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

Andrew S. Alger

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Center for Latin American, Caribbean, and Latino Studies

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

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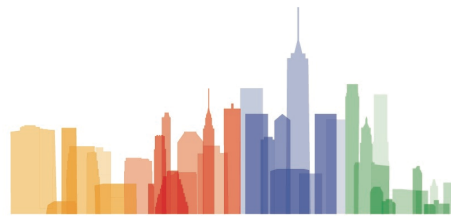
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LATINO DATA PROJECT



Latino Data Project – Report 75 – January 2020

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 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 clacls@gc.cuny.edu.

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Executive Summary

This study examines trends in health insurance coverage in the United States and the New York Metropolitan Area between 2009 and 2015. A central objective is to measure the impact of the Affordable Care Act of 2010 (Obamacare) on sectors of the population. Coverage by sex, the four major race/ethnic groups (non-Hispanic white, non-Hispanic black, Latino, and Asian), nativity (foreign- or domestic-born)¹ and by poverty status are focal points of this examination. The variable used to determine healthcare coverage distinguished between respondents with at least some coverage and respondents with no coverage.² 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. Since so many types of insurance were collapsed into a single category in the data examined, the study must leave some questions unanswered about the adequacy of healthcare coverage, particularly with respect to coverage in cases of pre-existing conditions, the affordability of premiums, and limitations of coverage for certain conditions.

Among all people, the percentage of uninsured individuals decreased between 2009 and 2015. However, there was a slight percentage increase between 2009 and 2011. In many cases, the greatest percentage decrease in uninsured took place between 2013 and 2015. Based on these data, it appears that the impact of the economic recession of 2008 and 2009 on health insurance coverage was negligible.

Both those individuals living above and below the poverty threshold experienced a decrease in uninsured individuals between 2009 and 2015.

Perhaps the most significant finding concerns 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 the domestic-born. The largest decrease was among foreign-born Latinos. Both of these trends were evident at the national and the New York metropolitan area levels.

The New York metropolitan area rates of uninsured tracked national trends closely, although overall decreases in rates of uninsured were less than the national average.

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 [one of the fifty states in the United States](#).

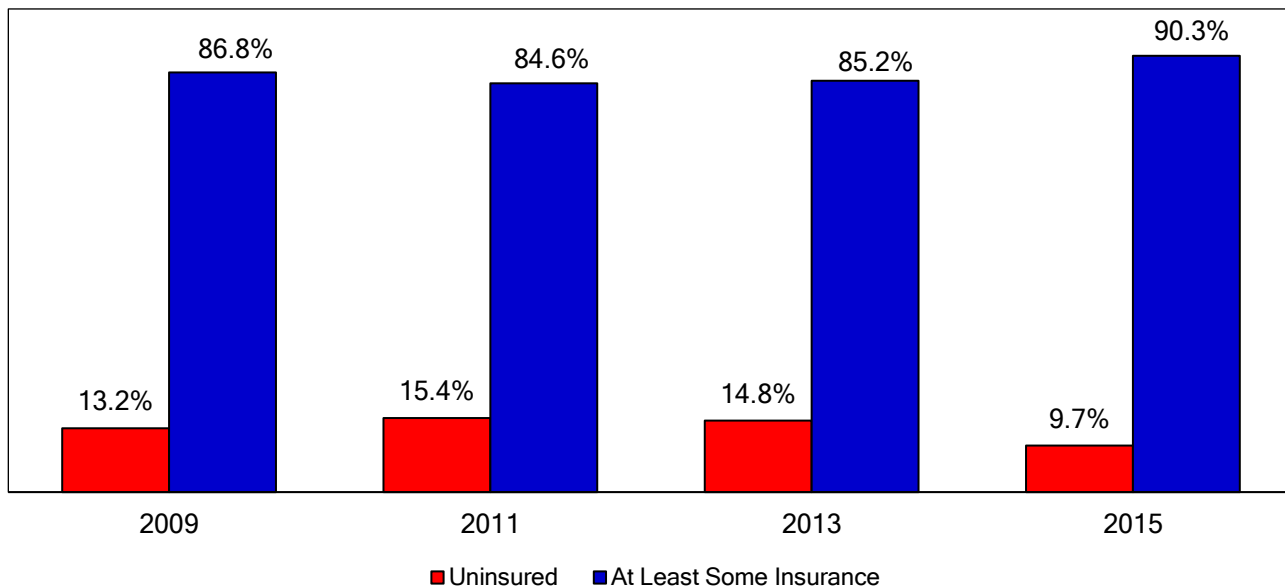
² This study uses the American Community Survey PUMS (Public User Microdata Series) for the years 2009, 2011, 2013, and 2015. These datasets were downloaded from the IPUMS USA website hosted by the University of Minnesota. Steven Ruggles, Katie Genadek, Ronald Goeken, Josiah Grover, and Matthew Sobek. *Integrated Public Use Microdata Series: Version 6.0* [2009, 2011, 2013, 2015]. Minneapolis: University of Minnesota, 2015. <http://doi.org/10.18128/D010.V6.0>.

While these findings indicate a largely positive trend for the first decade after the economic recession of 2008-09 and for the first year after enactment of the American Affordable Care Act, further study is needed before the causative factors may be discerned with certainty. Readers interested in exploring these factors should consult the Conclusion of this report for a discussion of the directions in which further research may take.

