

## STATISTICAL BRIEF #438

May 2014

### Spells of Uninsurance: Estimates for the U.S. Civilian Noninstitutionalized Population under Age 65, 2012

Jeffrey A. Rhoades, PhD

#### Introduction

Health insurance helps people get timely access to medical care and protects them against the risk of expensive and unanticipated medical events. 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. The uninsured population is dynamic, with a substantial number of people gaining and losing coverage in any given year, thus, the importance of considering the duration of uninsurance.

Using information from the Household Component of the Medical Expenditure Panel Survey (MEPS-HC), this Statistical Brief provides estimates of the uninsured for varying lengths of time for the U.S. civilian noninstitutionalized population under age 65 in 2012. All differences between estimates discussed in the text are statistically significant at the 0.05 level unless otherwise noted.

#### Findings

The uninsured population is fluid, with many people gaining and losing coverage in a given year. For example, for the population under age 65 in 2012, 15.7 percent (42.1 million) were uninsured for the entire year. During the year, 26.6 percent (71.4 million) were uninsured for one or more months, with only 5.7 percent (15.4 million) uninsured one to four months, and 20.9 percent (56.0 million) uninsured five to twelve months (figures 1 and 2).

##### *Percentage uninsured*

Hispanics were the most likely to be uninsured regardless of the measure of uninsurance when compared to all other race/ethnicity categories. A little more than a quarter (27.4 percent) of Hispanics were uninsured for the entire year compared to 39.9 percent uninsured for one or more months during 2012. Both estimates are higher than corresponding estimates for black non-Hispanics, white non-Hispanics, Asian non-Hispanics, and other non-Hispanics (figure 3).

Persons living in the South and West regions were more likely to be uninsured for both measures of uninsurance as compared to the Northeast and Midwest. In 2012, for individuals living in the South, 19.4 percent were uninsured for the entire year and 30.8 percent were uninsured for one or more months during the year. The corresponding estimates for those living in the West were 17.4 percent and 28.4 percent, respectively. In the Northeast, 10.4 percent were uninsured the entire year and 21.0 percent were uninsured for one or more months during the year. The corresponding estimates for the Midwest were 11.8 percent and 21.9 percent, respectively (figure 4).

Among employed individuals ages 18-64, those with the lowest hourly wage (less than \$10/hour) were the most likely to be uninsured. For such individuals 33.4 percent were uninsured the entire year while 49.9 percent were uninsured for one or more months during 2012. Persons making \$20 or more per hour were least likely to be uninsured, with only 4.7 percent of this group uninsured the entire year and 11.0 percent uninsured for one or more months during the year (figure 5).

#### Highlights

- Hispanics were the most likely to be uninsured regardless of the measure of uninsurance when compared to all other race/ethnicity categories.
- In 2012, persons living in the South and West regions were more likely to be uninsured for all measures of uninsurance as compared to the Northeast and Midwest.
- Almost 50 percent of individuals with the lowest hourly wage (less than \$10/hour) were uninsured some time during the year in 2012.
- Hispanics were the most likely to be uninsured for longer spells (five to twelve months) compared to other race/ethnicity categories.
- The South and West regions had the greatest percentage uninsured for five to twelve months in 2012.
- Individuals with a wage of less than \$10/hour were the most likely to be uninsured for five to twelve months.

### *Spells of uninsurance*

Hispanics were the most likely to be uninsured for longer spells (five to twelve months) compared to other race/ethnicity categories in 2012. For a period of five to twelve months 33.9 percent of Hispanics were uninsured. This compares to 23.9 percent for black non-Hispanics, 16.5 percent for white non-Hispanics, 19.5 percent for Asian non-Hispanics, and 19.1 percent for other non-Hispanics. The percentage of uninsured one to four months ranged from 5.2 percent (other non-Hispanics) to 7.2 percent (black non-Hispanics) (figure 6).

In 2012, the South and West regions had the greatest percentage of individuals uninsured five to twelve months, 25.1 percent and 22.6 percent, respectively. This compares to 14.8 percent in the Northeast and 16.6 percent in the Midwest. The percentage of uninsured one to four months ranged from 5.3 percent (Midwest) to 6.2 percent (Northeast) (figure 7).

Employed individuals with a wage of less than \$10/hour were the most likely to be uninsured five to twelve months, 42.0 percent in 2012. This compares to 32.3 percent for those with an hourly wage of \$10 to \$14.99/hour, 17.8 percent for those making \$15 to 19.99/hour, and 7.3 percent for individuals with an hourly wage of \$20 or more. Individuals with an hourly wage of \$20 or more were the least likely to be uninsured one to four months (3.8 percent) (figure 8).

