

STATISTICAL BRIEF #67

January 2005

The Long-Term Uninsured in America, 2001 to 2002: Estimates for the U.S. Population under Age 65

Jeffrey A. Rhoades, PhD

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 long-term uninsured (defined for the purposes of this report as those uninsured for two years).

Using data from the Household Component of the Medical Expenditure Panel Survey (MEPS-HC) for 2001 and 2002, this report provides estimates of the proportion of the civilian noninstitutionalized non-elderly (under age 65) population that was uninsured for up to two years, 2001 to 2002, and identifies groups especially at risk of lacking health insurance. 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 2001 and 2002, nearly one-third or 31.9 percent (79.8 million people, estimate not shown) of the under-65 population were uninsured for at least one month during the two-year period 2001 to 2002. Of the total population under age 65, 9.9 percent (24.6 million people, estimate not shown) were uninsured for the entire two-year period (figure 1).

The age group 18 to 24 years old was the most likely to be uninsured for some time during 2001 to 2002. For the age group 18 to 24, 56.7 percent were uninsured for at least one month or more. Conversely, children, age less than 18, were the least likely to be uninsured for two years. For children, 5.4 percent were long-term uninsured, 2001 to 2002 (figure 1).

Highlights

- Nearly one-third of the under-65 population were uninsured (79.8 million) for at least one month during the two-year period 2001 to 2002. Of the total population under age 65, 9.9 percent were uninsured (24.6 million) for the entire two-year period.
- During the two-year period 2001 to 2002, the age group 18 to 24 was the most likely to be uninsured (56.7 percent) for at least one month, while children (age less than 18) were the least likely to be long-term uninsured (5.4 percent).
- Hispanics were the most likely to be uninsured, for at least one month during 2001 to 2002 and for the entire two-year period, 52.6 and 23.8 percent, respectively.
- Hispanics were disproportionately represented among the long-term uninsured over the two-year period. While Hispanics represented 35.6 percent of the long-term uninsured population under age 65, they represented only 10.2 percent of the always insured population.
- Individuals with lower incomes (i.e., persons in families with income up to 200 percent of the poverty line) were disproportionately represented among the long-term uninsured over the two-year period 2001 to 2002.

Among people under age 65, Hispanics were substantially more likely than black, white, or Asian or Pacific Islander non-Hispanics to lack health insurance during the two-year period. Among Hispanics under age 65, 52.6 percent were uninsured for at least one month, while 23.8 percent were uninsured for the entire two years, 2001 to 2002. This compares to 34.4 and 9.4 percent, respectively, of black non-Hispanics; 27.2 and 6.9 percent, respectively, of white non-Hispanics; and 27.6 and 8.1 percent, respectively, of Asian or Pacific Islander non-Hispanics (figure 2). Hispanics were disproportionately represented among the long-term uninsured over the two-year period. While Hispanics represented 35.6 percent of the long-term uninsured population under age 65, they represented only 10.2 percent of the always insured population (figure 3). However, a different pattern was noted for non-Hispanic whites. While non-Hispanic whites represented 47.2 percent of the long-term uninsured population under age 65, they represented 71.8 percent of the always insured population (figure 3).

Individuals with lower incomes (i.e., persons in families with income up to 200 percent of the poverty line) were disproportionately represented among the long-term uninsured over the two-year period 2001 to 2002. While poor, near poor, and low income individuals represented 12.2, 4.1, and 14.0 percent, respectively, of the population, they represented 21.2, 7.4, and 27.4 percent, respectively, of the long-term uninsured population (figure 4). In contrast, individuals with high incomes (i.e., persons in families with income over 400 percent of the poverty line) were disproportionately represented among those having health insurance throughout 2001 and 2002. Those with high incomes represented 37.8 percent of the population, but they accounted for 46.1 percent of the always insured (figure 4).

Data Source

The estimates shown in this Statistical Brief are drawn from analyses conducted by the MEPS staff from the following public use files: 2001 and 2002 Full-Year Consolidated Data Files, HC-060 and HC-070, respectively. In addition, HC-071, the MEPS Panel 6 Longitudinal Weight File, was used.

Definitions

Uninsured

People who did not have health insurance coverage at any time during 2001 through 2002 are classified as the long-term 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. People with health insurance coverage for the entire period, 2001 to 2002, are classified as always insured.

Race/ethnicity

Classification by race and ethnicity is 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. For this analysis, the following classification by race and ethnicity is 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 average annual income over the two-year period, 2001 to 2002.

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.

