

# WASHINGTON STATE POPULATION SURVEY

Research Brief No. 42  
January 2007

## Health Insurance by Race/Ethnicity: 2006

By Erica Gardner

Using data from the 2006 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 because the other published data use MAA weights.

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, which is not public or employer based, are defined as receiving other private health insurance.<sup>1</sup> 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: 13 percent for Blacks, 22 percent for American Indians/Alaska Natives, nine percent for Native Hawaiian/Other Asian Pacific Islanders, and five percent for Asians. Asians were significantly less likely to be uninsured and American Indians/Alaska Natives were significantly more likely to be uninsured compared to Whites.<sup>2</sup>

Many national survey results have shown that Blacks (or non-Hispanic Blacks) are significantly more likely to be uninsured compared to Whites,<sup>3,4,5</sup> 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 2006 to provide social, demographic, and economic information about Washington. Responses were obtained from telephone interviews of 7,082 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/default.asp>. Data version 2006v2 is used in this analysis.

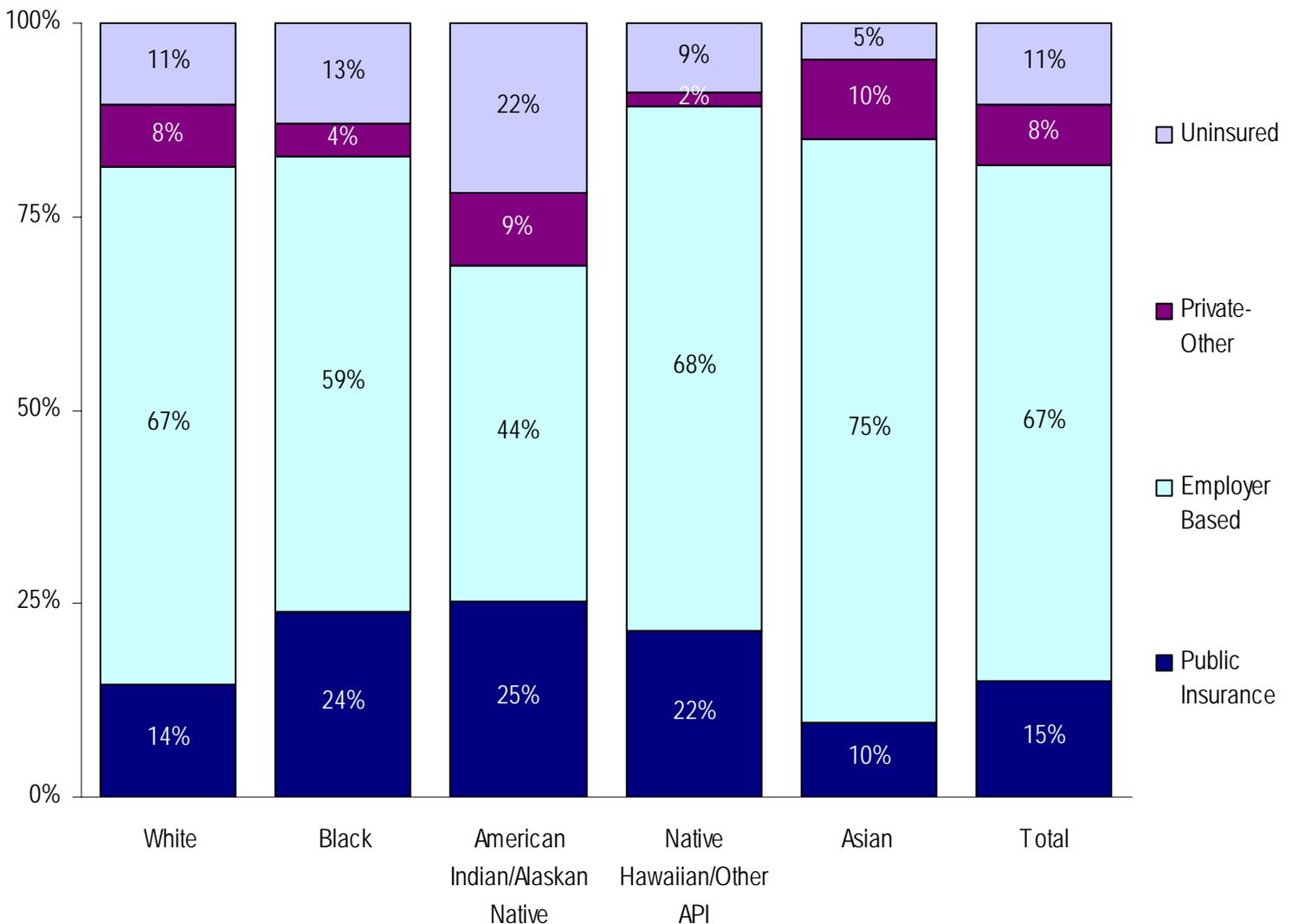
have family incomes under 200 percent of the federal poverty level, and more likely to have some college or more compared to Blacks in the rest of the country.<sup>6</sup> Blacks residing in Washington, in particular, are more likely to be in the military or working compared to Blacks in the rest of the country.<sup>6</sup> In addition, results from the 2001 California Health Interview Survey also found that confidence intervals for both the White and Black uninsured rate of non-elderly adults overlapped.<sup>7</sup>

