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The Long-Term Uninsured in America, 2003–2006: Estimates for the U.S. Civilian Noninstitutionalized Population under Age 65

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Introduction

Estimates of the health insurance status of the U.S. civilian noninstitutionalized population are critical to policymakers and others concerned with access to medical care and the cost and quality of that care. Health insurance helps people get timely access to medical care and protects them against the risk of expensive and unanticipated medical events. When estimating the size of the uninsured population, it is important to consider the distinction between those uninsured for short periods of time and those who are uninsured for several years.

Using information from the Household Component of the Medical Expenditure Panel Survey (MEPS-HC) for 2005 and 2006, this Statistical Brief provides detailed estimates for the U.S. civilian noninstitutionalized non-elderly (under age 65) population that was uninsured for the entire 2003–2006 period and identifies groups most at risk of lacking any coverage over that four-year period. The addition of questions in MEPS to determine health insurance coverage profiles for the period covering 2003 and 2004, in concert with information on health insurance profiles from the National Health Interview Survey for 2004, facilitated these analyses of extended longitudinal profiles. All differences between estimates discussed in the text are statistically significant at the 0.05 level unless otherwise noted.

Findings

According to the MEPS-HC for 2005 and 2006, 32.0 percent (83.3 million people, estimate not shown) of the under-65 population were uninsured for at least one month during the full two-year period (calendar years 2005 and 2006), and 10.7 percent (27.9 million people, estimate not shown) were uninsured for the entire two-year period. Two-thirds of those individuals lacking coverage for all of 2005–2006 were also without coverage for the entire prior 2003–2004 two-year period. This translates to 7.1 percent (18.5 million people, estimate not shown) of the total population under age 65 being uninsured for the entire four-year period from 2003 through 2006.

Highlights

- Approximately 18.5 million people, 7.1 percent of the population under age 65, were uninsured for the entire four-year period from 2003 through 2006.
- During 2005 to 2006, young adults age 18 to 24 were the most likely to be uninsured for at least one month (54.9 percent). Children under age 18 were the least likely to be uninsured for the entire 2003–2006 four-year period (2.1 percent).
- Individuals reporting excellent or very good health status were the least likely to be uninsured for at least one month during 2005 to 2006 (28.0 and 30.5 percent, respectively).
- Hispanics were most likely to be uninsured for at least one month during 2005 to 2006 (52.0 percent) and for the entire 2003–2006 four-year period (17.7 percent).
- Hispanics single race were disproportionately represented among the long-term uninsured. While they represented 16.1 percent of the population under age 65, they represented 40.1 percent of the long-term uninsured for the period 2003–2006.
- Individuals who were poor were disproportionately represented among the long-term uninsured. While they represented 13.3 percent of the population under age 65, they represented 24.1 percent of those uninsured for the entire 2003–2006 four-year period.

The age group 18 to 24 was the most likely to be uninsured for some time during 2005 to 2006. For the age group 18 to 24, 54.9 percent were uninsured for at least one month or more (figure 1). Conversely, children less than 18 were the least likely to be continuously uninsured for the same two-year period as well as for the entire 2003–2006 four-year period. Only 2.1 percent of children less than 18 years were uninsured for the entire 2003–2006 four-year period.

Individuals reporting excellent or very good health status were the least likely to be uninsured for some time during 2005 to 2006. For those reporting excellent health, 28.0 percent were uninsured at least one month; while for those reporting very good health, 30.5 percent were uninsured at least one month over the same time period (figure 2). Those reporting good or fair/poor health were the most likely to be uninsured for the entire two-year period, 13.2 and 13.3 percent, respectively. Two-thirds of those individuals in fair or poor health lacking coverage for all of 2005–2006 were also without coverage for the entire prior two-year period from 2003 to 2004. This translates to 9.2 percent of the total population under age 65 in fair or poor health being uninsured for the entire 2003–2006 four-year period.

