

STATISTICAL BRIEF #249

July 2009

The Uninsured in America, First Half of 2008: Estimates for the U.S. Civilian Noninstitutionalized Population under Age 65

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Introduction

The uninsured population in the United States is an issue of public policy concern for several reasons. First, health insurance is viewed as necessary to ensure that people have access to medical care and protection against the risk of costly and unforeseen medical events. Second, timely and reliable estimates of the population's health insurance status are vital to evaluate the costs and expected impact of public policy interventions to expand coverage or to change the way that private and public insurance is funded. Finally, comparisons of the characteristics of insured and uninsured populations over time provide information on whether greater equity has been achieved in insurance coverage or whether serious gaps remain.

Estimates from the Household Component of the 2008 Medical Expenditure Panel Survey (MEPS-HC) show that health insurance status among people under age 65 varies according to demographic characteristics, such as age, race/ethnicity, sex, and marital status. This Statistical Brief shows the estimated size of the U.S. civilian noninstitutionalized population under age 65 that was uninsured throughout the first half of 2008 and identifies groups especially at risk of lacking health insurance. All differences between estimates discussed in the text are statistically significant at the 0.05 level unless otherwise noted.

Findings

During the first half of 2008, 19.3 percent of the U.S. civilian noninstitutionalized population (57.7 million people) was uninsured (estimate not shown). Among those under age 65, 22.0 percent (57.4 million people) were uninsured (figure 1). These estimates do not differ significantly from the comparable figures for 2007.

Age plays a key role in whether a person has health insurance coverage. Young adults ages 19 to 24 and those ages 25 to 29 (of whom 37.6 percent and 33.6 percent, respectively, were uninsured) were the age groups at greatest risk of being uninsured (figure 1). The 19 to 24 year olds represent 9.3 percent of the total non-elderly population but 16.0 percent of the uninsured population; similarly, the 25 to 29 year olds represent 7.9 percent of the population but 12.1 percent of the uninsured population (estimates not shown). For children (under age 18), 32.7 percent had public insurance only, 14.5 percent were

Highlights

- During the first half of 2008, 19.3 percent of the U.S. civilian noninstitutionalized population (57.7 million people) was uninsured. Among those under age 65, 22.0 percent (57.4 million people) were uninsured. These estimates do not differ significantly from the comparable figures for 2007.
- Young adults ages 19 to 24 and those ages 25 to 29 were the age groups at greatest risk of being uninsured, with over a third (37.6 percent and 33.6 percent, respectively) of these groups lacking health insurance.
- Among those under age 65, 17.6 percent of non-Hispanic whites, 24.2 percent of non-Hispanic blacks, 17.2 percent of non-Hispanic Asian or Pacific Islanders, and 21.2 percent of other race/multiple race non-Hispanics were uninsured during the first half of 2008 compared with 38.3 percent of Hispanics.
- Among people under age 65, Hispanics accounted for 28.9 percent of the uninsured U.S. civilian noninstitutionalized population even though they represented only 16.6 percent of the overall population this age.

uninsured, and the remainder (52.8 percent) had private insurance; these estimates compare with 32.8, 13.0, and 54.2 percent, respectively, for 2007 (estimates not shown). The differences for children between the two years are not significantly different.

Hispanics were substantially more likely than all other race/ethnic groups to lack health insurance. Among people under age 65, 17.6 percent of non-Hispanic whites, 24.2 percent of non-Hispanic blacks, 17.2 percent of non-Hispanic Asian or Pacific Islanders, and 21.2 percent of other race/multiple race non-Hispanics were uninsured during the first half of 2008 compared with 38.3 percent of Hispanics (figure 2).

Hispanics were disproportionately represented among the uninsured. Although 16.6 percent of non-elderly Americans were Hispanic, they accounted for 28.9 percent of uninsured persons (figure 3).

