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Healthcare Coverage in the United States and New York Metropolitan Area, 2009 - 2015

Andrew S. Alger
Center for Latin American, Caribbean and Latino Studies

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Healthcare Coverage in the United States and New York Metropolitan Area, 2009 - 2015

Andrew S. Alger
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The Center for Latin American, Caribbean and Latino Studies is a research institute that works for the advancement of the study of Latin America, the Caribbean, and Latinos in the United States in the doctoral programs at the CUNY Graduate Center. One of its major priorities is to provide funding and research opportunities to Latino students at the Ph.D. level.

The Center established and helps administer an interdisciplinary specialization in Latin American, Caribbean and Latino Studies in the Masters of Arts in Liberal Studies program.

The Latino Data Project was developed with the goal of making information available on the dynamically growing Latino population of the United States and especially New York City through the analysis of extant data available from a variety of sources such as the U.S. Census Bureau, the National Institute for Health, the Bureau of Labor Statistics, and state and local−level data sources.

All Latino Data Project reports are available at http://clacls.gc.cuny.edu

For additional information you may contact the Center at 212−817−8438 or by e−mail at mailto:clacls@gc.cuny.edu.

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Executive Summary

This study examines trends regarding health insurance coverage in the United States along lines of sex, race/ethnicity, place of birth, and poverty status between 2009 and 2015. It focuses both on the national population and residents of the New York metropolitan area. The variables used in the study describe these populations in terms of sex, the four major race/ethnic groups (non-Hispanic white, non-Hispanic black, Latino, and Asian), being born either within the United States or abroad,¹ and being either above or below the poverty line. The key distinctions within concern those in the “having no health insurance” and “having at least some health insurance” categories.² The variable used to determine healthcare coverage distinguished between respondents with at least some coverage and respondents with no coverage. Survey respondents who had health insurance through their employer, union or the military; who were covered by Medicare, Medicaid, or the Veterans Administration; or who purchased it directly were counted among those with at least some coverage. Respondents who reported either no insurance or coverage through the Indian Health Service were considered in this report to have no insurance coverage. Because so many types of insurance were collapsed into a single output, the study must leave some questions unanswered about the adequacy of healthcare coverage, particularly with regard to coverage in case of pre-existing conditions, the affordability of premiums, and limitations of coverage for certain conditions.

Across all metrics, the percentage of uninsured individuals decreased between 2009 and 2015. Some slight percentage increases in uninsured occurred between 2009 and 2011. In many cases, the greatest percentage decreases in uninsured took place between 2013 and 2015. Based on these data, it appears that the effects of the Great Recession of 2008 and 2009 on health insurance coverage did not worsen considerably after the Recession technically ended, as might have been expected in view of the Recession’s continued salience in other measures of economic vitality.

Both those populations living above and those living below the poverty threshold saw their percentages of uninsured individuals decrease between 2009 and 2015. The poverty rate of decrease was twice that of those not living in poverty.

Perhaps the most significant finding concerned the relationship between health insurance coverage and place of birth. Across all race/ethnicity groups, foreign-born individuals saw greater decreases in uninsured populations than domestic-born. The greatest decrease was among foreign-born Latinos. Both of these trends were present at the national and metropolitan area levels.

¹ For the purposes of this study, Puerto Ricans were considered foreign-born if they were born on the Island and domestic-born if they were born in the fifty United States.
The New York metropolitan area rates of uninsured tracked national trends closely, although overall decreases in rates of uninsured were less than nationally.

While these findings indicate a largely positive trend for the first decade after the Great Recession and for the first year after enactment of the American Affordable Care Act, further study is required before the causative factors can be stated with any certainty. Readers interested in exploring the causative factors are recommended to the Conclusion of this report for a discussion of the directions in which further research should be carried.

**Healthcare Coverage in General**

Between 2009 and 2015, the percentage of United States residents with at least some health insurance remained stable at 84.6% before increasing slightly (0.6%) in 2013 and increasing considerably (5.1%) in 2015. The rates of uninsured were also stable at 15.4% until equivalent decreases in 2013 and 2015 (see figure 1 and table 1).

![Figure 1: United States Healthcare Coverage 2009 - 2015](image-url)
Healthcare coverage in the New York metropolitan area followed national trends very closely. Between 2009 and 2013, the percentage of those with at least some coverage hovered around 87.1%, decreasing 0.3% in 2011 and rising to 87.4% in 2013. In 2015, coverage levels rose 3.1%, slightly less than the national average. Between 2009 and 2015, the percentage of those without insurance decreased from 12.9% to 8.5% (see figure 2 and table 2).

