of the increase in the number of uninsured adults nationally from 1980-2000. Another study found that nationally white non-Hispanics experienced the greatest increase in the percent of people who were uninsured (1.9 percentage points).⁸ The percentage of Hispanics that were uninsured declined 0.3 percentage points from 2000 to 2004. Note the difference in finding from the Gilmer and Kronick article, which underscores the sensitivity of the relationship between the growth in the Latino population and the increase in the rate of uninsurance.⁹ Of course, these are national data, which may or may not translate to the specific experience of North Carolina.



c Other differences exist, including some that cannot be evaluated specific to North Carolina. One study, for example, found that non-citizens were more likely to work at firms that did not offer health insurance.⁴

d Federal Medicaid and State Child Health Insurance Laws limit coverage to individuals who meet certain eligibility requirements. To qualify, a person must be either a citizen or an immigrant with certain immigration status who has been in the country for at least five years. Additionally, individuals must meet other categorical and eligibility requirements, such as income or resources. Thus, many low-income Latinos are ineligible to receive regular Medicaid or North Carolina Health Choice benefits, even though they might otherwise meet the eligibility requirements.

The Latino and non-citizen populations of North Carolina continue to increase and are likely to continue growing as they have over the past decade. As we monitor more closely the increasing ranks of the uninsured, the Latino and non-citizen populations will bear closer inspection. Potential policy solutions should be constructed that are cognizant of the large numbers of uninsured who are ineligible for public programs due to

their citizenship status. However, the majority of the North Carolina uninsured are non-Latino *and* citizens, so equating “the uninsured problem” with “the immigrant problem” is inaccurate. Addressing the increasing numbers of uninsured is within the realm of our state-level policy capability, and it does not depend on marginalizing our newest North Carolina residents. **NCMedJ**

REFERENCES

- 1 The source for all statistics in this Commentary, unless noted otherwise, is the Current Population Survey's Annual Social Economic Supplement, conducted by U.S. Census Bureau and Bureau of Labor Statistics. I conduct my analysis on the two most recent years (2003 and 2004), placing more weight on 2004.
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- 3 Silberman B, Hooker Odom C, Lambeth T, Holmes M, Dubay K. NC Med J 2006;67(3):page numbers.
- 4 Buchmueller T, LoSasso A, Lurie I, Senesky S. Immigrants and Employer-Sponsored Health Insurance. Economic Research Initiative on the Uninsured Working paper #38. Available at <http://www.umich.edu/~eriu/pdf/wp38.pdf>. Accessed May 8, 2006.
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Health Insurance Coverage: A Luxury for Most North Carolina Latinos

Javier, his wife and three children moved to North Carolina in June 2000, after Javier lost his job in San Luis Potosí in central Mexico. When first moving to Siler City, Javier worked as a day laborer, doing odd jobs for anyone willing to hire him for a few hours a day. As a day laborer, Javier met the owner of a small landscaping company, and eventually, started working for him full-time. The landscaping business was small, with only four employees, and did not offer health insurance coverage to its workers. Urgent care clinics expected to be paid in cash the day of the visit, and the family doctor in the area charged more per visit than Javier made per day. Javier and his family had no choice but to rely on the emergency room for care.

After six months of working in the landscaping world, Javier found a job at a local poultry plant working third shift. He looked forward to working at a job indoors, where the weather would not impact his ability to earn a living. At this new job, Javier was offered health insurance for his family: \$110 a week, \$440 a month. However, Javier and his family rely on every penny of his paycheck to buy food and clothing; therefore, not making the purchase of health insurance coverage an option.

Javier's ten year-old son, Gabriel, has asthma, which gets worse in the winter months. In the past few years, the family has learned to manage his asthma. However, a couple of times a year, Gabriel's mother wakes up in the middle of the night to hear Gabriel struggling for air. She offers him chamomile tea and gives him a bath, hoping that the steam will help him breath better.

Her remedies help—most of the time. But some times, he continues coughing and struggling for air, even after she has exhausted all of her home remedies. Not knowing what else to do, she takes him to the emergency room, where he receives the care he needs; and she is lectured about the importance of Gabriel using his inhaler on a daily basis. She is too embarrassed to explain to the nurse that without health insurance coverage, unless her husband is given the chance at the poultry plant to work overtime hours every week, his family cannot afford the cost of Gabriel's asthma medication, which is more than \$100 a month.

Currently, Javier owes the emergency room over \$6,000 in medical bills. For Javier and his family, depending on the emergency room is their only option for medical care. They have learned that even if emergency room visits are expensive, they can make small monthly payments and do not need to have cash on hand. Not being a United States Citizen or a Legal Permanent Resident, Javier's family does not qualify for Medicaid or North Carolina Health Choice, the publicly funded safety net insurance programs for most low-income North Carolina residents. Their family has no safety net; their only hope is that Gabriel will outgrow his asthma. For Javier and his family, like for most low-income families in our state, purchasing private health insurance is not an option, but a luxury they cannot afford. This case, unfortunately, is not an exception, but one that reflects the reality of many Latinos living throughout our state.

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