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Policy Brief

Health Insurance Coverage of Immigrants and Latinos in the Kansas City Metro Area

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Executive Summary

The Kansas City Metropolitan Area, which spans the border between Kansas and Missouri, has a large and growing immigrant population that forms an important part of the local labor force and tax base. Because immigrants and their U.S.-born children are vital components of future workforce growth, ensuring their health by providing access to health care is a critical economic development strategy for Kansas City, as nationally. Expanding health insurance coverage for immigrants and for Latinos—a population that includes both the largest group of immigrants in the region as well as many native-born residents—is also important because these groups are disproportionately likely to be uninsured.

This study, which is part of a broader project between the Migration Policy Institute (MPI) and JUNTOS Center for Advancing Latino Health at the University of Kansas Medical Center, examines health insurance coverage and gaps among immigrants and Latinos in the Kansas City metro area, focusing on the three counties with the largest immigrant populations: Jackson County, MO; Johnson County, KS; and Wyandotte County, KS. This issue brief focuses on four major groups—Latinos (both native and foreign born), immigrants, Latino immigrants (the intersection of the first two groups), and unauthorized immigrants—using data from the U.S. Census Bureau's American Community Survey, county departments of health, and local safety-net health-care providers.

As of the 2013–17 period, Jackson, Johnson, and Wyandotte Counties were home to about 150,000 Latinos, most of whom were born in the United States. The three-county area also had 115,000 immigrant residents, slightly less than half of whom identified as Latinos. Among these 54,000 Latino immigrants, most were born in Mexico and a smaller but notable share were from the Central American countries of El Salvador, Guatemala, and Honduras. The area's non-Latino immigrants are largely from Asian countries such as India, China, Vietnam, Thailand, Korea, and Philippines.

All three counties have substantial immigrant populations, but Latino immigrants were most heavily concentrated in Wyandotte, the poorest county in the metropolitan area and where Kansas City, KS, is located. There, Latinos made up 73 percent of all immigrants, compared to 51 percent in Jackson County (home to Kansas City, MO) and 31 percent in suburban Johnson County, KS (which includes the smaller cities of Lenexa, Olathe, Overland Park, and Shawnee). The latter two more populous counties, however, had larger overall immigrant populations.

Insurance coverage rates varied across the three-county area. Among the top findings of this analysis are:

- ***Across the three-county area, Latino and immigrant residents are two to four times as likely to be uninsured as the overall population.*** As of the 2014–16 period, the highest rates were in Wyandotte County, where 41 percent of Latinos and 57 percent of immigrants were uninsured—nearly twice and three times the rate for the total county population (21 percent). Similarly large coverage gaps existed in Jackson County (28 percent of Latinos and 32 percent of immigrants were uninsured, versus 11 percent of the total population) and Johnson County (26 percent and 25 percent, versus 6 percent). Latino immigrants were more likely still to be uninsured: 67 percent lacked coverage in Wyandotte, 55 percent in Johnson, and 48 percent in Jackson. Uninsured rates in Wyandotte County for Latinos, immigrants, and the general population were well above nationwide averages, while the rates in Jackson and Johnson Counties were closer to those averages.

- ***Immigrants of all origins and U.S.-born Latinos together comprise 38 percent of uninsured residents of the three Kansas City area counties studied.*** In Wyandotte County, 57 percent of uninsured residents were Latino, and 49 percent were immigrants as of 2014–16. These groups comprised the next largest shares of the uninsured in Johnson County (34 percent were Latino and 43 percent immigrants) and the lowest shares (21 percent and 16 percent, respectively) in Jackson County, which has larger non-Latino White and Black uninsured populations than the other two counties.

- ***Unauthorized immigrants are far more likely to be uninsured than legal immigrants or U.S. citizens.*** Slightly more than half of unauthorized immigrants in Jackson and Johnson Counties and nearly three-quarters of those in Wyandotte County were uninsured in 2014–16. These rates reflect the fact that unauthorized immigrants are ineligible for almost all public health coverage programs and more likely than U.S. citizens and legal immigrants to hold low-wage, informal jobs that do not carry health benefits.

- ***Within Wyandotte and Jackson Counties, uninsured Latinos and immigrants are highly concentrated in Kansas City neighborhoods; in Johnson County, they are more dispersed.*** Six Kansas City, KS, zip codes were home to 91 percent of Wyandotte County's uninsured Latinos, while 14 Kansas City, MO, zip codes comprised 64 percent of those in Jackson County. In Johnson County, eight zip codes stretching across Lenexa, Shawnee, Overland Park, and Olathe were home to 87 percent of the county's uninsured Latinos—a broader distribution that may make it more difficult to access community-based health services than in Kansas City's denser neighborhoods. Uninsured immigrants were concentrated in the same parts of all three counties.

- ***Private coverage is more common among Latinos and immigrants in Johnson County than in Jackson County, and least common in Wyandotte County.*** By contrast, Wyandotte County Latinos and immigrants have higher rates of public coverage. The higher rates of private coverage in Johnson and Jackson Counties suggest that Latinos and immigrants in these counties are more likely to hold jobs that offer health coverage and other benefits. In all three counties, howev-

er, Latino immigrants were less likely to hold private coverage than all Latinos, immigrants, or the total population.

Since the *Affordable Care Act* (ACA) was implemented in 2014, health insurance coverage rates have risen for many groups, including Latinos and immigrants. These increases have been particularly striking in areas such as Wyandotte County, where coverage was lowest before ACA implementation. But these coverage gains risk stalling or being reversed as Congress has repealed the ACA's individual mandate requiring the purchase of private coverage, and the Trump administration has reduced enrollment outreach and given states waivers that allow private insurers to reduce coverage for people with preexisting conditions.

If Kansas and Missouri were to expand Medicaid to low-income adults, as other states have done under the ACA, this could extend coverage to an estimated 44,000 of the 161,000 uninsured residents of the three-county Kansas City metropolitan area, including 9,000 Latinos and 8,000 immigrants. Expanding Medicaid eligibility to recent green-card recipients would also improve coverage. But even with such policy changes, some of the area's Latino immigrants would likely remain uninsured, in part because no state or federally subsidized program covers unauthorized immigrants. As a result, safety-net health-care providers, such as public health clinics, federally qualified health centers, charity-care clinics, and hospitals, are likely to face continued demand, particularly for services tailored to provide culturally and linguistically appropriate care for these populations.

I. Introduction

The Kansas City Metropolitan Area, which spans the border between Kansas and Missouri, has a large and growing immigrant population that varies greatly in terms of national origins, education, income, and industries of employment.[1] Many of these immigrants have strong roots in the community as long-term residents, homeowners, taxpayers, and parents of U.S.-citizen children.

Immigrants and their children, particularly Latinos, are critical to future population and workforce growth in Kansas City, as nationally. Pew Research Center has projected that nationwide the number of working-age adults (ages 25–64) born in the United States to U.S.-born parents will fall by 8.2 million between 2015 and 2035. Over these two decades, the number of working-age immigrants is expected to rise by 4.7 million, and the number of U.S.-born adults with immigrant parents by 13.5 million. Thus, without immigrants and their children, the U.S. workforce would shrink.[2] Similar dynamics can be seen in the Kansas City metropolitan area. For example, the Kansas Health Institute projects that the Hispanic population of Johnson County will quintuple over the 2016–66 period, while the non-Hispanic White population will show little growth. At the same time, the Wyandotte County Hispanic population is expected to grow by almost 300 percent, while the non-Hispanic White and Black populations decline by more than half.[3]

Health insurance coverage is an important factor in the long-term integration and wellbeing of immigrants and their children. Research has shown that adults without insurance are less likely than those with coverage to receive primary and preventive care, and more likely to develop health conditions that can lead to morbidity and premature death. Children without coverage often lack access to health care, may not be fully immunized or monitored to prevent communicable diseases, and miss more days of school than insured children, compromising their education and future prospects.[4] And because health has important implications for an individual's labor-force participation and productivity, ensuring a region's residents have access to health care is a critical component of economic development and regional fiscal health.[5]

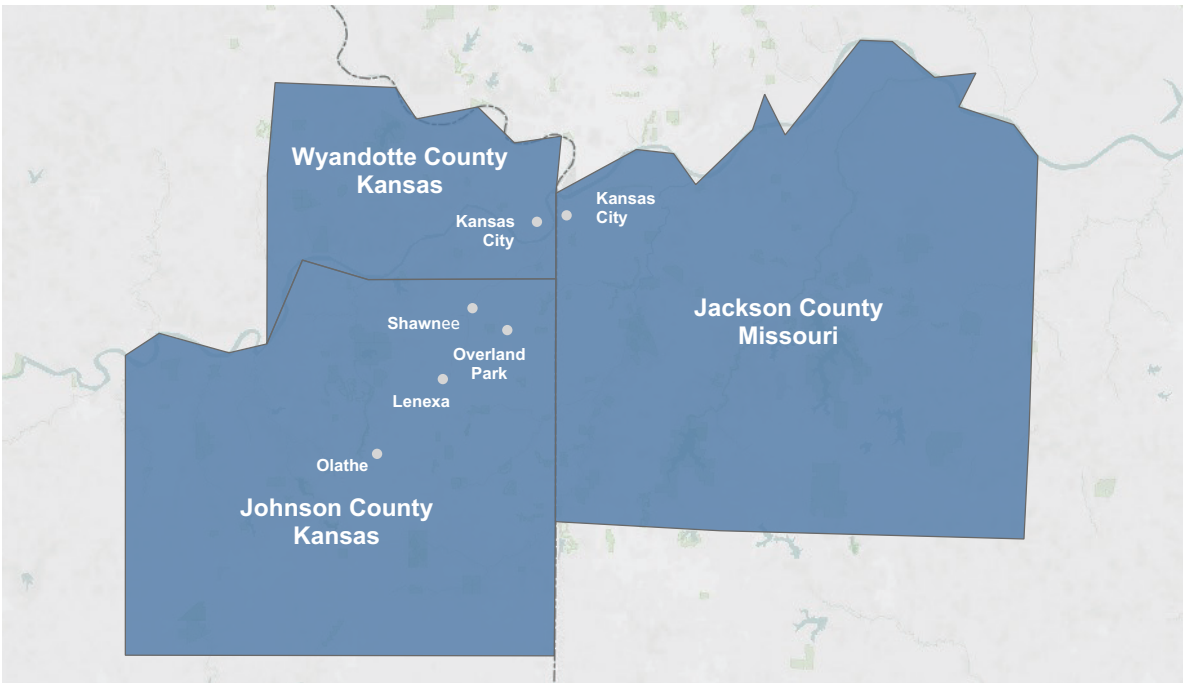
Yet even as immigrants and their children are poised to play a growing role in the future workforce, they are disproportionately likely to

be uninsured.[6] Nationwide, immigrants have a lower rate of private health insurance coverage than the U.S.-born population and rely more heavily on public coverage through programs such as Medicaid and the Children's Health Insurance Program (CHIP).[7] But some immigrants are not eligible for such programs, and others may not access them for lack of information or because they fear that doing so could prevent them from becoming legal permanent residents (LPRs) or citizens, jeopardize their current immigration status, or facilitate arrest and deportation by U.S. Customs and Immigration Enforcement (ICE).

