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Health Insurance and Expenditures Among Low-Wage Workers in New York City

Columbia Center for the Health of Urban Minorities
Access to Care Core:
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Summary:
This paper describes the characteristics and health expenditures of low-wage workers in New York City and estimates the health care bill associated with these workers and members of their families.

PRINCIPAL FINDINGS:

- Job-based coverage for low-wage workers has eroded, falling over 1.5 percentage points in New York City just since the late 1990s.

- Taxpayers and providers in New York City pay an estimated $612 million each year for health care services provided to uninsured and publicly insured working New Yorkers and their families. Of this, $466 million is for low-wage workers and their families.

- Rates of uninsurance among low-wage workers are highest among Hispanics and Asians. Of particular concern, some 57% of Hispanic low-wage workers lack health insurance.

- Over 2/3 of uninsured low-wage workers are employed in the retail or service industries or in sales and service occupations in other industries.

Most uninsured people, in New York City and nationally, work full-time or are members of families that include full-time workers. But most work for employers who do not offer affordable coverage to their employees. Since adult eligibility for public insurance is quite limited (a full-time full-year childless worker earning the minimum wage would not be eligible for public coverage in New York City), and non-group coverage is very costly, workers who cannot obtain coverage through their jobs often remain uninsured. Low-wage workers are particularly vulnerable. In New York City, there are nearly one million people who are either uninsured low-wage workers or members of families that include an uninsured low-wage workers. Nearly half of all New York City low-wage workers are uninsured, as are 37% of the members of families that include a low-wage worker. Over time, as health care costs have risen, job-based coverage for low-wage workers has eroded. The percentage of low-wage workers in New York City who held job-based coverage fell 1.5 percentage points between the late 1990s and early 2000s.

Several existing policy initiatives, including New York State's Healthy New York program and New York City's HealthPass purchasing alliance are particularly concerned about getting coverage to this population. These efforts, however, have not come close to solving the problem of covering low-wage workers (Glied, 2004). Over 66% of all uninsured full-time full-year workers in New York City are low wage earners.

To understand the potential impact of different health insurance expansion proposals directed at New York's low-wage working population, it is useful to get a sense of who constitutes this population and how the population uses health care services. Sorting out who is uninsured within the low-wage population will help in targeting proposals. Assessing patterns of health service use among those insured and not insured will help in evaluating the likely cost of different expansion arrangements.

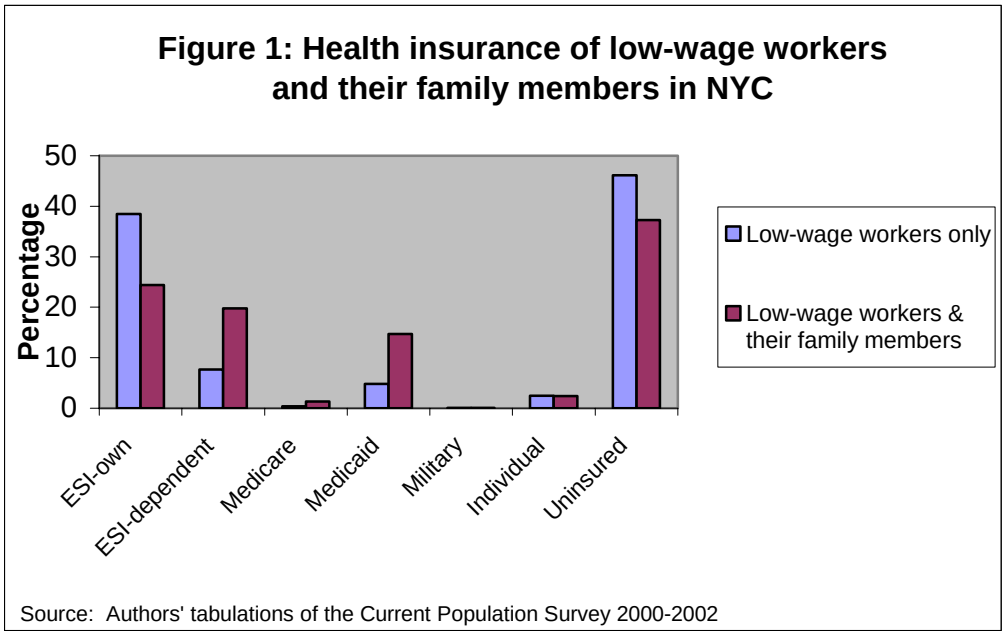
As we show below, there are substantial differences between low-wage workers and non-low-wage workers in New York City, as well as between low-wage workers with private insurance or public insurance, and those who lack coverage altogether. Over 2/3 of uninsured low wage workers are employed in either retail and service industries or sales and service occupations. Rates of uninsurance among low-wage workers are highest among Hispanics and Asians.

