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Health Insurance Status of
Workers and Their Families: 1996

Research #2 Findings



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Abstract

This report uses data from the first round of the 1996 Medical Expenditure Panel Survey (MEPS) to describe the health insurance status of working Americans and their families. During the first half of 1996, on average, nearly two-thirds (64.1 percent) of non-elderly Americans (148.5 million persons) obtained health insurance through the workplace (either as a policyholder or dependent). These persons represented 93.3 percent of all persons under age 65 who had private health insurance. Nearly a fifth of workers ages 16-64 (18.4 percent, or about 23 million persons) were without health insurance. These uninsured workers, on average, represented half of the uninsured population during the first half of 1996. Working Americans were more likely to obtain employment-related coverage if they worked in larger establishments, were employed full-time (35 or more hours per week), and earned high hourly wages. Wage

earners were more likely to have employment-related coverage than were the self-employed; this difference may reflect disparities in the tax treatment of expenditures for health insurance made on behalf of each type of worker. While over 90 percent of wage earners who were offered health insurance by their employers obtained such coverage, either as a policyholder or dependent, over 40 percent of workers who were not offered coverage at the workplace were uninsured. Young adult workers 19-24 years of age were especially unlikely to obtain employment-based coverage. Young adult workers, minority workers (particularly Hispanic male workers), and workers in fair or poor health were especially likely to be uninsured.

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The Medical Expenditure Panel Survey (MEPS)

Background

The Medical Expenditure Panel Survey (MEPS) is conducted to provide nationally representative estimates of health care use, expenditures, sources of payment, and insurance coverage for the U.S. civilian noninstitutionalized population. MEPS also includes a nationally representative survey of nursing homes and their residents. MEPS is cosponsored by the Agency for Health Care Policy and Research (AHCPR) and the National Center for Health Statistics (NCHS).

MEPS comprises four component surveys: the Household Component (HC), the Medical Provider Component (MPC), the Insurance Component (IC), and the Nursing Home Component (NHC). The HC is the core survey, and it forms the basis for the MPC sample and part of the IC sample. The separate NHC sample supplements the other MEPS components. Together these surveys yield comprehensive data that provide national estimates of the level and distribution of health care use and expenditures, support health services research, and can be used to assess health care policy implications.

MEPS is the third in a series of national probability surveys conducted by AHCPR on the financing and use of medical care in the United States. The National Medical Care Expenditure Survey (NMCES) was conducted in 1977, the National Medical Expenditure Survey (NMES) in 1987. Beginning in 1996, MEPS continues this series with design enhancements and efficiencies that provide a more current data resource to capture the changing dynamics of the health care delivery and insurance system.

The design efficiencies incorporated into MEPS are in accordance with the Department of Health and Human Services (DHHS) Survey Integration Plan of June 1995, which focused on consolidating DHHS surveys, achieving cost efficiencies, reducing respondent burden, and enhancing analytical capacities. To accommodate these goals, new MEPS design

features include linkage with the National Health Interview Survey (NHIS), from which the sample for the MEPS HC is drawn, and enhanced longitudinal data collection for core survey components. The MEPS HC augments NHIS by selecting a sample of NHIS respondents, collecting additional data on their health care expenditures, and linking these data with additional information collected from the respondents' medical providers, employers, and insurance providers.

Household Component

The MEPS HC, a nationally representative survey of the U.S. civilian noninstitutionalized population, collects medical expenditure data at both the person and household levels. The HC collects detailed data on demographic characteristics, health conditions, health status, use of medical care services, charges and payments, access to care, satisfaction with care, health insurance coverage, income, and employment.

The HC uses an overlapping panel design in which data are collected through a preliminary contact followed by a series of six rounds of interviews over a 2 1/2-year period. Using computer-assisted personal interviewing (CAPI) technology, data on medical expenditures and use for 2 calendar years are collected from each household. This series of data collection rounds is launched each subsequent year on a new sample of households to provide overlapping panels of survey data and, when combined with other ongoing panels, will provide continuous and current estimates of health care expenditures.

The sampling frame for the MEPS HC is drawn from respondents to NHIS, conducted by NCHS. NHIS provides a nationally representative sample of the U.S. civilian noninstitutionalized population, with oversampling of Hispanics and blacks. A subsample of 10,500 households was drawn from the NHIS sampling frame for the initial 1996 MEPS HC panel. Every 5 years the HC sample size is increased. Beginning with the 1997 panel, policy-relevant population subgroups are oversampled. The subgroups initially targeted include adults with functional impairments, children with functional limitations in their activities, individuals aged 18-64 who are predicted to have high levels of medical expenditures, and individuals with family income less than 200 percent of the poverty level.

Medical Provider Component

The MEPS MPC supplements and validates information on medical care events reported in the MEPS HC by contacting medical providers identified by household respondents. The MPC sample includes all hospitals, hospital physicians, home health agencies, and pharmacies reported in the HC. Also included in the MPC are all office-based physicians:

- Providing care for HC respondents receiving Medicaid.
- Associated with a 75-percent sample of households receiving care through an HMO (health maintenance organization) or managed care plan.
- Associated with a 25-percent sample of the remaining households.

The 1996 sample is projected to provide data from approximately 2,700 hospitals, 12,400 office-based physicians, 7,000 separately billing hospital physicians, and 500 home health providers.

Data are collected on medical and financial characteristics of medical events reported by HC respondents, including:

- Diagnoses coded according to ICD-9 (9th Revision, International Classification of Diseases) and DSM-IV (Fourth Edition, *Diagnostic and Statistical Manual of Mental Disorders*).
- Physician procedure codes classified by CPT-4 (Current Procedural Terminology, Version 4).
- Inpatient stay codes classified by DRGs (diagnosis-related groups).
- Charges, payments, and the reasons for any difference between charges and payments.

The MPC is conducted through telephone interviews and mailed survey materials.

Insurance Component

The MEPS IC collects data on health insurance plans obtained through employers, unions, and other sources of private health insurance. Data obtained in the IC include the number and types of private insurance plans offered, benefits associated with these plans, premiums, contributions by employers and employees, and employer characteristics.

Establishments participating in the MEPS IC are selected through four sampling frames:

- A list of employers or other insurance providers identified by MEPS HC respondents who report having private health insurance at the Round 1 interview.
- A Bureau of the Census list frame of private-sector business establishments.
- The Census of Governments from the Bureau of the Census.
- An Internal Revenue Service list of the self-employed.

To provide an integrated picture of health insurance, data collected from the first sampling frame (employers and other insurance providers) are linked back to data provided by the MEPS HC respondents. Data from the other three sampling frames are collected to provide annual national and State estimates of the supply of private health insurance available to American workers and to evaluate policy issues pertaining to health insurance.

The MEPS IC is an annual panel survey. For the survey conducted in 1997, the sample includes approximately 7,000 establishments identified through the MEPS HC, 27,000 identified through the business establishments list frame, 1,900 from the Census of Governments, and 1,000 identified through the list of the self-employed. Data are collected from the selected organizations through a prescreening telephone interview, a mailed questionnaire, and a telephone followup for nonrespondents.

Nursing Home Component

The 1996 MEPS NHC is a survey of nursing homes and persons residing in or admitted to nursing homes at any time during calendar year 1996. The NHC gathers information on the demographic characteristics, residence history, health and functional status, use of services, use of prescription medications, and health care expenditures of nursing home residents. Nursing home administrators and designated staff also provide information on facility size, ownership, certification status, services provided, revenues and expenses, and other facility characteristics. Data on the income, assets, family relationships, and care-giving services for

sampled nursing home residents are obtained from next-of-kin or other knowledgeable persons in the community. In keeping with the DHHS Survey Integration Plan, the NHC is designed to be conducted every 5 years.

