

WASHINGTON STATE POPULATION SURVEY

Research Brief No. 37
September 2005

Health Insurance by Race/Ethnicity: 2004

By Erica Gardner

Using data from the 2004 Washington State Population Survey (WSPS), health insurance status is examined for Washington State's non-elderly population (ages 0-64) by race and ethnicity.

Ordinarily, when using WSPS data to produce health insurance estimates it is recommended that one use Medical Assistance Administration weights (MAA weights). The MAA weights adjust health insurance estimates for an undercount of individuals insured by Medicaid or other Medical Assistance programs. However, the MAA weights do not produce accurate health insurance estimates by race and ethnicity because race and ethnicity were not available to use in the construction of the weights (for more details see Research Brief 20:

<http://www.ofm.wa.gov/researchbriefs/brief020.pdf>). Given substantial interest in health insurance data by race and ethnicity, we are releasing these estimates using the population weights. It should be noted that estimates produced using the population weights do not fully agree with other published data by the Office of Financial Management (OFM) on health insurance or the uninsured.

In this brief health insurance status is separated into four categories: public, employer based, private other, and uninsured. Individuals may have more than one type of health insurance plan, but if they receive Medicare, Medicaid, Basic Health Plan, or some other type of Medical Assistance, they are defined as receiving public health insurance. If a person does not receive public health insurance and receives military, employer, or union based health insurance, he/she is defined as receiving employer based health insurance (Note: Government employees are reported as receiving employer based health insurance coverage). Individuals who have health insurance, but it is not public or employer based are defined as receiving other private health insurance.¹ Finally, individuals who do not receive any type of health insurance are defined as uninsured. Unless otherwise indicated, differences mentioned are statistically significant at least at the five percent level.

Health Insurance Status by Race

Uninsured by Race

The health insurance status of non-elderly Washington State residents by race is shown in Figure 1. The rate of uninsurance for Whites is 11 percent. While the sample sizes for non-White racial groups within the WSPS are small, the following results represent our best estimates for the uninsured by race: 10 percent for Blacks, 11 percent for Asians, 17 percent for American Indians/Alaska Natives, and 17 percent for Native Hawaiian/Other Asian Pacific Islanders. However, due to the small number of minority survey respondents, none of the uninsured estimates are statistically significant by race at the 5 percent level.²

Many national survey results have shown that Blacks (or non-Hispanic Blacks) are significantly more likely to be uninsured compared to Whites,^{3,4,5} so in that context the WSPS results are surprising. However, there is evidence to suggest that Blacks living in the West are different from Blacks in the rest of the country. Blacks in Washington and other Western States are less likely to

