



Lives at Risk:
***Nearly Half Million Without
Health Insurance in Miami-
Dade County***

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The Access Project is a national 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 for Advanced Studies in Social Welfare 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 healthcare access and promote universal coverage with a focus on people who are without health insurance.

If you have any additional questions, or would like to learn more about our work, please contact us.

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The Human Services Coalition of Dade County, Inc. (HSC) is a coalition of more than 4,000 organizations and individuals interested in the provision of human services. Since its inception, HSC has provided innovative new opportunities for outreach and advocacy on a broad spectrum of human service concerns, including health needs, quality education, homelessness, elder care, mental health, housing, violence prevention, needs of the disabled, and many more. Where no avenues for community participation exist, HSC has pushed for their creation. Where status quo solutions have not served the public's agenda, HSC has worked diligently to open new doors.

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EXECUTIVE SUMMARY

The Florida Health Insurance Study (FHIS) was mandated by the Florida legislature in 1997 to develop more accurate and precise estimates of who lacks health insurance in the state and within its geographic regions. This report analyzes data from the FHIS and other sources to present a picture of the uninsured in one of these regions, Miami-Dade County.

SCOPE OF THE PROBLEM

In the United States, Florida is in the top third of states with respect to the percentage of uninsured residents. Within Florida, Miami-Dade County is among the regions with the highest uninsurance rates: *24.6% of the residents of Miami-Dade County, or 450,000 people, are uninsured, compared to 16.8% in the state.* The county has the second highest uninsurance rate of any district in the state, and the highest of any urban county in the state. *Rates of uninsurance in Miami-Dade County exceed state averages for all income groups, age groups, and work status categories.* The high rate of uninsurance in Miami-Dade County compared to other areas of the state is especially alarming given that Florida itself has a high rate of uninsurance.

WHO ARE THE UNINSURED?

In both Florida and Miami-Dade County, most uninsured people are employed. Those most likely to be uninsured are young adults, Hispanics, and African-Americans, and those with incomes below 150% of the federal poverty level (FPL).

In Miami-Dade County:

- ◆ 42.9% of those with incomes below 100% of FPL, and 42.6% with incomes between 100% and 150% of FPL are uninsured.
- ◆ 61% of the uninsured are employed. Among full-time workers employed in firms with less than 50 employees, the county has the highest or second highest uninsurance rates of any district in the state.
- ◆ 35% of 18 to 24 year olds are uninsured. Children, although more likely to be covered by public insurance programs, still have rates much higher than state averages—20% of 0 to 4 year olds,

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compared to 12% for the state. Of children aged 0 to 17 years in the county, 103,000 are uninsured.

- ◆ Hispanics are uninsured at two and a half times the rate of Whites, African-Americans at twice the rate. The rate for African-Americans also exceeds state averages (25.3% versus 19.6%). Hispanic rates are similar to state averages; however, since more than 50% of county residents are Hispanic, this represents a large number of people (278,000).
- ◆ Among Hispanics, Central and South Americans have the highest risk for being uninsured, and this group constitutes a much larger proportion of the population of the county than of the state (20% versus 5%).
- ◆ Noncitizens are uninsured at twice the rate of citizens, which is similar to state averages. However, the proportion of noncitizens in the county is three times higher than that of the state.

REASONS FOR HIGH RATES OF UNINSURANCE

Some reasons for the high rates of uninsurance in Miami-Dade County include: (1) historically high rates of uninsurance among Hispanics generally, and the large number of Hispanic residents of the county; (2) low rates of employer-offered health insurance and the high cost of premiums; and (3) the failure of public insurance programs to fill the gap.

Nationally, most uninsured Hispanics are employed, but are concentrated in low wage jobs that are least likely to offer insurance. *Miami-Dade County has the lowest percentage both of employers offering health insurance and of residents with employer-sponsored insurance, of any district in the state.* In Florida as a whole, low-income workers are much less likely to have jobs that offer insurance than high-income workers. Of workers earning \$5,000 to \$9,000 annually, 30.6% had employers who offered insurance, compared to 88.1% of workers earning \$85,000 to \$94,999.

The percentage of people in Miami-Dade County insured through Medicaid or related programs is slightly higher than the state average (10.3% versus 7.2%), but public programs do not compensate for its low rate of employer-sponsored coverage—51.9% compared to 62.7% in the state. *If the county had rates of employment-based and Medicaid insurance coverage equal to state averages, an additional 175,000 people would be insured.*

Many children in Florida are eligible for, but not enrolled in, Medicaid. *Florida is currently at risk of losing more than \$50 million*



dollars in federal funding for insurance programs for children because of its “difficulties in enrolling families.” Because of federal changes in Medicaid eligibility rules for immigrants, citizen children of noncitizen parents face special barriers to enrollment.

Welfare reform has resulted in the loss of health insurance for many people leaving welfare, even though they may be eligible for transitional Medicaid. *Of 183,211 welfare leavers in Florida who successfully transitioned to work, 42% were uninsured a year and a half after leaving welfare.* The FHIS estimates that in the next two years, 126,000 people leaving welfare will not get health insurance.

Restrictive Medicaid eligibility for Florida parents also plays a role. Eligibility is 26% of FPL (\$364 a month) for new applicants, and 68% of FPL for those who recently received cash assistance or Medicaid. *Only 4% of adults in Miami-Dade County, and 3% in Florida, are covered by Medicaid.*

THE EFFECTS OF LACK OF INSURANCE ON ACCESS AND HEALTH

In Florida, the uninsured were much less likely than the insured to have seen a doctor in the last 6 months, and much more likely to have delayed or not obtained care when they needed or wanted it. Lack of insurance was also associated with perceiving oneself to be in fair or poor health.

Research suggests that access to care for low-income uninsured persons is reduced in areas with high uninsurance rates and in states with high Medicaid managed care penetration. Both of these factors exist in Florida and Miami-Dade County. Florida is above the U.S. average for percentage of Medicaid recipients in managed care plans—64% versus 53.6%.

CONCLUSION

The results of the FHIS clearly indicate that in Florida, Miami-Dade County is one of the regions most severely affected by the problem of uninsurance. It is now incumbent on state and local officials and others, in accordance with the explicitly stated goals of the study, to begin to develop effective strategies for intervention.

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INTRODUCTION

Between 1987 and 1998, the number of people in the United States without health insurance increased by 38%—current estimates are that 44 million Americans lack insurance.¹ Florida is among the states with highest uninsurance rates. While the U.S. Census Bureau estimates that the state’s uninsurance rate declined 2% between 1997 and 1998, in 1998 Florida was still in the top third of states with respect to the percentage of its residents who were uninsured—approximately 7% above the U.S. average.² And within Florida, Miami-Dade County has among the highest rates of uninsurance of any geographic region in the state.

Florida is in the top third of states with respect to the percentage of residents without health insurance. Within Florida, Miami-Dade County has among the highest rates of uninsurance of any region in the state.

- ◆ Almost one in four Miami-Dade County residents under the age of 65 is uninsured, compared to approximately one in six people statewide.
- ◆ Miami-Dade County has two and half times more uninsured residents than the geographic region in the state with the next highest number of uninsured.
- ◆ Rates of uninsurance in Miami-Dade County are higher than state averages for all income groups, all age groups, and all employment status categories.
- ◆ Miami-Dade County has the highest uninsurance rate of any urban county in Florida—60% higher than Broward, Palm Beach, Hillsborough, and Pinellas Counties, and more than twice as high as Duval County.

THE FLORIDA HEALTH INSURANCE STUDY

These data on Miami-Dade County are from the recently released Florida Health Insurance Study (FHIS),³ which was mandated by the state legislature in 1997 and overseen by the Florida Agency for Health Care Administration. The goal of the Florida Health Insurance Study was to provide more accurate and precise estimates of rates of uninsurance and characteristics of the uninsured for the state as a whole, and for the various geographic regions of the state, in order to better target interventions to those regions and groups most in need. To this end, the study divided the state into 17 geographic districts, with District 17 comprising all of Miami-Dade County.

The Florida Health Insurance Study (FHIS) was designed to provide more accurate and precise estimates of rates of uninsurance and characteristics of the uninsured for the state as a whole, and for its various geographic regions, in order to better target interventions.

