



Health Insurance Status of the Civilian
Noninstitutionalized Population: 1999

MEPS

Research #14 Findings

U.S. Department of Health and Human Services
Public Health Service
Agency for Healthcare Research and Quality



Health Care Information and Electronic Ordering Through the AHRQ Web Site



The Agency for Healthcare Research and Quality's Web site—<http://www.ahrq.gov/>—makes practical, science-based health care information available in one convenient place.

Buttons correspond to major categories of Web site information, including funding opportunities, research findings, quality assessments, clinical information, consumer health, and data and surveys.

The Web site features an Electronic Catalog to the more than 450 information products generated by AHRQ, with information on how to obtain these resources. Many information products have an electronic ordering form and are mailed free of charge from the AHRQ Clearinghouse within 5 working days.

<http://www.ahrq.gov/>

Abstract

This report from the 1999 Medical Expenditure Panel Survey (MEPS) provides preliminary estimates of the health insurance status of the civilian noninstitutionalized U.S. population during the first half of 1999, including the size and characteristics of the population with private health insurance, with public insurance only, and without any health care coverage. During this period, 84.2 percent of all Americans were covered by private or public health insurance, leaving 15.8 percent of the population, some 42.8 million people, uninsured. Among the non-elderly population, 82.1 percent of Americans had either private or public coverage only and 17.9 percent of the population (42.6 million people) lacked health care coverage. Among the elderly population, there was a significant drop from 1998 to 1999 in private health insurance coverage and a corresponding significant increase in coverage by public

health insurance only. The probability that an individual would be uninsured during this period was especially high for young adults ages 19–24 and members of racial and ethnic minorities (especially Hispanics). Public health insurance continues to play an important role in ensuring that children, black Americans, and Hispanic Americans obtain health care coverage.

Suggested citation

Rhoades J, Chu M. Health insurance status of the civilian noninstitutionalized population: 1999. Rockville (MD): Agency for Healthcare Research and Quality; 2000. MEPS Research Findings No.14. AHRQ Pub. No. 01-0011.



Health Insurance Status of the Civilian
Noninstitutionalized Population: 1999

MEPS

Research
#14 Findings

U.S. Department of Health and Human Services
Public Health Service
Agency for Healthcare Research and Quality

AHRQ Pub. No. 01-0011
December 2000



The Medical Expenditure Panel Survey (MEPS)

Background

The Medical Expenditure Panel Survey (MEPS) is conducted to provide nationally representative estimates of health care use, expenditures, sources of payment, and insurance coverage for the U.S. civilian noninstitutionalized population. MEPS also includes a nationally representative survey of nursing homes and their residents. MEPS is cosponsored by the Agency for Healthcare Research and Quality (AHRQ), formerly the Agency for Health Care Policy and Research, and the National Center for Health Statistics (NCHS).

MEPS comprises four component surveys: the Household Component (HC), the Medical Provider Component (MPC), the Insurance Component (IC), and the Nursing Home Component (NHC). The HC is the core survey, and it forms the basis for the MPC sample and part of the IC sample. The separate NHC sample supplements the other MEPS components. Together these surveys yield comprehensive data that provide national estimates of the level and distribution of health care use and expenditures, support health services research, and can be used to assess health care policy implications.

MEPS is the third in a series of national probability surveys conducted by AHRQ on the financing and use of medical care in the United States. The National Medical Care Expenditure Survey (NMCES) was conducted in 1977, the National Medical Expenditure Survey (NMES) in 1987. Beginning in 1996, MEPS continues this series with design enhancements and efficiencies that provide a more current data resource to capture the changing dynamics of the health care delivery and insurance system.

The design efficiencies incorporated into MEPS are in accordance with the Department of Health and Human Services (DHHS) Survey Integration Plan of June 1995, which focused on consolidating DHHS surveys, achieving cost efficiencies, reducing respondent burden, and enhancing analytical capacities. To accommodate these goals, new MEPS design features include linkage with the National Health Interview Survey (NHIS), from which the sample for the MEPS

HC is drawn, and enhanced longitudinal data collection for core survey components. The MEPS HC augments NHIS by selecting a sample of NHIS respondents, collecting additional data on their health care expenditures, and linking these data with additional information collected from the respondents' medical providers, employers, and insurance providers.

Household Component

The MEPS HC, a nationally representative survey of the U.S. civilian noninstitutionalized population, collects medical expenditure data at both the person and household levels. The HC collects detailed data on demographic characteristics, health conditions, health status, use of medical care services, charges and payments, access to care, satisfaction with care, health insurance coverage, income, and employment.

The HC uses an overlapping panel design in which data are collected through a preliminary contact followed by a series of five rounds of interviews over a 2½-year period. Using computer-assisted personal interviewing (CAPI) technology, data on medical expenditures and use for 2 calendar years are collected from each household. This series of data collection rounds is launched each subsequent year on a new sample of households to provide overlapping panels of survey data and, when combined with other ongoing panels, will provide continuous and current estimates of health care expenditures.

The sampling frame for the MEPS HC is drawn from respondents to NHIS, conducted by NCHS. NHIS provides a nationally representative sample of the U.S. civilian noninstitutionalized population, with oversampling of Hispanics and blacks.