Among males under age 65, being uninsured was more likely among Hispanics (41.6 percent) than among non-Hispanic blacks (26.7 percent), non-Hispanic whites (18.7 percent), non-Hispanic Asian or Pacific Islanders (18.8 percent), or other race/multiple race non-Hispanics (24.3 percent) (figure 4). Similarly, among females under age 65, being uninsured was more likely among Hispanics (34.8 percent) than among non-Hispanic blacks (22.0 percent), non-Hispanics whites (16.6 percent), non-Hispanic Asian or Pacific Islanders (15.6 percent), or other race/multiple race non-Hispanics (18.1 percent) (figure 4).

Persons who never married accounted for 24.6 percent of the non-elderly population but 36.1 percent of the uninsured population (estimates not shown). People who were married were the least likely to be uninsured: 18.8 percent of all persons under 65 who were married were uninsured (figure 5). This compares to the higher rates of uninsurance for those separated and those who never married; that is, among the non-elderly, 36.9 percent of separated persons and 32.3 percent of the never married were uninsured (figure 5).

Data Source

The estimates shown in this Statistical Brief are drawn from analyses conducted by the MEPS staff from the following public use file: 2008 Point-in-Time P12R3/P13R1 Population Characteristics File (HC-109; July 2009).

Definitions

The uninsured were defined as people not covered by Medicare, TRICARE (Armed Forces-related coverage), Medicaid, other public hospital/physician programs, or private hospital/physician insurance (including Medigap coverage) from January 2008 through the MEPS-HC interview date. People covered only by non-comprehensive State-specific programs (e.g., Maryland Kidney Disease Program) or private single-service plans (e.g., coverage for dental or vision care only, coverage for accidents or specific diseases) were considered to be uninsured.

About MEPS-HC

MEPS-HC is a nationally representative longitudinal survey that collects detailed information on health care utilization and expenditures, health insurance, and health status, as well as a wide variety of social, demographic, and economic characteristics for the civilian noninstitutionalized population. It is cosponsored by the Agency for Healthcare Research and Quality and the National Center for Health Statistics.

For more information about MEPS, call the MEPS information coordinator at AHRQ (301-427-1656) or visit the MEPS Web site at <http://www.meps.ahrq.gov/>.

References

For a detailed description of the MEPS-HC survey design, sample design, and methods used to minimize sources of nonsampling error, see the following publications:

Cohen, J. *Design and Methods of the Medical Expenditure Panel Survey Household Component*. MEPS Methodology Report No. 1. AHCPH Pub. No. 97-0026. Rockville, MD: Agency for Health Care Policy and Research, 1997. http://www.meps.ahrq.gov/mepsweb/data_files/publications/mr1/mr1.shtml

Cohen, S. *Sample Design of the 1996 Medical Expenditure Panel Survey Household Component*. MEPS Methodology Report No. 2. AHCPR Pub. No. 97-0027. Rockville, MD: Agency for Health Care Policy and Research, 1997. http://www.meps.ahrq.gov/mepsweb/data_files/publications/mr2/mr2.shtml

Cohen, S. Design Strategies and Innovations in the Medical Expenditure Panel Survey. *Medical Care*. July 2003; 41(7) Supplement: III-5–III-12.

Ezzati-Rice, TM, Rohde, F, Greenblatt, J, *Sample Design of the Medical Expenditure Panel Survey Household Component, 1998–2007*. Methodology Report No. 22. March 2008. Agency for Healthcare Research and Quality, Rockville, MD.
http://www.meps.ahrq.gov/mepsweb/data_files/publications/mr22/mr22.pdf

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http://www.meps.ahrq.gov/mepsweb/data_files/publications/st249/stat249.pdf