One component of the study was a telephone interview survey, intended to provide accurate estimates of the number of uninsured

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The FHIS provides the most accurate currently available data on the number of uninsured in Florida and its regions.

nonelderly (under age 65) Florida residents in each of the state's 17 districts by several demographic and economic categories. The survey, which was conducted by the Bureau of Economic and Business Research at the University of Florida between March and September 1999, was designed to achieve estimates in each of the districts within a one percent margin of error. Fourteen thousand and eleven households, encompassing a total of 37,120 individuals, participated in the survey. It provides the most accurate currently available data on the number of uninsured in Florida and its regions.

Note: The survey results are available on the Web at http://www.state.fl.us/publications/technical_reports/index.html, or by contacting the Florida Agency for Health Care Administration at 2727 Mahan Drive, Tallahassee, Florida, 32308.

About This Report

The goal of this report is to use the comprehensive data provided by the FHIS, along with data from other sources, to develop a picture of the uninsured in Miami-Dade County. It aims to answer the following questions:

- ◆ Who are the uninsured in Miami-Dade County and how does this compare with the state as a whole?
- ◆ How do uninsurance rates in Miami-Dade County compare with other districts in the state and with the state as a whole?
- ◆ What are some of the reasons that uninsurance rates in Miami-Dade County are so high?
- ◆ What are the effects of lack of insurance on the uninsured, with respect to their health and their ability to access care?
- ◆ How do recent health care market changes and local policies affect the availability of care for the uninsured?



WHO ARE THE UNINSURED IN MIAMI-DADE COUNTY AND FLORIDA?

The FHIS provides a unique opportunity to learn about the characteristics of the uninsured in Miami-Dade County, as it analyzes the number and percentage of uninsured within geographic districts by income, age, race and ethnicity, and employment status. Because almost all people over the age of 65 are insured through Medicare, the FHIS sample included only Florida residents under the age of 65. According to the data, the characteristics of the uninsured in Miami-Dade County are similar to those of the uninsured in Florida. The FHIS found that in both Miami-Dade County and Florida:

In both Florida and Miami-Dade County, most of the uninsured are employed. Those most likely to be uninsured are young adults, Hispanics and African-Americans, and the poor.

- ◆ Most of the uninsured are employed either full or part time.
- ◆ Those most likely to be uninsured are:
 - young adults between the ages of 18 and 34
 - Hispanics and African-Americans
 - those with incomes below 150% of FPL

(For a family of four, 150% of the FPL is \$25,542.)

These findings are very consistent with national studies of the uninsured. For example, a recent Henry J. Kaiser Family Foundation report identified the uninsured as primarily working, low-income Americans—67% had earnings less than 200% of the FPL, and almost three-quarters were in families where at least one person was working full time.⁴ Recent Commonwealth Fund studies reported that young adults aged 19 to 29 were twice as likely as children and older adults to be without health insurance,⁵ while Hispanic-Americans were twice as likely to be uninsured as the general population.⁶

The higher than average uninsured rates in Miami-Dade County must be viewed with alarm, especially when one considers that Florida is itself among the bottom third of states in the percentage of its residents who are insured.

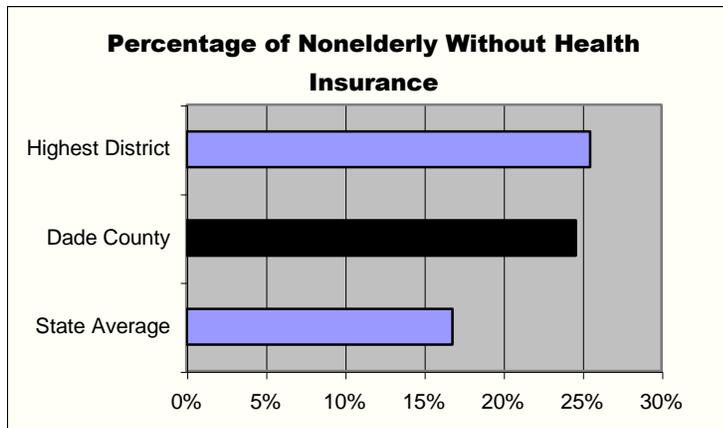
However, while the characteristics of the uninsured in Miami-Dade County are similar to those in Florida and in the nation as a whole, the FHIS data on Miami-Dade County present a particularly stark picture. In Miami-Dade County, for example, uninsurance rates were higher than for the state as a whole, and were higher than state averages for *all* income groups, *all* age groups, and *all* work status categories. The higher than average uninsurance figures for Miami-Dade County must be viewed with alarm, especially when one considers that Florida is itself among the bottom third of states in the percentage of its residents who are insured.

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OVERALL UNINSURANCE RATES: MIAMI-DADE COUNTY AND FLORIDA

According to the FHIS, the uninsurance rate in Miami-Dade County is 24.6%, compared to 16.8% for the state as a whole. Thus, approximately 1 in 4 nonelderly Miami-Dade County residents is without health insurance, compared to about 1 in 6 for the state. Moreover, Miami-Dade County has the second highest uninsurance rate of any district in the state, and the highest of any urban county.

One in 4 residents of Miami-Dade County are uninsured, compared to 1 in 6 in the state. Miami-Dade County has the second highest uninsurance rate of any district in Florida, and the highest of any urban county in the state.

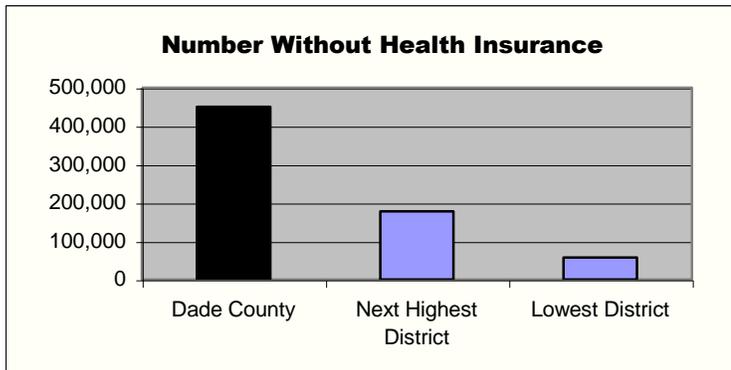


Because Miami-Dade County is by far the most populous district in the state, these percentages translate into strikingly high numbers.

- ◆ 450,000 people in Miami-Dade County are without health insurance.
- ◆ The number of uninsured in Miami-Dade County is two and a half times the number of uninsured in the district with the next-highest number of uninsured (178,000 in Broward county).
- ◆ Approximately 21% of all uninsured people in the state of Florida live in Miami-Dade County, even though the county contains only about 15% of the state's population.



450,000 people in Miami-Dade County are uninsured, two and a half times the number in the next highest district.



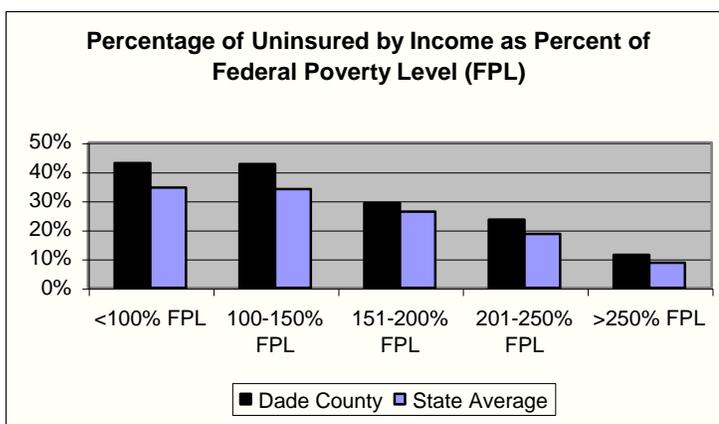
Because so many of the uninsured in Florida live in Miami-Dade County, reducing uninsurance rates in the county is one key to reducing the state's overall high level of uninsurance.