The 1996 MEPS NHC sample was selected using a two-stage stratified probability design. In the first stage, facilities were selected; in the second stage, facility residents were sampled, selecting both persons in residence on January 1, 1996, and those admitted during the period January 1 through December 31.

The sample frame for facilities was derived from the National Health Provider Inventory, which is updated periodically by NCHS. The MEPS NHC data are collected in person in three rounds of data collection over a 1 1/2-year period using the CAPI system. Community data are collected by telephone using computer-assisted telephone interviewing (CATI) technology. At the end of three rounds of data collection, the sample will consist of approximately 800 responding facilities, 3,100 residents in the facility on January 1, and approximately 2,200 eligible residents admitted during 1996.

Survey Management

MEPS data are collected under the authority of the Public Health Service Act. They are edited and published in accordance with the confidentiality provisions of this act and the Privacy Act. NCHS provides consultation and technical assistance.

Data collection is conducted under contract by Westat, Inc., Rockville, MD, and the National Opinion Research Center at the University of Chicago, as well as through an interagency agreement with Bureau of the Census. Technical consultation is provided by Medstat,

Inc., Boston, MA. Data processing support is provided under contract by Social & Scientific Systems, Inc., Bethesda, MD.

As soon as data collection and editing are completed, the MEPS survey data are released to the public in staged releases of summary reports and microdata files. Summary reports are released as printed documents and electronic files. Microdata files are released on CD-ROM and/or as electronic files.

Printed documents and CD-ROMs are available through the AHCPR Publications Clearinghouse. Write or call:

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Additional information on MEPS is available from the MEPS project manager or the MEPS public use data manager at the Center for Cost and Financing Studies, Agency for Health Care Policy and Research, 2101 East Jefferson Street, Suite 500, Rockville, MD 20852 (301/594-1406).

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Health Insurance Status of Workers and Their Families: 1996

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Introduction

Health insurance obtained through the workplace is the primary source of private coverage for most Americans. Data from the 1996 Medical Expenditure Panel Survey (MEPS) indicate that during the first half of 1996, on average, nearly two-thirds of non-elderly Americans (64.1 percent, or 148.5 million persons) obtained employment-related health insurance (Vistnes and Monheit, 1997). These persons represented 93.3 percent of all persons under age 65 with private insurance. Despite the size of the covered population, employment does not necessarily lead to health insurance for many working Americans and their families. Indeed, MEPS data also indicate that nearly a fifth of non-elderly workers ages 16-64 (18.4 percent, or about 23 million persons) were without health insurance. These workers, on average, represented half (51.4 percent) of the non-elderly uninsured population during the first half of 1996.

The importance of the workplace as a source of private health insurance, the incentives for inefficient health plan choice associated with the employment-based insurance system, and the size and composition of the employed uninsured population have been ongoing public policy concerns. These concerns have focused specifically on disparities in the availability, out-of-pocket costs, and tax treatment of employment-based coverage for workers in different employment circumstances; the inability of some workers or their dependents with health problems to obtain such coverage; and gaps in the continuity of work-related health insurance during employment transitions. Such issues have been a major impetus for health reform proposals in the United States, including State reforms of the small employer group market and efforts to change the tax treatment of employer contributions to health insurance. The recently enacted Health Insurance Portability and Accountability Act (HIPAA)

of 1996 (Public Law 104-191) was designed to address a key area of concern—ensuring the continuity of employment-based coverage for workers who change or lose jobs or who experience health problems.

This report uses data from the first round of the 1996 MEPS to provide preliminary estimates of the health insurance status of working Americans and their families for the first half of 1996, on average. (For a discussion of the 1996 MEPS, see Cohen, Monheit, Beauregard, et al., 1996.) Particular emphases of this report are to provide estimates of the size of the insured and uninsured working populations, to identify the specific demographic and employment characteristics that are associated with the likelihood that certain workers will obtain employment-based coverage, and to identify factors that leave other workers at particular risk of lacking such coverage and remaining uninsured. These data are presented in Tables 1-5. Table A in the Technical Appendix provides estimates of the number of working Americans by health insurance status.

Families With and Without Working Adults

An examination of the insurance status of non-elderly Americans in households with or without a working adult (Table 1) reveals the following:

- Nearly three-quarters (73.7 percent) of working adults ages 18-64 were covered by employment-related health insurance. However, working adults comprised half (50.4 percent) of the uninsured population under age 65.
- Two-thirds (66.3 percent) of children in households with a working adult were covered by employment-related health insurance. However, children in families with working adults represented over a fifth (22.1 percent) of the uninsured population.

- Of all children uninsured throughout the first half of 1996, about 90 percent (89.8 percent) were in households with a working adult (calculated from Table 1).
- Nearly 87 percent of the uninsured population resided in households with a working adult. Thus, the employed uninsured and their dependents remain the largest segment of the uninsured population.
- Three-quarters (75.8 percent) of children in households without a working adult were covered by public insurance (largely Medicaid).

findings regarding the association between worker characteristics and health insurance status are discussed next.

Age

Young workers ages 19-24 comprised the age group most likely to lack employment-related insurance and to be uninsured (Table 2). Only half of these workers (53.1 percent) had work-related coverage, while over a third (35.5 percent) were uninsured. The situation is different for older workers:

- More than three-quarters of non-elderly workers ages 30 and over obtained health insurance at the workplace.
- Workers ages 35 and over had a lower risk of being uninsured than all workers in general.

Gender and Race/Ethnicity

The earnings of female and minority workers typically have been below those of their male and white counterparts. This earnings differential reflects a variety of factors, including disparities in labor market opportunities, educational attainment and skill levels, and labor force attachment and job experience.¹ As a result, women and minority workers are, on average, more likely than other workers to obtain employment in low-wage jobs that typically offer few fringe benefits. Such employment circumstances may have important implications for their health insurance status. MEPS data displayed in Table 2 reveal the following:

- Working women were more likely than men to be covered by employment-related health insurance and were less likely to be uninsured. On the other hand, they were less likely to have employment-related health insurance in their own names: 58.9 percent of male workers were policyholders, compared to 50.5 percent of female workers (data not shown).
- Minority workers, especially Hispanic workers, were far more likely than white workers to be uninsured. About 38 percent of Hispanic workers and 25.7

¹ For example, in 1994 the median weekly earnings of full-time men and women workers were \$522 and \$399, respectively. Median weekly earnings were \$484 for white workers, \$371 for black workers, and \$324 for Hispanic workers (Department of Labor, 1995).

Nearly 87 percent of the uninsured population lived in households with a working adult.

The high rate of public coverage for children in households without a working adult offsets their lack of private insurance. As a result, children in households with or without a working adult were equally likely to be uninsured (slightly more than 15 percent of children in either type of household). Almost 30 percent of nonworking adults in both types of households were uninsured.

Workers

Although nearly three-quarters (73.6 percent) of workers ages 16-64 obtained health insurance from their own or another employer (e.g., a spouse's), almost a fifth (18.4 percent) of all non-elderly workers were uninsured. Data presented in Tables 2 and 3 indicate that certain types of workers were more likely to obtain employment-related coverage. Other workers were at greater risk of being uninsured, especially the following:

- Workers who may face high premiums because their small employers may not be able to take advantage of the scale economies from pooling risks over a large and stable employee base.
- The self-employed, who cannot fully deduct health insurance premiums as a business expense if they are owner-operators of unincorporated firms.
- Low-wage workers who are either unable to afford health insurance when offered coverage or lack access to the kinds of jobs that provide health care coverage.