This has particularly been the case under the Trump administration, which has expanded the scope of immigration enforcement[8] and implemented a "public-charge" rule that makes some immigrants ineligible for LPR status (also known as a green card) if they participate in Medicaid or other named federal benefit programs.[9] Reporters and researchers have documented declining immigrant participation in federal health and nutrition programs since President Trump took office.[10] Concerns about accessing such programs among immigrant parents may lead to the under-enrollment of children of immigrants, more than 80 percent of whom are U.S.-born citizens and therefore potentially eligible for Medicaid, CHIP, and *Affordable Care Act* (ACA)-facilitated private coverage.[11]

This issue brief analyzes health insurance coverage among immigrants in the Kansas City metropolitan area, with a focus on Latinos. It is the result of a joint project between the Migration Policy Institute (MPI) and the JUNTOS Center for Advancing Latino Health at the University of Kansas Medical Center. The project seeks to identify challenges that Latino immigrants face in accessing health care and to recommend strategies to improve access. In this brief, MPI researchers first present a demographic profile of immigrants and Latinos in the metropolitan area and in the three counties with the largest immigrant populations[12] (see Figure 1). The brief then describes health insurance coverage trends for all immigrants, Latinos, and for unauthorized immigrants at the metropolitan

Figure 1. Top Three Kansas City Metropolitan Area Counties with the Largest Immigrant Populations



Source: Compilation by the authors.

Box 1. Key Definitions

Latinos. Also described by the U.S. Census Bureau as "Hispanics," this ethnic group includes both immigrants and U.S.-born people who identify as Latino. Ethnicity is self-reported in both the American Community Survey (ACS) and the service-provider data analyzed in this brief.

Immigrants. This brief uses the term "immigrants" interchangeably with "foreign born" and "first generation" to describe people born outside the United States, except those born to U.S.-citizen parents. Immigrants include naturalized citizens and noncitizens of any race or ethnicity. Like ethnicity, immigrant status is self-reported in the ACS.

Latino immigrants. This group includes individuals who report being both Latinos and first-generation immigrants in the ACS.

Unauthorized immigrants. This group includes immigrants who enter the United States without inspection or who overstay a valid visa.

Legal nonimmigrants. Also termed "legal temporary migrants," this group includes international students, H-1B high-skilled workers, H-2A agricultural workers, and other migrants admitted temporarily to the United States.

Legal permanent residents (LPRs). Also known as "lawful permanent residents" or "green-card holders," this group includes immigrants who were admitted permanently to the United States but have not yet become U.S. citizens. In recent years, about two-thirds of LPRs were sponsored by family members, while the rest were sponsored by employers or entered through the diversity-visa program or humanitarian admissions programs (e.g., as refugees and asylees).

Naturalized U.S. citizens. This group includes immigrants who have become U.S. citizens. LPRs are eligible to become citizens after five years in that status, or three years if married to a U.S. citizen.

Note: Because the ACS does not ask respondents about their legal status, this brief's analysis of unauthorized immigrants, legal nonimmigrants, and LPRs uses a unique methodology for assigning legal status to noncitizens in ACS data developed by the Migration Policy Institute (MPI) in partnership with James Bachmeier of Temple University and Jennifer Van Hook of The Pennsylvania State University, Population Research Institute. Naturalized citizenship is self-reported in the ACS. For more details on MPI's methodology, see **this webpage**.

area, county, and local levels (see Boxes 1 and 2 for key definitions and data sources). Finally, the brief examines patterns of health-care utilization at certain safety-net providers—public health clinics, federally qualified health centers (FQHCs), and charity-care clinics.

II. Latino and Immigrant Populations in the Kansas City Metropolitan Area

The immigrant and Latino populations of the Kansas City metropolitan area have been rising rapidly over the past two decades. In 1990, immigrants represented 2 percent and Latinos 3 percent of the region's population of 1.6 million (see Figure 2). By 2017, these shares had risen to 7 percent and 9 percent, respectively, of the area's 2.1 million residents. In this period, the immigrant and Latino populations grew about 300 percent, while the total population rose by 36 percent. Despite this rapid growth, immigrants and Latinos still made up much smaller shares of the Kansas City area's population than they did the U.S. population overall in 2017 (14 percent and 18 percent, respectively).

Immigrants born in Latin America represented about 3 percent of the area's total population,

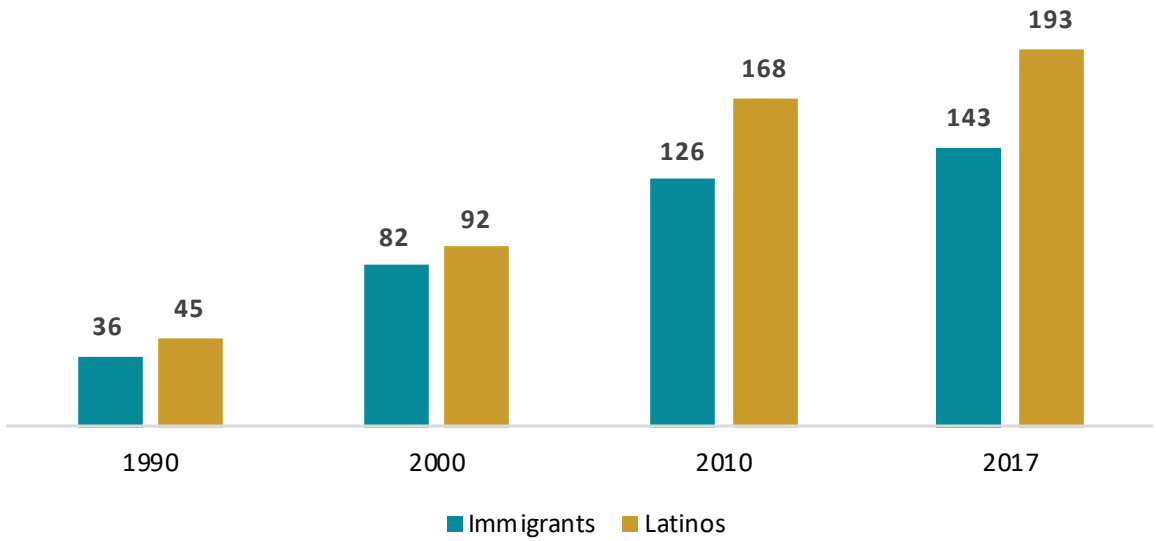
Box 2. Data Sources and Limitations

This issue briefs draws on several data sources. Chief among them is the U.S. Census Bureau's American Community Survey (ACS). Data from the ACS are used to examine population demographics and health insurance coverage. Each section uses data for the most recent year(s) available, which depends on the population and geographic area of analysis. In order to examine relatively small populations, this brief pools ACS data for multiple years to generate samples large enough to analyze.

Data shared with MPI and JUNTOS researchers by some Kansas City safety-net providers are analyzed at the county and zip-code levels to explore service access patterns; these are for either 2017 or 2018. Providers that contributed data include: City of Kansas City Health Department (Jackson County), Duchesne-Caritas Clinic (Wyandotte County), Health Partnership Clinic (Johnson County), Johnson County Department of Health and Environment, Children's Mercy Hospital (Jackson County), Vibrant Health-Wyandotte Neighborhood Clinics, and Wyandotte County Health Department. Enroll Wyandotte, which coordinates the county's health insurance outreach and enrollment through the *Affordable Care Act* marketplace, also provided data.

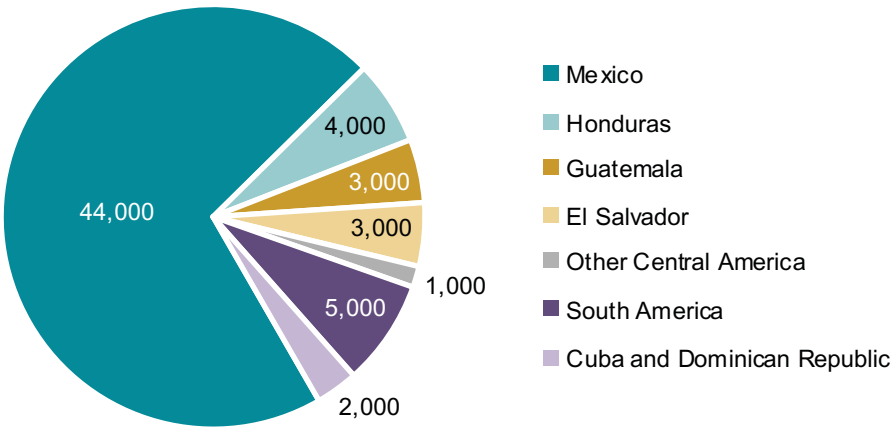
Although Latino immigrants are the focus of the MPI–JUNTOS project, many parts of the analysis in this brief look at broader groups—either the entire Latino population (both the foreign and native born) or all immigrants—based on the available data. And because a certain sample size is needed to make statistically reliable estimates, this analysis is limited to populations of 1,000 or more. Similarly, comparisons between estimates that differ by less than 2,000 are not statistically significant.

Figure 2. Immigrant and Latino Populations of the Kansas City Metropolitan Area (in thousands), 1990–2017



Sources: Migration Policy Institute (MPI) analysis of data from the 2000 U.S. Census of Population and Housing (Census), 5 percent public use microdata sample (PUMS); Tables 156 and 159 of U.S. Census Bureau, *1990 Census, Social and Economic Characteristics: United States* (Washington, DC: U.S. Census Bureau, 1993), 265 and 280, www2.census.gov/library/publications/decennial/1990/cp-2/cp-2-1.pdf; U.S. Census Bureau, American Factfinder, 2010 American Community Survey (ACS) 1-Year Estimates, "Table B03003: Hispanic or Latino Origin" and "Table B05002: Place of Birth by Nativity and Citizenship Status," accessed June 21, 2019, https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml; U.S. Census Bureau, American Factfinder, 2017 ACS 1-Year Estimates, "Table B03003: Hispanic or Latino Origin" and "Table B05002: Place of Birth by Nativity and Citizenship Status."

Figure 3. Country or Region of Birth for Latin American Immigrants in the Kansas City Metropolitan Area, 2013–17



Notes: The data analyzed here are for immigrants born in Latin American countries rather than persons identifying as having Latino ethnicity in the ACS. The number of immigrants in these two groups is not statistically different. English-speaking countries in the Caribbean, which are part of the Census Bureau's "Latin America" region, are excluded; Brazil is included.
Source: U.S. Census Bureau, American Factfinder, 2013–17 ACS 5-Year Estimates, "Table B05006: Place of Birth for the Foreign-Born Population in the United States."

or 62,000 people, in 2017.[13] They also made up 43 percent of all immigrants in the area. Among Latin American immigrants, 71 percent were born in Mexico as of the 2013–17 period, while another 16 percent were born in Honduras, Guatemala, or El Salvador—the three countries that account for a large majority of Central American immigrants (see Figure 3). Eight percent were from South America and 3 percent from the Caribbean countries of Cuba and the Dominican Republic. Outside of Latin America, the most common origin countries were all in Asia: India, China, Vietnam, Thailand, Korea, and the Philippines.