INCOME AND INSURANCE COVERAGE

Not surprisingly, most of the uninsured in Miami-Dade County are poor or near poor. Of those with incomes below the FPL, 42.9% are uninsured, as are 42.6% of those with incomes between 100% and 150% of FPL. (In 1999, the FPL for a family of four was \$17,028.) Of the uninsured in Miami-Dade County, 57.7% had incomes below 150% of FPL.

These averages exceeded state averages; however, it is important to note that the percentages of uninsured in Miami-Dade County were higher than the state averages for *all* income groups, not just for the poor. If residents of Miami-Dade County in each income group were uninsured at the same percentages as the state averages for each group, 88,000 fewer people would be uninsured.

Most of the uninsured in Miami-Dade County are poor or near poor, but uninsurance rates in the county exceed state averages for all income groups.



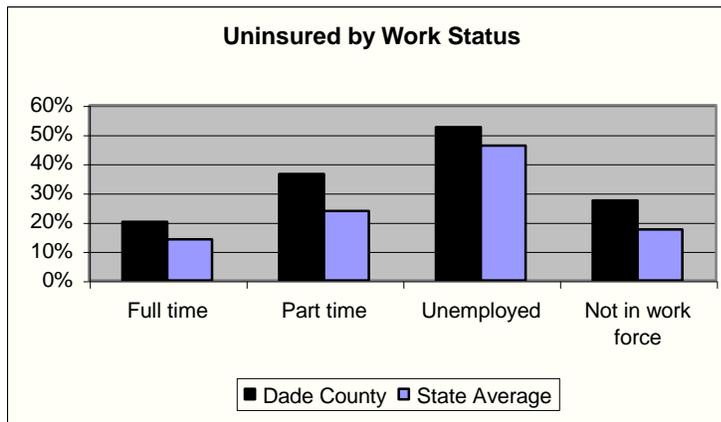
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WORK STATUS AND INSURANCE COVERAGE

Almost all national studies indicate that most people who are uninsured are employed, and the data for Miami-Dade County are consistent with this finding. Over 20% of adults (ages 18 to 64) employed full time were uninsured, as were over 36% of adults employed part time. In all work status categories, rates of uninsurance were higher in Miami-Dade County than state averages. If Miami-Dade's rates in each work status category were equal to the statewide average for the category, 100,000 fewer adults in Miami-Dade County would be uninsured.

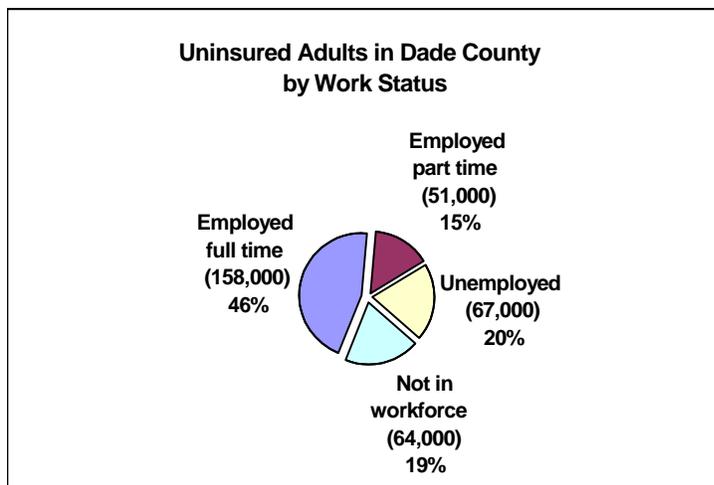
The difference between county and state averages was particularly striking for part-time workers. In Miami-Dade County, 36.4% of part-time workers were uninsured, compared to 23.8% statewide.

Rates of uninsurance in Miami-Dade County are higher than state averages for all work status categories. If the county's rates in each category equaled state averages, 100,000 more adults would be insured.



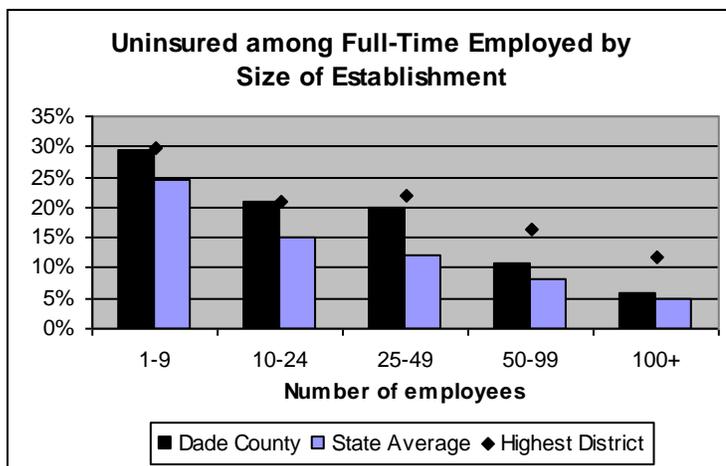
While the unemployed are most likely to be uninsured, since most adults are employed, the majority of the uninsured in Miami-Dade County are employed either full or part time. Of uninsured adults in Miami-Dade County 61%, or 209,000 people, are currently working.

61% of uninsured adults in Miami-Dade County are employed either full or part time.



Historically, workers in small firms are less likely to have health insurance than those in large firms. This is the result of two factors. First, smaller firms are less likely to offer insurance to their workers. Second, workers in small firms are less likely to purchase insurance when offered, both because they tend to be lower-wage workers who are unable to afford the premiums and because premiums for lower-wage workers in small establishments tend to be higher than for higher-wage workers in larger firms.⁷

This pattern holds true for both Miami-Dade County and Florida as a whole, but again, uninsurance rates in Miami-Dade County are higher than state averages for workers in firms of *all* sizes. Moreover, among full-time employed workers in firms with 1 to 9, 10 to 24, and 25 to 49 employees, Miami-Dade County had the highest or second highest rates of uninsurance of any district in the state.



Miami-Dade County has a slightly higher percentage of Medicaid recipients than the state as a whole, but a much lower percentage of residents covered through employment: 51.9% in Miami-

When these uninsurance rates in Miami-Dade County are translated into numbers of uninsured, the numbers far surpass those of any other district in the state. For example, 76,000 people in firms with 1 to 9 employees in Miami-Dade County were uninsured, compared to 40,000 in the district with the next highest number (Broward County), and 26,000 in the district with the third highest number (Charlotte, Collier, and Lee Counties).

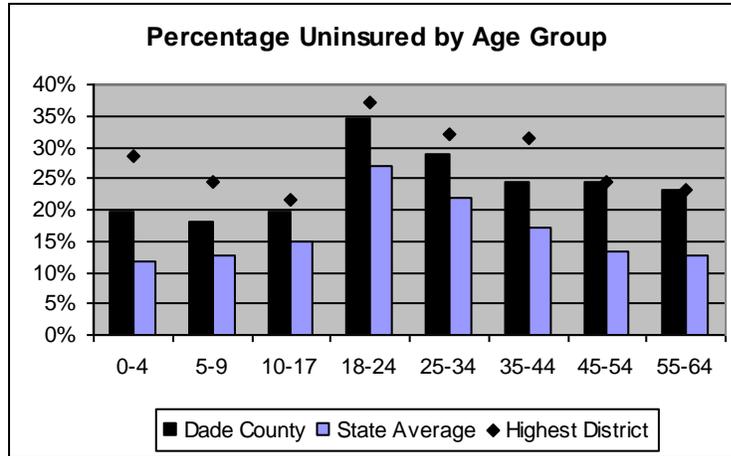
AGE AND INSURANCE COVERAGE

Uninsurance rates in the United States have generally been highest for young adults, who are often in lower wage, entry-level jobs that are less likely to offer affordable health insurance. A recent Commonwealth Fund report found that nationally, 30% of adults aged 19 to 29 were uninsured, up from 22% a decade earlier, and that three

quarters of this group did not have access to coverage through their employers.⁸

As with income and work status, uninsurance rates by age in both Florida and Miami-Dade County reflected national patterns: the highest uninsurance rates were for those aged 18 to 34. However, rates in Miami-Dade County were again higher for *all* age groups, and tended to be among the highest of all districts.