A significant proportion of the care currently received by low-wage workers and their family members is not directly compensated, but is paid through public insurance, through government funds, or in the form of uncompensated care supplied by health care providers in the city, both public and private. We estimate that taxpayers and providers in New York City pay nearly $612 million each year for care provided to uninsured and publicly insured workers and their families. Of this, $466 million is for low-wage workers and their families.

Which Low-Wage Workers Are Uninsured?

Of the 2.8 million full-time full-year workers in New York City, nearly 1/3 (31%) earn wages of $11.00 or less per hour. This $11 per hour wage corresponds to roughly 125% of the Federal Poverty Level for a family of four with a full-time, full-year worker. Only 38% of low-wage workers obtain health insurance from their employers; a further 8% of low-wage workers obtain employer-sponsored insurance as dependents of other workers in the household. Few low-wage workers have public insurance, but about 14% of members of low-wage families are Medicaid beneficiaries (see Figure 1).

Low-wage workers differ from higher-wage workers in many ways (see Table 1). They are younger than other workers, and a disproportionate fraction of them have never married. Almost ½ are women. They are disproportionately drawn from minority groups and from the non-citizen population. Low-wage workers live in lower income families than do higher wage workers. They are relatively more likely to work in retail and service industries, or sales and service occupations. They are also more likely to be employed in small firms and are less likely to be employed in union jobs than are their non-low-wage counterparts.



The differences between *uninsured* low-wage workers and *insured* low-wage workers follow a similar pattern—uninsured low-wage workers are disproportionately Hispanic and Asian, younger and not married, employed in service or sales sectors, concentrated in small firms, members of lower income families, non-citizens and significantly less likely to be union members than are their insured low-wage worker counterparts (see Table 2).

Low-wage workers in the retail and service industries and those in sales and service occupations in other industries are more likely to be uninsured than are those in most other industry and occupation groups. Low-wage construction and manufacturing workers also have higher than average uninsured rates.

Much the same pattern holds in distinguishing privately insured low-wage workers from publicly insured low-wage workers. Factors that increase the probability of being a low-wage worker, and of being uninsured, also increase the probability of being publicly insured. The only significant exception to this pattern is that, among low-wage workers with insurance, those with more children are more likely to be publicly insured.

This pattern suggests that the problem of low-wage uninsurance is quite concentrated. Indeed, over 2/3 (69%) of all uninsured full-time, full-year low-wage workers in New York City are employed in the retail trade and service industries or in sales and service occupations. A similar proportion of all low-wage workers in the city are employed in these industries and occupations. About 1/3 of all workers within this

category are low-wage workers. By contrast, among those employed outside these industries and occupations, about 2/3 of low-wage workers are already insured.

Uninsured workers are also concentrated along other dimensions. Hispanics are disproportionately low-wage workers, and some 57% of these Hispanic low-wage workers lack health insurance. By contrast, more than 56% of non-Hispanic low-wage workers already have health insurance coverage. Small firms in New York—those with fewer than twenty-five employees—employ 54% of all uninsured low-wage workers. Some 48% of all workers within this category of firms are low-wage workers and about 62% of these low-wage workers are uninsured. This same pattern holds for non-citizens—63% of non-citizen low-wage workers lack health insurance, whereas 2/3 of low-wage workers who are citizens already have health insurance.

Hispanics are disproportionately low-wage workers, and some 57% of these Hispanic low-wage workers lack health insurance.