Among the larger population of Latinos, including both immigrants and those born in the United States, 81 percent were of Mexican origin. Another 8 percent had origins in Central America.[14]

Local Population Profiles for Jackson, Johnson, and Wyandotte Counties

Jackson, Johnson, and Wyandotte Counties are home to the overwhelming majority of both immigrants and Latinos in the Kansas City metropolitan area. During the 2013–17 period, these three counties accounted for 81 percent of all Latinos, 83 percent of all immigrants, and 90 percent of Latino immigrants in the region—disproportionately large shares compared to the 68 percent of all metro area residents who lived there (see Table 1).

Among the three counties, immigrants and Latinos make up the largest shares of residents in Wyandotte; their shares were substantially above the national average and the state averages for Kansas and Missouri in 2013–17 (see Figure 4). Jackson and Johnson Counties, by contrast, had Latino and immigrant population

Table 1. Latino and Immigrant Populations in Jackson, Johnson, and Wyandotte Counties and the Kansas City Metropolitan Area, 2013–17

	Jackson County, MO	Johnson County, KS	Wyandotte County, KS	Three Counties Combined	Metropolitan Area Total	Three-County Total as a Share of the Metro Area (%)
Total Population	**689,000**	**579,000**	**163,000**	**1,431,000**	**2,089,000**	**68**
Latinos	61,000	43,000	46,000	150,000	184,000	81
Immigrants	40,000	49,000	26,000	115,000	138,000	83
Latino immigrants	20,000	15,000	19,000	54,000	60,000	90

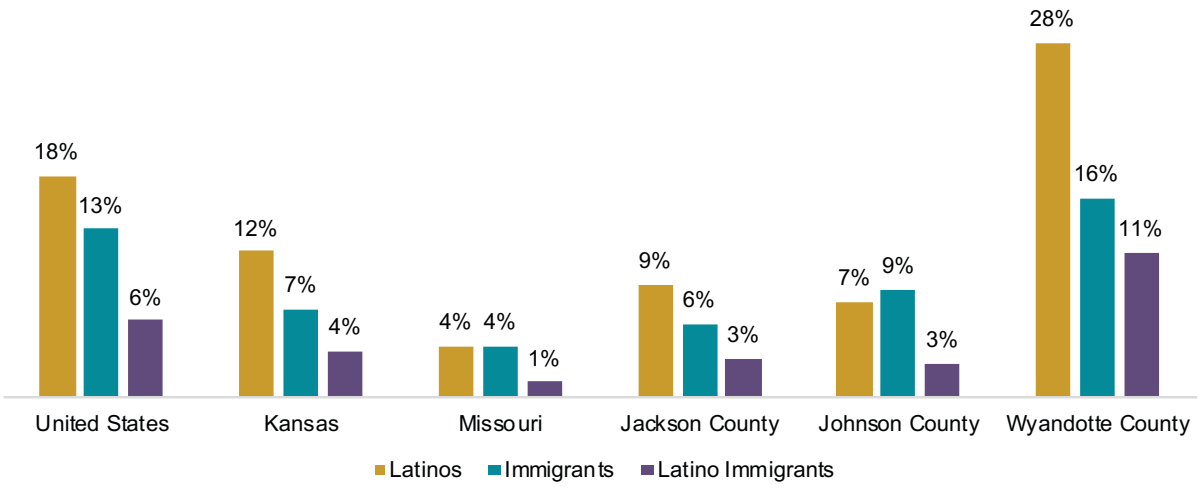
Sources: U.S. Census Bureau, American Factfinder, 2013–17 ACS 5-Year Estimates, "Table B05002: Place of Birth by Nativity and Citizenship Status" and "Table B05003I: Sex by Age by Nativity and Citizenship Status (Hispanic Or Latino)."

shares below the national average. Nonetheless, because of its relatively small total population, Wyandotte County had fewer immigrants than both Jackson and Johnson Counties (see Table 1).

In Wyandotte County, Latinos make up a relatively high share of both the population overall (see Figure 4) and of the immigrant population, with Mexicans particularly well represented (see Figure 5). In the 2013–17 period, 60 percent of immigrants in Wyandotte County were from Mexico, a level well above the 34 percent in Jackson County and 22 percent in Johnson County as well as the national average of 27 percent.

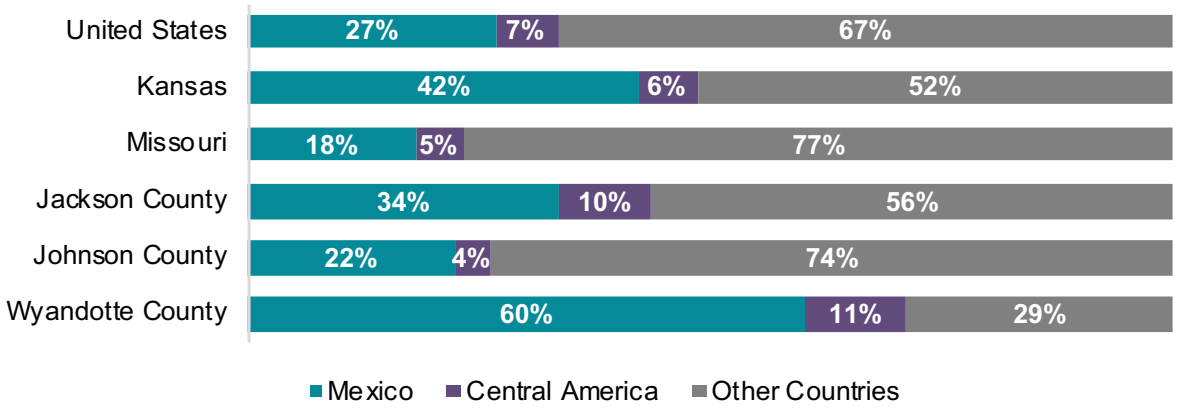
In terms of raw numbers, Wyandotte County had more Mexican immigrants (15,000) than either Jackson County (14,000) or Johnson County (11,000) in the 2013–17 period. All three counties also had notable numbers of immigrants from the Central American countries of El Salvador, Guatemala, and Honduras, but the largest group was in Jackson County (4,000).

Figure 4. Latinos, Immigrants, and Latino Immigrants as a Share of the Total Population in the United States, Kansas, Missouri, and Selected Counties, 2013–17



Sources: U.S. Census Bureau, American Factfinder, 2013–17 ACS 5-Year Estimates, "Table B05002: Place of Birth by Nativity and Citizenship Status" and "Table B05003I: Sex by Age by Nativity and Citizenship Status (Hispanic Or Latino)."

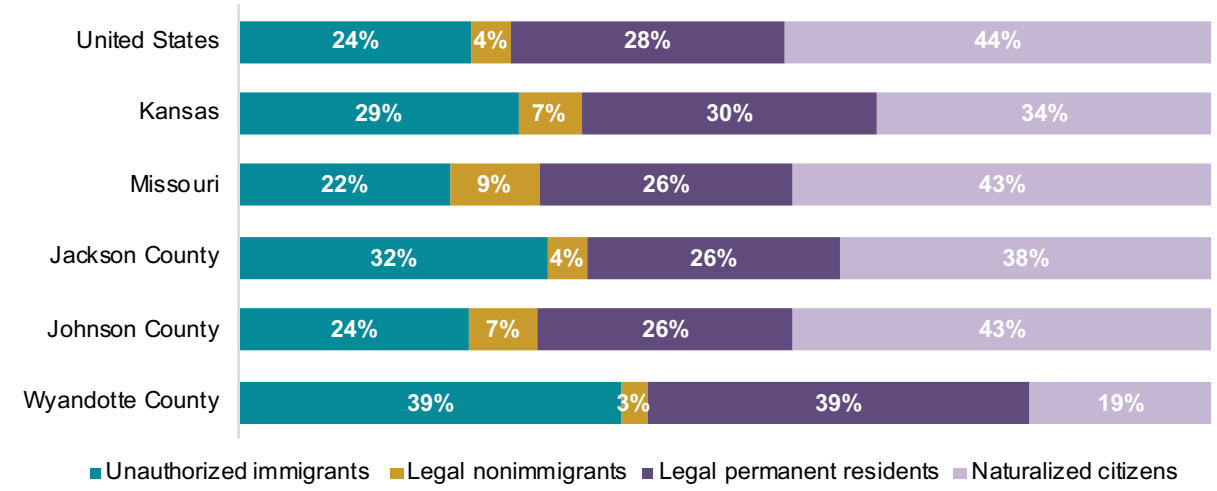
Figure 5. Shares of Immigrants Born in Mexico, Central America, and Other Countries for the United States, Kansas, Missouri, and Selected Counties, 2013–17



Notes: In this figure, "Central America" includes only El Salvador, Guatemala, and Honduras—the three countries that together comprise a large majority of immigrants from the region. The six most common "other countries" are all in Asia: India, China, Vietnam, Thailand, Korea, and Philippines.
Source: U.S. Census Bureau, American Factfinder, 2013–17 ACS 5-Year Estimates, Table B05006, "Place of Birth for the Foreign-Born Population in the United States."

The breakdown of immigrants by legal status varies slightly among the counties. During 2014–16, unauthorized immigrants and LPRs each made up 39 percent of Wyandotte County's immigrants, while a smaller share (19 percent) were naturalized citizens (see Figure 6). This stands in contrast to the pattern in the other two counties and the nation overall, where naturalized immigrants outnumbered any other group, including unauthorized immigrants, by large margins. Altogether, the three counties had an estimated 40,000 unauthorized immigrants in the 2014–16 period, with 14,000 each in Jackson and Johnson Counties,

Figure 6. Legal Status of Immigrants in the United States, Kansas, Missouri, and Selected Counties, 2014–16



Source: MPI analysis of data from the 2014–16 ACS, pooled, with legal status assignments by James Bachmeier of Temple University and Jennifer Van Hook of The Pennsylvania State University, Population Research Institute.

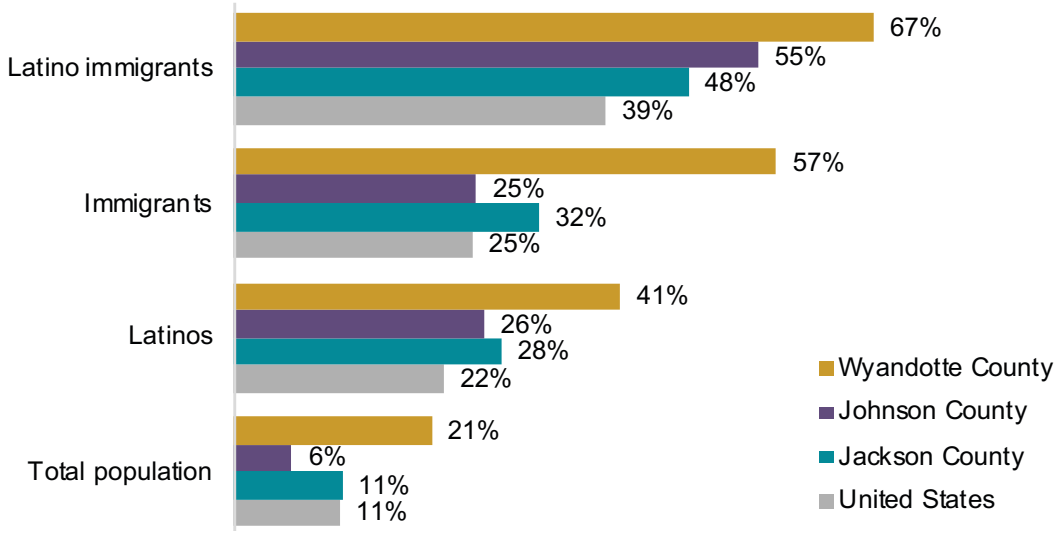
and 12,000 in Wyandotte County. In all three counties, legal nonimmigrants—a group that includes international students and temporary workers, such as H-1B holders[15]—made up by far the smallest shares of immigrants, as they did nationwide.

