

## TRENDS

**Twelve-Year Trends In Health Insurance Coverage Among Latinos, By Subgroup And Immigration Status**

Subgroup and immigration status make large differences in who is covered and who is not.

by **N. Sarita Shah and Olveen Carrasquillo**

**ABSTRACT:** We examine twelve-year trends in the Latino uninsured population by ethnic subgroup and immigration status. From 1993 to 1999, most Latino subgroups, particularly Puerto Ricans, had large decreases in Medicaid coverage. For some subgroups these were offset by increases in employer coverage, but not for Mexicans, resulting in a four-percentage-point increase in their uninsured population. During 2000–2004, Medicaid/SCHIP expansions benefited most subgroups and mitigated smaller losses in employer coverage. However, during 1993–2004, the percentage of noncitizen Latinos lacking coverage increased by several percentage points. This was attributable to Medicaid losses during 1993–1999 and losses in employer coverage during 2000–2004. [*Health Affairs* 25, no. 6 (2006): 1612–1619; 10.1377/hlthaff.25.6.1612]

LATINOS CONSTITUTE the largest racial or ethnic minority group in the United States and have the highest proportion of people lacking health insurance. In 2004, one-third of the 40.4 million Hispanics residing in the United States were uninsured.<sup>1</sup> Also, although Latinos constitute 14 percent of the U.S. population, they account for 30 percent of the nation's uninsured residents.

Hispanics are a heterogeneous population, representing more than fifteen countries of origin. Although Latinos share many common experiences, there are notable subgroup variations in education, socioeconomic status, age, immigration status, and geographic localization that could be masked in analyses that aggregate Latinos.<sup>2</sup> Subgroup differences in ac-

cess to health care also exist.<sup>3</sup> For example, in 2002, 36 percent of Mexican Americans lacked coverage, versus 18 percent of Puerto Rican Americans.<sup>4</sup> By immigration status, 50 percent of immigrant Latinos who are not U.S. citizens lack coverage, versus 23 percent of U.S.-born Latinos.<sup>5</sup>

Despite several cross-sectional studies that examine insurance data among Latino subgroups, less is known about longitudinal trends among these subgroups or by immigration status.<sup>6</sup> U.S. Census Bureau tabulations show that the number of uninsured Latinos more than doubled, from 6.0 million in 1987 to 13.7 million in 2004.<sup>7</sup> However, because the overall percentage of Latinos without coverage has remained fairly stable at around 33 per-

---

*Sarita Shah is an assistant professor of medicine in the Division of General Internal Medicine, Albert Einstein College of Medicine, in the Bronx, New York. Olveen Carrasquillo (oc6@columbia.edu) is an associate professor of medicine and health policy and management at Columbia University Medical Center in New York City.*

cent, this increase has been attributed to demographic shifts and has not been the focus of much additional investigation.

We hypothesize that several events since the early 1990s might have had a differential impact on Latino subgroups. First, the 1996 Welfare Reform Act delinked Medicaid coverage from welfare. Thus, Medicaid was no longer automatically provided to those receiving welfare benefits. The legislation also barred recently arrived immigrants from enrolling in Medicaid and the State Children's Health Insurance Program (SCHIP).<sup>8</sup> Second, several state and federal initiatives aimed at the uninsured, such as SCHIP, might have improved coverage among some subgroups.<sup>9</sup> Third, and most notable, is the economy. The mid-to-late 1990s was a period of economic expansion in which the rise in the number of uninsured Americans was more limited than it had been earlier. More recently, the recession at the start of the 2000s and continued declines in employer coverage have resulted in a marked increase in the number of uninsured adults, which might have differentially affected Latino subgroups.<sup>10</sup>

In this report we use data from the Current Population Survey (CPS) to analyze trends in Latino health insurance coverage from 1993 to 2004. We examine trends among Latino subgroups and by immigration status.