Table 1
Healthcare Coverage
United States, 2009 - 2015

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2011</th>
<th>2013</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uninsured</td>
<td>13.2%</td>
<td>15.4%</td>
<td>14.8%</td>
<td>9.7%</td>
</tr>
<tr>
<td>At Least Some Insurance</td>
<td>86.8%</td>
<td>84.6%</td>
<td>85.2%</td>
<td>90.3%</td>
</tr>
</tbody>
</table>

Table 2
Healthcare Coverage
New York Metropolitan Area, 2009 - 2015

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2011</th>
<th>2013</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uninsured</td>
<td>12.9%</td>
<td>13.2%</td>
<td>12.6%</td>
<td>8.5%</td>
</tr>
<tr>
<td>At Least Some Insurance</td>
<td>87.1%</td>
<td>86.8%</td>
<td>87.4%</td>
<td>91.5%</td>
</tr>
</tbody>
</table>
Rates of Uninsured Populations by Sex

Zeroing in on uninsured populations, men were somewhat more likely to be without insurance than women over the six year period. Rates of men without insurance decreased from 17.5% in 2009 to 11.5% in 2015; the lion’s share of the decrease (5.3%) took place between 2013 and 2015. Among women, a slight increase of 0.2% in 2011 was offset by a drop to 8.3% without any kind of health insurance in 2015 (see figure 3 and table 3).

Figure 3
National Rates of Uninsured by Sex
2009 - 2015

Table 3
Rates of Uninsured By Sex
United States, 2009 - 2015

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2011</th>
<th>2013</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>17.5%</td>
<td>17.2%</td>
<td>16.4%</td>
<td>11.1%</td>
</tr>
<tr>
<td>Women</td>
<td>13.4%</td>
<td>13.6%</td>
<td>13.2%</td>
<td>8.3%</td>
</tr>
</tbody>
</table>

And in the New York metropolitan area, the rates of those without insurance were consistently lower among both men and women. Men were also more likely than women to be without insurance, with the likelihood being roughly the same as nationally. And in both the metropolitan and national
populations, the gap between men and women without health insurance closed by 1.4 percentage points (see figures 3, 4 and tables 3, 4).

![Figure 4](image)

**Figure 4**
Rates of Uninsured by Sex
New York Metro Area, 2009 - 2015

**Table 4**
Rates of Uninsured by Sex
New York Metropolitan Area, 2009 - 2015

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2011</th>
<th>2013</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>15.3%</td>
<td>15.4%</td>
<td>14.7%</td>
<td>10.2%</td>
</tr>
<tr>
<td>Women</td>
<td>10.7%</td>
<td>11.1%</td>
<td>10.8%</td>
<td>7.0%</td>
</tr>
</tbody>
</table>

**Rates of Uninsured Populations by Poverty Status**

Nationally, the percentage of those living in poverty without health insurance declined by 10.4 percentage points, while those living above the poverty threshold saw the rate of uninsured go down by 5 percentage points. The greatest decreases in lack of insurance coverage occurred between 2013 and 2015. Significantly, those living in poverty were twice as likely to be without any health insurance as those living above the poverty threshold throughout the period of study (see figure 5 and table 5).
For New York and its metropolitan area, the difference in insurance coverage across the poverty threshold was less pronounced, but consistent between 2009 and 2015. In 2015, the percentages of uninsured in the metropolitan area were about equal to percentages for that year at the national level. One might very well ask why a national trend downward in uninsured rates did not combine with causative factors particular to the metropolitan area to reduce rates even further in 2015 (see figure 6 and table 6).
A breakdown of national uninsured populations according to the four major racial/ethnic groups illustrates four distinct trends between 2009 and 2015. Rates of being without insurance were lowest for non-Hispanic whites, among whom the rate was stable until the period between 2013 and 2015, when it decreased by 3.8%. Among Asians, the group with the next lowest rates of being without insurance, there was somewhat more instability, with a 0.7% rise between 2009 and 2011 followed by decreases of 0.9% and 6.7% in 2013 and 2015, respectively. For non-Hispanic blacks, the rate decreased somewhat more than among non-Hispanic whites, falling by 0.5%, 0.6%, and 5.9% for 2011, 2013, and 2015, respectively. Latinos were the group with the highest rates of being without insurance throughout the period under study, but they also witnessed the most precipitous declines between 2013 and 2015 (8.8%) of any of the four major racial/ethnic groups (see figure 7 and table 7).
In the New York metropolitan area, percentages of those without insurance were lower than the national figures for non-Hispanic whites, non-Hispanic blacks, and Latinos. Across the five years under study, the rates of decrease for each of these three groups was consistent between the national and metropolitan area populations. Among Asians, the percentage was higher or nearly the same in 2009 and 2011, somewhat lower in 2013, but higher in 2015. It merits further study as to why Asian populations in the metropolitan area had higher rates of being uninsured than Asians at the national
level, when such was not the case for the other three major racial/ethnic groups (see figure 8 and table 8).