III. Health Insurance Coverage among Latinos and Immigrants in the Kansas City Metropolitan Area

In 2010, Congress expanded Medicaid coverage for low-income adults through the *Affordable Care Act* (ACA).[16] However, the Supreme Court in 2012 struck down this expansion, leaving it to states to decide whether Medicaid should cover their low-income residents—something Kansas and Missouri have opted not to do.[17] Beyond the question of Medicaid expansion, the ACA aimed to increase the number of people with health insurance by establishing new state-level virtual marketplaces where people can shop for private health coverage and by creating tax credits and subsidies to help those with incomes up to 400 percent of the federal poverty level purchase coverage.[18] Since ACA's marketplaces and private-coverage subsidies were implemented across the country in 2014, health insurance coverage has improved, particularly for Latinos.[19]

In the Kansas City area, insurance coverage patterns vary across counties, intersecting with population demographics in several notable ways. During the 2014–16 period, the share of all people in the three-county area who were uninsured was similar to the nationwide average (10 percent versus 11 percent, respectively) and to the averages for Missouri and Kansas (both at 10 percent; see Table A-1 in the Appendix). The uninsured rate in Wyandotte County, however, was much higher: 21 percent. This is nearly twice the national rate and the rate for Jackson County (also 11 percent), and more than three times the rate for Johnson County (6 percent; see Figure 7). This gap could also be seen within the counties' Latino and immigrant populations, which had higher uninsured rates in Wyandotte County than in Jackson, Johnson, and the United States overall.

Figure 7. Uninsured Rates for Latino and Immigrant Populations in the United States and Selected Kansas City Metropolitan Area Counties, 2014–16



Source: MPI analysis of data from the 2014-16 ACS, pooled.

The three counties also differed in private versus public health insurance coverage rates. A smaller share of Wyandotte County residents had private coverage (51 percent) than residents of Jackson County (69 percent) and Johnson County (84 percent; see Table A-1). This is presumably because Wyandotte County residents were less likely to hold jobs that carried employer private health insurance.[20] On the other hand, Wyandotte County residents were more likely to have public coverage through programs such as Medicaid, CHIP, and Medicare (28 percent) than residents of Jackson and Johnson Counties (19 percent and 10 percent, respectively). Public coverage in Jackson and Johnson Counties, as well as statewide in Kansas and Missouri, was below the nationwide average of 23 percent—most likely due to the absence of Medicaid expansion programs for adults in these states.

For the three studied groups—immigrants, Latinos, and Latino immigrants—private coverage was substantially lower in Wyandotte County than in the other two counties (see Table A-1). By contrast, private coverage for these groups was a few percentage points higher in Jackson and Johnson Counties, and in the states of Kansas and Missouri, than it was nationwide. The relatively high private coverage levels of these groups in Jackson and Johnson Counties suggest that Latinos and immigrants who live there may be more likely to have jobs with health coverage and other benefits than those nationwide; in Wyandotte, the opposite appears to be true. Across the three-county area, 87 percent of Latinos with private health insurance obtained their coverage through employers, former employers, or the employers of family members, as did 81 percent of privately insured immigrants.

Patterns of public health insurance coverage for Latinos and immigrants are somewhat different. Public coverage of Latinos through Medicaid and other programs in 2014–16 was substantially lower than the nationwide average (32 percent) in all three counties as well as Kansas and Missouri (see Table A-1). In Wyandotte County, 28 percent of Latinos had public coverage, as did 22 percent in Jackson County, and 19 percent in Johnson County. The gap in public coverage between the three counties and the United States was generally wider for immigrants (at least 10 percentage points) and wider still for Latino immigrants (at least 16 percentage points).

The relatively low public coverage among Kansas City metropolitan area Latinos and immigrants is partly a function of state policies. In addition to not having expanded Medicaid coverage under the ACA, neither Kansas nor Missouri provides Medicaid coverage for recent LPRs—those with fewer than five years of permanent residency. Some large states such as California, New York, and Illinois have enacted Medicaid expansions, and larger shares of immigrants in these states have public coverage, brings up the national average. Low levels of public coverage among immigrants in the Kansas City metropolitan area may also be partly attributable to the relatively high share of unauthorized immigrants in the area, and particularly in Wyandotte County, given that unauthorized immigrant adults are not eligible for Medicaid, with minor exceptions (see Section III.A. for more details).

Notably, the gap in public coverage rates between the Kansas City area and the nation is not as great for U.S.-born Latinos as for those who are immigrants. U.S.-born Latinos, many of whom are children, are U.S. citizens and therefore not barred from Medicaid or CHIP. And since eligibility for both Medicaid and CHIP is based on income, Wyandotte County's relatively high poverty rate makes more of its U.S.-born Latino residents eligible for coverage under these programs (see Section IV for more details).

A. Immigration Status and Insurance Coverage

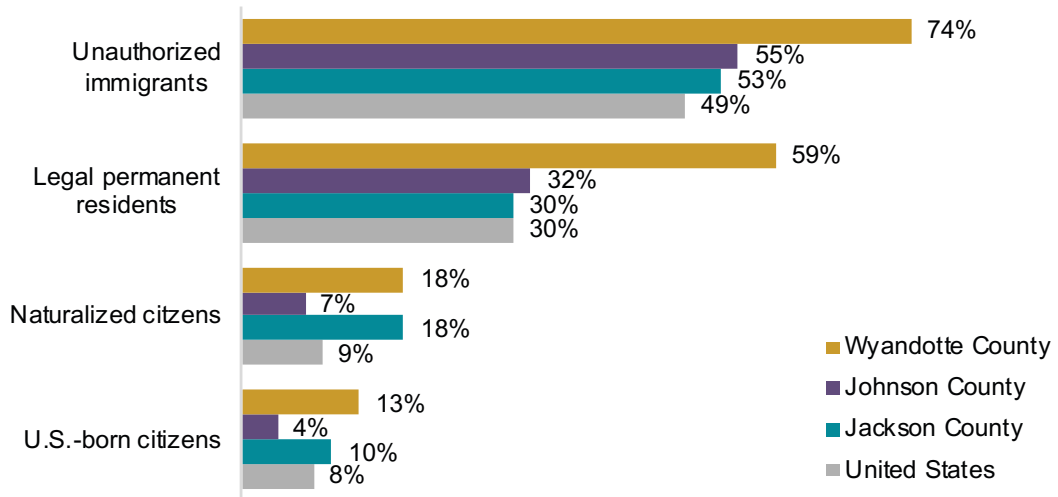
An individual's likelihood to have health insurance coverage, and particularly public coverage, is affected by his or her immigration status. Not all immigrants qualify to use ACA marketplaces and receive ACA subsidies, or

to participate in public insurance programs. Unauthorized immigrants, who comprise about 30 percent of all immigrants in the Kansas City area and 24 percent of those nationwide, are ineligible for Medicaid, CHIP, and the ACA's marketplaces and subsidies.[21] In Kansas, Missouri, and most other states, LPRs are ineligible for Medicaid during their first five years in that status.[22] Nonimmigrants such as international students and temporary workers are also ineligible for Medicaid in almost all states. But all LPRs, nonimmigrants, and other lawfully present immigrants are eligible to use ACA marketplaces and receive subsidized private coverage, while Deferred Action for Childhood Arrivals (DACA) participants, who do not have lawful status, are ineligible for the ACA.[23]

The effects of these eligibility rules can be clearly seen in coverage levels. Unauthorized immigrants are far more likely to be uninsured than LPRs or U.S. citizens in all three Kansas City metro area counties studied, as well as in the United States overall. In the 2014–16 period, almost three-quarters of unauthorized immigrants living in Wyandotte County were uninsured, as were more than half of those in Jackson and Johnson Counties, and about half nationwide (see Figure 8). Among unauthorized Latino immigrants, the rate was slightly higher: 77 percent were uninsured in Wyandotte County, as were 75 percent in Johnson County and 62 percent in Jackson County (not shown in the figure).

Unauthorized immigrants are particularly likely to be uninsured because, in addition to being ineligible for public health insurance programs, relatively few have private coverage through their employers or other sources. About 21 percent of unauthorized immigrants in Wyandotte County had private coverage, as did 44 percent of those in Jackson County and 43 percent of those in Johnson County (see Table A-2). Because they lack authorization to work in the United States, the jobs they hold tend to be low paid, often informal, and are less likely to offer health coverage than those held by legal immigrants and U.S.-born workers. Across the three-county area, approximately 12,000 unauthorized immigrants had employer-based coverage, amounting to 30 percent of the area's

Figure 8. Uninsured Rates for Immigrant and U.S.-Born Populations, by Legal Status, in the United States and Selected Kansas City Metropolitan Area Counties, 2014–16



Note: Rates for legal nonimmigrants could not be estimated due to small sample sizes.
Source: MPI analysis of data from the 2014-16 ACS, pooled, with legal status assignments by Bachmeier and Van Hook.

unauthorized population and 84 percent of unauthorized immigrants with private insurance.

Very few unauthorized immigrants reported public coverage through Medicaid or other sources: 5 percent or less in all three counties. Although unauthorized immigrants are generally barred from Medicaid, CHIP, other public health insurance programs, and from ACA marketplaces and subsidies, they may receive Medicaid coverage for emergencies and childbirth, or preventive or primary care at public health clinics.[24]

By comparison, legal immigrants were more likely to have insurance, though the lowest coverage rate was still in Wyandotte County. In 2014–16, 59 percent of LPRs there were uninsured, compared to 32 percent in Johnson County and 30 percent in both Jackson County and the United States overall. The lower insurance coverage rate among Wyandotte's green-card holders was mostly a function of their lower rate of private coverage than green-card holders in the other two counties, as public coverage rates were very low for those in all three counties (15 percent or lower).

Immigrants who have become U.S. citizens are much less likely to be uninsured than either LPRs or unauthorized immigrants. In addition, naturalized immigrants were only slightly more likely than U.S.-born citizens to be uninsured in all three counties and nationwide as of 2014–16 (see Figure 8). There was also less variation among the counties in coverage of naturalized citizens than coverage of noncitizens. However, U.S. citizens in Johnson County (both native and foreign born) were significantly less likely than those in other counties to be uninsured due to higher levels of private coverage, suggesting that citizens living there are more likely to have jobs with employer coverage and other benefits.

