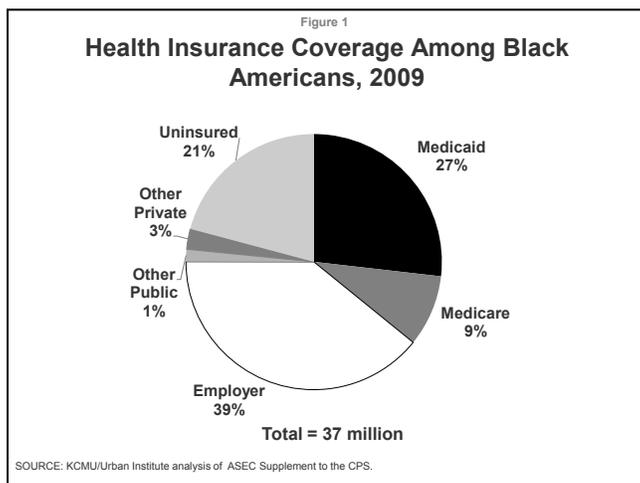


May 2011

Medicaid's Role for Black Americans

Medicaid is a major source of health insurance coverage for black Americans.

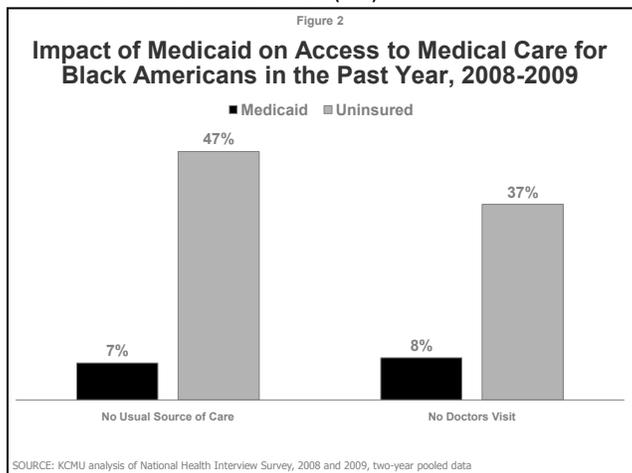
In 2009, 27% of black Americans—10 million people, including 6 million children—were covered by Medicaid, compared to 39% covered by employer-based coverage and 9% covered by Medicare (see Figure 1). In contrast, 11% of non-Hispanic white Americans were covered by Medicaid. Black Americans account for 1 in 5 Medicaid enrollees.



Medicaid enables black Americans to access medical care.

Lack of health insurance is a major barrier to care for black Americans. In 2008 and 2009, approximately half of uninsured black Americans did not have a usual source of health care in the past year (47%), as compared to 7% of black Americans enrolled in Medicaid (see Figure 2).

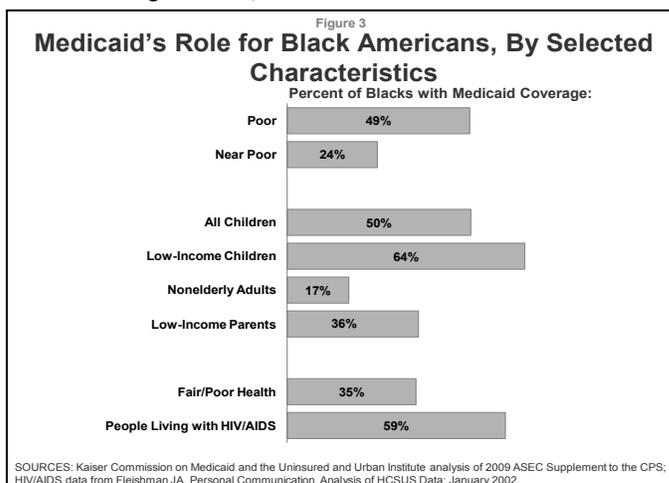
Approximately four times more uninsured black Americans went without a doctor visit in the past year (37%) than did black Americans enrolled in Medicaid (8%).



Medicaid plays a particularly important role among black Americans who are low-income, children, or in poor health.

In 2009, Medicaid covered nearly half (49%) of poor black Americans, or those living below the poverty line (\$22,050 for a family of four in 2009), and a quarter (24%) of near-poor, or those with incomes above poverty but below twice the poverty line (see Figure 3). Medicaid covered half of all black children in the United States and nearly two-thirds (64%) of low-income black children.

Medicaid is an important source of coverage for many black Americans with substantial health services needs. Medicaid covered over a third (35%) of blacks in fair or poor health and 59% of blacks living with HIV/AIDS.



Medicaid provided crucial support to black Americans during the economic recession.

Black Americans have been disproportionately negatively affected by the economic recession, with 28% reporting that they lost a job as a result of the economic downturn.¹ Because health insurance is often tied to people's jobs, many also lose health coverage when they lose their jobs. As people's incomes fall due to unemployment, Medicaid enrollment expands to meet growing need. Between 2007 and 2009, Medicaid enrollment among nonelderly black Americans increased 4 percentage points, covering an additional 1.4 million people.

Medicaid will serve as a key building block to extending health insurance to black Americans.

