

## Characteristics of Uninsured Adult Males by Race and Ethnicity (Ages 19 to 64 Years)

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and Munira Gunja, M.P.H.

### Key Findings

- Nearly 2 out of 5 African-American and Latino adult males less than 35 years old are uninsured.
- More than 70% of African-American and White uninsured adult males and nearly 60% of Asian and Latino uninsured adult males have a high school diploma.
- Nearly 50% of uninsured Asian adult males are married.
- Among uninsured adult males, 28% of Asians and 24% of Latinos reside in limited English proficient households.
- Among uninsured adult males, 59% of African-Americans report family income at or below 100% FPL followed by, Latinos (39%), and Whites (39%), and Asians (38%).
- Eighty-one percent of uninsured Latino adult males report having a full-time worker in the household.
- Among uninsured adult males, Whites (12%) and African-Americans (11%) report the highest proportion of disability.

**Data from the 2012 American  
Community Survey Public Use  
Microdata Sample**

Racial and ethnic minorities have lower estimates of health insurance coverage than the national average. For example, two out of five Latinos and one out of four African-Americans are classified as uninsured (1). Sex differences in health insurance coverage have also been documented. In general, men are less likely than women to have health insurance, with approximately one out of four adult males and one out of five adult females classified as uninsured (2). Lack of health insurance coverage (uninsurance) limits access to the health care system, which reduces preventive service utilization and potentially increases the risk for adverse health outcomes. These health inequalities further contribute to the persistent disparities observed for a range of health indicators, including life expectancy, prevalence of chronic diseases, and access to quality care among racial and ethnic minority populations (3).

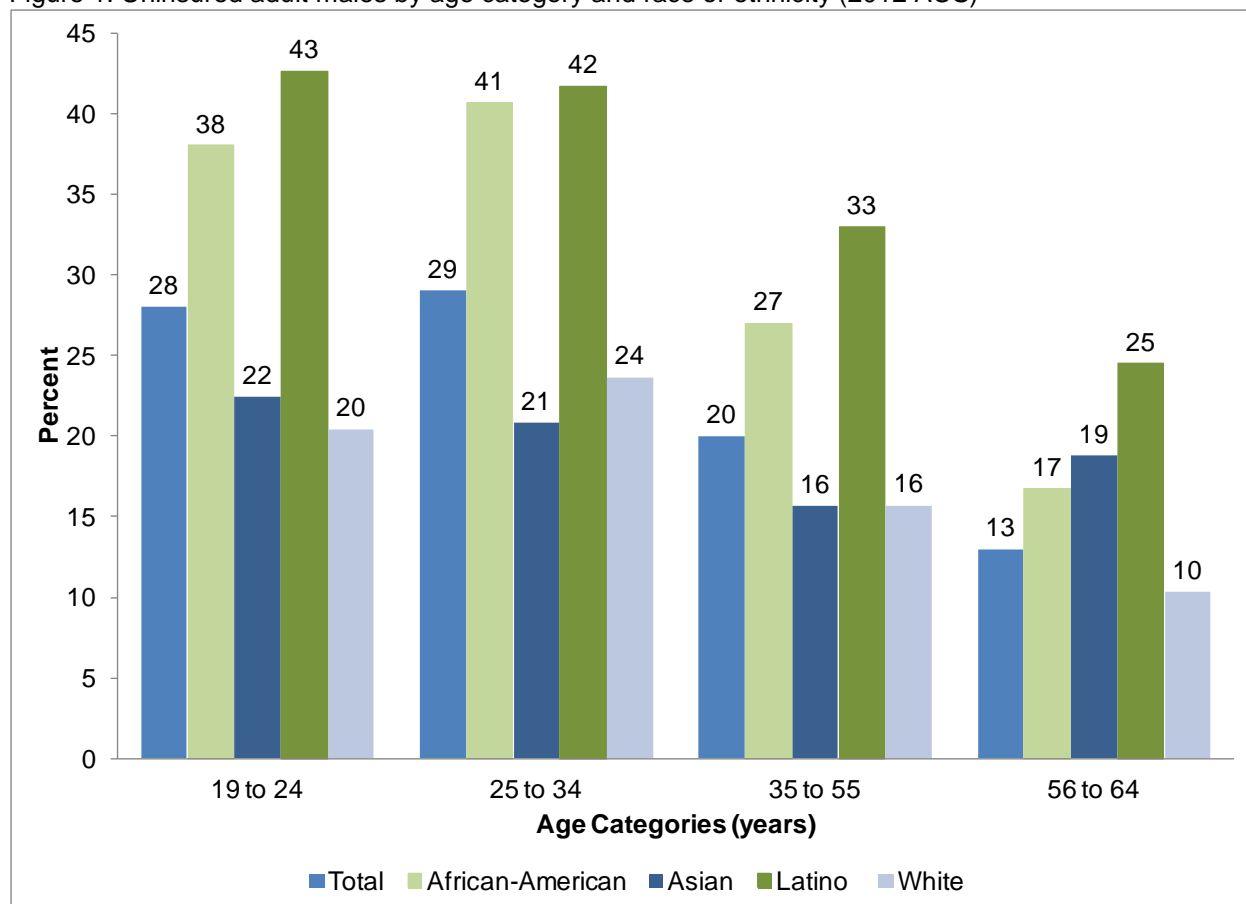
Despite the extensive literature on the consequences of not having health insurance coverage (4), only a few reports have documented the uninsured population by race/ethnicity and sex. To gain further insight into the various factors that may influence health insurance coverage and outcomes, this report examines demographic, socioeconomic, and health characteristics by race and ethnicity among uninsured adult males (ages 19 to 64 years). For the purposes of this brief, uninsured males are considered as non-elderly citizens of the United States or those lawfully residing in the U.S. (5). This data brief represents the most recent national data from the 2012 American Community Survey Public Use Microdata Sample (ACS PUMS) (6) and provides additional information on the patterns of uninsurance among non-elderly males prior to the establishment of the Health Insurance Marketplace and the expansion of Medicaid eligibility under the Affordable Care Act (ACA).