Such factors also may play a role in the ability of other groups, such as racial and ethnic minorities and persons in ill health, to obtain health insurance. Key

percent of black workers were uninsured, compared to only 14.7 percent of white workers.

This latter finding reflects the fact that only 54.9 percent of Hispanic workers and two-thirds (66.0 percent) of black workers had employment-related insurance, compared to over three-quarters (77.4 percent) of white workers. In addition:

- Hispanic male workers were far less likely than all other workers to obtain employment-related health insurance and were far more likely to be uninsured. Only half (49.7 percent) of Hispanic male workers obtained health coverage from an employer and 43.5 percent were uninsured.
- A smaller proportion of black than white male workers obtained employment-related health insurance (66.0 percent vs. 76.0 percent). Thus, a larger percentage of black male workers were uninsured (29.7 percent, compared to only 16.5 percent of white male workers).

Within each racial/ethnic group, working women were less likely than their male counterparts to be uninsured. This general finding reflects differences in the types of health insurance coverage held by males and females (Table 2):

- Black working women were 3 1/2 times as likely as black male workers to obtain public insurance (9.5 percent compared to 2.7 percent). Therefore, among black workers, women were less likely to be uninsured (22.2 percent of women compared to 29.7 percent of men).
- Hispanic women were much more likely than men to obtain work-related coverage (62.4 percent of women compared to 49.7 percent of men). As a result, working Hispanic women were less likely than male Hispanic workers to be uninsured (29.9 percent compared to 43.5 percent).
- Although minority women workers were less likely to be uninsured than minority male workers, they still were much more likely to be uninsured than employed white women. Among female workers, 29.9 percent of Hispanics and 22.2 percent of blacks were uninsured, compared to 12.6 percent uninsured among whites.
- The difference in employment-related health insurance between working white males and females

resulted in a greater percentage of white male workers who were uninsured in the first half of 1996 (16.5 percent of white male workers compared to 12.6 of white female workers).

Health Status

Incremental health insurance reform efforts at the State and Federal levels have focused on ensuring that workers in poor health have improved access to private health insurance. For example, an important goal of the 1996 HIPAA (effective July 1, 1997) is to reduce the impact of preexisting health conditions as an impediment to the health insurance coverage of workers who either change or lose jobs. MEPS data (Table 2) reveal that in the first half of 1996, before HIPAA was implemented, fair or poor health status was directly associated with a lack of health care coverage:

- Only 58.5 percent of workers in poor health and 60.2 percent of workers in fair health obtained employment-related insurance. In comparison, over three-quarters of workers in excellent or very good health (76.7 percent and 76.1 percent, respectively) had such coverage.
- Workers in fair health or poor health (28.0 percent and 24.8 percent, respectively) were more likely to be uninsured than workers in excellent or very good health (16.0 percent and 16.4 percent, respectively).

Among all racial/ethnic groups, Hispanic male workers were far more likely to be uninsured than all other workers.

Employment Characteristics

Certain characteristics of a worker's employment are associated with the availability of coverage at the workplace and its out-of-pocket costs—and consequently with the likelihood that a worker will obtain employment-related health insurance. As shown in Table 3, the factors discussed in the following paragraphs are important correlates of a worker's insurance status.

Self-Employed Workers Vs. Wage Earners

Under current tax law, self-employed owner-operators of unincorporated enterprises can deduct only

30 percent of their expenditures on health insurance. In contrast, employer contributions to health insurance made on behalf of wage earners are fully deductible from taxable income. This disparity in tax treatment has led to differences in the health insurance status of the self-employed compared to that of wage earners (Monheit and Harvey, 1993; Gruber and Poterba, 1994). The self-employed also may face higher premiums since they are more likely to work in small firms, which may be less able to take advantage of scale economies from risk pooling over a large employee group. The data in Table 3 indicate the following:

Self-employed workers were more likely than wage earners to be uninsured.

- Self-employed workers were more likely than wage earners to be uninsured (30.0 percent compared to 16.6 percent).
- Only half of self-employed workers, compared to over three-quarters of wage earners, had work-related coverage.
- The self-employed were five times as likely as wage earners to have private, nonemployment-related coverage (15.8 percent compared to 3.1 percent).

Size of Establishment—Wage Earners

As establishment size increased, wage earners were more likely to be covered by employment-related health insurance and less likely to be uninsured. For example:

- In establishments with fewer than 10 employees, 58.8 percent of wage earners had employment-related coverage and 30.4 percent were uninsured.²
- In establishments of 500 or more employees, 91.0 percent of wage earners had employment-related coverage and only 6.7 percent were uninsured.

Size of Business—Self-Employed Workers

Less than half of self-employed workers in small businesses (those with fewer than 10 workers) had employment-related insurance, compared to 72.7

² Monheit and Vistnes (1994) found that a sizable proportion of employees in small firms who had employment-related health insurance obtained such coverage as dependents on another family member's employment-related plan that was obtained from a large firm.

percent of the self-employed in establishments of 10 or more workers. The self-employed in small businesses were twice as likely as those in businesses of 10 or more workers to be uninsured.

Hourly Wage

Whether a worker was likely to obtain employment-related health insurance or be uninsured was directly related to the level of hourly wages:

- Less than half (43.4 percent) of workers earning less than \$5 per hour and only two-thirds (63.6 percent) of workers earning between \$5 and \$10 per hour obtained employment-related coverage. In contrast, about 95 percent of workers earning \$15 or more per hour obtained such coverage.
- Of workers earning less than \$5 per hour, 37.8 percent were uninsured; 27.7 percent of those earning between \$5 and \$10 per hour were uninsured. In contrast, only 2.9 percent of workers earning \$15 or more per hour were uninsured.

Weekly Hours of Work

Compared to full-time workers (at least 35 hours per week), those employed part time were less likely to be covered by employment-related insurance and more likely to be uninsured:

- Approximately 60 percent of part-time employees had work-related coverage, compared to over three-quarters (77.8 percent) of full-time workers.
- Roughly a quarter of part-time workers (23.5 percent of those working less than 20 hours per week and 27.5 percent working 20-34 hours per week) were uninsured, compared to only 16.1 percent of full-time employees.

Union Membership

Only 5.4 percent of working union members were uninsured, compared to 20.1 percent of workers who were not union members. Over 90 percent (92.8 percent) of union members had employment-related health insurance.

Availability of Coverage for Wage Earners

The 1996 MEPS also provides information on whether health insurance was made available to workers by their employers during the first half of 1996, on average. These data indicate the following:

- Employers offered health insurance to 69.3 percent of wage earners (computed from data in Table 3).
- Of workers not offered health insurance, 40.5 percent had access to employment-related coverage either as a dependent or through a previous job.
- Nearly 43 percent of workers who were not offered coverage remained uninsured.

For a detailed discussion of the availability of health insurance to wage earners and how it has changed over time, see Cooper and Schone (1997).

Young Adult Workers

Compared to all working Americans under age 65, young adults ages 19-24 were most at risk of lacking health insurance coverage and were least likely to have private health insurance (Table 2). This reflects the fact that many young adult workers have limited work experience or transitory employment status, so they frequently obtain low-wage jobs that do not provide health insurance. Moreover, since young adults tend to be in good health, expect to have only small medical expenditures, and may be less likely than older workers to have dependents requiring medical care, they may not perceive health insurance as an important employment benefit.

