

**Minority Women's Access to Health Insurance:
The Intersecting Roles of Work, Marriage and Motherhood**

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ABSTRACT

In the United States, the Mexican-origin population has the lowest health insurance rates of any racial or ethnic group. Currently, little is known about how employment and family operate to determine rates of health insurance coverage among women of Mexican-origin. Employing data from the 2004 and 2006 Current Population Surveys, we create an employment-family typology to investigate group differences in pathways to coverage for Mexican-origin, non-Hispanic white, and African-American women. Results show that Mexican-origin women are 18% as likely as non-Hispanic white women to have private coverage. In multivariate analyses, African-American women are as likely as non-Hispanic white women to have private coverage yet Mexican-origin women remain significantly less likely to have private coverage. Employment largely compensates for lower access to spousal coverage among African-American women, but it does not for Mexican-origin women. The findings indicate that neither employment nor marriage, or their combination, assures insurance coverage for Mexican-origin women.

BACKGROUND AND MOTIVATION

In the United States today, the Mexican-origin population has the lowest rate of health insurance coverage of any racial or ethnic group.^{1,2,3} This disadvantage manifests itself in overall coverage rates for all age groups, as well as for coverage from specific sources. Focusing on these ethnic-group disparities in insurance coverage is particularly important because a large body of research finds that the uninsured receive fewer preventative and diagnostic services, less therapeutic care, and have higher mortality rates than the insured.^{4,5}

In this paper, we investigate the pathways to insurance coverage for Mexican-origin women. In the U.S., the primary pathways to coverage include employment and family. Employed persons are more likely to have insurance than the unemployed, and persons living in families are more likely to have insurance than those living alone.² The family pathway is particularly salient for many women because access to health insurance is strongly linked to marriage. Middle-aged women are more likely to have coverage through a spouse's policy than their own employment.⁶ As of yet, however, little is known about how the links among employment, family, and insurance operate for women in different minority groups. Thus, we focus on Mexican-origin women and ask how their employment situation interacts with their family status to affect access to health insurance.

We suspect that the link between employment, family, and access to insurance has different consequences for Mexican-origin women compared with non-Hispanic white or African-American women. These consequences may stem from two factors. The first factor is the unique distribution of employment and family types for each group of women. For example, non-Hispanic white and Mexican-origin women are more likely to be married than African-American women,⁷ and therefore should have greater access to spousal coverage. However, Mexican-origin women are less likely to be employed than non-Hispanic white and African-American women,⁸ and therefore should have less access to their own employment-based coverage. The second factor is the differential degree to

which each group benefits from employment and marriage. For example, with respect to income security, white women gain more from marriage whereas African-American women gain more through employment.^{9,10} Furthermore, employed Mexican-origin women are more likely to report benefit-poor occupations than non-Hispanic white women although this difference is less pronounced than it is for males.¹¹ Finally, employment and marriage may affect the source, and therefore quality, of insurance coverage. Private insurance has been associated with better health outcomes than public insurance, although this relationship has been contested.^{4,12}

In this paper, we investigate how employment and family interact to affect coverage for Mexican-origin women compared with non-Hispanic white and African-American women. We address the following two research questions.

- (1) To what extent are the coverage disparities between non-Hispanic white, African-American, and Mexican-origin women a function of their distinct employment and family types?
- (2) Do similar race/ethnic coverage disparities exist *within* every employment and family type?

We expect to observe race/ethnic differences in the pathways to health insurance based on women's combined participation in the labor force, marital status, and fertility experience. Furthermore, we hypothesize that certain employment-family types will be less beneficial for minority women, particularly Mexican-origin women.

DATA

We employ the March Annual Social and Economic (ASEC) Supplement to the Current Population Survey (CPS) which oversamples Hispanics and includes information on health insurance.¹³ We use a combined sample from the 2004 and 2006 ASEC to obtain sufficient sample sizes of Mexican-origin and African-American women. Furthermore, because consecutive years of the ASEC contain roughly one-half of the same households, combining alternate years ensures that all 421,803 individuals in the combined sample are unique.¹⁴ We select non-Hispanic White, African-

American, and Mexican-origin women between 18 and 64 years of age who were employed fulltime or not employed. These selection criteria provide a final sample of 81,822 women.

METHOD

Dependent Variable. We create a three-level categorical variable to indicate whether a woman reported having no health insurance (1), public insurance only (2), or private insurance (3). Public insurance includes Medicaid, Medicare, and TRICARE /CHAMPUS/CHAMPVA. Private insurance includes employment-based or privately purchased insurance regardless of policyholder status.