B. Latino Residents and Insurance Coverage

Latinos made up between 7 and 28 percent of each of the three studied counties' populations, but much higher shares of their uninsured residents. During the 2014–16 period, a majority of uninsured people in Wyandotte County were Latinos, as were about one-third in Johnson County and one in five uninsured residents in Jackson County (see Table 2). In all three counties, more than half of uninsured Latinos were immigrants: 58 percent in Jackson, 75 percent in Wyandotte, and 92 percent in Johnson. Together, immigrants of all origins and U.S.-born Latinos accounted for 38 percent (61,000 individuals) of the total 161,000 uninsured residents of the three counties studied.

Notably, despite differences in the size of each county's total population (see Table 1) and number of uninsured residents, all three had

Table 2. Latino and Immigrant Populations as a Share of the Uninsured Population in Jackson, Johnson, and Wyandotte Counties, 2014–16

	Jackson County, MO		Johnson County, KS		Wyandotte County, KS		Three Counties Combined	
	Number	Share of Total (%)	Number	Share of Total (%)	Number	Share of Total (%)	Number	Share of Total (%)
Total Uninsured Population	**91,000**	**100**	**35,000**	**100**	**35,000**	**100**	**161,000**	**100**
Latinos	19,000	21	12,000	34	20,000	57	51,000	32
Immigrants	15,000	16	15,000	43	17,000	49	47,000	29
Latino Immigrants	11,000	12	11,000	31	15,000	43	37,000	23
Unauthorized Immigrants	8,000	9	8,000	23	9,000	26	25,000	16

Source: MPI analysis of data from the 2014-16 ACS, pooled.

Table 3. Latino, Immigrant, Low-Income, and Uninsured Populations as a Share of the Ten Kansas City Metropolitan Area Zip Codes with the Largest Latino Populations, 2013–17

Zip Code	County	Latino Share of Residents (%)	Immigrant Share of Residents (%)	Low-Income Share of Residents (%)	Uninsured Share of Residents (%)
66105	Wyandotte	69	37	42	38
64126	Jackson	56	25	66	36
64123	Jackson	47	30	38	32
66102	Wyandotte	47	29	44	30
66101	Wyandotte	41	28	56	28
64124	Jackson	39	31	44	31
64125	Jackson	39	18	47	35
66106	Wyandotte	33	13	26	17
66103	Wyandotte	31	18	41	19
64127	Jackson	27	15	51	27
Three-County Total Population		**10**	**8**	**18**	**11**

Note: Low-income persons had family incomes below 138 percent of the federal poverty level.
Source: U.S. Census Bureau, American Factfinder, 2013–17 ACS 5-Year Estimates, "Table S2701: Selected Characteristics of Health Insurance Coverage in the United States."

remarkably similar numbers of uninsured Latinos and immigrants. This suggests that outreach and efforts to extend health services to uninsured residents are important throughout the metropolitan area.

IV. Local Population Clusters, Insurance Coverage, and Health-Care Service Use

A look at demographic and coverage data at the zip-code level make clear that there is also variation within each county. The Kansas City metropolitan area's Latino and immigrant populations are most heavily concentrated in a cluster of urban zip codes in Wyandotte and Jackson Counties (see Figures 9 and 10). These two counties had ten zip codes where Latinos represented more than one-quarter of the population in the 2013–17 period (see Table 3). In six of them, immigrants were also one-quarter or more of the population. By contrast, the total population of Jackson, Johnson, and Wyandotte Counties combined was 10 percent Latino and 8 percent immigrant.

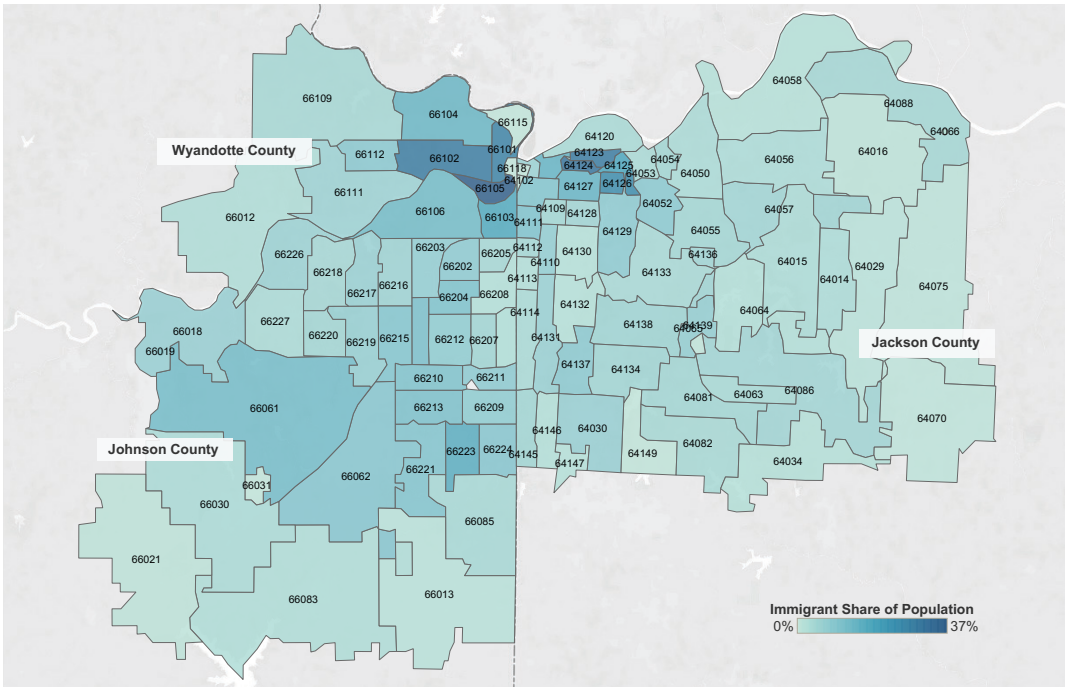
Johnson County also had some areas with relatively high concentrations of immigrants, particularly in Overland Park (zip codes 66210, 66213, 66221, 66223, and 66224) and Olathe (66061 and 66062, see Figure 9). Latinos in all Johnson County zip codes, however, comprised a smaller share of the population than the three-county average of 10 percent, except for 66061 in Olathe (15 percent; see Figure 10). In Johnson County's immigrant-dense communities, non-Latino immigrants predominated.

There is considerable overlap among Latino, immigrant, and uninsured populations within the Kansas City metropolitan area. Many of the localities where these groups are concentrated also have substantial low-income populations. In eight of the ten zip codes with the highest concentrations of Latino residents in 2013–17, more than 40 percent of the population had

Explore Local Data

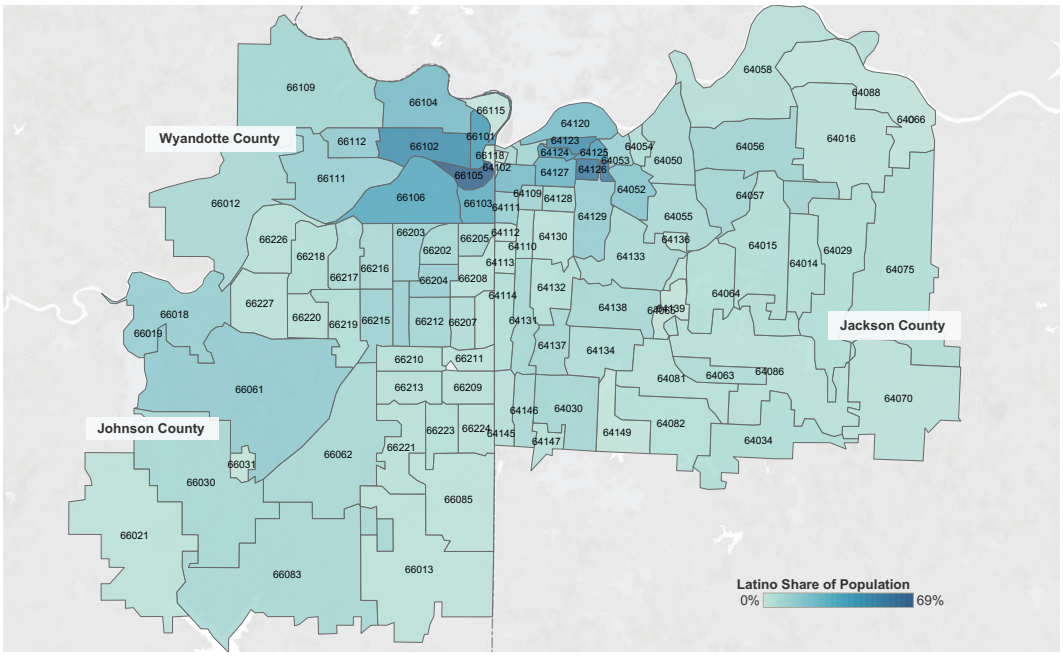
For interactive versions of these Kansas City metro area maps and data for each zip code, check out the **MPI website**.

Figure 9. Immigrant Share of the Total Population in Jackson, Johnson, and Wyandotte Counties, By Zip Code, 2013–17



Source: U.S. Census Bureau, American Factfinder, 2013–17 ACS 5-Year Estimates, Table S2701, "Selected Characteristics of Health Insurance Coverage in the United States."

Figure 10. Latino Share of the Total Population in Jackson, Johnson, and Wyandotte Counties, By Zip Code, 2013–17



Source: U.S. Census Bureau, American Factfinder, 2013–17 ACS 5-Year Estimates, "Table S2701: Selected Characteristics of Health Insurance Coverage in the United States."

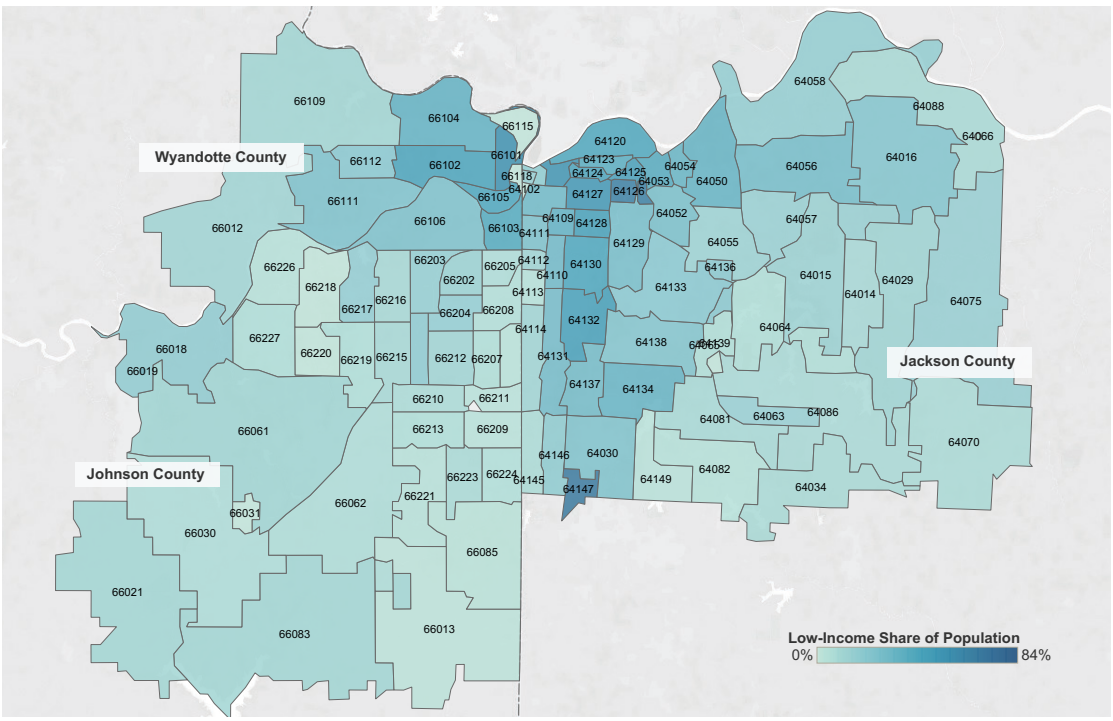
family incomes below 138 percent of the federal poverty level, the cutoff for Medicaid adult eligibility (see Table 3).[25] And in six of these ten zip codes, 30 percent or more of the population was uninsured. By comparison, 18 percent of the total population of the three-county area was low income and 11 percent was uninsured.

