Executive Summary

The Medicare program has largely achieved equal access to medical care services by elder and disabled Americans. The program’s significant contributions to eliminating disparities in access to medical care services for low income, black and Hispanic elders are often forgotten. Medicare is often the first and sometimes the only health insurance coverage that Latinos have ever had in their lives. Medicare provides health insurance coverage to about two million Latino elderly, about five percent of all elderly in America today. By 2025, the Census Bureau estimates that one in six elderly Americans will be Latino.

Medicare’s almost universal coverage of elders has improved Latino access to medical treatment. Yet many Latinos have not taken full advantage of program benefits for a variety of reasons, including a lack of knowledge about the program, its benefits, and options for care delivery.

In an effort to better inform Latino elders about Medicare, HCFA is engaged in a set of activities to reach out to Latino beneficiaries to identify the issues they need to know about and to better supply them with information they require to use the program. This is the first in a series of reports using primarily the Current Population Survey of the continental United States aimed at understanding the target population for these communications efforts.

Latinos reside throughout the United States but are highly concentrated in a few regions and major metropolitan areas. For example, almost a quarter of the entire Latino population lives in the Los Angeles metropolitan area. Other major metropolitan areas with high concentrations of Latinos include New York, Chicago, San Francisco, Houston, San Antonio, and Miami. The Latino elder population is composed of a diverse group of “national origin” groups including Mexican, Puerto Rican, Cuban, and Central and South American. In the coming decade an increasing share of the Latino elder population will be of Mexican origin.
Latino elders differ on a number of factors from non-Hispanic white (Anglo) elders that affect program participation including:

• Latino elders are younger
• Latino elders are less well-educated (61 percent have less than eight years of schooling compared to 18 percent of Anglos)
• Latino elders are more likely to live in poverty (21 percent live at or below the federal poverty level compared to 9 percent of Anglos)
• Latino elders are less likely to receive Social Security payments (80 percent receive Social Security compared to 90 percent of Anglos)

Other demographic differences are likely to affect program participation and information needs of Latino elders, such as preferred language use and health status. Many Latinos are either Spanish monolingual or English-Spanish bilingual. We estimate that about one in three Hispanics live in linguistically-isolated households. These are households in which no one over the age of 14 years speaks English well. But given the low education levels among Latino elders, literacy issues in both Spanish and English affect this community.

Latino elders appear to experience lower death rates and live longer than non-Hispanic white elders do. For example, despite a larger share of Latinos living in poverty, death rates for all causes appear to be about 1.4 times lower among Latinos compared to Anglos. Yet Latinos are also more likely to report their health status as poor. About one in three Latino elders reports their health as poor compared to about one in four Anglo elders. While Latinos live longer, they may experience higher levels of morbidity requiring on-going medical care.

Medicare participation rates among Latino elders appear considerably lower than those for non-Hispanics. Only about four percent of non-Hispanic elders are not enrolled in Medicare, but about ten percent of Hispanic elders are not enrolled. Even among those enrolled, many do not take full advantage of the benefits offered by the program. For example, about 44 percent of Latino elders received their influenza vaccinations compared to about 57 percent among non-Hispanic elders. The cost sharing associated with Medicare coverage may be a factor affecting access to medical services by Latinos because of their very low incomes.

Supplemental coverage through Medi-gap insurance plans offer assistance with these costs to only about nine percent of Latino elders compared to about 29 percent of non-Hispanics. Medicaid serves as the main supplemental source of financial assistance to Latino elders. About 25 percent of Latino elders rely on Medicaid coverage (compared to about eight percent of non-Hispanics) in addition to Medicare to cover the costs of their care. Clearly, many eligible Latino elders are not participating in the various programs (QMB/SMBI/QI) designed to help low income Medicare beneficiaries meet the costs of their care.

