UNINSURED RISK GROUPS IN A NATIONAL SURVEY OF BLACK AMERICANS

Harold W. Neighbors, PhD, and James S. Jackson, PhD
Ann Arbor, Michigan

Comprehensive data on risk groups within the black population are lacking because of the small number of black Americans usually sampled in national health surveys. Health policy, planning, and service delivery can be substantially improved by having data that reveal the specific health concerns of blacks within these different risk groups. This paper describes the demographic characteristics of the uninsured in a national sample of adult (18 years and older) black Americans. The poor, farmers, unemployed, young (18 to 25 years) and pre-retired (55 to 64 years) were the most likely to be uninsured. Persons living in the South and in rural locations were also more likely to be uninsured than blacks in the North and in urban areas. Implications for health policy and health care delivery are discussed.

Data from the 1977 National Medical Care Expenditure Survey show that 34 million people are not covered by private or public health insurance for some period of time during a typical year.[1,2] Lack of coverage is especially high among young adults, rural people, Southerners, the poor, and blacks. Over one fourth of all blacks are uninsured during a given year, a rate 1 1/2 times that of whites. Blacks remain significantly more likely than whites to be uninsured regardless of income level, and poor blacks are the most likely group to be uninsured. Blacks in the South are 1 1/2 times more likely to be uninsured than Southern whites or non-Southern blacks. Southern blacks are twice as likely as non-Southern whites to be uninsured. When the elderly are excluded from analyses of insurance coverage (because so many of them are covered by Medicare), race differentials are even more striking.

These findings suggest that the lack of health insurance is a serious problem for black Americans. Compounding this problem is a lack of detailed health statistics on blacks.[3] Findings, which are averaged across blacks as a whole, conceal important information about disadvantaged subgroups within the black population. In 1977 the National Institute of Mental Health funded an omnibus survey designed to assess the quality of black American life. The National Survey of Black Americans was primarily concerned with investigating the relationships among group identity, family structure, and mental health, but the research staff did include questionnaire items that assessed a number of other issues assumed to be of critical importance to black Americans. One of those issues was the degree to which blacks faced financial barriers to medical care. Thus, the purpose of this paper is to investigate the insurance coverage issue in this nationally representative sample of adult black Americans.

METHOD

Sample

The analyses reported were conducted on a nationally representative cross-section of the adult (18 years old and older) black population living in the continental United States. The sample was drawn according to a multi-stage area probability procedure designed to ensure that every black

From the School of Public Health and The Institute for Social Research, The University of Michigan, Ann Arbor, Michigan. Requests for reprints should be addressed to Dr. H. W. Neighbors, The University of Michigan, School of Public Health, Department of Community Health Programs, Room 5134, 109 S. Observatory Street, Ann Arbor, MI 48109.

TABLE 1. THE RELATIONSHIP OF DEMOGRAPHICS TO INSURANCE COVERAGE

	Insurance Coverage (%)		
	Yes	No	n
	79	21	2081
Poverty(Census)*			
Poor	66	34	399
Near-poor	65	35	101
Non-poor	85	15	1311
Occupation**			
Farmer	64	36	36
Blue collar	78	22	676
Service	77	23	615
White collar	86	14	589
Employment***			
Working	83	17	1186
Not working	74	26	894
Residence†			
Urban	81	19	1645
Rural	72	28	436
Region††			
South	75	25	1105
Non-South	84	16	976
Age†††			
18-25	71	29	384
26-34	81	19	457
35-54	80	20	659
55-64	72	28	238
65 and older	90	10	337

*$\chi^2(2) = 80.67$, $P < .001$; **$\chi^2(3) = 25.50$, $P < .001$; ***$\chi^2(1) = 22.31$, $P < .001$; †$\chi^2(1) = 18.02$, $P < .001$; ††$\chi^2(1) = 25.64$, $P < .001$; †††$\chi^2(4) = 49.47$, $P < .001$.

household had the same probability of being selected for the study. This self-weighting sample is unique because never before has a set of procedures been utilized that would permit a true probability sample of the entire black population. For a more thorough description of the sampling and interviewing procedures, the reader is referred to Jackson et al[4] and Neighbors.[5]

Six demographic variables were explored in this analysis: employment status, occupation, age, place of residence, region, and poverty status. Health insurance coverage was assessed using the questionnaire item, "Are you presently covered by any health insurance plan like Blue Cross or Medicaid?" Bivariate and multivariate (ie, a series of three-way tables) are presented below. The significance of the relationships presented in all of the multivariate tables was assessed using a hierarchical log-linear modeling procedure.*

RESULTS

Table 1 shows the relationship of the demographic variables to health insurance coverage. A

*Analyses were performed using the BMDP Statistical Software (Dixon NJ, et al, University of California Press, Berkeley, Calif 1983). Specifically, the P4F (Multiway Frequency Tables) routine was used. These analyses are available upon request from the authors.