## Study Data And Methods

■ **Sample and data source.** We analyzed annual data from the March Supplements of the CPS. The March CPS is an in-person household survey representative of the non-institutionalized U.S. population, with oversampling of Hispanic households. For Spanish-speaking households, bilingual interviewers are used. The coverage rate for the CPS (the extent to which the total population that could be selected for sampling covers the survey's target population) is about 93 percent for whites versus 83 percent for Latinos.<sup>11</sup>

We used a hierarchical ranking to assign respondents a primary source of insurance.<sup>12</sup> We report data on insurance coverage from 1993 to 2004 (data from the 1994–2005 CPS). Changes

to the CPS during this period include the “Uninsured Verification Question” and use of an updated sample framework based on the 2000 decennial census.<sup>13</sup> Both of these changes are reflected in our data for 2000.<sup>14</sup> Therefore, differences between 1999 and 2000 need to be interpreted with caution, because they likely reflect methodological changes.

■ **Variables: race, ethnicity, and immigration status.** Ethnic subgroups were created for the three groups for which self-identification was available: Mexican, Puerto Rican, and Cuban. To identify the fourth-largest Latino subgroup in the United States, Dominicans (a relatively recent immigrant group, with most arriving after the 1960s), we used information on nativity and parental nativity. Hispanics who did not belong to one of these four groups are listed as “other Hispanic.”<sup>15</sup> Latinos were also categorized by immigration status at the person level as U.S.-born Latinos, naturalized citizens, or immigrants who have remained noncitizens.<sup>16</sup> The CPS does not ask immigrants about their legal status.

■ **Population estimates.** Population estimates were derived using weights provided by the Census Bureau, which account for the complex survey design and nonresponse. These weights also account for Census Bureau estimates of year-to-year population changes, including immigration. As an estimate of the sampling error associated with numbers and percentages, we also provide 90 percent confidence intervals for the 2004 data.<sup>17</sup>

## Study Results

■ **Characteristics.** As shown in Exhibit 1, Latinos were younger, were poorer, and had lower educational attainment than non-Hispanic whites. For example, 61 percent of Latinos had not completed high school, compared with 30 percent of non-Hispanic whites. Among Hispanic subgroups, Cubans were older, while Dominicans had the lowest incomes and the least educational attainment. Approximately a third of Mexicans, Cubans, Dominicans, and “other Hispanics” were not U.S. citizens.

■ **Insurance trends.** The number of unin-

**EXHIBIT 1**  
**Characteristics Of Non-Hispanic Whites (NHWs), Hispanics, And Hispanic Ethnic Subgroups, 2005**

Characteristic	NHW	Hisp.	Mex.	P.R.	Cub.	Dom.	Other
Percent female	51%	49%	48%	52%	50%	58%	49%
Age (years)							
<18	22	34	37	33	24	34	29
18-64	63	61	59	61	57	62	61
>64	15	5	4	7	19	4	6
Income (percent of poverty)							
<100%	11	28	29	29	20	35	22
100-199%	16	30	32	24	23	26	27
200-299%	17	17	17	15	19	19	18
>300%	56	25	22	32	38	21	33
Education							
Less than high school	30	61	66	52	43	56	52
High school only	25	19	18	23	23	19	19
Some college	44	20	16	25	33	25	28
Citizenship							
Native U.S.	96	60	60	99	39	42	47
Naturalized	2	10	7	0	33	24	16
Noncitizen	2	30	32	0	28	34	37

**SOURCE:** Authors' analysis of data from the March Supplement to the 2005 Current Population Survey.

**NOTE:** The ethnic subgroups are Mexicans, Puerto Ricans, Cubans, Dominicans, and other Hispanics.

sured Latinos increased from 8.4 million in 1993 to 13.7 million in 2004 (Exhibit 2).<sup>18</sup> Although non-Hispanic whites constitute the largest group of uninsured people in the United States, the overall number of uninsured non-Hispanic whites in 2004 remained below

**EXHIBIT 2**  
**Trends In The Number Of Uninsured Latinos (Thousands), By Ethnic Subgroup And Immigration Status, Selected Years 1993-2004**

