

STATISTICAL BRIEF #379

July 2012

The Uninsured in America, 1996-2011: 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. Compared to people with health care coverage, uninsured people are less likely to visit a doctor, have a usual source of medical care, receive preventive services, or have a recommended test or prescription filled.¹

Timely and reliable estimates of the population's health insurance status are essential to evaluate the costs and expected impact of public policy intervention in this area, such as efforts to expand coverage or to alter the way in which private and public insurance is financed.

The Household Component of the Medical Expenditure Panel Survey (MEPS-HC), conducted since 1996, provides critical information for evaluating trends in the health insurance status of the population. This Statistical Brief presents estimates on the uninsured in America under age 65 for calendar years 1996 through 2010, as well as the first half of the year for 1996–2011. All differences between estimates discussed in the text are statistically significant at the 0.05 level unless otherwise noted.

Findings

The MEPS-HC collects data that can be used to produce estimates of the uninsured for three different periods within a calendar year: at any time during the year, throughout the first half of the year, and for the entire year.² Estimates of the uninsured vary substantially depending on the time period in consideration (figures 1 and 2). In 2010, the latest year for which all three measures is available, 26.0 percent of the population under age 65 (non-elderly) was uninsured at some point during the year (69.4 million persons), 21.0 percent was uninsured throughout approximately the first half of the year (55.5 million persons), and 15.0 percent was uninsured for the entire year (40.2 million persons).

A comparison of estimates during the time period from 1996 through 2010 shows that the percentage of the population under 65 uninsured at some point during the year fluctuated during the period and was 1.7 percentage points lower in 2010 than 1996 (26.0 percent versus 27.7 percent) (figure 1). However, the percentage of nonelderly individuals uninsured for the full year was 1.5 percentage points higher in 2010 than 1996 (15.0 percent versus 13.5 percent).

In the most recent MEPS-HC estimates available for the first half of 2011, 21.1 percent of the non-elderly population (56.1 million people) was uninsured throughout the period (figures 1 and 2).

The percentage and number of uninsured children (under age 18) declined from 1996 to 2010. The percentage of children who were uninsured the entire year declined 3.8 percentage points, from 9.8 percent to 6.0 percent and by 2.5 million (from 7.0 to 4.5 million) (figure 3). The percentage and number of children covered only by public insurance increased 15.8 percentage points (from 21.7 percent to 37.5 percent, as shown in figure 3) and by 12.6 million (from 15.5 million to 28.1 million, as shown in figure 4). The percentage of children with private insurance declined between 1996 and 2010 by 11.2 percentage points, from 67.7 percent to 56.5 percent (figure 3); and the number of children with private insurance declined by 6.1 million, from 48.4 million to 42.3 (figure 4).

Highlights

- In 2010, 26.0 percent of the population was uninsured at some point during the year, 21.0 percent was uninsured throughout approximately the first half of the year, and 15.0 percent was uninsured for the entire year.²
- The percentage of non-elderly individuals (under age 65) uninsured for the full year² increased from 13.5 percent in 1996 to 15.0 percent in 2010.
- From 1996 to 2010, the percentage of children (under age 18) uninsured all year² decreased from 9.8 percent to 6.0 percent.
- The number and percentage of children (under age 18) covered by only public insurance increased between 1996 and 2010 from 15.5 million to 28.1 million and from 21.7 percent to 37.5 percent.

¹IOM (Institute of Medicine). 2009. *America's Uninsured Crisis: Consequences for Health and Health Care*. Washington, D.C.: The National Academies Press. Taylor, A., Cohen, J., and Machlin, S. Being uninsured in 1996 compared to 1987: How has the experience of the uninsured changed over time? *Health Services Research*, December 2001: 36(6) Part II: 16–31. Weinick, R., Zuvekas, S., and Drilea, S. *Access to Health Care—Sources and Barriers, 1996*. MEPS Research Findings No. 3. AHCPR Pub. No. 98-0001. Rockville, MD: Agency for Health Care Policy and Research, 1997.

²These estimates include a small proportion of persons who were not in scope for the entire year.

Data Source

The estimates shown in this Statistical Brief are drawn from analyses conducted by the MEPS staff from the following public use files: 1996–2009 Full Year Consolidated Data files (HC-012, HC-020, HC-028, HC-038, HC-050, HC-060, HC-070, HC-079, HC-089, HC-097, HC-105, HC-113, HC-121, HC-129) and the 2010 Full Year Population Characteristics File (HC-132). Point-in-Time estimates for years 1996–2011 were derived from data files HC-001, HC-005, HC-009, HC-013, HC-022, HC-034, HC-053, HC-064, HC-075, HC-084, HC-093, HC-101, HC-109, HC-117, HC-125, and from HC-134 (May 2012) for the first half of 2011.

