



STATISTICAL BRIEF #45

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The Uninsured in America, 1996–2003: Estimates for the U.S. Population under Age 65

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Introduction

Estimates of the health insurance status of the U.S. civilian non-institutionalized 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 healthcare 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 (Taylor, Cohen, and Machlin, 2001; Weinick, Zuvekas, and Drilea, 1997).

Timely and reliable estimates of the population's health insurance status are essential to evaluate the costs and expected impact of public policy interventions 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), an annual household survey sponsored by the Agency for Healthcare Research and Quality (AHRQ), 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 2002, as well as the first half of 2003. All differences between estimates discussed in the text are statistically significant at the 0.05 level unless otherwise noted.

Findings

MEPS-HC produces estimates of the uninsured for three different periods within a year: at any time during the year, throughout the first half of the year, or the entire year. In 2002, the latest year for which all three measures are available, 25.3 percent of the population

under age 65 (non-elderly) was uninsured at some point during the year, 18.5 percent was uninsured throughout the first half of the year, and 13.1 percent was uninsured the entire year (figure 1). The number of people uninsured varied up to twofold, depending on the time period of being uninsured. In

Highlights

- The percentage of uninsured Americans under age 65 varied, depending on the definition of the time period for being uninsured. In 2002, 25.3 percent of the population was uninsured at some point during the year, 18.5 percent was uninsured throughout the first half of the year, and 13.1 percent was uninsured for the entire year.
- Overall, the percentage of individuals under age 65 uninsured at some point during the year declined from 27.0 percent (1996) to 25.3 percent (2002).
- From 1996 to 2002, the number and percentage of children under age 18 uninsured all year decreased from 7.0 million to 5.1 million and from 10.4 percent to 7.3 percent.
- The number and percentage of children covered by public only insurance increased between 1996 and 2002 by 5.2 million, from 10.9 million to 16.1 million and from 16.2 percent to 23.3 percent.

2002, 61.7 million non-elderly individuals were uninsured at some point during the year, 45.9 million were uninsured throughout the first half of the year, and 32.0 million were uninsured all year (figure 2).

From 1996 to 2002, the percentage of the population uninsured at some point during the year declined from 27.0 percent to 25.3 percent. The percentage uninsured all year declined from 13.8 percent to 12.2 percent from 1996 to 1999 (figure 1). The number of non-elderly individuals uninsured for the full year decreased from 32.1 million in 1997 to 28.7 million in 1999 (figure 2) and was 32.0 million in 2002.

For the first half of 2003, the most recent MEPS-HC estimates available, 18.8 percent (47.0 million) of the non-elderly population was uninsured (figures 1 and 2).

From 1996 to 2002, the percentage and number of children (under age 18) who were uninsured declined. The percentage of children who were uninsured the entire year declined by 3.1 percentage points, from 10.4 percent to 7.3 percent (figure 3), and the number of children uninsured for the entire year declined by 1.9 million, from 7.0 million to 5.1 million (figure 4). Concurrently, the percentage and number of children covered by public only insurance increased 7.1 percentage points (from 16.2 percent to 23.3 percent, as shown in figure 3), and by 5.2 million (from 10.9 million to 16.1 million, as shown in figure 4). On the other hand, the percentage of children with private insurance declined between 1998 and 2002, from 60.3 percent to 56.3 percent (figure 3).

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 as uninsured at any time during the survey 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.

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 non-public insurance that provided coverage for hospital and physician care (including Medigap coverage).

Data Source

The estimates shown in this Statistical Brief are drawn from analyses conducted by the MEPS staff from the following public use files: 1996-01 Full-Year Consolidated Data Files, HC-012, HC-020, HC-028, HC-038, HC-050, HC-060, and 2002 Full-Year Population Characteristics Data File HC-062. Point-in-time estimates for years 1996-03 were derived from Data Files HC-001, HC-005, HC-009, HC-013, HC-022, HC-034, HC-053, and HC-064 (July, 2004).

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: http://www.MEPS.ahrq.gov/.

References

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.

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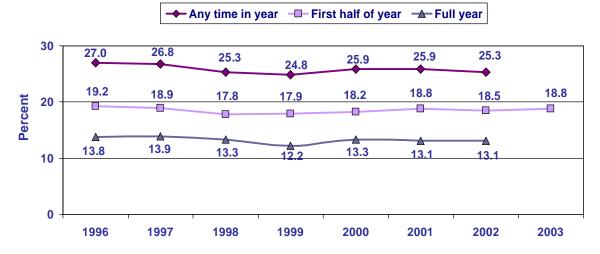
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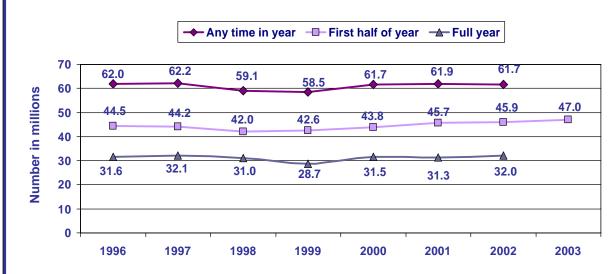




Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 1996–2002 Full-Year and 1996–2003 Point-in-Time Files



Figure 2. MEPS, 1996–2003 Number of uninsured, under age 65

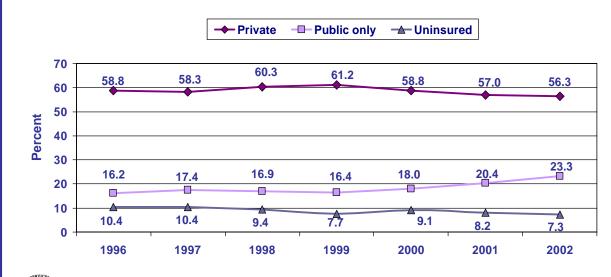




Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 1996–2002 Full-Year and 1996–2003 Point-in-Time Files





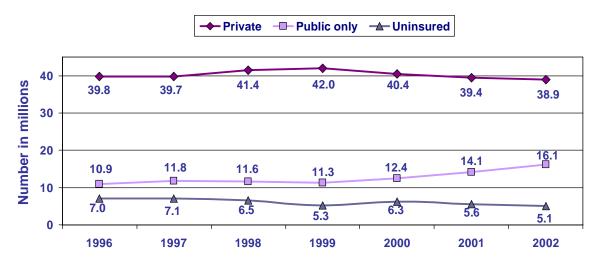




Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 1996–2002 Full-Year and 1996–2002 Point-in-Time Files



Figure 4. MEPS, 1996–2002 Number of children under age 18, by all-year insurance status





Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 1996–2002 Full-Year and 1996–2002 Point-in-Time Files

