
PROFILE OF THE UNINSURED IN TEXAS
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The Access Project is a national healthcare initiative supported by The Robert Wood Johnson Foundation and the Annie E. Casey Foundation. It works in partnership with Brandeis University's Heller Graduate School and the Collaborative for Community Health Development. It began its efforts in early 1998. The mission of The Access Project is to improve the health of our nation by assisting local communities in developing and sustaining efforts that improve health care and promote universal coverage, with a focus on people who are without insurance. If you have any questions or would like to learn more about our work, please contact us.

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INTRODUCTION

More than one out of every four Texans below the age of 65 (25.7 percent) had no health insurance in 1999, a proportion that has been fairly constant in recent years. The number of individuals without coverage grew steadily over the decade, reaching a peak of 4.8 million people in 1998 before declining to 4.6 million in 1999. By contrast, slightly more than one out of every six (17.5 percent) of all non-elderly people in the United States was uninsured in 1999. Texas has one of the highest uninsured rates in the country; more than one-tenth of the nation's uninsured lives in Texas.

Table 1. States with 20 Percent or Higher Non-Elderly Uninsured, 1999

State	Percent Uninsured
Alaska	20.0
Arizona	24.0
California	22.3
Florida	22.8
Idaho	21.6
Louisiana	25.0
Montana	21.1
Nevada	22.8
New Mexico	29.4
Oklahoma	20.4
South Carolina	20.1
Texas	25.7
West Virginia	20.5

Source: Access Project estimates from March 2000 Current Population Survey

Note: These estimates should not be used to rank states. Because of error margins that result from sampling, the differences in uninsured percentages may not be statistically significant.

The lack of health insurance does not affect all groups in society equally. In Texas, as in the United States, there is substantial variation—by age, income, ethnicity, and other factors—in who does and does not have insurance. The Access Project is involved with a number of local and statewide organizations in Texas that are concerned about this variation and the lack of insurance in general, and are working to reduce the barriers to health care that being uninsured engenders. This report provides information in support of those efforts. The report first examines this variation and describes characteristics of the uninsured in Texas, comparing some of the key characteristics with national data.

The report then looks at where the important gaps in coverage are. Finally, there is a discussion of why insurance is important: the very real health access and health status consequences of being uninsured, and recent Texas policies to address the problem.

METHODS

The data reported here, unless otherwise noted, are Access Project calculations from the U.S. Census Bureau's Current Population Survey (CPS). The CPS is a monthly labor and economic survey of about 50,000 households. Every March the survey includes questions about whether and what kind of health insurance each individual in the sample had during the previous year. The CPS is the primary source of national information about the number of uninsured, and is currently the only source of Texas information for which consecutive years of data exist. The Texas portion of the CPS sample contains about 2,700 households, which includes about 8,000 individuals, per year. This analysis uses merged data from the March 1998 and March 1999 CPS, with individuals who were surveyed in both years included only once. Two years of data increases the size of the sample by about half, which improves the accuracy of the statistics presented.

The uninsured statistics in this report, for both Texas and the United States, exclude the population 65 years old and older. This population enjoys virtually universal coverage through the federal Medicare program, for which most are automatically eligible. Including the elderly population, there were 4.7 million uninsured in Texas in 1999, or about 23.3 percent of the population. We chose to omit this group from the analysis to give a more accurate sense of the gaps in coverage the Texas population faces.

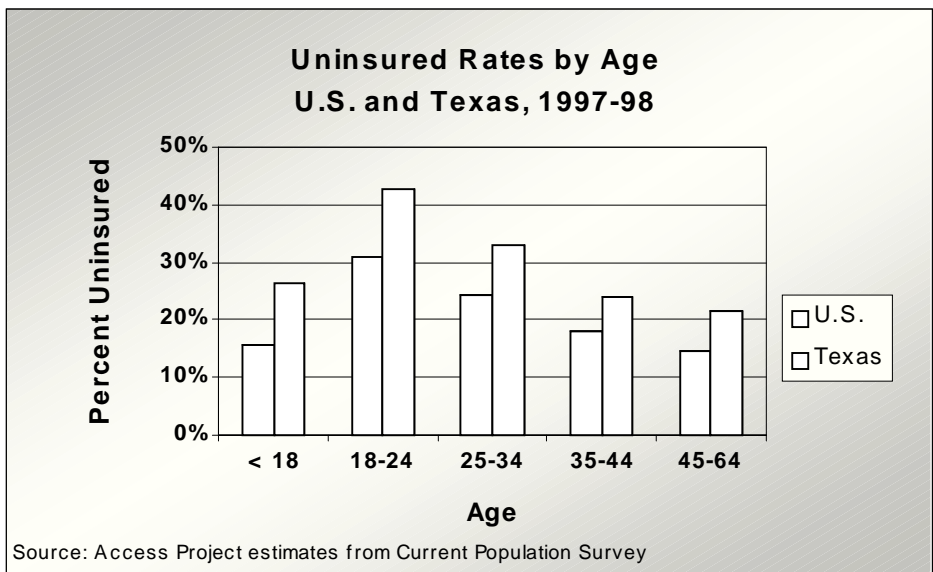
In May 2000, the Research Department of the Texas Health and Human Services Commission (HHSC) issued a report for the Texas Blue Ribbon Taskforce on the Uninsured.¹ That report covers some of the same ground as the information presented here. In cases where the same information is presented, the results may differ slightly. The differences are because the HHSC report uses three years of CPS data (March 1997, 1998 and 1999), with duplicate cases not removed, while this report uses two years. The HHSC report includes the over-65 population in its calculations, and does not present some of the other information that is included here. The overall patterns reported in both, however, are quite similar.

¹ Demographic Profile of the Texas Population Without Health Insurance Coverage, May 2000, http://www.hhsc.state.tx.us/cons_bud/dssi/BRT/BRT.htm.