The WSPS results show that Asians in Washington have rates of uninsurance that are lower than Whites. National surveys and the 2001 California Health Interview Survey show Asians having higher rates of uninsurance.<sup>3,7</sup> 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.<sup>8</sup>

*Source of Health Insurance by Race*

While Whites, Blacks, and Native Hawaiians/Other Asian Pacific Islanders have similar rates of uninsurance, the source of their health insurance coverage is different. Fourteen percent of Whites and 10 percent of Asians are publicly insured compared to 24 percent of Blacks, 25 percent of

**Figure 1: Health Insurance Status of the Non-Elderly Population by Race: 2006**  
 Universe: Washington Residents Aged 0-64



American Indians/Alaskan Natives, and 22 percent of Native Hawaiians/Other Asian Pacific Islanders. While the differences are dramatic, the only rates that are significantly different from Whites are the American Indians/Alaskan Natives. American Indians/Alaskan Natives were significantly more likely to be enrolled in public insurance than Whites.

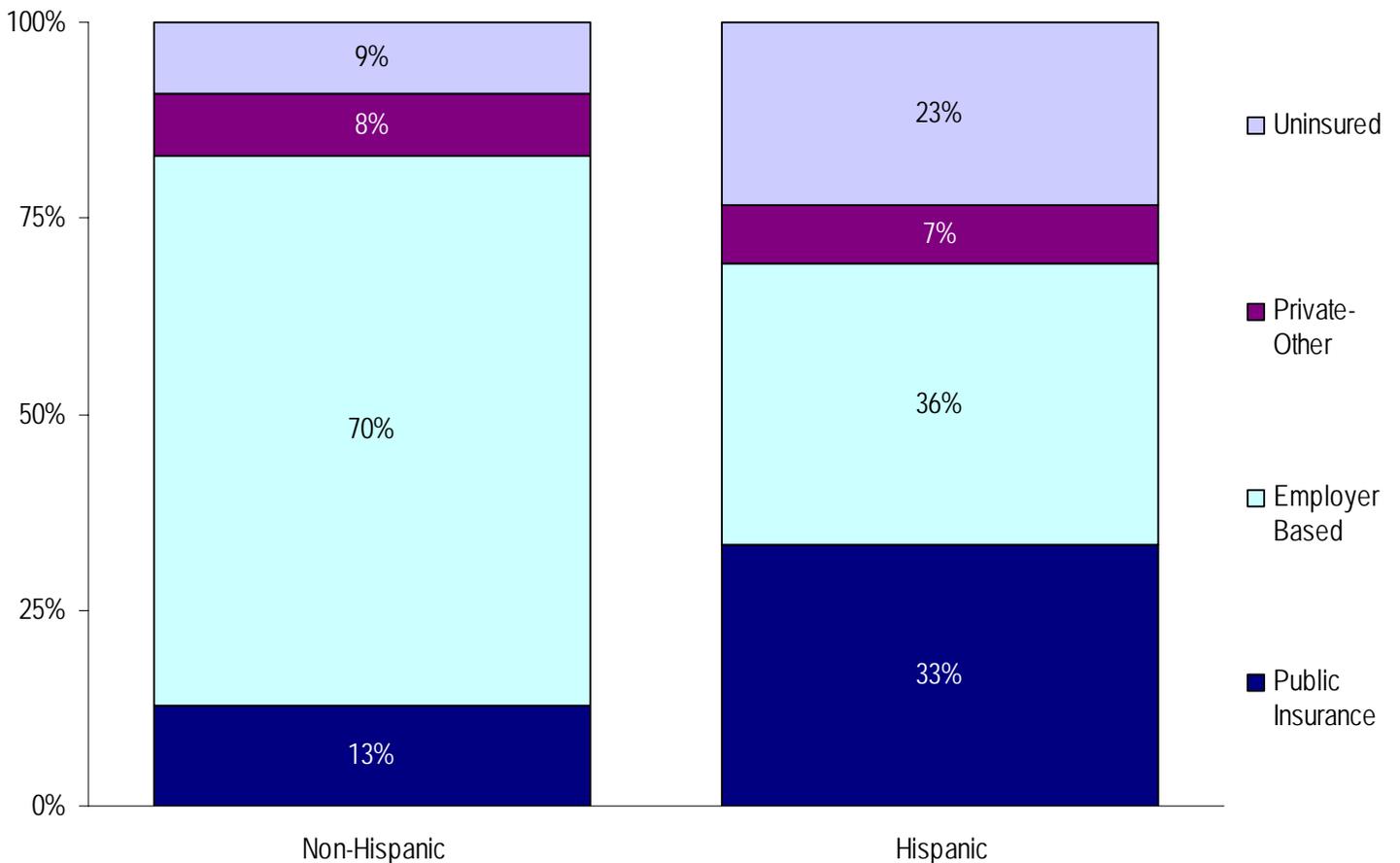
Non-elderly Asians were insured through the military and/or their employer/union at a rate of 75 percent compared to 68 percent for Native Hawaiian/Other Asian Pacific Islander, 67 percent of Whites, 59 percent of Blacks, and 44 percent of American Indian/Alaskan Natives. Looking at the differences between Whites and other races, only American Indians/Alaskan Natives were significantly different from Whites. American Indians/Alaskan/Natives were less likely to be enrolled in military and/or employer or union based insurance.