The Patient Protection and Affordable Care Act (ACA) expands Medicaid eligibility to include most individuals with incomes up to 133% FPL, including men and childless adults. This expansion extends eligibility to nearly 4 million black Americans.²

¹ Kaiser Family Foundation *Health Tracking Poll* (conducted June 1-8, 2009)

² Kaiser Family Foundation. 2010. *Health Reform and Communities of Color: Implications for Racial and Ethnic Health Disparities*. (#8016-02; September).

Health Insurance Coverage of Black Americans
by State, 2007-2009

	Population		Percent Distribution of Black American Population by Coverage Type			
	Black Population (thousands)	Black Population as Percent of Total Population	Medicaid	Other Public*	Private	Uninsured
United States	36,507	12.1%	25.1%	10.3%	44.8%	19.8%
Alabama	1,200	25.8%	27.9%	11.7%	45.6%	14.9%
Alaska	24	3.6%	---	17.4%	47.4%	18.0%
Arizona	241	3.7%	29.0%	---	42.0%	---
Arkansas	434	15.4%	28.6%	10.0%	33.8%	27.6%
California	2,180	6.0%	25.0%	8.8%	49.4%	16.9%
Colorado	191	3.9%	16.4%	12.7%	47.2%	23.6%
Connecticut	310	9.0%	21.8%	9.4%	52.4%	16.4%
Delaware	175	20.2%	23.4%	9.7%	54.0%	12.9%
District of Columbia	309	52.5%	32.7%	13.1%	43.7%	10.6%
Florida	2,678	14.8%	20.2%	10.1%	43.8%	25.9%
Georgia	2,776	29.2%	20.5%	10.3%	46.3%	23.0%
Hawaii	23	1.9%	---	---	---	---
Idaho	---	---	---	---	---	---
Illinois	1,893	14.9%	25.6%	10.4%	44.8%	19.2%
Indiana	542	8.6%	39.0%	10.5%	33.8%	16.6%
Iowa	74	2.5%	34.4%	---	42.9%	---
Kansas	159	5.9%	22.8%	12.6%	46.7%	17.9%
Kentucky	311	7.3%	29.8%	10.6%	40.6%	19.1%
Louisiana	1,360	31.5%	29.4%	9.5%	36.7%	24.5%
Maine	13	1.0%	54.9%	---	---	---
Maryland	1,614	29.0%	16.1%	9.6%	58.4%	15.8%
Massachusetts	392	6.1%	38.2%	---	50.0%	---
Michigan	1,387	14.1%	31.8%	10.0%	39.9%	18.3%
Minnesota	224	4.3%	37.0%	---	43.1%	15.6%
Mississippi	1,059	36.8%	33.2%	9.3%	34.9%	22.6%
Missouri	652	11.1%	26.4%	11.0%	42.7%	19.9%
Montana	---	---	---	---	---	---
Nebraska	77	4.4%	23.7%	---	47.1%	20.3%
Nevada	200	7.7%	23.8%	9.8%	46.2%	20.2%
New Hampshire	14	1.1%	---	---	54.4%	---
New Jersey	1,106	12.9%	18.2%	10.8%	49.5%	21.6%
New Mexico	40	2.0%	---	---	---	---
New York	2,860	14.9%	30.7%	8.1%	40.7%	20.5%
North Carolina	1,940	21.1%	26.5%	11.3%	42.3%	19.9%
North Dakota	6	---	---	---	---	---
Ohio	1,312	11.5%	29.6%	10.7%	42.3%	17.5%
Oklahoma	270	7.6%	25.6%	10.8%	40.1%	23.4%
Oregon	69	1.8%	---	---	54.1%	---
Pennsylvania	1,221	9.9%	26.5%	10.2%	49.0%	14.2%
Rhode Island	51	4.9%	29.9%	---	47.1%	18.0%
South Carolina	1,244	28.0%	21.6%	13.5%	44.1%	20.8%
South Dakota	8	1.1%	---	---	41.2%	---
Tennessee	1,014	16.5%	27.9%	11.8%	43.9%	16.4%
Texas	2,728	11.3%	19.7%	10.5%	46.0%	23.8%
Utah	29	1.1%	---	---	---	---
Vermont	5	0.9%	---	---	---	---
Virginia	1,460	19.1%	17.6%	13.3%	53.3%	15.7%
Washington	225	3.4%	32.0%	---	40.5%	18.9%
West Virginia	59	3.3%	30.8%	---	38.2%	---
Wisconsin	323	5.9%	31.2%	9.4%	42.8%	16.6%
Wyoming	---	1.1%	---	---	---	---

* Other Public include other public insurance (mostly Medicare and military-related). The Children's Health Insurance Program (CHIP) is included in Medicaid.

--- Sample size not sufficient for reliable estimate

SOURCE: Kaiser Commission on Medicaid and Uninsured analysis, Current Population Survey, 2008-2010 Supplement, three-year pooled data

This publication (#8188) is available on the Kaiser Family Foundation's website at www.kff.org.

The Kaiser Commission on Medicaid and the Uninsured provides information and analysis on health care coverage and access for the low-income population, with a special focus on Medicaid's role and coverage of the uninsured. Begun in 1991 and based in the Kaiser Family Foundation's Washington, DC office, the Commission is the largest operating program of the Foundation. The Commission's work is conducted by Foundation staff under the guidance of a bipartisan group of national leaders and experts in health care and public policy.