18 to 34 year olds had the highest uninsurance rate of any age group in Miami-Dade County. Rates in Miami-Dade were higher than state averages for all age groups, and among the highest of all districts in the state.



Children tend to be uninsured at somewhat lower rates than adults because they are more likely to be eligible for public programs such as Medicaid or KidCare. In Florida, for example, children up to age 19 in families earning less than 200% of FPL are eligible for a public health insurance program. For adults, the cutoff is approximately 68% or 26% of FPL, depending on their circumstances.

Even among children, uninsurance rates in Miami-Dade County are much higher than state averages. 103,000 children in the county, including 20% of 0 to 4 year olds, are uninsured.

It is striking however, that even among children, Miami-Dade County uninsurance rates are much higher than state averages. Moreover, while statewide rates tend to be lowest for the youngest children and then rise gradually up to age 17, the rates in Miami-Dade County start high—close to 20% for 0 to 4 year olds—and stay there. In Miami-Dade County, 103,000 children age 0 to 17 are without health insurance. If Miami-Dade County’s children were insured at the state averages, 30,000 fewer children in the county would be uninsured.

RACE AND ETHNICITY AND INSURANCE COVERAGE

In both Miami-Dade County and Florida as a whole, Hispanics and African-Americans have higher uninsurance rates than whites. In the county, Hispanics are uninsured at more than two and a half times the rate of whites, while African-Americans are uninsured at more than twice the rate. While the uninsurance rate for Hispanics in Miami-Dade County is similar to the statewide rate—29.7% versus

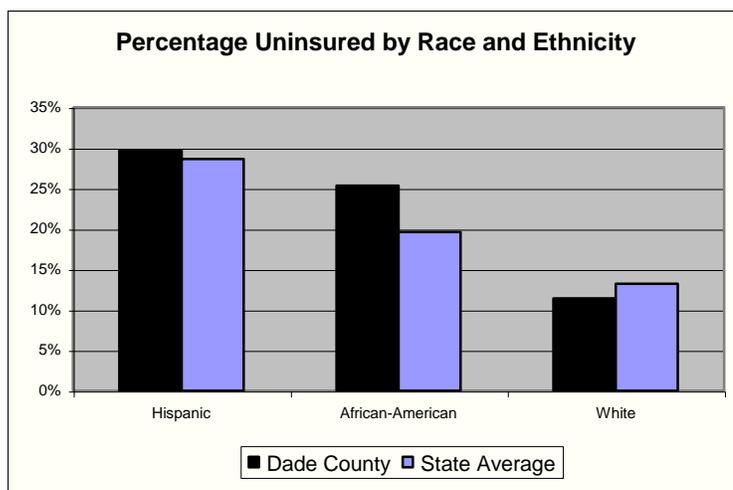
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28.6%—the rate for African-Americans is higher than the state average—25.3% compared to 19.6%.

While the uninsurance rate for Hispanics in Miami-Dade County is similar to the statewide average, since over 50% of Miami-Dade County residents are Hispanic, this percentage represents a very large number of people—278,000—or about 56% of all uninsured Hispanics in the state. Of the uninsured in Miami-Dade County, 62% are Hispanic and 25% are African-American.

Of the uninsured in Miami-Dade County, 62% are Hispanic, and 25% are African-American.

If Miami-Dade County had uninsurance rates equal to the state averages for Hispanics, African-Americans, and Whites, 33,000 fewer people in the county would be uninsured.



The FHIS does not analyze uninsurance rates among Hispanics by national origin; however, U.S. Census Bureau data suggest this is an important factor in understanding Hispanic uninsurance rates. While percentages from the Census Bureau cannot be directly compared to those from the FHIS because of differences in both sample sizes and questions asked, the Census data can provide information about the relative rates of uninsurance among groups.

According to 1998-1999 Census data, the two largest subgroups of Hispanics in Miami-Dade County are Cuban-Americans and Central and South Americans. These two groups make up a much larger share of the Miami-Dade County population than of the state population as a whole: Cuban-Americans accounted for 32% of the county population compared to 6% for the state, while Central and South Americans accounted for 20% of the county population compared to 5% for the state. However, while the statewide uninsurance rate for Cuban-Americans was close to the overall state uninsurance rate, the

Among Hispanics, Central and South Americans are at especially high risk of being uninsured. They accounted for 20% of the population of Miami-Dade County, but only 5% of the population of the state.

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statewide uninsurance rate for Central and South Americans was almost twice the overall rate for the state. Thus, among Hispanics, Central and South Americans are at especially high risk of being uninsured.

CITIZENSHIP AND INSURANCE COVERAGE

In both Miami-Dade County and Florida, noncitizens were uninsured at twice the rate of U.S. citizens. However, the proportion of noncitizens living in the county was almost three times higher than in the state as a whole.

The 1998-1999 Census data also indicate that noncitizens in both Florida and in Miami-Dade County had very high rates of uninsurance, approximately twice the rate for U.S. citizens. However, while state and county uninsurance rates for noncitizens were similar, the proportion of noncitizens living in Miami-Dade County was almost three times that of the state as a whole. Data on the ethnicity of noncitizens were not available; however, it is likely that the high rate of uninsurance among noncitizens contributes to the high rate among Hispanics in the county and the state.



WHY ARE SO MANY PEOPLE IN MIAMI-DADE COUNTY UNINSURED?

As the preceding sections illustrate, uninsurance rates in Miami-Dade County in almost all categories are higher than state averages, and often among the highest of all districts in the state. Why are the rates in Miami-Dade County so high?

While a variety of factors affect rates of uninsurance, data from the FHS as well as from other sources suggest that the high rates of uninsurance in Miami-Dade County are the result of a number of closely interrelated factors. These include:

- ◆ the high rate of uninsurance among Hispanic residents and the large number of Hispanic residents in the county
- ◆ the low rate of employers offering health insurance plans to their employees, and the high cost of insurance premiums
- ◆ the failure of publicly funded health insurance programs to compensate for the low rate of employment-based coverage

HISPANICS AND INSURANCE COVERAGE

Nationally, Hispanics have the highest uninsurance rates of any ethnic or racial group. According to the Commonwealth Fund,⁹ the percentage of Hispanics under the age of 65 in the United States who are uninsured is nearly twice the rate of the general population. The number of uninsured Hispanics in the United States almost doubled from 1987 to 1998: nationally, almost a quarter of the 44 million uninsured are Hispanic. These high rates are not because Hispanics are less likely to be employed—9 of the 11 million uninsured Hispanics in the United States are in working families.

Nationally, Hispanics have the highest uninsurance rates of any ethnic or racial group. This is not because they are less likely to be employed: 9 of the 11 million uninsured Hispanics in the United States are in working families.

The Commonwealth Fund report identifies a variety of factors that contribute to the large numbers of Hispanics who lack health insurance:

- ◆ Hispanics are concentrated in low-wage jobs in small firms—jobs that are the least likely to offer health insurance.
- ◆ Within these jobs and firms, Hispanic workers are half as likely to be covered under employer-sponsored health plans as White, non-Hispanic workers, even though when offered coverage, Hispanic workers participate at rates similar to other workers.

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- ◆ Public insurance programs are not providing a safety net for Hispanics, as half of Hispanics in families with incomes below the FPL are uninsured.

Close to a million Hispanics live in Miami-Dade County—51% of the county’s population. Given the generally high rates of uninsurance for Hispanics, the large number of Hispanic residents in Miami-Dade County is one reason for the county’s high uninsurance rate.