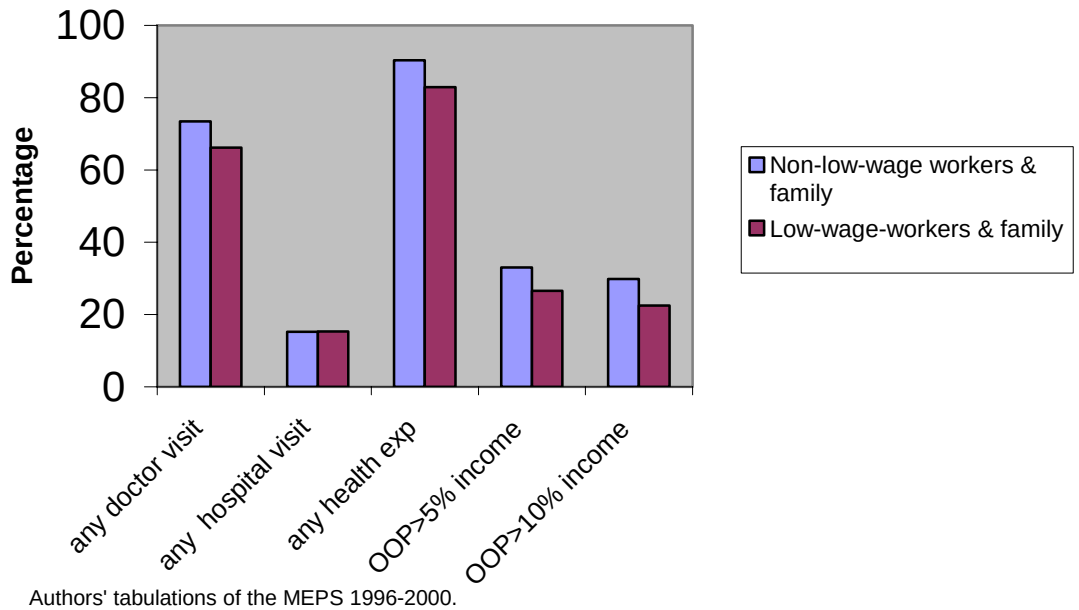
Health Expenditures

Many of the factors that predict low wage status—including age, family status, and citizenship—are also correlated with patterns of health care service utilization. Patterns of health service utilization are also affected by workplace policies other than health insurance, such as the availability of paid sick leave and disability benefits. Low-wage workers may be less likely to have such benefits available to them than are higher-wage workers. Nationwide, only 21% of workers in service occupations have short-term disability available to them, compared to 39% of all American workers (BLS 2003). For both these demographic and workplace policy reasons, we expect health service utilization to differ between low-wage and higher-wage workers.

In order to avoid confounding the effects of lack of coverage with the effects of being a low-wage worker, we focus our analysis here on full year privately-insured low-wage workers and people in families that include a low-wage worker, contrasting their service utilization patterns with those of privately-insured non-low-wage workers and their family members.

Privately insured low-wage workers were significantly less likely to have seen a doctor or to have had any health care expenses in the prior year than were non-low-wage workers. In general, a privately insured low-wage worker was 4 percentage points less likely than a privately insured low-wage worker to have seen a doctor during the last year. They were 6 percentage points less likely than non-low-wage workers to have had any healthcare expenditure during the prior year. Overall, per capita health care expenses were about 12% lower for low-wage workers than for other workers (see Table 3). We find a similar pattern in regression analyses that control for the age, sex, and health status of these workers.

Figure 2: Health Utilization and Out-of Pocket Expenses (OOP) Among Members of Full-Year Privately Insured Urban Worker Families



Authors' tabulations of the MEPS 1996-2000.

We found similar patterns for privately insured members of families that include a low-wage worker (see Figure 2). Family members of low-wage workers in general spend 14% less on healthcare than do the family members of non-low-wage workers (see Table 3). This implies that it is likely to be less costly to insure low-wage workers and their family members than to insure non-low-wage workers and their family members.

We also conducted similar analyses contrasting the healthcare service utilization pattern of uninsured low-wage workers to those of uninsured non-low-wage workers (see

Table 4). Again we obtained similar results—uninsured low-wage workers and family members utilize fewer healthcare services than do uninsured non-low-wage workers.

Uncompensated Care

A higher proportion of the healthcare costs of uninsured low-wage workers and of their family members is uncompensated (not paid by insurance or by out-of-pocket payments), compared to uninsured non-low-wage workers and their family members (see Table 4). The uncompensated proportion of care received by an average uninsured low-wage worker is significantly greater than the uncompensated proportion of care received by an average uninsured non-low-wage worker. This is also true for uninsured families.

Since uninsured low-wage workers use less care than do their uninsured non-low wage counterparts, the average uncompensated care cost per uninsured worker is lower for this group than for non-low-wage workers.