Slightly more than half (53.1 percent) of employed young adults had employment-related coverage, and over a third (35.5 percent) were uninsured (Tables 2 and 4). The workplace is the primary source of private health coverage, but health care coverage is not always made available to young working adults. The following paragraphs discuss the employment characteristics of young working adults that are associated with their health insurance status.

Availability of Employment-Based Coverage

Young adult wage earners ages 19-24 were far less likely than older workers to be offered health insurance by their employers (Table 4):

- Only 41.3 percent of young adult wage earners were offered health insurance by their employers. In contrast, 69.3 percent of all workers ages 16-64 were offered coverage.
- Nearly 13 percent of young adult wage earners who were offered employment-related coverage remained uninsured. However, only 4.7 percent of all workers ages 16-64 who were offered coverage were uninsured.
- Nearly half (48.1 percent) of young wage earners not offered coverage by their employers were uninsured. A somewhat lower proportion of all workers ages 16-64 who were not offered coverage were uninsured (42.7 percent).

Of all non-elderly workers, young working adults ages 19-24 were the age group most likely to be uninsured.

Hourly Wage

Among young adult wage earners, those earning \$10 or more per hour were the most likely to have employment-related health insurance and the least likely to be uninsured. However, when compared to all workers earning \$10 or more per hour, young working adults were less likely to have employment-related coverage and more likely to be uninsured (Tables 3 and 4). Young adults earning low wages (less than \$10 per hour) also were more likely to be uninsured than low-wage workers in general.

Hours of Work

As noted previously, full-time workers are far more likely than those working part time to obtain employment-related health insurance. Yet compared to all full-time workers, full-time young adult workers remain at a disadvantage (Tables 3 and 4). For example, young adults working full time were less likely than all full-time workers to have employment-related coverage (55.9 percent compared to 77.8 percent) and twice as

likely to be uninsured (35.6 percent compared to 16.1 percent). However, the insurance status of full-time workers did not differ from that of part-time workers among the young adult population.

The health insurance status of young adults working fewer than 20 hours per week was comparable to that of all adult part-time workers. Young adults working less than 20 hours per week had similar rates of employment-related insurance (56.1 percent compared to 60.1 percent of all adult workers). They also had the same likelihood of being uninsured as all adult part-time workers employed fewer than 20 hours per week (26.7 percent compared to 23.5 percent of all adult workers).

Characteristics of the Working Uninsured

Data from the 1996 MEPS presented in Table 5 further describe the characteristics of the working uninsured population by considering the representation of workers most at risk of lacking health care coverage in the general population relative to their representation among the working uninsured population. By examining the composition of the working uninsured population in this way, one can assess whether certain groups of workers are disproportionately represented among the working uninsured. Such tabulations can be useful in formulating more targeted and cost-efficient policy interventions designed to reduce the number of workers who lack health insurance. Results from these tabulations include the following:

- Wage earners working for small establishments (fewer than 25 employees) represented 28.3 percent of all working Americans but accounted for 41.1 percent of the working uninsured.
- Workers earning less than \$10 per hour represented 35.8 percent of all workers but composed 57.0 percent of all uninsured workers.
- Young adult workers ages 19-24 represented 11.9 percent of all workers and 22.9 percent of the working uninsured.
- Minority workers were disproportionately represented among the uninsured working population. For example, Hispanic workers

represented 9.3 percent of all workers and 19.2 percent of all uninsured workers; black workers represented 10.7 percent of all workers and 14.9 percent of the working uninsured.

- Among minority workers, Hispanic males were especially overrepresented among the uninsured working population. They represented 5.5 percent of all workers but 12.9 percent of uninsured workers.
- Self-employed workers represented 12.7 percent of all workers and 20.8 percent of all uninsured workers.

Conclusions

Preliminary data from the 1996 MEPS indicate that during the first half of 1996, on average, nearly two-thirds (64.1 percent) of all privately insured non-elderly Americans (148.5 million persons) obtained private health insurance through the workplace. Such persons represented 93.3 percent of all persons under age 65 with private health insurance during the first half of 1996. While almost three-quarters of working Americans obtained employment-based coverage (either as a policyholder or as a dependent), nearly a fifth (18.4 percent) of all non-elderly workers ages 16-64 lacked any health care coverage. Almost two-thirds of children (66.3 percent) residing in working families had employment-based coverage, but children from working families represented over a fifth (22.1 percent) of all uninsured persons. In sum, uninsured workers and their uninsured dependents represented 86.9 percent of all non-elderly persons without health coverage.

Working Americans who obtained employment-based coverage were more likely to work in larger establishments, to work full time (35 hours or more per week), and to earn higher hourly wages than workers who did not obtain such coverage. Young adult workers ages 19-24 were especially unlikely to obtain employment-based coverage and were thus likely to remain uninsured. This was also true of minority workers (particularly Hispanic male workers) and workers in fair or poor health. Although women workers were more likely than men to be covered by employment-related insurance, they were less likely to have such coverage in their own name.

Wage earners were more likely to have employment-related coverage than were the self-employed. This difference may reflect disparities in the tax treatment of expenditures for health insurance made on behalf of each type of worker. Finally, 93.5 percent of the 75.1 million wage earners who were offered coverage by their employers obtained employment-related coverage, either as a policyholder or dependent. Of the 29.5 million wage earners not offered such coverage, 40.5 percent obtained employment-related coverage, mainly as a dependent, while 42.7 percent were uninsured. In contrast to all adult wage earners, less than half (41.3 percent) of young adult wage earners were offered health insurance by their employers.

More information on the health insurance status of working Americans will be available in future MEPS data releases and reports. In addition, data from the MEPS Insurance Component will provide more detailed information on whether health insurance is available to workers and their families, as well as the premiums, employer and employee contributions, and benefit provisions associated with such coverage.

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Table 1. Health insurance coverage and employment status of the civilian noninstitutionalized population under age 65: Percent distribution by type of coverage for persons in families with and without working adults, United States, first half of 1996

Employment status of adults in family	Total population in thousands	Private		Public only	Uninsured	Percent distribution of uninsured
		Total private	Employment-related			
Total	231,676	68.7	64.1	12.1	19.2	100.0
Persons in families with a working adult^a	208,574	73.6	69.0	7.9	18.5	86.9
Working adult	121,882	78.4	73.7	3.2	18.4	50.4
Nonworking adult	22,669	57.4	51.6	14.4	28.2	14.4
Child	64,022	70.2	66.3	14.4	15.4	22.1
Persons in families without a working adult^a	23,103	24.9	20.3	49.9	25.2	13.1
Nonworking adult	15,704	32.5	26.3	37.7	29.9	10.5
Child	7,399	9.0	7.4	75.8	15.2	2.5

^a Age 18-64.

Note: Percents may not add to 100 due to rounding.

Source: Center for Cost and Financing Studies, Agency for Health Care Policy and Research: Medical Expenditure Panel Survey Household Component, 1996 (Round 1).