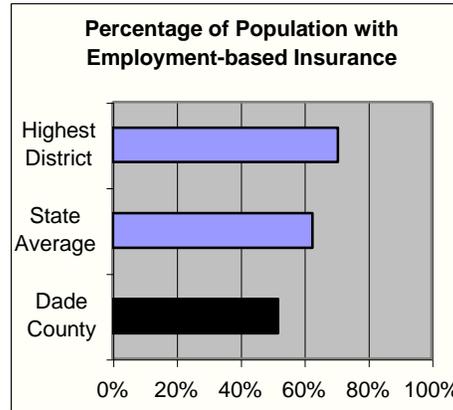
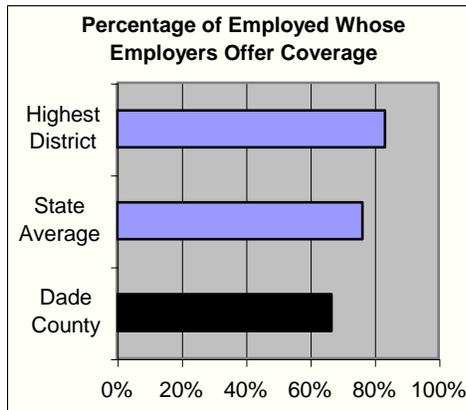
Hispanic workers are half as likely as White, non-Hispanic workers to have health insurance through their employment, even though when offered coverage, Hispanic workers participate at rates similar to other workers.

Lack of access to employer-sponsored health insurance and the failure of public insurance programs to compensate for this lack of access both contribute to high uninsurance rates among Hispanics; however, they also play a major role in the high uninsurance rates for Miami-Dade County as a whole. While these factors may have a disproportionate impact on the county’s Hispanic residents, they also seriously affect the ability of all Miami-Dade County residents to obtain health insurance.

LOW LEVELS OF EMPLOYER-SPONSORED COVERAGE

As noted above, most uninsured Hispanics are employed but are much less likely than white non-Hispanics to be offered coverage through their employment. Within Florida, Miami-Dade County has both the lowest proportion of employers who offer health coverage and the lowest proportion of residents with employment-based insurance of any district in the state.

Miami-Dade County has the lowest percentage of employers who offer health coverage, and the lowest percentage of residents with employment-based insurance, of any district in the state.



Other sources reinforce the FHIS findings. Data from the U.S. Census Bureau indicated that in 1995-1997, Florida ranked 44th among the states in the percentage of residents under age 65 with employer sponsored health insurance.¹⁰ The Center for Studying Health System Change (HSC), which monitors trends in 12 key cities, including Miami, found that Miami had the lowest proportion of employers offering coverage of any of the 12 cities in its study.¹¹ While the report noted that the state had launched a health purchasing alliance



program in 1993 to help small businesses purchase insurance for their employees, the program was largely unsuccessful due to its inability to contract with plans selectively and thus bargain for lower prices.

While county-level data are not available, at the state level the FHIS indicates that low-income workers are the least likely to be offered insurance by their employers. For example, for workers earning \$5,000 to \$9,000 annually, only 30.6% of their employers offer health insurance to at least some of their employees, while for workers earning \$85,000 to \$94,999, 88.1% offer coverage.

Of workers in Florida earning \$5,000 to \$9,000 annually, 30.6% had employers who offered health insurance, compared to 81% of workers earning \$85,000 to \$94,999.

Even when employers do offer coverage, however, many low-income employees may not be able to afford their share of the premiums. Statewide, FHIS data indicated that the average monthly employee share of premiums for employment-based health insurance was \$173. Assuming an employee share of the premium at the average of \$173, a worker earning \$17,028, the 1999 FPL for a family of four, would pay \$2,075 a year for health insurance coverage, or 12% of his or her total income. (By comparison, this amount would represent 4% of total income for someone earning \$50,000 a year, and 3% for someone earning \$80,000.)

For most low-income people, paying the average premium amount would represent an impossible financial burden. According to Department of Labor statistics,¹² average expenditures for food, shelter, utilities, and household supplies and furnishings for an average family (2.7 persons) in Miami-Dade County totaled \$17,228 in 1997 to 1998, a figure that does not include expenditures on transportation, clothes, or entertainment. In fact, 52% of FHIS respondents who had left welfare as part of welfare reform, most of whom had incomes below 100% of FPL, said they would be likely to be able to pay only \$25 per month for insurance, and another 31% said they were likely to contribute only \$50 per month.

A worker in a family of four earning 100% of the FPL and paying the average employee share of the premium in Florida would spend 12% of his or her income on health insurance.

For many low-wage workers, however, the \$2,075 figure may still underestimate their share of the premium. One study based on 1996 data has shown, for example, that the average contributions for family coverage in firms dominated by low-wage workers tended to be higher than national averages.¹³ Moreover, data from the Agency for Healthcare Research and Quality indicated that in 1996, Florida ranked number one among the states in the percentage of the group premium paid by the employee; on average, employees paid 43.4% of the premium, or \$2,165 annually.¹⁴ According to the FHIS, almost three-quarters of uninsured respondents in the state said their reason for not having health insurance was that it was too expensive and they couldn't afford the premiums.

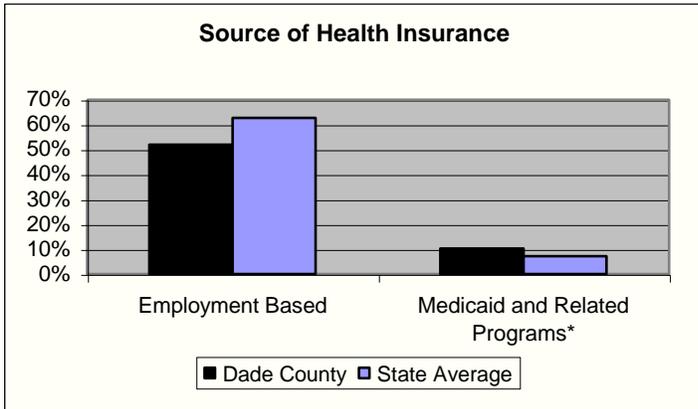
Almost three-quarters of uninsured respondents in the FHIS said they didn't have insurance because they couldn't afford the premiums.

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FAILURE OF PUBLIC PROGRAMS TO FILL THE GAP

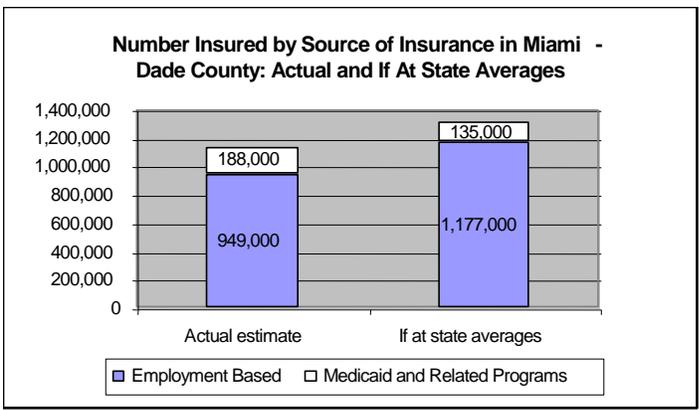
Do publicly funded health insurance programs such as Medicaid compensate for the low level of employer-sponsored coverage in Miami-Dade County?

It is true that a slightly higher percentage of Miami-Dade County residents are insured by Medicaid or Medicaid-related programs than in the state as a whole—10.3% in Miami-Dade County versus 7.2% in the state. However, this difference is not large enough to make up for the difference in the percentage covered by employment-based health insurance—51.9% in Miami-Dade County compared to 62.7% in the state.



If Miami-Dade County had rates of employment-based and Medicaid insurance coverage equal to state averages, an additional 175,000 people would be insured.

In fact, if Miami-Dade County had rates of employment-based and Medicaid insurance coverage equal to the statewide averages in these categories, an additional 175,000 people in Miami-Dade County would be insured, or 39% of those currently uninsured in the county. This would reduce the uninsurance rate for the county from 25% to 15%.





A variety of factors have contributed to the failure of public programs to fill the gap left by low levels of employer-sponsored health coverage: two major ones are barriers to enrollment in Medicaid and other public programs, even for those who are eligible, and restrictive Medicaid eligibility requirements, especially for adults.