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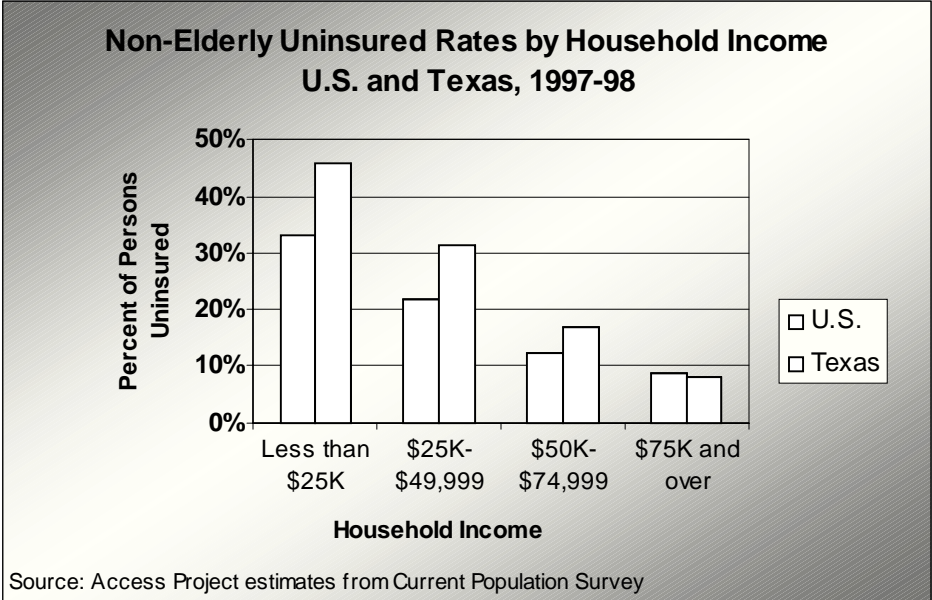
About 31 percent of Texas’s non-elderly uninsured (1.5 million) are children, who are uninsured at a much higher rate in the state than nationally (26 percent of Texas children have no health insurance, versus 16 percent in the U.S.) The lack of insurance among young adults further contributes to the overall high rate of uninsurance in Texas: 43 percent of 18-24 year-olds, and 33 percent of 24-34 year-olds have no health insurance.



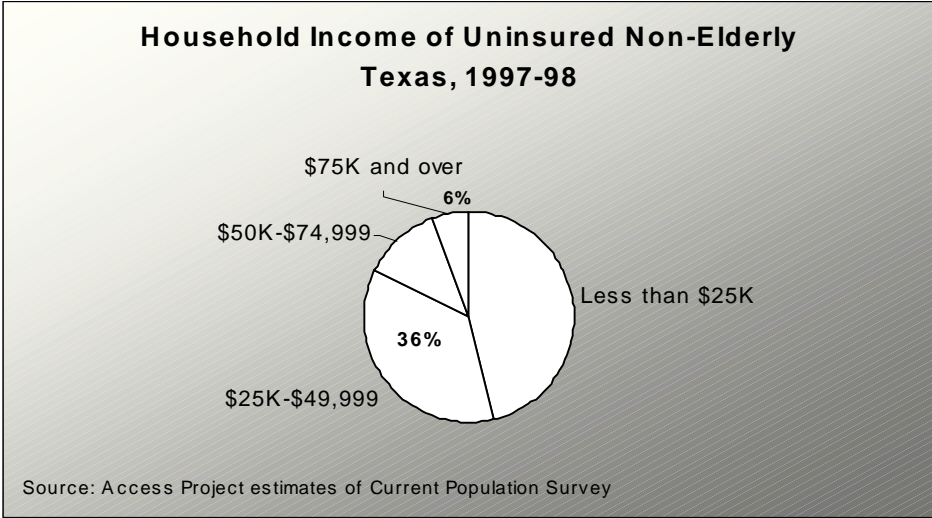
One important reason that children have lower rates of coverage in Texas is that they are less likely to have employer-based insurance. Only 50 percent of Texas children have health insurance through a parent’s employer, compared with 59 percent of children nationally. While adults in Texas are also less likely to have coverage through an employer, the gap with the national rate is smaller, suggesting that employer-based *family* coverage is less prevalent in Texas.

INCOME

The lack of insurance is strongly associated with income. Slightly more than one-quarter (28 percent) of the non-elderly Texas population lives in households with pre-tax incomes below \$25,000 per year, and that income group has an uninsured rate of 46 percent. Another third of the population have incomes between \$25,000 and \$50,000, and an uninsured rate of 31 percent. The corresponding national rates for these income groups are 33 and 22 percent.



Looking at the income distribution of the uninsured only, nearly half are in households with annual income of less than \$25,000. About another one-third have income between \$25,000 and \$50,000 per year. Nearly one in five uninsured persons lives in a household with income over \$50,000 per year.



Comparing a family’s income to the federal poverty line, which varies by family size, allows for an analysis that includes not only income, but some relative sense of the need for that income as well. More than two-fifths (41 percent) of people in families with incomes below twice the federal poverty line (FPL) ² are uninsured in Texas. Thirty percent of people nationally at this income level are uninsured.

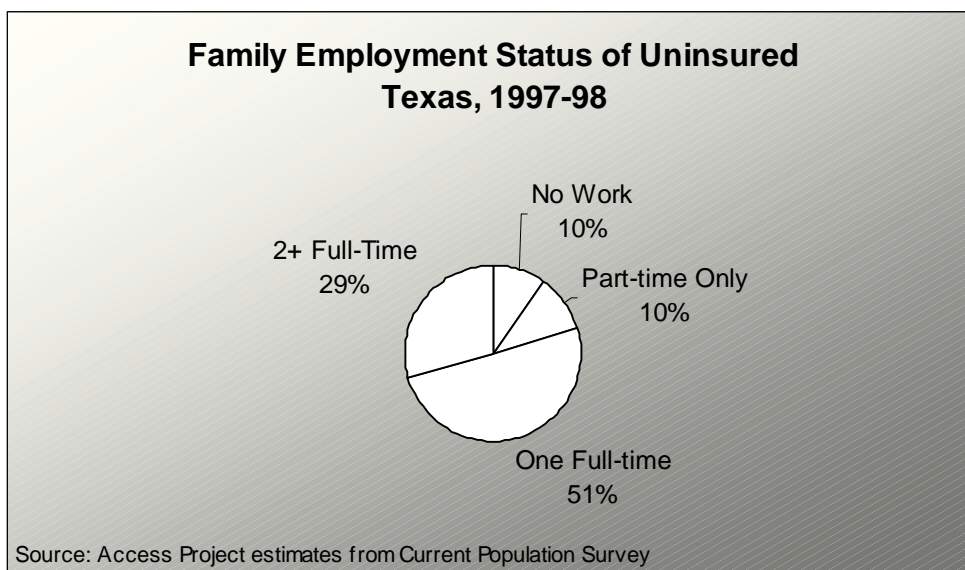
² The federal poverty line for a family of four was \$16,660 in 1998.