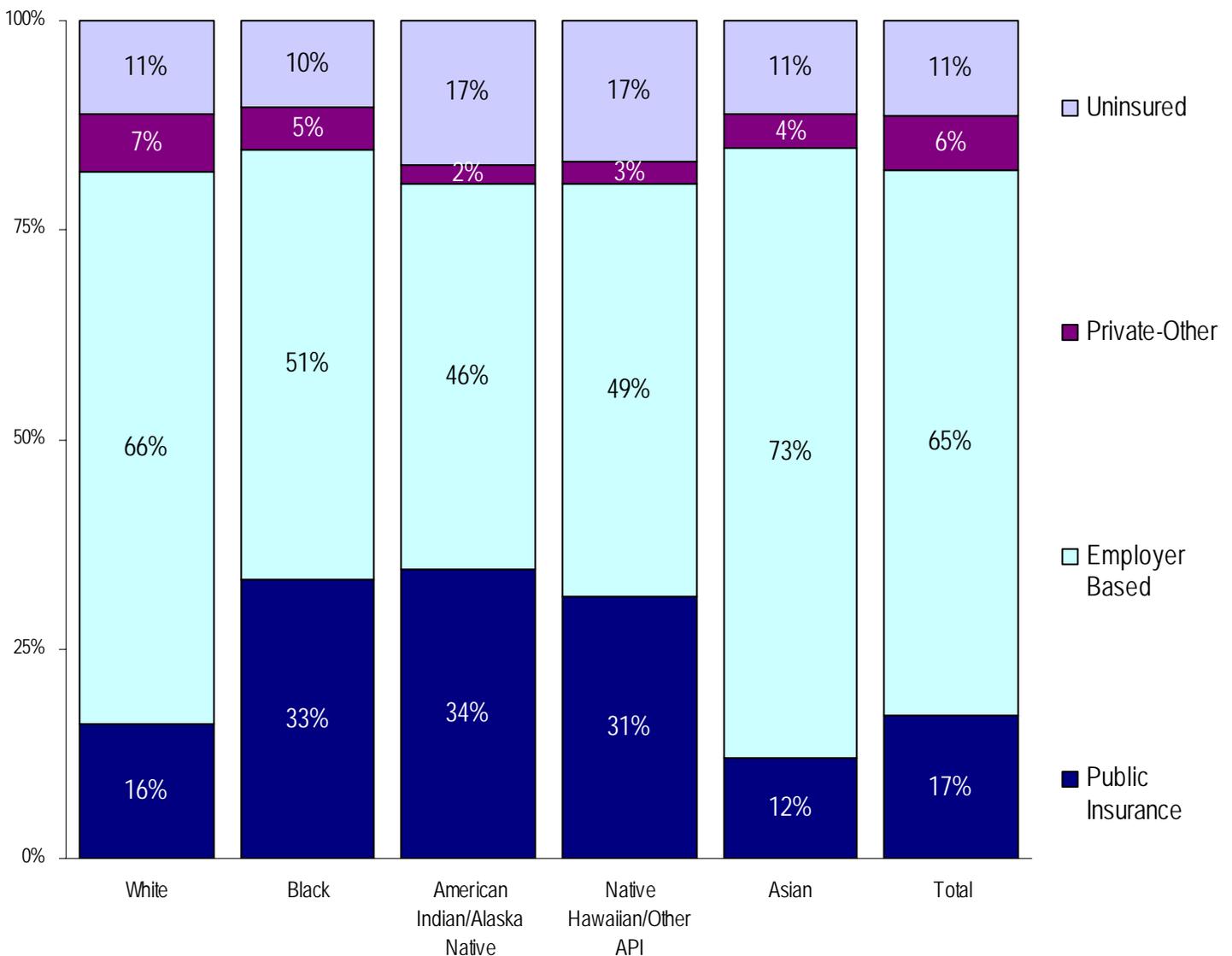
The Washington State Population Survey was conducted in the spring of 2004 to provide social, demographic, and economic information about Washington. Responses were obtained from telephone interviews of 7,097 households that represented the state as a whole. The survey was designed by the Office of Financial Management (OFM) and conducted by the Gilmore Research Institute. More information about the state survey is available at: <http://www.ofm.wa.gov/sps/index.htm>. Data version 2004v3 is used in this analysis.

have family incomes under 200 percent of the federal poverty level, and more likely to have some college or more compared to Blacks in the rest of the country.⁶ Blacks residing in Washington, in particular, are more likely to be in the military or working compared to Blacks in the rest of the country.⁶ In addition, results from the 2001 California Health Interview Survey also found that non-elderly adult Blacks were not statistically more likely to be uninsured than Whites.⁷

While the WSPS’s uninsurance estimates for American Indians/Alaska Natives and Native Hawaiian/Other Asian Pacific Islanders are not significantly different from the uninsurance estimate for Whites, the results are consistent with results from other surveys.³

The WSPS results show that Asians in Washington have rates of uninsurance similar to Whites. National surveys and the 2001 California Health Interview Survey show Asians having higher rates of uninsurance.^{3,7} Explanations for the different findings might include differences between Washington’s Asian population and California’s or the U.S.’s Asian population, sample variations, and the different definitions of the Asian population used in the surveys.⁸

Figure 1: Health Insurance Status of the Non-Elderly Population by Race: 2004
 Universe: Washington Residents Aged 0-64