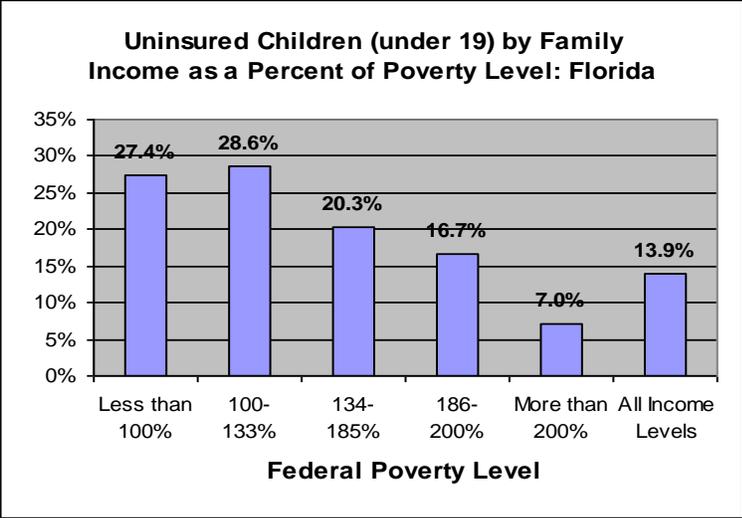
Barriers to Enrollment of Eligible Children

In 1997, Congress passed the State Children’s Health Insurance Plan (SCHIP), which was designed to provide coverage for low-income children living above the poverty level who were previously ineligible for Medicaid. Under this program, Florida developed KidCare, an umbrella program including Medicaid, MediKids, Children’s Medical Services Network, and Florida Healthy Kids. Most children in Florida up to age 19 who live in families earning up to 200% of FPL are now eligible for health insurance coverage under one of these programs. However, various sources suggest that many eligible children are not enrolled.

A recent study by the Urban Institute estimated that in 1997, less than a third of poor uninsured parents in Florida had enrolled their children in Medicaid.¹⁵ The Barriers Project,¹⁶ an initiative of the Health Choice Network in Miami-Dade County, estimated that in 1998, 290,000 children in Florida were eligible for, but not enrolled in, Medicaid.

The FHIS, which calculated percentages at the state level only, also found that a large percentage of children under age 19 in families with incomes below 200% of FPL are uninsured. For 6 to 18 year olds just above the poverty line (100 to 133% FPL), the percentage of uninsured is particularly high—34.5%.

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The FHIS did not calculate these percentages at the district level, so figures for Miami-Dade County are not available. However, since the Miami-Dade County percentages of uninsured for all ages by income as a percent of FPL exceed state averages, it is likely that the percentages for children under age 19 also exceed the state averages shown above. Given the high rates of uninsurance among children at both the state and county level, it is disturbing that the state has not spent, and is currently at risk of losing, more than \$50 million of its federal allotment for SCHIP. State officials said they didn't expect to spend the money because of "difficulties in enrolling families for the coverage."¹⁷

Barriers to enrolling eligible children in public insurance programs include lack of information or misinformation about the availability of coverage and confusing and illogical eligibility rules.

The Southern Institute on Children and Families has documented that, even with expanded eligibility criteria for Medicaid and other public insurance programs for children, a number of barriers to enrolling eligible children exist. These include lack of information, or misinformation, about the availability of coverage for children in working and two-parent families, and confusing and illogical eligibility rules.¹⁸ The Barriers Project found that these obstacles exist in Miami-Dade County as well.

The Impact of Welfare Reform on Enrollment

Barriers to enrolling children in these expanded public insurance programs have been compounded by the implementation of national "welfare reform" in Florida, which placed time limits on eligibility for cash assistance to move people off the welfare rolls and, hopefully, into the work force. Previously, eligibility for Medicaid had been linked to receipt of cash assistance. Under the new program, which was enacted in 1996, this link was broken so that people moving off of welfare

Barriers to enrolling eligible children in public insurance programs include lack of information or misinformation about the availability of coverage and confusing and illogical eligibility rules.



might still remain eligible for health insurance coverage under Medicaid.

While families leaving welfare are still eligible for Medicaid during a transition period, national data indicate that many do not take advantage because they are not aware of their eligibility or because of other barriers to enrollment. Data from the FHIS and other sources indicate that in Florida, even though transitional Medicaid is available for 6 months with no income limits for parents leaving welfare, and for another 6 months for families earning up to 185% of FPL, non-enrollment is a serious problem as well.

Florida, even though transitional Medicaid is available for families leaving welfare, non-enrollment is a serious problem.

Along with the telephone survey on uninsurance rates, the FHIS included a component designed to investigate the impact of welfare reform on Medicaid coverage. To this end, it identified a cohort of 358,280 individuals statewide who were receiving cash assistance through the Temporary Assistance to Needy Families (TANF) program in October 1997. It followed this cohort through March 1999 to see how many people in this cohort were still receiving Medicaid or had health insurance through other sources after leaving welfare.

Results showed that as of March 1999:

- ◆ The vast majority of the cohort had incomes below 100% of FPL.
- ◆ 34% of this cohort (124,309 people) was uninsured, and of these, 55,000 were eligible for but not receiving Medicaid.
- ◆ Of the 71% of the cohort (255,970 people) who were not receiving cash assistance, 48% were uninsured.
- ◆ Of those not receiving cash assistance who reported income (in other words, those who had made the transition from welfare to work), only 43% retained Medicaid coverage, while another 15% reported coverage from private sources. Thus 42% of this group was uninsured.
- ◆ Of those not receiving cash assistance who had no reported income, only 37% retained Medicaid.

Of a cohort of Florida welfare leavers who successfully made the transition to work, 42% were uninsured a year and a half after leaving welfare.

These figures indicate that despite the delinking of cash assistance and Medicaid and the availability of transitional Medicaid, welfare reform in Florida has resulted in increased numbers without health insurance.

Welfare Reform and Enrollment of Immigrants

The federal welfare reform legislation also changed the rules surrounding Medicaid eligibility of immigrants in ways that have

Welfare reform legislation also changed Medicaid eligibility for immigrants in ways that have created barriers for enrollment, especially for citizens

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created barriers for enrollment, especially for citizen children of noncitizen parents. Under the new rules, for example, most immigrants entering the United States after August 22, 1996, are barred from getting Medicaid for their first five years in the United States. In addition, the period for which sponsors are liable for repaying any Medicaid benefits received by the immigrants they sponsor was extended. Previously, sponsors were liable for repayment of benefits for three years. Under the new regulations, liability can continue for as long as ten years, thus making it difficult for immigrants to qualify for benefits even after they complete the five-year waiting period.

Children of immigrants who were born in the United States are U.S. citizens, and thus eligible for Medicaid and SCHIP, even if their parents are not citizens. However, many immigrants fear that applying for insurance coverage for their children might prevent them from obtaining lawful permanent resident status or bringing other members of their families to the United States, that they might be required to pay the government back for benefits received, or that the INS cases of other family members might be damaged. These fears are of special significance in Miami-Dade County, with its large population of noncitizens. While state data are not available, a national study by U.C.L.A. found that uninsurance rates for citizen children with noncitizen parents rose between 1995 and 1997 from 23% to 27%, an increase that was driven by declining Medicaid enrollments.¹⁹

Florida Medicaid Enrollment Trends

The Florida Medicaid program added 147,000 people to its rolls between January 1999 and February 2000. But the FHIS estimates that over the next two years, 126,000 people leaving welfare won't get health insurance.

The FHIS data do indicate some improvement in Florida Medicaid enrollments, with 63,000 adults and 84,000 children added to the Medicaid rolls between January 1999 and February 2000. At the same time, however, the FHIS projected that statewide, the number of people leaving welfare and Medicaid over the next two years who would not get health insurance was 126,116.

It should also be noted that, at a national level, studies indicate that even as more people become eligible for coverage under public programs, uninsurance rates have not decreased, because gains in public coverage have been outweighed by sharp decreases in the rate of private insurance coverage.²⁰ Household surveys conducted by the Center for Studying Health System Change (HSC) found that between 1996-1997 and 1998-1999, there was no significant change in the uninsurance rate for low-income children, because while public coverage increased from 29% to 33%, private coverage fell from 47% to 42%.



Restrictive Eligibility Requirements for Adults

The same HSC study found that nationally, while low-income children experienced no net change in uninsurance rates, the rates for their parents actually increased from 31% to 35% over the time period. Because these parents had fewer alternatives for public coverage, the declines in private coverage thus resulted in a net increase in the percentage of uninsured parents.

