

STATISTICAL BRIEF #257

August 2009

Characteristics of Uninsured Workers: Estimates for the U.S. Civilian Noninstitutionalized Population 19–64 Years of Age, 2006

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Introduction

Data from the Medical Expenditure Panel Survey (MEPS) indicate that the percentage of workers lacking health insurance has increased over the last decade. In 2006, 16.3 percent of non-elderly workers (ages 19–64) were uninsured all year, up from 14.0 percent in 1996. In terms of population estimates, 6 million more working Americans (including the self-employed) were uninsured in 2006 relative to 1996 (17.6 million versus 23.6 million).¹

This Statistical Brief uses data from the 2006 MEPS Household Component (MEPS-HC) to examine the characteristics of working adults (full-time and part-time) 19–64 years of age who were uninsured for the full year in 2006. Findings from MEPS indicate the working uninsured were heavily concentrated in particular population sub-groups. This brief provides estimates of the uninsured working population, examines specific demographic characteristics associated with workers being at higher risk of lacking health insurance coverage, and provides comparisons to the insured working population. Findings from MEPS indicate that demographic characteristics such as age, race/ethnicity, sex, health status, and educational attainment have a substantial impact on workers' health insurance status. All differences between estimates discussed in the text are statistically significant at the $p < .05$ level, or better.

Findings

Age plays a major factor in whether or not a worker has health insurance. Young adults aged 19–23 were more at risk of being uninsured than any other age group. These younger workers make up a disproportionate share of the working uninsured. Although these workers represented only 10.0 percent of all workers under age 65, they composed 18.7 percent of the non-elderly uninsured working population. Workers under 35 years of age were significantly more likely than older workers to be uninsured all year (figure 1).

Workers in fair or poor health were substantially more likely than their healthier colleagues to be uninsured all year. Nearly a quarter of workers in fair/poor health lacked health insurance all year (24.4 percent), compared to only 15.7 percent for workers in excellent, very good, or good health.

Highlights

- In 2006, 23.6 million employed adults ages 19–64 were uninsured all year.
- Workers with the following demographic characteristics were most likely to be uninsured: young adults 19–23, Hispanic males, low educational attainment, and those with fair/poor health status.
- Hispanic males were at far more risk of lacking health insurance than any other workers, with 44 percent uninsured.
- Male workers were more likely than female workers to be uninsured (19.6 percent versus 12.6 percent).
- Full-year uninsured workers were almost 2.5 times as likely as those with insurance to have no ambulatory doctor visits in 2006 (61.1 percent versus 25.1 percent).

¹Estimates from 2006 Medical Expenditure Panel Survey Household Component.

In 2006, there was substantial variation regarding race/ethnicity, sex, and education level among uninsured working adults. Hispanic working adults were more than twice as likely as black, non-Hispanic workers and more than three times as likely as white/other, non-Hispanic workers to be uninsured (37.1 percent versus 17.9 percent and 12.1 percent, respectively). Male working adults were more than 1.5 times as likely to be uninsured compared with their female counterparts (19.6 percent versus 12.6 percent). Lower levels of education were also found to be associated with being uninsured all year in workers 19–64 years of age. Workers who had less than a high school education were about twice as likely as those who graduated from high school and four times as likely as those attending at least some college to be uninsured all year (38.8 percent versus 19.8 percent and 9.2 percent, respectively) (figure 2).

Comparing uninsured workers by race/ethnicity and sex, Hispanic male workers (44 percent) were far more likely than black, non-Hispanic (23.3 percent) and white/other, non-Hispanic (13.9 percent) male workers to be uninsured. Similar results were found when comparing Hispanic female workers (26.8 percent) to black, non-Hispanic (13.3 percent) and white/other, non-Hispanic (10.2 percent) female workers. Although minority female workers were less likely than minority male workers to be uninsured, they still were much more likely than white female workers to be uninsured (figure 3).

The MEPS data also indicate that uninsured workers differ from insured workers in a number of socio-economic measures. In comparison to insured workers, those uninsured all year were over twice as likely to be self-employed (data not shown), and twice as likely to work in an establishment with under 10 employees (data not shown), and substantially more likely to work part-time (29.2 percent versus 17.8 percent) (figure 4).

Workers who lacked health insurance were much more likely than their insured counterparts to reside in a family near or below the Federal poverty level. While only 15 percent of insured workers were in poor/near poor and low income families, almost a half (46.8 percent) of uninsured workers were in poor/near poor or low income families.