Among people under age 65, Hispanics were substantially more likely than black non-Hispanics single race, white non-Hispanics single race, Asian or Pacific Islander non-Hispanics single race, or other single race/multiple race non-Hispanics to lack health insurance during the time intervals under consideration. Among Hispanics under age 65, 52.0 percent were uninsured for at least one month, while 22.9 percent were uninsured for the entire 2005–2006 two-year period (figure 3). Three-fourths of those Hispanic individuals lacking coverage for all of 2005–2006 were also without coverage for the entire prior two-year period from 2003 to 2006. This translates to 17.7 percent of the total Hispanic population under age 65 being uninsured for the entire 2003–2006 four-year period.

Hispanics single race were disproportionately represented among the long-term uninsured. While Hispanics single race represented 16.1 percent of the population under age 65, they represented 40.1 percent of the long-term uninsured for the period 2003–2006 (figure 4). Alternatively, while white non-Hispanics single race represented 64.1 percent of the under 65 population, they represented only 40.4 percent of the long-term uninsured for the period 2003–2006. Furthermore, for individuals with no coverage for the entire period 2005–2006, Hispanics were less likely to be represented in the subgroup that had acquired some health insurance coverage in the prior period 2003–2004 (23.3 percent) relative to those individuals with no coverage (40.1 percent) for the entire 2003–2006 four-year period.

Individuals who were poor (i.e., persons in families with income equal to the poverty line or less) were disproportionately represented among the long-term uninsured. While poor individuals represented 13.3 percent of the population under age 65, they represented 24.1 percent of those uninsured for the entire 2003–2006 four-year period (figure 5). Alternatively, while individuals with high incomes (i.e., persons in families with income over 400 percent of the poverty line) represented 36.5 percent of the population under age 65, they accounted for only 10.9 percent of those uninsured for the entire 2003–2006 four-year period. Furthermore, for individuals with no coverage for the entire 2005–2006 period, high income individuals were more likely to be represented in the subgroup that had acquired some health insurance coverage in the prior period 2003–2004 (21.7 percent) relative to those individuals with no coverage (10.9 percent) for the entire 2003–2006 four-year period.

Data Source

The estimates shown in this Statistical Brief are drawn from analyses conducted by the MEPS staff from the following public use files: 2005 Full Year Consolidated Data File, HC-097; the 2006 Full Year Population Characteristics File, HC-099; and the MEPS Panel 10 Longitudinal Data File, HC-106 (December 2008). In addition, linkage of the MEPS sample to the 2004 National Health Interview Survey was undertaken for this Statistical Brief.

Definitions

Uninsured

People who were covered only by noncomprehensive 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. Those sample persons identified as

being uninsured on January 1, 2005, in MEPS were asked if they were covered by a health insurance plan or program at any time in 2003 or 2004 in order to determine their health insurance status over the 2003–2006 four-year period. Linkage was established with the 2004 National Health Interview Survey for sample persons uninsured for all of 2005–2006 to further edit their health insurance status prior to 2005. Persons included in this analysis were present for the entire two year reference period, 2005–2006.

Age

Age was defined as age at the end of 2005.

Race/ethnicity

Classification by race/ethnicity was based on information reported for each family member. Respondents were asked if each family member's race was best described as American Indian, Alaska Native, Asian or Pacific Islander, black, white, or other. They also were asked if each family member's main national origin or ancestry was Puerto Rican; Cuban; Mexican, Mexicano, Mexican American, or Chicano; other Latin American; or other Spanish. All persons whose main national origin or ancestry was reported in one of these Hispanic groups, regardless of racial background, were classified as Hispanic. Since the Hispanic grouping can include black Hispanic, white Hispanic, Asian and Pacific Islanders Hispanic, and other Hispanic, the race categories of black, white, Asian and Pacific Islanders, and other do not include Hispanic. MEPS respondents who reported other single or multiple races and were non-Hispanic were included in the other category. For this analysis, the following classification by race and ethnicity was used: Hispanic (of any race), non-Hispanic blacks, non-Hispanic whites, non-Hispanic Asian and Pacific Islanders, and non-Hispanic others.