Medical Provider Component

The MEPS MPC supplements and validates information on medical care events reported in the MEPS HC by contacting medical providers and pharmacies identified by household respondents. The MPC sample includes all hospitals, hospital physicians, home health agencies, and pharmacies reported in the HC. Also included in the MPC are all office-based physicians:

- Providing care for HC respondents receiving Medicaid.
- Associated with a 75-percent sample of households receiving care through an HMO (health maintenance organization) or managed care plan.
- Associated with a 25-percent sample of the remaining households.

Data are collected on medical and financial characteristics of medical and pharmacy events reported by HC respondents, including:

- Diagnoses coded according to ICD-9 (9th Revision, International Classification of Diseases) and DSM-IV (Fourth Edition, *Diagnostic and Statistical Manual of Mental Disorders*).
- Physician procedure codes classified by CPT-4 (Current Procedural Terminology, Version 4).
- Inpatient stay codes classified by DRG (diagnosis-related group).
- Prescriptions coded by national drug code (NDC), medication names, strength, and quantity dispensed.
- Charges, payments, and the reasons for any difference between charges and payments.

The MPC is conducted through telephone interviews and mailed survey materials.

Insurance Component

The MEPS IC collects data on health insurance plans obtained through private and public-sector employers, unions, and other sources of private health insurance. Data obtained in the IC include the number and types of private insurance plans offered, benefits associated with these plans, premiums, contributions by employers and employees, and employer characteristics.

Establishments participating in the MEPS IC are selected through three sampling frames:

- A list of employers or other insurance providers identified by MEPS HC respondents who report having private health insurance at the Round 1 interview.
- A Bureau of the Census list frame of private-sector business establishments.
- The Census of Governments from the Bureau of the Census.

To provide an integrated picture of health insurance, data collected from the first sampling frame (employers and other insurance providers) are linked back to data provided by the MEPS HC respondents. Data from the other three sampling frames are collected to provide annual national and State estimates of the supply of private health insurance available to American workers and to evaluate policy issues pertaining to health insurance. Beginning in 2000, national estimates of employer contributions to group health insurance from the MEPS IC are being used in the computation of Gross Domestic Product (GDP) by the Bureau of Economic Analysis.

The MEPS IC is an annual panel survey. Data are collected from the selected organizations through a prescreening telephone interview, a mailed questionnaire, and a telephone followup for nonrespondents.

Nursing Home Component

The 1996 MEPS NHC was a survey of nursing homes and persons residing in or admitted to nursing homes at any time during calendar year 1996. The NHC gathered information on the demographic characteristics, residence history, health and functional status, use of services, use of prescription medications, and health care expenditures of nursing home residents. Nursing home administrators and designated staff also provided information on facility size, ownership, certification status, services provided, revenues and expenses, and other facility characteristics. Data on the income, assets, family relationships, and caregiving services for sampled nursing home residents were obtained from next-of-kin or other knowledgeable persons in the community.

The 1996 MEPS NHC sample was selected using a two-stage stratified probability design. In the first stage, facilities were selected; in the second stage, facility residents were sampled, selecting both persons in residence on January 1, 1996, and those admitted during the period January 1 through December 31.

The sampling frame for facilities was derived from the National Health Provider Inventory, which is updated periodically by NCHS. The MEPS NHC data were collected in person in three rounds of data

collection over a 1½-year period using the CAPI system. Community data were collected by telephone using computer-assisted telephone interviewing (CATI) technology. At the end of three rounds of data collection, the sample consisted of 815 responding facilities, 3,209 residents in the facility on January 1, and 2,690 eligible residents admitted during 1996.

Survey Management

MEPS data are collected under the authority of the Public Health Service Act. They are edited and published in accordance with the confidentiality provisions of this act and the Privacy Act. NCHS provides consultation and technical assistance.

As soon as data collection and editing are completed, the MEPS survey data are released to the public in staged releases of summary reports and microdata files. Summary reports are released as printed documents and electronic files. Microdata files are released on CD-ROM and/or as electronic files.

Printed documents and CD-ROMs are available through the AHRQ Publications Clearinghouse. Write or call:

AHRQ Publications Clearinghouse

Attn: (publication number)

P.O. Box 8547

Silver Spring, MD 20907

800-358-9295

410-381-3150 (callers outside the United States only)

888-586-6340 (toll-free TDD service; hearing impaired only)

Be sure to specify the AHRQ number of the document or CD-ROM you are requesting. Selected electronic files are available through the Internet on the AHRQ Web site:

<http://www.ahrq.gov/>

On the AHRQ Web site, under Data and Surveys, click the MEPS icon.

Additional information on MEPS is available from the MEPS project manager or the MEPS public use data manager at the Center for Cost and Financing Studies, Agency for Healthcare Research and Quality, 2101 East Jefferson Street, Suite 500, Rockville, MD 20852 (301-594-1406).