Most low-income and high-uninsured zip codes in the metro area were in Kansas City, in either Jackson or Wyandotte counties (see Figures 11 and 12), but the characteristics of each county's low-income and uninsured populations differ. In Wyandotte County, most low-income and high-uninsured zip codes also had relatively high concentrations of Latinos and immigrants. But in Jackson County, only a few of these zip codes had high Latino and immigrant concentrations; most of the county's uninsured population was comprised of U.S.-born White and Black residents.

In Johnson County, the low-income and uninsured populations were more dispersed. No single zip code or cluster of zip codes had a high concentration of either population. There was, however, some variation across the county, with low-income and uninsured populations generally correlating geographically with larger Latino and immigrant populations, as in Wyandotte County.

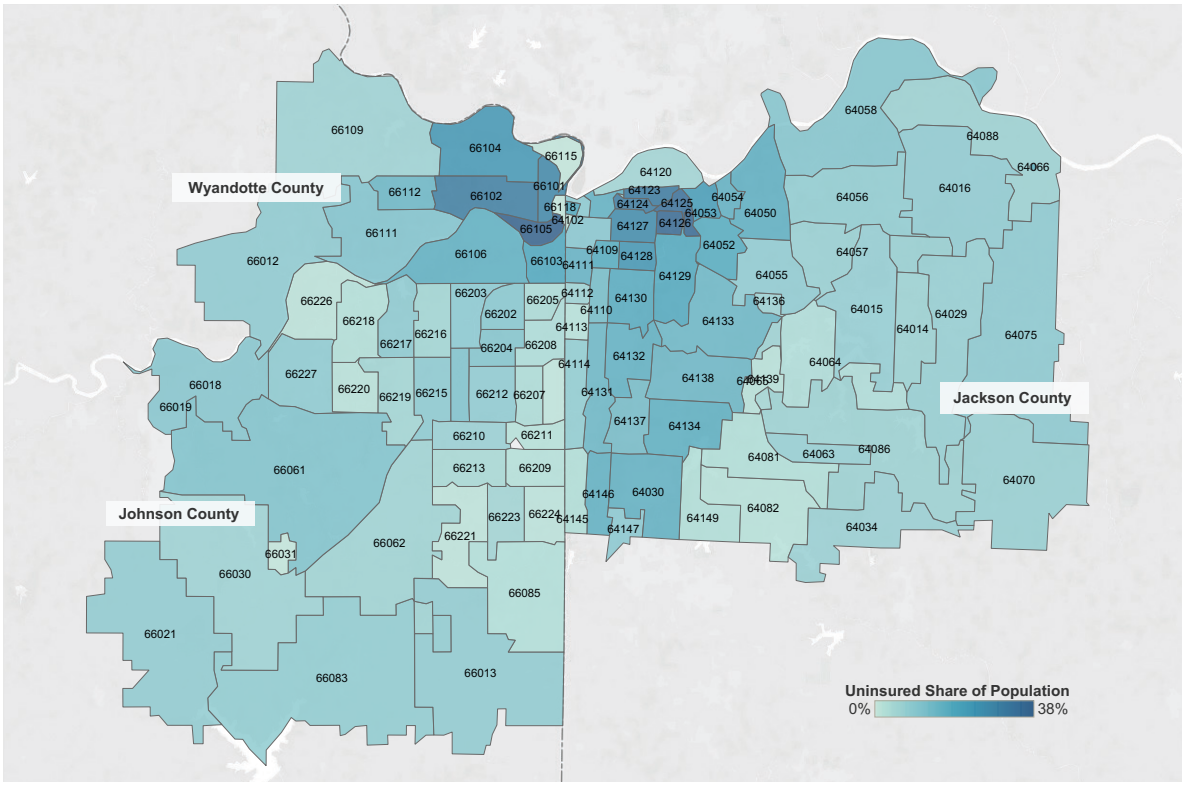
But in which parts of the metropolitan area were Latinos and immigrants least likely to be insured? Some but not all such localities were in the Latino- and immigrant-dense zip codes of Kansas City, and particularly those in Wyandotte County. In general, however, the uninsured Latino and uninsured immigrant populations were dispersed across the three-county area, with substantial concentrations outside Kansas City.

Figure 11. Low-Income Share of the Total Population in Jackson, Johnson, and Wyandotte Counties, By Zip Code, 2013–17



Note: Low-income persons had family incomes below 138 percent of the federal poverty level.
Source: U.S. Census Bureau, American Factfinder, 2013–17 ACS 5-Year Estimates, "Table S2701: Selected Characteristics of Health Insurance Coverage in the United States."

Figure 12. Uninsured Share of the Total Population in Jackson, Johnson, and Wyandotte Counties, By Zip Code, 2013–17



Source: U.S. Census Bureau, American Factfinder, 2013–17 ACS 5-Year Estimates, "Table S2701: Selected Characteristics of Health Insurance Coverage in the United States."

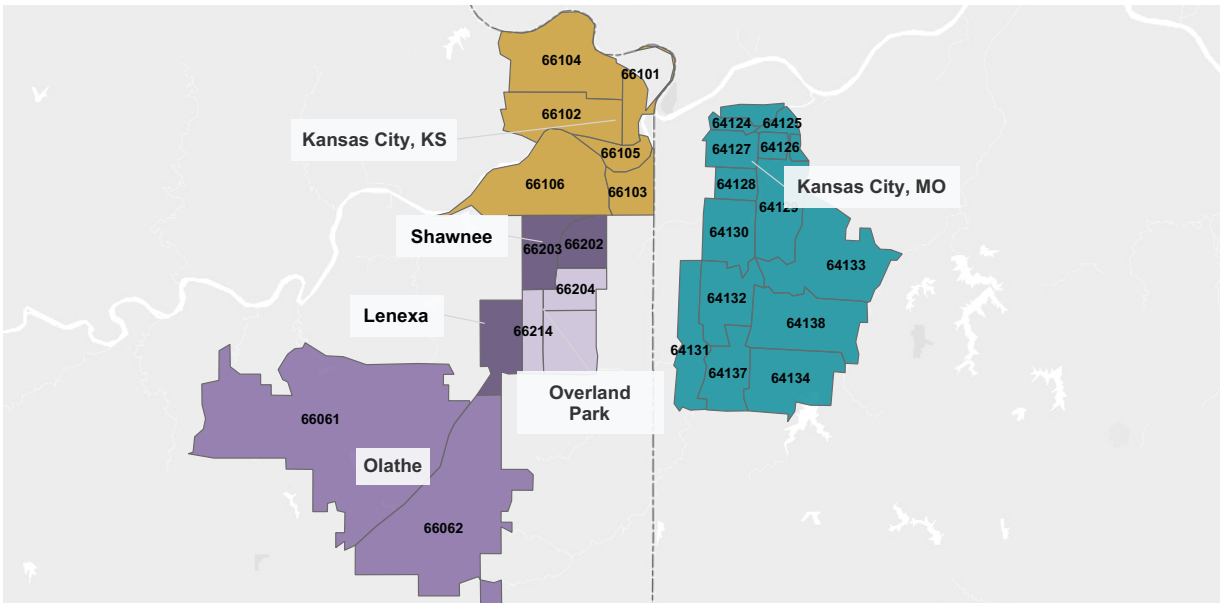
Local Health-Care Service Use Patterns

Uninsured individuals have four usual sources of health care: public health clinics, nonprofit community health centers (also known as federally qualified health centers, or FQHCs), charity-care clinics, and hospitals. All immigrants, regardless of citizenship or legal status, can access these three types of clinics, as well as public and private hospitals for some types of services. To examine service-use patters, this section looks at five clusters of zip codes that had relatively high numbers of uninsured Latinos and immigrants, and where these residents made up relatively large shares of the locality's population (see Figure 13).

Latinos using Wyandotte County's public health clinics in 2017 were highly concentrated. County health department data show that 87 percent of Latino clinic patients lived in the same six Kansas City, KS, zip codes where 91 percent of the county's uninsured Latinos resided (see Table 4). This pattern is echoed in data collected by charity-care clinics and FQHCs in the county about their service populations: about 92 percent of Duchesne-Caritas Clinic patients and 87 percent of patients served by the three Vibrant Health Clinics in 2017 lived in the same six zip codes, and more than three-quarters of all patients in these clinics were Latinos (not shown in table).[26]

In Jackson County, the cluster of 14 zip codes in Kansas City, MO, that comprised almost two-thirds of the county's uninsured Latinos[27] was also home to 69 percent of Latinos who used the city's public health clinics. In these zip codes, however, only about one-fifth of the approximately 41,000 uninsured people were La-

Figure 13. Kansas City Metropolitan Area Zip-Code Clusters with High Numbers and Shares of Uninsured Latino and Immigrant Residents, 2013–17



Source: U.S. Census Bureau, American Factfinder, 2013–17 ACS 5-Year Estimates, "Table S2701: Selected Characteristics of Health Insurance Coverage in the United States."