Figure 8
Rates of Uninsured Populations by Race/Ethnicity
New York Metro Area, 2009 - 2015

Table 8
Uninsured Populations by Race/Ethnicity
New York Metropolitan Area, 2009 - 2015

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2011</th>
<th>2013</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic White</td>
<td>7.0%</td>
<td>7.1%</td>
<td>6.8%</td>
<td>4.2%</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>14.3%</td>
<td>14.0%</td>
<td>13.4%</td>
<td>9.3%</td>
</tr>
<tr>
<td>Latino</td>
<td>24.8%</td>
<td>24.6%</td>
<td>23.3%</td>
<td>16.2%</td>
</tr>
<tr>
<td>Asian</td>
<td>15.5%</td>
<td>15.4%</td>
<td>14.0%</td>
<td>9.2%</td>
</tr>
</tbody>
</table>

Uninsured Rates for the Top Five Latino Nationalities in the US.

For the five largest Latino nationalities in the United States, rates of uninsured populations trended downward consistently for Mexicans, Puerto Ricans, El Salvadorans, and Dominicans. Cubans, the
fourth-largest Latino nationality, had higher levels of being uninsured in 2011 and 2013 than in 2009, but a lower one in 2015. The lowest rates of being uninsured were those of Puerto Ricans, the second largest nationality, followed by Cubans and Dominicans, the fourth and fifth largest nationalities, respectively. Population size was not a strong predictor for health insurance coverage (see figure 9 and table 9).

Figure 9
Rates of Uninsured Populations by Five Largest Latino Nationalities
United States, 2009 - 2015

Table 9
Rates of Uninsured Populations Among Five Largest Latino Nationalities
United States, 2009 - 2015

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2011</th>
<th>2013</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mexican</td>
<td>33.6%</td>
<td>32.2%</td>
<td>30.6%</td>
<td>28.1%</td>
</tr>
<tr>
<td>Puerto Rican</td>
<td>15.2%</td>
<td>14.7%</td>
<td>14.3%</td>
<td>13.1%</td>
</tr>
<tr>
<td>Salvadoran</td>
<td>41.1%</td>
<td>38.5%</td>
<td>37.1%</td>
<td>34.5%</td>
</tr>
<tr>
<td>Cuban</td>
<td>23.0%</td>
<td>24.8%</td>
<td>24.6%</td>
<td>20.7%</td>
</tr>
<tr>
<td>Dominican</td>
<td>23.0%</td>
<td>21.4%</td>
<td>21.2%</td>
<td>19.9%</td>
</tr>
<tr>
<td>Other</td>
<td>31.3%</td>
<td>30.1%</td>
<td>28.8%</td>
<td>25.0%</td>
</tr>
</tbody>
</table>
Rates of Uninsured Populations by Nativity

Perhaps the most significant variations in access to health insurance coverage were between domestic-born and foreign-born populations.\textsuperscript{3} Between 2009 and 2015, the rate of foreign-born individuals without insurance decreased by 10.4%. Among domestic-born individuals, the decrease was 3.1%. During each of the first three years under study, the foreign-born population was slightly more than 2.5 times more likely to be without health insurance than the domestic-born population. In 2015, foreign-born residents were about 2.8 times more likely to be without insurance than domestic-born residents. Even as the percentage of both populations without health insurance has decreased, the discrepancy between the two populations’ access to health insurance appears to have widened (see figure 10 and table 10).

\textbf{Figure 10}
Rates of Uninsured Populations by Nativity
United States, 2009 - 2015

\textbf{Table 10}
Rates of Uninsured Populations by Nativity
United States, 2009 - 2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Foreign Born</th>
<th>Domestic Born</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>32.0%</td>
<td>12.8%</td>
</tr>
<tr>
<td>2011</td>
<td>31.9%</td>
<td>12.6%</td>
</tr>
<tr>
<td>2013</td>
<td>30.4%</td>
<td>12.1%</td>
</tr>
<tr>
<td>2015</td>
<td>21.6%</td>
<td>7.7%</td>
</tr>
</tbody>
</table>

\textsuperscript{3} For the purposes of this study, Puerto Ricans were considered foreign-born if they were born on the Island and domestic-born if they were born in the fifty United States.
The national trend was more pronounced at the New York metropolitan area level (see figure 11 and table 11). Between 2009 and 2015, foreign-born residents saw a decrease of 7.9% in the rate of uninsured individuals. Among domestic-born individuals, the decrease was 3.6%. In 2009, 2011, and 2013, the domestic-born population was three times as likely to be without insurance, and in 2015 it climbed to four times as likely. These national and metropolitan area figures are especially deserving of further scrutiny in light of the fact that nativity does not correspond neatly to citizenship. Until demonstrated otherwise, it may be the case that even naturalized citizens may have gone without insurance at greater rates than their domestic-born counterparts.