Table 2. Health insurance coverage of workers ages 16-64: Percent distribution by type of coverage and selected population characteristics, United States, first half of 1996

Population characteristic	Working population in thousands	Private			Public only	Uninsured
		Total private	Employment-related	Nonemployment-related		
Percent distribution						
Total ^a	124,218	78.3	73.6	4.7	3.3	18.4
Age in years						
16-18	3,931	74.7	69.5	5.2	6.1	19.2
19-24	14,728	59.2	53.1	6.1	5.2	35.5
25-29	14,957	73.0	68.0	4.9	3.7	23.3
30-34	17,372	80.0	77.0	3.0	2.9	17.1
35-44	35,614	81.9	78.2	3.7	2.9	15.3
45-54	26,034	84.8	79.4	5.5	2.3	12.9
55-64	11,582	82.9	76.4	6.5	3.4	13.8
Sex						
Male	65,844	76.6	71.9	4.7	2.6	20.7
Female	58,374	80.2	75.5	4.7	4.1	15.7
Race/ethnicity						
Total Hispanic	11,548	57.6	54.9	2.7	4.5	37.9
Total black	13,254	68.0	66.0	2.0	6.4	25.7
Total white	94,100	82.7	77.4	5.3	2.6	14.7
Total other	5,316	71.6	65.7	5.9	4.6	23.8
Hispanic male	6,772	52.9	49.7	3.2	3.6	43.5
Black male	6,078	67.6	66.0	1.5	2.7	29.7
White male	50,002	81.2	76.0	5.2	2.3	16.5
Hispanic female	4,776	64.3	62.4	1.9	5.8	29.9
Black female	7,176	68.3	66.0	2.3	9.5	22.2
White female	44,098	84.4	79.1	5.4	3.0	12.6
Perceived health status						
Excellent	44,639	82.0	76.7	5.4	2.0	16.0
Very good	41,668	81.1	76.1	5.0	2.4	16.4
Good	29,018	73.3	69.7	3.6	4.8	21.9
Fair	7,417	64.0	60.2	3.8	8.0	28.0
Poor	1,396	62.7	58.5	4.1	12.5	24.8

^a Includes persons with unknown perceived health status.

Note: Restricted to civilian noninstitutionalized population. Percents may not add to 100 due to rounding.

Source: Center for Cost and Financing Studies, Agency for Health Care Policy and Research: Medical Expenditure Panel Survey Household Component, 1996 (Round 1).

Table 3. Health insurance coverage of workers ages 16-64: Percent distribution by type of coverage and selected job characteristics, United States, first half of 1996

Job characteristic	Working population in thousands	Private			Public only	Uninsured
		Total private	Employment-related	Nonemployment-related		
Total ^a	124,218	78.3	73.6	4.7	3.3	18.4
Offered insurance^b		Percent distribution				
Yes	75,085	94.4	93.5	1.0	0.9	4.7
No	29,466	48.6	40.5	8.1	8.7	42.7
Size of establishment^b						
Less than 10 workers	19,066	64.3	58.8	5.5	5.3	30.4
10-24 workers	15,991	73.0	68.7	4.3	4.7	22.4
25-49 workers	13,126	80.0	76.8	3.2	3.5	16.4
50-99 workers	14,328	85.1	82.3	2.8	2.8	12.1
100-499 workers	24,004	89.1	87.5	1.6	1.9	9.0
500 or more workers	17,329	92.3	91.0	1.3	1.0	6.7
Hourly wages^b						
Less than \$5.00	7,042	48.8	43.4	5.5	13.4	37.8
\$5.00-\$9.99	37,308	67.2	63.6	3.6	5.2	27.7
\$10.00-\$14.99	29,645	89.1	86.4	2.7	1.1	9.8
\$15.00-\$19.99	13,091	96.9	94.5	2.3	0.2	2.9
\$20.00 or more	15,559	96.8	95.5	1.3	0.3	2.9
Self-employed						
Yes	15,781	65.8	50.0	15.8	4.1	30.0
No	108,340	80.2	77.1	3.1	3.2	16.6
Size of self-employed business^c						
1 worker	6,455	60.7	45.4	15.3	5.4	33.9
2-9 workers	6,386	65.6	48.2	17.4	4.0	30.5
10 or more workers	2,071	83.4	72.7	10.7	1.3	15.3
Hours of work						
Less than 20 hours	8,453	69.1	60.1	9.0	7.5	23.5
20-34 hours	16,933	65.7	59.0	6.7	6.8	27.5
35 or more hours	95,536	81.6	77.8	3.8	2.3	16.1
Union membership						
Yes	15,834	93.6	92.8	0.8	1.0	5.4
No	107,432	76.3	71.0	5.2	3.6	20.1

^a Includes persons with unknown size of establishment, insurance offered, hourly wages, hours of work, self-employment status, size of self-employed business, and union membership.

^b For wage earners only.

^c For self-employed workers only.

Note: Restricted to civilian noninstitutionalized population. Percents may not add to 100 due to rounding.

Source: Center for Cost and Financing Studies, Agency for Health Care Policy and Research: Medical Expenditure Panel Survey Household Component, 1996 (Round 1).

Table 4. Health insurance coverage of workers ages 19-24: Percent distribution by type of coverage and selected job characteristics, United States, first half of 1996

Job characteristic	Working population in thousands	Private		Public only	Uninsured
		Total private	Employment-related		
Percent distribution					
Total ^a	14,728	59.2	53.1	5.2	35.5
Offered insurance^b					
Yes	5,817	84.8	82.9	2.5	12.7
No	7,627	44.5	35.3	7.3	48.1
Hours of work					
Less than 20 hours	1,654	65.7	56.1	7.6	26.7
20-34 hours	3,607	53.3	45.7	8.4	38.2
35 or more hours	9,065	60.6	55.9	3.8	35.6
Hourly wages^b					
Less than \$5.00	1,825	43.3	34.8	11.9	44.7
\$5.00-\$9.99	8,750	57.3	52.1	5.4	37.3
\$10.00 or more	2,782	81.7	75.0	0.7	17.6

^a Includes persons with unknown insurance offered, hours of work, and hourly wages.

^b For wage earners only.

Note: Restricted to civilian noninstitutionalized population. Percents may not add to 100 due to rounding.

Source: Center for Cost and Financing Studies, Agency for Health Care Policy and Research: Medical Expenditure Panel Survey Household Component, 1996 (Round 1).

Table 5. Total population of workers ages 16-64 and uninsured workers: Percent distribution by selected characteristics, United States, first half of 1996

Characteristic	Working population in thousands	Percent distribution of workers	Percent uninsured	Percent distribution of uninsured workers
Total ^a	124,218	100.0	18.4	100.0
Age in years				
16-18	3,931	3.2	19.2	3.3
19-24	14,728	11.9	35.5	22.9
25-29	14,957	12.0	23.3	15.3
30-34	17,372	14.0	17.1	13.0
35-44	35,614	28.7	15.3	23.8
45-54	26,034	21.0	12.9	14.7
55-64	11,582	9.3	13.8	7.0
Race/ethnicity				
Total Hispanic	11,548	9.3	37.9	19.2
Total black	13,254	10.7	25.7	14.9
Total white	94,100	75.8	14.7	60.4
Total other	5,316	4.3	23.8	5.5
Hispanic male	6,772	5.5	43.5	12.9
Black male	6,078	4.9	29.7	7.9
White male	50,002	40.3	16.5	36.1
Hispanic female	4,776	3.8	29.9	6.3
Black female	7,176	5.8	22.2	7.0
White female	44,098	35.5	12.6	24.3
Self-employed				
Yes	15,781	12.7	30.0	20.8
No	108,340	87.3	16.6	79.2
Size of establishment^b				
Less than 10 workers	19,066	15.4	30.4	25.4
10-24 workers	15,991	12.9	22.4	15.7
25-49 workers	13,126	10.6	16.4	9.5
50-99 workers	14,328	11.5	12.1	7.6
100-499 workers	24,004	19.3	9.0	9.4
500 or more workers	17,329	14.0	6.7	5.1
Hourly wages^b				
Less than \$5.00	7,042	5.7	37.8	11.7
\$5.00-\$9.99	37,308	30.1	27.7	45.3
\$10.00-\$14.99	29,645	23.9	9.8	12.8
\$15.00-\$19.99	13,091	10.5	2.9	1.7
\$20.00 or more	15,559	12.5	2.9	2.0

^a Includes persons with unknown self-employment status, hourly wages, and size of establishment.