The Cost to the City, Providers and Taxpayers of Providing Healthcare for the Uninsured

Table 5 shows the City's annual spending for healthcare services provided to different categories of workers and their family members. For all low-wage workers and their family members, uncompensated care makes up 8.6% of total healthcare cost, compared to only 2.5% for the non-low-wage workers and their family members. This difference reflects the much higher uninsurance rate of low-wage workers relative to other workers. Almost half of the 840,000 low-wage working families in New York City contain an uninsured person. Among uninsured low-wage workers and their families, uncompensated care makes up nearly ¼ of all costs. Governments collectively pay almost all uncompensated care costs (Hadley and Holahan, 2003).

Taxpayers and providers in New York City pay an estimated $466 million each year for health care services provided to low-wage workers and their families.

Governments also pay some of the costs of care for members of families of uninsured low-wage workers through public programs, particularly Medicaid. Approximately 20 percent of New York City families with a low-wage worker include a member that is covered by Medicaid. We estimate that, in total, through direct programs and uncompensated care, governments—Federal, State, and City—and uncompensated

providers pay over 1/2 of the total health care costs of uninsured and publicly insured New York City workers and their families. New York City's share of this bill comes to $612 million annually paid through the City's share of Medicaid, through uncompensated care provided by the city's hospitals and clinics (both public and private), and through other public funds for the care of New York City's uninsured workers and their families. Of this bill, $466 million is for care provided to low-wage workers and their families.

Conclusion

The problem of uninsurance in New York City is highly concentrated. Most uninsured workers earn low-wages. Over 2/3 of uninsured low-wage workers are employed in the retail or service industry or in sales and service occupations in other industries. Addressing the problem of uninsurance in these sectors would make a significant dent in the overall problem.

The direct costs of insuring low-wage workers and their families are likely to be about 10% less than the average cost of coverage in the City because this is a relatively low-utilization population.

A substantial proportion of the care currently received by low-wage workers and their family members is uncompensated. Private coverage for these workers would lift some of this burden from government. It would also likely improve rates of health service utilization and patterns of health service use in this population.

Table 1: Characteristics of New York City Workers

	Non-Low-wage Workers	Low-wage Workers	Insured Low-wage Workers	Uninsured Low-wage Workers
Average Age[***a]	41	38	39	36
Female[*a]	44.0%	46.8%	54.5%	37.8%
No. of Kids[b]	0.61	0.62	0.68	0.55
Race/Ethnicity				
Non-Hispanic White[***b]	59.3%	42.8%	45.8%	39.2%
Non-Hispanic Black[***b]	23.0%	27.2%	29.8%	24.1%
Hispanic[***a]	7.8%	17.4%	13.8%	21.6%
Asian[**b]	9.7%	11.9%	10.1%	14.0%
Other[***]	0.2%	0.7%	0.5%	1.1%
Citizenship				
US Citizens (Native)[***a]	62.7%	39.3%	49.7%	27.2%
US Citizens by Naturalization[a]	19.1%	19.3%	21.8%	16.3%
Non- US Citizens[***a]	18.3%	41.4%	28.5%	56.5%
Family Income as % Poverty				
<100%[***a]	0.1%	11.6%	9.3%	14.2%
100% - 199%[***a]	2.8%	45.0%	37.8%	53.3%
200% - 299%[***a]	12.7%	26.8%	30.2%	22.8%
300% - 399%[***a]	18.0%	8.8%	10.7%	6.6%
400%+[***a]	66.4%	7.9%	12.0%	3.0%
Marital Status				
Married[***c]	54.7%	45.3%	47.7%	42.5%
Widowed	1.4%	1.7%	1.9%	1.5%
Divorced[a]	8.4%	7.1%	8.9%	5.0%
Separated[***]	3.8%	6.2%	6.2%	6.3%
Never Married[***a]	31.7%	39.7%	35.3%	44.7%
Unionized[***a]	30.4%	22.0%	32.9%	9.6%
Industry				
Construction[b]	5.2%	5.9%	4.6%	7.4%
Manufacturing--Durable goods	3.4%	4.1%	4.2%	3.9%
Manufacturing--Nondurable goods[***]	5.3%	7.7%	7.1%	8.4%
Transportation, communications, and other public utilities[***c]	10.4%	7.5%	8.6%	6.2%
Wholesale trade[***]	4.3%	2.4%	2.5%	2.3%
Retail Trade[***a]	7.7%	24.5%	19.2%	30.7%
Finance, insurance, and real estate[***]	13.4%	6.3%	7.2%	5.3%
Business and repair services[**b]	7.5%	9.7%	8.2%	11.6%
Personal services including private households[***a]	2.0%	7.8%	5.7%	10.2%
Professional and related services[***a]	33.2%	20.0%	27.5%	11.3%
Public administration[***a]	5.7%	2.0%	3.4%	0.5%