Workers who are uninsured more often lack a usual source of care and experience greater difficulty gaining access to necessary health care than their insured counterparts. Full year uninsured workers were nearly three times as likely to lack a usual source of care compared with workers who were insured (57.9 percent versus 21.1 percent). Full year uninsured workers were also four times as likely to be unable to obtain necessary health care compared with insured workers (9.7 percent versus 2.3 percent, respectively). Lack of health insurance is also associated with the frequency of visits to a physician. Full year uninsured workers were almost 2.5 times as likely as ever insured workers to have no ambulatory care visit in 2006 (61.1 percent versus 25.1 percent) (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: 2006 Full Year Consolidated Data File, HC-105.

Definitions

Health insurance status

- *Any private insurance*: This group includes those who, at any time in the survey year, had individual or group plan coverage for medical or related expenses or who were covered by TRICARE (which covers retired members of the uniformed services and the spouses and children of active-duty military). Private health insurance plans may include prepaid health plans such as health maintenance organizations but they exclude extra cash coverage plans, medical benefits linked only to specific diseases (dread disease plans), and casualty benefit plans (such as automobile insurance).
- *Public coverage only*: Individuals were considered to have public coverage only if they met both of the following criteria: 1) they were not covered by private insurance at any time during the year, 2) they were covered by any of the following public programs at any point during the year: Medicare, Medicaid/SCHIP, or other public hospital/physician coverage.

- *Uninsured*: This group includes all persons who did not have private or public insurance coverage at any time in the calendar year.

Persons who did not have health insurance coverage at any time during the survey year were classified as uninsured for the full year. Persons insured for at least one month, were classified as ever insured. Persons who were 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.

Age

Age was defined as the age of the person in the last survey round in 2006.

Race/ethnicity

Classification by race and 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 only include non-Hispanics for the race/ethnicity classifications. 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 single race, non-Hispanic whites single race and others, and non-Hispanic Asian and Pacific Islanders single race.

Worker status

Worker status was based on the last round of data for the person. If they were working either full-time (35 or more hours per week) or part-time (less than 35 hours per week) they were classified as employed.

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 2006.

Poverty status categories are defined as follows:

- *Poor*: Persons in families with income less than or equal to the poverty line; includes 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.

Educational status

Measured as the highest level of education each individual has attained, as of the date they first entered MEPS. We use the following three education categories:

- Less than high school—having less than 12 years of education.
- High school graduate—having 12 years of education.
- At least some college—having more than 12 years of education.

Usual source of care

For each individual family member, MEPS ascertains whether there is a particular doctor's office, clinic, health center, or other place that the individual usually goes to if he/she is sick or needs advice about his/her health.

Employment status

- Full-time—a person who worked 35 or more hours per week.
- Part-time—a person who worked less than 35 hours per week.

Ambulatory visit

For purposes of this Statistical Brief, an ambulatory visit is defined as any visit to an office-based medical provider or an outpatient department visit in 2006.

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 excellent, very good, and good were collapsed. Health status was defined as of the last round in 2006 the person was in the survey.

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.ahrq.gov/mepsweb/data_files/publications/mr1/mr1.pdf

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.pdf

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, T.M., Rohde, F., and 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

Suggested Citation

Carper, K., and Beauregard, K. *Characteristics of Uninsured Workers: Estimates for the U.S. Civilian Noninstitutionalized Population 19–64 Years of Age, 2006*. Statistical Brief #257. August 2009. Agency for Healthcare Research and Quality, Rockville, MD.