Healthcare Coverage in General

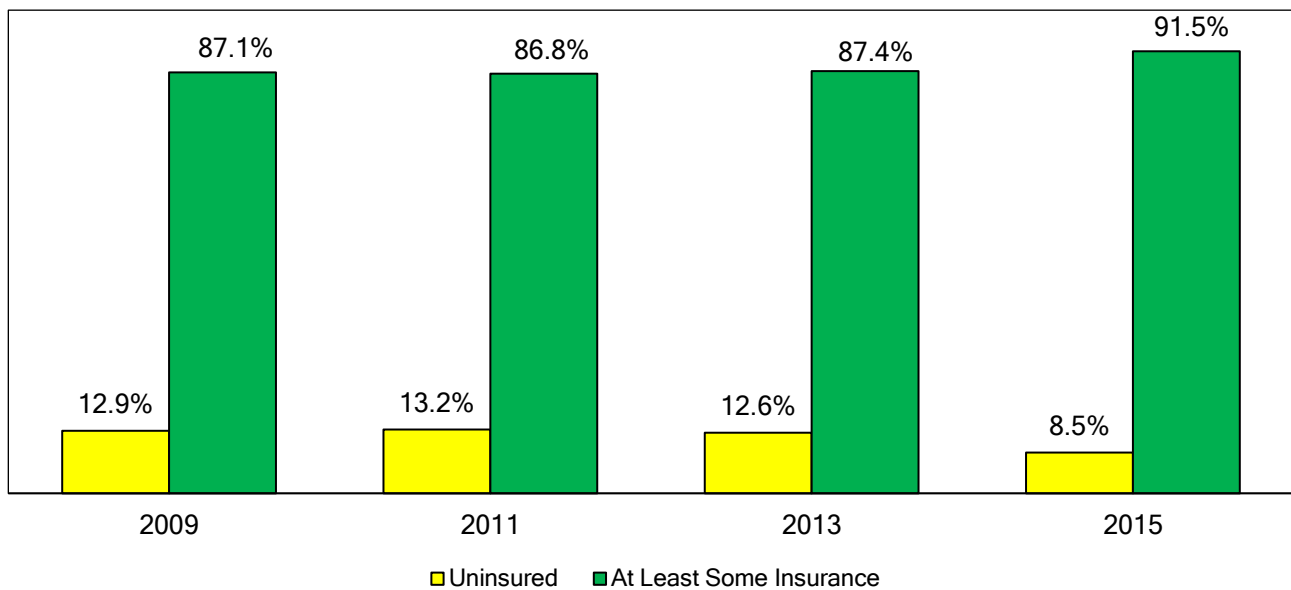
Between 2009 and 2015, the percentage of people in the United States with at least some health insurance rose marginally from 86.8% to 90.3% of all people, with the greatest increase occurring after 2013. The rates of uninsured also dropped after 2013 to 9.7% in 2015. (See figure 1).

Figure 1
Healthcare Coverage Rates
United States, 2009 - 2015



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% and then increased to 91.5% in 2015. Between 2009 and 2015, the percentage of those without insurance decreased from 12.9% to 8.5%. (See figure 2).

Figure 2
Healthcare Coverage Rates
New York Metro Area, 2009 - 2015



Rates of Uninsured Populations by Sex

Men were more likely to be without insurance than women, despite the fact that the male uninsured rate decreased from 17.5% in 2009 to 11.1% in 2015; the lion's share of the decrease (5.3%) took place between 2013 and 2015. Among women, there was a significant decline from 13.4% without health insurance coverage in 2009 to 8.3% in 2015. (See figure 3).

In the New York metropolitan area, the rates of those without insurance were consistently lower than the national rates, among both men and women. Men were also more likely than women to be without insurance, a trend that was also present in the national level data. For men, there was a drop from 15.3% to 10.2% between 2009 and 2015, while among women, the uninsured rate declined from 10.7% to 7.0%. (See figure 4).

Figure 3
 Percentage of the Uninsured Population by Sex
 United States, 2009 - 2015