### **Data Source**

The estimates shown in this Statistical Brief are drawn from analyses conducted by the MEPS staff from the following public use file: HC-149: 2012 Full Year Population Characteristics.

### **Definitions**

#### *Uninsured*

People who did not have health insurance coverage for one or more full months during the survey year were classified as uninsured for the full year. People who did not have health insurance coverage for one to four full months were classified as such. Those uninsured for more than four months were categorized as being uninsured for five to twelve months. People who lacked coverage for at least one month during the year were classified as ever uninsured during the year. 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.

#### *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, black, white, Pacific Islander, or other. They were also 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. MEPS respondents who reported other 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), black non-Hispanic, white non-Hispanic, Asian non-Hispanic, and other non-Hispanic.

#### *Region*

Each MEPS sampled person was classified as living in one the following four regions as defined by the U.S. Census Bureau:

- Northeast: Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, and Pennsylvania.
- Midwest: Ohio, Indiana, Illinois, Michigan, Wisconsin, Minnesota, Iowa, Missouri, South Dakota, North Dakota, Nebraska, and Kansas.
- South: Delaware, Maryland, District of Columbia, Virginia, West Virginia, North Carolina, South Carolina, Georgia, Florida, Kentucky, Tennessee, Alabama, Mississippi, Arkansas, Louisiana, Oklahoma, and Texas.
- West: Montana, Idaho, Wyoming, Colorado, New Mexico, Arizona, Utah, Nevada, Washington, Oregon, California, Alaska, and Hawaii.

#### *Hourly wage*

Hourly wage estimates were derived for all persons who reported being employed but not self-employed. In the simplest case, hourly wage was reported directly by the respondent. For other persons, construction of the hourly wage was based upon salary, the time period on which the salary was based, and the number of hours worked per time period. If the number of hours worked per time period was not available, a value of 40 hours per week was assumed. Hourly wage was imputed for those individuals identified as employed (but not self-employed) but did not know their wage or refused to report a wage. Additionally, wages were imputed for wage earners reporting a wage range and not a specific value. For each of these persons, a value was imputed from other persons on the file who did report a specific value that fell within the reported range.

## 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

Congress of the United States Congressional Budget Office (prepared by Lyle Nelson). *How Many People Lack Health Insurance and For How Long?* May, 2003. <http://www.cbo.gov/sites/default/files/cbofiles/ftpdocs/42xx/doc4210/05-12-uninsured.pdf>

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 Healthcare Policy and Research, 1997. [http://meps.ahrq.gov/mepsweb/data\\_files/publications/mr1/mr1.pdf](http://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://meps.ahrq.gov/mepsweb/data\\_files/publications/mr2/mr2.pdf](http://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 2008. Agency for Healthcare Research and Quality, Rockville, MD. [http://www.meps.ahrq.gov/mepsweb/data\\_files/publications/mr22/mr22.pdf](http://www.meps.ahrq.gov/mepsweb/data_files/publications/mr22/mr22.pdf)

## Suggested Citation

Rhoades, J. *Spells of Uninsurance: Estimates for the U.S. Civilian Noninstitutionalized Population under Age 65, 2012*. Statistical Brief #438. May 2014. Agency for Healthcare Research and Quality, Rockville, MD. [http://www.meps.ahrq.gov/mepsweb/data\\_files/publications/st438/stat438.pdf](http://www.meps.ahrq.gov/mepsweb/data_files/publications/st438/stat438.pdf)