http://www.meps.ahrq.gov/mepsweb/data_files/publications/st257/stat257.pdf

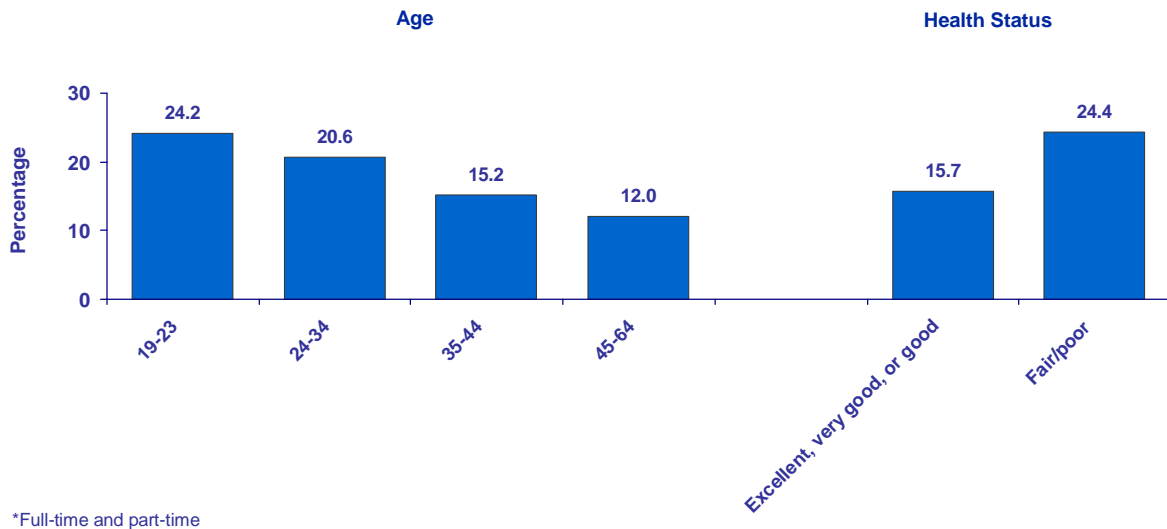
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AHRQ welcomes questions and comments from readers of this publication who are interested in obtaining more information about access, cost, use, financing, and quality of health care in the United States. We also invite you to tell us how you are using 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 mepspd@ahrq.gov or send a letter to the address below:

Steven B. Cohen, PhD, Director
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Figure 1. Percentage of working* adults ages 19–64, who were uninsured all year by age and health status, 2006

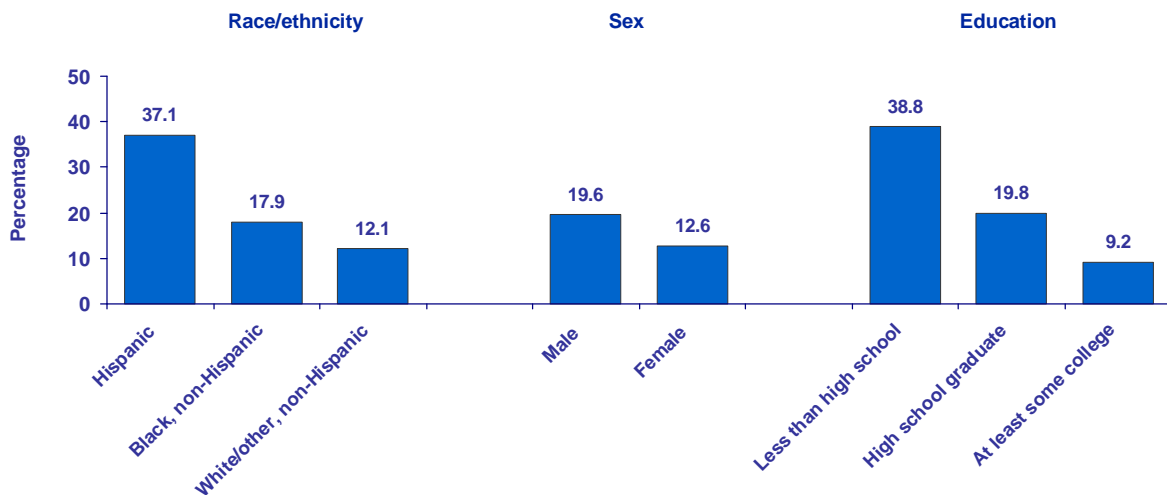


*Full-time and part-time

Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2006



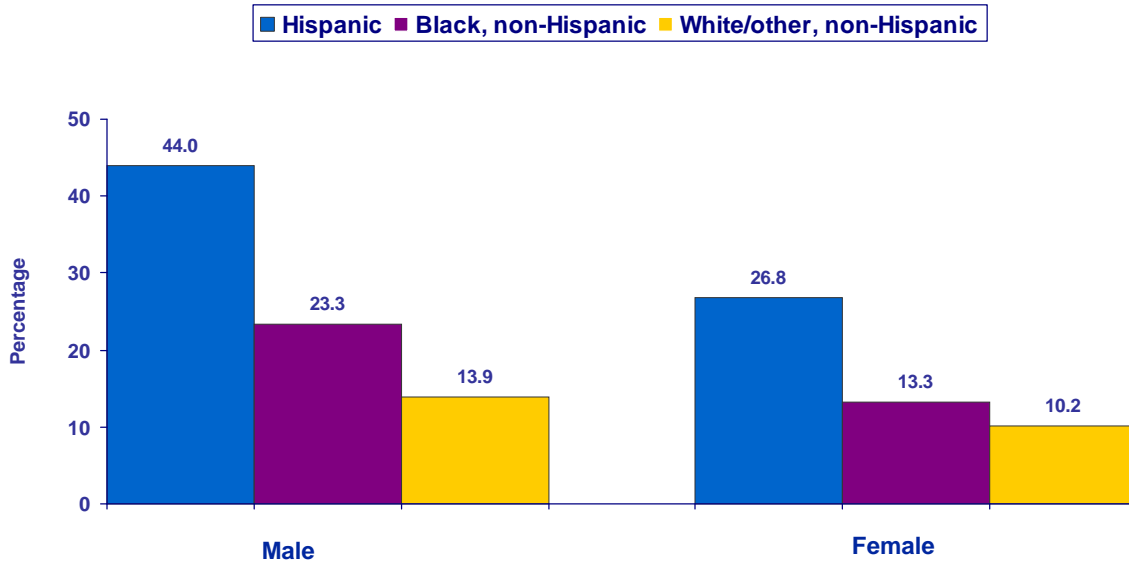
Figure 2. Percentage of full year uninsured working adults ages 19–64, by race/ethnicity, sex, and education, 2006