	1993	1995	1998	1999	2000 <sup>a</sup>	2002	2004	90% CI <sup>b</sup>
Non-Hispanic whites	22,775	21,993	22,884	21,358	18,676	20,775	21,976	±322
Latinos	8,408	9,471	11,192	10,947	11,879	12,751	13,674	±306
Subgroup								
Mexican	5,696	6,483	7,879	7,875	8,710	9,205	9,823	±277
Puerto Rican	484	542	580	500	556	668	620	±79
Cuban	241	221	237	281	243	300	339	±59
Dominican	411	357	348	362	225	352	300	±55
Other	1,576	1,867	2,148	1,929	2,146	2,227	2,591	±158
Citizenship								
Native U.S.	3,717	4,379	5,455	4,872	5,032	5,155	5,453	±221
Naturalized	498	508	802	837	910	1,018	1,023	±101
Noncitizen	4,192	4,585	4,936	5,238	5,937	6,578	7,197	±247

**SOURCE:** Authors' analysis of data from the March Supplements to the Current Population Survey (CPS), various years.

**NOTE:** For data for each of the twelve years, 1993-2004, see Online Supplemental Exhibit 1, <http://content.healthaffairs.org/cgi/content/full/25/6/1612/DC1>.

<sup>a</sup>Indicates CPS implementation of an insurance verification question and use of 2000 population controls. Thus, differences from 1999 to 2000 need to be interpreted with caution, because they might reflect methodological changes in the CPS.

<sup>b</sup>90 percent confidence interval (CI) around the 2004 population estimate is plus or minus the values in this column.

1993 levels. During this period, Hispanics accounted for a growing proportion of the uninsured (21.2 percent in 1993; 30.4 percent in 2004), while non-Hispanic whites represented a decreasing proportion (57.4 percent in 1993; 48.0 percent in 2004).

Mexicans, the largest Latino subgroup, had the largest rise in uninsurance (Exhibit 2). This represents a small increase in the proportion of uninsured Latinos who are of Mexican origin, from 67 percent in 1993 to 72 percent in 2004. By immigration status, there was little change in the proportion of uninsured Latinos who were noncitizens—50 percent in 1993, versus 53 percent in 2004.

■ **Overall trends in percentage of uninsured Latinos.** For non-Hispanic whites, there was virtually no change in the percentage uninsured from 1993 through 1998 (Exhibit 3). In contrast, Latinos experienced a nearly four-percentage-point increase in uninsurance. Despite small gains in employer coverage during this time period, this increase in uninsurance was due to a six-percentage-point loss in Medicaid coverage. During 2000–2003, Latinos experienced losses in employer coverage of a magnitude similar to those of non-Hispanic whites. However, they also experienced steady gains in Medicaid/SCHIP coverage. Thus, unlike non-Hispanic whites, who saw some increases in the percentage uninsured during 2000–2003, the percentage of uninsured Latinos remained stable.

■ **Analyses by Latino ethnic subgroup.** Data among the Latino subgroups show variations that differ from the overall trends noted above. From 1993 to 1998, Mexicans and “other Hispanics” saw increases in uninsurance of four percentage points or greater (Exhibit 3). In contrast, Dominicans and Cubans tended to have decreases in uninsurance rates. Both of these two groups saw some losses in Medicaid coverage, but such losses were offset by large increases in the percentage with employer coverage.

Puerto Ricans had the greatest drop in Medicaid coverage—thirteen percentage points from 1993 to 1999. However, like Cubans and Dominicans, they also experienced a

much larger gain in the proportion covered by employer-sponsored insurance, so that uninsurance rates were relatively stable for Puerto Ricans from 1993 through 1999.

More recent changes in insurance coverage during 2000–2004 among Latino subgroups track those of the overall Latino population, with most groups having losses in employer coverage of two to three percentage points and similar increases in the percentage covered by Medicaid.<sup>19</sup> Thus, the proportion uninsured among the subgroups did not change during 2000–2004.

■ **Analyses by immigration status.** U.S.-born Latinos had a five-percentage-point increase in uninsurance rates during 1993–1998, which was due to Medicaid losses that were not offset by gains in employer coverage. Since 2000, U.S.-born Latinos have actually seen improvements in coverage, primarily because of recent Medicaid/SCHIP expansions. Immigrant Latinos who became naturalized citizens saw slight improvements in employer coverage from 1993 to 1999, and coverage rates have held steady since 2000. Their rates of Medicaid coverage remained stable and were similar to those of non-Hispanic whites.