Poverty status

Sample persons were classified according to the total yearly income of their family. Within a household, all people related by blood, marriage, or adoption were considered to be a family. Poverty status categories are defined by the ratio of family income to the Federal income thresholds, which control for family size and age of the head of family. Poverty status was based on annual income in 2005.

Poverty status categories are defined as follows:

- Poor: Persons in families with income less than or equal to the poverty line, including those who had negative income.
- Near poor: Persons in families with income over the poverty line through 125 percent of the poverty line.
- Low income: Persons in families with income over 125 percent through 200 percent of the poverty line.
- Middle income: Persons in families with income over 200 percent through 400 percent of the poverty line.
- High income: Persons in families with income over 400 percent of the poverty line.

Health status

In every round, the respondent was asked the following question to rate the health of every member of the family: "In general, compared to other people of (PERSON)'s age, would you say that (PERSON)'s health is excellent, very good, good, fair, or poor?" For this brief, the response categories "fair" and "poor" were collapsed.

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 (301-427-1406) 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.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.

Cohen, S, Rhoades, J. Estimation of the long term uninsured in the Medical Expenditure Panel Survey. *Journal of Economic and Social Measurement*, 32(2007):235-249.

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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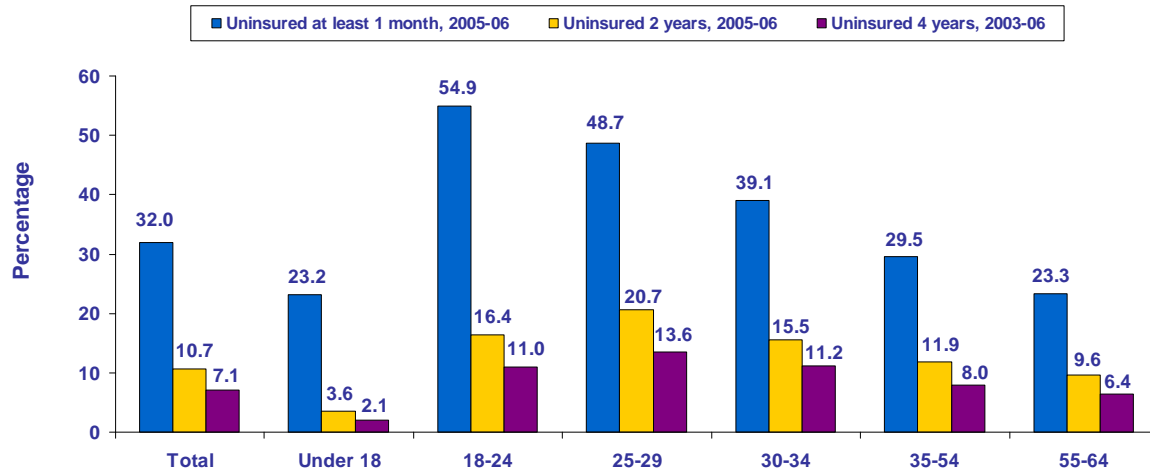
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AHRQ welcomes questions and comments from readers of this publication who are interested in obtaining more information about access, cost, use, financing, and quality of health care in the United States. We also invite you to tell us how you are using 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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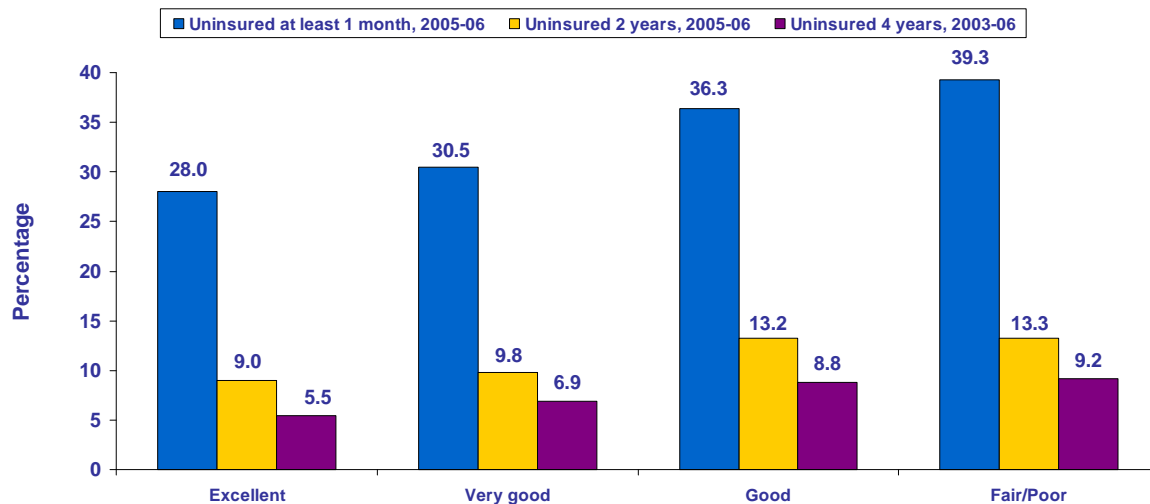
Figure 1. Percentage uninsured by age, U.S. civilian noninstitutionalized population under age 65, 2003–2006



