



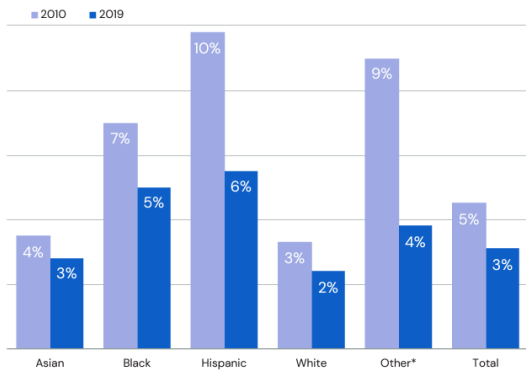
Issue 4.1

HEALTH & HEALTHCARE INEQUITIES AND DISPARITIES IN MASSACHUSETTS

Access to Healthcare Coverage – Part One

Access to health care coverage and services, along with other social factors and the structures, systems, and policies that drive them, can significantly impact health outcomes.

UNINSURED RATES (POINT IN TIME) BY RACE AND ETHNICITY, MASSACHUSETTS, 2010–2019¹

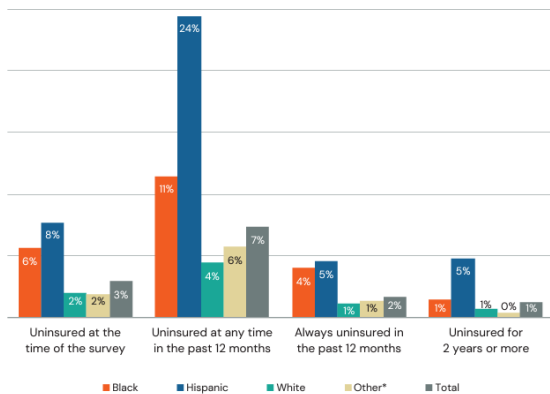


¹Uninsured rates at point in time of survey responses during survey period and will differ in method and timing from the data presented on the following page.
 Other includes American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, Two or More Races, and Other.
 Source: "State Health Compare," State Health Access Data Assistance Center. Available [here](#).

- Health insurance coverage is strongly associated with positive health outcomes and more appropriate use of health care services.
- Uninsured rates across all MA racial & ethnic groups declined following the state’s implementation of Chapter 58 in 2006 and declined further following the implementation of the ACA in 2014.
- Despite these improvements, Black & Hispanic people remain more than twice as likely to be uninsured as White people.
- Differences in uninsured rates may be attributable

to a combination of factors, including public coverage ineligibility based on immigration status, application hesitancy resulting from “public charge” actions, and reduced federal efforts to educate people on coverage options.

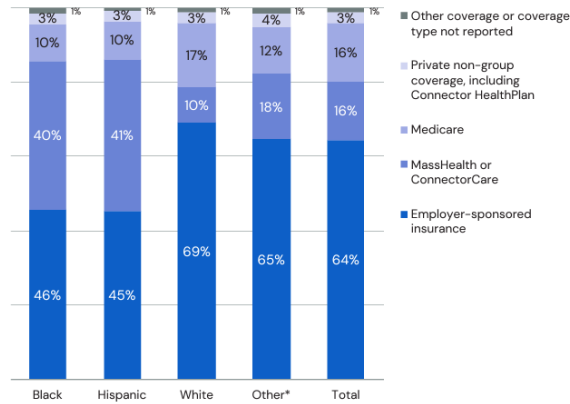
UNINSURED RATES BY RACE AND ETHNICITY, MASSACHUSETTS, 2019



- The uninsured rates of Hispanic people are partially driven by the higher rates of coverage ineligibility based on immigration status. Immigrants have more limited access to employer-sponsored and public health insurance options (e.g., Medicare, Medicaid).
- In MA, Hispanic people were six times more likely than White people to be uninsured at any point in 2019, and Hispanic people were five times more likely than any other group to be uninsured for two years or more.

- National research finds that continuous health insurance coverage increases preventive and acute health care service utilization.

PRIMARY SOURCE OF HEALTH INSURANCE COVERAGE BY RACE AND ETHNICITY, INSURED PEOPLE, MASSACHUSETTS, 2019



Note: ConnectorCare provides additional state-financed subsidies for low to moderate income people to purchase a private health plan through the Massachusetts Health Connector.
 **Other* defined as "other or multiple races, non-Hispanic."
 Source: "Massachusetts Health Insurance Survey," Center for Health Information and Analysis. Available [here](#).

- National data shows similar trends as MA data, with White people more likely to be enrolled in employer-sponsored coverage (nationally, White people are 9 and 13 percentage points more likely than Black & Hispanic people, respectively, to be enrolled in employer-sponsored coverage).
- Nationally, Black & Hispanic people are more likely to work in lower-paying service jobs in the production, transportation, and material moving sectors, and these are less likely to offer health insurance. Asian & White people are more likely to work in higher-paying professional or managerial jobs.

- Undocumented immigrants—who are disproportionately Hispanic in MA— often work for employers that do not offer health insurance.
- While Medicaid (including MassHealth) provides robust coverage, Medicaid enrollees have greater difficulty finding providers who accept their insurance than those with private insurance (see page 26).

Source:

https://www.bluecrossmafoundation.org/sites/g/files/cspkws2101/files/2022-03/Health_Equity_Primer_Revised%20Final.pdf