^b For wage earners only.

Note: Restricted to civilian noninstitutionalized population. Percents may not add to 100 due to rounding.

Source: Center for Cost and Financing Studies, Agency for Health Care Policy and Research: Medical Expenditure Panel Survey Household Component, 1996 (Round 1).

Technical Appendix

The data in this report were obtained in the first round of interviews for the Household Component (HC) of the 1996 Medical Expenditure Panel Survey (MEPS). MEPS is cosponsored by the Agency for Health Care Policy and Research (AHCPR) and the National Center for Health Statistics (NCHS). The MEPS HC is a nationally representative survey of the U.S. civilian noninstitutionalized population that collects medical expenditure data at both the person and household levels. The focus of the MEPS HC is to collect detailed data on demographic characteristics, health conditions, health status, use of medical care services, charges and payments, access to care, satisfaction with care, health insurance coverage, income, and employment. In other components of MEPS, data are collected on residents of licensed or certified nursing homes and the supply side of the health insurance market.

The sample for the MEPS HC was selected from respondents to the National Health Interview Survey (NHIS), which was conducted by NCHS. NHIS provides a nationally representative sample of the U.S. civilian noninstitutionalized population and reflects an oversampling of Hispanics and blacks. The MEPS HC collects data through an overlapping panel design. In this design, data are collected through a precontact interview that is followed by a series of six rounds of interviews over 2-1/2 years. Two calendar years of medical expenditure and utilization data are collected from each household and captured using computer-assisted personal interviewing (CAPI). This series of data collection rounds is launched again each subsequent year on a new sample of households to provide overlapping panels of survey data which, when combined with other ongoing panels, will provide continuous and current estimates of health care expenditures. The reference period for Round 1 of the MEPS HC was from January 1, 1996, to the date of the first interview. Round 1 interviews were conducted from March to July 1996.

Derivation of Insurance Status Information

The household respondent was asked if, between January 1, 1996, and the time of the Round 1 interview, anyone in the family was covered by any of the sources of public and private health insurance coverage discussed in the following paragraphs. For this report, Medicare and CHAMPUS/CHAMPVA coverage were measured at the time of the Round 1 interview. (CHAMPUS and CHAMPVA are the Civilian Health and Medical Programs for the Uniformed Services and Veterans' Affairs.) All other sources of insurance were measured for any time in the Round 1 reference period. Persons counted as uninsured were uninsured throughout the Round 1 reference period.

Public Coverage

For this report, individuals were considered to have public coverage only if they met both of the following criteria:

- They were not covered by private insurance.
- They were covered by one of the public programs discussed below.

Medicare

Medicare is a federally financed health insurance plan for the elderly, persons receiving Social Security disability payments, and most persons with end-stage renal disease. Medicare Part A, which provides hospital insurance, is automatically given to those who are eligible for Social Security. Medicare Part B provides supplementary medical insurance that pays for medical expenses and may be purchased for a monthly premium.

CHAMPUS/CHAMPVA

CHAMPUS covers retired members of the Uniformed Services and the spouses and children of active-duty, retired, and deceased members. Spouses and children of veterans who died from a service-

connected disability, or who are permanently disabled and are not eligible for CHAMPUS or Medicare, are covered by CHAMPVA. In this report, CHAMPUS or CHAMPVA coverage is considered to be public coverage.

Medicaid

Medicaid is a means-tested government program jointly financed by Federal and State funds that provides health care to those who are eligible. Program eligibility criteria vary significantly by State, but the program is designed to provide health coverage to families and individuals who are considered unable to afford necessary medical care.

Other Public Hospital/Physician Coverage

Respondents who did not report Medicaid coverage were asked if they were covered by any other public hospital/physician coverage. These questions were asked in an attempt to identify Medicaid recipients who might not have recognized their coverage as Medicaid. In this report, all coverage reported in this manner is considered public coverage.

Private Health Insurance

Private health insurance was defined for this report as insurance that provides coverage for hospital and physician care. Insurance that provides coverage for a single service only, such as dental or vision coverage, was not counted. In addition, private insurance was classified as either employment related or nonemployment related. Employment-related coverage includes private health insurance obtained through an employer, union, or self-employed business. Insurance also was classified as employment related when the policyholder resided outside the reporting unit. Individuals were classified as having nonemployment-related insurance if they did not have employment-related coverage but were covered by private hospital/physician insurance obtained from another source, such as directly from an insurance company or a health maintenance organization (HMO) or through a group or association.

Uninsured

The uninsured were defined as persons not covered by Medicare, CHAMPUS/CHAMPVA, Medicaid, other public hospital/physician programs, or private hospital/physician insurance throughout the entire Round 1 reference period. Individuals covered only by noncomprehensive State-specific programs (e.g., Maryland Kidney Disease Program, Colorado Child Health Plan) or private single-service plans (e.g., coverage for dental or vision care only, coverage for accidents or specific diseases) were not considered to be insured.

Health Insurance Edits

The Round 1 health insurance data were edited as described below. Minimal editing was performed on the Medicare and Medicaid variables; all other coverage types are unedited and unimputed.

Medicare

Medicare coverage was edited for persons age 65 and over but not for persons under age 65. Persons age 65 and over were assigned Medicare coverage if they met one of the following criteria:

- They answered “yes” to a followup question on whether they had received Social Security benefits.
- They were covered by Medicaid, other public hospital/physician coverage, or Medigap coverage.
- Their spouse was covered by Medicare.

Medicaid

A small number of cases reporting Aid to Families with Dependent Children (AFDC) or Supplemental Security Income (SSI) coverage (questions included in the Round 1 interview for editing purposes) were assigned Medicaid coverage. In addition, the Medicaid variable was edited to include persons who paid nothing for their other public hospital/physician insurance when such coverage was through a Medicaid HMO or reported to include some other managed care characteristics. Since this report does not distinguish

among sources of public insurance, no further edits were performed using the other public hospital/physician coverage variables. Other public hospital/physician coverage was included, however, when considering whether an individual was covered only by public insurance.

Private Health Insurance

Individuals were considered to be covered by private insurance if the insurance provided coverage for hospital/physician care. Medigap plans were included. Individuals covered by single-service plans only (e.g., dental, vision, or drug plans) were not considered to be privately insured. Sources of insurance with missing information regarding the type of coverage were assumed to contain hospital/physician coverage.

As more information from other parts and subsequent rounds of MEPS becomes available, it will be used to correct missing or inconsistent information. In particular, private coverage variables will be edited in terms of the reporting of private insurance as a source of payment for medical expenses. Finally, it should be noted that these data were generally reported by a single household respondent, who may not have been the most knowledgeable source for other family members. The employers and insurance companies of household respondents are being contacted in a followup survey as part of the MEPS data collection effort designed to verify and supplement the information provided by the household respondents.