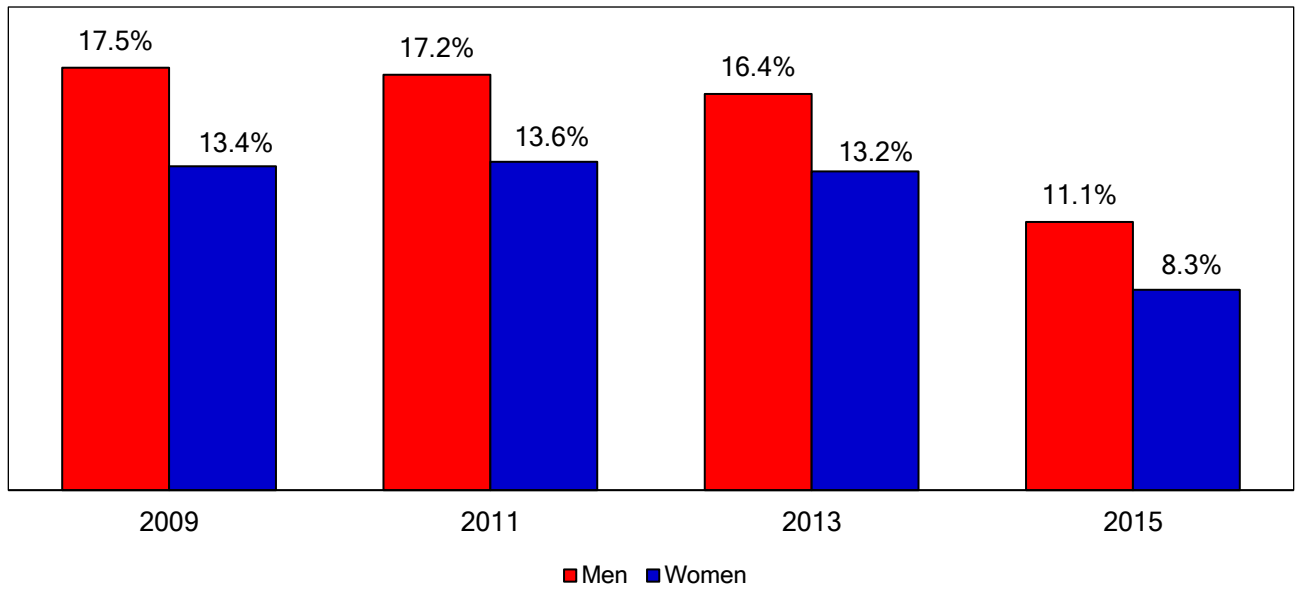
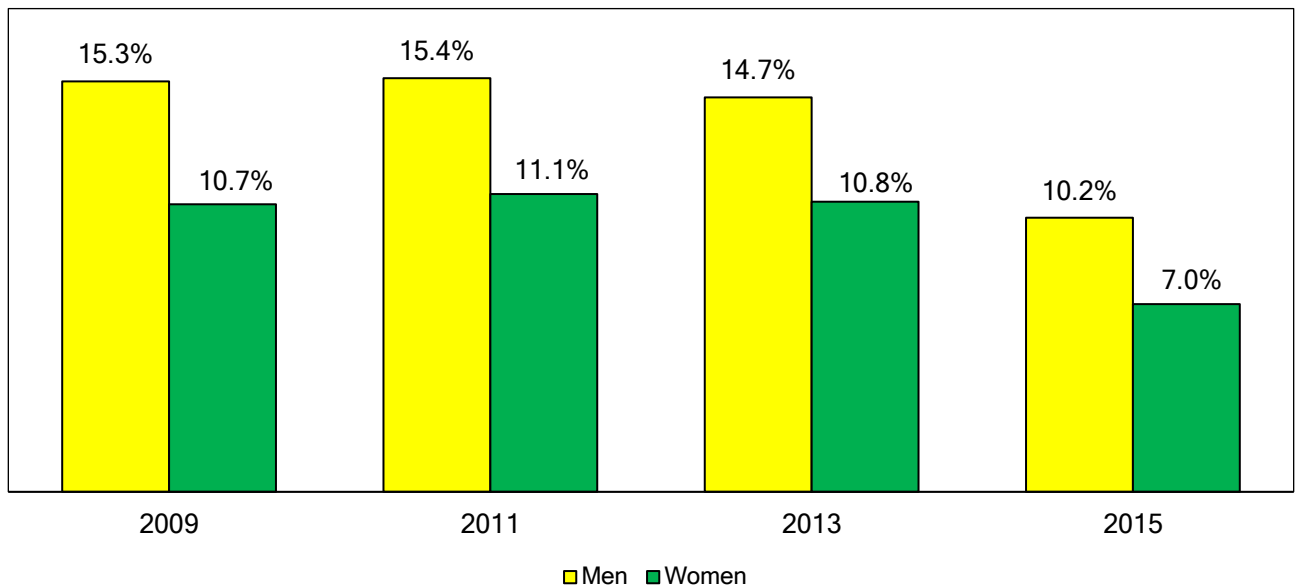


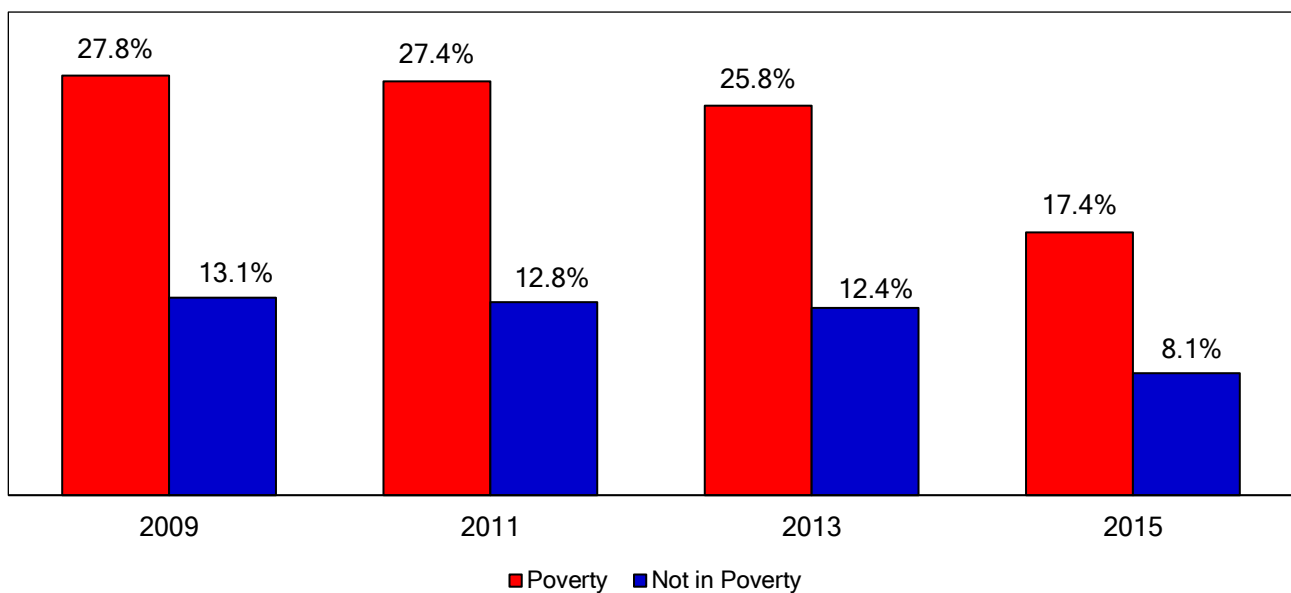
Figure 4
 Percentage of the Uninsured Population by Sex
 New York Metro Area, 2009 - 2015