### Keywords

*American Community Survey (ACS), ethnicity, men's health, minority, race, uninsured men*

## What is the racial and ethnic composition of uninsured adult males (ages 19 to 64 years)?

Figure 1. Uninsured adult males by age category and race or ethnicity (2012 ACS)



NOTES: Percent uninsured is the number of uninsured males in the specified age category divided by the insured and uninsured population for the same age category. For race or ethnicity, it is the percent of those that reported race or ethnicity in one of the four listed categories. The total represents the average percentage of uninsurance for each age category.

### 19 to 24 years:

Twenty-eight percent of uninsured adult males are between the ages of 19 to 24. Of these young males, the highest proportion of uninsurance is observed among Latinos (43%) and African-Americans (38%). Compared to the total proportion of males (28%) between the ages of 19 to 24 who are uninsured, a lower proportion of young Asian (22%) and White (20%) males are uninsured.

### 25 to 34 years:

Twenty-nine percent of uninsured adult males are 25 to 34 years old. Within this age category, Latinos (42%) and African-Americans (41%) exhibit the highest percentage of uninsurance. Compared to the total proportion of uninsured males (29%) between the ages of 25 to 34, a lower proportion of Asian (21%) and White (24%) males are uninsured.

**35 to 55 years:**

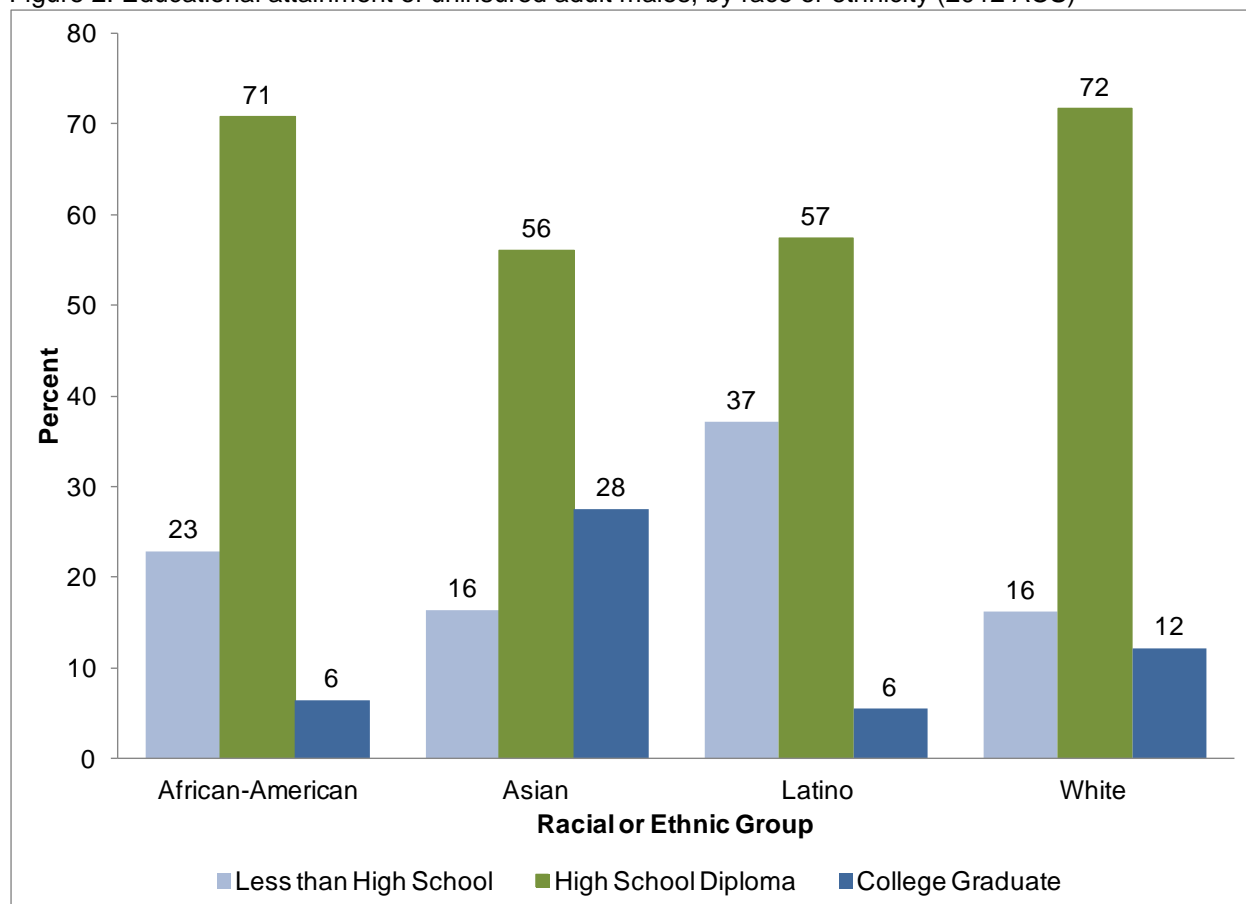
Twenty percent of uninsured adult males are 35 to 55 years old. Among uninsured males in this age category, Latinos (33%) and African-Americans (27%) have the highest percentages of uninsurance. Compared to the total proportion (20%) of uninsured males between the ages 35 to 55, a lower proportion of Asian (16%) and White (16%) males are uninsured.

