

Latinas Experience Pervasive Disparities in Access to Health Insurance

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Overview

Data released by the U.S. Census Bureau show that, despite significant health insurance gains since the Affordable Care Act (ACA) was implemented, pervasive coverage disparities remain for Latinas.¹ In fact, Latinas have the lowest coverage rates of any racial/ethnic group in the United States.

The ACA began to correct gaps in access to insurance coverage for women by expanding Medicaid coverage, establishing marketplaces to shop for insurance and providing financial assistance to make coverage affordable. The ACA also guaranteed coverage for a robust scope of benefits, including maternity care, preventive care, mental health services, prescription drugs and more.

Nonetheless, as the data show, more needs to be done to ensure that *all* women have affordable health coverage. Latinas continue to have higher rates of many preventable diseases and chronic health conditions including diabetes, hypertension and obesity compared to their white counterparts.² Evidence shows that people with health insurance are more likely to have a personal physician, receive routine checkups, preventative care and chronic illness treatment, than those without coverage.³ Therefore, health insurance provides access to the care Latinas need to get and stay healthy, including preventive care, routine screenings and management of chronic conditions.

Key Findings

- Nearly 20 percent of Latinas are uninsured, compared to eight percent of white women.⁴
- Nearly one in four low-income Latinas is uninsured, compared to nearly one in six low-income white women.
- Latinas in the South have the lowest rates of health insurance coverage.

Health Coverage Rates for Latinas

Overall, 80 percent of Latinas (age 18-64) in the United States had health insurance in 2017, compared to nearly 92 percent of white women. Coverage rates vary by age group; the oldest and youngest Latinas have high rates of coverage.

- Ninety-three percent of Latina girls (age 0-17) have health insurance coverage.
- Ninety-seven percent of Latinas age 65 and older have health insurance coverage.

Latinas of reproductive age (15-44) face the biggest coverage disparity. Insurance coverage for women of reproductive age is especially critical.⁵ Women need access to preventive health care, such as birth control, to maintain their health and choose when and whether to become a parent.

For women who choose to become a parent or expand their families, health coverage leads to healthier pregnancies. Pregnant women who lack coverage often delay or forgo prenatal care in the first trimester,⁶ and inadequate prenatal care is associated with higher rates of infant and maternal mortality.⁷

- Eighty percent of Latinas of reproductive age (age 15-44) have health insurance coverage.

Latinas enroll in health insurance through a variety of sources, including commercial insurers and Medicaid. Most Latinas (18-64) are covered through one or more of the following three sources:

- Fifty percent have insurance through an employer.
- Twenty-three percent are covered by Medicaid.
- Fourteen percent purchase their own insurance on the individual market (most through the ACA health insurance marketplace).

Latinas with low incomes are less likely to have health insurance than white women with low incomes. In fact, 31 percent of Latinas in households that make less than \$25,000 per year do not have the financial security of knowing they will be covered if they get sick or need to see a doctor. This is compared to 16 percent of white women.

Medicaid Coverage for Latinas

Medicaid is vital to the health of millions of women throughout their lives. Medicaid helps Latinas with low incomes access essential preventive care, family planning, maternal health services, nursing home care and more. Even though Latinas' labor market participation rate is comparable to that of white women, Latinas are more likely to hold low-wage jobs that do not provide health benefits.⁸

- More than four million Latinas (18-64), or one in four nationally, are covered by Medicaid.
- Fifty-four percent of Latina girls (age 0-17) are covered by Medicaid.

Latinas' Health Coverage by State

Insurance rates vary across the United States. The uninsured rate for Latinas is highest in the South, where most states did not expand Medicaid coverage.⁹

- Twenty-eight percent of Latinas in the South do not have health insurance.
- Twenty percent of Latinas in the Midwest do not have health insurance.
- Fifteen percent of Latinas in the West do not have health insurance.
- Twelve percent of Latinas in the Northeast do not have health insurance.

Insurance coverage also differs from state to state. For example, Alabama, Arkansas, Delaware, Georgia, Louisiana, Kansas, Kentucky, Michigan, Mississippi, Montana, North Carolina, North Dakota, Tennessee, Texas, Utah, Virginia and Wyoming all have uninsured rates at 25 percent or higher for Latinas, leaving too many women without insurance coverage and threatening their health and economic security.