Medicare has played a very important role in increasing access to care for the Latino population. Because Latino elders have low incomes, low levels of formal schooling, and are less likely to speak English well, many face severe challenges negotiating decisions about health coverage and medical care. Numerous opportunities exist to assist Latino elders gain access to high quality medical care through the Medicare program.
Defining Hispanics

- Lack of standard for defining Hispanics
- Historical inconsistencies make poor data trends
- Inconsistencies in reporting weaken analysis
- Our approach will vary and depend on data sources

Defining Hispanics

Commonly used terms used to describe the aggregate of Spanish-speaking peoples who originated from Latin America are Hispanic, Latino, Chicano, Spanish-American, Spanish-surnamed, Spanish-origin, and Spanish-speaking. When asked what they call themselves, most respondents use national-origin labels such as Mexican or Mexican-American, Puerto Rican, or Cuban. The second most common form of identification among Mexicans, Puerto Ricans, and Cubans are pan-ethnic terms such as Hispanic or Latino.

In this document we use the terms “Hispanic” and “Latino” interchangeably referring to peoples of Latin American origin living in the United States. Hispanic is the term commonly used within official government circles. The Bureau of the Census adopted this term to classify “a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.” With this emphasis on Spanish culture or Western culture there is rarely acknowledgement of the influence of indigenous societies of the Americas or cultural contributions of Africans brought as slaves to the Caribbean and other parts of Latin America. Present day Latin American culture is derived from a mix of indigenous, African, and European influences.

Researchers and the federal data sources often use the terms Spanish-origin, Spanish-speaking, and Spanish-surnamed synonymously for Latinos. These terms suffer from the same limitations as Hispanic in identifying and classifying individuals for the purposes of research and planning.
Researchers and the federal government use several approaches to finding the most appropriate and accurate standard or norm and building a classification or typology for studying the Hispanic population.

The importance of delineating a population greatly affects research and planning when data with a discrete designator are used to describe a group. The implications can be profound. For example, one might ask “How comparable socially and demographically are Puerto Ricans living in New York City with Puerto Ricans living on the island?” Or “Can the findings of a study of Mexicans in Texas be generalized to Latinos across the country?”

Each method of identifying the Hispanic population - surname, language preference, nativity, “national origin” or racial and ethnic identifiers - has strengths and weaknesses. None offer a completely adequate approach to classifying a very culturally complex and heterogeneous population.

Although Latinos are a heterogeneous group, they share numerous common experiences and conditions. For example, Latinos have comparable origins in tribal societies; a history of foreign conquest, colonialism, and neocolonialism; share a common language albeit with regional variations; have similar economic and social conditions; and have past and present experiences with discrimination.
Population Estimates

The Census bureau has underestimated the growth of the Hispanic population for several decades. Growth of this population is driven by both natural increase - birth minus deaths - and immigration. The average annual growth rate of the Latino population is about three percent, a very high figure for the United States. These growth rates have held fairly steady since the mid-1960s.

One consequence of this growth rate is that the Hispanic population is generally young with a median age of about 26 years. Latinos tend to marry earlier and have larger families than other Americans. Latino women aged 15 to 44 had an estimated fertility rate of 93.2 births per 1000 in 1990, significantly higher than the 64.4 births per 1000 for non-Latino women.

The diversity that exists among Latino groups underscores the history of immigration to the United States. Latinos have always inhabited the border of what is now the continental United States. The U.S. invasion of Mexico in 1846 ended all claims to Texas, and with the Treaty of Guadalupe-Hidalgo, Mexico ceded to the U.S. almost the entire modern Southwest. The United States acquired Puerto Rico from the Spanish as war bounty in 1898. In 1900 the Foraker Act declared Puerto Ricans U.S. nationals and in 1917 the Jones Act made Puerto Ricans citizens. Cuba was also acquired after the Spanish-American war but gained independence in 1902. Modern day Cuban immigration came in waves with the largest wave coming in 1959 when Castro came into power. In 1965, revisions to those laws gave preference to immigration from Latin America and family reunification provisions will maintain large scale immigration from this region for some time to come.
Hispanics reside throughout the continental United States and the territories. However, the general population is characterized by regional concentration in large metropolitan areas and in about a dozen states.

For example, the Los Angeles metropolitan area accounted for about 25 percent of the entire Hispanic population in 1999.

It should be pointed out that most federal estimates of the Hispanic population do not include the territories, including the island of Puerto Rico. The data we present in this report, therefore, includes limited information concerning Puerto Rico but does not include Hispanics living in any of the other territories of the United States. However, these citizens are entitled to participation in most federal programs.
Hispanics residing in the rest of the State of California account for another nine percent of Hispanics nationwide. About one in three Hispanics in the United States live in the State of California.

