

10-2010

Public Health Insurance Utilization in New York City, 2008

Rachael Varra

Center for Latin American, Caribbean, and Latino Studies

How does access to this work benefit you? Let us know!

Follow this and additional works at: http://academicworks.cuny.edu/clacLS_pubs

 Part of the [Arts and Humanities Commons](#), [Demography, Population, and Ecology Commons](#), [Health Policy Commons](#), [Health Services Research Commons](#), [Latin American Studies Commons](#), and the [Race and Ethnicity Commons](#)

Recommended Citation

Varra, R. (2010). Public Health Insurance Utilization in New York City, 2008. New York, NY: Center for Latin American, Caribbean, and Latino Studies at the CUNY Graduate Center. Retrieved from <http://clacLS.gc.cuny.edu/files/2013/10/Public-Health-Insurance-Utlization-in-New-York-City-2008.pdf>

This Report is brought to you for free and open access by the Center for Latin American, Caribbean & Latino Studies at CUNY Academic Works. It has been accepted for inclusion in Publications and Research by an authorized administrator of CUNY Academic Works. For more information, please contact AcademicWorks@cuny.edu.



Center for Latin American, Caribbean & Latino Studies

Public Health Insurance Utilization in New York City, 2008

Rachel Varra

Center for Latin American,
Caribbean & Latino Studies

Graduate Center
City University of New York
365 Fifth Avenue
Room 5419
New York, New York 10016

212-817-8438

clacsl@gc.cuny.edu

<http://web.gc.cuny.edu/lastudies>



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://web.gc.cuny.edu/lastudies/>

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

Staff:

Laird W. Bergad, Distinguished Professor, Latin American and Puerto Rican Studies, Lehman College, Ph.D. Program in History, Executive Director, CLACLS

Teresita Levy, Assistant Professor, Latin American and Puerto Rican Studies, Lehman College, Associate Director

Carolina Barrera-Tobón, Administrative Director

Victoria Stone-Cadena, Director of Special Projects

Laura Limonic, Director of Quantitative Research

Marcela González, Research Associate

Copyright @ 2010
Center for Latin American, Caribbean and Latino Studies
Room 5419
Graduate Center
City University of New York
365 Fifth Avenue
New York, New York 10016
212-817-8438
clacls@gc.cuny.edu
<http://web.gc.cuny.edu/lastudies>

1. Overview

Latinos and non-Hispanic blacks are commonly thought to be the most numerous beneficiaries of public assistance, such as food stamps and health insurance. Additionally, public health insurance is often claimed to be a drain on government coffers. Along with such perceptions is the belief that certain groups utilize these services because they refuse to get jobs. This report indirectly investigates such perceptions by examining the ethnic-racial and other characteristics of recipients of public health insurance (PHI) in New York City in 2008. Some of the independent variables to be investigated are: ethnic-racial category (non-Hispanic white, non-Hispanic black, Latino and Asian), Latino nationality (Puerto Rican, Ecuadorian, etc.), sex, age, employment and poverty status.

Throughout this report, the terms 'Latino' and 'Hispanic' are used synonymously to refer to people with ethnic or national ties to countries of South America and the Caribbean who currently live in the United States. The term 'Latino' is used in expository parts of the paper whereas, 'Hispanic' is used only in tables and charts which contain data obtained from the U.S. Census or other large-scale surveys since this is the term used to obtain data in those surveys. Finally, the terms 'white' and 'black' used periodically throughout to facilitate comprehension should always be understood to mean 'non-Hispanic/ white' or 'non-Hispanic black.'¹

2. Trends in the use of Public Health Insurance (PHI) in New York

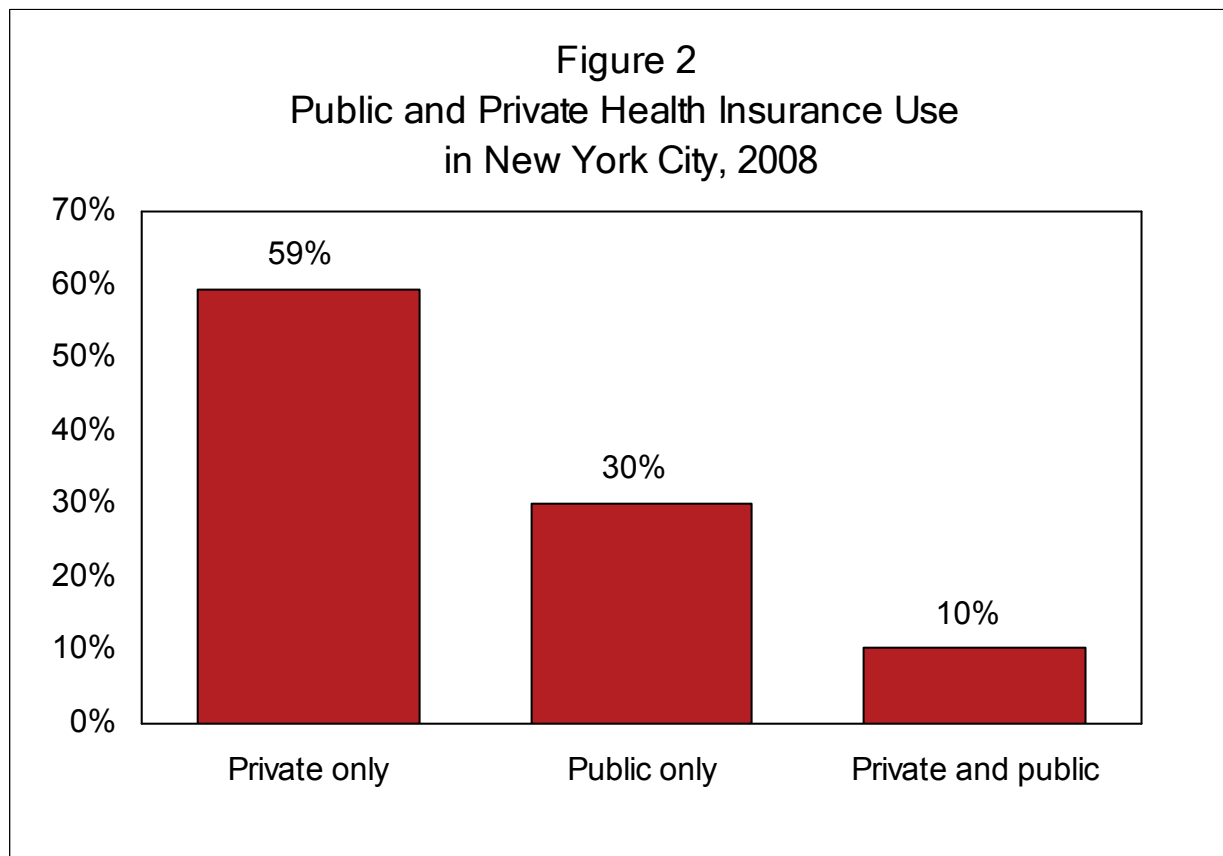
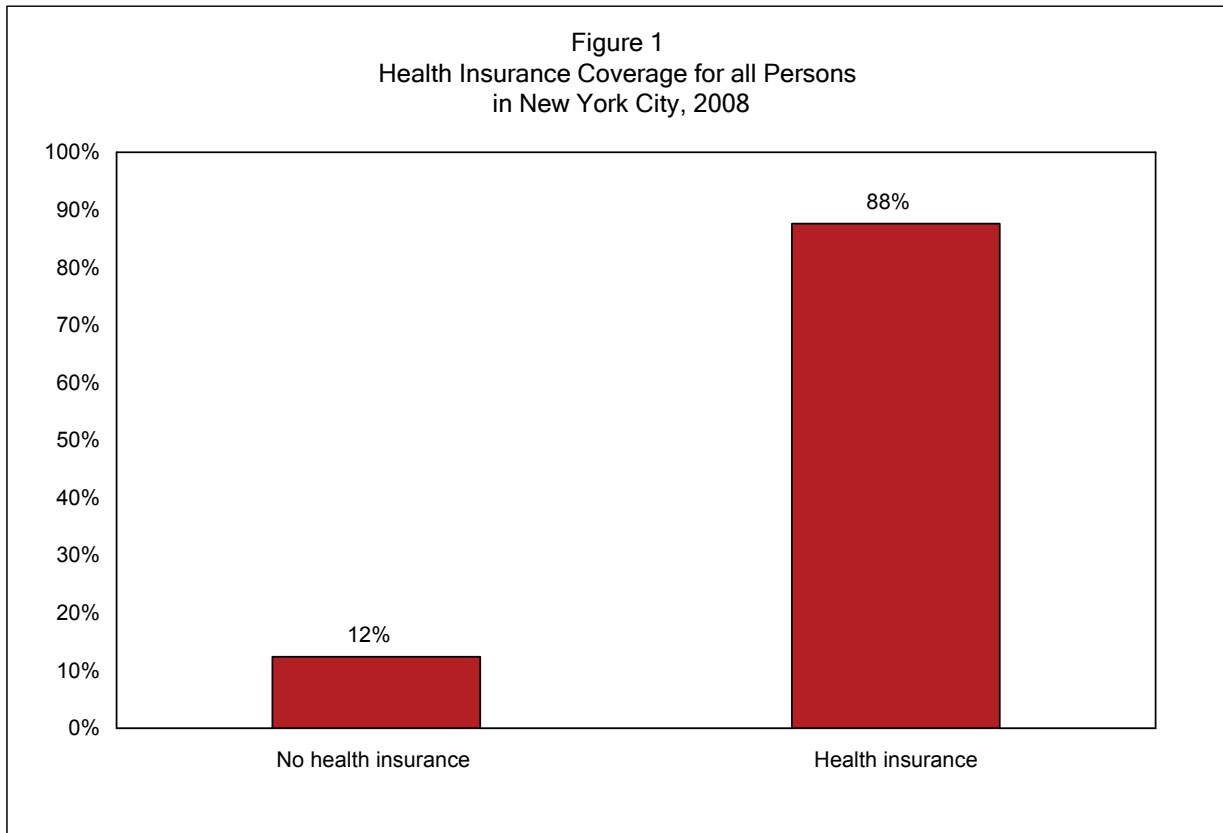
2.1 Overview