Table 1: Characteristics of New York City Workers (continued)

	Non-Low-wage Workers	Low-wage Workers	Insured Low-wage Workers	Uninsured Low-wage Workers
Occupation				
Executive, administrative, and managerial[***]	24.2%	5.9%	6.9%	4.8%
Professional speciality[***a]	22.4%	5.4%	7.8%	2.6%
Technicians & related support[***a]	3.8%	1.4%	2.2%	0.5%
Sales	9.7%	9.9%	10.2%	9.5%
Administrative support including clerical[a]	14.3%	13.3%	16.2%	9.9%
Private household service[***b]	0.1%	3.2%	2.2%	4.5%
Protective service	2.9%	3.2%	3.3%	3.0%
Service, except protective and household[***]	7.1%	27.6%	27.5%	27.8%
Precision production, craft, and repair	8.3%	8.4%	7.3%	9.6%
Machine operators, assemblers, inspectors[***a]	1.6%	8.1%	5.9%	10.7%
Transportation & material moving equipment[***]	3.8%	5.7%	4.9%	6.6%
Handlers, equipment cleaners, helpers, and laborers[***a]	1.7%	7.2%	4.9%	10.0%
Employer Size				
<10[***a]	10.7%	25.2%	17.0%	34.7%
10-24[***a]	8.7%	15.0%	11.4%	19.2%
25-99[***c]	12.7%	18.9%	17.0%	21.1%
100-499[a]	14.4%	12.9%	16.5%	8.6%
500-999[**a]	6.7%	4.9%	6.3%	3.3%
1,000+[***a]	46.8%	23.1%	31.8%	13.0%

Source: Authors' Tabulation from the 2000 – 2002 CPS

[***] difference between Non-low-wage workers and Low-wage workers significant at 1%

[**] difference between Non-low-wage workers and Low-wage workers significant at 5%

[*] difference between Non-low-wage workers and Low-wage workers significant at 10%

[a] difference between Insured low-wage workers and uninsured low-wage workers significant at 1%

[b] difference between Insured low-wage workers and uninsured low-wage workers significant at 5%

[c] difference between Insured low-wage workers and uninsured low-wage workers significant at 10%

Table 2: Uninsured Low-wage Workers in NYC

		% of workers who are uninsured low-wage earners	% of low-wage workers who are uninsured
Sex			
	Male	16%	54%
	Female	12%	37%
No. of Kids			
	0 kid	15%	49%
	1 kid	12%	39%
	2 kids	13%	45%
	3 kids	12%	32%
	>=4 kids	18%	57%
Race/Ethnicity			
	Non-Hispanic White	10%	42%
	Non-Hispanic Black	14%	41%
	Hispanic	28%	57%
	Asian	19%	54%
	Other	42%	67%
Citizenship			
	US Citizens (Native)	7%	32%
	US Citizens by Naturalization	12%	39%
	Non- US Citizens	31%	63%
Family Income as % Poverty			
	<100%	55%	57%
	100% - 199%	48%	55%
	200% - 299%	19%	39%
	300% - 399%	6%	35%
	400%+	1%	18%
Marital Status			
	Married	12%	43%
	Widowed	14%	41%
	Divorced	9%	32%
	Separated	19%	46%
	Never Married	18%	52%
Union			
	Not Unionized	17%	54%
	Unionized	5%	21%

Table 2: Uninsured Low-wage Workers in NYC (contd.)