In contrast, Latino noncitizens experienced a continuous increase in the proportion uninsured. The increases during 1993–1999 were due to losses in Medicaid coverage, which were disproportionately greater among noncitizens than among U.S.-born Latinos. During 2000–2004, losses in employer coverage for noncitizen Latinos were similar to those of U.S.-born Latinos. However, the gains in Medicaid/SCHIP coverage among Latino noncitizens were less than those seen among U.S.-born Latinos. As a result, Latino noncitizens were the only Latino group to have seen an overall increase in the percentage uninsured from 1993 to 2004 (Exhibit 3).

## Discussion And Policy Implications

Prior work has examined the reasons for the health insurance gaps among Latino subgroups.<sup>20</sup> For all Latino subgroups, the main barrier to being insured is lack of employer-based coverage (Exhibit 3). Although employ-

**EXHIBIT 3**  
**Insurance Coverage Trends Among Latinos, By Ethnic Subgroup And Immigration Status, Selected Years 1993–2004**

	Uninsured (%)							90% CI <sup>b</sup>
	1993	1995	1998	1999	2000 <sup>a</sup>	2003	2004	
Non-Hispanic whites	11.9	11.5	11.9	11.0	9.6	11.1	11.3	±0.2
Latinos	31.6	33.3	35.3	33.4	32.9	32.8	32.7	±0.9
Subgroup								
Mexican	34.1	36.4	38.4	36.3	36.4	36.0	35.6	±1.2
Puerto Rican	17.8	17.6	19.6	17.3	17.6	16.3	17.6	±2.3
Cuban	21.8	19.7	17.4	21.7	18.5	22.5	22.1	±3.9
Dominican	33.4	34.1	30.6	34.1	24.4	25.6	25.3	±4.7
Other	32.2	34.8	37.8	32.8	31.6	32.6	32.5	±2.0
Citizenship								
Native U.S.	22.7	24.8	27.4	24.4	23.1	21.0	21.8	±0.9
Naturalized	26.5	25.8	27.1	25.4	25.2	24.8	24.9	±2.5
Noncitizen	50.0	52.0	56.0	54.9	55.4	58.6	56.6	±2.1
	Covered by Medicaid/SCHIP (%)							
Non-Hispanic whites	5.5	4.8	4.3	4.3	4.4	5.5	5.8	±0.2
Latinos	19.9	18.9	14.2	14.3	14.6	17.5	17.6	±0.7
Subgroup								
Mexican	19.1	18.3	14.2	14.0	14.9	18.1	18.7	±0.8
Puerto Rican	34.5	33.8	24.1	21.1	21.2	23.5	22.0	±2.5
Cuban	10.8	7.7	7.1	6.9	6.7	7.2	7.3	±2.2
Dominican	33.9	32.7	27.0	30.1	26.0	30.1	28.4	±5.0
Other	13.1	11.8	8.1	10.6	10.7	12.7	12.5	±1.3
Citizenship								
Native U.S.	24.6	23.9	18.4	18.2	19.4	23.3	23.1	±1.0
Naturalized	7.5	6.6	5.4	5.3	5.6	6.4	6.9	±1.3
Noncitizen	13.5	11.5	7.8	9.1	7.9	9.7	10.3	±0.9
	Covered by employer-sponsored insurance (%)							
Non-Hispanic whites	57.4	61.3	62.0	62.8	63.6	60.5	59.9	±0.6
Latinos	35.8	38.1	40.5	41.7	42.7	40.1	39.6	±1.0
Subgroup								
Mexican	36.2	37.2	39.3	40.6	40.9	38.2	36.9	±1.2
Puerto Rican	33.4	37.9	42.1	48.0	47.5	46.1	46.4	±3.7
Cuban	34.8	44.3	48.1	43.6	46.0	44.5	46.5	±5.6
Dominican	24.6	24.6	32.4	27.4	40.5	36.5	37.1	±5.7
Other	39.0	42.7	44.0	44.6	46.3	43.5	44.9	±2.4
Citizenship								
Native U.S.	40.0	42.0	44.8	46.8	47.4	45.7	44.6	±1.4
Naturalized	42.3	46.8	44.8	45.7	48.1	48.4	47.5	±3.4
Noncitizen	26.2	28.5	29.3	29.6	31.2	26.2	27.2	±1.5