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Among uninsured children in Texas, 35 percent are in families with incomes below the federal poverty line, and another 38 percent are in families with incomes between one and two times the poverty line.³ This latter group is directly targeted by the new Texas Children's Health Insurance Program, which began in the spring of 2000. The data in this report are from an earlier period, so it is reasonable to expect that there will be some increase in the number of children with health insurance beginning in 2000. As of November 6, 2000, just over 160,000 children had enrolled in Texas CHIP.⁴ This is slightly more than 10 percent of the estimated number of uninsured children in the state.

EMPLOYMENT

Four out of five of the non-elderly uninsured in Texas live in families in which at least one member works full-time. Though employment is the most frequent source of health insurance coverage, having a job does not



guarantee health insurance for a worker. Most working-age adults without health insurance, both in Texas and across the country, are employed. About three-quarters of uninsured Texas adults worked during the year, most of those full-time. It is not only part-time or part-

³ Readers may note that these proportions differ from the uninsured numbers used by the Texas HHSC in describing potential eligibility for children's Medicaid and CHIP. There are several reasons for the difference. The Texas HHSC estimates were developed by the Texas Legislative Council using CPS data from 1994, 1995, and 1996. They estimate uninsured children under age 19, since this is the age limit for Texas CHIP and Texas children's Medicaid categories. Even more importantly, the Texas HHSC estimate of 600,000 children usually labeled as "uninsured below poverty" actually is designed to include some children eligible for Medicaid with family incomes above poverty, (i.e. newborns <185% FPL and children under age 6 < 133% FPL). The estimates included in this report are based on CPS data for 1997 and 1998, do not attempt to model Medicaid eligibility categories, and do not include children age 18.

⁴ Texas Health and Human Services Commission, Weekly CHIP Enrollment and Activity Information, <http://www.hhsc.state.tx.us/chip/Weekly.htm>.



year workers who lack coverage; about two-fifths (39 percent) of the adult uninsured in Texas—roughly 1.4 million people—worked full-time *for the entire year*.

People who work for small firms are more likely to be without coverage. Forty-two percent of adults who work for employers with 25 or fewer employees are uninsured in Texas. This is in contrast to a rate of 30 percent nationally.

Insurance coverage also varies by industry group. The concentration of employment in industries where employers are less likely to provide insurance contributes to the state’s high overall uninsured rate. About four in ten Texans work in industries in which at least a third of the employees are uninsured. These industries include retail trade, business and repair services, and construction.

Table 2. Uninsured Rates of Texas Workers, by Industry

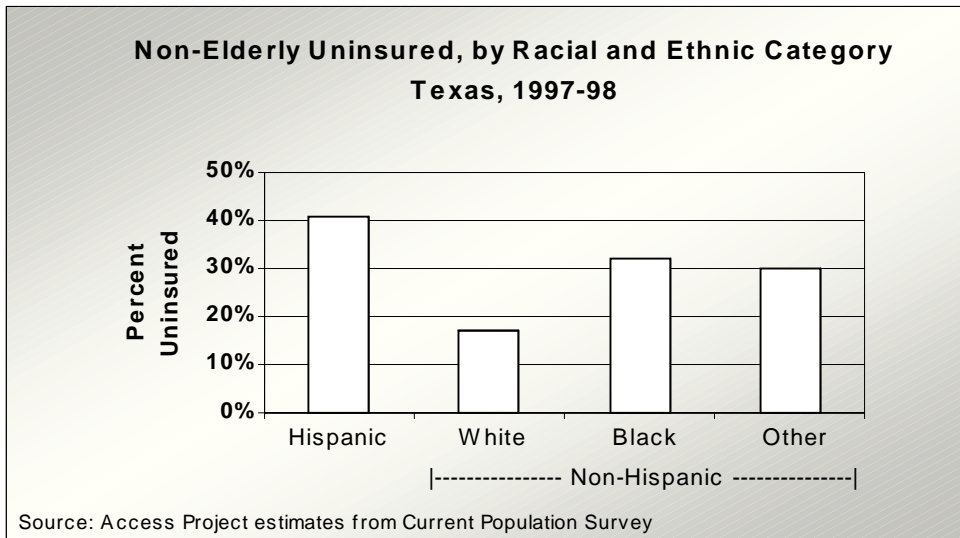
Industry	Percent Uninsured	% of all Texas workers employed in industry
Construction	49%	7%
Personal Services	47%	3%
Agriculture, Forestry, and Fisheries	47%	3%
Entertainment & Recreation Services	36%	2%
Retail Trade	35%	18%
Business & Repair Services	35%	8%
Mining	23%	2%
Wholesale Trade	20%	4%
Durable Goods	19%	7%
Transportation, communication, public utilities	18%	8%
Non-durable goods	17%	6%
Finance, Insurance, Real Estate	16%	5%
Professional Services	15%	22%
Public Administration	10%	4%

Industries where more than one-third of workers are uninsured are in **bold**

Source: Access Project estimates from Current Population Survey

RACE/ETHNICITY/CITIZENSHIP

Racial and ethnic differences in insurance coverage are common across the country. Nationally, Hispanics lack insurance at twice the national average and over two and a half times the rate of non-Hispanic whites. The pattern is similar in Texas: 41 percent of non-elderly Hispanics (about 2.5 million people) have no health insurance. This is similar to the national proportion of 37 percent. However, Hispanics make up over a third of the Texas population, and only just over one-eighth of the population nationally. So the high rate of uninsurance among Hispanics contributes disproportionately to the state's overall high rate.

