

The Uninsured in America—1997

Estimates for the Civilian Noninstitutionalized Population Under Age 65

Introduction

The uninsured population in the United States is an issue of public policy concern for several reasons. First, health insurance is viewed as necessary to ensure that people have access to medical care and protection against the risk of costly and unforeseen medical events. Timely and reliable estimates of the population's health insurance status are vital to evaluate the costs and expected impact of public policy interventions to expand coverage or to change the way that private and public insurance is funded. Finally, comparisons of the characteristics of insured and uninsured populations over time give information on whether greater equity has been achieved in insurance coverage or whether serious gaps remain.

Data from the 1997 Medical Expenditure Panel Survey (MEPS) of the Agency for Health Care Policy and Research (AHCPR) show that health insurance status among people under 65 varies according to demographic characteristics such as age, race/ethnicity, sex, and marital status. This report shows the size of the civilian noninstitutionalized population under age 65 that was uninsured throughout the first half of 1997 and identifies groups especially at risk of lacking health insurance. Overall, the health insurance estimates in this report do not differ significantly from the 1996 MEPS figures reported in Vistnes and Monheit, 1997.

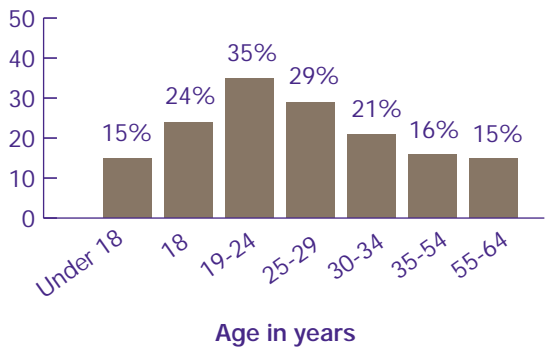
Definition of Uninsured

The uninsured were defined as people not covered by Medicare, CHAMPUS/CHAMPVA (Armed-Forces-related coverage), Medicaid, other public hospital/physician programs, or private

Briefly stated:

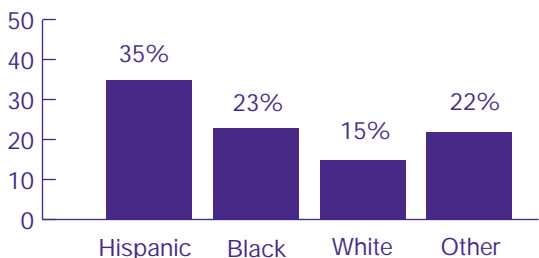
- In the first half of 1997, 16.8 percent of all Americans were uninsured.
- Among Americans under 65, more than a third of Hispanics (35 percent) and 23 percent of blacks were uninsured during the first half of 1997, compared with only 15 percent of whites.
- Even though Hispanics represented only 12 percent of the non-elderly U.S. population, they accounted for 22 percent of the entire uninsured population.
- Young adults ages 19-24 were more at risk of being uninsured than any other age group. More than a third (35 percent) of young adults were uninsured.
- During the first half of 1997, among people under age 65, those who were separated from their spouse were more likely to be uninsured (34 percent) than people of any other marital status.

Figure 1. Percent uninsured by age: People under age 65, first half of 1997



▲ Young adults ages 19-24 were more likely than any other age group to be uninsured.

Figure 2. Percent uninsured by race/ethnicity: People under age 65, first half of 1997



▲ Whites were the least likely to be uninsured.

hospital/physician insurance (including Medigap coverage) from January 1997 through the MEPS interview date. People 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 not considered to be insured.

Findings

In early 1997, 16.8 percent of all Americans were uninsured and 18.9 percent of Americans under age 65 were uninsured (data not shown). Age plays a key role in whether a person has health insurance. Young adults ages 19-24, 35 percent of whom were uninsured, were the age group most at risk of being uninsured (Figure 1). This group composed 9 percent of the total non-elderly population but 16 percent of the uninsured population (data not shown).

Among people under age 65, minorities were substantially more likely than whites to lack health insurance.

Approximately 35 percent of all Hispanics under 65 were uninsured, compared to 23 percent of blacks and 15 percent of whites (Figure 2). Although 70 percent of non-elderly Americans were white, whites accounted for less than 60 percent of uninsured persons (Figure 3). Among males under age 65 (Figure 4), being uninsured was more likely among Hispanics (39 percent) than among blacks (25 percent) or whites (17 percent). Similarly, among females under 65, being uninsured was more likely among Hispanics (30 percent) than among blacks (21 percent) or whites (14 percent).