Table of Contents

Introduction	1
Overview.	2
Characteristics of Uninsured Americans.	4
Conclusions.	5
References.	5

Tables showing:

1. Health insurance coverage and population characteristics—all ages	6
2. Health insurance coverage and population characteristics—under age 65	8
3. Health insurance coverage and perceived health status—all ages	10
4. Population characteristics: total population and the uninsured—under age 65	11

Technical Appendix

Derivation of Insurance Status Information.	13
Health Insurance Edits	14
Population Characteristics	15
Sample Design and Accuracy of Estimates	15
Rounding	16
Comparisons With Other Data Sources.	16
Population and Standard Error Tables	17

Health Insurance Status of the Civilian Noninstitutionalized Population: 1999

by Jeffrey A. Rhoades, Ph.D., and May C. Chu, B.A., Agency for Healthcare Research and Quality

Introduction

This report is the fourth in a series of reports on the health insurance status of the U.S. population. Previous reports have presented health insurance estimates for the first part of 1996 (Vistnes and Monheit, 1997), 1997 (Vistnes and Zuvekas, 1999), and 1998 (Rhoades, Brown and Vistnes, 2000).

The health insurance status of the U.S. population, especially the size and composition of the uninsured population, has become an issue of perennial public policy concern for several reasons. First, health insurance is viewed as essential to ensure that individuals obtain timely access to medical care and protection against the risk of expensive and unanticipated medical events. Compared to people without health care coverage, insured individuals are more likely to have a usual source of medical care, to spend less out of pocket on health services, and to experience different treatment patterns, quality, and continuity in their health care (Lefkowitz and Monheit, 1991; U.S. Congress, Office of Technology Assessment, 1992).

Second, concern over the population's health insurance status reflects a variety of equity and efficiency considerations. These include the magnitude and appropriate mix of private and public sector responsibility for financing health care, the impact of health insurance on the efficient use of health care, and the manner in which health insurance affects the distribution of health care among the general population and across groups of specific policy interest.

Third, timely and reliable estimates of the population's health insurance status are essential to evaluate the costs and expected impact of public policy interventions to expand coverage or to alter the manner in which private and public insurance is financed. Identification of how individual and household

demographic characteristics, health status, and economic circumstances are associated with the population's health insurance status is of critical importance in developing efficient and targeted policy interventions. This is especially relevant given the current emphasis on incremental health care reform that is focused on particular health care markets and population groups.

Finally, comparisons of the characteristics of insured and uninsured populations over time provide information on whether greater equity has been achieved in the ability of specific population groups to obtain health insurance or whether serious gaps remain. In this regard, estimates of the population's health insurance status from the Medical Expenditure Panel Survey (MEPS), which is conducted annually, provide critical data for evaluating the health insurance implications of recent legislative initiatives: the 1996 Health Insurance Portability and Accountability Act (HIPAA), Public Law 104-191; welfare reform under the 1996 Personal Responsibility and Work Opportunity Reconciliation Act, Public Law 104-193; and the 1997 State Children's Health Insurance Program (SCHIP). A primary goal of HIPAA is to reduce the impact of preexisting health conditions on the continuity of health insurance during employment transitions. Under welfare reform, mandated work requirements and time limitations governing the receipt of public assistance may have consequences for a recipient's health insurance status. The goal of the SCHIP program is to provide health insurance coverage to low-income children who are not eligible for Medicaid.

This report presents preliminary estimates of the number and characteristics of people with private and public health insurance at any time during the first half of 1999, on average. Particular emphasis is directed toward estimating the size of the population that was uninsured throughout the first half of 1999 and identifying groups especially at risk of lacking health insurance.

**In early 1999,
15.8 percent
of all
Americans
were
uninsured.**

Overview

During the first half of 1999, on average, 84.2 percent of all Americans in the civilian noninstitutionalized population had some type of private or public health insurance coverage (Table 1). About 68 percent of Americans obtained health insurance from private sources. Another 16.1 percent had only public sources of coverage, primarily Medicare and Medicaid. (Throughout this report, the public health insurance category includes only people who had no coverage except public health insurance.) The remaining 15.8 percent of Americans, 42.8 million people, were without health insurance throughout the first half of 1999. Among the non-elderly population, 70.4 percent were covered by private insurance and 11.7 percent by public insurance. Among the non-elderly population, an estimated 42.6 million individuals (17.9 percent) were uninsured. Table 2 gives more detailed information on the health insurance status of the non-elderly population.

Overall these health insurance estimates do not differ significantly from the 1998 MEPS figures for the non-elderly population, as reported in Rhoades, Brown, and Vistnes (2000). However, there were differences between the two years for the elderly population. These differences are discussed below.

Tables 1-3 provide estimates of the population's health insurance status according to selected demographic characteristics, perceived health status, employment status, and residential location. Table 4 provides estimates of the distribution of the uninsured population by selected characteristics. Table A in the technical appendix provides estimates of the number of people by health insurance status. Some of the key findings and relationships revealed by these data are discussed below.

Age

MEPS data reveal that, in general, children are more likely than non-elderly adults to have health insurance coverage. The main findings among age groups are described below.

Children

There has been considerable interest in the health insurance status of children. This interest stems from the role health care coverage plays in ensuring that children obtain the medical care appropriate to their specific stage of development. To help ensure such coverage, Congress passed the State Children's Health Insurance Program in 1997, allocating approximately \$24 billion over 5 years to provide health insurance coverage to low-income children who are not eligible for Medicaid. The SCHIP program follows on Medicaid expansions beginning in the late 1980s that focused attention on the role of the public and private sectors in financing health care for low-income children.

