

## STATISTICAL BRIEF #85

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# Health Insurance Status of Children in America, 1996–2004: Estimates for the U.S. Civilian Noninstitutionalized Population under Age 18

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### Introduction

This Statistical Brief presents estimates from the Household Component of the Medical Expenditure Panel Survey (MEPS-HC) concerning the health insurance status of the U.S. civilian noninstitutionalized child population, a key element related to their health care. MEPS-HC, an annual household survey sponsored by the Agency for Healthcare Research and Quality (AHRQ), provides critical information for evaluating trends in health insurance status. Estimates are presented for the first half of calendar years 1996 through 2004. All differences between estimates discussed in the text are statistically significant at the 0.05 level unless otherwise noted.

### Findings

As shown in figure 1, the percentage of children (under age 18) who were uninsured declined from 1996 to 2004 by 4.0 percentage points, from 15.7 percent to 11.7 percent. Concurrently, the percentage of children covered by public only health insurance increased from 21.3 percent to 29.4 percent (figure 1); and the number of children covered by public only health insurance increased by 7.6 million, from 13.8 million to 21.4 million (figure 2).

The increase in public only health insurance over this period was shared by children in all age groups, as can be seen in figure 3. In addition, rates of public only coverage were higher each year for children under age 6 than for those age 7–17. For example, in 2004, 36.9 percent of children age 0–3 were covered by public only health insurance compared to 27.4 percent and 24.0 percent of children age 7–12 and 13–17, respectively (figure 3).

Hispanic or Latino children were more likely than children of other racial/ethnic groups to be uninsured in each year from 1996 through 2004. In 2004, 21.8 percent of Hispanic or Latino children were uninsured compared to 14.5 percent other single race/multiple race non-Hispanic or Latino, 10.5 percent black non-Hispanic or Latino

### Highlights

- From 1996 to 2004, the percentage of uninsured children declined from 15.7 percent to 11.7 percent.
- The percentage of children covered by public only health insurance increased between 1996 and 2004, from 21.3 percent to 29.4 percent; and the number of children covered by public only insurance increased by 7.6 million, from 13.8 million to 21.4 million.
- Younger children were more likely to rely on public only health insurance: In 2004, 36.9 percent of children age 0–3 were covered by public only health insurance compared with 24.0 percent of children age 13–17.
- Hispanic or Latino children were the most likely to be uninsured in each year from 1996 to 2004 (21.8 percent in 2004).
- In 2004, 48.7 percent of children with poor or fair health status were covered by public only health insurance.

single race, and 8.4 percent white non-Hispanic or Latino single race (figure 4). The percentage of children uninsured declined between 1996 and 2004 for all racial/ethnic groups with the exception of other single race/multiple race non-Hispanic or Latino. The decline was greatest for Hispanic or Latino children (from 28.1 percent in 1996 to 21.8 percent in 2004) (figure 4).

As shown in figure 5, children with poor or fair health status were more likely to be covered by public only health insurance than children with excellent or very good health. In 2004, 48.7 percent of children with poor or fair health status were covered by public only health insurance. In contrast, 24.9 percent of children in excellent health and 28.0 percent of children in very good health had public only coverage in 2004.

## Data Source

The estimates shown in this Statistical Brief are drawn from analyses conducted by the MEPS staff from the following 1996 to 2004 point-in-time public use files: HC-001, HC-005, HC-009, HC-013, HC-022, HC-034, HC-053, HC-064, and HC-075 (July 2005).

## Definitions

### *Uninsured*

Children classified as uninsured throughout the first half of the year did not have public or private health insurance coverage during the period from January of the survey year through the time of their first interview in that year. Interviews were typically conducted from February to June. Children 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*

Children 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).

### *Racial and ethnic classifications*

New standards for racial and ethnic classifications were used by the U.S. Census Bureau in the 2000 decennial census. All other Federal programs adopted the new standards by 2003. These changes conform to the revisions of the standards for the classification of Federal data on race and ethnicity promulgated by the Office of Management and Budget (OMB) in October 1997.

For 1996 through 2002, racial and ethnic classifications were Hispanic, white non-Hispanic, black non-Hispanic, and other non-Hispanic. As of 2003, the racial and ethnic classifications are Hispanic or Latino, white non-Hispanic or Latino single race, black non-Hispanic or Latino single race, and other single race/multiple race non-Hispanic or Latino.

## 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 (301-427-1656) 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.

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.