Data indicate that Florida reflects this national pattern. The Urban Institute’s Assessing the New Federalism project, which monitors trends in 13 states, including Florida, found that in 1997 Florida had the second highest percentage of uninsured parents—20.9%—of the 13 states.²¹ In comparison, the national average for uninsured parents was 15.8%, while the percentage in Minnesota, the state with the lowest rate, was 5.6%.

Along with various barriers to enrollment discussed above, these high uninsurance rates for low-income parents in Miami-Dade County and elsewhere in Florida reflect the state’s restrictive Medicaid eligibility criteria for adults. In Florida Medicaid eligibility for a parent is 26% of FPL for new applicants (or \$364 per month for a family of four), and around 68% of FPL for a parent who recently received cash assistance or Medicaid and begins earning some income. In addition, the federal changes in Medicaid eligibility for immigrants, discussed in the previous section, have excluded many legal immigrants who previously would have been eligible for coverage.

In fact, FHSIS data show that only 4% of adults in Miami-Dade County are covered through Medicaid, and only 3% in Florida as a whole. The Urban Institute data suggest that raising eligibility to 133% of FPL in 1997 would have resulted in almost half of the uninsured parents in Florida becoming eligible for Medicaid.

The lack of insurance for parents may also negatively impact their children’s access to care, even when the children are insured. One study found that even children who have insurance are less likely to access care if their parents do not regularly do so, and thus concluded that “[n]eglecting financial access to care for adults may have the unintended effect of diminishing the impact of targeted health insurance programs for children.”²²

Medicaid eligibility for parents in Florida is 26% or 68% of FPL, depending on circumstances. Medicaid covers only 4% of adults in Miami-Dade County, and 3% in Florida.

Even children who have insurance are less likely to access care if their parents do not regularly do so.

The Urban Institute found that in 1997, Florida had the second highest rate of uninsured parents of the 13 states it tracks: 20.9% of Florida parents were uninsured, compared to a national average of 15.8%.

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DOES HAVING HEALTH INSURANCE MATTER?

The preceding sections showed that lack of health insurance is prevalent in Miami-Dade County—even more so than in the state as a whole, which itself has a high rate of uninsurance. The question remains, “Does it matter?”

Many assume that even when people are uninsured, they are readily able to obtain health care, for example, from “safety net” providers such as public hospitals and clinics, through charity care from private hospitals and physicians, or at federally qualified health centers. A 1999 national survey found that 57% of respondents thought that uninsured people were able to get the care they need from doctors and hospitals, up from 43% in 1993.²³

National research has consistently shown that lack of insurance has serious negative effects both on people’s access to health care and on their health.

In fact, national research has consistently demonstrated that lack of insurance has serious negative effects both on people’s access to health care and on their health. Data from the FHIS confirm that this national pattern is true for uninsured Florida residents as well.

LACK OF INSURANCE AND ACCESS TO CARE

At a national level, a variety of studies have been conducted on the impact of lack of insurance on access to care. One of the most recent surveys, conducted in January and February 2000 by the Kaiser Family Foundation and the NewsHour with Jim Lehrer,²⁴ found the following:

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

39% of the uninsured, versus 13% of the insured, skipped medical treatments, and 30% of the uninsured, versus 12% of the insured, did not fill prescriptions, because of cost. 20% of the uninsured, versus 3% of the insured, had not received needed care for serious problems.

- ◆ The uninsured are much less likely than the insured to receive preventive care.

In the previous year, only 16% of uninsured women, compared to 40% of insured women, received mammograms. 12% of uninsured men, versus 20% of insured men, received prostate exams. 47% of the uninsured, compared to 70% of the insured, received routine physical exams.

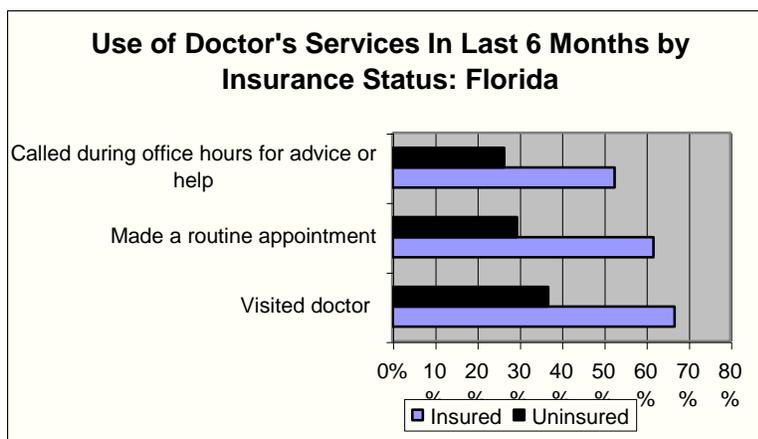
- ◆ The uninsured are less likely than the insured to have a regular place to go for medical advice.

64% of the uninsured said they have a regular place to go, compared to 91% of the insured. Only 34% of the uninsured said they go to a doctor's office for care, compared to 68% of the insured.

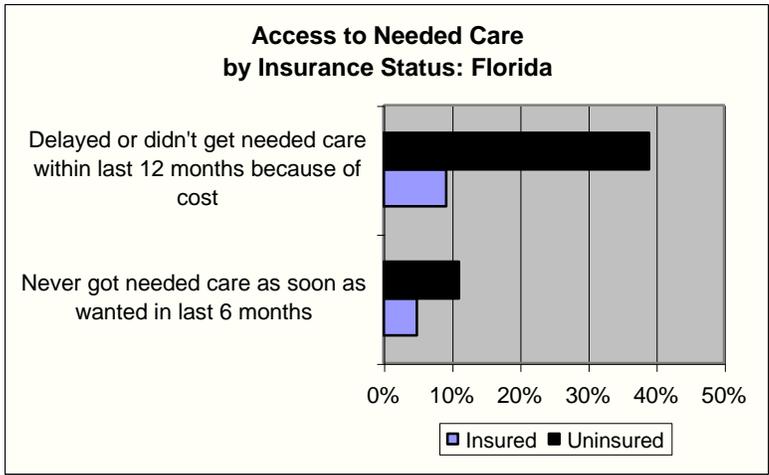
Statewide data from the FHIS suggest that this pattern is true in Florida as well. For example, in Florida:

- ◆ The uninsured were much less likely than the insured to have visited a doctor or clinic in the last 6 months, to have made a routine doctor's appointment, or to have called during office hours for advice or help.

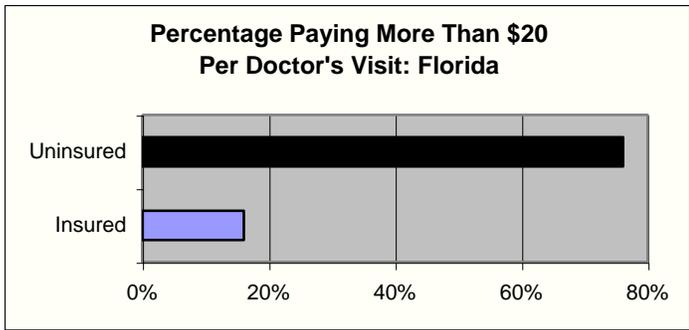
In Florida, the uninsured were much less likely than the insured to have seen a doctor in the last 6 months. They were much more likely to have delayed or not obtained care when they needed or wanted it because of cost.



- ◆ The uninsured were much more likely than the insured to have delayed or not obtained care when they needed or wanted it.



- ◆ The uninsured had higher out-of-pocket expenses for care than the insured.