Population Characteristics

Place of Residence

Individuals were identified as residing either inside or outside a metropolitan statistical area (MSA) as designated by the U.S. Office of Management and Budget (OMB), which applied 1990 standards using population counts from the 1990 U.S. census. An MSA is a large population nucleus combined with adjacent communities that have a high degree of economic and social integration within the nucleus. Each MSA has one or more central counties containing the area's main

population concentration. In New England, metropolitan areas consist of cities and towns rather than whole counties. Regions of residence are in accordance with the U.S. Bureau of the Census definition.

Race/Ethnicity

Classification by race and ethnicity was based on information reported for each household member. Respondents were asked if their race was best described as American Indian, Alaska Native, Asian or Pacific Islander, black, white, or other. They were also asked if their main national origin or ancestry was Puerto Rican; Cuban; Mexican, Mexicano, Mexican American, or Chicano; other Latin American; or other Spanish. All persons who claimed main national origin or ancestry in one of these Hispanic groups, regardless of racial background, were classified as Hispanic. Since the Hispanic grouping can include black Hispanic, white Hispanic, and other Hispanic, the race categories of black, white, and other do not include Hispanic.

Job Characteristics

The job characteristics reported in Tables 3-5 relate to the worker's main job as reported on the Round 1 interview date. Selected variables are discussed below.

Offered Insurance

This variable is reported in Tables 3 and 4 for wage earners only at the time of the Round 1 interview. It measures whether wage earners had been offered health insurance at their main job.

Size of Establishment or Size of Self-Employed Business

Size of establishment (a workplace location) is defined for wage earners only. The variable for self-employed workers captures the size of their business (which can consist of several establishments) rather than the size of the establishment at which they work.

Employment Status

Working Adults

Persons were considered working adults if they had a job for pay, owned a business, or worked without pay in a family business at the time of the Round 1 interview. The age range included in each table is specified in the table title or notes.

Employment Status of a Family

Families consist of all persons related by blood or marriage in a reporting unit as well as students living away from home. Families are classified according to whether or not they have at least one working adult. For Table 1, individuals within the family are classified as working adults, nonworking adults, or children (under age 18).

Sample Design and Accuracy of Estimates

The sample selected for the 1996 MEPS, a subsample of the 1995 National Health Interview Survey (NHIS), was designed to produce national estimates that are representative of the civilian noninstitutionalized population of the United States. Round 1 data were obtained for approximately 9,400 households in MEPS, resulting in a survey response rate of 78 percent. This figure reflects participation in both NHIS and MEPS.

The statistics presented in this report are affected by both sampling error and sources of nonsampling error, which include nonresponse bias, respondent reporting errors, interviewer effects, and data processing misspecifications. For a detailed description of the MEPS survey design, the adopted sample design, and methods used to minimize sources of nonsampling error, see Cohen (1997) and Cohen, Monheit, Beauregard, et al. (1996). The MEPS person-level estimation weights include nonresponse adjustments and

poststratification adjustments to population estimates derived from the March 1996 Current Population Survey (CPS) based on cross-classifications by region, age, race/ethnicity, and sex.

Tests of statistical significance were used to determine whether the differences between populations exist at specified levels of confidence or whether they occurred by chance. Differences were tested using *Z*-scores having asymptotic normal properties at the 0.05 level of significance. Unless otherwise noted, only statistical differences between estimates are discussed in the text.

Rounding

Estimates presented in the tables were rounded to the nearest 0.1 percent. Standard errors, presented in Tables B-F, were rounded to the nearest 0.01. Population estimates in Tables 1- 5 and Table A were rounded to the nearest thousand. Therefore, some of the estimates presented in the tables for population totals of subgroups will not add exactly to the overall estimated population total.

Comparisons With Other Data Sources

Because of methodological differences, caution should be used when comparing these data with data from other sources. For example, CPS measures persons who are uninsured for a full year; NHIS measures persons who lack insurance at a given point in time—the month before the interview. CPS is conducted annually, and NHIS collects insurance data on a continuous basis each year. In addition, unlike MEPS, CPS counts as insured military veterans whose source of health care is the Department of Veterans' Affairs. CPS also counts children of adults covered by Medicaid as insured. For these preliminary estimates, MEPS did not consider these children insured unless their families reported them as such.

**Table A. Health insurance coverage of workers ages 16-64:
Population estimates by type of coverage and selected population
characteristics, United States, first half of 1996**

Population characteristic	Total population	Any coverage	Private		Uninsured
			Total private	Employment-related	
Number in thousands					
Total	124,218	101,390	97,306	91,453	22,827
Age in years					
16-18	3,931	3,176	2,937	2,733	—
19-24	14,728	9,496	8,725	7,823	5,231
25-29	14,957	11,472	10,911	10,173	3,485
30-34	17,372	14,406	13,899	13,380	2,966
35-44	35,614	30,172	29,151	27,833	5,442
45-54	26,034	22,682	22,085	20,663	3,352
55-64	11,582	9,987	9,597	8,847	1,595
Sex					
Male	65,844	52,185	50,466	47,356	13,658
Female	58,374	49,205	46,840	44,096	9,169
Race/ethnicity					
Hispanic	11,548	7,175	6,654	6,344	4,373
Black	13,254	9,854	9,008	8,749	3,400
White	94,100	80,310	77,837	72,869	13,790
Other	5,316	4,052	3,807	3,491	—
Perceived health status					
Excellent	44,639	37,499	36,606	34,216	7,140
Very good	41,668	34,824	33,812	31,719	6,844
Good	29,018	22,656	21,259	20,226	6,362
Fair	7,417	5,339	4,745	4,463	2,078
Poor	1,396	—	—	—	—

—Sample size too small to produce reliable estimates.

Note: Numbers may not add to totals because of rounding. Persons with public coverage included in totals but not shown separately due to small sample sizes.

Source: Center for Cost and Financing Studies, Agency for Health Care Policy and Research: Medical Expenditure Panel Survey Household Component, 1996 (Round 1).

Table B. Health insurance coverage and employment status of the civilian noninstitutionalized population under age 65: Standard errors by type of coverage for persons in families with and without working adults, United States, first half of 1996

Corresponds to Table 1

Employment status of adults in family	Private		Public only	Uninsured	Percent distribution of uninsured
	Total private	Employment-related			
	Standard error				
Total	0.78	0.79	0.58	0.52	—
Persons in families with a working adult^a	0.75	0.78	0.48	0.54	0.83
Working adult	0.66	0.68	0.31	0.54	0.98
Nonworking adult	1.23	1.23	1.00	1.16	0.63
Child	1.17	1.23	0.87	0.82	0.95
Persons in families without a working adult^a	1.45	1.40	1.74	1.45	0.83
Nonworking adult	1.69	1.65	1.69	1.56	0.66
Child	1.75	1.71	2.42	1.93	0.34

^a Age 18-64.

Source: Center for Cost and Financing Studies, Agency for Health Care Policy and Research: Medical Expenditure Panel Survey Household Component, 1996 (Round 1).