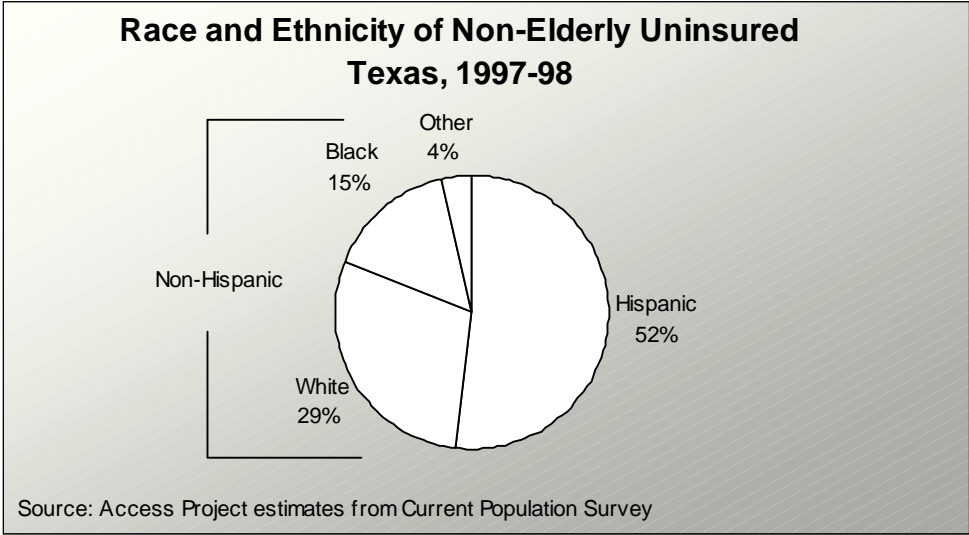


People of Hispanic origin account for half of the uninsured in Texas. If the rate of uninsurance for Hispanics were the same as it is for Texas residents as a whole, there would be nearly 800,000 fewer uninsured in the state.

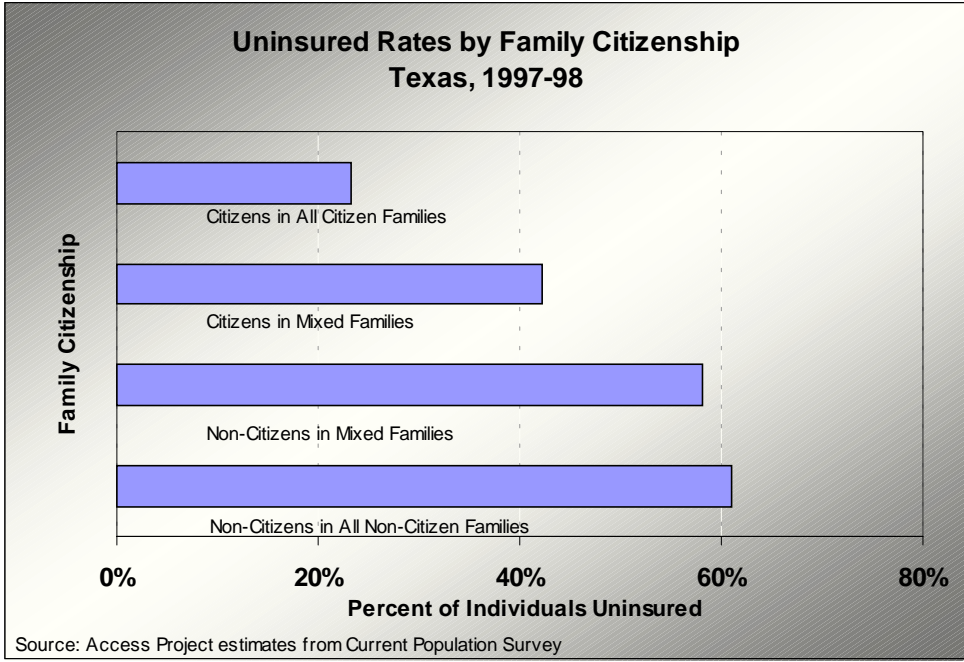
Citizenship is also an important characteristic that distinguishes between those with and without health insurance. More than half of Texas residents who are not U.S. citizens (59 percent) have no health insurance. This amounts to about 900,000 people, about one-fifth of the uninsured in Texas. The best estimate is that about 54 percent of the 900,000 are legal residents.⁵ So this is not mainly an issue of undocumented immigrants who do not qualify for public programs; probably fewer than 10 percent of the uninsured in Texas are

⁵ In 1996, the Immigration and Naturalization Service estimated that Texas had 825,000 legal permanent residents and 700,000 undocumented residents, a ratio of 54 to 46 percent, U.S. Immigration and Naturalization Service, "State Population Estimates," www.ins.usdoj.gov/graphics/aboutins/statistics/lprest.htm. "INS Releases Updated Estimates of U.S. Illegal Population," www.ins.usdoj.gov/graphics/publicaffairs/newsrels/illegal.htm.

undocumented. The vast majority of the uninsured are legally in the state, but have limited opportunities for health coverage.



And though lack of insurance is a particularly acute problem for non-citizens, it is still the case that four out of every five uninsured Texans are U.S. citizens.



The likelihood of being uninsured for an individual who is a citizen is associated with the citizenship status of his or her family members. For instance, only 23 percent of people in families in which all members are citizens, are uninsured. For citizens in “mixed” families—where family members are both citizens and non-citizens—42 percent are uninsured.

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This is lower than the non-citizen uninsured rate of 59 percent, but still substantially higher than the rate for people in all-citizen families.

The relative insurance status of citizens and non-citizens is probably connected to their income and employment, the strongest indicators of whether someone has health insurance. Though a national analysis found that non-citizen families are more likely than citizen families to contain at least one full-time worker,⁶ another study concluded that many non-citizens work in low-income occupations that do not provide health insurance. Low rates of insurance among Latino immigrants are largely explained by the lack of employer coverage.⁷ Income data from Texas support these findings. Among families headed by non-citizens, the median income is \$22,000 per year; for families headed by citizens, it is \$37,600.

Non-citizens, particularly Latinos, are also much less likely to have health insurance through Medicaid. This is partly because of the eligibility restrictions that apply to recent immigrants, but also because of the concern many immigrants have that applying for a public program for themselves or their children, even if eligible, would affect their future immigration status or application for citizenship.⁸

METROPOLITAN AREAS⁹

Six of the 85 largest metropolitan areas in the country are in Texas. Three of those six have uninsured rates that significantly exceed the 19 percent uninsured rate of the 85 metropolitan areas combined: El Paso (37 percent), Houston (30 percent), and Dallas (25 percent). El Paso has the highest uninsured rate of all of the 85 metropolitan areas. The three other large Texas metropolitan areas are Austin-San Marcos (23 percent), Fort Worth (24 percent) and San Antonio (24 percent). These uninsured rates also exceed the average of all 85 metropolitan areas, but the researchers were unable to claim with great certainty that these statistical estimates represent actual differences in the entire population. There are many other metropolitan areas in Texas that were not included in the study because the data being analyzed did not provide a large enough sample.