Rates of Uninsured Populations by Poverty Status

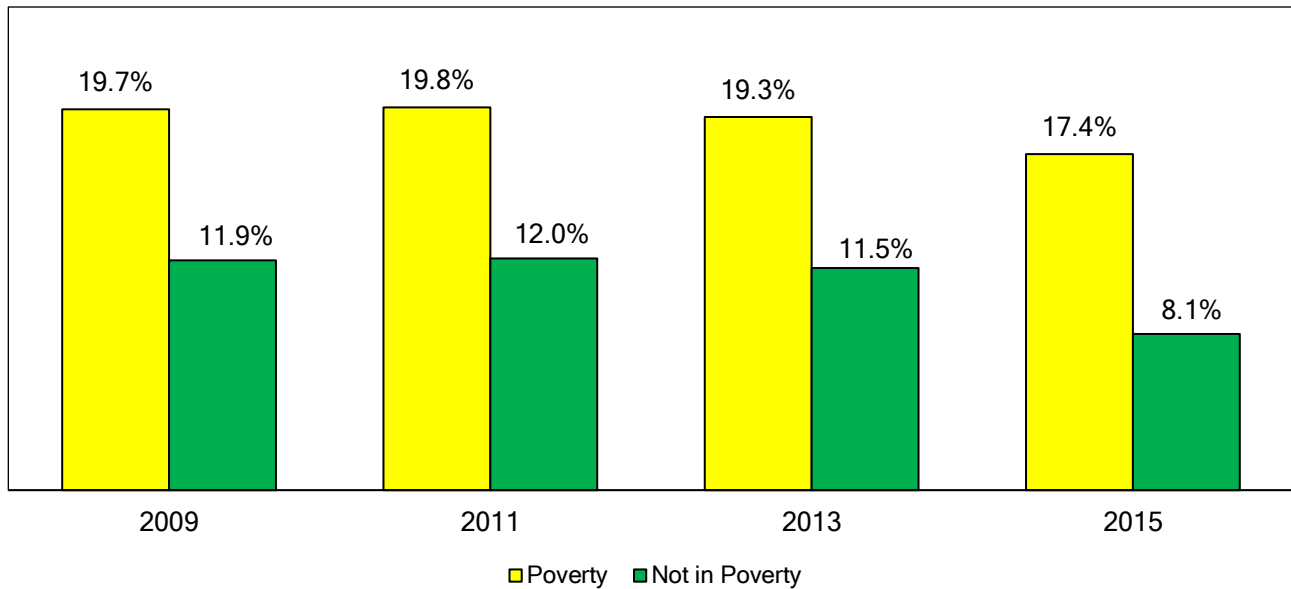
There was a dramatic drop in the rates of those without health insurance among the poorest Americans between 2009 and 2015. In 2009, 27.8% of those living in poverty had no health insurance. This rate fell to 17.4% in 2015. The greatest decreases in lack of insurance coverage occurred between 2013 and 2015. Those living in poverty were twice as likely to be uninsured than those who were not in poverty throughout the period of study. (See figure 5).

Figure 5
Percentage of the Uninsured Population by Poverty Status
United States, 2009 - 2015



For New York City, there were different patterns than those found at the national level, when examining poverty and health insurance coverage. For those living in poverty across the nation, the decline in the rate of uninsured was pronounced. This was not the case in the City, as the rate of uninsured people in poverty declined slightly from 19.7% in 2009 to 17.4% in 2015. (See figure 6).

Figure 6
Percentage of the Uninsured Population by Poverty Status
New York Metro Area, 2009 - 2015



Rates of Uninsured Populations by Race/Ethnicity

A breakdown of the national uninsured populations according to the four major racial/ethnic groups illustrates distinct trends between 2009 and 2015. The lowest rates of uninsured were among non-Hispanic whites, with 10.9% uninsured in 2009 and 6.5% uninsured in 2015. Among Asians, the group with the second lowest rates of uninsured, rates declined from 14.8% in 2009 to 7.9% in 2015. For non-Hispanic blacks, the rate decreased somewhat more than among non-Hispanic whites, falling from 19.1% to 12.0% between 2009 and 2015. Latinos were the race/ethnic group with the highest rates of being without health insurance throughout the period under study, but they also experienced the most notable decline from 31.2% in 2009 to 19.7% in 2015. (See figure 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, although the trends were similar. Asians were the only race/ethnic group to have higher rates of uninsured in the New York metro area compared to national rates. (See figure 8).

Figure 7
 Percentage of the Uninsured Population by Race/Ethnicity
 United States, 2009 - 2015