MEPS data indicate that public health insurance covered a substantial proportion of children in the first half of 1999: 28.1 percent of children under age 4, one in four children ages 4-6 (24.0), and one in five children ages 7-12 (19.2) had public coverage, primarily through Medicaid. As a result, the proportion uninsured among children under age 18 (13.6 percent) was lower than the proportion among non-elderly adults in general (19.7 percent for ages 18-64). Despite this finding, about 9.8 million children lacked health care coverage.

Adults

Young adults ages 19-24 were the age group most likely to lack health insurance. Nearly a third of young adults (32.2 percent) were uninsured, twice the rate at which all Americans lacked coverage.

Slightly more than half of elderly Americans (50.8 percent) were covered by private health insurance. Slightly less than half of elderly Americans (48.6 percent) held public coverage only (Medicare alone or in conjunction with Medicaid). These estimates differ significantly from estimates for 1998, when 55.3 percent of the elderly were covered by private health insurance and 43.8 percent were covered by public health insurance. This continues a trend first observed between 1997 and 1998, when the percent of the elderly covered by private health insurance declined from 60.5 percent to 55.3 percent (Rhoades, Brown, and Vistnes, 2000).

There are several possible reasons for the observed drop in private health insurance coverage among the elderly. Increases in Medicare health maintenance

organization enrollment may have prompted people to drop private health insurance; people may have elected to drop Medigap health insurance policies as premiums have risen; and former employers may have opted to discontinue private health insurance coverage for retirees or have become unable to provide such coverage. However, there are currently insufficient data to determine definitively why these changes have occurred over the 3-year period.

Employment Status

Since most private health insurance in the United States is provided through the workplace, employment status is an important indicator of access to private health insurance. MEPS data reveal the following for the population ages 16-64 (Table 2):

- Almost four-fifths (79.9 percent) of workers were covered by private health insurance, compared to half (51.2 percent) of individuals who were not employed.
- People who were not employed were more likely than those who were employed to be covered by public insurance (21.8 and 3.4 percent, respectively).
- Workers were less likely than people who were not employed to be uninsured (16.8 and 27.0 percent, respectively).

Race/Ethnicity

MEPS data indicate that significant disparities exist in the rate at which racial and ethnic minorities are covered by private and public health insurance compared to white Americans (Table 1). For example:

- Less than half of all Hispanic Americans (45.5 percent) and slightly more than half of black Americans (53.0 percent) were covered by private health insurance, compared to three-quarters of whites (75.0 percent). Over a third of Hispanics (34.2 percent) and almost a fifth of blacks (19.2 percent) were uninsured. In contrast, 12.1 percent of white Americans were uninsured.
- Hispanic and black Americans were more likely than white Americans to be covered by public health insurance (20.3 percent and 27.8 percent, respectively, compared to 12.9 percent for white Americans).

Marital Status

Widowed people were less likely to have private health insurance coverage in 1999 (43.6 percent) than in 1998 (50.7 percent) and more likely to have public insurance only (49.6 percent and 43.1 percent, respectively) (Rhoades, Brown, and Vistnes, 2000). These changes in health insurance coverage for widowed people can be attributed to similar changes observed among the elderly population, many of whom are widowed, for the two years (data not shown). Among adults under age 65, married people were more likely to have private health insurance (82.0 percent) and less likely to have public insurance (4.7 percent) or be uninsured (13.3 percent) than unmarried people were (Table 2). Of people ages 16-64 who were not married at the time of the survey:

- Over one-quarter of widowed people were uninsured (26.4 percent).
- Almost one-quarter of all divorced people were uninsured (24.6 percent). The proportion of divorced people covered by public insurance declined from 13.8 percent in 1998 (Rhoades, Brown, and Vistnes, 2000) to 9.5 percent in 1999.
- Almost one-third of Americans who were separated were uninsured (32.8 percent).
- More than one-quarter of Americans who never married were uninsured (26.8 percent).

Residential Location

The type of health care coverage obtained by Americans and the likelihood of being uninsured also varied by region and whether or not they lived in a metropolitan statistical area (MSA). Table 1 shows that:

- People living outside MSAs were less likely than those living within MSAs to be covered by private health insurance (64.5 percent vs. 68.9 percent).
- People living in the West were less likely than residents of the Northeast and Midwest to have private health insurance (62.6 percent in the West compared to 69.9 percent in the Northeast and 73.5 percent in the Midwest). Nearly one out of five people in the West and South were uninsured (18.9 percent and 17.5 percent, respectively), compared to 12.8 percent in the Northeast and 12.7 percent in the Midwest.

Health Status

There is considerable public policy interest in determining whether people with health problems are able to obtain health insurance and, if so, the source of such coverage. MEPS respondents were asked to rate their health and family members' health as excellent, very good, good, fair, or poor. The data in Table 3 reveal the relationships described below between health status and insurance coverage.