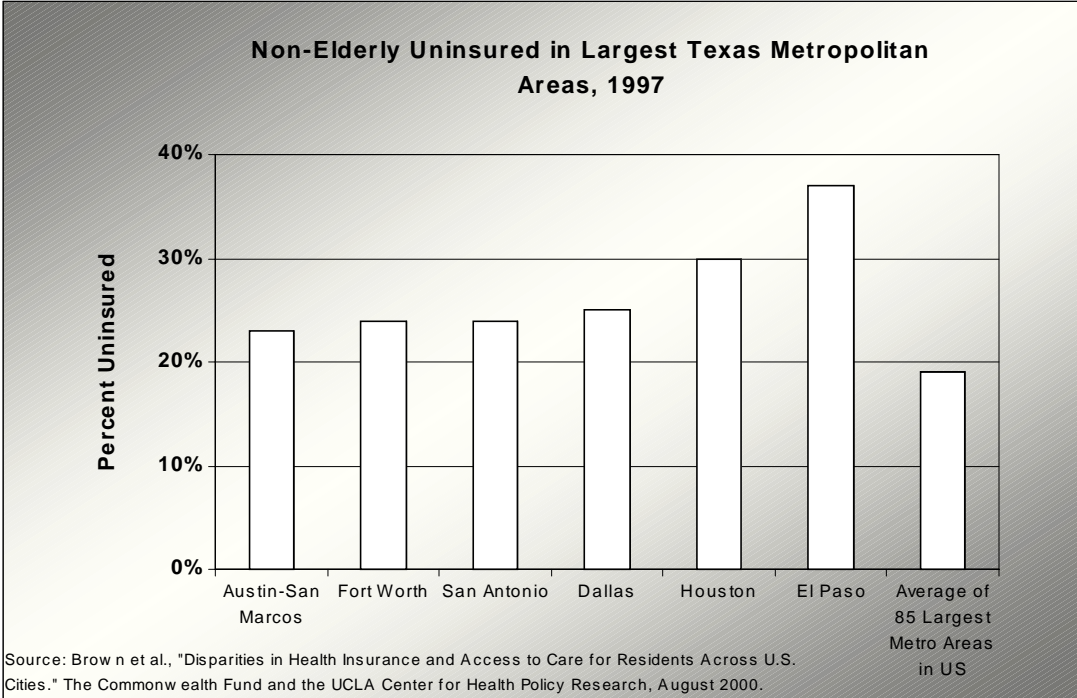
⁶ Kaiser Commission on Medicaid and the Uninsured, *Immigrants' Health Care: Coverage and Access*, August 2000.

⁷ O. Carrasquillo, A. I. Carrasquillo and S. Shea, "Health Insurance Coverage of Immigrants Living in the United States: Differences by Citizenship Status and Country of Origin," *American Journal of Public Health*, June 2000.

⁸ E. Richard Brown, Roberta Wyn and Victoria D. Ojeda, *Access to Health Insurance and Health Care for Children in Immigrant Families*, UCLA Center for Health Policy Research, June 1999.

⁹ E. Richard Brown, Roberta Wyn and Stephanie Teleki, *Disparities in Health Insurance and Access to Care for Residents Across U.S. Cities*, UCLA Center for Health Policy Research, August 2000.

The high uninsured rates in El Paso, Houston and Dallas are generally associated with high poverty rates (except Dallas), low rates of job-based coverage, and a higher proportion of Latino residents relative to the 85 metropolitan areas as a whole. El Paso is also notable in that the two most reliable indicators of the prevalence of coverage—income and unemployment rate—are very unfavorable compared with the average for all metropolitan areas. El Paso’s per capita income was \$15,216 in this study, compared to the average of \$26,531. The unemployment rate was 11.2 percent, compared with the average of 4.6 percent. Both Houston’s and Dallas’s per capita incomes exceeded the average, and Houston’s unemployment rate was slightly higher than the average, at 5.3 percent. Regarding potential sources of coverage, El Paso and Houston have significantly lower rates of employer coverage and Dallas has a significantly lower rate of Medicaid coverage.



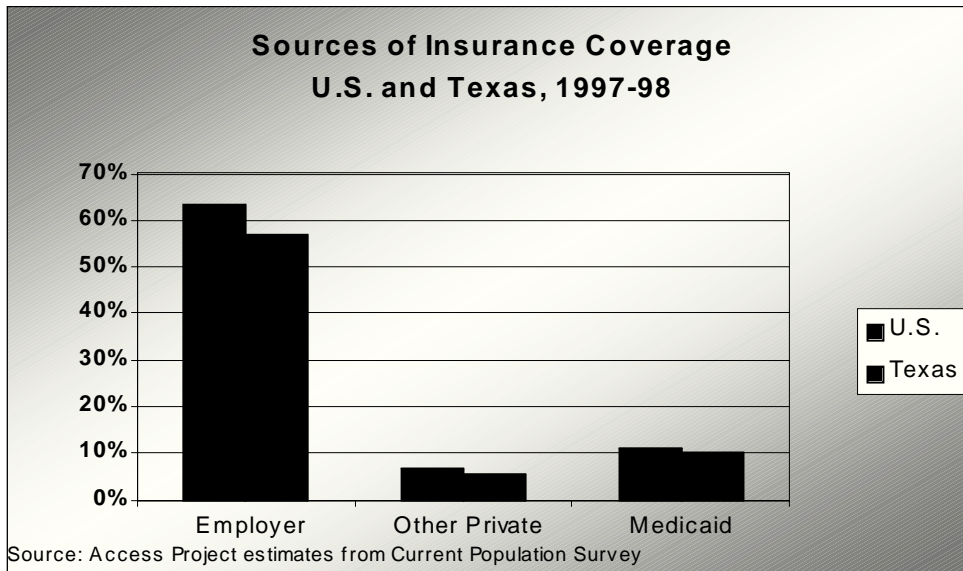
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WHERE ARE THE GAPS?

To understand better the basis of Texas's high uninsured rates, it is useful to look at the sources from which Texans *do* get coverage.

EMPLOYMENT

As in other states, employment is the primary source for insurance coverage for non-elderly Texans. The percentage of Texans who are insured by employers, however, is about 10 percent lower than the national figure.