**SOURCE:** Authors' analysis of data from the March Supplements to the Current Population Survey (CPS), various years.

**NOTES:** For data for each of the twelve years, 1993–2004, see Online Supplemental Exhibits 2-4, <http://content.healthaffairs.org/cgi/content/full/25/6/1612/DC1>. SCHIP is State Children's Health Insurance Program.

<sup>a</sup> Indicates CPS implementation of an insurance verification question and use of 2000 population controls.

<sup>b</sup> 90 percent confidence interval (CI) around the 2004 population estimate is plus or minus the values in this column.

ment rates and insurance take-up rates among Latinos and non-Hispanic whites are similar, Latinos are disproportionately more likely to work in situations that do not provide health coverage, including low-wage jobs, small businesses, and certain business sectors such as agriculture and the service industry. Public coverage partially addresses insurance gaps for some groups. For example, Puerto Ricans and Dominicans have traditionally been concentrated in Northeastern states with more favorable Medicaid/SCHIP qualification criteria; thus, they both have higher rates of program participation than other Latino subgroups (Exhibit 3). Unfortunately, the onerous requirements for enrollment and the yearly recertification processes are major limitations of these programs for many otherwise income-eligible Latinos, particularly those with additional barriers such as language. Undocumented, noncitizen Latino immigrants are an especially vulnerable group. Not only are they ineligible for most government insurance programs, but they are also often forced to work in “off-the-books” occupations that offer no health benefits.

■ **Impact of welfare reform.** In this paper we have advanced the existing body of knowledge by reporting twelve-year trends in health insurance coverage among Latino subgroups and providing data among Latinos stratified by immigration status. Our most striking findings were among Latino noncitizen immigrants, who had a several-percentage-point increase in uninsurance. Some of this was attributable to Medicaid losses, which had begun to occur even before welfare reform. Our data cannot determine whether Medicaid losses after 1996 were attributable to the delinking of Medicaid from welfare and economic expansions or the immigrant provisions of the welfare reform legislation itself. However, our finding that Medicaid losses were greater among noncitizens than among U.S.-born Latinos after 1996 suggests at least some role for

the immigrant provisions of welfare reform. Prior studies suggest that the misinformation and fear generated by federal and state anti-immigrant initiatives in the late 1990s might have played a greater role than the statutory provisions of the legislation.<sup>21</sup>

■ **Impact of economic ups and downs.**

We also found that gains in employer coverage during the economic prosperity of the 1990s were smaller for noncitizens than for U.S.-born Latinos and that losses in employer coverage for this group were greater during the recession of 2000–2002. This suggests that during economic downturns, noncitizens suffer more and yet share less of the prosperity during economic expansions.

■ **Study limitations.**

In addition to the changes in survey methodology and inability to identify the undocumented Latinos, other caveats apply. CPS insurance estimates approximate the number uninsured at a specific point in time. Studies that examine trends in spells without coverage among Latino subgroups are also needed. However, the sample size of the existing national longitudinal surveys does not permit detailed Latino subgroup analysis. Second, our data do not include people who are underinsured, a group that is also vulnerable to impaired access to care. Lastly, despite the CPS sampling of more than 230,000 people, we have only a limited ability to provide stratified subgroup data such as by age and income.

■ **Policy implications.** From a policy perspective, our study has two main findings. First, for policy analysts, our study again reiterates that Latinos should not be considered as one uniform group. To the extent possible, researchers need to consider differences among Latino ethnic subgroups and immigration status. Second, the continued rapid growth in the uninsured Hispanic population and the disproportionate growth in uninsured noncitizen immigrants necessitate targeted attention.