TABLE 2. PERCENTAGE OF UNINSURED FOR SELECTED DEMOGRAPHICS CONTROLLING FOR AGE, REGION, AND PLACE OF RESIDENCE

	Age 18-64	Age 65+	South	Non-South	Urban	Rural
Poverty(Census)						
Poor	39.3	18.3	34.1	33.3	32.7	36.0
Near-poor	35.1	28.6	45.8	19.0	31.0	43.3
Non-poor	16.0	7.5	19.1	11.3	14.2	19.4
Occupation						
Farmer	45.0	25.0	37.5	25.0	41.7	33.3
Blue collar	23.2	11.2	26.3	16.4	19.8	26.7
Service	27.7	7.6	26.7	18.1	20.8	31.7
White collar	14.0	5.4	17.1	10.5	12.5	22.2
Employment						
Working	17.6	5.4	22.6	11.0	14.8	26.4
Not working	32.2	10.7	27.8	22.7	24.2	29.7
Age						
18-25	—	—	33.3	23.9	27.2	36.0
25-34	—	—	23.4	12.8	17.1	26.3
35-54	—	—	25.6	14.7	18.1	28.2
55-64	—	—	35.2	20.7	22.7	43.5
65 +	—	—	11.5	6.7	8.8	12.2
Region						
South	28.2	11.5	—	—	22.6	28.9
Non-South	17.0	6.7	—	—	15.9	16.1
Residence						
Urban	20.4	8.8	22.6	15.9	—	—
Rural	32.3	12.2	28.9	16.1	—	—

little more than one fifth (21 percent) of the sample is not covered by health insurance. Those in poverty (34 percent), the near-poor (35 percent), the unemployed (26 percent), those living in rural areas (28 percent), and in the South (25 percent) are more likely not to be covered. Farmers (36 percent) are the most likely occupational group to be uninsured, while white collar workers (14 percent) are the least likely. The elderly are more likely than those between the ages of 18 and 64 years to be insured, although 10 percent of those aged 65 and older are not covered. The percentage uninsured below the age of 65 is highest among the 18 to 25 year olds (29 percent) and the 55 to 64 aged group (28 percent).

Table 2 shows the percentage of uninsured for the selected demographic variables of age, region, and place of residence. In general, the relationships presented in Table 1 are not disturbed by controlling for these variables. The poor and near-poor are more likely than the non-poor to be uninsured, controlling for age and place of residence. There is an interaction, however, when region is controlled. The poor and near-poor are more likely than the non-poor to be uninsured in both geographical regions. In the South, however, the near-poor are also more likely than the poor to be uninsured (46 vs 34 percent). In the non-South those in poverty are more likely than the near-poor to be uninsured (33.3 vs 19 percent); and the percentage difference between the near-poor and the non-poor is not nearly so great as it is in the South (19 vs 11 percent). Controlling for age, region, or place of residence does not affect the relationship of occupation to insurance coverage. Farmers remain the most likely to be uninsured, and white collar workers the least likely to be uninsured. Blue collar workers and those employed in service

industries are more likely than the white collar workers to be uninsured.

Those respondents not working are about twice as likely as the employed to be without health insurance, regardless of age. The relationship of insurance coverage to employment status varies by region and place of residence. Controlling for region and residence reveals that employment status has a stronger effect on insurance coverage in the non-South than in the South, and in urban areas than in rural areas. An inspection of the percentages in Table 2 shows that this is because of the high rates of uninsurance among the employed in the South and in rural areas. Specifically, in the non-Southern states 22.7 percent of those not working are uninsured while only 11 percent of the unemployed are uncovered. In the South these figures are 27.8 and 22.6 percent, respectively. In urban areas, 24 percent of those not working are uninsured in comparison with only 14.8 percent of the employed. There is no effect of employment on insurance coverage in rural areas. Here, 29.7 percent of those out of work and 26.4 percent of the employed are not covered by health insurance.

The relationships in Table 2 reveal that the 18 to 25 year olds and the pre-retired group (55 to 64 years) have the highest percentages of uninsured, regardless of region or place of residence. The elderly are still the least likely to be uninsured, controlling for region and residence. The multivariate analyses also revealed that the nonelderly as a group (aged 18 to 64 years) are more likely to be uninsured even in the presence of controls for employment status, occupation, and poverty. In general, there are significant effects for region and place of residence on insurance coverage (ie, Southerners and those living in rural areas are more likely to be uninsured), but they are not as strong as the effects for the other demographic variables (age, poverty, employment status, and occupation).