**56 to 64 years:**

Thirteen percent of uninsured males are 56 to 64 years old. The highest proportion of uninsurance is observed among Latino (25%), Asian (19%) and African-American males (17%). Compared to the total proportion of uninsured males (13%) between the ages of 56 to 64, a lower proportion of White males (10%) are uninsured.

## What is the highest level of educational attainment for uninsured adult males (ages 19 to 64 years)?

Figure 2. Educational attainment of uninsured adult males, by race or ethnicity (2012 ACS)



### Less than High School:

Across all racial or ethnic groups of uninsured adult males, a higher proportion of Latinos (37%) and African-Americans (23%) have completed less than a high school level of education, whereas 16% each of White and Asian uninsured adult males have less than a high school education.

### High School Diploma:

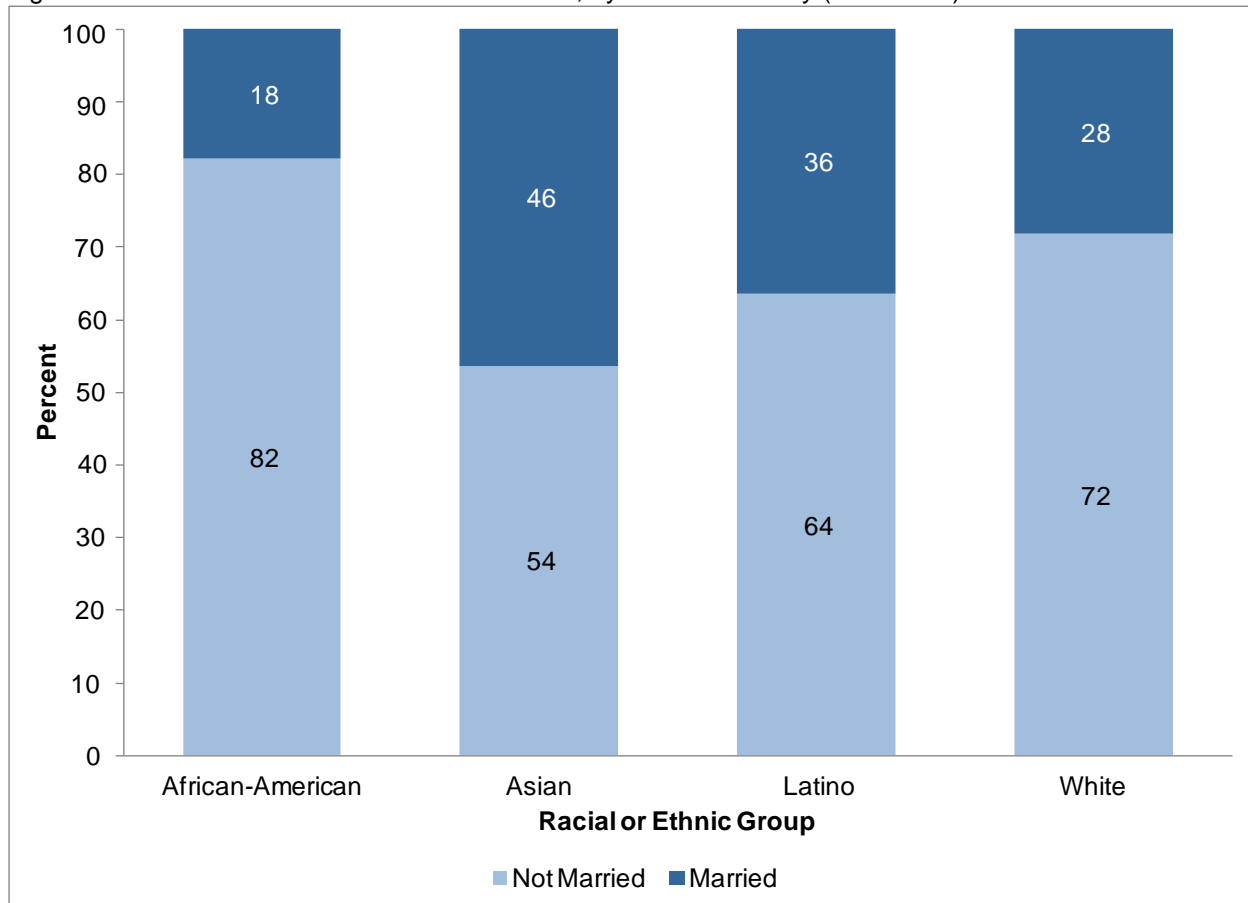
Across all racial or ethnic groups, a majority of uninsured adult males have earned a high school diploma. The percentages of both uninsured African-American (71%) and White (72%) males who have earned a high school diploma are greater than the percentages for both Asians (56%) and Latinos (57%).