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

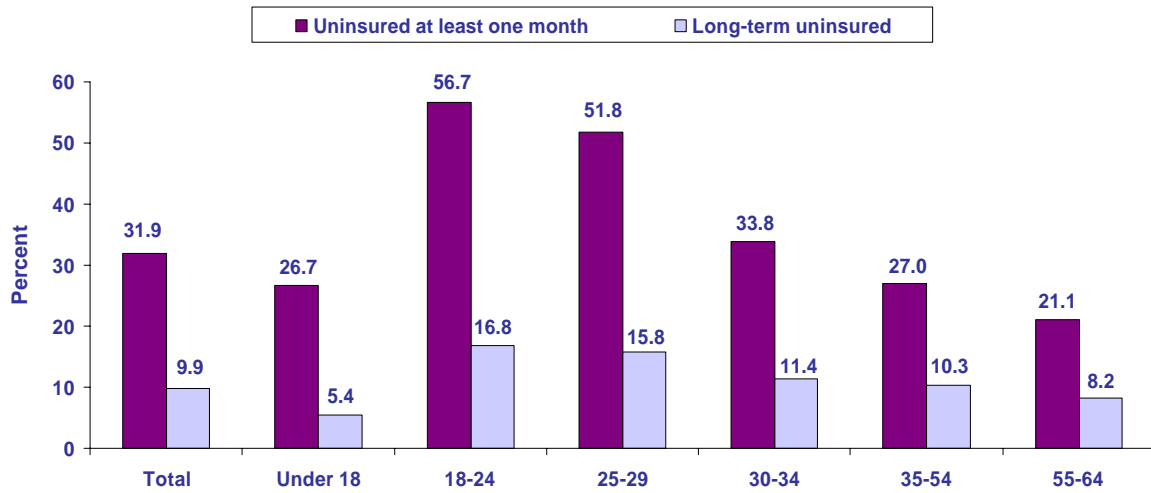
Cohen, J. *Design and Methods of the Medical Expenditure Panel Survey Household Component*. MEPS Methodology Report No. 1. AHCPR Pub. No. 97-0026. Rockville, Md.: Agency for Healthcare Policy and Research, 1997.

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.

Suggested Citation

Rhoades, J. A. *The Long-Term Uninsured in America, 2001 to 2002: Estimates for the U.S. Population under Age 65*. Statistical Brief #67. January 2005. Agency for Healthcare Research and Quality, Rockville, MD. http://meps.ahrq.gov/mepsweb/data_files/publications/st67/stat67.pdf

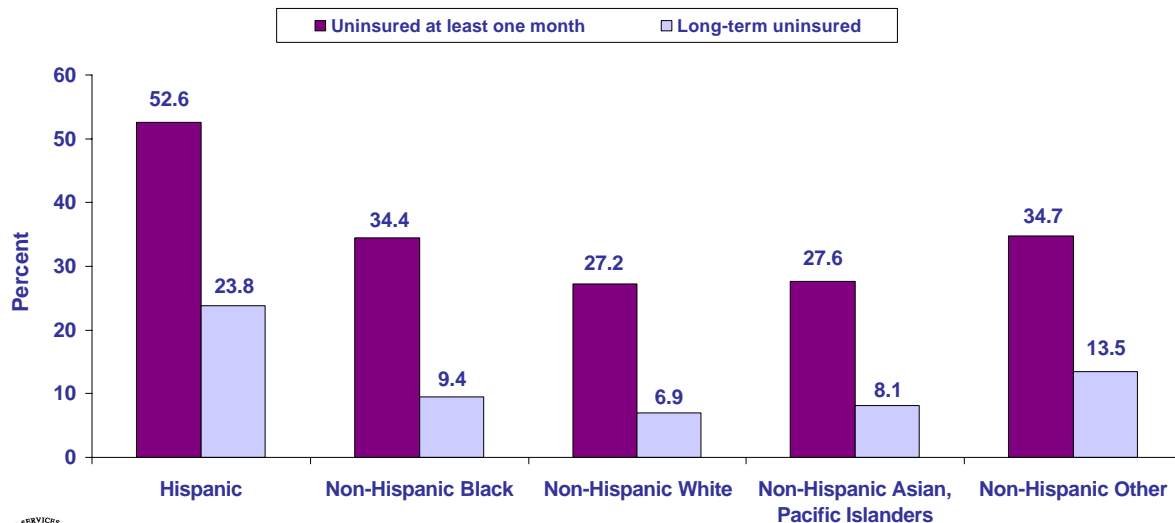
Figure 1. Percentage uninsured by age, U.S. civilian noninstitutionalized population under age 65, 2001 to 2002



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, HC-060 (2001), HC-070 (2002), and HC-071 (Panel 6)