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, HC-097 (2005), HC-099 (2006), and HC-106 (Panel 10)



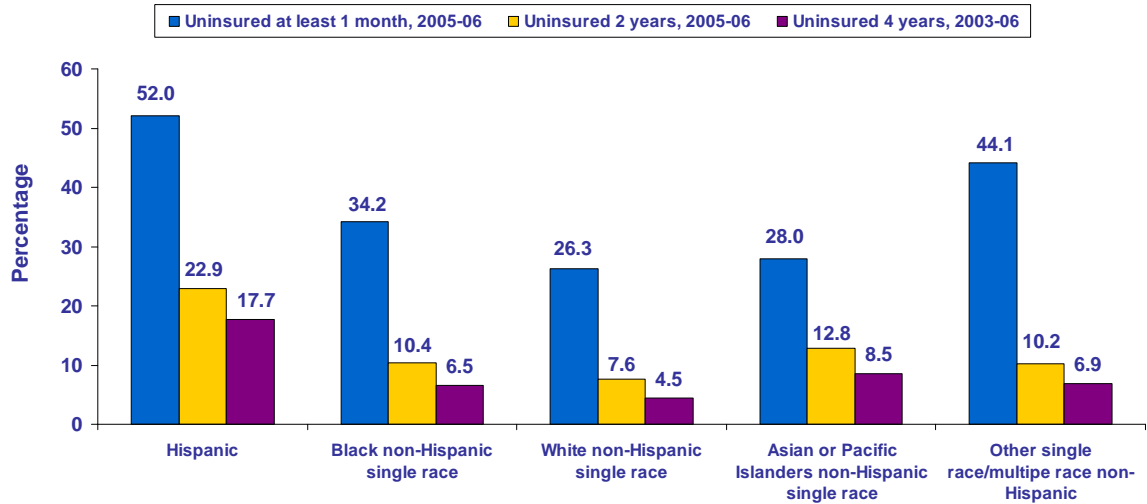
Figure 2. Percentage uninsured by health status, U.S. civilian noninstitutionalized population under age 65, 2003–2006



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, HC-097 (2005), HC-099 (2006), and HC-106 (Panel 10)