| State | Latinas (age 18-64) | | | | White Women (age 18-64) | | | | All People (age 18-64) | | | |
|---------------|---------------------|---------|-----------|---------|-------------------------|---------|-----------|---------|------------------------|---------|------------|---------|
| | Insured | | Uninsured | | Insured | | Uninsured | | Insured | | Uninsured | |
| | Number | Percent | Number | Percent | Number | Percent | Number | Percent | Number | Percent | Number | Percent |
| Totals | 14,291,695 | 80.1% | 3,549,055 | 19.9% | 55,093,951 | 92.0% | 4,799,783 | 8.0% | 174,178,287 | 87.9% | 23,935,142 | 12.1% |
| AL | 4,0847 | 67.7% | 19,447 | 32.3% | 856,505 | 86.6% | 132,837 | 13.4% | 2,488,636 | 83.7% | 485,323 | 16.3% |
| AK | 13,119 | 96.6% | 463 | 3.4% | 113,695 | 92.4% | 9,382 | 7.6% | 377,242 | 84.5% | 69,206 | 15.5% |
| AZ | 584,952 | 80.7% | 140,079 | 19.3% | 1,002,203 | 93.5% | 69,885 | 6.5% | 3,579,502 | 87.0% | 534,717 | 13.0% |
| AR | 51,683 | 74.1% | 18,107 | 25.9% | 559,761 | 87.6% | 79,247 | 12.4% | 1,480,316 | 85.4% | 252,220 | 14.6% |
| CA | 4,067,607 | 86.4% | 641,805 | 13.6% | 4,232,463 | 93.6% | 291,691 | 6.4% | 22,007,083 | 89.4% | 2,620,659 | 10.6% |
| CO | 313,216 | 82.5% | 66,594 | 17.5% | 1,098,278 | 90.7% | 112,090 | 9.3% | 3,083,380 | 87.3% | 447,682 | 12.7% |
| CT | 168,314 | 93.7% | 11,341 | 6.3% | 674,054 | 93.1% | 49,802 | 6.9% | 1,998,305 | 92.5% | 162,964 | 7.5% |
| DE | 25,658 | 74.2% | 8,931 | 25.8% | 163,079 | 90.5% | 17,061 | 9.5% | 538,237 | 88.7% | 68,307 | 11.3% |
| DC | 24,155 | 92.1% | 2,065 | 7.9% | 92,196 | 94.6% | 5,249 | 5.4% | 441,671 | 93.0% | 33,021 | 7.0% |
| FL | 1,385,551 | 79.4% | 359,795 | 20.6% | 2,832,417 | 84.8% | 506,825 | 15.2% | 10,317,196 | 82.5% | 2,189,097 | 17.5% |
| GA | 195,578 | 64.1% | 109,387 | 35.9% | 1,542,467 | 88.7% | 196,306 | 11.3% | 5,309,758 | 82.5% | 1,122,746 | 17.5% |
| HI | 32,889 | 96.9% | 1,055 | 3.1% | 70,165 | 92.9% | 5,325 | 7.1% | 787,137 | 91.6% | 72,405 | 8.4% |
| ID | 47,008 | 76.0% | 14,859 | 24.0% | 365,313 | 86.8% | 55,367 | 13.2% | 869,644 | 85.1% | 152,802 | 14.9% |
| IL | 564,642 | 84.0% | 107,677 | 16.0% | 2,198,640 | 93.2% | 161,618 | 6.8% | 6,972,233 | 89.4% | 823,113 | 10.6% |
| IN | 104,110 | 87.3% | 15,171 | 12.7% | 1,578,882 | 95.1% | 81,720 | 4.9% | 3,641,261 | 92.2% | 308,888 | 7.8% |