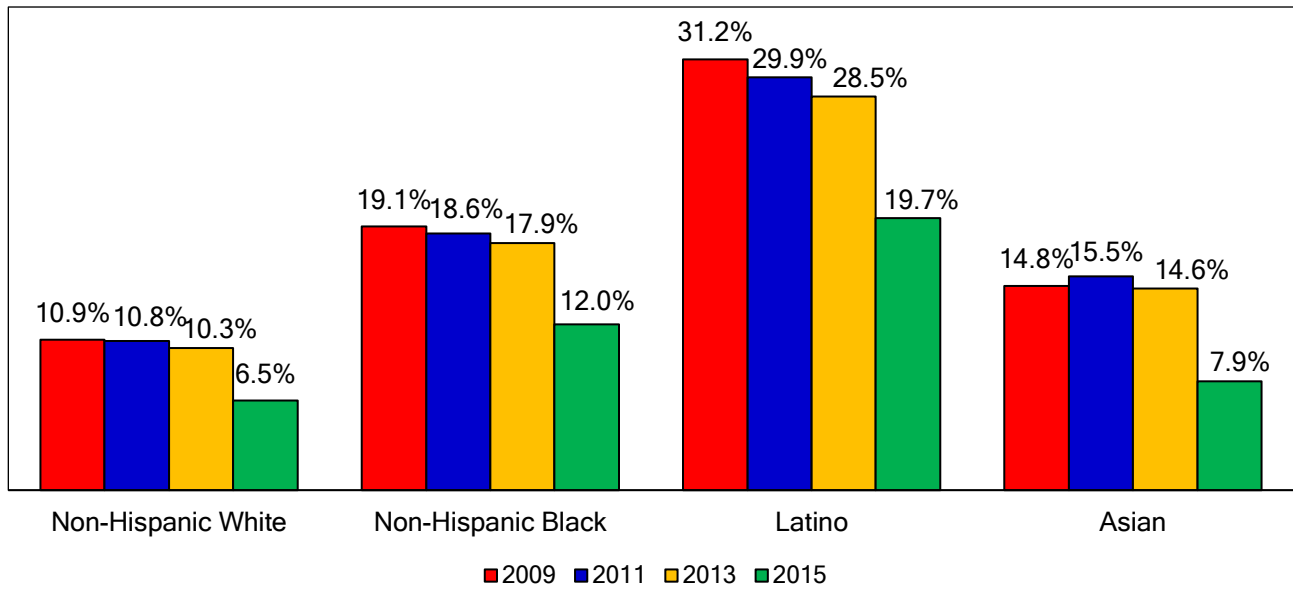
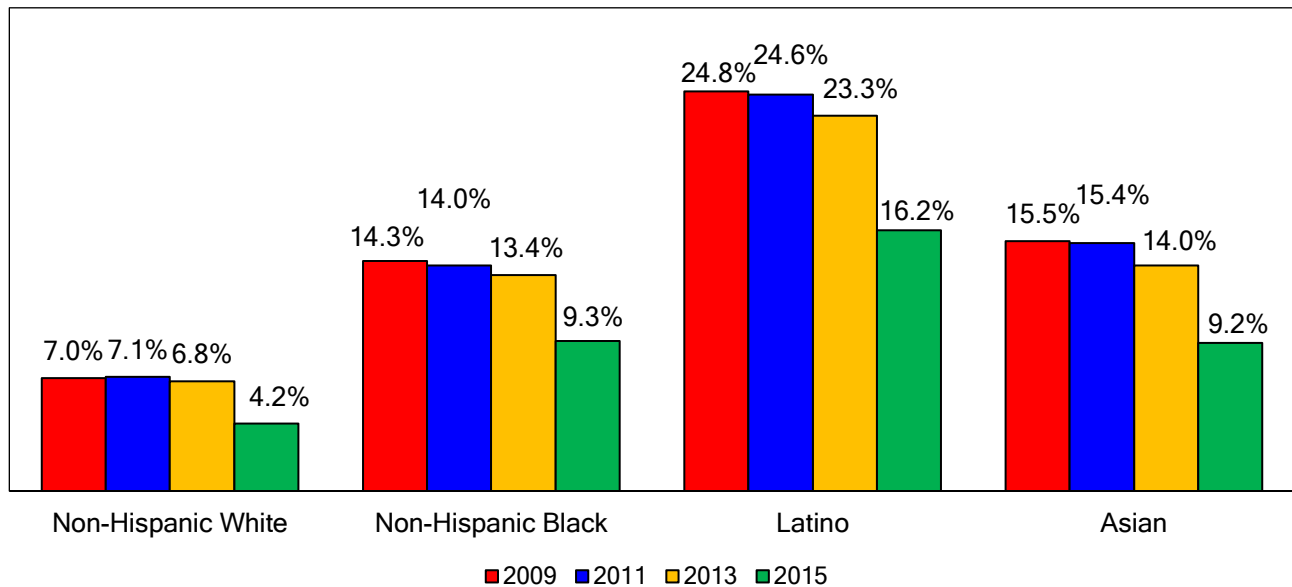


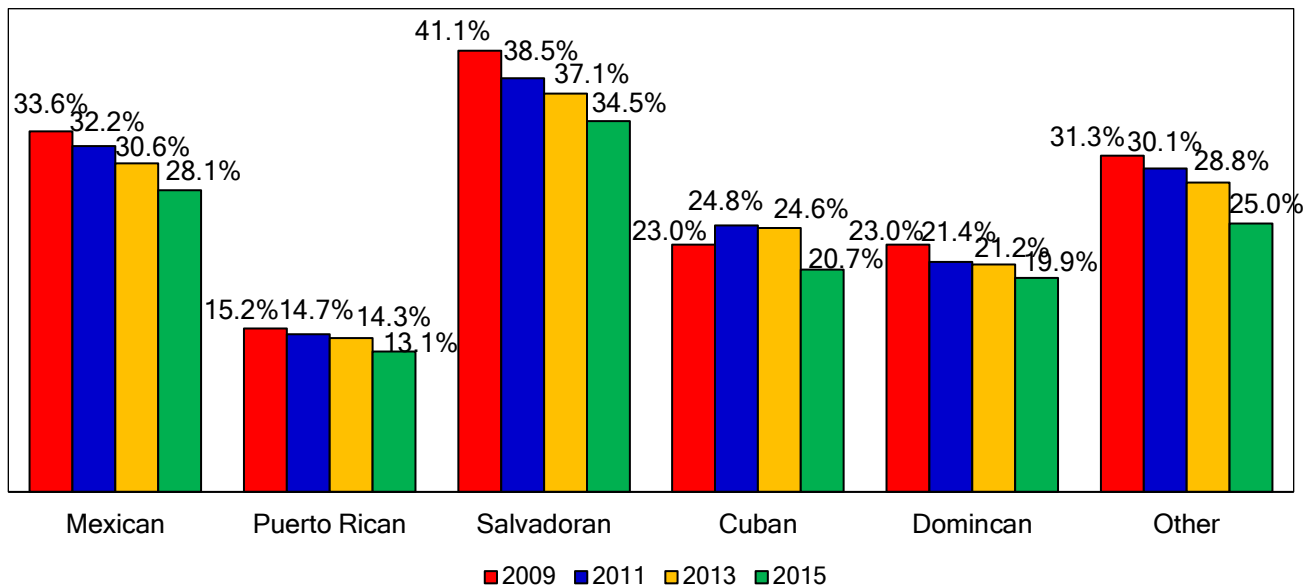
Figure 8
 Percentage of the Uninsured Population by Race/Ethnicity
 New York Metro Area, 2009 - 2015