California’s Latino population reflects a blend of recent immigrants from throughout Latin America, but especially from all parts of Mexico and Central America as well as a long-time established Mexican-American population.
More than half of all Hispanics live in just two states, California and Texas. Hispanic Texans account for about 17 percent of the total Hispanic population nationwide. Amazingly, the Los Angeles metropolitan area accounts for more Hispanics than the whole state of Texas.

These states have been the initial receiving destinations of Hispanic immigrants since the beginning of the 20th century as well as sites of early settlement dating back to the Spanish exploration of the North American continent. Texas’ long border and historical ties with Mexico greatly influence the characteristics of the Hispanic population in this region. South and West Texas is home to some of the oldest Hispanic communities in the continental United States.

It is important to remember that until the late 1920s the United States maintained an open border with Mexico with the free flow of people and goods largely across the Rio Grande. While California also shares historical ties to Mexico, the sizeable growth of the Hispanic population is a relatively recent phenomena dating back to the 1940s. The growing concentration resulted from both immigration and movement of Hispanics from within the United States.
Three other local regional concentrations account for large shares of the Hispanic population. The Chicago, Greater New York and Miami metropolitan areas account for about a quarter of the nation’s Hispanic population. As we will demonstrate, the characteristics of Hispanics in these regions differ significantly from those in Texas and California reflecting both immigration and migration to these parts of the United States since the mid-20th Century.

Thus, three-quarters of the Hispanic populations reside in just two states (California & Texas) plus three metropolitan areas (New York, Miami, and Chicago).
Hispanic communities in the states of Nevada, Arizona, New Mexico, and Colorado contribute an additional 13 percent to the national Hispanic population. The populations in these communities are a mix of America’s oldest and most recent residents. New Mexico has been the home of Hispanic communities for over 400 years and all these states have seen the influx of new immigrants from Mexico.

With the addition of these communities, 88 percent of Hispanics are concentrated in the U.S. Southwestern states, Florida, Illinois, New York and New Jersey.

The remaining 12 percent of the Hispanic community are spread throughout the rest of the United States. Additionally, more than three million Hispanics live on the island of Puerto Rico, a territory of the U.S. About 400,000 elder Puerto Ricans live on the island. Elders residing in the Virgin Islands and Guam are estimated at about 19,000.

The Hispanic elderly population is highly concentrated in the states of the U.S. Southwest, Illinois, New York and Florida. A substantial concentration also reside on the island of Puerto Rico.
The United States has one of the largest Hispanic populations in the world. In absolute numbers only Mexico, Spain, Colombia, Argentina, and Peru have larger populations.

The Hispanic population is highly concentrated in the nation’s major metropolitan areas. The nation’s Latino population is largely located in ten major markets across the country. As a result, most Latinos live and work in urban environments.

Recent Census estimates, however, also indicate that Hispanic populations are increasing as a share of America’s rural populations. This trend has been referred to as the “Latinization of rural America.”
Recent Census Bureau projections indicate that the Latino population is expected to continue to grow at a rapid rate over the next five decades.

The future holds marked increases in the racial and ethnic diversity within the elderly population. The 1990 census counted 31.1 million people age 65 years and over. Eighty-seven percent, about 27 million, were non-Hispanic white. If recent demographic trends continue, the non-Hispanic white elderly population will decline steadily from 78 percent in 2020 to 67 percent in 2050. The share of elderly who are Hispanic, in contrast, is expected to increase rapidly over the next half century. Hispanic elders numbered about 1.1 million in 1990. They will increase to nine percent of the total elderly population by 2020 and up to 16 percent by 2050.

If Latino life expectancy increases or the net levels of immigration increase, the numbers of elderly Hispanics will be even higher.
Overall, the Hispanic population has experienced annual growth in excess of seven times the rate of growth of the Anglo population for the last decade.

Nationally, the elderly population has experienced about an 11 percent growth during the 1990s. The Anglo population grew about 7.4 percent whereas the Latino elderly population grew by 60 percent during this decade. Future growth projections suggest that the annual growth rate of Latino elders will accelerate during the first decade of the 21st Century.
The Hispanic population is among the nation’s fastest growing populations in the country. Census projections suggest that Hispanics will become the largest national “minority” population in the first decade of the 21st Century. Hispanics already outnumber other racial and ethnic populations in numerous major metropolitan areas of the Southwest, Florida, and New York.