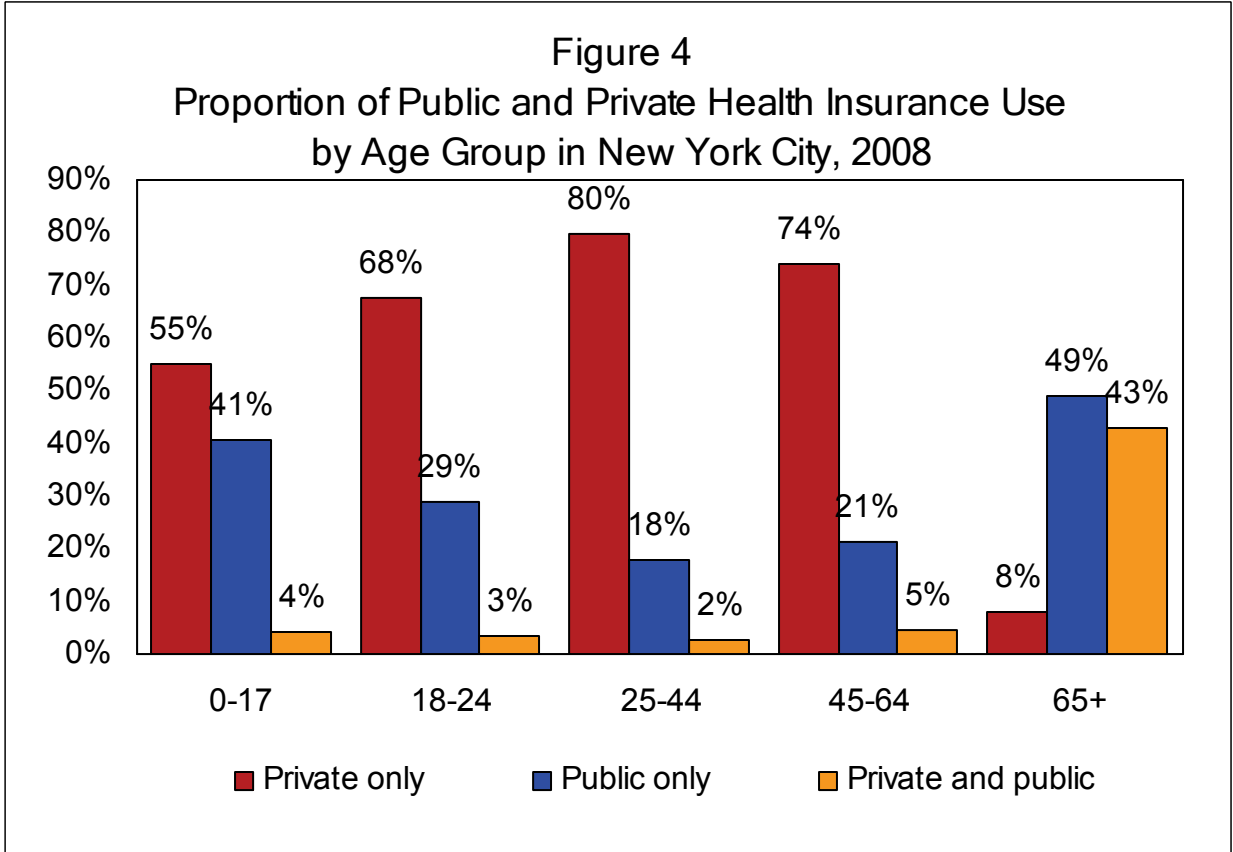
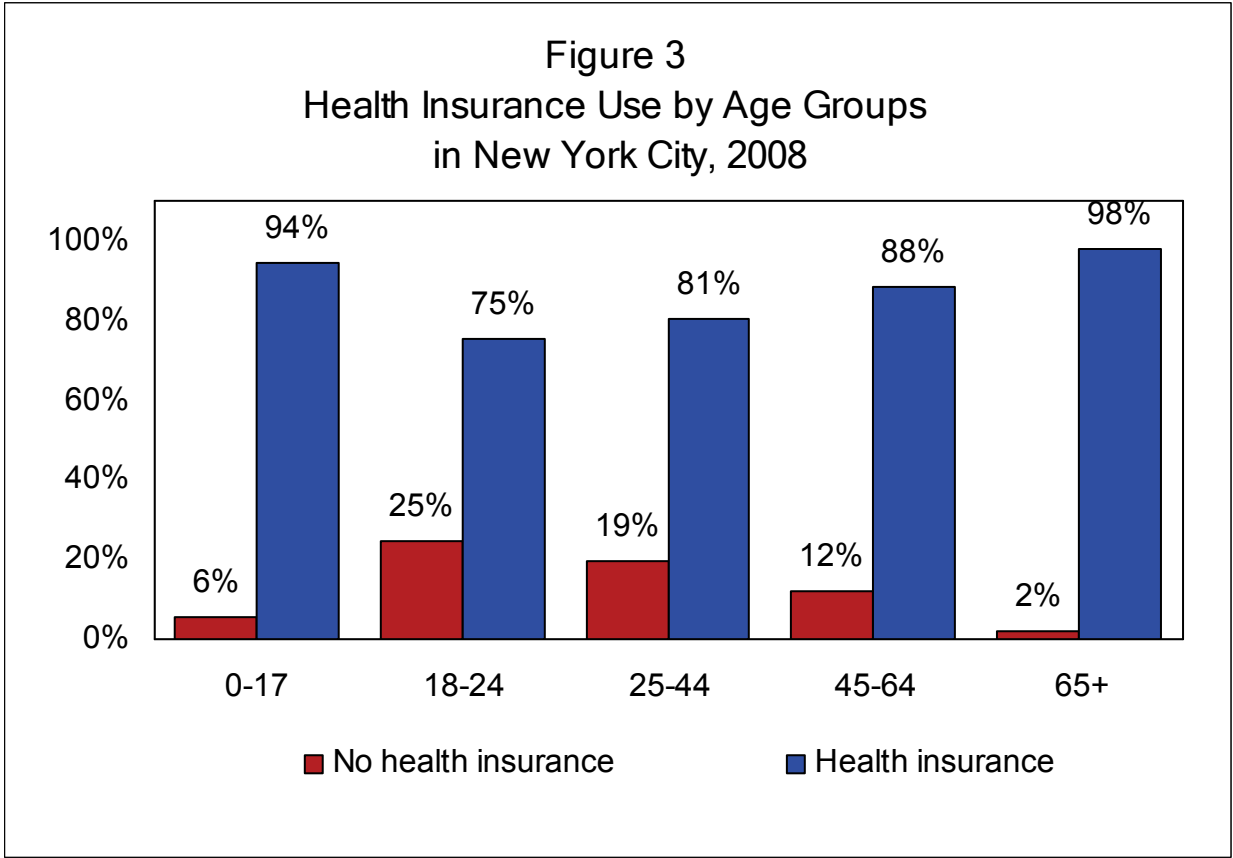
Figure 1 indicates the proportion of insured versus non-insured persons in New York City in 2008: 88 percent of New York City residents had some type of health insurance. Of those with health insurance, 59 percent had private insurance while 40 percent had public insurance (TRICARE, Medicaid, etc.) or some combination of public and private health insurance coverage (See Figure 2). When these same statistics are broken down by age group, we find that children/teens (94%) and persons over 64 (98%) were almost universally covered by some type of insurance. (See Figure 3).