The likelihood of having employer-sponsored insurance depends on three factors: whether an employer offers coverage to employees, whether a particular employee is eligible for that coverage, and whether the employee accepts the coverage. Texas employers are significantly less likely than the average employer nationally to offer health insurance coverage to their workers (50 percent in Texas, versus 55 percent nationally). This is particularly the case among small employers with fewer than 50 employees, where 35 percent of Texas employers offer coverage, as opposed to 44 percent nationally.¹⁰ The “offer” of insurance coverage means simply that the employer makes it available and negotiates a group premium with an insurer. The employer may or may not pay for part or all of the premium for the offered coverage.

Texas full-time employees are not any more or less likely than workers in the rest of the country to be eligible for offered coverage, but part-

¹⁰ Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, Insurance Component, 1998 Employer-Sponsored Health Insurance Data, <http://www.meps.ahrq.gov/mepsdata/icindex.htm>.

time employees are less likely to be eligible in Texas. Among Texas workers who are eligible, though, there is no difference between Texas and the nation in the rate at which employees enroll in the offered coverage.¹¹ In sum, 57 percent of non-elderly Texans have health insurance through an employer, compared with 63 percent nationally. As noted earlier, the U.S.-Texas gap for children is larger: only half of Texas children have health coverage through an employer, where 59 percent of children nationally do.

MEDICAID

The next largest source of health insurance is the state Medicaid program. Medicaid covers children at the same rate (about one in five) in Texas as in the rest of the country. Adults are covered less often: about 7 percent of non-elderly adults nationally are Medicaid enrollees, compared with just over 5 percent in Texas. Medicaid enrollment has been declining in Texas. Two recent examinations of changes in states' Medicaid rolls have shown a steady drop in Texas. Average monthly enrollment of the non-elderly and non-disabled fell 8.6 percent from 1995 to 1997,¹² and another 11 percent from 1997 through the end of 1999.¹³ Enrollment data for FY 2000 indicate that the enrollment is leveling out, and may be showing signs of an upturn, but it is too early to determine a trend.¹⁴

A new study of state policies and their effects on the insurance coverage of adults concludes that Texas does not provide Medicaid coverage to adults as generously as other states. The percentage of poor adults in Texas who are eligible for Medicaid, based on state-controlled eligibility standards, is about two-thirds of the national average. Other states fill more of this "coverage gap" through their Medicaid policies.¹⁵ Another study pointed out the strict financial requirements that adults in Texas must meet to qualify for Medicaid coverage. For a family of three with one wage earner, for example, the parents become ineligible for Medicaid when the family's annual income exceeds \$4,368. This figure was lower than all but three other states.¹⁶

¹¹ Ibid.

¹² U.S. General Accounting Office, Medicaid Enrollment: Amid Declines, State Efforts to Ensure Coverage After Welfare Reform Vary, GAO/HEHS-99-163, September 1999.

¹³ Eileen R. Ellis et al., Medicaid Enrollment in 50 States, June 1997 to December 1999, Kaiser Commission on Medicaid and the Uninsured, October 2000.

¹⁴ Texas Health and Human Services Commission, The Caseload Forecasting Report For The Health & Human Service Agencies, http://www.hhsc.state.tx.us/cons_bud/caseload/QCFRHOME.HTM.

¹⁵ Brenda C. Spillman, "Adults Without Health Insurance: Do State Policies Matter?" Health Affairs, July/August 2000.

¹⁶ Jocelyn Guyer and Cindy Mann, Employed but Not Insured, Center on Budget and Policy Priorities, February 1999.

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Examination of these two coverage sources—employers and Medicaid—explains much of the difference in coverage rates and between Texas and the rest of the country. A third, smaller source is private coverage not obtained through employers, which individuals might purchase on their own. About 5.5 percent of Texans have such coverage, compared with 6.6 percent nationally.

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INSURANCE COVERAGE AND ACCESS TO CARE

Texas is not without resources when it comes to providing health care for people without health insurance. In fact, combining expenditures for county indigent health care programs, free care provided by hospitals, physicians and clinics, and the Medicaid Disproportionate Share Hospital (DSH) program, an estimated \$5 billion per year goes toward health care for the uninsured in Texas.¹⁷ This figure raises the question that perhaps health insurance is not relevant, that Texans can get health care when they need it, regardless of whether they have coverage. Is this the case?

Unfortunately, simply adding up the dollars spent to serve uninsured people when they do seek care does not fully describe the access and health status of the uninsured. The spending covers only certain services for certain people and is not coordinated to yield the most effective, efficient care. The relationship of insurance to access is a well-studied one, though. An impressive collection of national studies, as well as research within Texas, demonstrates a consistent pattern: lack of insurance has unequivocally negative effects on people’s access to health care and on their health.

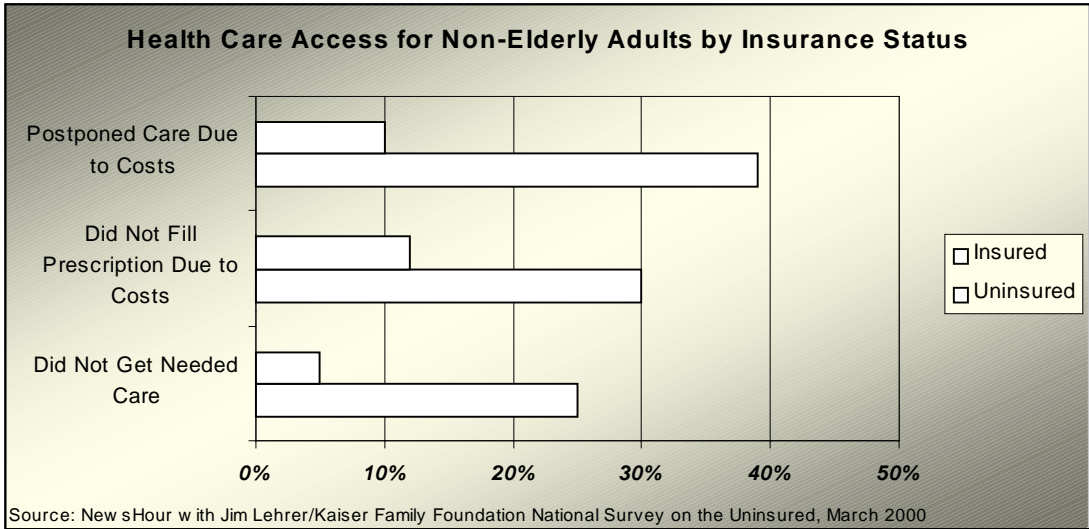
One of the more recent national studies is a survey conducted in January and February 2000 by the Kaiser Family Foundation and the NewsHour with Jim Lehrer.¹⁸ The results of that survey echoed many of the studies done over the past decade:

◆ ***The uninsured are more likely than the insured to have skipped, postponed, or had problems getting medical care.***

Uninsured adults postponed medical care almost four times more often than insured patients, and were two-and-a-half times more likely not to fill prescriptions. The most common reason for foregoing treatment is its cost. In addition, one-quarter of the uninsured needed but did not get care, compared with just 5 percent of insured people.