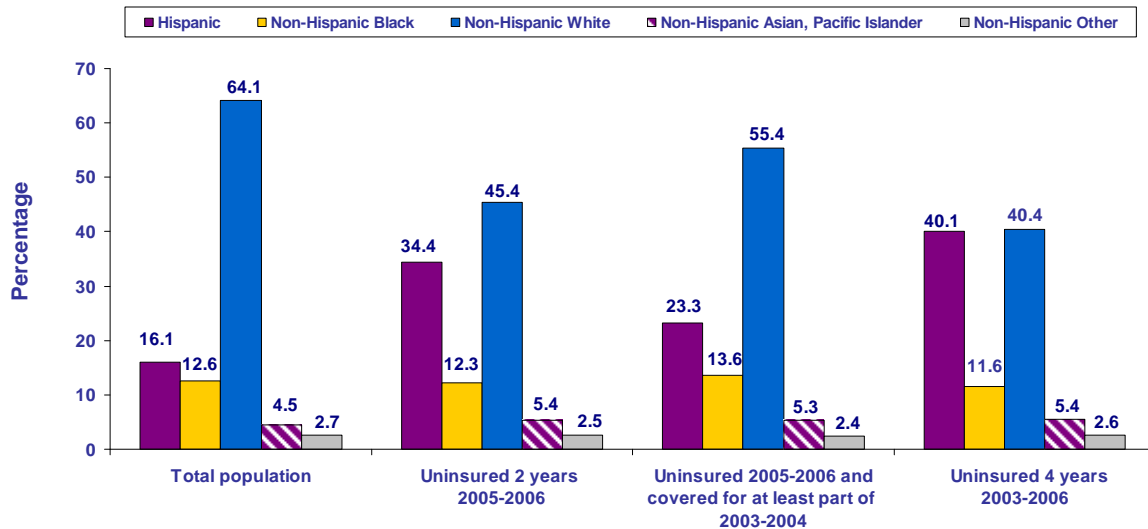
Figure 3. Percentage uninsured by race/ethnicity, U.S. civilian noninstitutionalized population under age 65, 2003–2006



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, HC-097 (2005), HC-099 (2006), and HC-106 (Panel 10)



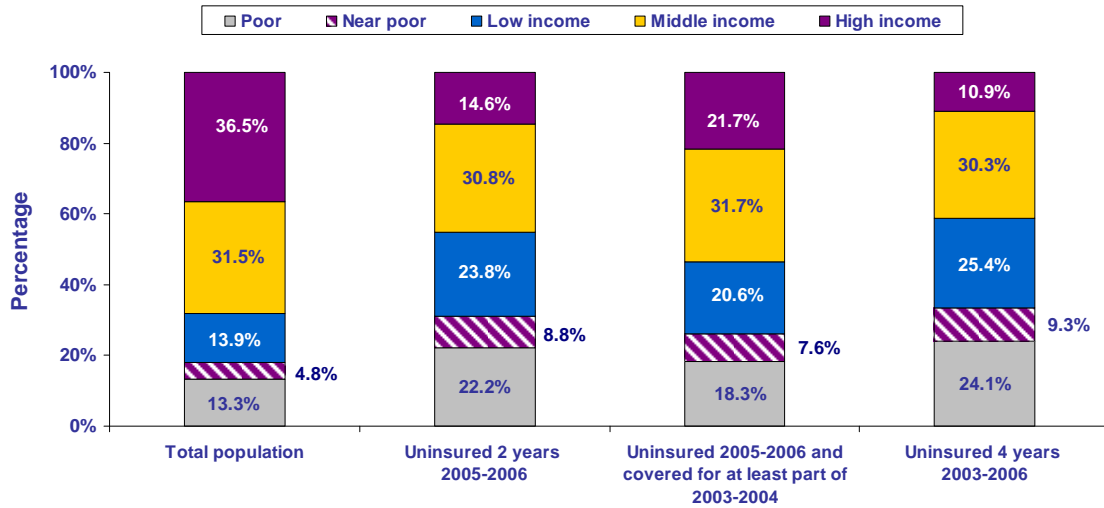
Figure 4. Distribution of population by health insurance status and race/ethnicity, U.S. civilian noninstitutionalized population under age 65, 2003–2006



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, HC-097 (2005), HC-099 (2006), and HC-106 (Panel 10)



Figure 5. Distribution of population by health insurance status and poverty status, U.S. civilian noninstitutionalized population under age 65, 2003–2006



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, HC-097 (2005), HC-099 (2006), and HC-106 (Panel 10)