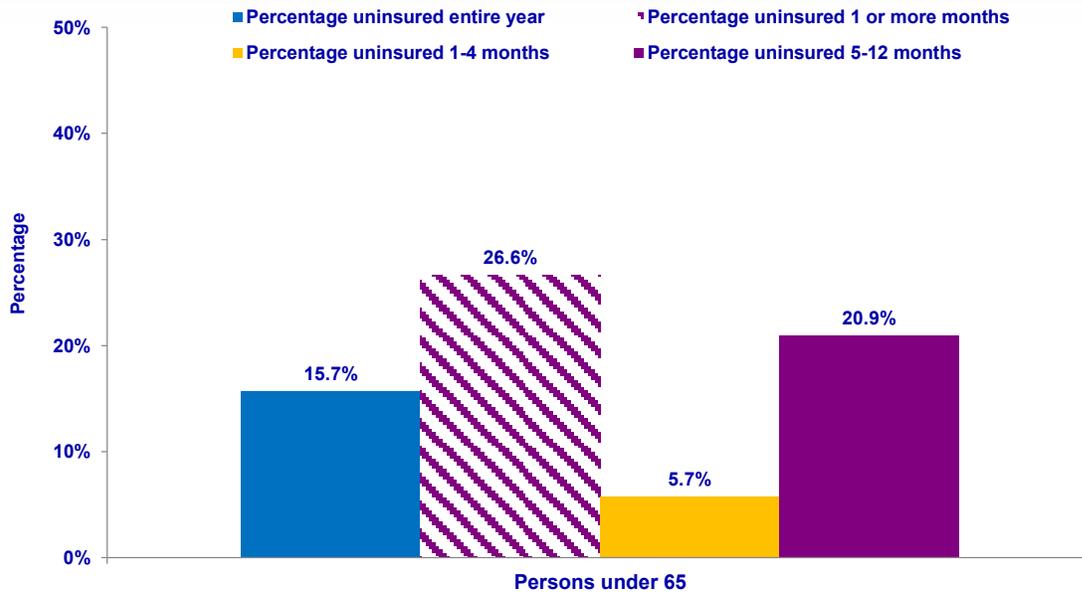
\* \* \*

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 email us at [MEPSProjectDirector@ahrq.hhs.gov](mailto:MEPSProjectDirector@ahrq.hhs.gov) or send a letter to the address below:

Steven B. Cohen, PhD, Director  
Center for Financing, Access, and Cost Trends  
Agency for Healthcare Research and Quality  
540 Gaither Road  
Rockville, MD 20850



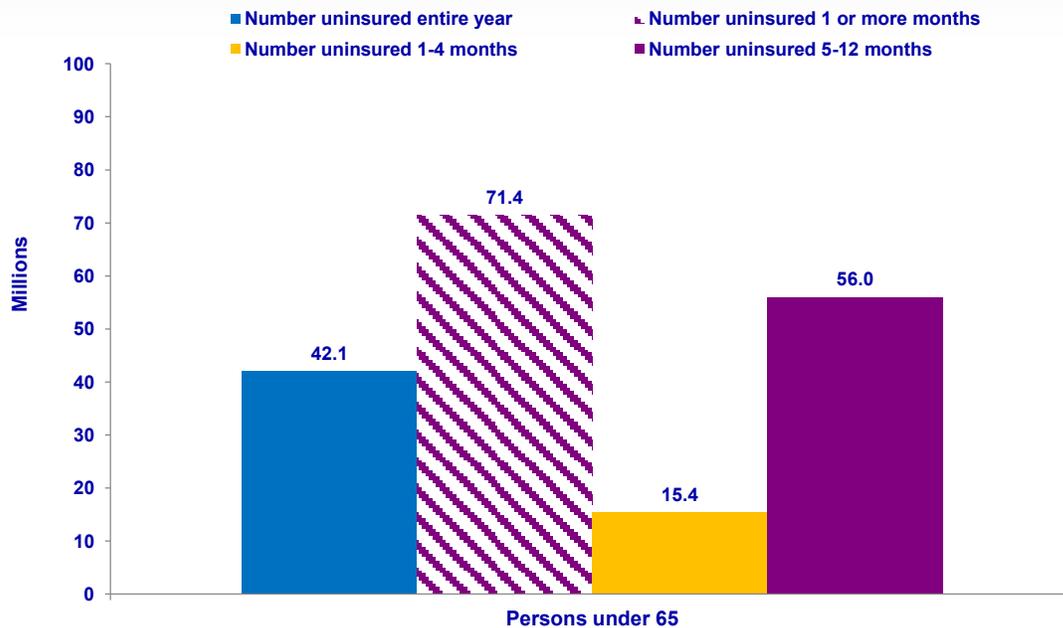
Figure 1. Percentage uninsured, persons under 65, 2012