### College Graduate:

Uninsured Asian males (28%) have the highest percentage of college graduation, whereas only 12% of uninsured White males and 6% each of uninsured African-American and Latino males have obtained a college degree.

### What is the marital status of uninsured adult males (ages 19 to 64 years)?

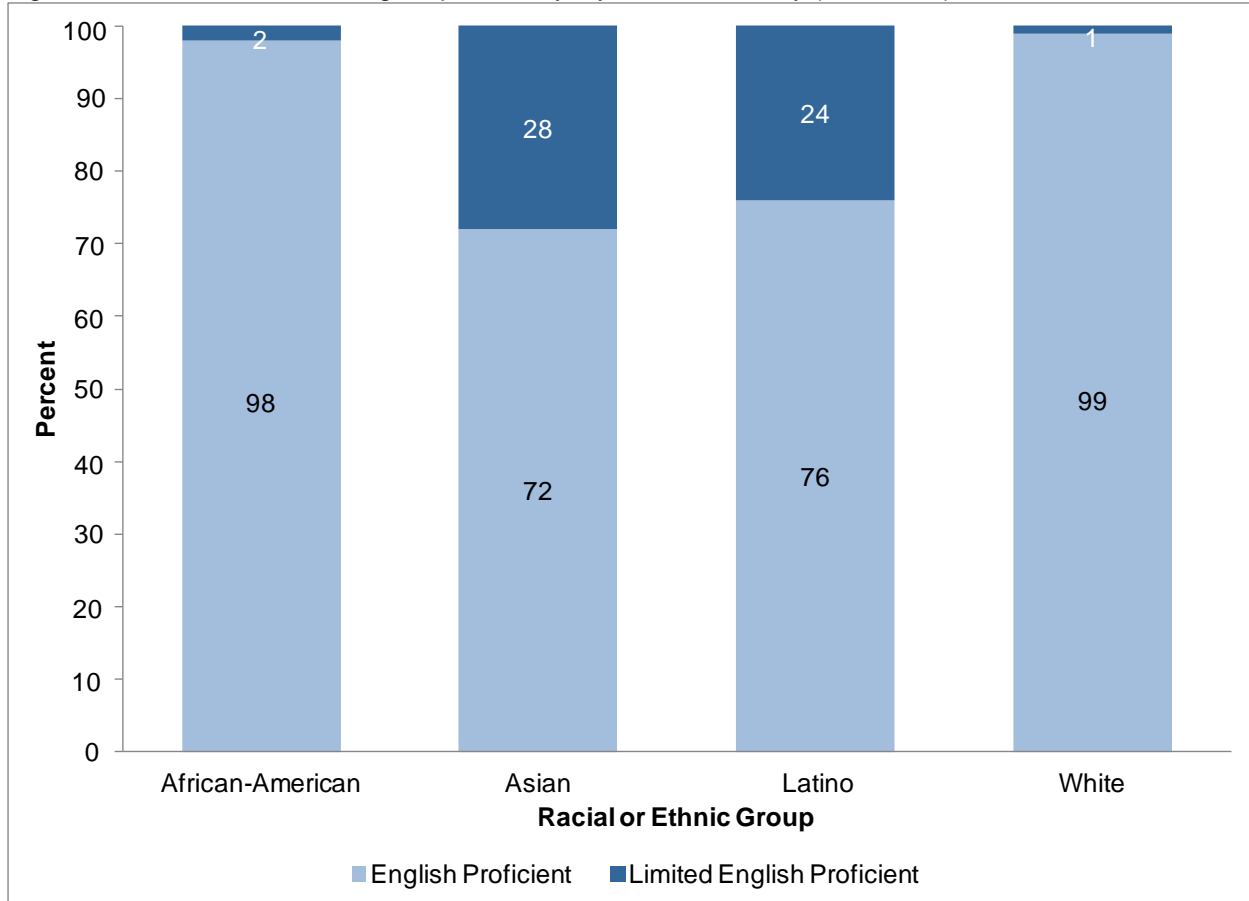
Figure 3. Marital status of uninsured adult males, by race or ethnicity (2012 ACS)



Among uninsured adult males, marital status appears to vary greatly by racial or ethnic group. Nearly 50% of uninsured Asian adult males are married. A lower proportion of uninsured Latino males (36%) are married. Lower still are White (28%) and African-American (18%) uninsured adult males.