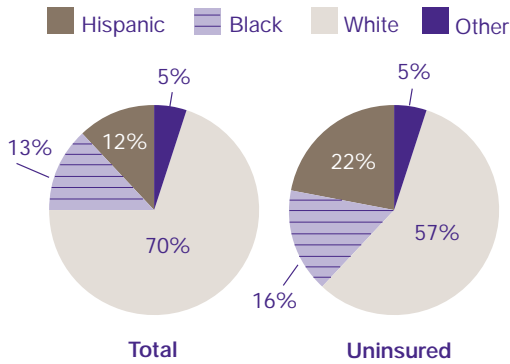
People who never married accounted for over a fifth (22 percent) of the non-elderly population but over a third of the uninsured population (data not shown). Also, more than a third (34 percent) of all people under 65 who were separated from their spouse were uninsured (Figure 5).

About MEPS

The Medical Expenditure Panel Survey (MEPS) collects nationally representative data on health care use, expenditures, sources of payment, and insurance coverage for the U.S. civilian noninstitutionalized population. MEPS is cosponsored by the Agency for Health Care Policy and Research (AHCPR) and the National Center for Health Statistics (NCHS). This *Highlights* summarizes data concerning the characteristics of the uninsured population in the United States during the first half of 1997, as derived from the MEPS Household Component. For more information about MEPS, see the sources listed on the back page.

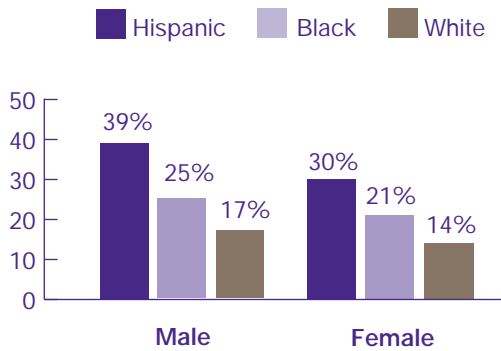
DATA SOURCE: 1997 Medical Expenditure Panel Survey Household Component.

Figure 3. Percent distribution of total population and the uninsured by race/ethnicity: People under age 65, first half of 1997



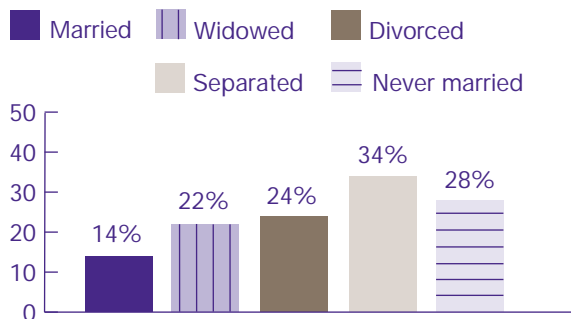
Hispanics were disproportionately represented among the uninsured.

Figure 4. Percent uninsured by race/ethnicity and sex: People under age 65, first half of 1997



Hispanic males were the most likely to be uninsured.

Figure 5. Percent uninsured by marital status: People under age 65, first half of 1997



People who were separated or had never married were more likely to be uninsured.

DATA SOURCE:
1997 Medical Expenditure Panel Survey Household Component.



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For more information about MEPS, call the MEPS information coordinator at AHCPR (301-594-1406) or visit the MEPS Web site at:

<http://www.meps.ahcpr.gov/>

For a detailed description of the MEPS survey design, sample design, and methods used to reduce sources of nonsampling error, see the following publications:

Cohen J. Design and methods of the Medical Expenditure Panel Survey Household Component. Rockville (MD): Agency for Health Care Policy and Research; 1997. MEPS Methodology Report No. 1. AHCPR Pub. No. 97-0026.

Cohen S. Sample design of the 1996 Medical Expenditure Panel Survey Household Component. Rockville (MD): Agency for Health Care Policy and Research; 1997. MEPS Methodology Report No. 2. AHCPR Pub. No. 97-0027.

The estimates in this *Highlights* are based on the following, more detailed publication:

Vistnes JP, Zuvekas SA. Health insurance status of the civilian noninstitutionalized population: 1997. Rockville (MD): Agency for Health Care Policy and Research; 1999. MEPS Research Findings No. 8. AHCPR Pub. No. 99-0030.

Estimates for 1996 are shown in:

Vistnes JP, Monheit AC. Health insurance status of the civilian noninstitutionalized population: 1996. Rockville (MD): Agency for Health Care Policy and Research; 1997. MEPS Research Findings No. 1. AHCPR Pub. No. 97-0030.



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