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The Uninsured in America, First Half of 2010: 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.

This Statistical Brief shows the estimated size of the U.S. civilian noninstitutionalized population under age 65 that was uninsured throughout approximately the first half of 2010 and identifies groups especially at risk of lacking health insurance. Estimates from the Household Component of the 2010 Medical Expenditure Panel Survey (MEPS-HC) in this Brief show that health insurance status among people under age 65 varies according to demographic characteristics, such as age, race/ethnicity, sex, marital status, and Census region. All differences between estimates discussed in the text are statistically significant at the 0.05 level.

Findings

During the first half of 2010, 18.4 percent¹ of the U.S. civilian noninstitutionalized population (55.8 million people²) was uninsured. While nearly all persons age 65 and over in the U.S. have health insurance coverage through the Medicare program, 21.0 percent of persons under age 65 (55.5 million people) were uninsured during the first half of 2010 (figure 1). This estimate does not differ significantly from the comparable figure for 2009 ^{3, 4}

Age plays a key role in whether a person has health insurance coverage. Young adults in the 19 to 24 and the 25 to 29 age groups were at the greatest risk of being uninsured, with at least a third (37.4 percent and 33.6 percent, respectively) lacking health insurance (figure 1). The 19 to 24 year olds represent 9.4 percent of the total non-elderly population but 16.7 percent of the uninsured population; similarly, the 25 to 29 year olds represent 8.0 percent of the population but 12.9 percent of the uninsured population.⁵ For children (under age 18), 36.4 percent had public insurance,

Highlights

- During the first half of 2010, 18.4 percent of the U.S. civilian noninstitutionalized population (55.8 million people) was uninsured.
 Among those under age 65, 21.0 percent (55.5 million people) were uninsured.
 These estimates do not differ significantly from the comparable figures for 2009.
- Young adults in the 19 to 24 and 25 to 29 age groups were at the greatest risk of being uninsured, with at least one-third (37.4 percent and 33.6 percent, respectively) lacking health insurance.
- Among those under age 65, 16.6 percent of non-Hispanic whites, 22.2 percent of non-Hispanic blacks, 19.9 percent of non-Hispanic Asian or Pacific Islanders, and 18.9 percent of other race/multiple race non-Hispanics were uninsured during the first half of 2010 compared with 36.2 percent of Hispanics.
- Among people under age 65, Hispanics accounted for 30.0 percent of the uninsured U.S. civilian noninstitutionalized population even though they represented only 17.4 percent of the total nonelderly population.

¹Table 1. Health insurance coverage of the civilian noninstitutionalized population: Percent by type of coverage and selected population characteristics, United States, first half of 2010; [http://www.meps.ahrq.gov/mepsweb/data_stats/summ_tables/hc/hlth_insr/2010/t1_a10.pdf (accessed December 13, 2011)]

²Table 5. Health insurance coverage of the civilian noninstitutionalized population: Population estimates by type of coverage and selected population characteristics, United States, first half of 2010; [http://www.meps.ahrq.gov/mepsweb/data_stats/summ_tables/hc/hlth_insr/2010/t5_e10.pdf (accessed December 13, 2011)]

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Table 4. Total population and uninsured persons under age 65: Percent by selected population characteristics, United States, first half of 2010; [http://www.meps.ahrq.qov/mepsweb/data_stats/summ_tables/hc/hlth_insr/2010/t4_d10.pdf (accessed December 13, 2011)]

53.1 percent had private insurance, and 10.5 percent were uninsured¹; these estimates were 34.4 percent, 53.9 percent, and 11.7 percent, respectively, in 2009³. The percentage distribution of children's health insurance coverage did not vary significantly between the two years.

Hispanics were substantially more likely than all other race/ethnic groups to lack health insurance. Among people under age 65, 16.6 percent of non-Hispanic whites, 22.2 percent of non-Hispanic blacks, 19.9 percent of non-Hispanic Asian or Pacific Islanders, and 18.9 percent of other race/multiple race non-Hispanics were uninsured during the first half of 2010 compared with 36.2 percent of Hispanics (figure 2). Consequently, Hispanics were disproportionately represented among the uninsured. Although they comprised 17.4 percent of the non-elderly population, they accounted for 30.0 percent of all non-elderly, uninsured persons in 2010 (figure 3).

Among males under age 65, Hispanics (39.4 percent) were more likely to be uninsured than non-Hispanic blacks (24.3 percent), non-Hispanic whites (18.3 percent), non-Hispanic Asian or Pacific Islanders (19.3 percent), or other race/multiple race non-Hispanics (22.3 percent) (figure 4). Similarly, among females under age 65, being uninsured was more likely among Hispanics (32.8 percent) than among non-Hispanic blacks (20.3 percent), non-Hispanics whites (14.9 percent), non-Hispanic Asian or Pacific Islanders (20.4 percent), or other race/multiple race non-Hispanics (15.4 percent) (figure 4).

Finally, for the uninsured under age 65, 42.0 percent lived in the South while 14.3 percent lived in the Northeast, 17.6 percent lived in the Midwest, and 26.0 percent lived in the West (figure 5).

Data Source

The estimates shown in this Statistical Brief are drawn from analyses conducted by the MEPS staff from the public use file, the 2010 Point-in-Time Panel 14 Round 3/Panel 15 Round 1 Population Characteristics File, and from the 2010 Household Component Health Insurance Summary Data Tables 1 through 4.

Definitions

The reference period for this Statistical Brief, i.e., first half of 2010, represents an approximation. That is, the data were collected in two rounds. Survey respondents in Panel 15/Round 1 were interviewed between February and July; those in Panel 14/Round 3 were interviewed between January and June. Since the interview round can last in length anywhere from one to seven months depending on the time of the interview, the actual reference period varies depending on date of interview.

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 2010 through the MEPS-HC interview date. People covered only by non-comprehensive State-specific programs (e.g., Maryland Kidney Disease Program) or private singleservice 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 U.S. 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. AHCPR Pub. No. 97-0026. Rockville, MD. Agency for Health Care Policy and Research, 1997. http://www.meps.ahrg.gov/mepsweb/data_files/publications/mr1/mr1.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 MEPSProjectDirector@ahrq.hhs.gov or send a letter to the address below:

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