Figure 11
Rates of Uninsured Populations by Nativity
New York Metro Area, 2009 - 2015

Table 11
Rates of Uninsured Populations by Nativity
New York Metropolitan Area, 2009 - 2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Foreign Born</th>
<th>Domestic Born</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>24.5%</td>
<td>8.0%</td>
</tr>
<tr>
<td>2011</td>
<td>24.5%</td>
<td>8.1%</td>
</tr>
<tr>
<td>2013</td>
<td>23.6%</td>
<td>7.7%</td>
</tr>
<tr>
<td>2015</td>
<td>16.8%</td>
<td>4.7%</td>
</tr>
</tbody>
</table>

Rates of Uninsured Populations by Nativity and Sex

Nationally, the percentage of those without insurance decreased more among foreign-born men (12.1%) than among foreign-born women (9.7%) between 2009 and 2015. Smaller decreases obtained for domestic-born men and domestic-born women (5.5% and 4.6%, respectively) for the same period. This trend recapitulates the one found for decreasing rates of men and women in general without health insurance at the national level (see figure 3 and table 3). Moreover, although
foreign-born residents may have continued to be more likely to be without health insurance, foreign-born men and women made larger gains in access to health insurance than their domestic-born counterparts (see figure 12 and table 12). Approximately the same trends held for the metropolitan area populations (see figure 13 and table 13).

Figure 12
Rates of Uninsured Populations By Nativity and Sex
United States, 2009 - 2015

Table 12
Rates of Uninsured Populations by Nativity and Sex
United States, 2009 - 2015

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2011</th>
<th>2013</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreign-born Men</td>
<td>35.9%</td>
<td>35.4%</td>
<td>33.7%</td>
<td>23.8%</td>
</tr>
<tr>
<td>Foreign-born Women</td>
<td>28.1%</td>
<td>28.5%</td>
<td>27.3%</td>
<td>18.4%</td>
</tr>
<tr>
<td>Domestic-born Men</td>
<td>14.5%</td>
<td>14.2%</td>
<td>13.5%</td>
<td>9.0%</td>
</tr>
<tr>
<td>Domestic-born Women</td>
<td>11.1%</td>
<td>11.1%</td>
<td>10.8%</td>
<td>6.5%</td>
</tr>
</tbody>
</table>
Rates of Uninsured Populations by Race/Ethnicity and Nativity

Nationally, and across all race/ethnicity groups, foreign-born populations saw greater decreases in the percentage of uninsured than domestic-born populations. The greatest decrease was among foreign-born Latinos. The same national trend holds for the New York metropolitan area: foreign-born...
residents saw greater decreases in percentages of uninsured than domestic-born residents. The greatest drop in percentages of uninsured was also among foreign-born Latinos. Overall, the decreases in rates of being uninsured were slightly less in the metropolitan area than the national trend (see figures 14 - 17 and tables 14 - 17).

**Figure 14**
Rates of Uninsured By Nativity for non-Hispanic whites
United States and New York Metropolitan Area, 2009 - 2015

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2011</th>
<th>2013</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. Domestic Born</td>
<td>10.7%</td>
<td>10.6%</td>
<td>10.0%</td>
<td>6.3%</td>
</tr>
<tr>
<td>U.S. Foreign Born</td>
<td>15.0%</td>
<td>15.0%</td>
<td>8.2%</td>
<td>9.5%</td>
</tr>
<tr>
<td>Metro Domestic Born</td>
<td>6.0%</td>
<td>6.0%</td>
<td>5.6%</td>
<td>3.3%</td>
</tr>
<tr>
<td>Metro Foreign Born</td>
<td>13.8%</td>
<td>14.0%</td>
<td>14.6%</td>
<td>9.1%</td>
</tr>
</tbody>
</table>
**Table 15**
Rates of Uninsured by Nativity for non-Hispanic blacks
U.S. and Metro Area, 2009 - 2015