**What is the household level of English proficiency among uninsured adult males (ages 19 to 64 years)?**

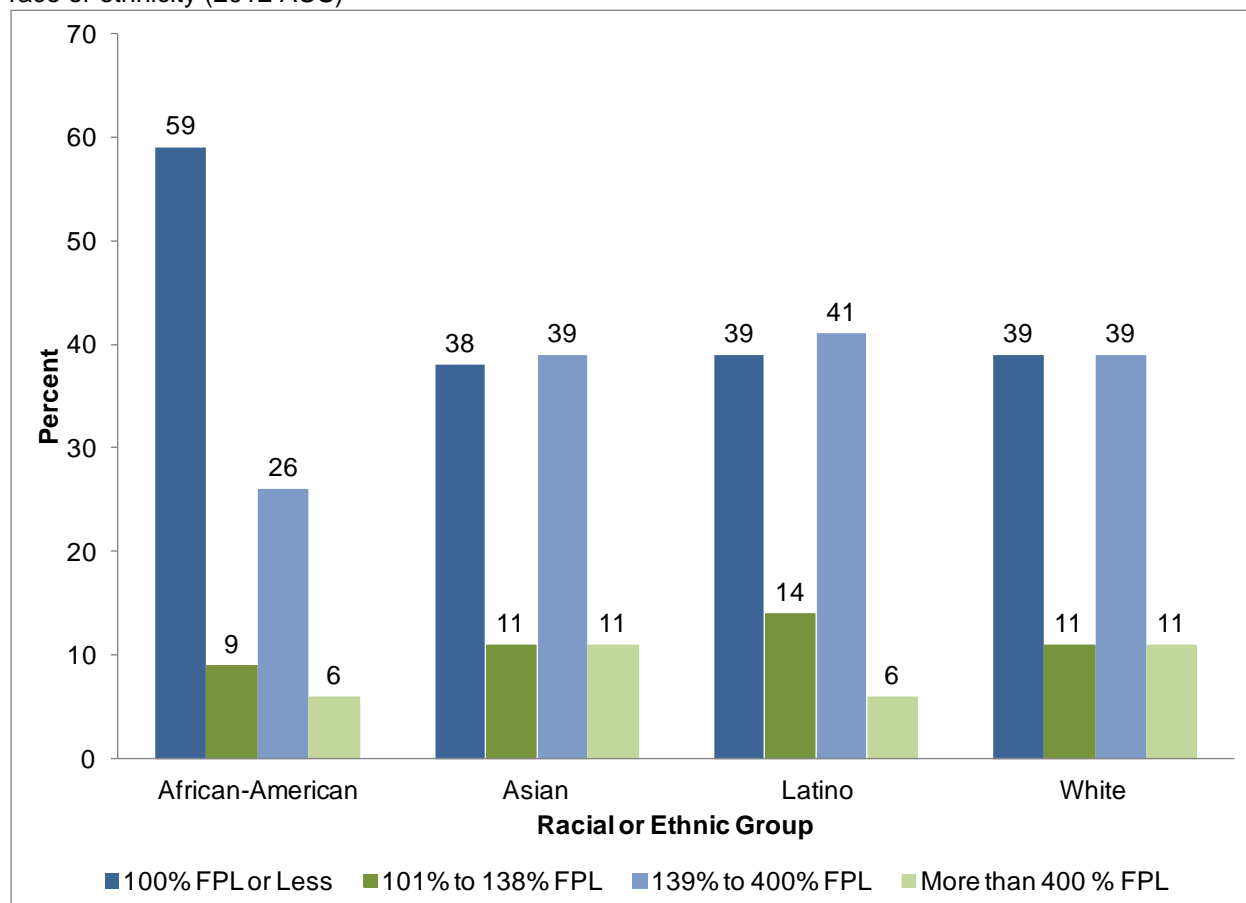
Figure 4. Household level of English proficiency, by race or ethnicity (2012 ACS)



Asian and Latino uninsured males experience the highest proportion of household Limited English Proficiency (LEP). Twenty-eight percent of Asian and 24% of Latino uninsured males report that no adult members of their family household speak English well. Only two percent of African-American and one percent of White uninsured males report household LEP.

## What is the family income, as percent Federal Poverty Level (FPL), of uninsured adult males (ages 19 to 64 years)?

Figure 5. Family income, as percent of the Federal Poverty Level (FPL), for uninsured male adults, by race or ethnicity (2012 ACS)



### 100% Federal Poverty Level (FPL) or Less:

Uninsured African-American males (59%) report the highest proportion of family income at or below 100% FPL. Family income at or below 100% FPL were also common for Asian (38%), Latino (39%), and White (39%) uninsured males.

### 101% to 138% Federal Poverty Level (FPL):

Fourteen percent of uninsured Latino males report a family income of 101% to 138% FPL. A lower proportion of uninsured Asian (11%), White (11%), and African-American (9%) males report a family income between 101% to 138% FPL.