One proposal that would address these ex-

**“One proposal that would address existing barriers and provide health insurance to all uninsured Latinos is single-payer national health insurance.”**

isting barriers and provide health insurance to all uninsured Latinos is single-payer national health insurance.<sup>22</sup> Such a program would provide permanent coverage for all U.S. residents, including those who are not yet citizens. By delinking coverage from employment, it would overcome the failings of an employer insurance system that covers less than half of all Latinos and that differentially affects certain Latino subgroups during economic swings. In addition, automatic and irrevocable coverage would eliminate existing barriers associated with current Medicaid/SCHIP programs, such as administrative and statutory regulations for enrollment and re-enrollment. Further, Medicaid disproportionately provides services for less politically influential groups such as minorities and the poor and has always been a relatively easy target for funding cuts. It would be much more difficult for policymakers to enact legislation negatively affecting a program that covers all U.S. residents. An added benefit of national health insurance would be that it has repeatedly been shown to be the only insurance proposal that would cover all U.S. residents yet at the same time decrease overall U.S. health spending.<sup>23</sup>

Although national health insurance is often labeled a radical proposal lacking any meaningful political support, the National Health Insurance Act, H.R. 676, currently has more than seventy congressional cosponsors, including nine of the twenty-one members of the congressional Hispanic Caucus.<sup>24</sup> At a recent congressional briefing on the Latino insurance crisis, several key Latino health policy leaders expressed support for H.R. 676.<sup>25</sup> The immediate beneficiaries of such a program would include the nearly fourteen million uninsured Latinos as well as the other thirty-one million non-Hispanics in the United States who also lack coverage.

.....  
 This work was supported by grants from the Health Resources and Services Administration (HRSA) (D08-PE-50011-08) and the National Center on Minority Health and Health Disparities (MD00206 P60). The authors thank Douglas Gould and Bisundev Mahato, who served as the project data analysts, and Andrea Guerra, who helped prepare the data tables during the initial phases of the project.

## NOTES

1. C. DeNavas-Walt, B.D. Proctor, and C.H. Lee, *Income, Poverty, and Health Insurance Coverage in the United States: 2004*, Pub. no. P60-229, August 2005, <http://www.census.gov/prod/2005pubs/p60-229.pdf> (accessed 22 August 2006).
2. A. Falcon et al., "Beyond Demographic Determinism?" in *Health Issues in the Latino Community*, ed. M. Aguirre-Molina, C.W. Molina, and R.E. Zambrana (San Francisco: Jossey-Bass, 2001), 3-22.
3. R.M. Weinick et al., "Hispanic Healthcare Disparities: Challenging the Myth of a Monolithic Hispanic Population," *Medical Care* 42, no. 4 (2004): 313-320.
4. C.L. Schur and J. Feldman, "Running in Place: How Job Characteristics, Immigrant Status, and Family Structure Keep Hispanics Uninsured," May 2001, [http://www.cmf.org/usr\\_doc/schur\\_running\\_453.pdf](http://www.cmf.org/usr_doc/schur_running_453.pdf) (accessed 22 August 2006).
5. O. Carrasquillo, A.I. Carrasquillo, and S. Shea, "Health Insurance Coverage of Immigrants Living in the U.S.: Differences by Citizenship Status and Country of Origin," *American Journal of Public Health* 90, no. 6 (2000): 917-923.
6. For example, see American College of Physicians, "No Health Insurance? It's Enough to Make You Sick—Latino Community at Great Risk," 2000, <http://www.acponline.org/uninsured/lack-content2.htm> (accessed 19 September 2006); and O. Carrasquillo and O. Barbot, "The Uninsured: A Call to Action for All Latinos," *Harvard Journal of Hispanic Policy* 12 (1999): 33-46.
7. DeNavas-Walt et al., *Income, Poverty, and Health Insurance Coverage*.
8. L. Ku and S. Matani, "Left Out: Immigrants' Access to Health Care and Insurance," *Health Affairs* 20, no. 1 (2001): 247-256.
9. S. Rosenbaum et al., "The Children's Hour: The State Children's Health Insurance Program," *Health Affairs* 17, no. 1 (1998): 75-89.
10. J. Holahan and A. Cook, "Changes in Economic Conditions and Health Insurance Coverage, 2000-2004," *Health Affairs* 24 (2005): w498-w508 (published online 1 November 2005;