Non-Elderly People

More than one in five non-elderly Americans in good health (21.4 percent) or fair health (20.9 percent) were uninsured throughout the first half of 1999. Among the non-elderly:

- People in fair or poor health were less likely than those in better health to have private health insurance. Only 42.2 percent of those in poor health and 54.8 percent of those in fair health had any private coverage.
- Public insurance helped to reduce the health-related disparities in coverage. Almost one-quarter (24.2 percent) of people in fair health and 4 in 10 (40.9 percent) of the people in poor health had public coverage. Nevertheless, those in good or fair health were more likely than people in very good or excellent health to be uninsured.

Elderly People

Elderly Americans in fair or poor health were less likely to have private coverage than those in good or better health. As a result, those in fair or poor health were more likely to be covered by insurance from public sources only (64.1 percent and 57.9 percent, respectively) than other elderly Americans. Medicare, either alone or with Medicaid, was the main public source of coverage. There were significant differences between the 1999 and 1998 estimates for elderly people in fair health: a significant decrease in the percent covered by private health insurance (34.5 percent in 1999 vs. 49.0 percent in 1998) and a corresponding significant increase in the percent covered by public health insurance only (64.1 percent in 1999 vs. 50.7 percent in 1998). Presently there are insufficient data to determine why these changes have occurred between the two years.

Characteristics of Uninsured Americans

Previous sections of this report have described the health insurance status of Americans by focusing on demographic, health status, and geographic characteristics associated with the likelihood that particular groups obtained private or public health insurance or were more at risk of being uninsured. To put this discussion in perspective, data displayed in Table 4 characterize the uninsured population by considering the representation of specific groups in the general population of non-elderly Americans relative to their representation among the uninsured population. In this way, one can assess whether certain population groups are disproportionately represented among the uninsured. Such information can be useful in formulating targeted policy interventions on behalf of people without health insurance.

Age

Children under the age of 18 comprised slightly less than one-quarter (23.0 percent) of the uninsured population. Young adults ages 19-24 composed 8.4 percent of the non-elderly population but 15.1 percent of the uninsured population. Among all age groups, young adults had the greatest risk of being uninsured.

For individuals ages 30-34 and 55-64, there was a significant change in the percent distribution of the uninsured population between 1998 and 1999. The proportion of the uninsured population represented by ages 30-34 declined from 10.0 percent in 1998 to 8.3 percent in 1999, while the proportion ages 55-64 increased from 6.8 percent in 1998 to 9.2 percent in 1999. These changes reflect a shift in the age distribution of the population between 1998 and 1999 rather than a change in risk for being uninsured.

Sex

While males comprised slightly less than half of the non-elderly population, they represented 53.4 percent of the uninsured population.

Race/Ethnicity

Racial and ethnic minorities were more at risk of lacking health insurance than white Americans were. As a result, minority representation among the uninsured exceeded their representation among the general population. For example, Table 4 shows that:

- Hispanics represented only 12.6 percent of all non-elderly Americans but 25.2 percent of the uninsured population. Hispanics were the racial/ethnic group most likely to be uninsured (35.9 percent).
- Although almost 7 out of 10 non-elderly Americans were white (69.6 percent), whites accounted for less than 6 out of 10 uninsured persons (54.6 percent).
- When the uninsured are categorized by race/ethnicity and sex, white males and females represent the largest proportions of the uninsured population: 28.9 and 25.7 percent, respectively.

Conclusions

Preliminary estimates from the 1999 MEPS reveal that, during the first half of 1999, 68.1 percent of

The percent of elderly people who had private insurance decreased from 1998 to 1999.

Americans obtained health insurance from private sources, 16.1 percent obtained coverage through public programs, and 15.8 percent of the population (42.8 million people) lacked any health care coverage. Among the non-elderly population, over one person in six was uninsured.

In general, there was no difference between the 1998 and 1999 estimates for the non-elderly population. However, among the elderly population there was a significant drop in the rate of private health insurance coverage and a corresponding significant increase in public health insurance coverage only, a trend that continues from 1997.

The tabulations presented in this report indicate that the health insurance status of the U.S. population is strongly associated with specific demographic characteristics, health status, and employment status. Important disparities in health care coverage exist for particular groups. Among the groups especially at risk of lacking health care coverage are young adults ages

19-24 and members of racial and ethnic minorities (especially Hispanic Americans). Public health insurance continues to play an important role in insuring children, black Americans, and Hispanic Americans. Disparities in the proportion with insurance coverage also exist by health status, with non-elderly people in good or fair health more likely than people in better health to be uninsured.

References

Cohen J, Monheit A, Beauregard K, et al. The Medical Expenditure Panel Survey: a national health information resource. *Inquiry* 1996;33:373-89.

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.

Lefkowitz D, Monheit A. Health insurance, use of health services, and health care expenditures. Rockville (MD): Agency for Health Care Policy and Research; 1991. National Medical Expenditure Survey Research Findings 14. AHCPR Pub. No. 92-0017.

Rhoades J, Brown E, Vistnes J. Health insurance status of the civilian noninstitutionalized population: 1998. Rockville (MD): Agency for Healthcare Research and Quality; 2000. MEPS Research Findings No. 11. AHRQ Pub. No. 00-0023.