Source of Health Insurance by Race

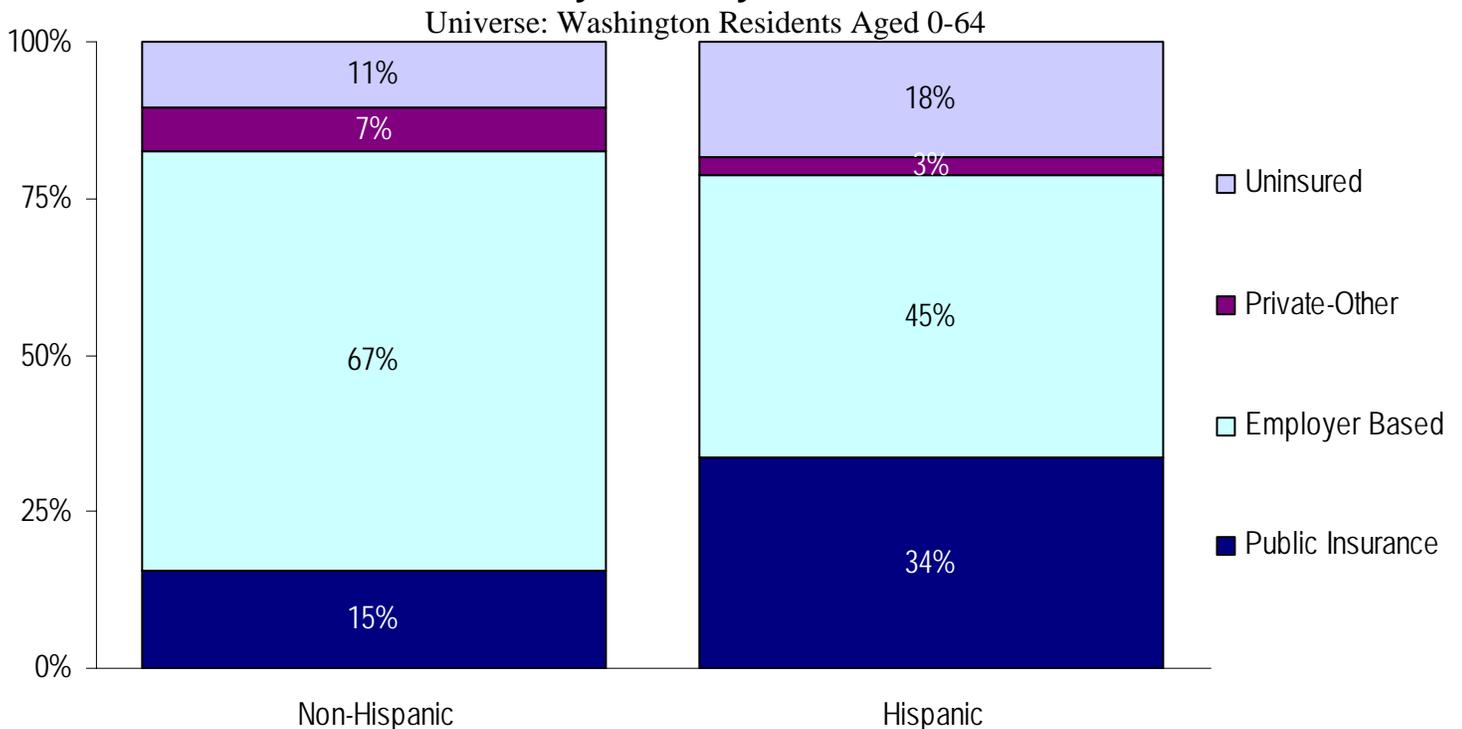
While Whites, Blacks, and Asians have similar rates of uninsurance, the source of their health insurance coverage is different. Sixteen percent of Whites and 12 percent of Asians are publicly insured compared to 33 percent of Blacks. Two-thirds of Whites and 73 percent of Asians receive their health insurance through the military, employer, or union compared to 51 percent of Blacks.

Similar to Blacks, American Indians/Alaska Natives and Native Hawaiians/Other Asian Pacific Islanders also have relatively high rates of public health insurance and relatively low rates of employer based health insurance compared to Whites and Asians.⁹ American Indian/Alaska Native and Native Hawaiian/Other Asian Pacific Islanders are also less likely to have other types of private health insurance compared to Whites.