The rapid growth of the Hispanic population nationally can be accounted for by national increase, lower mortality rates, and high levels of immigration from Latin America.

Hispanic populations, especially the Mexican-American community, have experienced higher fertility rates than any other population group in the nation for decades. Even after controlling for socioeconomic and intermarriage rates, Mexican-American fertility rates are higher than replacement levels and higher than Anglo populations.

An epidemiological paradox has received considerable attention in recent years with regards to Latino health and longevity. Despite persistently high rates of poverty and disability, Latinos live longer than other Americans.

Changes in the immigration laws in 1965 favoring immigration from Latin America and Asia have changed the ethnic composition of immigrants to the United States. Immigration laws favoring family reunification have also contributed to substantial increases in the growth of the Latino population. Recent amnesty provisions and increased naturalization of immigrant communities will accelerate increases due to immigration in the near future.
Demographic Resources on Hispanic Elders

- **Use of Current Population Survey**
  - Can capture annual charge from 1990 to 1999
  - Can be used to project near future

- **We include population 60+**
  - To create the soon-to-be, the recent, the established Medicare beneficiaries
  - To provide comparisons to non-Hispanics

**Demographic Resources**

With the rapid growth in the Hispanic population and the high concentration of Latinos in the larger states of the nation, data on the characteristics of the Hispanic elderly population has become more readily available. The Census Bureau fields monthly the Current Population Survey (CPS) to estimate various characteristics of the nation's population. In March of every year the CPS estimates basic demographic characteristics and health insurance coverage.

In this report, we will present recent CPS estimates and projections to discuss what is known about the general demographic characteristics of Hispanic elders.

We will focus our estimates of the Hispanic population 60 years old and older. We think it is important to include the 60 to 64-year-old cohort in our estimates because they will be new entrants into the Medicare program within a short time and have not yet established their use of the Medicare program coverage options. Recent changes and increased options legislated by Congress will increase their need for information about the program and how best to take advantage of their coverage options. That is not to say that others already participating in the program would not benefit from better information, but rather that the target population for communications efforts must include those participating and anticipated participants in the program.
Hispanic Elders

The number of persons aged 65 and older numbered 34.4 million in 1998. They represented 12.7 percent of the population, about one in eight Americans. Older Americans increased by about 10 percent since 1990 compared to about 8 percent for the population under age 65. Almost 1.9 million persons celebrated their 65th birthday in 1998 (about 5200 per day) and were added to the Medicare rolls. The older population will continue to grow significantly in the future.

Latino elders accounted for 5.1 percent of the population aged 65 years and older. (Latino elders over 65 years of age accounted for only about six percent of the Latino population in 1998.) But an examination of the size of age cohorts of the populations aged 60 years and older indicated that a proportionately larger share of Latino elders will be among new enrollees of the Medicare program in the 21st Century. As a result, Hispanic elders are younger than non-Hispanic elders.

Despite this more youthful profile, Hispanics age 80 years and older will increase their share of the total elderly population dramatically from three percent in 1990 to an estimated 14 percent by 2050.
The Hispanic population is a heterogeneous population made up of various subgroups with important differences in their characteristics. The subgroups differ in their “countries of origin” and the number of generations born in the territorial region we commonly call the United States today. Despite these differences, these subgroups commonly share a history of Spanish colonization and customs associated with both indigenous peoples and Europeans, Africans, and Asians who came to North and South America over the last five hundred years. Understanding the histories of these subgroups in the U.S. provides insights into their economic and social status.

More than half of Latino elders age 60 and older are of Mexican heritage. Cuban, Puerto Rican, and Central and South American elders make up approximately equal shares of the rest of the elder population.

Because of the much larger share that Mexican Americans represent of the younger age group, we can expect more Latino elders to be of Mexican heritage in the future. Central and South American populations will also grow proportionately larger over time as the relative share of Cuban and Puerto Rican elders declines.
Past and future immigration and migration patterns play an important role in both the rate of growth of the Latino population as well as its mix of native born and foreign elders. As this data demonstrates, more than 6 out of 10 Mexican and “Other Hispanic” elders were born in the United States.