### 139% to 400% Federal Poverty Level (FPL):

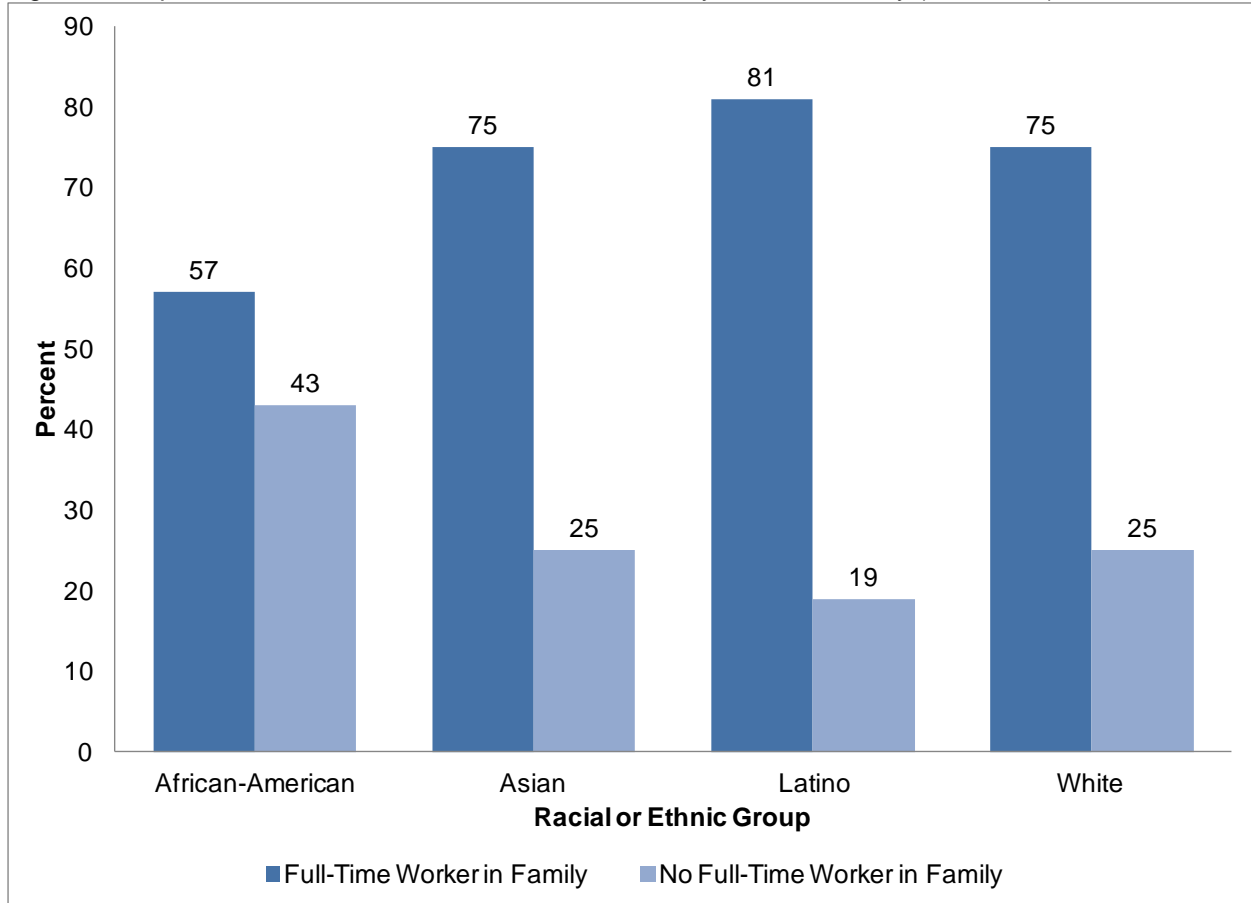
A similar proportion of uninsured Asian (39%), Latino (41%), and White (39%) males report family incomes between 139% to 400% FPL. However, a lower proportion of uninsured African-American (26%) males report a family income in this range.

### More than 400% Federal Poverty Level (FPL):

A low proportion of uninsured African-American (6%), Asian (11%), Latino (6%), and White (11%) males report a family income of more than 400% FPL.

**What proportion of uninsured adult males report having a full-time worker in their household (ages 19 to 64 years)?**

Figure 6. Proportion of households with full-time workers, by race or ethnicity (2012 ACS)