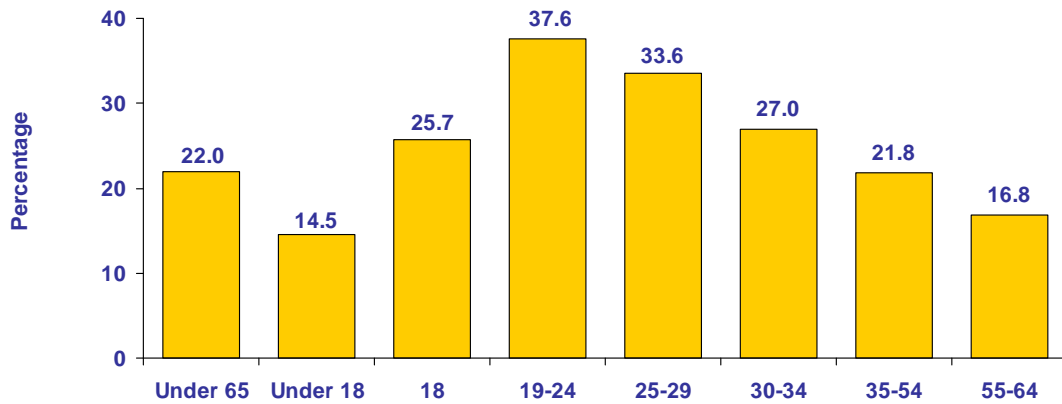
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AHRQ welcomes questions and comments from readers of this publication who are interested in obtaining more information about access, cost, use, financing, and quality of health care in the United States. We also invite you to tell us how you are using this Statistical Brief and other MEPS data and tools and to share suggestions on how MEPS products might be enhanced to further meet your needs. Please e-mail us at meps@d@ahrq.gov or send a letter to the address below:

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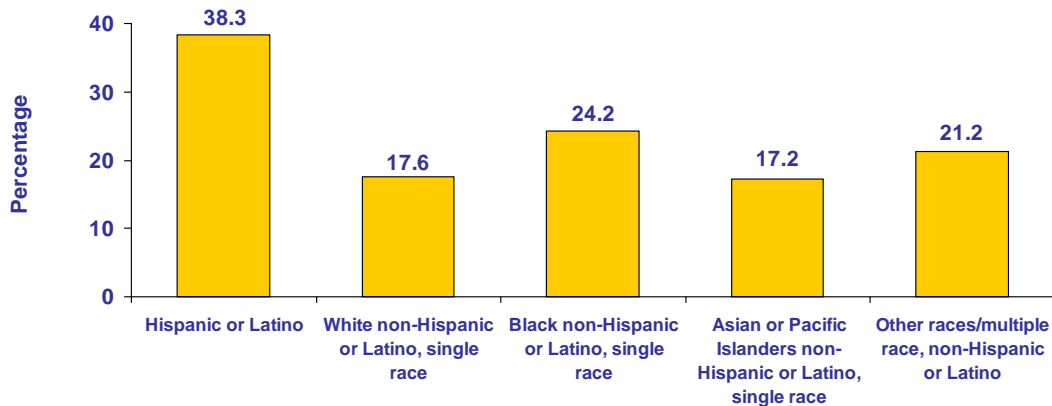
Figure 1. Percentage uninsured, by age, people under age 65, first half of 2008



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2008 Point-in-Time File



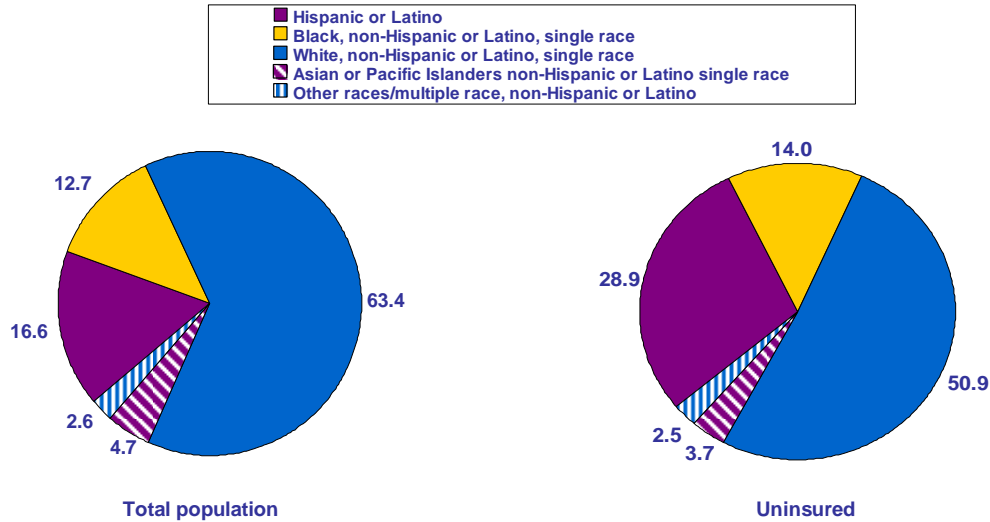
Figure 2. Percentage uninsured, by race/ethnicity, people under age 65, first half of 2008