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2012



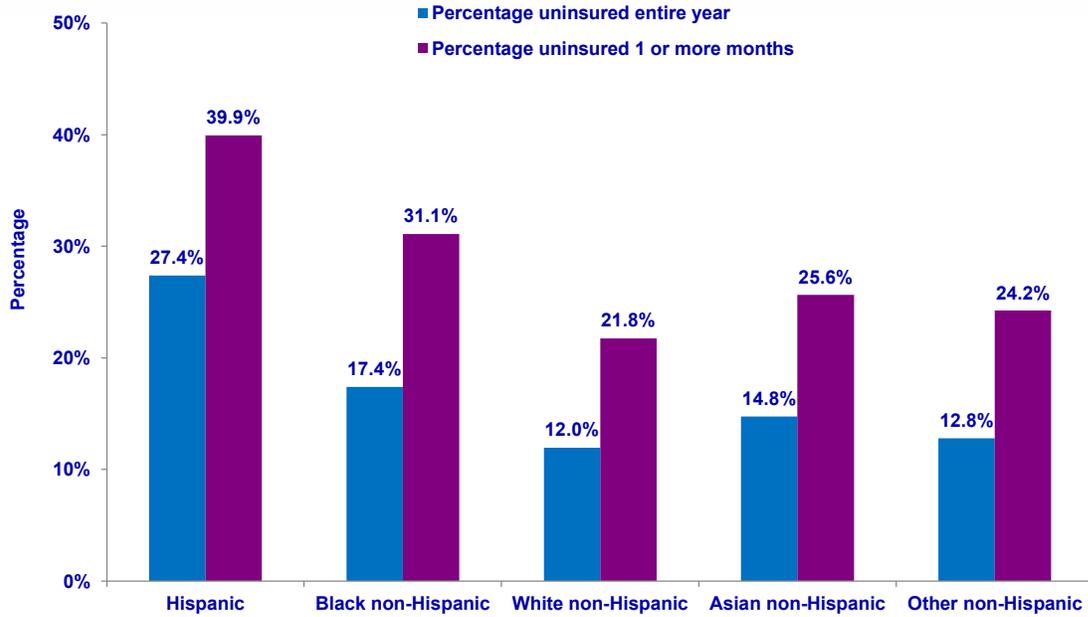
Figure 2. Number (in millions) uninsured, persons under 65, 2012



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2012



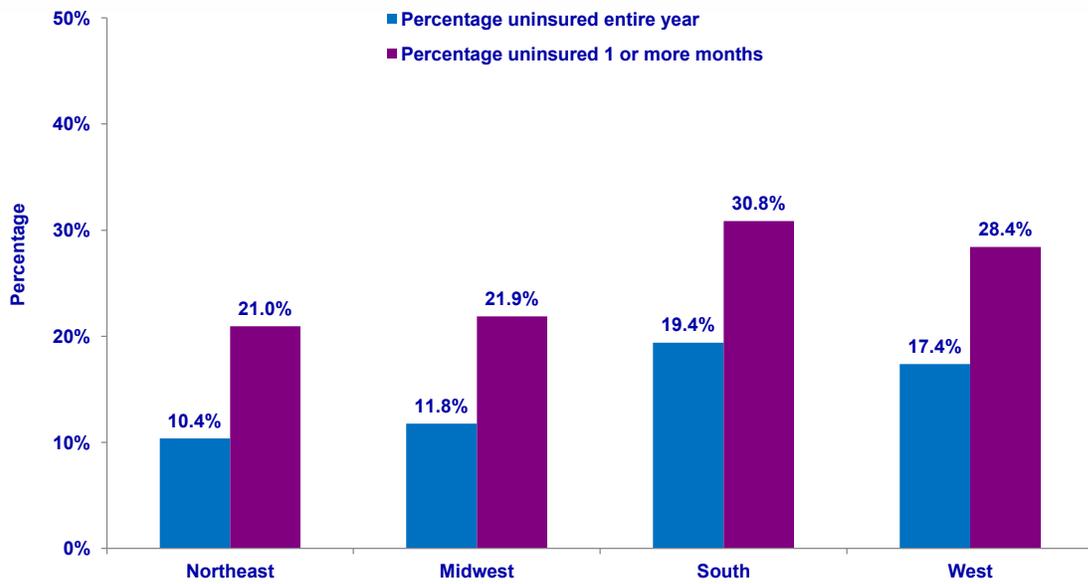
**Figure 3. Percentage uninsured by race/ethnicity, persons under 65, 2012**