Uninsured Rates for the Top Five Latino Nationalities in the U.S. and the New York Metro Area

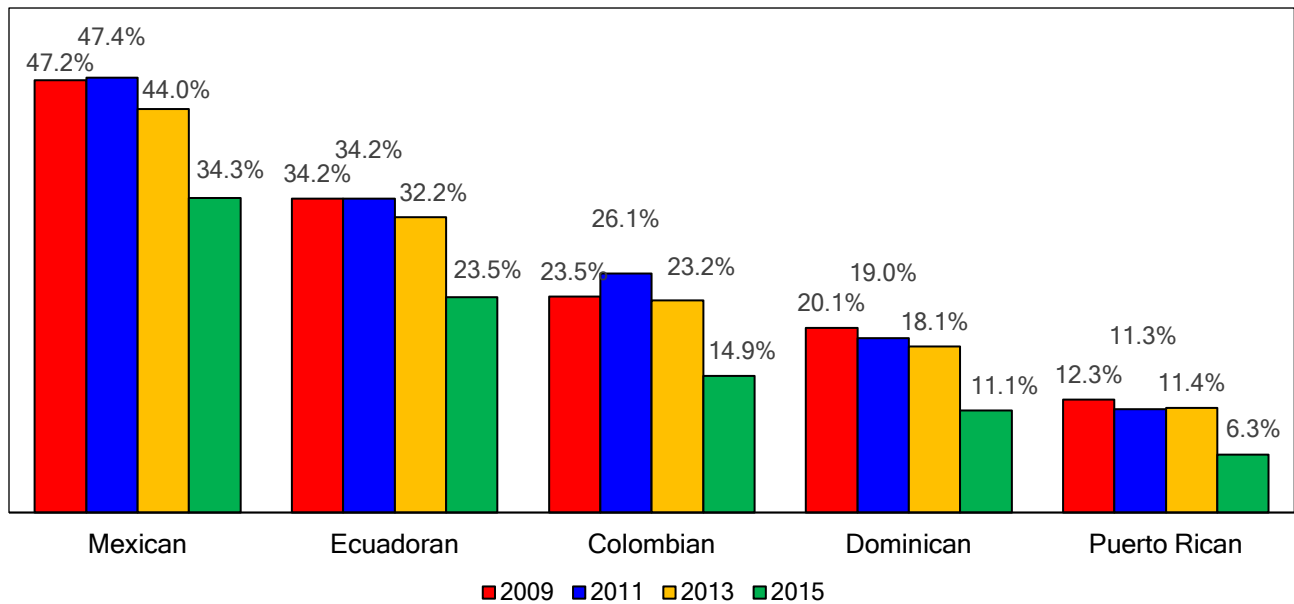
Among the five largest Latino nationalities in the United States, rates of uninsured populations trended downward consistently for Mexicans, Puerto Ricans, Salvadorans, and Dominicans. Cubans, the fourth-largest Latino nationality, had higher levels of being uninsured in 2011 and 2013 than in 2009. However, the uninsured rate declined to 20.7% in 2015. Puerto Ricans had the lowest rates of being uninsured in 2015, followed by Dominicans (19.9%) and Cubans (20.7%). Overall, population size was not a strong predictor for health insurance coverage. (See figure 9).

Figure 9
Percentage of the Uninsured Population by Largest Latino Nationalities
United States, 2009 - 2015



There was also a dramatic fall in uninsured rates among all of the five largest Latino national subgroups in the New York metro area. Mexican uninsured rates went from 47.2% in 2009 to 34.3% in 2015; among Ecuadorans it was 34.2% in 2009 to 23.5% in 2015. Among Colombians, the rate dropped from 23.5% in 2009 to 14.9% in 2015. Dominicans also experienced a drop between 2009 and 2015, from 20.1% to 11.1%. Lastly, among Puerto Ricans, who had the lowest uninsured rates, the rates decreased from 12.3% in 2009 to 6.3% in 2015. (See Figure 10).

Figure 10
 Percentage of the Uninsured Population by Largest Latino Nationalities
 New York Metro Area, 2009 - 2015