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|-----------|---------|-------|---------|-------|-----------|-------|---------|-------|------------|-------|---------|-------|
| IA | 58,228 | 96.9% | 1,888 | 3.1% | 775,626 | 97.4% | 20,836 | 2.6% | 1,766,312 | 96.8% | 58,393 | 3.2% |
| KS | 79,561 | 64.3% | 44,158 | 35.7% | 554,507 | 89.4% | 65,887 | 10.6% | 1,424,048 | 85.3% | 245,351 | 14.7% |
| KY | 32,401 | 70.0% | 13,871 | 30.0% | 1,096,213 | 96.8% | 35,837 | 3.2% | 2,484,343 | 94.2% | 153,206 | 5.8% |
| LA | 49,293 | 71.1% | 20,046 | 28.9% | 751,175 | 90.0% | 83,121 | 10.0% | 2,349,321 | 85.4% | 403,183 | 14.6% |
| ME | 6,213 | 81.6% | 1,404 | 18.4% | 339,991 | 91.5% | 31,665 | 8.5% | 703,081 | 87.8% | 97,820 | 12.2% |
| MD | 160,140 | 80.0% | 39,933 | 20.0% | 910,269 | 95.1% | 46,641 | 4.9% | 3,405,971 | 92.2% | 289,575 | 7.8% |
| MA | 290,957 | 96.0% | 12,186 | 4.0% | 1,539,106 | 97.3% | 42,963 | 2.7% | 4,307,096 | 96.5% | 155,481 | 3.5% |
| MI | 80,740 | 72.9% | 30,049 | 27.1% | 2,158,222 | 93.6% | 147,506 | 6.4% | 5,492,248 | 91.5% | 509,659 | 8.5% |
| MN | 78,754 | 84.8% | 14,158 | 15.2% | 1,312,495 | 95.3% | 65,335 | 4.7% | 3,203,637 | 93.8% | 213,549 | 6.2% |
| MS | 14,464 | 62.7% | 8,589 | 37.3% | 418,717 | 85.5% | 70,950 | 14.5% | 1,479,614 | 83.3% | 297,405 | 16.7% |
| MO | 51,981 | 73.8% | 18,488 | 26.2% | 1,344,373 | 93.4% | 95,013 | 6.6% | 3,215,171 | 89.5% | 377,695 | 10.5% |
| MT | 6,836 | 83.8% | 1,317 | 16.2% | 246,604 | 91.8% | 21,966 | 8.2% | 544,246 | 89.8% | 61,649 | 10.2% |
| NE | 47,414 | 76.6% | 14,469 | 23.4% | 379,563 | 89.9% | 42,585 | 10.1% | 931,580 | 85.3% | 160,616 | 14.7% |
| NV | 223,881 | 80.4% | 54,448 | 19.6% | 402,467 | 91.4% | 37,839 | 8.6% | 1,565,488 | 86.3% | 248,213 | 13.7% |
| NH | 14,351 | 86.1% | 2,322 | 13.9% | 344,663 | 93.1% | 25,445 | 6.9% | 776,546 | 91.2% | 74,607 | 8.8% |
| NJ | 421,251 | 80.5% | 101,847 | 19.5% | 1,455,634 | 95.2% | 73,209 | 4.8% | 4,950,604 | 90.2% | 534,898 | 9.8% |
| NM | 241,958 | 84.9% | 42,976 | 15.1% | 211,041 | 92.7% | 16,530 | 7.3% | 1,040,690 | 85.4% | 177,519 | 14.6% |
| NY | 977,436 | 90.0% | 108,908 | 10.0% | 3,207,929 | 94.7% | 178,885 | 5.3% | 11,429,108 | 92.5% | 926,450 | 7.5% |
| NC | 263,968 | 74.8% | 88,801 | 25.2% | 1,728,068 | 90.8% | 175,435 | 9.2% | 5,505,024 | 85.9% | 903,224 | 14.1% |

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| ND | 5,938 | 62.9% | 3,509 | 37.1% | 171,277 | 91.9% | 15,132 | 8.1% | 410,845 | 88.8% | 51,888 | 11.2% |
| OH | 81,957 | 77.7% | 23,460 | 22.3% | 2,695,329 | 94.2% | 166,800 | 5.8% | 6,429,788 | 91.7% | 580,102 | 8.3% |
| OK | 76,953 | 64.9% | 41,659 | 35.1% | 650,923 | 87.5% | 93,256 | 12.5% | 1,885,458 | 82.6% | 396,931 | 17.4% |
| OR | 124,871 | 83.3% | 25,105 | 16.7% | 907,020 | 95.4% | 44,125 | 4.6% | 2,366,755 | 91.8% | 210,473 | 8.2% |
| PA | 252,976 | 85.1% | 44,132 | 14.9% | 2,713,517 | 93.2% | 196,889 | 6.8% | 6,922,128 | 91.2% | 670,896 | 8.8% |
| RI | 52,629 | 83.6% | 10,304 | 16.4% | 234,061 | 94.8% | 12,891 | 5.2% | 622,466 | 91.0% | 61,933 | 9.0% |
| SC | 52,070 | 76.5% | 16,014 | 23.5% | 881,235 | 89.9% | 98,656 | 10.1% | 2,508,096 | 85.2% | 434,327 | 14.8% |
| SD | 10,314 | 85.2% | 1,795 | 14.8% | 176,384 | 93.1% | 13,169 | 6.9% | 434,012 | 86.5% | 67,547 | 13.5% |
| TN | 43,484 | 57.2% | 32,522 | 42.8% | 1,379,532 | 90.0% | 153,447 | 10.0% | 3,514,116 | 85.8% | 581,401 | 14.2% |
| TX | 2,207,477 | 68.1% | 1,031,793 | 31.9% | 3,153,687 | 86.9% | 474,901 | 13.1% | 13,362,355 | 77.7% | 3,828,296 | 22.3% |
| UT | 87,963 | 69.2% | 39,088 | 30.8% | 651,109 | 90.9% | 65,488 | 9.1% | 1,591,536 | 86.3% | 253,184 | 13.7% |
| VT | 2,824 | 85.1% | 495 | 14.9% | 166,583 | 94.9% | 9,044 | 5.1% | 355,631 | 94.0% | 22,899 | 6.0% |
| VA | 213,386 | 74.7% | 72,429 | 25.3% | 1,379,454 | 89.7% | 158,203 | 10.3% | 4,526,298 | 87.5% | 643,750 | 12.5% |
| WA | 259,346 | 87.0% | 38,898 | 13.0% | 1,442,206 | 94.4% | 85,613 | 5.6% | 4,350,756 | 92.4% | 360,289 | 7.6% |
| WV | 5,051 | 88.4% | 664 | 11.6% | 448,762 | 89.1% | 54,856 | 10.9% | 957,078 | 87.8% | 133,583 | 12.2% |
| WI | 85,147 | 75.9% | 26,978 | 24.1% | 1,358,190 | 94.0% | 87,279 | 6.0% | 3,184,521 | 89.9% | 359,378 | 10.1% |
| WY | 10,152 | 73.9% | 3,577 | 26.1% | 127,902 | 87.7% | 17,936 | 12.3% | 290,721 | 86.2% | 46,622 | 13.8% |