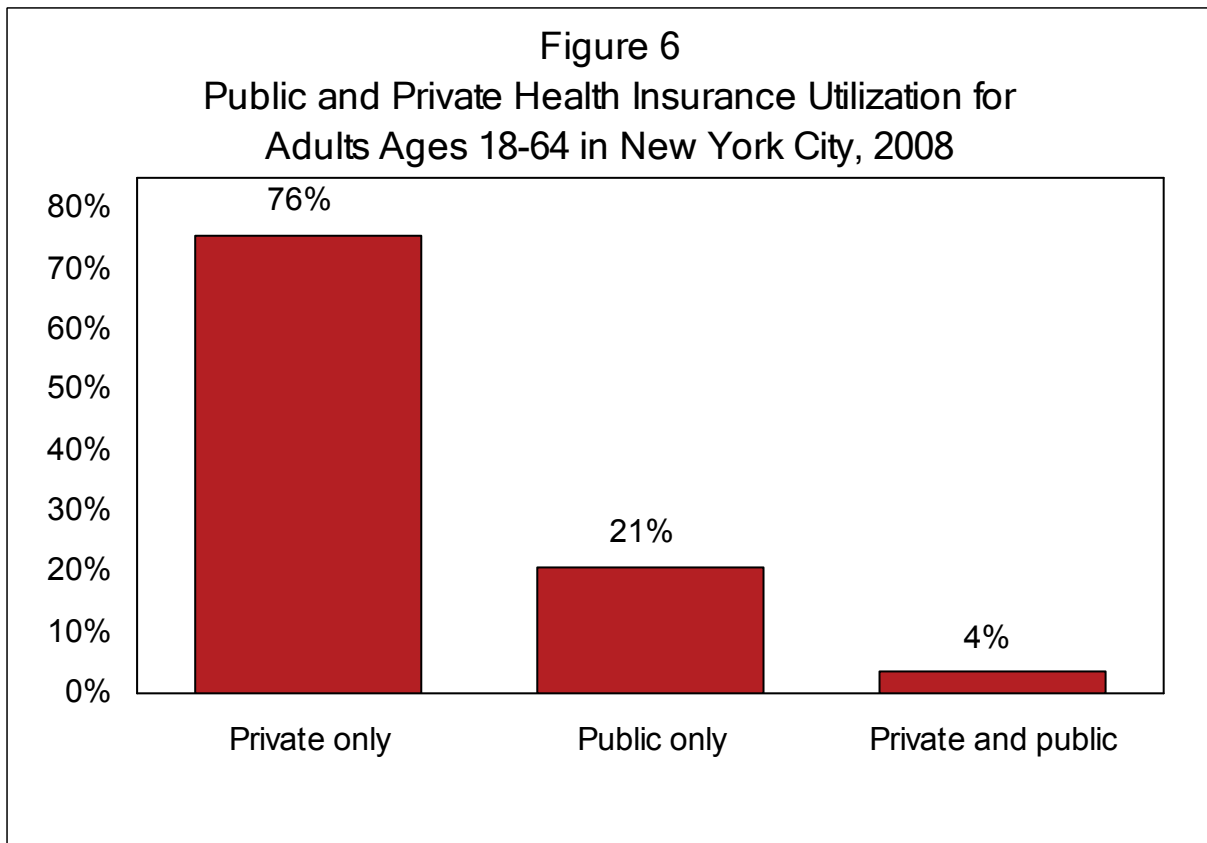
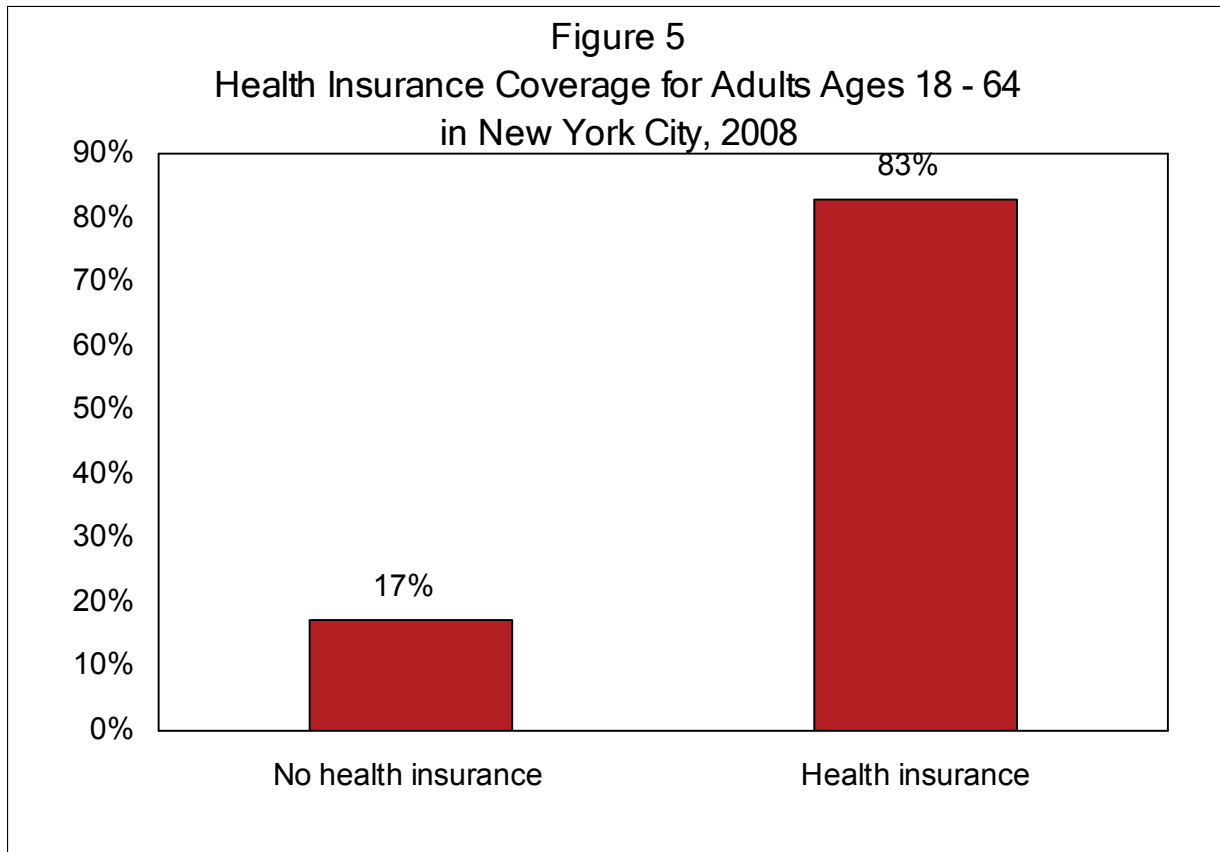
Furthermore, 92 percent of seniors (age 65+) were covered by public health insurance in 2008 (i.e. 49 percent used it exclusively and 43 percent use it in conjunction with private insurance (see Figure 4). This same figure also shows that almost half (45 percent) of children/teens who had health insurance in New York City had public insurance as one of their sources of coverage. In other words, children and teens under 18, and seniors utilized a public health insurance option to a far greater extent than was the case among other age groups. This is largely due to legislative initiatives that aimed for universal health care for youth and the accessibility of Medicare to seniors. For the rest of this report, the discussion of utilization of public health insurance will consider only persons ages 18 to 64.