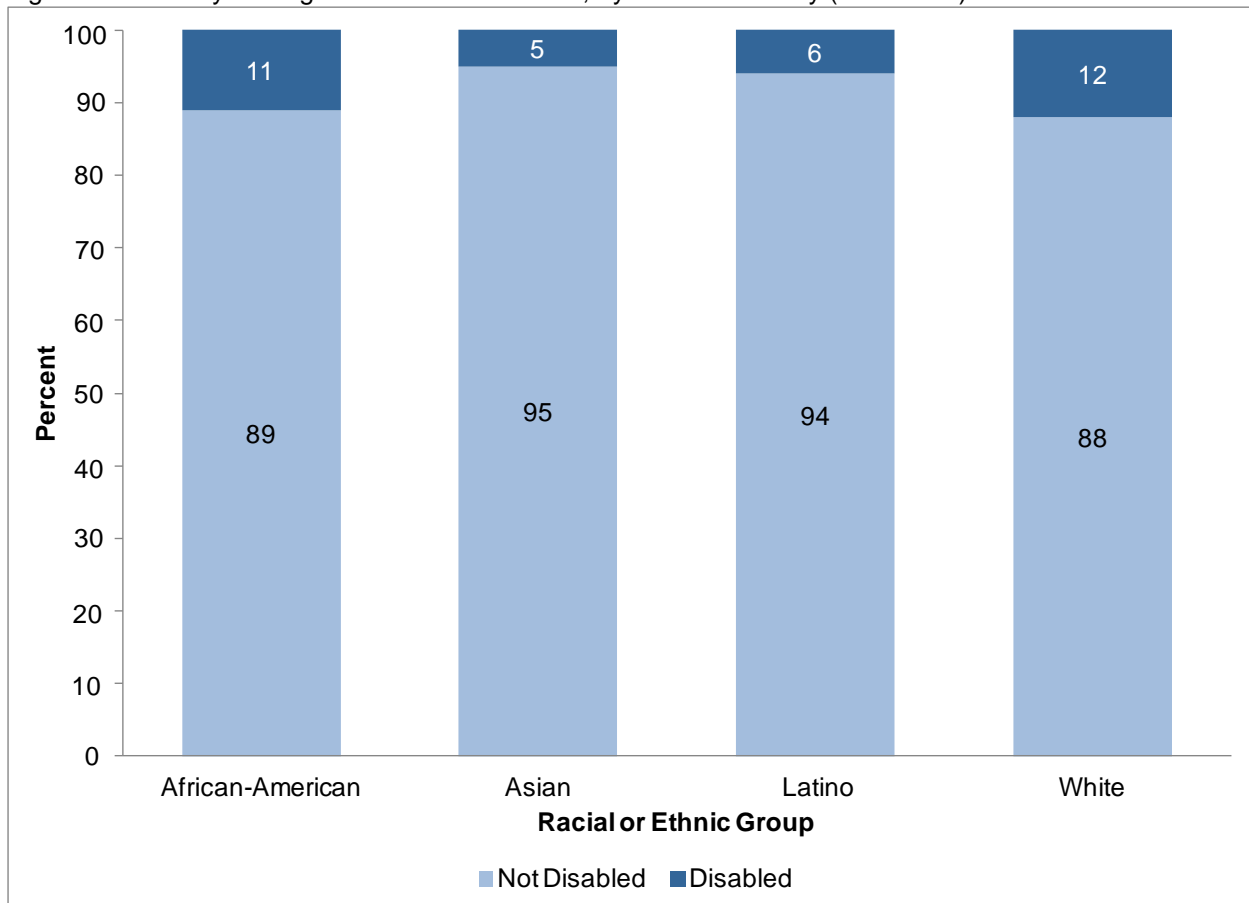


Across all racial groups, the majority of uninsured men report having a full-time worker in their household. Among uninsured adult males, Latinos (81%) report the highest proportion of households with a full-time worker.



## What proportion of uninsured adult males have disabilities (ages 19 to 64 years)?

Figure 7. Disability among uninsured adult males, by race or ethnicity (2012 ACS)



Among uninsured adult males, Whites (12%) and African-Americans (11%) report the highest percentages of disability. A lower percentage of uninsured Latino (6%) and Asian (5%) males report having a disability.

**The Office of Minority Health at the U.S. Department of Health and Human Services is dedicated to improving the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate health disparities.**

## Summary

This data brief provides a profile of the social, economic and health factors reported by non-elderly uninsured African-American, Asian, Latino, and White males. African-American and Latino males under the age of 35 exhibit the highest proportion of uninsurance. Across all racial and ethnic groups, more than 50% of uninsured adult males earned a high school diploma. Across all racial groups, the majority of uninsured men report having a full-time worker in their household. A high proportion of uninsured adult males across all racial and ethnic groups report a family income at or below 100% FPL (59% of African-Americans, 38% of Asians, 39% of Latinos and 39% of Whites).

## Commentary

The findings described in this data brief may provide valuable insight to determine who may be newly eligible to obtain health insurance coverage. Knowledge about the uninsured can inform targeted interventions, outreach, and enrollment efforts. The Affordable Care Act<sup>1</sup> makes health insurance coverage more affordable and accessible for millions of uninsured Americans, including uninsured racial and ethnic minority adult males. Young adults, up to age 26, can obtain insurance coverage as a dependent through their parents' plan, even if they are: married, not living with parents, attending school, not financially dependent on parents, or eligible to enroll in their employer's plan through the Affordable Care Act (7).

Over the course of the first Health Insurance Marketplace enrollment period, more than eight million people were enrolled as part of the Affordable Care Act (8). Furthermore, recent data from the Kaiser Family Foundation show approximately six in ten people who obtained health insurance through the Health Insurance Marketplace were previously uninsured (9). In addition, data from Gallup data report the most dramatic drop in the uninsured were among people of color (10). The benefits offered by the Affordable Care Act may help to address racial and ethnic and sex disparities in health, and support improvements in health care access and health status for racial and ethnic minority adult males.

<sup>1</sup>Although open enrollment for 2014 health insurance coverage is over, the next open enrollment period begins on November 15, 2014 for coverage that can begin as early as January 1, 2015. Available at, <https://www.healthcare.gov/what-key-dates-do-i-need-to-know/#part=1>

## Definitions<sup>2</sup>

### Disability

If an uninsured adult male responded “yes” to any of the following statements in the American Community Survey, then they were considered to have a disability:

- Person is deaf or does he/she have a serious difficulty hearing.
- Person is blind or does he/she have serious difficulty seeing even when wearing glasses.
- Because of a physical, mental, or emotional condition, person has serious difficulty concentrating, remembering, or making decisions.
- Person has serious difficulty walking or climbing stairs.
- Person has difficulty dressing or bathing.
- Because of a physical, mental, or emotional condition, person has difficulty doing errands alone such as visiting a doctor’s office or shopping.