LACK OF INSURANCE AND HEALTH OUTCOMES

The ultimate outcome measure for access to health care is health itself. Lack of insurance clearly diminishes access to care, but does it also make people less healthy? Much evidence suggests both that people with diminished access are less healthy, and that the uninsured are less healthy than the privately insured. Studies have shown, for example, that:

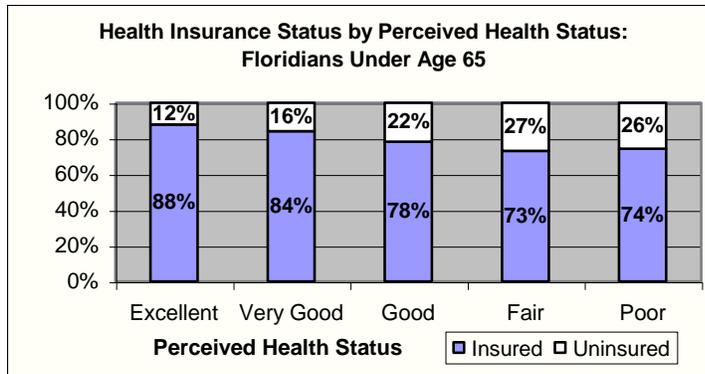
Much evidence suggests that people with diminished access to care are less healthy, and that the uninsured are less healthy than the privately insured.

- ◆ Patients without insurance were more likely to die in the hospital,²⁵ suggesting that they had postponed care until it was too late.
- ◆ Uninsured women with breast cancer had lower survival rates.²⁶
- ◆ Young adults without insurance had higher mortality rates because they were unable to obtain needed care.²⁷

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- ◆ The uninsured were hospitalized more frequently for conditions that could have been treated on an ambulatory basis and come into the hospital more severely ill.²⁸

Data from the FHIS also suggest a strong association between insurance status and health: Floridians who perceive themselves to be in excellent health, for example, are more likely to be insured than those who perceive themselves to be in poor health.





SAFETY-NET PROGRAMS TO PROVIDE CARE FOR THE UNINSURED

Both national and state-level data clearly indicate that lack of health insurance is associated with reduced access to health care. It is true that public and private providers have historically offered some measure of care to those unable to pay, while states and local communities have established a variety of programs to give low-income uninsured some level of access. However, the ability of providers to subsidize charity care has been seriously affected by recent changes in the overall health care market. In addition, communities vary greatly in their approaches to providing care for the uninsured, and local policies and programs may have a significant impact on the ability of the uninsured in particular communities to obtain care.

The ability of providers to subsidize charity care has been seriously affected by recent changes in the health care market. Local policies may also affect the ability of the uninsured to obtain care in their communities.

THE CHANGING HEALTH CARE MARKET AND CARE FOR THE UNINSURED

Over the last decade, changes in the health care market have significantly affected the provision of care for the uninsured.²⁹ In both Florida and the nation, rising premiums and eroding employer-sponsored coverage have left increasing numbers of workers, especially low-income workers in small firms, without access to affordable health insurance. The rising numbers of uninsured increase the demand for uncompensated care on “safety net” providers—those that are charged by legal mandate or by mission with providing care to all regardless of ability to pay—as well as on other charity care providers.

At the same time that the demand for charity care is rising, an increasingly competitive health care environment has reduced the financial resources available to providers to subsidize care for the uninsured.

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This increased demand is occurring simultaneously with other market changes that make it more difficult for providers to respond. An increasingly competitive health care environment, increased efforts to contain costs, and the growth of managed care has reduced the financial resources available to providers to subsidize care for the uninsured.

For example, many states, including Florida, have enrolled Medicaid recipients in managed care plans in an effort to reduce costs. These plans generally negotiate with providers for lower fees and also contract with multiple providers to provide services to Medicaid clients in order to obtain the best rates. However, while these changes may help reduce the overall costs of the program, they can have indirect effects on the ability of charity providers to care for the uninsured. Because major charity providers usually treat large numbers of both Medicaid and uninsured patients, they have traditionally depended on Medicaid revenues to help subsidize care for those who are unable to pay. If their Medicaid revenues decline, both because they see fewer Medicaid patients and because they receive lower fees for those they do treat, less money is available to cross-subsidize uncompensated care for the uninsured.

Research studies have in fact found that the penetration of managed care plans in a market and pressure on reimbursements are associated with reduced access to care for the uninsured. For example, physicians involved with managed care plans and those who practice in areas with high managed-care penetration tend to provide less charity care.³⁰ At the hospital level, while national hospital costs for uncompensated care remained around 6% of annual operating costs between 1988 and 1997, the ratio of per capita expenses for the uninsured to per capita expenses overall declined by 22%. This change, which was associated with reductions in Medicaid reimbursement rates, indicated that the uninsured were losing ground compared to the insured in the number, level, or quality of services received.³¹



In general, access to care for low-income uninsured persons is lower in areas with high uninsurance rates and high rates of Medicaid recipients in managed care. Both factors exist in Florida and Miami-Dade county.

In general, access to care for low-income uninsured persons is lower in areas with high uninsurance rates,³² such as Florida and especially Miami-Dade County, and in states with high Medicaid managed care penetration. In this regard, it should be noted that in Florida, the percentage of state Medicaid recipients in managed care plans is above the U.S. average (64.6% versus 53.6%).³³ Current general threats to the viability of the safety net coupled with these local factors may place low income uninsured people in Miami-Dade County at particular risk for reduced access to care.

LOCAL APPROACHES TO PROVIDING CARE FOR THE UNINSURED

Communities vary greatly in their approaches to providing care for the uninsured. In Florida, for example, Hillsborough County and Miami-Dade County have approached care for the uninsured in very different ways.

Hillsborough County has used a managed care model that emphasizes early and consistent primary care and prevention. Faced with rising numbers of uninsured, Hillsborough County levied a half-cent sales tax, which it used to create Hillsborough HealthCare. Starting in 1992, this plan contracted with community health centers, hospitals and other providers to provide care for the uninsured; it now serves an estimated 25,000 people. Overall, the county estimates that the plan has produced savings of \$50 million per year while improving health care for low-income uninsured.³⁴

Miami-Dade County has taken a more traditional, centralized approach. In 1991, Miami-Dade County also levied a half-cent sales tax to finance care for the uninsured. This tax financed an indigent care fund that is administered by the Public Health Trust and used to pay for care provided at either Jackson Memorial Hospital, a public hospital in Miami, or at one of its clinics. These funds, combined with county general funds and other income, allowed Jackson Memorial Hospital to maintain a \$34 million surplus in 1997, even though patient revenues covered only about two-thirds of operating costs. (In May 2000, the Florida legislature amended state law to require that a percentage of the funds be administered by a new, independent health trust; it is too soon to tell how this will affect care for the uninsured.)

Given the large numbers of uninsured in Miami-Dade County, it is essential that safety net programs use available resources to provide care to the uninsured in the most efficient and effective manner. In light of the FHIS findings, one critical task for local officials,

Given the large numbers of uninsured in Miami-Dade County, it is essential that safety net programs use available resources to provide care efficiently and effectively.

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community leaders, and others, is to ensure that the approach taken in Miami-Dade County is achieving this goal.

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CONCLUSION

One of the goals of the Florida Health Insurance Study was to gain relatively precise information about differences in uninsurance rates across occupational sectors, ethnic groups, and communities, in order to better target interventions to regions and groups. The results of the FHIS make clear that, within Florida, Miami-Dade County is one of the regions most in need. It is now incumbent on state and local officials and others, in accordance with their explicitly stated goals, to develop strategies to intervene in and ameliorate this situation.

Dealing with the problems of the uninsured can require both expanding health insurance coverage and ensuring the effectiveness of safety-net programs for those who are not covered. In a period of political gridlock at the federal level, states and communities have

One goal of the FHIS was to gather information on differences in rates of uninsurance among regions in the state to identify those most in need. The results clearly indicate that Miami-Dade County is one of those regions.

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been left to respond to the problem, and many have found innovative ways to increase access to care. Among the solutions that have been initiated are efforts to enroll all of those eligible in existing Medicaid and other public insurance programs, expansion of eligibility for Medicaid, subsidies of insurance premiums for lower income families, and expanded safety net programs for the uninsured.

As the FHIS recognizes, solutions will vary depending on the particular make-up and circumstances of local communities. While the problem of uninsurance in Miami-Dade County affects everyone, the results of the study clearly identify some of the groups most at risk: low-income workers, young adults, Hispanics, African-Americans, and immigrants. In addition, uninsurance rates among low-income children in the county are alarmingly high. Community leaders from local and state government, the health care sector, the religious and business communities, and the neighborhoods must come together to begin to formulate the solutions that will best serve those in the county who are most in need.

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