DISCUSSION

This study has provided detailed national data regarding the lack of health insurance among adult black Americans. Over one fifth of this sample of blacks were not covered by insurance. More important, the rates of uninsurance were 34 percent for those living in poverty, 35 percent for the near-poor, 26 percent for the unemployed, 28 percent for those blacks living in rural communities and 25 percent for those living in the South. These figures are even higher when the elderly are excluded. Black elderly adults were significantly more likely to have health insurance in comparison with younger respondents. Specifically, the rate of uninsurance among older blacks was about one half that of younger blacks.

Persons living in poverty were significantly more likely to be uninsured, regardless of their age. This confirms the fact that Medicare coverage is not universal among the elderly and that the poor elderly (a group especially in need of health care) are more likely to "fall through the cracks." The percentage of uninsured was very high among the youngest (aged 18 to 25) respondents, a group that is generally expected not to be insured. High rates of uninsurance were also found among those between the ages of 55 and 64 years. This finding is noteworthy, as these blacks are more likely to be poor and not working, and they are at an age that places them at risk for increased health problems. At the same time, they are too young to qualify for coverage under Medicare.

A strong relationship was also found between employment status and the lack of insurance. Because of state-to-state variations, these national data do not provide a detailed picture of how being out of work affects health care benefits. A recent study of the health care consequences of prolonged unemployment found that one half of the unemployed sample had no health insurance, although 78 percent of them did have it when they were working.[6]

Analyzing the same data, L. Wyszewianski and colleagues (unpublished data, 1985) found that although the unemployed uninsured had lower health status, one third to one half of this group suffered a number of financial barriers to using health services, such as delays in seeking help, not seeking help at all (for acute conditions), and foregoing hospitalization. The lack of insurance also had a negative impact on the use of services among the children of the unemployed uninsured (R. Lichtenstein et al, unpublished data, 1985).

The data presented here also highlight the special risk that residing in the South has for the health of black Americans. Both the effects of poverty and employment status on insurance

coverage were found to vary as a function of geographical location. The near-poor who live in the South are especially at risk of suffering the ill effects of having no health insurance. In fact, they are more likely to be not covered than those Southerners living in poverty. This is most likely due to the less extensive coverage of Medicaid in Southern states. It is also probably correlated with the types of jobs these near-poor respondents have (if they are employed), many of which may be low-status occupations or part-time employment that do not offer fringe benefits. In a similar vein, having a job in the South does not offer black adults any advantage over not working with respect to health coverage. Employed blacks who live in the South are just as likely as their unemployed counterparts to be uninsured. Again, this is probably due to a combination of factors including type of employment and place of residence. Southerners are more likely to live in rural areas (which increases the likelihood of being uninsured) and to hold farming or non-union jobs.

The data reported here paint a fairly dismal picture of the health care situation for uninsured black Americans. Many changes have taken place both within the health care arena and the US economy since 1979 when these data were collected. These changes have generally had negative effects on the quality of black American life. If the situation for blacks (with respect to access to health care) was bad in 1979, it is probably much worse in 1985. For example, the poverty rate for the population as a whole has risen, and a severe recession struck the US economy in 1981-1982. As a result, the black unemployment rate has increased to the highest levels since the Great Depression.

These statistics are especially relevant for the issues addressed in this paper. There is evidence that economic instability can have an adverse effect on health,[7] elevating the need for medical services among economically disadvantaged groups. Thus, increased poverty among black people directly affects the need for medical care with a concomitant rise in the need for financial assistance to purchase care. Being poor makes it extremely difficult to obtain the kind of health services a family needs under ordinary circumstances. Worsening economic conditions place the black poor in a vulnerable position.

Over the last few years, the health care industry has become more sensitive to costs. This has changed the attitude of many service delivery people, from one of providing services for as many as possible to one of cost efficiency and cost containment. Some have argued that this new "business-like" attitude could have negative implications for the health care of the poor.[8] Previously, many institutions redistributed the cost of providing care for the medically indigent to those patients who could afford to pay.[9] In an era of cost containment, this has become financially risky, especially for those health care facilities that cater to large numbers of uninsured and Medicaid patients. The implication is that some of these uninsured and Medicaid poor who seek help will be turned away or will be "dumped" on public inner-city institutions. Unfortunately, these cost-containment policy changes are being instituted precisely at a time when the health care needs of blacks and the poor are rising.

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