- 10.1377/hlthaff.w5.498).
11. For an overview of the CPS methodology, see Current Population Survey, "Annual Demographic Survey, March Supplement, Methodology and Documentation," <http://www.bls.census.gov/cps/ads/smethdoc.htm> (accessed 21 August 2006).
  12. This ranking prioritizes, in decreasing order, employer-based insurance, Medicare, Medicaid, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) (CHAMPUS and CHAMPVA are now part of TRICARE), and private nongroup insurance. Medicaid coverage includes children covered by SCHIP and adults covered by various state programs. Uninsurance is calculated as the residual.
  13. C.T. Nelson and R.J. Mills, "The March CPS Health Insurance Verification Question and Its Effect on Estimates of the Uninsured," August 2001, <http://www.census.gov/hhes/www/hlthins/verif.html> (accessed 19 September 2006).
  14. For a review of all of the changes in the CPS during this time period, see Employee Benefit Research Institute, *Sources of Health Insurance and Characteristics of the Uninsured: Analysis of the March 2004 Current Population Survey*, Issue Brief no. 276, December 2004, <http://www.ebri.org/pdf/briefspdf/1204ibl.pdf> (accessed 21 August 2006).
  15. The fifth through seventh largest groups of Hispanics in the United States are from El Salvador, Colombia, and Guatemala.
  16. U.S. Census Bureau, "Measuring the Foreign-Born Population in the United States with the Current Population Survey: 1994–2002," October 2003, <http://www.census.gov/population/www/documentation/twps0073.html> (accessed 21 August 2006).
  17. CPS, "Annual Demographic Survey."
  18. For all twelve years of data, see Online Supplemental Exhibits 1–4 at <http://content.healthaffairs.org/cgi/content/full/25/6/1612/DC1>.
  19. Changes among Dominicans from 1999 to 2000 need to be interpreted with caution. The undercount of Dominicans in the 2000 census remains an issue of controversy. See A.R. Cresce and R.R. Ramirez, "Analysis of General Hispanic Responses in Census 2000," U.S. Census Bureau Population Division Working Paper no. 72, <http://www.census.gov/population/www/documentation/twps0072/twps0072.pdf> (accessed 19 September 2006).
  20. For an overview, see J. Harrell and O. Carrasquillo, "The Latino Disparity in Health Coverage," *Journal of the American Medical Association* 289, no. 9 (2003): 1167. For a more comprehensive review, see Schur and Feldman, "Running in Place."
  21. O. Carrasquillo et al., "Eligibility for Government Insurance if Immigrant Provisions of Welfare Reform Are Repealed," *American Journal of Public Health* 93, no. 10 (2003): 1680–1682.
  22. "Proposal of the Physicians Working Group for Single-Payer National Health Insurance," *Journal of the American Medical Association* 290, no. 6 (2003): 798–805.
  23. As an example of a recent analysis, see K.E. Thorpe, "Impacts of Health Care Reform: Projections of Costs and Savings," 2005, <http://www.nchc.org/materials/studies/Thorpe%20booklet.pdf> (accessed 19 June 2006).
  24. For a listing of all current supporters, see "H.R. 676: The United States National Health Insurance Act," [http://www.house.gov/conyers/news\\_hr676\\_2.htm](http://www.house.gov/conyers/news_hr676_2.htm) (accessed 19 June 2006).
  25. "The Latino Insurance Crisis: A Forgotten Community," Congressional Briefing, Rayburn House Office Building, 14 December 2005, covered by F. Lagos, "Proposal Promises Total Coverage, Revives the Initiative for Universal Health Insurance," *Washington Hispanic* (in Spanish), 16 December 2005, [http://www.washingtonhispanic.com/Passissues/paper12\\_16\\_5/html/minuto2.html#2](http://www.washingtonhispanic.com/Passissues/paper12_16_5/html/minuto2.html#2) (accessed 19 September 2006).