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2012



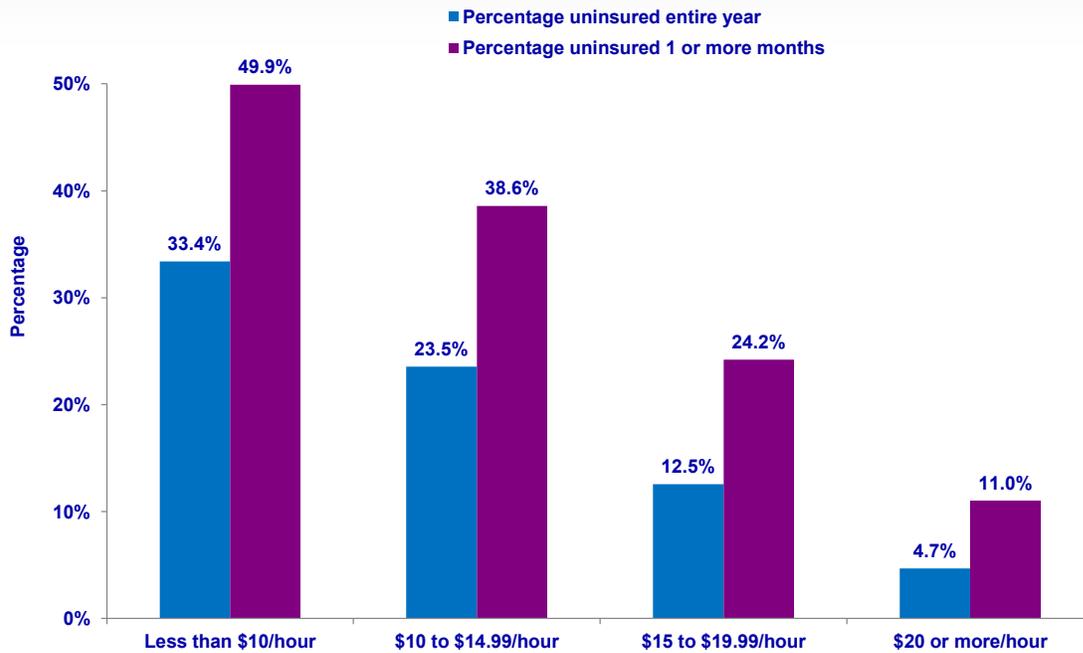
**Figure 4. Percentage uninsured by region, persons under 65, 2012**



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2012



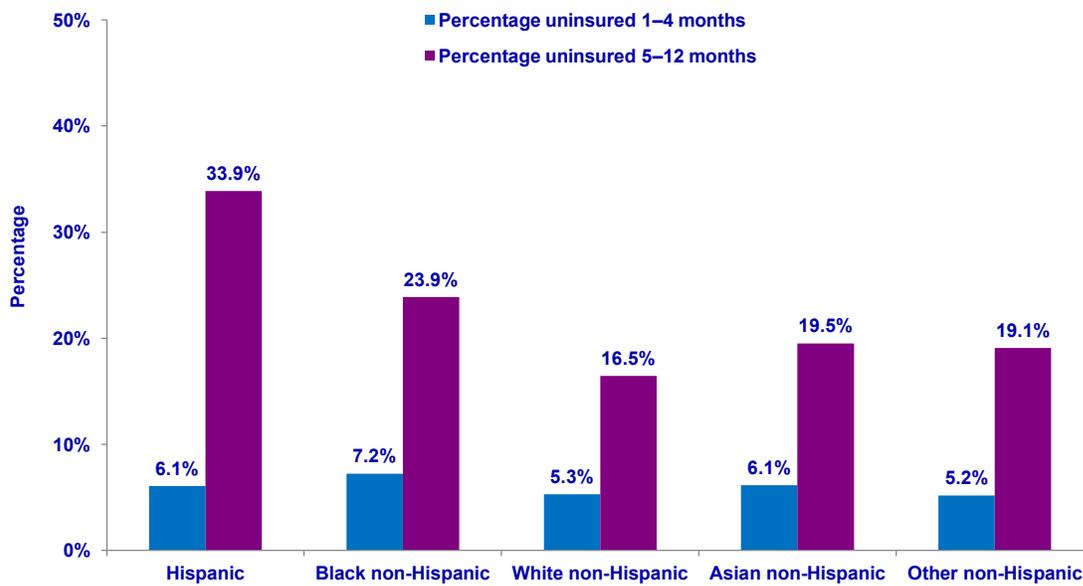
**Figure 5. Percentage uninsured by hourly wage, ages 16–64, 2012**