Health insurance coverage rates for New York City adults ages 18 - 64 indicates that 83 percent of adults had some form of health insurance. (See Figure 5). However, of those 18 – 64 year olds insured, it turns out that a large proportion of this demographic depended on private insurance exclusively (76 percent), whereas only 21 percent relied on public health insurance, and 4 percent used a combination of the two. (See figure 6).

¹ All data in this report were derived from the American Community Survey (ACS). 2008. "2008 Data Release, 1-year estimates". Accessed November 2009. Available from <http://www.census.gov/acs/www/Products/index.html>.







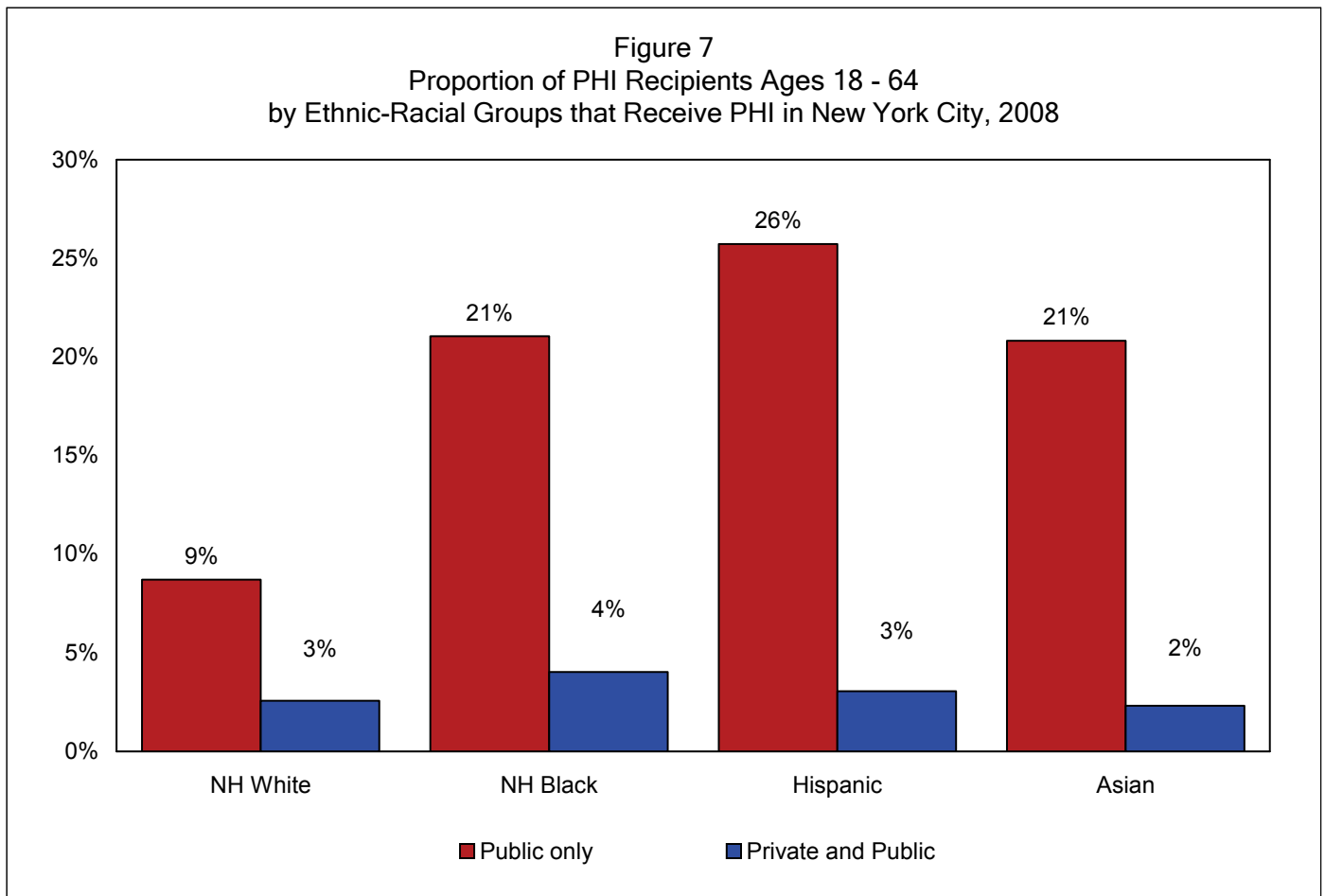
Thus, for NYC adults, 25 percent of the insured population utilized some sort of publicly-funded health insurance option in 2008. This report will now detail the socio-demographic characteristics of this 25 percent of the New York City population, focusing primarily on the differences between PHI-receiving individuals of various ethnic-racial categories. This will permit a more nuanced understanding of the use of public health insurance by individuals of various ethnic-racial groups.

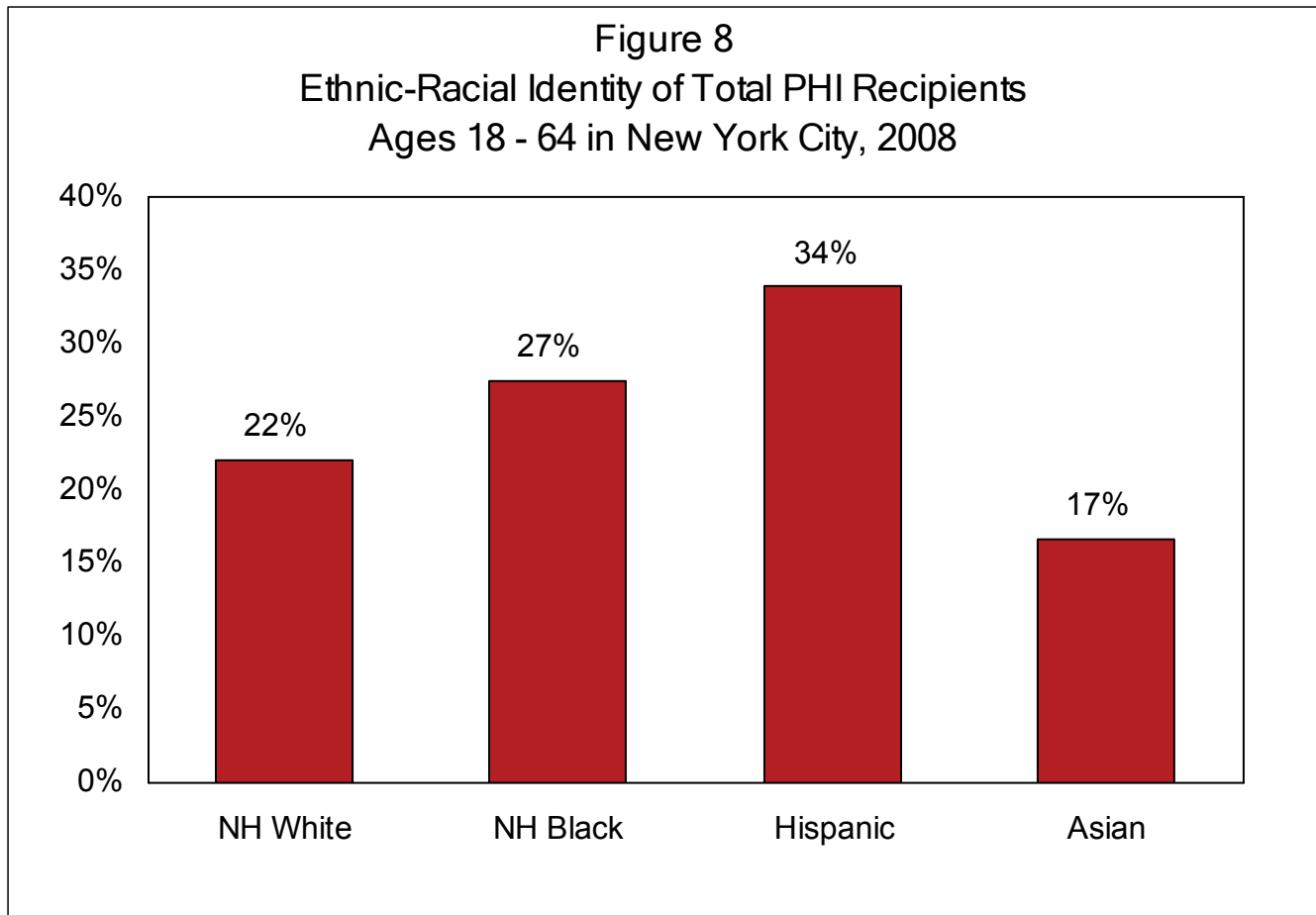
2.2 Ethnic-racial identity and sex

2.2.1 Ethnic-Racial identity

With respect to ethnic-racial identity group (defined here as non-Hispanic white, non-Hispanic black, Hispanic/Latino and Asian), larger proportions of blacks, Latinos, and Asians were recipients of PHI in 2008 than were whites (See Figure 7).