Definitions

Uninsured

People who did not have insurance coverage at any time during the survey year were classified as uninsured for the full year. People who did not have coverage during the period from January of the survey year through the time of their first interview in that year were classified as uninsured throughout the first half of the year. (Interviews were typically conducted from February to June.) People who lacked coverage for at least one month during the year were classified in the any time in year category. People who were covered only by noncomprehensive State-specific programs (e.g., The 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.

Public only coverage

People were considered to have public only health insurance coverage if they were not covered by private insurance and they were covered by Medicare, Medicaid, TRICARE, or other public hospital and physician coverage.

Private coverage

Private health insurance coverage was defined as nonpublic insurance that provided coverage for hospital and physician care (including Medigap coverage).

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 co-sponsored 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., Greenblatt, J. *Sample Design of the Medical Expenditure Panel Survey Household Component, 1998–2007*. Methodology Report No. 22. March 2009. Agency for Healthcare Research and Quality, Rockville, MD. http://www.meps.ahrq.gov/mepsweb/data_files/publications/mr22/mr22.pdf

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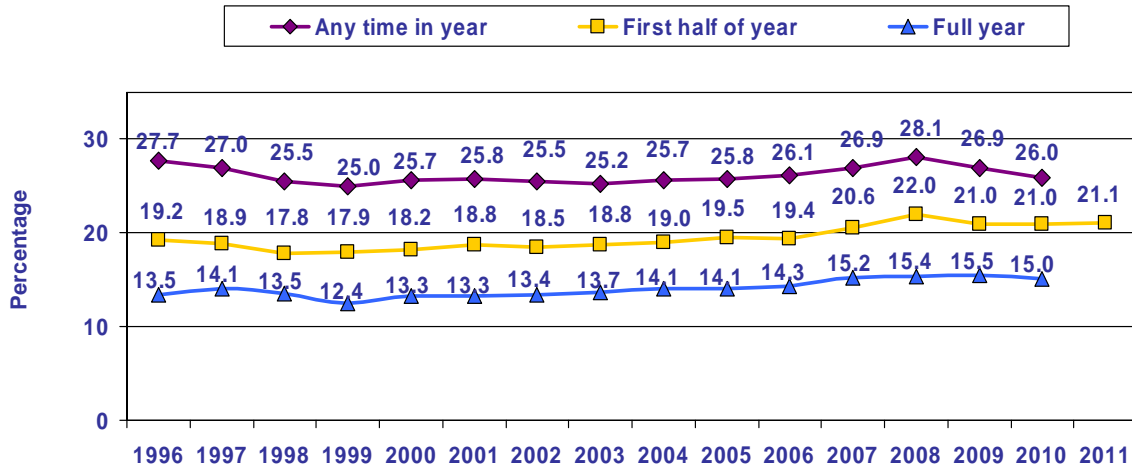
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AHRQ welcomes questions and comments from readers of this publication who are interested in obtaining more information about access, cost, use, financing, and quality of health care in the United States. We also invite you to tell us how you are using 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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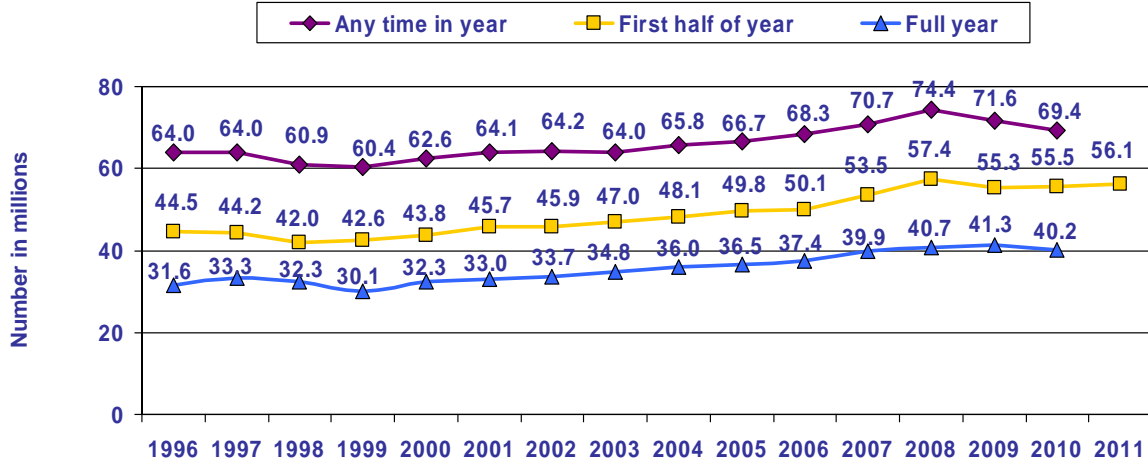
**Figure 1. MEPS, 1996–2011:
Percentage uninsured, under age 65**