U.S. Congress, Office of Technology Assessment. Does health insurance make a difference? Background paper. Washington: U.S. Government Printing Office; 1992. Report No. OTA-BP-H-99.

Vistnes J, Monheit A. 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.

Vistnes J, Zuvekas S. 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.

Table 1. Health insurance coverage of the civilian noninstitutionalized population: Percent by type of coverage and selected population characteristics, United States, first half of 1999

Population characteristic	Total population in thousands	Private	Public only	Uninsured
		Percent distribution		
Total ^a	271,004	68.1	16.1	15.8
Total under age 65 ^a	238,610	70.4	11.7	17.9
Age in years				
Under 4	15,251	61.0	28.1	10.9
4-6	12,861	62.8	24.0	13.3
7-12	24,199	67.1	19.2	13.7
13-17	19,566	67.1	16.9	16.0
Total under 18	71,877	65.1	21.3	13.6
18	4,560	61.4	15.6	23.1
19-24	19,933	58.4	9.4	32.2
25-29	19,499	67.6	7.3	25.1
30-34	18,651	75.0	6.0	19.0
35-54	79,641	77.0	6.7	16.3
55-64	24,449	74.7	9.2	16.1
18-64	166,733	72.7	7.6	19.7
65 and over	32,394	50.8	48.6	*0.6
Employment status^b				
Employed	135,215	79.4	4.4	16.2
Not employed	70,956	50.2	33.2	16.6
Sex				
Male	132,093	69.0	13.7	17.3
Female	138,911	67.1	18.5	14.4
Race/ethnicity				
Total Hispanic	31,645	45.5	20.3	34.2
Total black	34,060	53.0	27.8	19.2
Total white	193,202	75.0	12.9	12.1
Total other	12,098	58.8	23.4	17.7
Hispanic male	15,841	45.6	17.7	36.7
Black male	15,848	54.5	22.8	22.6
White male	94,588	76.1	10.9	13.1
Other male	5,815	58.1	23.2	18.7
Hispanic female	15,803	45.5	22.9	31.6
Black female	18,212	51.6	32.1	16.2
White female	98,613	74.0	14.9	11.1
Other female	6,283	59.6	23.6	16.8
Marital status^b				
Married	110,567	78.6	10.2	11.3
Widowed	13,783	43.6	49.6	6.8
Divorced	22,021	63.2	15.0	21.8
Separated	4,234	47.6	21.5	30.9
Never married	56,473	60.8	12.9	26.3

Continued

Table 1. Health insurance coverage of the civilian noninstitutionalized population: Percent by type of coverage and selected population characteristics, United States, first half of 1999 (continued)

Population characteristic	Total population in thousands	Private	Public only	Uninsured
		Percent distribution		
Metropolitan statistical area (MSA)				
MSA	218,296	68.9	15.3	15.7
Non-MSA	52,708	64.5	19.4	16.1
Census region				
Northeast	51,819	69.9	17.3	12.8
Midwest	63,384	73.5	13.8	12.7
South	94,504	66.9	15.6	17.5
West	61,297	62.6	18.4	18.9

^a Includes persons with unknown employment status and marital status.

^b For individuals age 16 and over.

* Relative standard error is greater than or equal to 30 percent.

Note: Percents may not add to 100 because of rounding.

Source: Center for Cost and Financing Studies, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey Household Component, 1999.

Table 2. Health insurance coverage of the civilian noninstitutionalized population under age 65: Percent by type of coverage and selected population characteristics, United States, first half of 1999

Population characteristic	Total population in thousands	Private	Public only	Uninsured
		Percent distribution		
Total^a	238,610	70.4	11.7	17.9
Employment status^b				
Employed	130,885	79.9	3.4	16.8
Not employed	42,956	51.2	21.8	27.0
Sex				
Male	118,366	70.5	10.3	19.2
Female	120,244	70.3	13.2	16.5
Race/ethnicity				
Total Hispanic	29,949	46.3	17.8	35.9
Total black	31,368	55.0	24.3	20.7
Total white	166,050	78.3	7.7	14.0
Total other	11,242	61.5	19.8	18.7
Hispanic male	15,096	46.3	15.4	38.4
Black male	14,782	55.5	20.4	24.1
White male	83,107	78.3	6.9	14.8
Other male	5,381	60.0	20.0	20.0
Hispanic female	14,853	46.4	20.2	33.4
Black female	16,587	54.4	27.8	17.7
White female	82,943	78.3	8.5	13.2
Other female	5,861	62.7	19.7	17.6
Marital status^b				
Married	92,656	82.0	4.7	13.3
Widowed	3,214	57.9	15.7	26.4
Divorced	19,541	65.9	9.5	24.6
Separated	3,954	49.9	17.3	32.8
Never married	55,348	61.4	11.7	26.8
Metropolitan statistical area (MSA)				
MSA	193,710	71.1	11.3	17.6
Non-MSA	44,900	67.5	13.7	18.8

Continued

Table 2. Health insurance coverage of the civilian noninstitutionalized population under age 65: Percent by type of coverage and selected population characteristics, United States, first half of 1999 (continued)

Population characteristic	Total population in thousands	Private	Public only	Uninsured
		Percent distribution		
Census region				
Northeast	45,234	72.5	13.0	14.5
Midwest	55,938	76.4	9.2	14.4
South	82,541	69.1	11.0	19.9
West	54,897	64.5	14.4	21.1

^a Includes persons with unknown employment status and marital status.