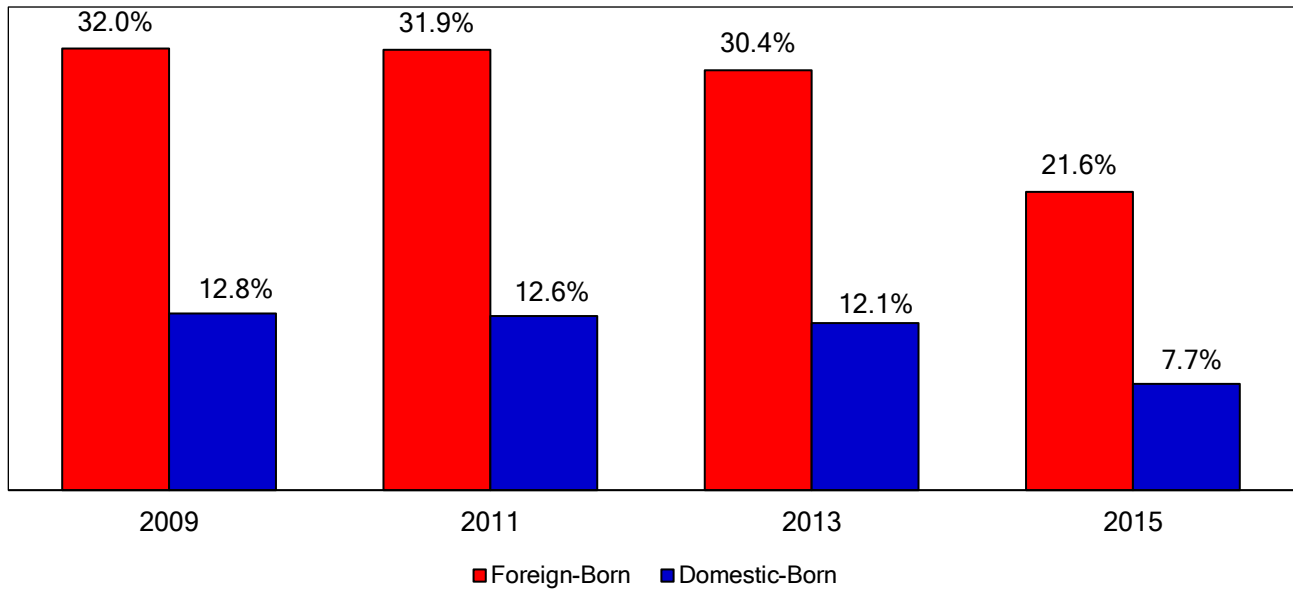


Rates of Uninsured Populations by Nativity

Perhaps the most significant variations in access to health insurance coverage were between the domestic-born and foreign-born populations.³ Between 2009 and 2015, the rate of foreign-born individuals without insurance decreased from 32.0% to 21.6%. Among domestic-born individuals, the decrease was from 12.8% to 7.7%. The percentage of both populations without health insurance has decreased over this period, and the discrepancy between the two populations’ access to health insurance appears to have shrunk. (See figure 11).

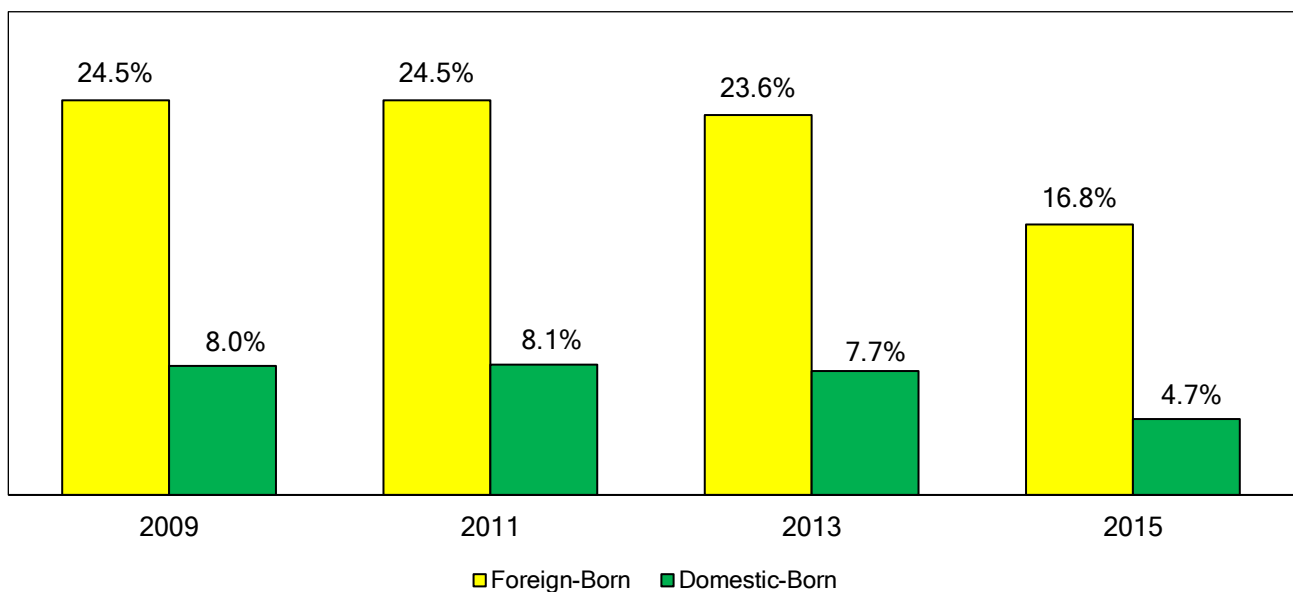
³ For the purposes of this study, Puerto Ricans were considered foreign-born if they were born on the Island and domestic-born if they were born in the fifty United States.

Figure 11
 Percentage of the Uninsured Population by Nativity
 United States, 2009 - 2015



In the New York metro area, there was a decline in the uninsured rates as well. Between 2009 and 2015, foreign-born residents experienced a decrease from 24.5% to 16.8% in the rates of uninsured individuals. Among domestic-born individuals, the decrease was from 8.0% in 2009 to 4.7% in 2015. (See figure 12).

Figure 12
 Percentage of the Uninsured Population by Nativity
 New York Metro Area, 2009 - 2015



Rates of Uninsured Populations by Nativity and Sex

Nationally, the percentage of those without insurance decreased notably among foreign-born men (from 35.9% to 23.8%) and foreign-born women (from 28.1% to 18.4%) between 2009 and 2015. Domestic-born men and domestic-born women had lower levels of uninsured in 2009; although there were marked decreases between 2009 and 2015, these were smaller than among the foreign-born population. (See figure 13).

These same patterns were found in the New York metro area, although they were more pronounced among both men and women. The uninsured rate among foreign-born men and foreign-born women fell from 29.2% and 28.8% in 2009 to 6.6% and 6.7% in 2015, suggesting the extraordinary impact of the Affordable Care Act in New York. Among the domestic-born, the same pattern was evident. There was a drop in the uninsured rates among domestic-born men from 27.8% to 6.5% and from 20.4% to 3.7% among domestic-born women. (See figure 14).