Presumably, Puerto Rican respondents who replied “not U.S. born” were referring to being born on the island of Puerto Rico and migrating to the mainland. The island of Puerto Rico has been a territory of the United States since the Spanish-American war in 1898, and its inhabitants citizens of the United States since 1917. Although Puerto Ricans have migrated to metropolitan areas of the northeastern United States since the 19th Century, it was not until 1925 that Puerto Rican “colonias” appeared in New York City’s East Harlem.

Similarly, Guam and other territories gained by the United States through the Spanish-American war may identify themselves as Hispanic and not born in the U.S. Some elderly Filipinos continue to hold U.S. citizenship even though the Philippines gained independence.

Almost all Cuban, Central American, and South American elders were foreign born. The United States acquired Cuba after the Spanish-American War, but Cuba was only occupied for three years before gaining its independence in 1902. The newest Latino arrivals have been from Central American countries, particularly El Salvador and Nicaragua. Most of these immigrants were fleeing from political violence, war, and poverty in their homelands. Unlike Vietnamese and Cubans, they were denied legally recognized refugee status.

### Nationality of Hispanic Elders

<table>
<thead>
<tr>
<th>Age 60+</th>
<th>U.S. BORN</th>
<th>NOT U.S. BORN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mexican</td>
<td>56%</td>
<td>44%</td>
</tr>
<tr>
<td>Puerto Rican</td>
<td>11%</td>
<td>89%</td>
</tr>
<tr>
<td>Cuban</td>
<td>3%</td>
<td>97%</td>
</tr>
<tr>
<td>Central/South American</td>
<td>6%</td>
<td>94%</td>
</tr>
<tr>
<td>Other Spanish</td>
<td>57%</td>
<td>43%</td>
</tr>
</tbody>
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Marital Status

While these statistics on marital status appear quite similar for Hispanic and non-Hispanic elders, they suggest several issues of concern regarding social support among the elderly population.

Elderly women of all race and ethnic groups are more likely to be widowed. This is particularly true among older cohorts.

Elderly women of all race and ethnic groups who are widowed are more likely than men to live alone. Hispanic widowed women, however, are less likely to live alone than are their non-Hispanic counterparts.
Household Income

The median household income for families headed by persons 65 years and older in 1998 was $31,568. Non-Hispanic white households reported median household incomes of $32,398 whereas Hispanic households reported $21,935.

In 1996, the Social Security Administration reported the following sources of income for all older persons: Social Security 91 percent; income from assets 63 percent; public and private pensions 43 percent; earnings 21 percent; and public assistance six percent. It is unclear how Latino elders differ from others but Social Security payments may provide some clue. In addition, we know that employment patterns of Latino adults suggest that few have private retirement funds or assets to draw upon.

We estimate that today, 90 percent of non-Hispanic elders 65 and over receive income from Social Security but a considerably smaller share of Latino elders receive Social Security payments. This appears to be true even if you include younger elders age 62 and older. With the exception of the Central and South American subgroup, about eight in ten Latino elders receive Social Security payments compared to nine in ten non-Hispanics. It appears that one group, primarily Central American seniors, appear most financially vulnerable with only about six in ten receiving Social Security payments in old age.

Latino elders also continue in the labor force at levels similar to the Non-Hispanic white population (65-74 yrs: NHW male 23 percent, H male 17.5 percent, NHW female 15.2 percent, H female 11.7 percent; 75 yrs+: NHW male 8.5 percent, H male 5.8 percent; NHW female 3.9 percent, H female 3.2 percent).

In 1998, 21 percent of Latino elders lived in poverty compared to nine percent of Anglos. In fact, two-thirds of Latino elders live on incomes below twice the poverty level.
In our society the better educated tend to be healthier longer and better off economically. Latino elders are at a distinct disadvantage with regard to educational attainment compared to other elders.

Hispanics 65-74 years old have the highest proportion (61 percent) with some elementary education of any other elder group in this cohort. By comparison, two-thirds of Anglos in this age cohort are high school graduates. Among the Hispanic cohort of people age 75 years and older, only 68 percent have some elementary education.