### Educational Attainment

- Less Than High School: Uninsured adult male with less than a high school degree.
- High School Diploma: Uninsured adult male with a high school degree but no college degree.
- College Graduate: Uninsured adult male with a four-year college degree.

### Federal Poverty Level (11)

The federal poverty guidelines commonly referred to as the “federal poverty level” (FPL) are a version of the federal poverty measure. They are issued each year by the Department of Health and Human Services (HHS) for use for administrative purposes— for instance, determining financial eligibility for certain federal programs.

### Limited English Proficiency

Uninsured adult male living in a household (defined by Census household) that does not contain any adults who speak English as a first language or ‘very well’ as a second language.

### Racial and Ethnic Groups

- Latino represents uninsured adult males reporting Latino or Hispanic ethnicity, regardless of race.
- White represents uninsured adult males reporting ‘White alone’ as their race, and who are not of Latino ethnicity.
- African-American represents uninsured adult males reporting ‘Black or African-American alone’ as their race, and who are not of Latino ethnicity.
- Asian represents uninsured adult males reporting ‘Asian alone’ as their race, and who are not of Latino ethnicity.

### Uninsured Males (5)

Uninsured adult males who are non-elderly (less than 65 years old) citizens of the United States or lawfully residing in the U.S.

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<sup>2</sup> Unless otherwise noted, variables were defined according to the Centers for Medicaid and Medicare Services, Health Insurance Marketplace, available at <http://marketplace.cms.gov/exploreresearch/census-data.html>

## Data Sources and Methods

Unless otherwise noted, all numbers in this brief are ASPE tabulations from the CY 2012 American Community Survey Public Use Microdata Sample (ACS PUMS), adjusted to exclude estimated undocumented persons based on ASPE's TRIM3 simulation model. All references to uninsured males in this data brief exclude the undocumented and the elderly (5).

All estimates were survey-weighted and represent the total non-elderly uninsured male population (ages 19 to 64 years). This data brief presents crude estimates that are not age-adjusted to a population standard. Measures included in this analysis were defined using the ACS definitions as shown at <http://marketplace.cms.gov/exploresearch/census-data.html>

To present stable estimates in this data brief, racial categories for American Indian/Alaskan Natives and Native Hawaiian and Pacific Islanders were excluded.

## About the Authors

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## Suggested citation

Wilson-Frederick S, Wendt M, Dorsey R, and Gunja M. Characteristics of Uninsured Adult Males by Race and Ethnicity (Ages 19 to 64 years). OMH Data Brief, No 1. Rockville, MD: Office of Minority Health. 2014.

## References

1. Centers for Disease Control and Prevention. CDC Health Disparities and Inequalities Report — United States, 2013. 62(Suppl 3):1-186.
2. Adams PF, Kirzinger WK, Martinez ME. Summary health statistics for the U.S. population: National Health Interview Survey, 2012. National Center for Health Statistics. Vital Health Statistics. 10 (259). 2013.
3. Russell LM. Reducing disparities in life expectancy: What factors matter? The Institute of Medicine, 2011.
4. Institute of Medicine. America's Uninsured Crisis: Consequences for Health and Health Care. Washington, DC: 2009.
5. Gee E. The Eligible Uninsured In Texas: 6 In 10 Could Receive Health Insurance Marketplace Tax Credits, Medicaid or CHIP. 2014. Available from: [http://aspe.hhs.gov/health/reports/2014/UninsuredInTEXAS/rb\\_uninsuredTexas.pdf](http://aspe.hhs.gov/health/reports/2014/UninsuredInTEXAS/rb_uninsuredTexas.pdf).
6. United States Census Bureau. 2012 American Community Survey. Available from: <http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>
7. Department of Health and Human Services. Young Adult Coverage. 2014. Available from: <http://www.hhs.gov/healthcare/rights/youngadults/>
8. Department of Health and Human Services-Office of the Assistant Secretary for Planning and Evaluation. ASPE Issue Brief. Health Insurance Marketplace: Summary Enrollment Report For The Initial Annual Open Enrollment Period. 2014. Available from: [http://aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Apr2014/ib\\_2014Apr\\_enrollment.pdf](http://aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Apr2014/ib_2014Apr_enrollment.pdf)

9. Kaiser Family Foundation. Survey of Non-Group Health Insurance Enrollees. 2014. Available from: <http://kff.org/health-reform/report/survey-of-non-group-health-insurance-enrollees/>
10. Levy J. U.S. Uninsured Rate Drops to 13.4%. Gallup Well-Being. 2014. Available from: <http://www.gallup.com/poll/168821/uninsured-rate-drops.aspx>
11. Department of Health and Human Services-Office of the Assistant Secretary for Planning and Evaluation. Poverty Thresholds and Poverty Guidelines. 2014. Available from: <http://aspe.hhs.gov/Poverty/faq.cfm>.

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