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2012



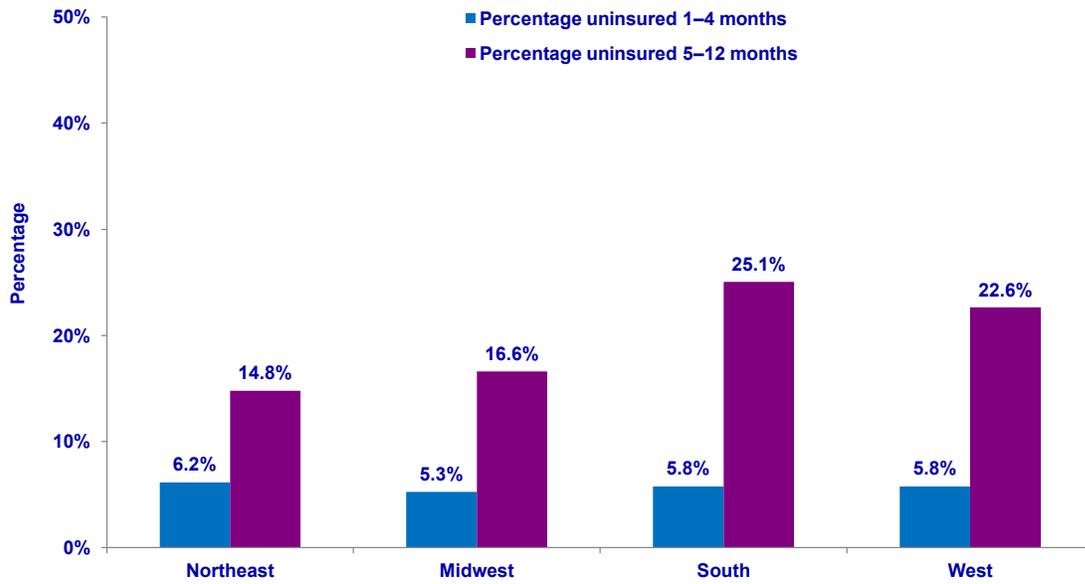
**Figure 6. Spells of uninsurance by race/ethnicity, persons under 65, 2012**



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2012



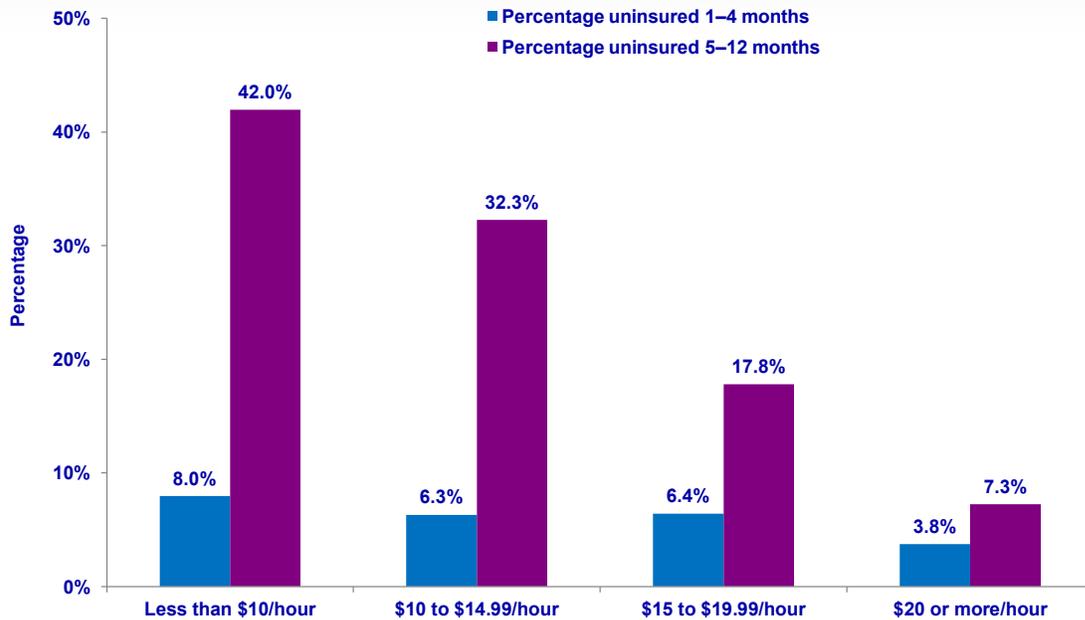
**Figure 7. Spells of uninsurance by region, persons under 65, 2012**



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2012



**Figure 8. Spells of uninsurance by hourly wage, ages 16–64, 2012**



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2012