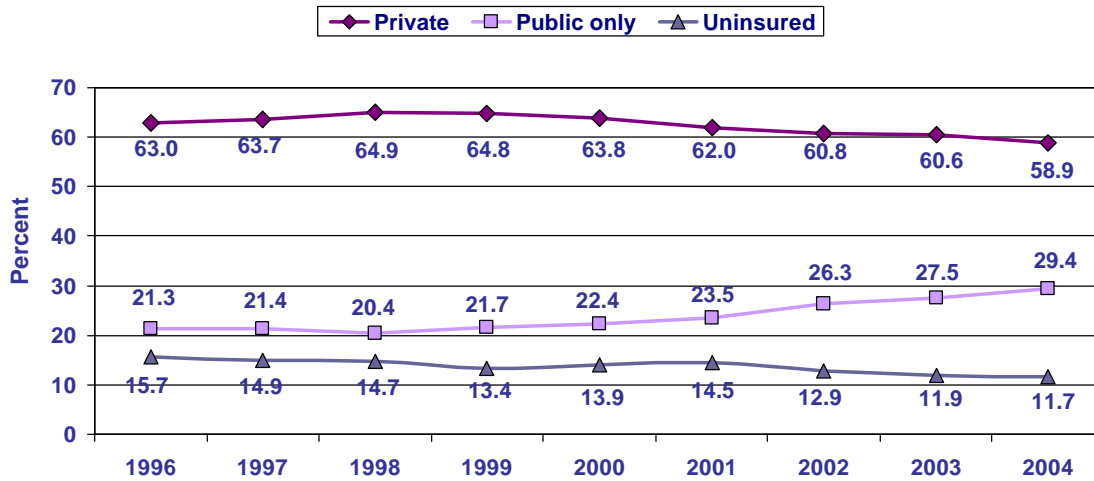
Cohen, S. Design Strategies and Innovations in the Medical Expenditure Panel Survey. *Medical Care*, July 2003; 41(7) Supplement: III-5–III-12.

## Suggested Citation

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[http://meps.ahrq.gov/mepsweb/data\\_files/publications/st85/stat85.pdf](http://meps.ahrq.gov/mepsweb/data_files/publications/st85/stat85.pdf)



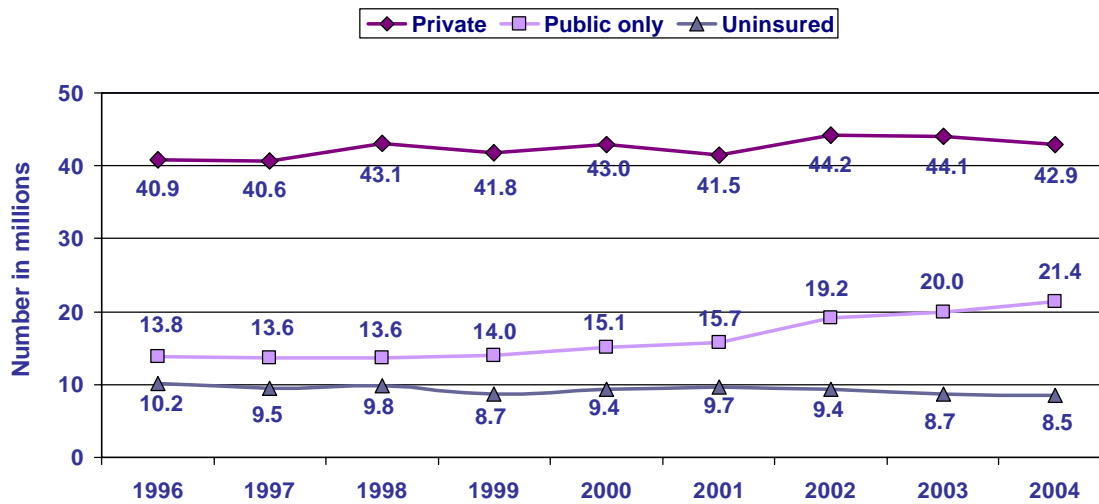
**Figure 1. Percentage of children under 18 years, by health insurance status, 1996–2004**



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 1996–2004 Point-in-Time Files



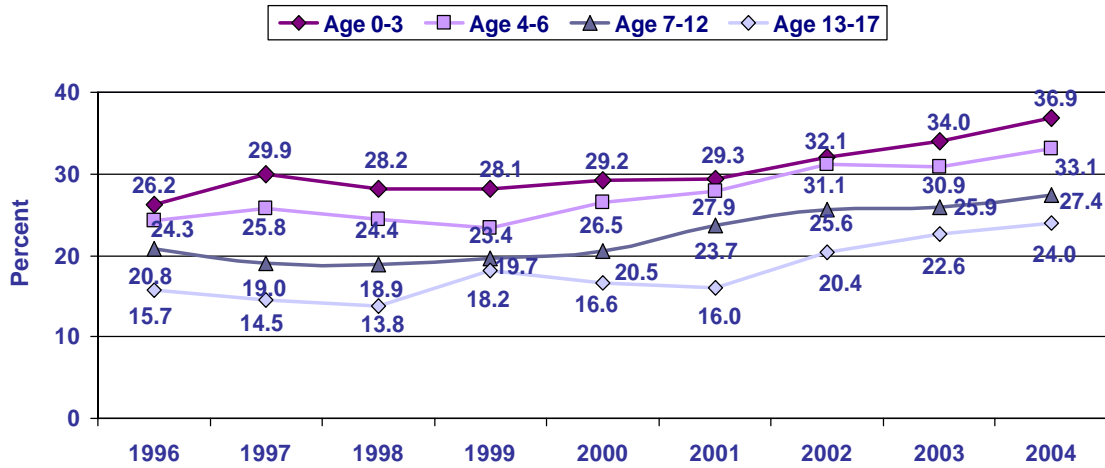
**Figure 2. Number of children under 18 years, by health insurance status, 1996–2004**