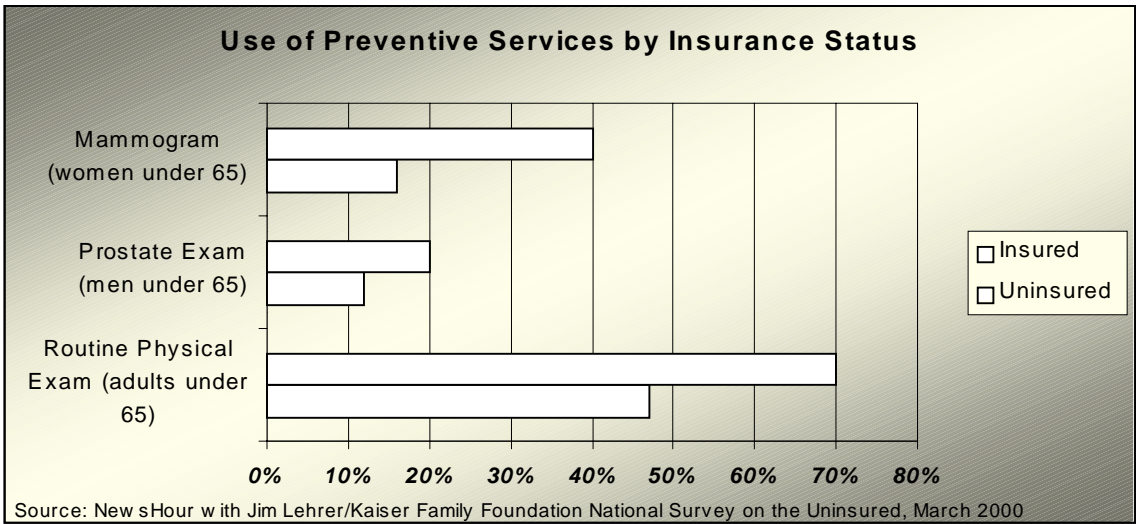
¹⁷ Caton Fenz, Providing Health Care to the Uninsured in Texas: A Guide for County Officials, The Access Project, September 2000.

¹⁸ National Survey on the Uninsured, Highlights and Chartpack, The NewsHour with Jim Lehrer and the Henry J. Kaiser Family Foundation, April 2000.



◆ ***The uninsured are much less likely than the insured to receive preventive care, and are thus more likely to be diagnosed at a later stage with serious illnesses such as cancer.***

Insured women were two-and-a-half times more likely than their uninsured counterparts to have received a mammogram in the year prior to the survey. Insured men were nearly twice as likely as uninsured men to receive prostate exams. And fewer than half of uninsured adults, compared to 70 percent of the insured, received routine physical exams.



The less frequent use of preventive services by uninsured adults can have serious, sometimes deadly, consequences. A 1999 study found that

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uninsured patients were significantly more likely to be diagnosed with cancer at a later, and therefore more dangerous, stage of the disease. This was the case for four types of cancer—colorectal (uninsured were 1.7 times more likely than insured to be diagnosed at a late stage), melanoma (2.6 times more likely), breast (1.4 times), and prostate (1.5 times).¹⁹

◆ ***The uninsured are less likely than the insured to have a regular place to go for medical advice.***

About two-thirds (64 percent) of uninsured adults said they have a regular place to go, compared to nine-tenths (91 percent) of the insured. Only a third (34 percent) of the uninsured said they go to a doctor's office for care, less than half the percentage (72 percent) of the insured.

Earlier studies found similar patterns for uninsured children:²⁰

- *In 1993-94, twice as many uninsured children as insured children (33 percent versus 16 percent) did not visit a doctor.*
- *One out of five uninsured children did not have a usual source for health care in 1996, compared with one in 10 publicly insured children and about one in 16 privately insured.*
- *A 1995 study based on survey data from 1988 found that uninsured children were 30 percent more likely than insured children not to be up-to-date with well-child care.*

The ultimate purpose of having access to health care is to maintain good health, and the pattern of health status between the insured and uninsured is consistent with the other evidence presented here. According to a review of research by the Kaiser Commission on Medicaid and the Uninsured:

The causal link between insurance coverage and a person's health is hard to establish, but evidence from several sentinel studies show that reduced access to health care over many years, and in some cases even a relatively short period of time, is associated with differences in a person's health.

The uninsured as a group are not as healthy as the general population. Fewer report being in excellent or very good health and more of the uninsured describe themselves as in good, fair or poor health.²¹

¹⁹ Roetzheim et al., "Effects of Health Insurance and Race on Early Cancer Detection," Journal of the National Cancer Institute, 91:1409-15, (1999).

²⁰ Kaiser Commission on Medicaid and the Uninsured, Uninsured in America: A Chart Book, 1998.

²¹ Kaiser Commission on Medicaid and the Uninsured, Uninsured in America: A Chart Book, Second Edition, May 2000.



ACCESS FOR THE UNINSURED IN TEXAS

The experience of uninsured Texans accessing health care mirrors the national results. In a survey of Texas families conducted in 1997,²² the Urban Institute found that uninsured children and adults experience significantly inferior access to care, measured as whether someone has a usual source for receiving health care and whether someone has a need for health care that has not been met. Nearly one in four uninsured children had no usual source of care, compared with about one in 25 privately insured children and one in 10 publicly insured (mainly Medicaid). Similarly, uninsured children have more unmet health care needs (including medical, dental, mental and prescription drugs) than their insured counterparts (see Table 3).