		% of workers who are uninsured low-wage earners	% of low-wage workers who are uninsured
Industry			
	Construction	19%	58%
	Manufacturing--Durable goods	15%	44%
	Manufacturing--Nondurable goods	20%	51%
	Transportation, communications, and other public utilities	9%	38%
	Wholesale trade	9%	44%
	Retail Trade	34%	58%
	Finance, insurance, and real estate	7%	39%
	Business and repair services	20%	55%
	Personal services including private households	39%	61%
	Entertainment and recreation services	14%	47%
	Professional and related services	5%	26%
	Public administration	2%	11%
Occupation			
	Executive, administrative, and managerial	4%	37%
	Professional speciality	2%	22%
	Technicians & related support	2%	15%
	Sales	14%	44%
	Administrative support including clerical	10%	34%
	Private household service	62%	64%
	Protective service	14%	44%
	Service, except protective and household	29%	46%
	Precision production, craft, and repair	16%	53%
	Machine operators, assemblers, inspectors	42%	61%
	Transportation & material moving equipment	21%	54%
	Handlers, equipment cleaners, helpers, and laborers	41%	64%
Employer Size			
	<10	32%	64%
	10--24	26%	59%
	25-99	20%	51%
	100-499	9%	31%
	500-999	8%	31%
	1,000+	5%	26%

Source: Authors' Tabulation from the 2000 – 2002 CPS

Table 3: Healthcare Utilization and Expenses among Full-Year Privately Insured Urban Workers and their Family members

	Workers		Workers & Family Members	
	Non-low-wage workers only	Low-wage workers only	Non-low-wage workers & family members	Low-wage-worker & family members
average cost of healthcare***a ($)	1746.19	1532.59	1714.37	1474.46
average OOP expenses***a ($)	390.66	322.16	388.46	293.71
proportion paid OOP**	34.1%	35.4%	33.9%	34.0%
proportion paid Medicaid***a	0.1%	0.3%	0.2%	0.6%
proportion paid Medicare*a	0.2%	0.4%	0.3%	0.5%
proportion paid Public other***a1	0.4%	0.7%	0.4%	0.7%
proportion paid Private ***b2	64.0%	62.1%	64.1%	63.1%
proportion paid Other	1.1%	1.0%	1.0%	1.0%

Source: Authors' Tabulation from the 1996 – 2000 MEPS

*** difference between Non-low-wage workers and Low-wage workers is significant at 1%

** difference between Non-low-wage workers and Low-wage workers is significant at 5%

* difference between Non-low-wage workers and Low-wage workers is significant at 10%

a difference between the family members Non-low-wage workers and Low-wage workers is significant at 1%

b difference between the family members Non-low-wage workers and Low-wage workers is significant at 5%

c difference between the family members Non-low-wage workers and Low-wage workers is significant at 10%

1 Public other sources include other federal sources, other state and local sources, and other public

2 Private sources include Private Insurance, Worker's Compensation, Veteran's administration, Tricare/Champus, and other Private

Table 4: Healthcare Utilization and Expenses among Full-Year Uninsured Urban Workers and their Family members

	Workers		Workers & Family Members	
	Non-low-wage workers only	Low-wage-worker only	Non-low-wage workers & family members	Low-wage-worker & family members
average cost of healthcare[b1] ($)	1277.31	757.34	1228.98	753.14
average OOP expenses[a] ($)	342.52	289.46	344.39	233.62
proportion paid OOP[*c]	66.7%	63.2%	62.7%	60.4%
proportion paid Medicaid	0.0%	0.0%	0.0%	0.0%
proportion paid Medicare	0.0%	0.0%	0.0%	0.0%
proportion paid Public other[a2]	1.4%	2.0%	1.6%	3.5%
proportion paid Private[**a 3]	15.0%	11.7%	16.7%	11.5%
proportion paid Other[c]	1.3%	1.9%	2.1%	2.8%
proportion uncompensated[***a]	15.6%	21.1%	16.9%	21.7%
	199.21	159.80	207.70	163.43

Source: Authors' Tabulation from the 1996 – 2000 MEPS

*** difference between Non-low-wage workers and Low-wage workers is significant at 1%

** difference between Non-low-wage workers and Low-wage workers is significant at 5%

* difference between Non-low-wage workers and Low-wage workers is significant at 10%

a difference between the family members Non-low-wage workers and Low-wage workers is significant at 1%

b difference between the family members Non-low-wage workers and Low-wage workers is significant at 5%

c difference between the family members Non-low-wage workers and Low-wage workers is significant at 10%

[1] Health care cost for the uninsured was calculated by modifying a methodology suggested by Hadley et al. (2003)

[2] Public other sources include other federal sources, other state and local sources, and other public