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 1996–2004 Point-in-Time Files



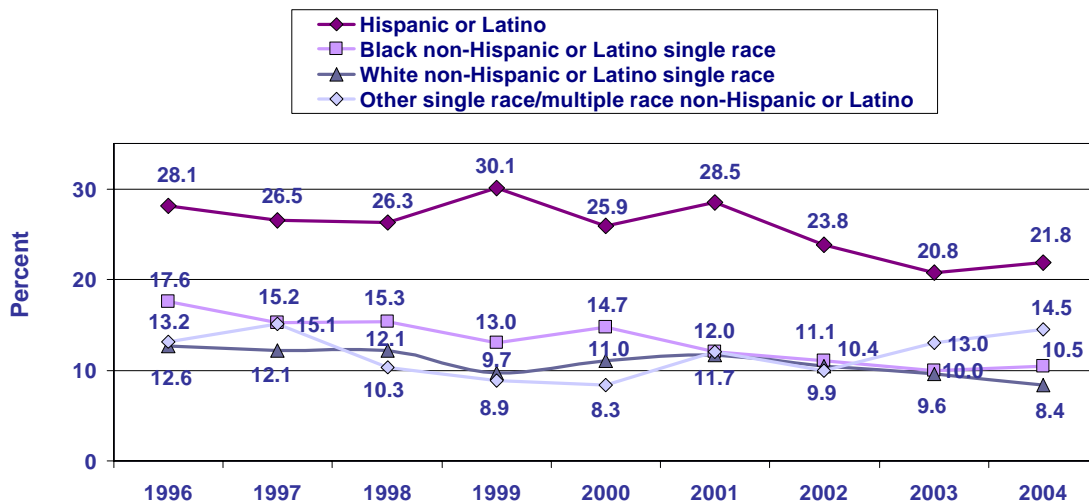
**Figure 3. Percentage of children under 18 years with public only health insurance, by age, 1996–2004**



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 1996–2004 Point-in-Time Files



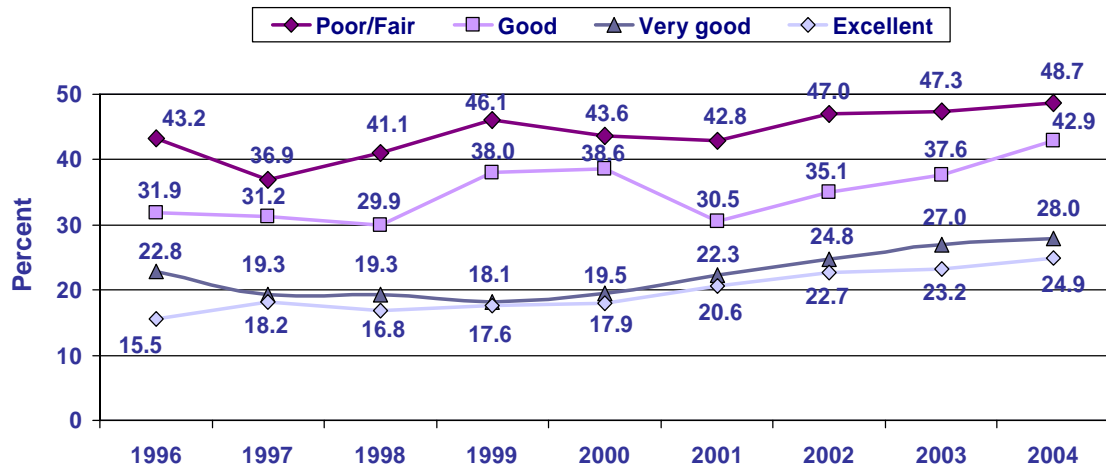
**Figure 4. Percentage of children under 18 years uninsured by race/ethnicity, 1996–2004**



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 1996–2004 Point-in-Time Files



**Figure 5. Percentage of children under 18 years with public only health insurance, by health status, 1996–2004**



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 1996–2004 Point-in-Time Files