The relative access of uninsured and insured adults is the same as with children, though adults in general have less access to care, according to these measures. Still, uninsured adults are twice as likely as all adults not to have a usual source of care, and three times as likely as adults with private health insurance. A greater proportion of uninsured adults also report having unmet treatment needs.

The survey also asked respondents (or in the case of children, their parents) directly about their confidence in being able to get care when they needed it. The responses again reveal a significant gap in access. Among uninsured children, more than a quarter of parents were not confident they had access to needed care. This was greater than twice the percentage of Medicaid children, and over 7 times the percentage of privately insured children. Among adults, one quarter of the uninsured were not confident of their access, slightly less than twice the percentage of Medicaid recipients and about four times that of the privately insured.

Access differences that appear to be related to insurance coverage might also be a function of income; poorer people may face worse access whether they have insurance or not. The surveyors therefore also examined the access measures only for Texans with incomes below 200 percent of the federal poverty line. Though the access differences between the insured and uninsured are somewhat muted, they remain. Lack of income does not entirely explain barriers to access; lack of insurance is clearly a factor as well.

²² Jennifer M. Haley and Stephen Zuckerman, Health Insurance, Access and Use: Texas, The Urban Institute, July 2000.

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Table 3. Access to Health Care by Insurance Status, Texas 1997

	Source of Insurance		
	Private	Public	Uninsured
Children			
	<i>percent of population</i>		
No Usual Source of Care	3.8	10.0	22.7
Unmet Health Care Need	8.3	10.0	16.9 ^a
Not Confident in Access	3.9	12.4	28.4
Adults			
No Usual Source of Care	13.0	16.4	40.1
Unmet Health Care Need	15.8	23.6	25.7 ^a
Not Confident in Access	6.3	14.1	25.1
Low-Income (<200% FPL)			
Children			
No Usual Source of Care	7.1	10.9	28.0
Unmet Health Care Need	11.6	11.3	16.4 ^b
Not Confident in Access	8.0	12.3	30.9
Adults			
No Usual Source of Care	22.3	15.5	40.3
Unmet Health Care Need	19.8	26.5	23.9 ^b
Not Confident in Access	12.4	16.7	25.1 ^a

^a Difference between uninsured and publicly insured is not statistically significant
^b Differences between uninsured and publicly insured, and between uninsured and privately insured are not statistically significant.
Source: Haley and Zuckerman (2000)

Use of Services

The lack of confidence in access to care among the uninsured is borne out in their actual use of services. Fewer than half of all uninsured Texas children had any visit to a doctor in 1997, compared with three-quarters of privately insured children. Only a third had a dental visit, about half the percentage of the privately insured. The pattern is similar for adults. The uninsured access preventive care even less frequently. Only a third of uninsured children had a well-child doctor visit in 1997 and, among uninsured adult women, less than a third had a breast exam, and only two in five had a pap smear. The use of health care services for low-income Texans is even lower, regardless of insurance status, but the gap between uninsured and insured remains (see Table 4).



Table 4. Use of Health Care Services by Insurance Status, Texas 1997

	Source of Insurance		
	Private	Public	Uninsured
<i>percent of population</i>			
Children			
Any Doctor Visit	75.0	72.4	46.1
Well-Child Doctor Visit	54.3	69.1	33.6
Any Dental Visit	65.1	52.1	34.3
Adults			
Any Doctor Visit	70.4	75.2	43.5
Breast Exam (women only)	55.1	35.0	28.2 ^a
Pap Smear (women only)	64.3	52.0	41.5 ^a
Any Dental Visit	71.2	50.8	37.4 ^a
Low-Income (<200% FPL)			
Children			
Any Doctor Visit	68.4	70.3	40.7
Well-Child Doctor Visit	54.1	67.2	29.9
Any Dental Visit	54.5	52.3	31.9
Adults			
Any Doctor Visit	57.6	71.3	38.7
Breast Exam (women only)	40.1	34.6	22.7 ^a
Pap Smear (women only)	50.6	50.6	40.7 ^b
Any Dental Visit	55.9	38.8	34.7 ^a

^a Difference between uninsured and publicly insured is not statistically significant
^b Differences between uninsured and publicly insured, and between uninsured and privately insured are not statistically significant.
Source: Haley and Zuckerman (2000)

Health status

The Urban Institute survey asked respondents to describe their health status on a five-point scale ranging from excellent to poor. Among those describing their health as fair or poor—the two lowest rankings on the scale—about 41 percent had no health insurance. In contrast, only about 23 percent of those in excellent, very good or good health were uninsured.²³ In Texas (as in the country as a whole), the uninsured are disproportionately represented among those in worse health.

It is a misconception that those without insurance can get health care when they need it. Evidence is overwhelming that the uninsured do not have the same access as their insured neighbors to timely, effective care that promotes, preserves and restores good health.

²³ Ibid.

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SUMMARY AND IMPLICATIONS FOR TEXAS

Texas has one of the highest rates in the country of residents without health insurance. The uninsured have significantly fewer health care services available to them and, on average, are in worse health than those with health insurance. It follows that Texans would be healthier on the whole if more of them had health insurance.

There are a number of factors associated with the lack of insurance. Young adults, Latinos, and African Americans are disproportionately uninsured. Largely, though, it is a phenomenon of income and employment. Families in lower income ranges are much more likely to be without insurance. Though most of the uninsured are in working families, their employment tends to be in lower paying jobs, with smaller employers, or in industries in which employers do not offer insurance or do not contribute enough to the cost to make it affordable to the employee. The percentage of Texans who have insurance through an employer is lower than the national average.

The state Medicaid program also covers relatively fewer people in Texas than in many other states. This is particularly true for adults. The start of the State Children's Health Insurance Program—which has enrolled just over 160,000 low-income children as of November 2000²⁴—should bring some reduction in the number of uninsured children.

A number of possible initiatives might be undertaken to expand insurance coverage to more Texans, in the interest of improving their health. Some are in the private sector (incentives to increase the number of employers who offer coverage, for example) and some in the public (such as simplifying the Medicaid enrollment process and expanding Medicaid eligibility for adults). The Texas legislature recognized the importance of this issue when it created the Blue Ribbon Task Force on the Uninsured, whose recommendations will be considered in the 2001 legislative session. Continuing the focus on this problem, and on the potential solutions, can result in significant improvements to the health care system in Texas.

²⁴ See note 4.