^b For individuals age 16 and over.

Note: Percents may not add to 100 because of rounding.

Source: Center for Cost and Financing Studies, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey Household Component, 1999.

Table 3. Health insurance coverage of the civilian noninstitutionalized population: Percent by type of coverage and perceived health status, United States, first half of 1999

Population characteristic	Total population in thousands	Private	Public only	Uninsured
		Percent distribution		
Total under age 65 ^a	238,610	70.4	11.7	17.9
Total age 65 and over ^a	32,394	50.8	48.6	*0.6
Perceived health status, under age 65				
Excellent	91,278	74.2	9.2	16.6
Very good	76,877	75.3	8.2	16.5
Good	49,752	63.6	15.0	21.4
Fair	15,433	54.8	24.2	20.9
Poor	5,095	42.2	40.9	17.0
Perceived health status, age 65 and over				
Excellent	5,138	61.7	37.5	*0.8
Very good	8,862	55.1	44.5	*0.4
Good	9,881	53.0	46.9	*0.1
Fair	5,118	34.5	64.1	*1.4
Poor	2,957	41.0	57.9	*1.4

^a Total includes persons with unknown perceived health status.

* Relative standard error is greater than or equal to 30 percent.

Note: Percents may not add to 100 because of rounding.

Source: Center for Cost and Financing Studies, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey Household Component, 1999.

Table 4. Total population and uninsured persons under age 65: Percent by selected population characteristics, United States, first half of 1999

Population characteristic	Total population in thousands	Percent distribution of population	Percent uninsured	Percent distribution of uninsured population
Total ^a	238,610	100.0	17.9	100.0
Age in years				
Under 4	15,251	6.4	10.9	3.9
4-6	12,861	5.4	13.3	4.0
7-12	24,199	10.1	13.7	7.8
13-17	19,566	8.2	16.0	7.3
Total under 18	71,877	30.1	13.6	23.0
18	4,560	1.9	23.1	—
19-24	19,933	8.4	32.2	15.1
25-29	19,499	8.2	25.1	11.5
30-34	18,651	7.8	19.0	8.3
35-54	79,641	33.4	16.3	30.4
55-64	24,449	10.2	16.1	9.2
Sex				
Male	118,366	49.6	19.2	53.4
Female	120,244	50.4	16.5	46.6
Race/ethnicity				
Total Hispanic	29,949	12.6	35.9	25.2
Total black	31,368	13.1	20.7	15.2
Total white	166,050	69.6	14.0	54.6
Total other	11,242	4.7	18.7	—
Hispanic male	15,096	6.3	38.4	13.6
Black male	14,782	6.2	24.1	8.4
White male	83,107	34.8	14.8	28.9
Other male	5,381	2.3	20.0	—
Hispanic female	14,853	6.2	33.4	11.6
Black female	16,587	7.0	17.7	6.9
White female	82,943	34.8	13.2	25.7
Other female	5,861	2.5	17.6	—
Marital status^b				
Married	92,656	38.8	13.3	29.0
Widowed	3,214	1.3	26.4	—
Divorced	19,541	8.2	24.6	11.3
Separated	3,954	1.7	32.8	—
Never married	55,348	23.2	26.8	34.9

Continued

Table 4. Total population and uninsured persons under age 65: Percent by selected population characteristics, United States, first half of 1999 (continued)

Population characteristic	Total population in thousands	Percent distribution of population	Percent uninsured	Percent distribution of uninsured population
Census region				
Northeast	45,234	19.0	14.5	15.4
Midwest	55,938	23.4	14.4	18.9
South	82,541	34.6	19.9	38.6
West	54,897	23.0	21.1	27.2
Perceived health status				
Excellent	91,278	38.3	16.6	35.5
Very good	76,877	32.2	16.5	29.8
Good	49,752	20.9	21.4	25.0
Fair	15,433	6.5	20.9	7.6
Poor	5,095	2.1	17.0	–

^a Total includes persons with unknown perceived health status and marital status.

^b For individuals age 16 and over. Excludes unknown marital status. As a result, percents do not sum to 100.

– Sample size too small to produce reliable estimates.

Note: Percent distributions may not add to 100 because of rounding.

Source: Center for Cost and Financing Studies, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey Household Component, 1999.

Technical Appendix

This data in this report were obtained in the first round of interviews for the Household Component (HC) of the 1999 Medical Expenditure Panel Survey (MEPS). MEPS is cosponsored by the Agency for Healthcare Research and Quality (AHRQ) and the National Center for Health Statistics (NCHS). The MEPS HC is a nationally representative survey of the U.S. civilian noninstitutionalized population that collects medical expenditure data at both the person and household levels. The focus of the MEPS HC is to collect detailed data on demographic characteristics, health conditions, health status, use of medical care services, charges and payments, access to care, satisfaction with care, health insurance coverage, income, and employment. In other components of MEPS, data are collected on the use, charges, and payments reported by providers; residents of licensed or certified nursing homes; and the supply side of the health insurance market.