In New York City, 29% of Latinos, 25% of blacks and 23% of Asians received some sort of public funding for health insurance; whereas, only 10% of whites did. On the other hand, when comparing the quantity of recipients of PHI from each ethnic-racial group, Figure 8 indicates that, more Latinos and blacks utilized PHI (34% and 27%, respectively) than whites (22%) or Asians (17%).



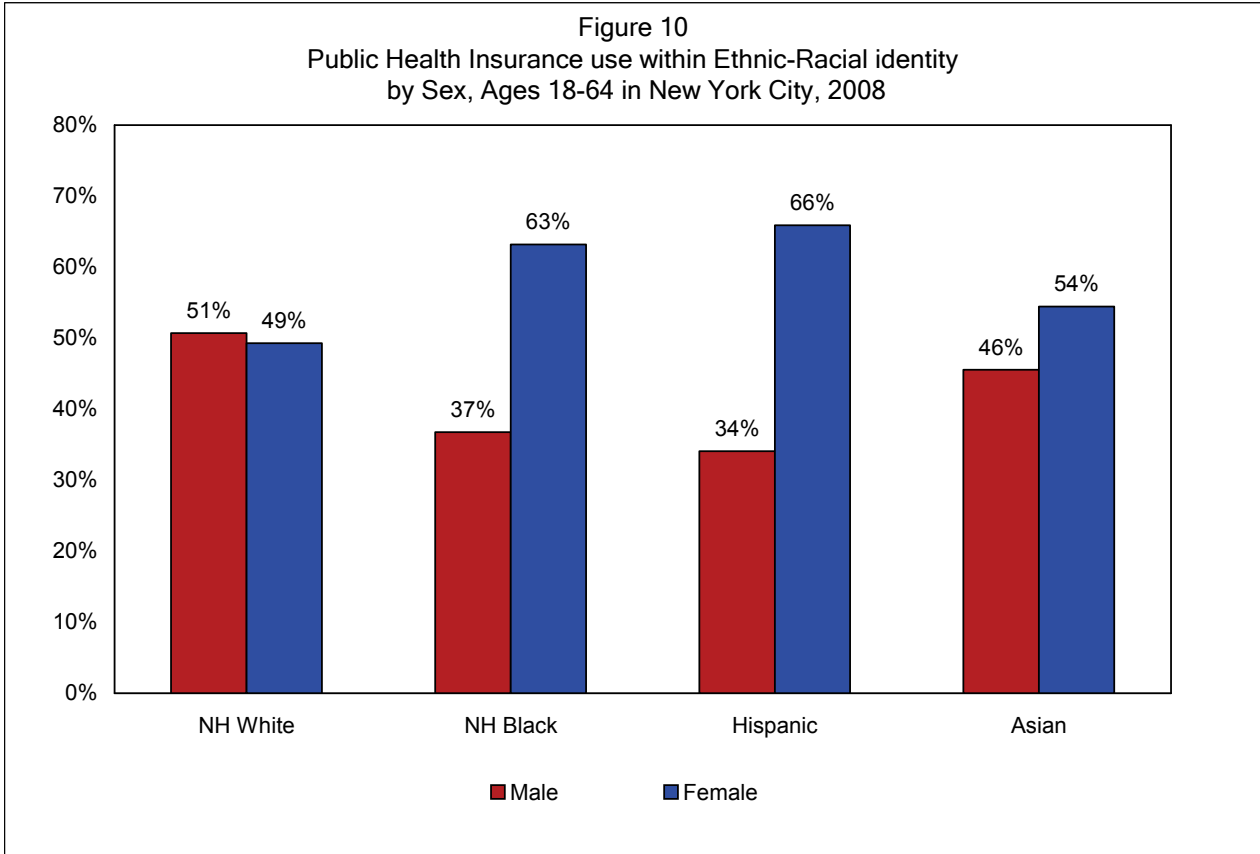
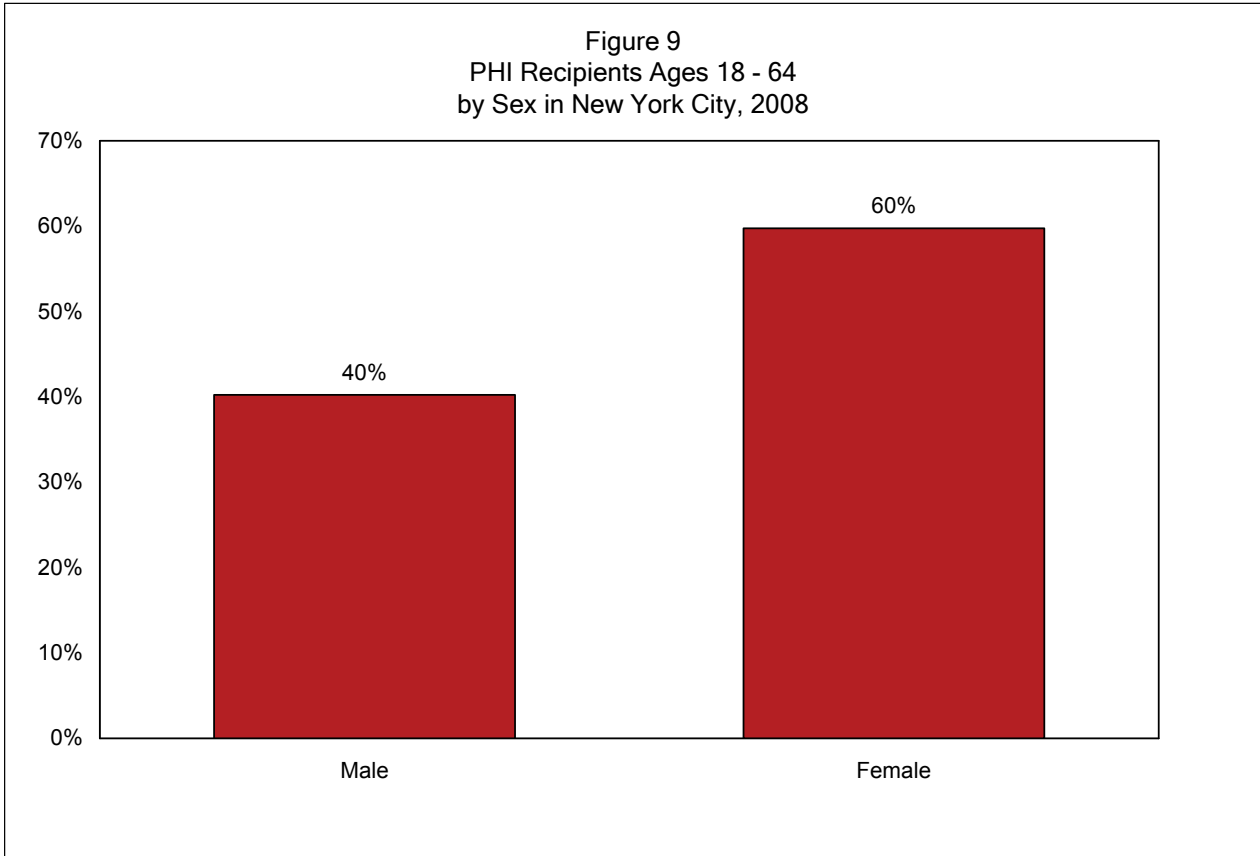