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2006



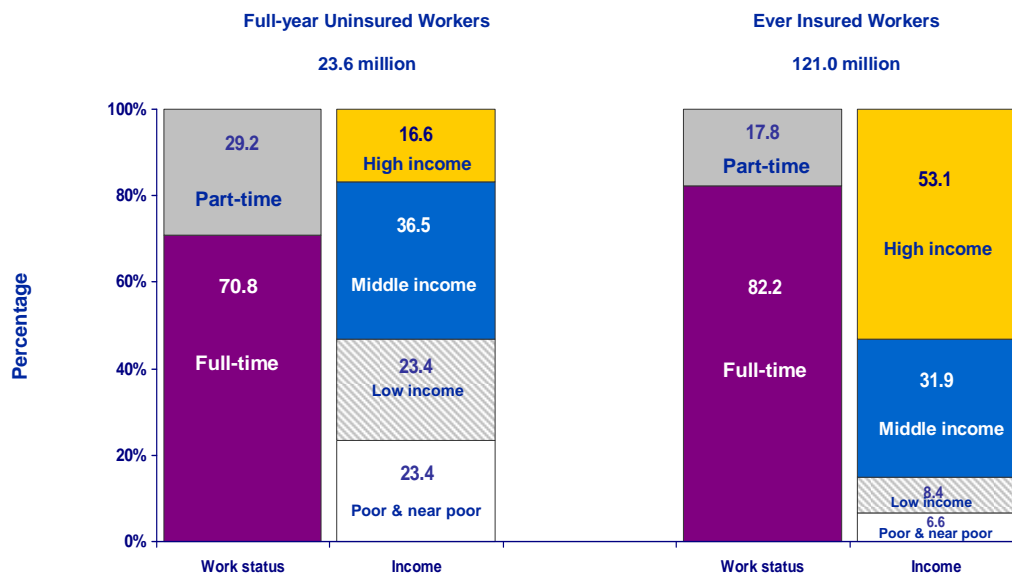
Figure 3. Percentage of full year uninsured working adults ages 19–64, by race/ethnicity and sex, 2006



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2006



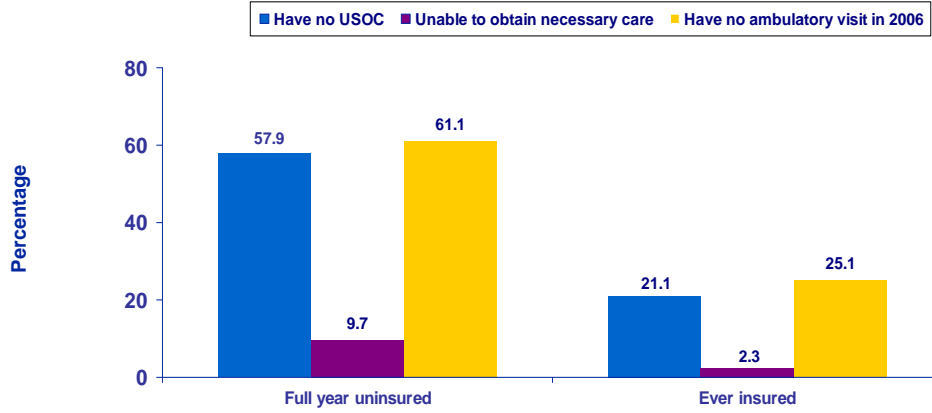
Figure 4. Characteristics of full-year uninsured workers and ever insured workers ages 19–64, 2006



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2006



Figure 5. Selected measures of access to care by insurance status, working adults ages 19–64, 2006



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2006