Explanatory Variables. The main explanatory variables are race/ethnicity (non-Hispanic white, African-American, Mexican-origin) and employment-family type. We create a typology of 12 employment-family types from three marital statuses (married; divorced; never married), two parental statuses (has children under 18 years of age; has no children under 18), and two employment statuses (employed fulltime; not employed). Analyzing these 12 types as a single composite variable instead of main effects plus two- and three- way interactions provides odds ratios for each employment-family type which are meaningful, easy to interpret, and directly comparable between types.¹⁵ Sociodemographic covariates include the women's age, education, U.S. citizenship status, family income to poverty ratio, and self-rated health

Multivariate Analysis. We estimate a series of multinomial logistic regression models to compare the likelihood of reporting either public or private insurance versus no insurance for the three race/ethnic groups while controlling for employment-family type and sociodemographic covariates. Finally, we use contrast statements to determine whether race/ethnic disparities exist within each of the 12 employment-family types.

PRELIMINARY FINDINGS

Our preliminary results focus on private coverage. Eighty percent of non-Hispanic white women reported private coverage compared with 63% of African-American women and 47% of

Mexican-origin women. Regarding our first research question, we find that the distinct distributions of employment-family types do not explain lower coverage rates for Mexican-origin women and only partially explain lower rates for African-American women. Sociodemographic factors explain more of the coverage disparity for both groups. Regarding our second research question, we find that the size of the *within-type* coverage disparity depends on the employment-family type. For example, although after controlling for sociodemographic factors the likelihood of coverage is similar for non-Hispanic white and African-American women within most types, never married African-American working mothers are significantly more likely to have coverage than their non-Hispanic white counterparts. In contrast, Mexican-origin women are less likely to have coverage than non-Hispanic white women for most types, and similarly covered for just two marginal types. Moreover, the traditional breadwinner model and its contemporary variant (working wife and mother) are the most prevalent employment-family types for Mexican-origin women, yet exhibit the largest coverage disparities in comparison to non-Hispanic white women.

Taken together, these findings reveal that the pathways to coverage operate differently for minority women. The differential returns to employment and marriage for each group appear more influential than the actual distributions of employment-family types. African-American women have greatly compensated for lower access to spousal coverage through alternative pathways such as jobs with benefits. In contrast, Mexican-origin women do not compensate for lower employment rates through notionally greater access to spousal coverage. In fact, they seem to experience a marriage penalty which, when combined with lower employment rates, represent a double disadvantage. The two primary pathways to coverage are not only elusive routes for Mexican-origin women, but those who work and marry experience some of the greatest disparities. Thus, targeted policy solutions that simply encourage employment or marriage will be limited in reducing coverage disparities among Mexican-origin women since those 'playing by the rules' experience the greatest inequality.

APPENDIX

TABLE 1. Distribution of Employment and Family Types and Associated Private Coverage Rates for Adult Women by Race and Mexican Origin (Unweighted Ns in parentheses)

Employment-Family Types ¹	Non-Hispanic White		Mexican Origin		African American	
	% of group	% with private coverage	% of group	% with private coverage	% of group	% with private coverage
Fulltime, married, no children	25.0	91.0	10.7	71.7	12.9	85.4
Fulltime, married, children	19.7	91.5	22.9	64.3	15.7	87.0
Fulltime, never married, no children	12.0	80.1	8.6	57.9	17.4	72.4
Fulltime, never married, children	2.5	60.9	6.5	38.6	13.4	58.5
Fulltime, divorced, no children	8.3	85.1	3.3	72.4	7.9	80.8
Fulltime, divorced, children	3.9	77.9	3.6	59.8	5.2	74.6
Not employed, married, no children	11.4	69.6	8.5	35.9	5.7	52.9
Not employed, married, children	10.5	78.2	25.5	30.7	4.5	53.7
Not employed, never married, no children	2.7	30.8	4.1	16.8	7.0	14.9
Not employed, never married, children	0.9	21.3	4.3	11.1	6.2	10.7
Not employed, divorced, no children	2.3	28.6	1.3	14.9	2.9	24.5
Not employed, divorced, children	0.7	16.1	0.9	7.7	1.3	15.6
Total	100.0	80.0	100.0	46.7	100.0	63.4
Total Sample (N)	(61,588)		(8,907)		(11,327)	

Source: 2004 and 2006 Annual Social and Economic Supplements, *Current Population Survey*.

¹ Excludes part-time employed women.

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