**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, and less likely to be insured through the military, an employer, or a union. Hispanics had similar rates of other private insurance compared to non-Hispanic residents.

**Figure 2: Health Insurance Status of the Non-Elderly Population by Ethnicity: 2006**

Universe: Washington Residents Aged 0-64



## 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-seven percent or roughly 514,000 of the uninsured are White. At five percent of the uninsured, Blacks make up the second largest racial group in the uninsured. Four percent of the uninsured are American Indian/Alaska Natives, three percent are Asians, and two percent are Native Hawaiian/Other Asian Pacific Islander.

Hispanics are disproportionately represented among the uninsured compared to non-Hispanics. Roughly 10 percent of Washington's non-elderly population is Hispanic, but 22 percent or approximately 128,000 of the uninsured are Hispanic.

**Table 1: Non-Elderly Uninsured Washington Residents  
by Race/Ethnicity: 2006**

	% of Uninsured (a)	Number Uninsured (in 000s)	% of Total Population (c)
<b>Race</b>			
White	87.2%	514.7	86.7%
Black	4.8%	28.5	3.9%
American Indian/Alaska Native	3.9%	22.7	1.8%
Native Hawaiian/Other API	1.5%	9.0	1.8%
Asian	2.6%	15.2	5.7%
<b>Total</b>	<b>100%</b>	<b>590.0</b>	<b>100%</b>
<b>Ethnicity</b>			
Non-Hispanic	78.4%	462.3	90.2%
Hispanic	21.6%	127.7	9.8%
<b>Total</b>	<b>100%</b>	<b>590.0</b>	<b>100%</b>

(a) The percentages here are based on the distribution of the 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 weight (maawgt) and the distribution of the uninsured using the population weight (fnlwgt)

(c) The percentages here show the distribution of the 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. (2006). “Table 8: Health Insurance Coverage of People by Race and Hispanic Origin Using 2- and 3-Year Averages: 2003 to 2005.”  
(<http://www.census.gov/hhes/www/hlthins/hlthin05/hi05t9.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](http://www.urban.org/UploadedPDF/310969_snapshots3_no20.pdf))
5. Rhoades, Jeffrey A. (2005) “The Uninsured in America, First Half of 2005: Estimates for the U.S. Civilian Noninstitutionalized Population under Age 65.” Statistical Brief No. 129. Agency for Healthcare Research and Quality, Rockville, Md. (<http://www.meps.ahrq.gov/mepsweb/>)
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.

---

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