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2011</th>
<th>2013</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>U.S. Domestic Born</strong></td>
<td>18.4%</td>
<td>17.9%</td>
<td>17.2%</td>
<td>11.4%</td>
</tr>
<tr>
<td><strong>U.S. Foreign Born</strong></td>
<td>25.9%</td>
<td>26.2%</td>
<td>25.4%</td>
<td>17.1%</td>
</tr>
<tr>
<td><strong>Metro Domestic Born</strong></td>
<td>11.8%</td>
<td>11.5%</td>
<td>11.0%</td>
<td>7.3%</td>
</tr>
<tr>
<td><strong>Metro Foreign Born</strong></td>
<td>20.9%</td>
<td>19.8%</td>
<td>19.3%</td>
<td>14.0%</td>
</tr>
</tbody>
</table>
Figure 16
Rates of Uninsured By Nativity for Latinos
United States and New York Metropolitan Area, 2009 - 2015

Table 16
Rates of Uninsured by Nativity for Latinos
U.S. and Metro Area, 2009 - 2015

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2011</th>
<th>2013</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. Domestic Born</td>
<td>19.2%</td>
<td>18.1%</td>
<td>17.5%</td>
<td>11.0%</td>
</tr>
<tr>
<td>U.S. Foreign Born</td>
<td>50.3%</td>
<td>49.6%</td>
<td>47.6%</td>
<td>35.2%</td>
</tr>
<tr>
<td>Metro Domestic Born</td>
<td>12.1%</td>
<td>12.2%</td>
<td>11.4%</td>
<td>6.7%</td>
</tr>
<tr>
<td>Metro Foreign Born</td>
<td>41.2%</td>
<td>40.8%</td>
<td>38.4%</td>
<td>29.0%</td>
</tr>
</tbody>
</table>
Conclusion

Overall, the rate of uninsured individuals decreased between 2009 and 2015. Increases occurring in the early part of the study (2009 to 2011) were slight and made up for with larger decreases by the end of the period under study (2013 to 2015). Based on these data, it would seem likely that the impact
of the Great Recession on healthcare coverage was mitigated by provisions for continuation of coverage after termination of employment. More significantly, the American Affordable Care Act raised the percentage of Americans with health insurance above pre-recession levels. Nevertheless, as figure 1 and table 1 show, slightly less than ten percent of Americans went without insurance in 2015, or approximately 32 million persons. Furthermore, those living in poverty were in 2015 still twice as likely to have no insurance those living above the poverty threshold. Further study could demonstrate how poverty status related to such access-restricting factors as ability to pay plan premiums or inadequate implementation of the Affordable Care Act on state and local levels.

For the six year period under study, improvements in access to insurance in the New York metropolitan area occurred in parallel to improvements at the national level. Metropolitan area gains in insurance were smaller than gains at the national level, however. This discrepancy could be attributed to a higher standard of healthcare access in the metropolitan area predating the Great Recession and the American Affordable Care Act. In other words, healthcare may have needed to improve less in the New York metropolitan area than it did in other metropolitan areas in order to meet new national standards. Comparison to the Los Angeles and Chicago metropolitan areas would provide further insight into the challenges expanding healthcare faces in regions with similarly large and diverse populations and economies but considerable disparities in wealth and income.

Significant changes in healthcare coverage were also correlated with nativity. In the entire United States, 32.0% of foreign-born individuals did not have health insurance in 2009, while in 2015 that figure had dropped to 21.6%. There was also a decrease for domestic-born individuals without health insurance, from 12.8% in 2009 to 7.7%. In the New York area, foreign-born without insurance amounted to 24.5% in 2009 but 16.8% in 2015, and domestic-born without insurance went from 8.0% to 4.7%. Increases in healthcare coverage were therefore notably greater for both foreign-born populations under study.

However, from 2009 to 2013, foreign-born individuals in the United States were 2.5 times more likely to be without insurance than domestic-born individuals. In 2015, that figure increased to about 2.8 times more likely. Similarly, in the New York area, foreign-born individuals were about 3.1 times more likely to be without insurance than their domestic-counterparts in 2009, but almost 3.6 times more likely in 2015. In both cases, then, it would appear that the foreign-born population is adding new uninsured members faster than the domestic-born population. Given that the percentage of the total U.S. population which is foreign born has risen overall, these circumstances may not be unusual. It should be born in mind that health insurance items were only included on the American Community Survey in 2008, i.e. relatively recently, and that their accuracy are still being refined by the Census Bureau. Nevertheless, the rate of growth in foreign-born populations and the disparities outlined above between foreign- and domestic-born populations points to the continued relevance of this distinction for assessing access to healthcare. Further study should expand on the number of characteristics examined by looking at year of immigration and/or years spent in the United States. Educational
attainment may also be a useful parameter for gauging access to healthcare insurance among foreign-born individuals.