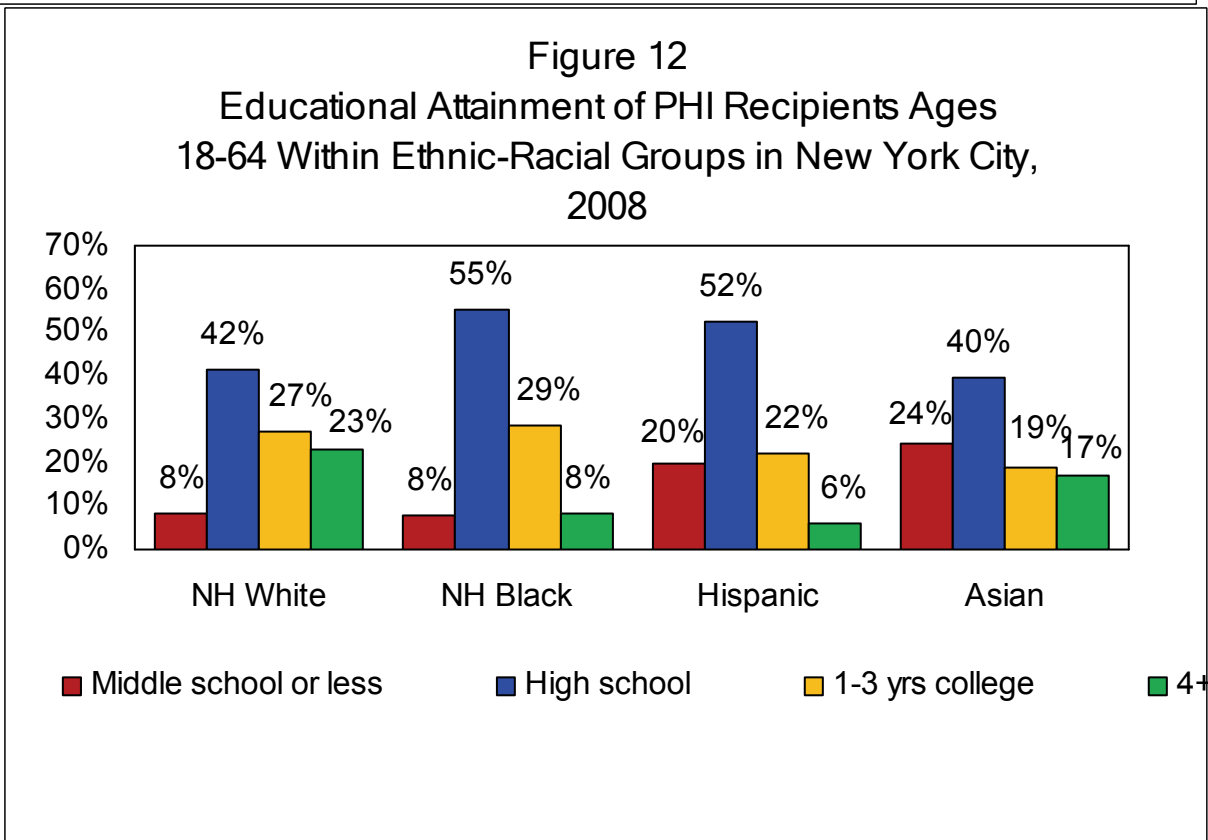
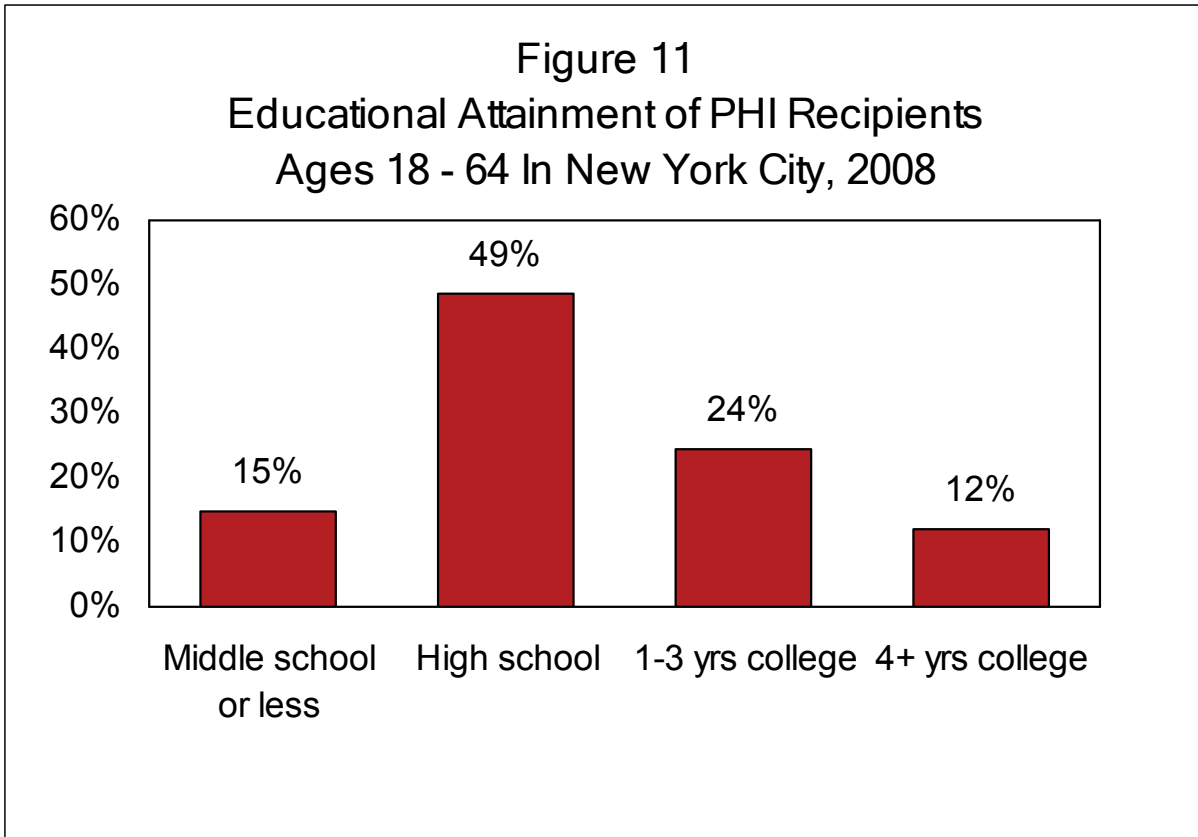
2.2.2 Ethnic-racial identity and sex

In 2008, 60 percent of PHI recipients were female (See figure 9).. When comparing the proportion of female and male recipients of PHI within each ethnic-racial category it may be observed that in the case of whites and Asians, the proportion of men to women was about even, that is about half of white and Asian PHI recipients were women and half were men. However, in the case of blacks and Latinos, a far greater proportion of PHI users were women (63 and 66 percent, respectively). (See figure 10). This may have been related to the fact there were far more female-headed households among blacks and Hispanics than was the case for whites and Asians.

2.3 Education

Figure 11 provides an overview of the educational attainment of PHI recipients in 2008. As may be noted, almost half (49 percent) of PHI recipients had attained a high school education (grades 9-12); 15% had either not studied or attended school to the middle school level (middle school = grades 6, 7, 8); and 37% had attended some college, graduated from college or had studied for a post baccalaureate degree. Figure 12 summarizes the educational attainment levels of each race/ethnic group receiving PHI. Among whites about 50% had achieved a high school diploma or less, while more than 70% of Latinos had only achieved a minimal of a high school degree. A little over 60% of blacks and Asians had only graduated high school or less educational attainment.