Our best estimate of the proportion of Hispanic elders who have no formal schooling is about 5.2 percent compared to Anglo elders of about 1.4 percent.
Many Hispanics are Linguistically Isolated

- One in three elders live in linguistically isolated households
- Most Hispanic elderly speak Spanish at home
- Literacy levels in both Spanish and English are low

Language

Based on estimates available in the last Census, we know that more than one out of three (36.5 percent) Hispanic elders live in a household in which no one over the age of 14 speaks English well enough to assist them outside their homes. We refer to these households as linguistically isolated for the purposes of outreach and communications purposes. The vast majority of Latino elders, however, live in households in which English is commonly spoken and many live in household in which English is only spoken.

Most Hispanic elderly speak Spanish or Español (also known in the Spanish-speaking world as Castellano, the language originating from Castile, home of the Spanish Crown) at home, but low educational attainment levels mean that many cannot read or write well in either English or Spanish language.

Recent immigration from Southern Mexico and Central America has also introduced indigenous language speakers (e.g., Náhuatl, Zoque, Chontal) into traditional Spanish-speaking communities. Most of these immigrants also speak Spanish because they travelled to urban centers from their villages before moving northward.

Language provides the framework in which the world view of a culture is shaped, including health beliefs and behaviors. The dearth of Spanish or multilingual health messages, health information, and bilingual health providers poses a major barrier to use of health services and program participation.
Longevity

The Census Bureau estimates that Hispanic men and women can expect to live long lives. Hispanic men were estimated to live one year longer than Non-Hispanic white men with life expectancies of 74.9 years at birth compared to 73.6 years. Perhaps more importantly for the Medicare program, at age 65, Hispanic men are expected to live almost three years longer than Non-Hispanic white men with life expectancies of 18.5 years compared to 15.7 years.

Similarly, Hispanic women are expected to outlive Non-Hispanic white women both at birth and at age 65. The Census Bureau estimates that Hispanic women at birth can expect to live 82.2 years and at age 65 they can expect an additional 21.8 years. Whereas, Non-Hispanic white women can expect a life of about 80.1 years at birth or an additional 19.4 years at age 65.

This longevity of Latino elders can also be seen in figures for death rates from all causes among persons age 65 years and older. For both Latino men and women, death rates from all causes are about 1.4 times lower than those observed for Non-Hispanic white men and women. For example, among women aged 65 to 74 years, we observe a rate of 1,900 per 100,000 deaths among Non-Hispanic white women but only 1,382 per 100,000 deaths among Hispanic women. Similarly, among men of this age group, we find a death rate of 3,123 per 100,000 for Non-Hispanic white men but only a rate of 2,252 per 100,000 for Hispanic men. Death rates are higher for both Hispanic and Non-Hispanic white men than women at all ages.
Despite the long lives that Hispanic elderly are expected to live, they also are more likely to self-rate their health status as “fair” or “poor” than other elders at every stage of their life. For example, more than a third (35.4 percent) of Hispanic women age 65 years and older rated their overall health as fair or poor. In comparison, only about a quarter (25.7 percent) of Non-Hispanic white women rated their health as fair or poor. This same finding is also found for men with 34.6 percent of Hispanic men and 26.5 percent of Non-Hispanic white men rating their health as “fair” or “poor.”

These findings are important for a number of reasons. Self-reported health status reflects both differences in physiological and physical functioning. But perhaps, more importantly, it also captures differences due to cultural and socioeconomic differences in the assessment of health as well as the interpretation of the health status question. Future analysis of Medicare claims data with improved ethnic identifiers may help provide better insights about these differences and opportunities for interventions.
Preventive Services

With the recent addition of several clinical preventive services (e.g., mammography, influenza vaccination, pneumococcal vaccination) to the standard Medicare benefit package, the Medicare program has been able to test various approaches to communicating with Medicare beneficiaries about health benefits. One area that HCFA, in partnership with the Centers for Disease Control and Prevention and other state and local agencies have been actively engaged in is interventions of adult immunizations.

The need for aggressive outreach to the Latino elder community regarding Medicare benefits and health information can easily be seen in estimates of adult vaccination levels for influenza and pneumococcal.