¹ Latina women identify their origin as Hispanic, Latino, or Spanish may be of any race. For this analysis, Latinas include women of all races who identify as Hispanic in origin; U.S. Census Bureau. (2018, January). Race. Retrieved 1 April 2019, from <https://www.census.gov/topics/population/race/about.html>

² U.S. Centers for Disease Control and Prevention. (2015, May). Hispanic Health. A la Buena Salud – To Good Health! Retrieved 22 March 2019, from <https://www.cdc.gov/vitalsigns/hispanic-health/index.html>

³ McMorrow, S., & Polsky, D. (December 2016). Insurance Coverage and Access to Care Under the Affordable Care Act. Retrieved 30 March 2019, from <https://ldi.upenn.edu/brief/insurance-coverage-and-access-care-under-affordable-care-act>; Sommers, B. D., Gawande, A. A., & Baicker, K. (2017, August). Health Insurance Coverage and Health – What the Recent Evidence Tells Us. *The New England Journal of Medicine*. 377, 586-593.

⁴ U.S. Census Bureau. (2018). Current Population Survey, Annual Social and Economic (ASEC) Supplement: Table PINC-05: Work Experience in 2017 – People 15 Years Old and Over by Total Money Earnings in 2017, Age, Race, Hispanic Origin, Sex, and Disability Status. Retrieved 20 March 2019, from <https://www.census.gov/data/tables/time-series/demo/income-poverty/cps-pinc/pinc-05.html> (Unpublished calculation based on the median annual pay for all women and men who worked full time, year-round in 2018)

⁵ National Center for Health Statistics. (2017, June). Health, United States, 2015: With Special Feature on Racial and Ethnic Health Disparities. Retrieved on March 22, 2019, from <https://www.cdc.gov/nchs/data/hus/hus15.pdf>

⁶ Egerter, S., Braveman, P., & Marchi, K. (2002, March). Timing of insurance coverage and use of prenatal care among low-income women. *American Journal of Public Health*, 92(3), 423-427. Retrieved 27 March 2019, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447093/>

⁷ U.S. Centers for Disease Control and Prevention. (2017, September). Pregnancy and Prenatal Care. Retrieved 14 March 2019, from <https://www.cdc.gov/healthcommunication/toolstemplates/entertainmented/tips/PregnancyPrenatalCare.html>

⁸ United States Department of Labor. (2016, September). Labor Force Characteristics by Race and Ethnicity, 2015. Retrieved 16 March 2019, from <https://www.bls.gov/opub/reports/race-and-ethnicity/2015/home.htm>

⁹ Regions are based on the U.S. Census Bureau's division of the fifty states. The regions are defined as: Northeast (CT, ME, MA, NH, NJ, NY, PA, RI, and VT); Midwest (IL, IN, MI, OH, WI, IA, KS, MN, NE, ND, SD); South (AL, AR, DE, D.C., FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, WV); and West (AK, AZ, CA, CO, HI, ID, MT, NV, NM, OR, UT, WA).

The National Partnership for Women & Families is a nonprofit, nonpartisan advocacy group dedicated to promoting fairness in the workplace, reproductive health and rights, access to quality, affordable health care and policies that help all people meet the dual demands of work and family. More information is available at NationalPartnership.org.

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