Health Insurance Status by Ethnicity

Figure 2 shows the health insurance status of Washington State’s non-elderly population by Hispanic ethnicity. Hispanic residents are more likely to be uninsured, more likely to be publicly insured, less likely to be insured through the military, an employer, or union, and less likely to have other private insurance compared to non-Hispanic residents.

Figure 2: Health Insurance Status of the Non-Elderly Population by Ethnicity: 2004



Racial and Ethnic Composition of the Uninsured

Table 1 shows both the number of uninsured and the composition of the uninsured by race and ethnicity. The distribution of Washington’s uninsured by race roughly mirrors the distribution of the population by race (i.e. they are not significantly different). Eighty-six percent or roughly 517,000 of the uninsured are White. At five percent of the uninsured, Asians make up the second largest racial group in the uninsured. Four percent of the uninsured are Black, three percent are

American Indian/Alaska Native, and two percent are Native Hawaiian /Other Asian Pacific Islander.

Hispanics are disproportionately represented among the uninsured compared to non-Hispanics. Roughly 9 percent of Washington's non-elderly population is Hispanic, but 15 percent or approximately 91,000 of the uninsured are Hispanic.

**Table 1: Non-Elderly Uninsured Washington Residents
by Race/Ethnicity: 2004**

		% of Uninsured (a)	Number Uninsured (in 000s) (b)	% of Total Population (c)
Race				
	White	85.7%	517	87.2%
	Black	3.6%	22	3.9%
	American Indian/Alaska Native	3.1%	19	2.0%
	Native Hawaiian/Other API	2.4%	15	1.6%
	Asian	5.1%	31	5.2%
	Total	100%	603	100%
Ethnicity				
	Non-Hispanic	85.0%	512	90.7%
	Hispanic	15.0%	91	9.3%
	Total	100%	603	100%

(a) The percentages here are based on the distribution of uninsured by race/ethnicity using the population weight (fnlwgt)

(b) The number of uninsured by race/ethnicity was obtained by using the total number uninsured using the Medical Assistance Administration weight (maawgt) and the distribution of the uninsured using the population weight (fnlwgt)

(c) The percentages here show the distribution of total population by race/ethnicity using the population weight (fnlwgt)

1. Other private health insurance includes those who purchase their own health insurance, receive health insurance from outside the family, and receive health insurance from "other" source.
2. Researchers typically report differences in rates if they are significantly different at the 1 or 5 percent level.
3. U.S. Census Bureau. (2005). "Table 8: Health Insurance Coverage of People by Race and Hispanic Origin Using 2-and 3-Year Averages: 2002 to 2004."
(<http://www.census.gov/hhes/www/hlthins/hlthin04/hi04t8.pdf>)
4. Finegold, Kenneth, and Wherry, Laura (2004). "Race, Ethnicity, and Health" Snapshots III No. 20
(http://www.urban.org/UploadedPDF/310969_snapshots3_no20.pdf)
5. Rhoades, Jeffrey A. (2005) "The Uninsured in America, 2004: Estimates for the U.S. Civilian Noninstitutionalized Population under Age 65." Medical Expenditure Panel Survey Statistical Brief No. 83.
(<http://www.meps.ahrq.gov/papers/st83/stat83.pdf>)

6. Using data from the: 2000 Five Percent Public Use Microdata Sample (PUMS) Files
(<http://www.census.gov/main/www/cen2000.html>)
7. California Health Interview Survey. “Current Health Insurance Coverage: Adults 18 to 64”
(<http://www.chis.ucla.edu/ber/stateTable31.asp>)
8. Many surveys combine the racial category Native Hawaiian/Other Asian Pacific Islander into the larger category of Asian.
9. The employer based health insurance rate for Native Hawaiians/Other Asian Pacific Islanders is not significantly different from Whites at the 5 percent level.

To obtain this publication in an alternative format, contact the Washington State
Office of Financial Management at (360) 902-0599.