Table 4. Share of Jackson, Johnson, and Wyandotte Counties' Uninsured Residents and Public Health Patients in Zip-Code Clusters with High Uninsured Rates, 2013–17

Zip-Code Clusters	Share of Total County Population (%)	Share of Uninsured Population (%)	Share of Uninsured Latinos (%)	Share of Latino Public Health Patients (%)
Wyandotte County				
Kansas City, KS (66101 to 66106)	66	83	91	87
Jackson County				
Kansas City, MO (64123 to 64134, 64137, 64138)	31	48	64	69
Johnson County				
Lenexa/Shawnee (66202, 66203, 66215)	10	16	19	18
Overland Park (66204, 66212, 66214)	11	17	21	12
Olathe (66061 to 66062)	24	31	46	42
All Three Johnson County Clusters	*46*	*64*	*87*	*72*

Notes: Figures for Latino public health patients are based on data about patient encounters provided by public health departments in the three counties. Data for Wyandotte County are for 2017; data for Jackson and Johnson Counties are for 2013–17 pooled.
Sources: U.S. Census Bureau, American Factfinder, 2013–17 ACS 5-Year Estimates, "Table S2701: Selected Characteristics of Health Insurance Coverage in the United States"; data provided to the authors by the Wyandotte County Health Department; Kansas City, MO, Health Department; and Johnson County Department of Health and Environment.

tinos, meaning they were likely not the largest service population for safety-net providers.[28]

Eight Johnson County zip codes spanning the localities of Lenexa, Shawnee, Overland Park, and Olathe were home to 87 percent of the county's uninsured Latinos, 72 percent of its Latino public health patients, and 61 percent of patients at the Health Partnership FQHC in Olathe.[29] About 37 percent of the 24,000 uninsured people in these zip codes were Latinos and 41 percent were immigrants.

Taken together, these data suggest that clusters of uninsured residents are generally associated with low-income neighborhoods, but more so in the parts of Wyandotte and Jackson Counties that fall within Kansas City than in the suburban areas of Johnson County. In both Wyandotte and Johnson Counties, the areas with the most uninsured people tend to be Latino immigrant neighborhoods. But in Jackson County, they often are not; there, Latinos comprise a small minority of the uninsured, and most of the county's uninsured residents lived in neighborhoods with relatively small Latino populations.

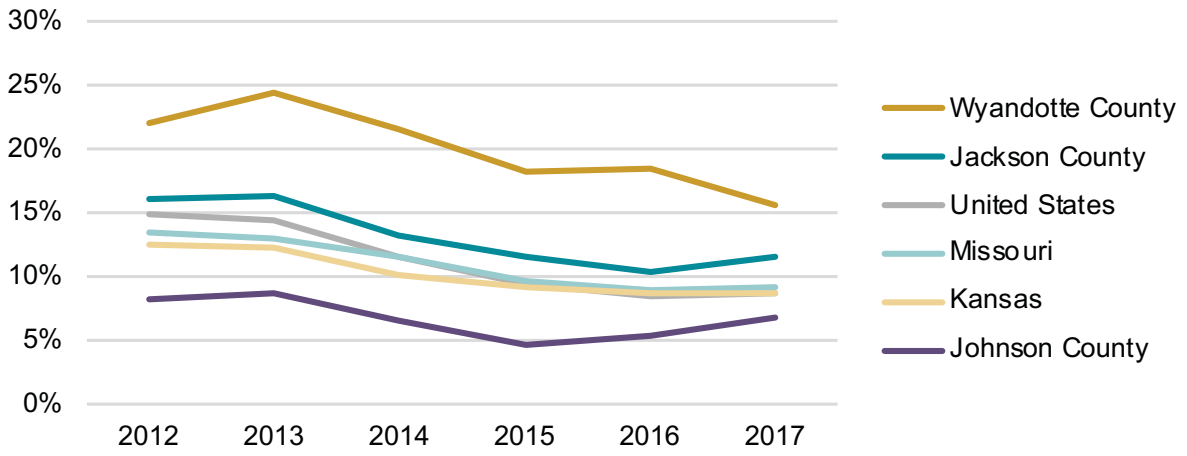
V. Recent Coverage Trends and Future Prospects

The health insurance coverage patterns described in the previous sections form a snapshot from within a period of rising coverage levels both nationally and across the Kansas City metropolitan area. Since the implementation of the ACA in 2014, Latinos and immigrants have experienced disproportionate coverage gains relative to the total population, particularly in Wyandotte County, though they are still much more likely to be uninsured.

Between 2012 and 2017, the uninsured rate for the total U.S. population fell from 15 percent to 9 percent (see Figure 14). The uninsured rates for Kansas and Missouri residents dropped as well, closely following the national average. Among the three Kansas City metropolitan area counties with the most immigrants, Wyandotte County saw the most significant coverage improvement.

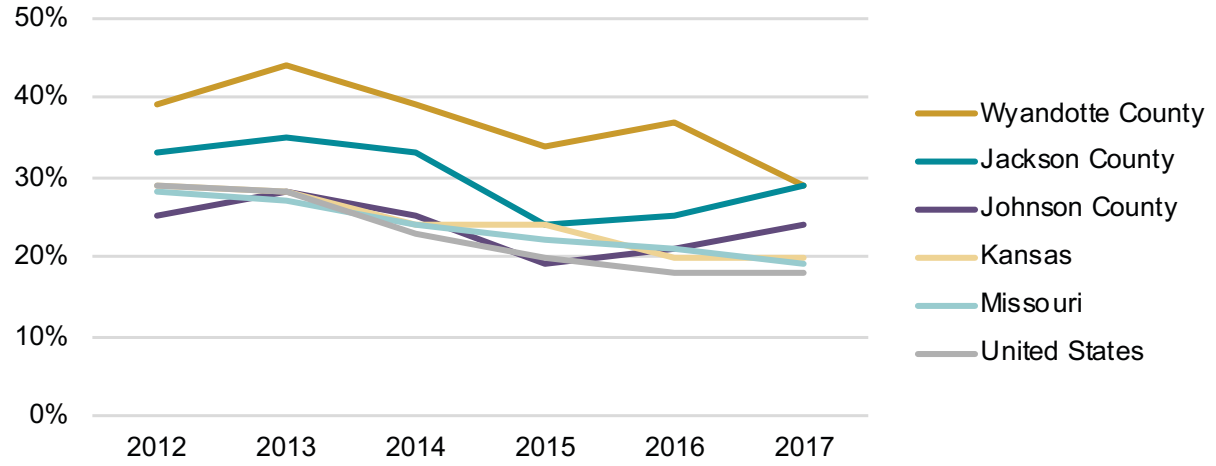
The uninsured rate for the Latino population nationwide, while relatively high, declined by

Figure 14. Uninsured Rates for the Total Population in the United States, Kansas, Missouri, and Selected Counties, 2012–17



Sources: U.S. Census Bureau, American Factfinder, 2012, 2013, 2014, 2015, 2016, and 2017 ACS 1-Year Estimates, "Table S2701: Selected Characteristics of Health Insurance Coverage in the United States."

Figure 15. Uninsured Rates for the Latino Population in the United States, Kansas, Missouri, and Selected Counties, 2012–17

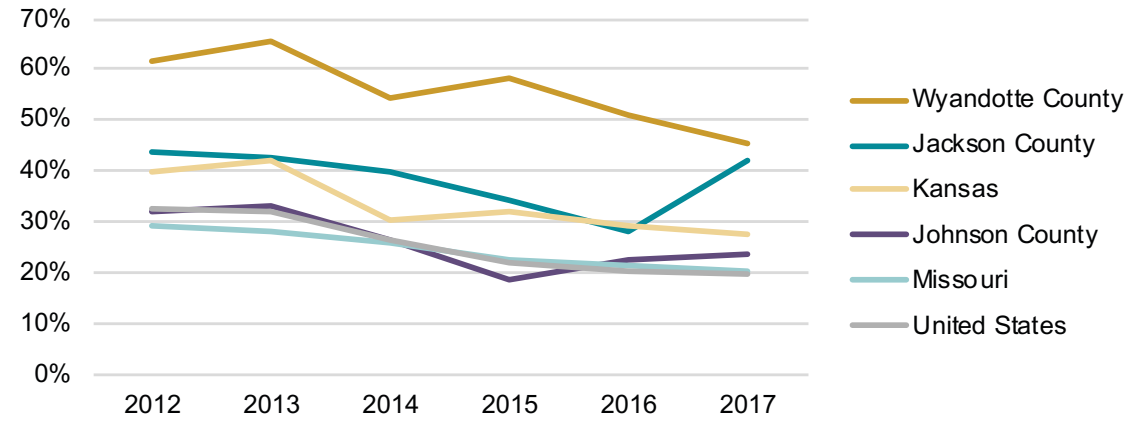


Sources: U.S. Census Bureau, American Factfinder, 2012, 2013, 2014, 2015, 2016, and 2017 ACS 1-Year Estimates, "Table S2701: Selected Characteristics of Health Insurance Coverage in the United States."

11 percentage points between 2012 and 2017 (see Figure 15), a steeper drop than the one experienced by the total U.S. population (6 percentage points). Coverage improvements in Kansas and Missouri again closely matched these national patterns. Coverage rates improved for Latinos in both Wyandotte and Jackson County, though they remain more likely than those nationally to be uninsured. Johnson County's Latino population was about as likely as the nationwide population to be uninsured, with little change over the period.

Among immigrants, the uninsured rate is higher still than that for both Latinos and the total population, but it fell more sharply than for either group. Nationwide, it dropped by 13 percentage points from 2012 to 2017 (see Figure 16). In Wyandotte County, the drop was larger: 17 percentage points. By 2017, the un-

Figure 16. Uninsured Rates for Immigrant Population, United States, Kansas, Missouri, and Selected Counties, 2012–17



Sources: U.S. Census Bureau, American Factfinder, 2012, 2013, 2014, 2015, 2016, and 2017 ACS 1-Year Estimates, "Table S2701: Selected Characteristics of Health Insurance Coverage in the United States."

insured rate for immigrants in Johnson County was slightly above the national average (24 percent versus 20 percent, respectively), but the rate was more than twice as high as the U.S. average in Jackson and Wyandotte Counties (42 percent and 45 percent).

Across the entire period, Latinos and immigrants in Wyandotte County were more likely to be uninsured than those in either Jackson or Johnson Counties with the exception of 2017, when the uninsured rates for Latinos and immigrants rose in Jackson County to at or near their levels in Wyandotte County.[30]

Improvements in insurance coverage for Latinos and immigrants may be attributable to the ACA and changing economic conditions. Private insurance coverage became more common among Latinos and immigrants over the 2012–17 period, suggesting that more were able to obtain jobs with benefits amid an improving economy. For those who could not obtain coverage through an employer, ACA's marketplaces may have opened new avenues to private insurance, and the law's subsidies made coverage more affordable.

Yet, ACA enrollment of Latinos living in the Kansas City area lags enrollment of the general population. In 2018, a total of 60,000 people in the three counties with the most immigrant residents enrolled in the ACA marketplace; this was equivalent to 37 percent of the total uninsured population of 161,000 in the three-county area. Of these ACA enrollees, 4,000 were Latinos—equivalent to 8 percent of the 51,000 uninsured Latinos in the area.[31]

Improvements in coverage, however, are stalling: 9 percent of the total U.S. population remained uninsured from 2015 through 2017, and preliminary survey results for 2018 indicate an uptick in the uninsured population, especially among low-income, working-age adults in states such as Kansas and Missouri that did not expand Medicaid.[32] Effective in 2019, Congress eliminated the tax penalty for failure to purchase private insurance coverage, thereby repealing ACA's individual mandate.[33] The federal government has given some states waivers that allow private insurers to reduce coverage, or make it less comprehensive or more expensive, for people with low incomes or high health-care needs.[34] Federal government outreach to encourage people to enroll in coverage via ACA marketplaces has also been cut.[35] A 2018 report by the U.S. Congressional Budget Office projected that recent changes in the ACA could increase the uninsured population nationwide by an average of 3 million people over the next ten years.[36]

Looking to the future, expanding Medicaid to cover low-income adults would improve insurance coverage for a substantial share of the uninsured population in the Kansas City metropolitan area. Out of the 161,000 area residents who were uninsured in the 2014–16 period, slightly more than one-quarter would be potentially eligible for the Medicaid expansion based on age and poverty-level income (see Table 5).