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 1996–2010 Full Year and 1996–2011 Point-in-Time Files



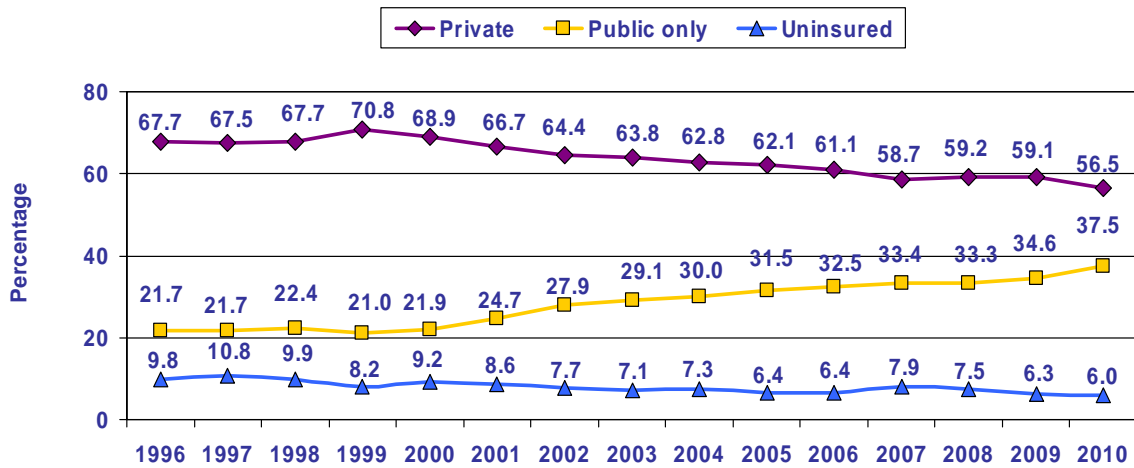
**Figure 2. MEPS, 1996–2011:
Number of uninsured, under age 65**



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 1996–2010 Full Year Files and 1996–2011 Point-in-Time Files



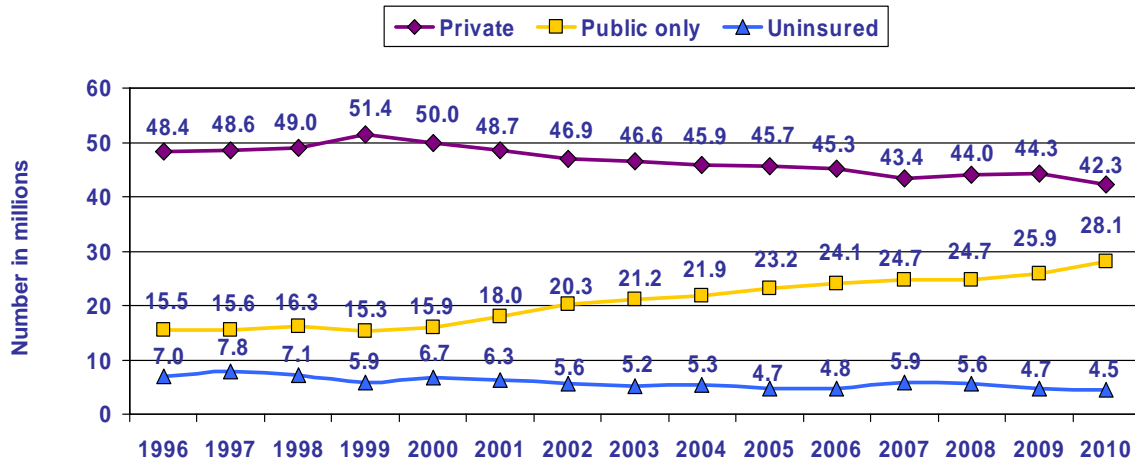
Figure 3. MEPS, 1996–2010: Percentage of children (under age 18) by full year insurance status



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 1996–2010 Full Year Files



Figure 4. MEPS, 1996–2010: Number of children (under age 18) by full year insurance status



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 1996–2010 Full Year Files