Using estimates from the National Health Interview Surveys of 1993 through 1995, we find that influenza immunizations for elderly Non-Hispanic white population reached about 57 percent but only 44 percent for Hispanic elders. We find an even more problematic situation with regards to pneumococcal vaccination. Only about 1 in 3 (31.2 percent) Non-Hispanic white elders and 1 in 6 (15.9 percent) Hispanic elders have received pneumococcal vaccinations.
Recent estimates of health insurance coverage by Latino elders suggest that more than 90 percent are enrolled in the Medicare program. However, considerable variation exists among the various Latino “national-origin” groups. Participation ranges from a low of 82 percent among the Central and South American group to a high of 94 percent among Cuban Americans. But all groups are less likely to participate in Medicare than non-Hispanic elders.

Hispanic women appear to face serious barriers to Medicare coverage. The best available estimates from 1995 suggest that only 88 percent of Mexican, 77 percent of Puerto Rican, and 86 percent of Cuban American women age 65 and over were covered by Medicare compared with 98 percent of non-Hispanic women.

Many Latinos enter the Medicare program with limited prior experience with health insurance in this country. In 1997, about one in three (36 percent) Latino adults under the age of 65 were uninsured. More than half of Latino immigrant adults under age 65 years were uninsured. Immigration, employment in low wage, often service sector jobs, without fringe benefits, and work in the “cash” economy leave Latinos largely uninsured.
Supplemental Insurance

Most Medicare beneficiaries have some form of public or private supplemental insurance to help pay for benefits not covered by the program or cost sharing requirements. Latino elders, however, are much less likely than their Anglo counterparts to have private supplemental coverage, either retiree health benefits or individually-purchased Medicare supplemental insurance policies, referred to as “Medigap policies.”

About nine percent of Latinos have Medigap policies compared to 29 percent of Anglo elders. The costs of Medigap policies in the metropolitan areas where Latinos live are prohibitively expensive. For example, representative monthly premiums in the three states with the largest Latino populations – California, New York, Florida – for the limited coverage Plan A Medigap policy (every insurance company is required to offer a Plan A Medigap policy which covers the costs of Parts A and B coinsurance) range from $73 in New York, $109 in Florida, and $122 in California. More comprehensive plans (e.g., Plans I or J) cost on average three times as much as the limited plan coverage per month.

The most common type of supplemental coverage among Latinos comes from Medicaid, the state administered health insurance program for low income Americans. More than a quarter of Latinos rely on Medicaid to supplement Medicare. But given their disproportionately low incomes, many more Latino elders are likely to qualify for Medicaid and other programs designed to assist seniors with the costs associated with the Medicare program (i.e., QMB/SLMB/QI).
References


References


TABLE OF CONTENTS
A Profile of Hispanic Elders ............................................................ 1, 2
Defining Hispanics. ........................................................................... 3
Definitional Concepts ....................................................................... 4
Themes of the Demographic Imperative ........................................... 5
Extreme Regional Concentration – Cumulative 25% ....................... 6
Extreme Regional Concentration – Cumulative 34% ....................... 7
Extreme Regional Concentration – Cumulative 51% ....................... 8
Extreme Regional Concentration – Cumulative 75% ....................... 9
Extreme Regional Concentration – Cumulative 88% ..................... 10
Hispanic Population of the United States ....................................... 11
Hispanic Population 1980-2050 ....................................................... 12
Annual Rates of Growth for Hispanics & Non-Hispanic Whites .... 13
Components of Hispanic Growth .................................................... 14
Demographic Resources on Hispanic Elders ................................. 15
Hispanic Elders are Younger than Non-Hispanic Elders ................ 16
National Origin of Hispanics by Age (Under 60 and 60+) ............... 17
Nationality of Hispanic Elders, Age 60+ ......................................... 18
Marital Status of Hispanic and Non-Hispanic Elders, Age 60+ ...... 19
Social Security Payments Received in 1998 by Hispanic Subgroups and Non-Hispanics,
  Age 62+ and 65+ (March 1999) ....................................................... 20
Latino Elders have Little Formal Schooling .................................... 21
Many Hispanics are Linguistically Isolated ..................................... 22
Latino Elders are Expected to Have Long Lives ............................. 23
Many Latino Elders Perceive Their Health Status as Poor ............. 24
Latino Elders Lack Appropriate Vaccinations ............................... 25
Enrollment in Medicare for Hispanic Subgroups and Non-Hispanics, Age 65+ ................................. 26
Enrollment in Medicaid for Hispanic Subgroups and Non-Hispanic Elders, Age 65+ .......... 27
References ....................................................................................... 28, 29
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