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2008 Point-in-Time File



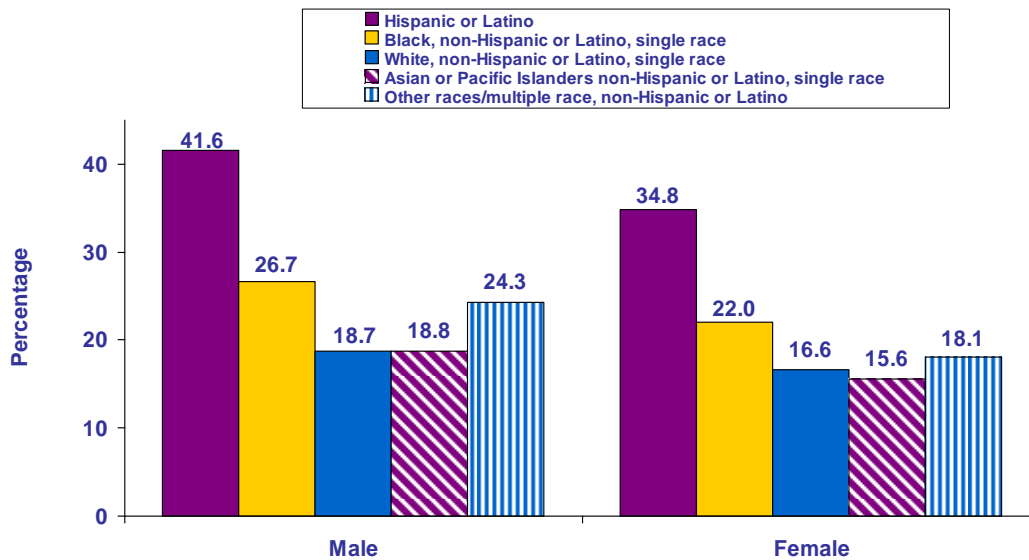
Figure 3. Percentage distribution of total population and the uninsured, by race/ethnicity, people under age 65, first half of 2008



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2008 Point-in-Time File



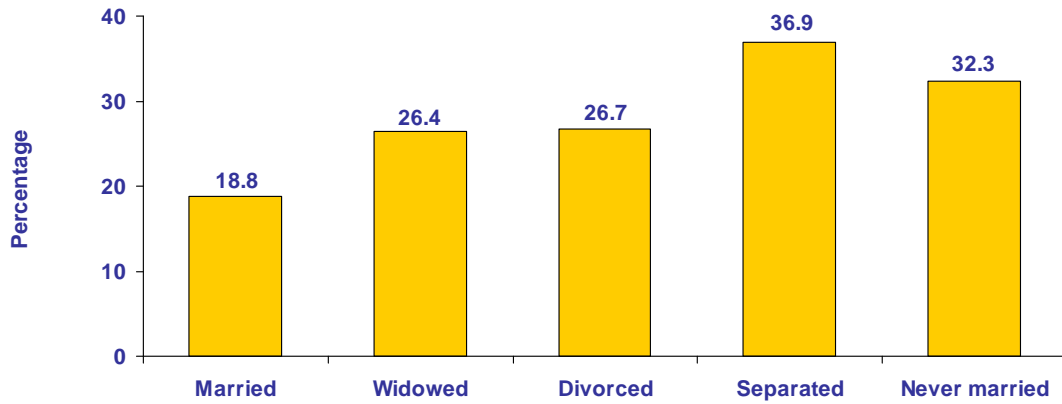
Figure 4. Percentage uninsured, by race/ethnicity and sex, people under age 65, first half of 2008



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2008 Point-in-Time File



Figure 5. Percentage uninsured, by marital status, people under age 65, first half of 2008



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2008 Point-in-Time File