Table 5. Uninsured Populations Potentially Eligible for Medicaid Expansion, Three-County Kansas City Area, 2014–16

	Uninsured Residents	Potentially Eligible for Medicaid Expansion	Potentially Eligible as a Share of Uninsured Residents (%)
Total Uninsured Population	**161,000**	**44,000**	**27**
Latinos	51,000	9,000	18
Immigrants	47,000	8,000	17
Latino Immigrants	37,000	6,000	16

Note: The population potentially eligible for Medicaid includes adults ages 19 to 65 with family incomes at or below 138 percent of the federal poverty level.

Source: MPI analysis of data from the 2014–16 ACS, pooled.

Latino and immigrant residents of the area could also post significant gains: an estimated 18 percent of uninsured Latinos and 17 percent of uninsured immigrants would be eligible for the expansion. These percentages are lower than the one for the overall uninsured population because unauthorized immigrants, green-card holders with fewer than five years of legal residency, and nonimmigrants such as students and H-1B high-skilled workers are not eligible for Medicaid in either Kansas or Missouri, and so would not be eligible for any expansion of the federal program.

Another policy option that could help more Kansas City metropolitan area residents access health insurance coverage would be to expand Medicaid eligibility to include children who are recent green-card recipients (those with fewer than five years of legal residency), as 32 states and the District of Columbia have done. There is no federally subsidized program that could cover unauthorized immigrant children, though six states and the District of Columbia cover all children, regardless of immigration status, using state or local funds.[37] There is also no federally subsidized program to cover recent LPR adults or unauthorized immigrant adults; a few states cover recent LPR adults using their own funds, but no state covers unauthorized adults. For these individuals, employer coverage through a family member and safety-net clinics remain the primary means of accessing health care.

VI. Conclusion

With or without Medicaid coverage expansions, many Latino immigrants will remain dependent on safety-net providers in the Kansas City metropolitan area. Maintaining provider capacity in the face of financial constraints will be crucial. And while U.S.-born, non-Latino residents still comprise a majority of the region's uninsured population, if health insurance coverage continues to improve, Latinos who are not U.S. citizens (including unauthorized immigrants, nonimmigrants, and some LPRs) will make up a growing share of the uninsured—with implications for how outreach is conducted and services provided.

Uninsured Latino immigrants in Wyandotte County are highly concentrated in certain neighborhoods within Kansas City, KS. This area thus has a sizeable target audience for outreach to enroll eligible individuals in the ACA marketplace or in Medicaid or other programs, as well as considerable demand for safety-net providers that serve the uninsured, including public health clinics, FQHCs, charity-care clinics, and hospitals. It is important for providers in Wyandotte County to have the cultural and linguistic competence to serve Latino immigrants, since they comprise more than two-fifths of the county's uninsured population. And because insurance coverage is much higher for children than adults,[38] there is likely considerable demand for uncompensated or self-pay services for adults.

In Jackson County, the uninsured population is more diverse and includes a broader range of racial/ethnic groups but a smaller share of immigrants than in either Wyandotte or Johnson Counties. Efforts to improve health insurance coverage through Medicaid and ACA enrollment may fare well here, given that a large majority of uninsured residents are U.S. citizens and therefore potentially eligible for these options. In terms of raw numbers, however, Jackson County has far more uninsured people than Wyandotte County, and just as many uninsured Latinos and immigrants, signaling the need for greater safety-net provider capacity.

Suburban Johnson County has a relatively more dispersed uninsured population, with the largest concentration in Olathe and other significant clusters in Lenexa, Overland Park, and Shawnee. As in Wyandotte County, Latinos and immigrants represent large shares of the uninsured population, generating demand for Spanish translation and interpretation services as well as culturally competent care. Providers must cover a larger geographic area, however, and transportation to health providers may be more problematic for low-income immigrants living in the suburbs than those in the denser neighborhoods of Kansas City, and for

unauthorized immigrants, who cannot obtain a driver's license in either Kansas or Missouri.

ACA enrollment shows room for improvement in all three counties, even in Johnson County, which has comparatively fewer uninsured people and more ACA enrollees relative to its total population. Yet even among immigrants aware of and eligible for public health-care programs, some may choose not to use them. Immigration enforcement and policies such as the Trump administration's public-charge rule are likely to continue generating fear of interacting with public programs and health-care providers. This chilling effect could complicate efforts to expand health insurance coverage through the ACA, Medicaid, CHIP, and other public programs. It also might mean that some immigrants delay or avoid seeking health care even when they truly need it, leading to greater health complications down the road and potentially raising public health risks.

Given the important role immigrants and their U.S.-born children play in Kansas City metropolitan area communities and the future of the regional economy, maximizing health insurance coverage for immigrant and Latino families makes economic sense. But because those who do not obtain coverage, particularly unauthorized immigrants, will likely continue to rely on safety-net health-care providers, ensuring continued public and private support for these institutions will remain important. This dual approach, alongside efforts to improve culturally and linguistically appropriate care, will be important to ensure health-care access for the region's fastest growing populations.

Appendix. Additional County-Level Data Tables

Table A-1. Health Insurance Coverage of Immigrant and Latino Populations in the United States, Kansas, Missouri, and Selected Counties, 2014–16

Population and Health Insurance Coverage	United States	Kansas	Missouri	Three Kansas City Area Counties	Jackson County	Johnson County	Wyandotte County
Total Population							
Private coverage	215,981,000	2,165,000	4,264,000	1,141,000	562,000	493,000	86,000
Public but no private coverage	74,782,000	474,000	1,199,000	262,000	158,000	57,000	47,000
No coverage (uninsured)	34,341,000	293,000	639,000	161,000	91,000	35,000	35,000
Share of Total Population (%)							
Private coverage	66	74	70	73	69	84	51
Public but no private coverage	23	16	20	17	19	10	28
No coverage (uninsured)	11	10	10	10	11	6	21
Latinos							
Private coverage	27,009,000	181,000	138,000	75,000	34,000	25,000	15,000
Public but no private coverage	18,914,000	82,000	51,000	38,000	16,000	9,000	13,000
No coverage (uninsured)	12,912,000	88,000	59,000	51,000	19,000	12,000	20,000
Share of Latinos (%)							
Private coverage	46	52	56	46	50	55	32
Public but no private coverage	32	23	21	23	22	19	28
No coverage (uninsured)	22	25	24	31	28	26	41
Immigrants							
Private coverage	25,183,000	139,000	168,000	75,000	26,000	39,000	10,000
Public but no private coverage	10,230,000	20,000	28,000	13,000	5,000	5,000	4,000
No coverage (uninsured)	11,582,000	77,000	63,000	47,000	15,000	15,000	17,000
Share of Immigrants (%)							
Private coverage	54	59	65	55	57	67	31
Public but no private coverage	22	8	11	10	11	8	12
No coverage (uninsured)	25	32	24	35	32	25	57
Latino Immigrants							
Private coverage	8,403,000	58,000	34,000	24,000	10,000	8,000	6,000
Public but no private coverage	4,941,000	8,000	5,000	4,000	2,000	1,000	1,000
No coverage (uninsured)	8,555,000	60,000	36,000	36,000	11,000	11,000	15,000
Share of Latino Immigrants (%)							
Private coverage	38	46	46	38	45	41	28
Public but no private coverage	23	6	7	5	7	4	5
No coverage (uninsured)	39	48	47	57	48	55	67

Source: MPI analysis of 2014–16 ACS data pooled.

Table A-2. Health Insurance Coverage of U.S.-Born, Immigrant, and Low-Income Populations in the United States, Kansas, Missouri, and Selected Counties, 2014–16

Population and Health Insurance Coverage	United States	Kansas	Missouri	Three Kansas City Area Counties	Jackson County	Johnson County	Wyandotte County
U.S.-Born Citizens							
Private coverage	190,798,000	2,026,000	4,095,000	1,067,000	536,000	455,000	76,000
Public but no private coverage	64,552,000	454,000	1,171,000	248,000	153,000	52,000	43,000
No coverage (uninsured)	22,760,000	216,000	576,000	114,000	77,000	20,000	17,000
Share of U.S.-Born Citizens (%)							
Private coverage	69	75	70	75	70	86	56
Public but no private coverage	23	17	20	17	20	10	32
No coverage (uninsured)	8	8	10	8	10	4	13
Naturalized Citizens							
Private coverage	13,530,000	61,000	81,000	34,000	12,000	20,000	3,000
Public but no private coverage	5,079,000	11,000	17,000	8,000	3,000	3,000	2,000
No coverage (uninsured)	1,841,000	9,000	14,000	6,000	3,000	2,000	1,000
Share of Naturalized Citizens (%)							
Private coverage	66	76	72	71	66	79	53
Public but no private coverage	25	13	15	16	16	14	28
No coverage (uninsured)	9	11	13	12	18	7	18
Legal Permanent Residents (%)							
Private coverage	5,779,000	37,000	40,000	20,000	7,000	10,000	4,000
Public but no private coverage	3,386,000	6,000	9,000	4,000	2,000	1,000	1,000
No coverage (uninsured)	4,014,000	28,000	18,000	16,000	4,000	5,000	7,000
Share of Legal Permanent Residents (%)							
Private coverage	44	52	60	51	55	64	29
Public but no private coverage	26	9	13	10	15	4	12
No coverage (uninsured)	30	39	27	40	30	32	59
Unauthorized Immigrants							
Private coverage	4,057,000	28,000	26,000	15,000	6,000	6,000	3,000
Public but no private coverage	1,741,000	3,000	2,000	1,000	1,000	-	1,000
No coverage (uninsured)	5,502,000	37,000	28,000	24,000	8,000	8,000	9,000
Share of Unauthorized Immigrants (%)							
Private coverage	36	42	45	37	44	43	21
Public but no private coverage	15	4	4	3	4	2	5
No coverage (uninsured)	49	54	50	60	53	55	74
Low-Income Population (%)							
Private coverage	20,231,000	229,000	438,000	94,000	56,000	26,000	12,000
Public but no private coverage	37,187,000	225,000	590,000	134,000	88,000	18,000	27,000
No coverage (uninsured)	13,097,000	121,000	269,000	70,000	41,000	14,000	16,000
Share of Low-Income Population (%)							
Private coverage	29	40	34	32	30	45	22
Public but no private coverage	53	39	45	45	48	31	49
No coverage (uninsured)	19	21	21	24	22	24	28

Notes: Low-income individuals have family incomes below 138 percent of the federal poverty level. "-" indicates a sample size too small to generate an estimate.
Source: MPI analysis of 2014–16 ACS data, pooled, with legal status assignments by Bachmeier and Van Hook.

Endnotes

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