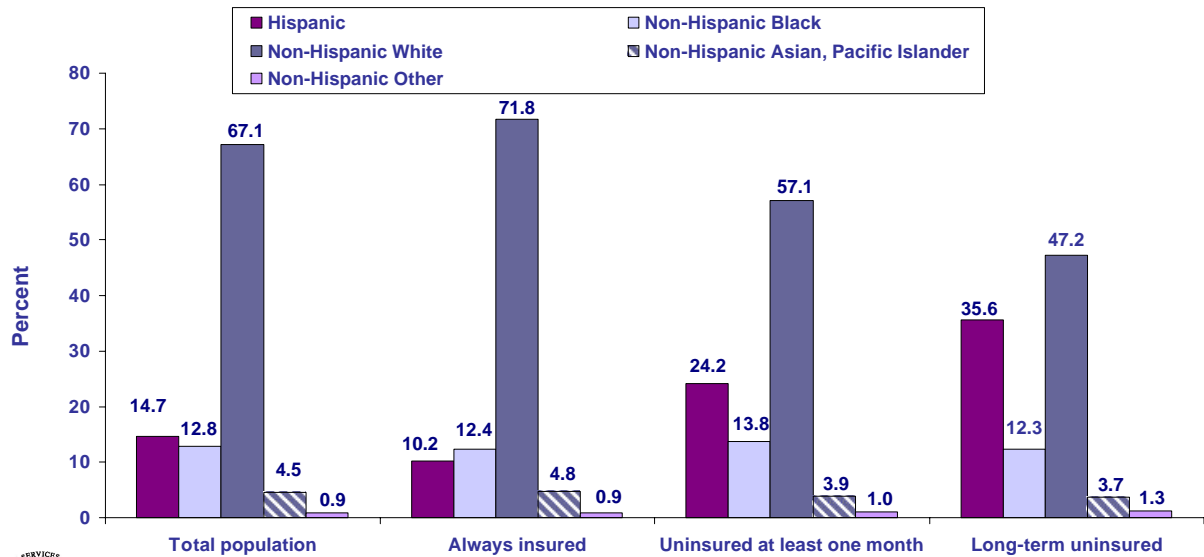
Figure 2. Percentage uninsured by race/ethnicity, U.S. civilian noninstitutionalized population under age 65, 2001 to 2002



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, HC-060 (2001), HC-070 (2002), and HC-071 (Panel 6)



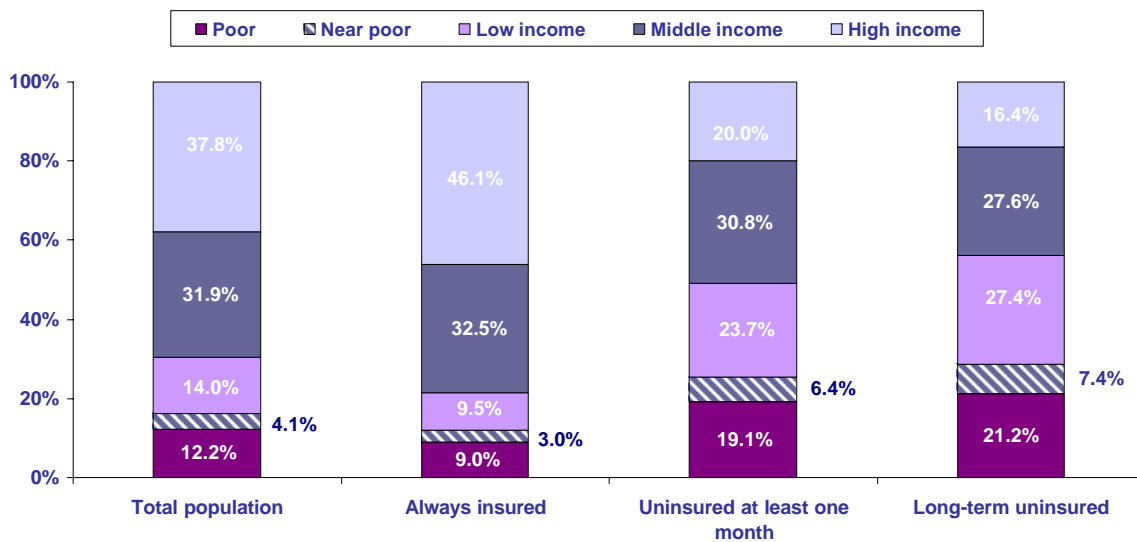
Figure 3. Distribution of population and health insurance status by race/ethnicity, U.S. civilian noninstitutionalized population under age 65, 2001 to 2002



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, HC-060 (2001), HC-070 (2002), and HC-071 (Panel 6)



Figure 4. Distribution of population and health insurance status by poverty status, U.S. civilian noninstitutionalized population under age 65, 2001 to 2002



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, HC-060 (2001), HC-070 (2002), and HC-071 (Panel 6)