Table C. Health insurance coverage of workers ages 16-64: Standard errors by type of coverage and selected population characteristics, United States, first half of 1996

Corresponds to Table 2

Population characteristic	Private			Public only	Uninsured
	Total private	Employment-related	Nonemployment-related		
	Standard error				
Total ^a	0.66	0.67	0.28	0.31	0.54
Age in years					
16-18	2.84	3.07	1.21	1.39	2.43
19-24	1.83	1.81	0.87	0.90	1.78
25-29	1.62	1.66	0.70	0.66	1.51
30-34	1.30	1.34	0.46	0.51	1.17
35-44	0.94	1.00	0.43	0.41	0.79
45-54	0.89	1.04	0.62	0.41	0.82
55-64	1.33	1.58	0.89	0.70	1.11
Sex					
Male	0.79	0.82	0.35	0.28	0.71
Female	0.77	0.81	0.34	0.41	0.62
Race/ethnicity					
Total Hispanic	2.03	2.03	0.47	0.85	1.95
Total black	2.14	2.19	0.48	0.99	2.04
Total white	0.69	0.73	0.33	0.29	0.57
Total other	3.21	3.37	1.55	*1.65	2.72
Hispanic male	2.22	2.23	0.71	0.82	2.17
Black male	2.57	2.58	*0.52	*0.93	2.42
White male	0.85	0.93	0.43	0.29	0.77
Hispanic female	2.37	2.39	0.52	1.13	2.26
Black female	2.64	2.75	0.67	1.54	2.64
White female	0.78	0.82	0.39	0.38	0.61
Perceived health status					
Excellent	0.84	0.90	0.48	0.30	0.78
Very good	0.82	0.91	0.48	0.35	0.76
Good	1.12	1.14	0.41	0.58	0.95
Fair	2.07	2.15	0.81	1.11	1.99
Poor	4.49	4.73	*1.92	3.18	3.84

^a Includes persons with unknown perceived health status.

* Relative standard error is greater than or equal to 30 percent.

Note: Restricted to civilian noninstitutionalized population.

Source: Center for Cost and Financing Studies, Agency for Health Care Policy and Research: Medical Expenditure Panel Survey Household Component, 1996 (Round 1).

Table D. Health insurance coverage of workers ages 16-64: Standard errors by type of coverage and selected job characteristics, United States, first half of 1996

Corresponds to Table 3

Job characteristic	Private			Public only	Uninsured
	Total private	Employment-related	Nonemployment-related		
	Standard error				
Total ^a	0.66	0.67	0.28	0.31	0.54
Offered insurance^b					
Yes	0.43	0.44	0.14	0.16	0.38
No	1.36	1.27	0.66	0.81	1.30
Size of establishment^b					
Less than 10 workers	1.39	1.38	0.68	0.78	1.29
10-24 workers	1.40	1.43	0.72	0.64	1.27
25-49 workers	1.48	1.56	0.66	0.72	1.30
50-99 workers	1.19	1.27	0.55	0.59	1.10
100-499 workers	0.93	0.98	0.30	0.32	0.82
500 or more workers	0.91	0.96	0.34	*0.36	0.80
Hourly wages^b					
Less than \$5.00	2.49	2.25	1.02	1.59	2.42
\$5.00-\$9.99	1.02	1.02	0.36	0.53	0.93
\$10.00-\$14.99	0.76	0.83	0.35	0.21	0.73
\$15.00-\$19.99	0.59	0.78	0.56	*0.15	0.57
\$20.00 or more	0.60	0.76	0.36	*0.18	0.58
Self-employed					
Yes	1.61	1.63	1.10	0.76	1.44
No	0.66	0.66	0.22	0.29	0.55
Size of self-employed business^c					
1 worker	2.30	2.34	1.62	1.27	2.04
2-9 workers	2.82	2.83	1.79	*1.30	2.48
10 or more workers	3.25	4.33	3.11	*0.86	3.26
Hours of work					
Less than 20 hours	2.09	2.15	1.11	1.19	1.81
20-34 hours	1.66	1.63	0.68	0.89	1.43
35 or more hours	0.63	0.66	0.29	0.23	0.56
Union membership					
Yes	0.70	0.77	*0.27	0.28	0.66
No	0.73	0.74	0.31	0.35	0.59

^a Includes unknown size of establishment, insurance offered, hourly wages, hours of work, self-employment status, size of self-employed business, and union membership.

^b For wage earners only.

^c For self-employed workers only.

* Relative standard error is greater than or equal to 30 percent.

Note: Restricted to civilian noninstitutionalized population.

Source: Center for Cost and Financing Studies, Agency for Health Care Policy and Research: Medical Expenditure Panel Survey Household Component, 1996 (Round 1).

Table E. Health insurance coverage of workers ages 19-24: Standard errors by type of coverage and selected job characteristics, United States, first half of 1996

Corresponds to Table 4

Job characteristic	Private		Public only	Uninsured
	Total private	Employment-related		
	Standard error			
Total ^a	1.82	1.81	0.90	1.78
Offered insurance^b				
Yes	2.16	2.23	*0.86	2.01
No	2.36	2.26	1.44	2.35
Hours of work				
Less than 20 hours	4.36	4.57	*2.66	4.18
20-34 hours	3.39	3.14	2.14	3.37
35 or more hours	2.50	2.60	0.81	2.42
Hourly wages^b				
Less than \$5.00	4.59	4.08	3.40	4.46
\$5.00-\$9.99	2.34	2.33	1.02	2.18
\$10.00 or more	3.00	3.51	*0.55	2.97

^a Includes persons with unknown insurance offered, hours of work, and hourly wages.

^b For wage earners only.

* Relative standard error is greater than or equal to 30 percent.

Note: Restricted to civilian noninstitutionalized population.

Source: Center for Cost and Financing Studies, Agency for Health Care Policy and Research: Medical Expenditure Panel Survey Household Component, 1996 (Round 1).

Table F. Total population of workers ages 16-64 and uninsured workers: Standard errors by selected characteristics, United States, first half of 1996

Corresponds to Table 5

Population characteristic	Percent distribution of population	Percent uninsured	Percent distribution of uninsured population
Total ^a	—	Standard error 0.54	—
Age in years			
16-18	0.19	2.43	0.43
19-24	0.37	1.78	1.20
25-29	0.47	1.51	0.98
30-34	0.41	1.17	0.82
35-44	0.55	0.79	1.11
45-54	0.51	0.82	0.84
55-64	0.32	1.11	0.55
Race/ethnicity			
Total Hispanic	0.42	1.95	1.37
Total black	0.62	2.04	1.54
Total white	0.75	0.57	1.85
Total other	0.33	2.72	0.75
Hispanic male	0.28	2.17	1.00
Black male	0.31	2.42	0.83
White male	0.54	0.77	1.48
Hispanic female	0.20	2.26	0.57
Black female	0.38	2.64	1.02
White female	0.53	0.61	1.10
Self-employed			
Yes	0.44	1.44	1.13
No	0.44	0.55	1.13
Size of establishment^b			
Less than 10 workers	0.45	1.29	1.10
10-24 workers	0.36	1.27	0.87
25-49 workers	0.33	1.30	0.72
50-99 workers	0.38	1.10	0.67
100-499 workers	0.42	0.82	0.82
500 or more workers	0.46	0.80	0.64
Hourly wages^b			
Less than \$5.00	0.30	2.42	0.90
\$5.00-\$9.99	0.63	0.93	1.30
\$10.00-\$14.99	0.52	0.73	0.94
\$15.00-\$19.99	0.37	0.57	0.32
\$20.00 or more	0.47	0.58	0.40

^a Includes persons with unknown self-employment status, hourly wages, and size of establishment.

^b For wage earners only.

Note: Restricted to civilian noninstitutionalized population.

Source: Center for Cost and Financing Studies, Agency for Health Care Policy and Research: Medical Expenditure Panel Survey Household Component, 1996 (Round 1).