Figure 13
Percentage of the Uninsured Population by Nativity and Sex
United States, 2009 - 2015

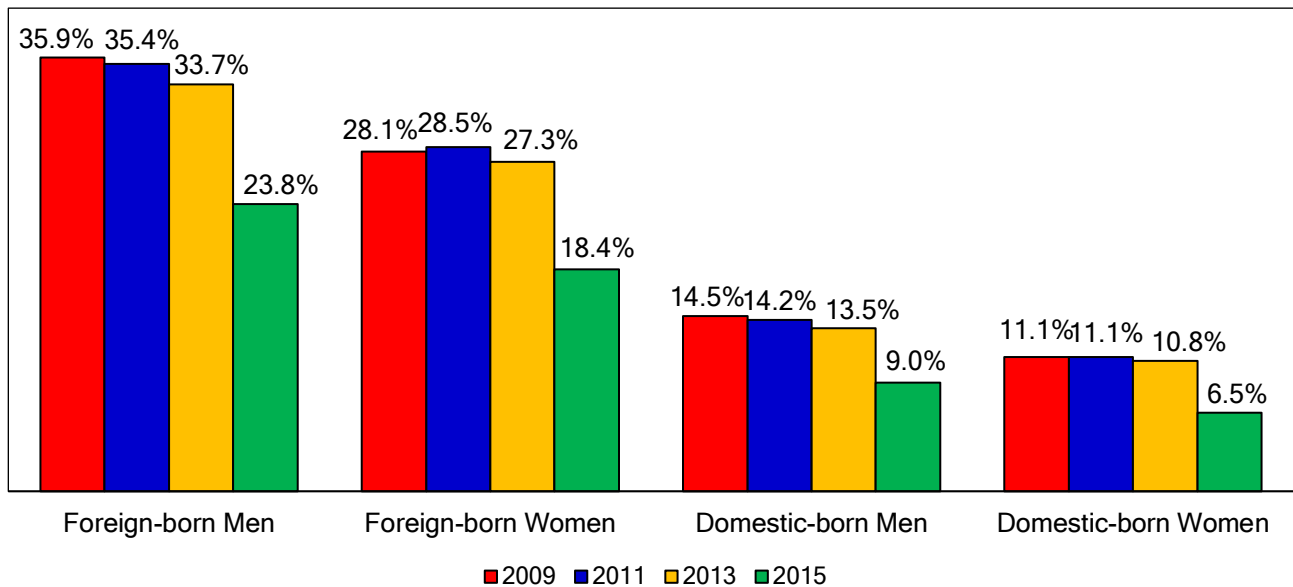
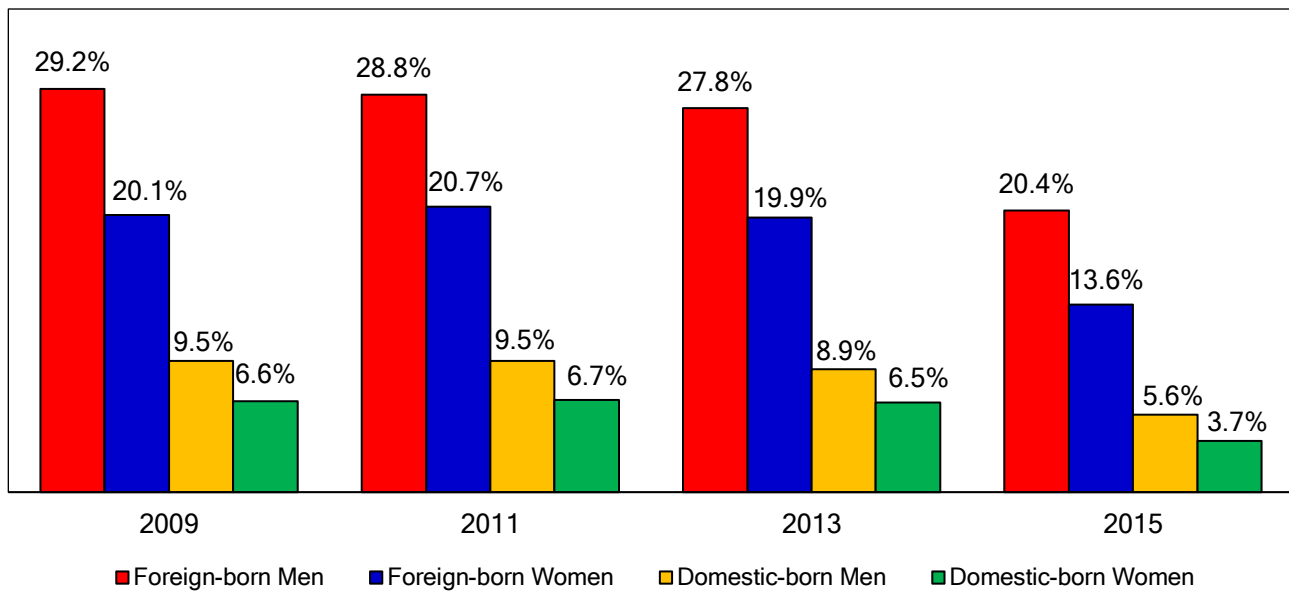


Figure 14
Percentage of the Uninsured Population by Nativity and Sex
New York Metro Area, 2009 - 2015



Conclusion

Overall, the rate of uninsured individuals decreased between 2009 and 2015. Based on these data, it would seem likely that the impact of the 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 shows, slightly less than ten percent of Americans went without insurance in 2015, or approximately 32 million people. Furthermore, those living in poverty in 2015, were still twice as likely to have no insurance than those living above the poverty threshold. Further study could demonstrate how poverty status relates 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 bigger population already with some kind of insurance in the metropolitan area predating the recession and the American Affordable Care Act. In other words, people in other metropolitan areas could have been even less insured than in New York. 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 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 a decrease among 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. Similarly, in the New York metropolitan area, foreign-born individuals were about 3.1 times more likely to be without insurance than their domestic-born 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 foreign-born U.S. population has risen overall, these circumstances may not be unusual. It should be noted that health insurance items were only included on the American Community Survey in 2008, and that the Census Bureau is still refining the accuracy of this measure. 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 healthcare coverage. 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.