[3] Private sources include Private Insurance, Worker's Compensation, Veteran's administration, Tricare/Champus, and other Private

Table 5: Distribution of Annual Total New York City Health Bill for Different Groups (in millions)

	All	All Workers & family members	Non-low-wage-workers and family members	Low-wage-workers and family members
Number of Families	5.0 million	2.5 million	1.6 million	0.84 million
Total Cost of HealthCare ($)	19501	10009	6177	4027
Payments				
Out of Pocket	3661	2087	1360	733
Medicare	3807	718	392	363
Medicaid	2236	638	268	443
Private Insurance	7765	5480	3660	1795
Veteran's Administration	152	44	20	29
Tricare/Champus	25	22	7	18
Other Federal Sources	66	47	36	9
Other State and Local Sources	131	32	18	16
Workers' Compensation	228	124	67	65
Other Private	485	220	104	135
Other Public	41	17	1	21
Other Unclasified Sources	216	141	88	56
Total Payment[a]	18812	9572	6023	3681
Uncompensated Cost Absorbed by Provider ($)	691	436	154	347
Percentage Uncompensated	4%	4%	2%	9%
Costs to NYC (25% Medicaid, 50% State+Local, Uncompensated) ($)	$1316	$612	$230	$466

Source: Authors' tabulations from the 1996 - 2000 MEPS

[a] Health care cost for the uninsured was calculated by modifying a methodology suggested by Hadley et al. (2003)

[b] Individual entries in the middle two columns do not sum to the total because of rounding.

Appendix: Methods and Data

We used the combined 2000 - 2002 March Current Population Survey (CPS) to evaluate the characteristics of low-wage workers living in New York City. In assessing changes in coverage over time, we compared these data to the 1997-1999 March CPS for New York City.

We used the Medical Expenditure Panel Survey (MEPS) 1996 - 2000 Full year file to examine health care expenses of low-wage and non-low-wage workers. The MEPS does not allow us to identify those living in the New York City. Instead, we base our analyses of health expenditures on MEPS data for people living in urban areas throughout the USA.

For the CPS data, we defined workers as those between the ages of 19 and 64, working full-time throughout the year and earning at least $1 per hour. For the MEPS, we defined workers as those between the ages of 19-64, working full time and earning at least $1 per hour. For both the CPS and the MEPS, low-wage workers were defined as those earning an hourly wage of $11.00 or less in 2000 dollars. We define a family as a worker, his or her spouse, and their dependents.

We used a modified form of a methodology suggested by Hadley and Holahan (2003) to calculate total healthcare costs for uninsured workers and family members, and hence to calculate their use of uncompensated care. To summarize briefly, we assumed that full year privately insured people paid the full cost of a healthcare service, and we calculated the mean fraction of the service charge that was paid by full-year privately insured people. Then we multiplied this fraction by the service charge of part or full year uninsured workers and family members to calculate the amount they would have paid for the service had they been full year privately insured. Finally, we took the greater of this amount and the amount they actually paid as the cost of the service. For each part or full year uninsured individual, we summed various service costs to calculate total healthcare costs for the individual. Total healthcare cost less the amount actually paid was defined as the uncompensated care received.

Using the CPS, we computed the fraction of urban workers (and family members) in the North East who lived in New York City. We did this for each category of workers and family members shown in Table 5. We computed the urban North East healthcare bill for low wage workers and families using the MEPS data and then used the corresponding

fraction for each category of workers and family members to calculate the New York City healthcare bill for these workers.

We repeated our analyses using multivariate techniques called logistic regression analysis to identify factors that contribute to uninsurance among low-wage workers and got similar results. In general, the characteristics that distinguish low-wage workers from other workers are the same characteristics that reduce health insurance coverage within the low-wage category.

About the Columbia Center for the Health of Urban Minorities

The Columbia Center for the Health of Urban Minorities (CHUM) was established by grant from the National Institute of Health's (NIH) National Center on Minority Health and Health Disparities (NCMHD). CHUM is an interdisciplinary research center on minority health and health disparities. The Center conducts and supports research, training, education, and community partnerships aimed at improving the health of Latinos and African-Americans in northern Manhattan. CHUM proposes to lead, coordinate and support research efforts at Columbia University Medical Center in identifying ways in which access to care shapes racial and ethnic disparities and to contribute nationally towards the reduction and ultimate elimination of health disparities.