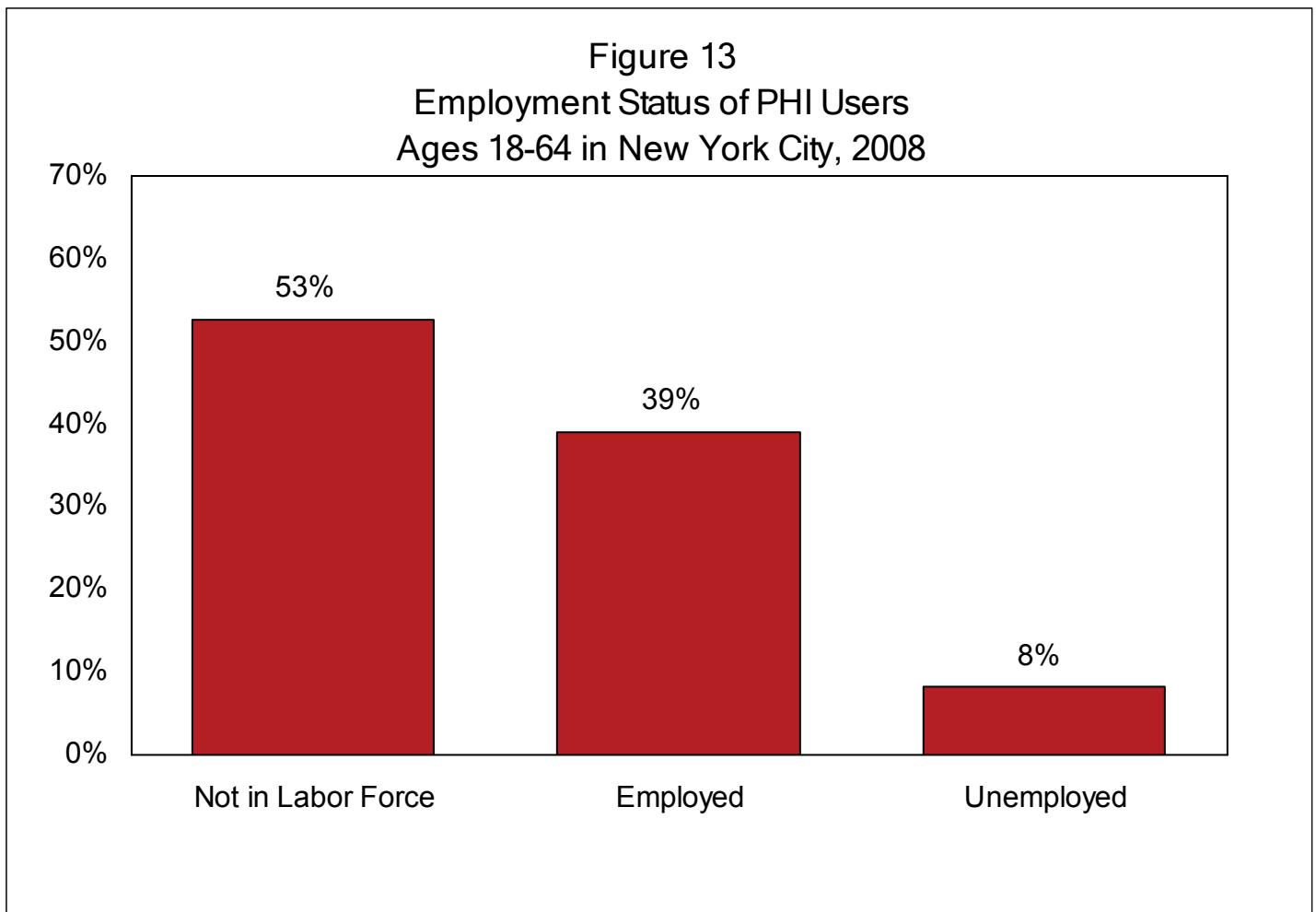




2.4 Employment and Poverty

About 61% of those receiving PHI were either unemployed or not in the labor force. (See figure 13). Among whites and blacks about two-thirds or PHI recipients were not working, while slightly fewer Hispanics (60%) and Asians (55%) were either out of the labor force or unemployed. (See figure 14).

Some 42% of PHI recipients were living in poverty in New York City in 2008. (See figure 15). Non-Hispanic whites had the lowest poverty rate among those receiving PHI (40%) followed by Asians at 49%. About 60% of non-Hispanic blacks and Latinos lived in poverty. (See figure 16). There is a great disparity with respect to the poverty rates by race/ethnicity among those receiving PHI and the general population. About 10% of all whites, 15% of Asians, 20% of blacks, and 23% of Hispanics lived in poverty in 2008 in New York City. Thus, it seems as if there was a close correlation between those who were not working and living in poverty, with the population receiving public health insurance regardless of race/ethnicity.



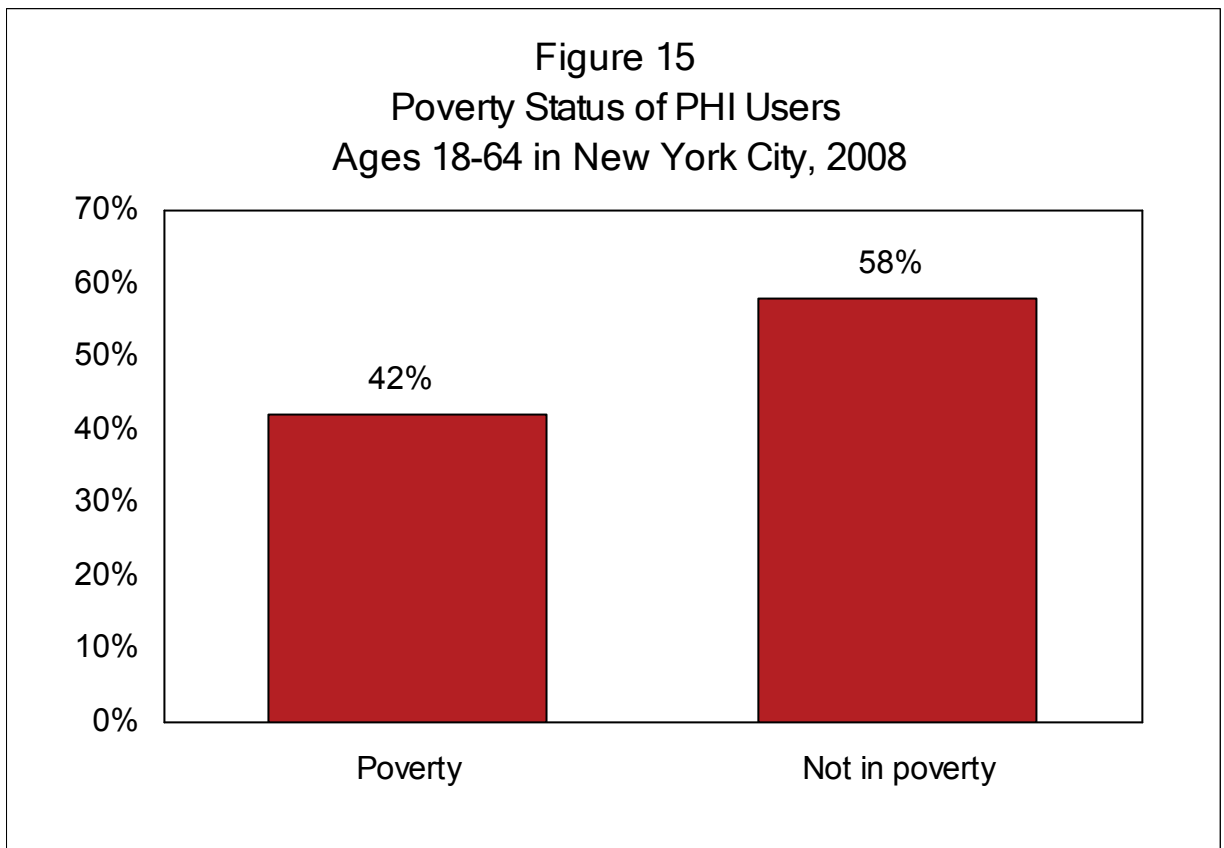
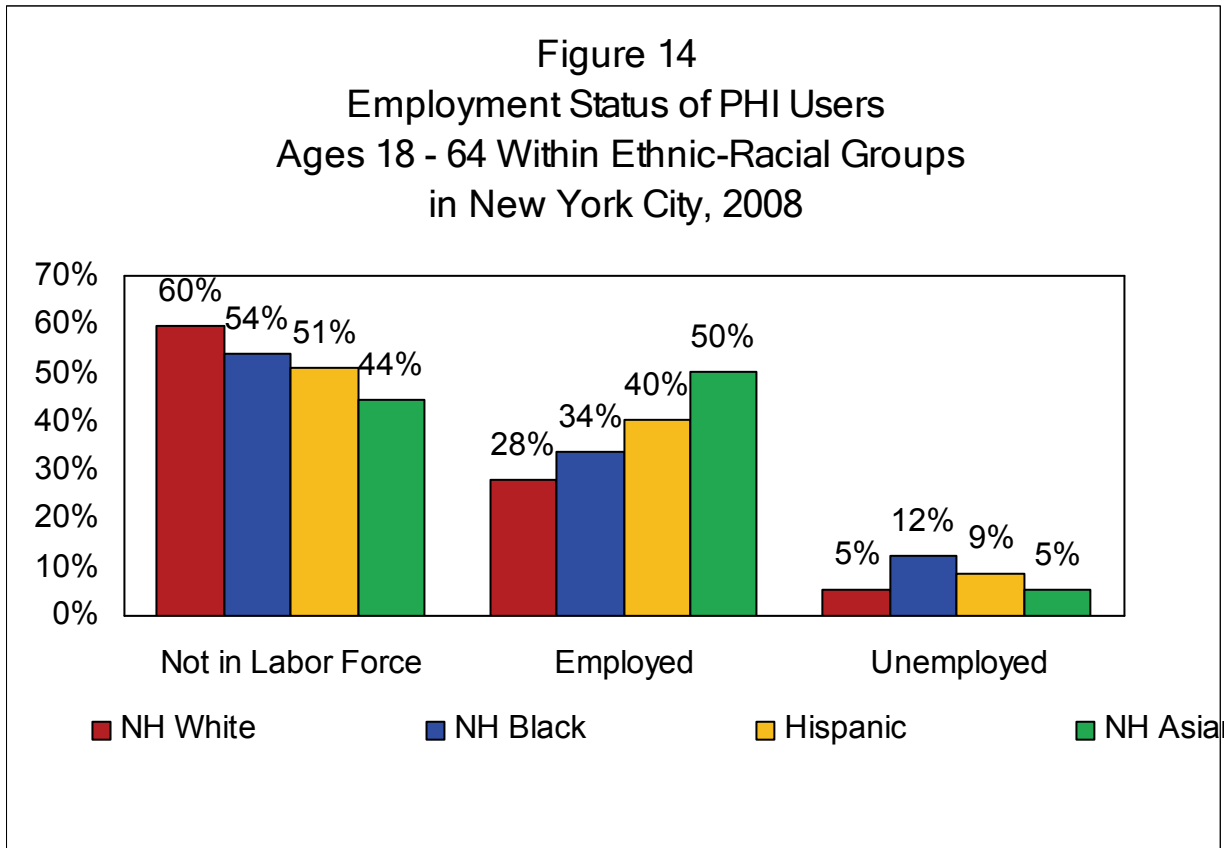


Figure 16
 Proportion of Poverty-Level
 Individuals Ages 18 - 64 by Ethno-Racial Group Receiving
 PHI in New York City, 2008

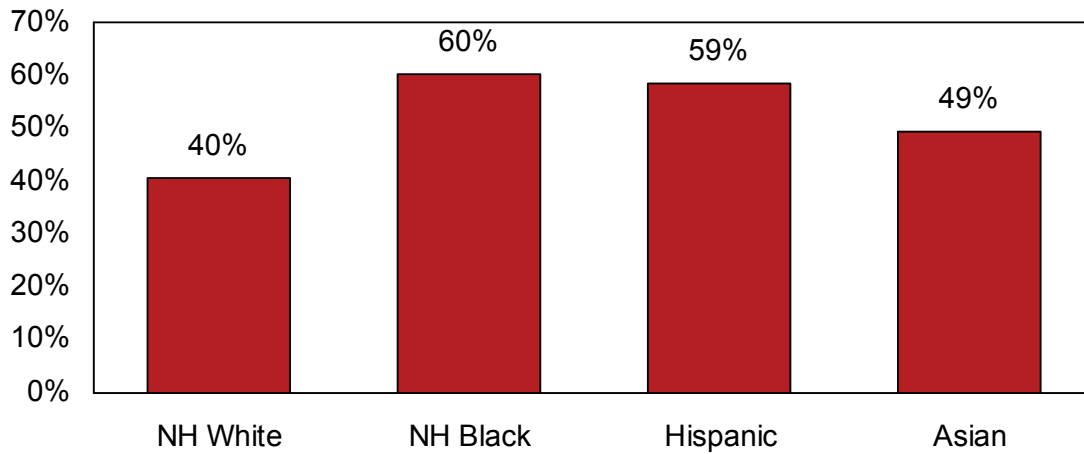
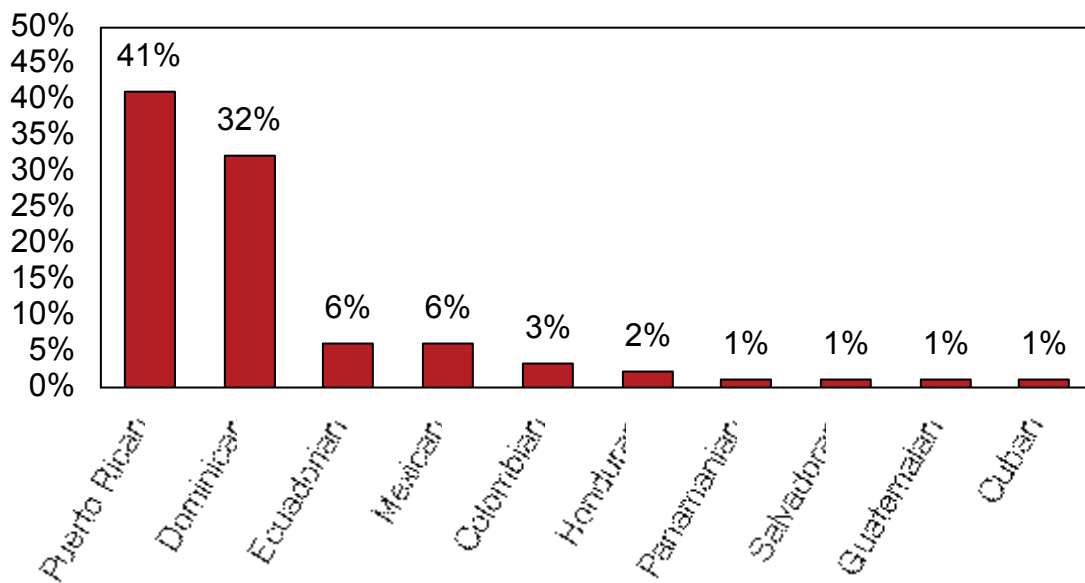


Figure 17
 National Origins of Total Latino PHI
 Recipients Ages 18 - 64 in New York City, 2008



Among Latinos over 70% of all PHI recipients were Puerto Ricans and Dominicans, commensurate with their overall percentages of the general population. (See figure 17).

3. Summary and conclusions

This report shows that in 2008 in New York City, about a quarter of the adult population, ages 18-64, utilized some sort of public health insurance.

- **Ethnic-racial groups.**

Of the 25% of New Yorkers receiving PHI in 2008, the absolute number of whites, blacks and Latinos receiving PHI was similar. However, greater proportions of Latinos (26%), non-Hispanic blacks (21%), and Asians (21%) received PHI than non-Hispanic whites (9%).

- **Sex**

Women comprised 60% of all PHI recipients. Nearly two-thirds of black and Latino PHI recipients were women compared with 54% of Asian and 49% of white recipients. This was in all likelihood because of the fact that more black and Latino households were headed by women.

- **Education**

About two-thirds of all PHI recipients in New York City had not been educated beyond high school, although 12% had graduated from college. Among Latinos 72% had not moved beyond a high school diploma compared with about two-thirds of blacks and Asians, and 50% of whites. Thus, Hispanics had significantly greater proportions of their populations who were less educated receiving PHI.

- **Employment and Poverty**

About 60% of all PHI recipients were either out of the work force or unemployed. Interestingly enough about two-third of all non-Hispanic white and black recipients were in these two categories compared with about 60% of Latinos and Asians. Additionally while 58% of all PHI recipients lived in poverty in New York City in 2008, there were significantly smaller proportions of whites (40%) and Asians (49%) living in poverty than Latinos and blacks, about 60% each. Thus, there was an association between not working and poverty and those receiving PHI.