The sample for the MEPS HC was selected from respondents to the National Health Interview Survey (NHIS), which was conducted by NCHS. NHIS provides a nationally representative sample of the U.S. civilian noninstitutionalized population and reflects an oversampling of Hispanics and blacks. The MEPS HC collects data through an overlapping panel design. In this design, data are collected through a precontact interview that is followed by a series of five rounds of interviews over 2½ years. Two calendar years of medical expenditure and utilization data are collected from each household and captured using computer-assisted personal interviewing (CAPI). This series of data collection rounds is launched again each subsequent year on a new sample of households to provide overlapping panels of survey data which, when combined with other ongoing panels, will provide continuous and current estimates of health care expenditures. The reference period for Round 1 of the 1999 MEPS HC (Panel 4) was from January 1, 1999, to the date of the Round 1 interview. Interviews for Panel 4 (Round 1) were conducted from March to July 1999.

Derivation of Insurance Status Information

The household respondent was asked if during the interview period anyone in the family was covered by any of the sources of public and private health insurance coverage discussed in the following paragraphs. Coverage by Medicare and TRICARE, formerly known as CHAMPUS/CHAMPVA, was measured at the time of the interview. (CHAMPUS and CHAMPVA were the Civilian Health and Medical Programs for the Uniformed Services and Veterans' Affairs.) All other sources of insurance were measured for any time between January 1999 and the interview date. Persons counted as uninsured were uninsured throughout this time period.

Public Coverage

For this report, individuals were considered to have public coverage only if they met both of the following criteria:

- They were not covered by private insurance.
- They were covered by one of the public programs discussed below.

Medicare

Medicare is a federally financed health insurance plan for the elderly, persons receiving Social Security disability payments, and most persons with end-stage renal disease. Medicare Part A, which provides hospital insurance, is automatically given to those who are eligible for Social Security. Medicare Part B provides supplementary medical insurance that pays for medical expenses and can be purchased for a monthly premium.

TRICARE

TRICARE covers active-duty and retired members of the Uniformed Services and the spouses and children of active-duty, retired, and deceased members. Spouses and children of veterans who died from a service-connected disability, or who are permanently disabled and are not eligible for Medicare, are covered by TRICARE. In this report, TRICARE coverage is considered to be public coverage. When persons covered

by TRICARE reach age 65, their coverage generally ends and enrollees are eligible for Medicare.

Medicaid and State Children's Health Insurance Program

Medicaid and the State Children's Health Insurance Program (SCHIP) are means-tested government programs jointly financed by Federal and State funds that provide health care to those who are eligible. Eligibility criteria vary significantly by State. Medicaid is designed to provide health insurance coverage to families and individuals who are unable to afford necessary medical care, while SCHIP is designed to provide health insurance coverage for uninsured low-income children. Respondents who did not report Medicaid or SCHIP coverage were asked if they were covered by any other public hospital/physician coverage. These questions were asked in an attempt to identify Medicaid or SCHIP recipients who might not have recognized their coverage as Medicaid or SCHIP. In this report, all coverage reported in this manner is considered public coverage.

Private Health Insurance

Private health insurance was defined for this report as insurance that provides coverage for hospital and physician care (including Medigap coverage). Insurance that provides coverage for a single service only, such as dental or vision coverage, was not counted. Private health insurance could have been obtained through an employer, union, self-employed business, directly from an insurance company or a health maintenance organization (HMO), through a group or association, or from someone outside the household.

Uninsured

The uninsured were defined as persons not covered by Medicare, TRICARE, Medicaid, other public hospital/physician programs, or private hospital/physician insurance (including Medigap coverage) during the period from January 1999 through the time of the interview. Individuals 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.

Health Insurance Edits

For the Round 1 (Panel 4) sample, minimal editing was performed on sources of public coverage and no edits were performed on the private coverage variables. Health insurance data were edited as described below.

Medicare

Medicare coverage was edited for persons age 65 and over but not for persons under age 65. Persons age 65 and over were assigned Medicare coverage if they met one of the following criteria:

- They answered "yes" to a followup question on whether they had received Social Security benefits.
- They were covered by Medicaid, other public hospital/physician coverage, or Medigap coverage.
- Their spouse was age 65 or over and covered by Medicare.
- They were covered by TRICARE.

Medicaid

This report does not distinguish among sources of public insurance. Medicaid or other public hospital/physician coverage was included when considering whether an individual was covered only by public insurance.

TRICARE

Respondents age 65 and over who reported TRICARE coverage were instead classified as covered by Medicare.

Private Health Insurance

Private insurance coverage was unedited and unimputed for Round 1 (Panel 4). Individuals were considered to be covered by private insurance if the insurance provided coverage for hospital/physician care. Medigap plans were included. Individuals covered by single-service plans only (e.g., dental, vision, or drug plans) were not considered to be privately insured. Sources of insurance with missing information

regarding the type of coverage were assumed to contain hospital/physician coverage.

Population Characteristics

Place of Residence

Individuals were identified as residing either inside or outside a metropolitan statistical area (MSA) as designated by the U.S. Office of Management and Budget (OMB), which applied 1990 standards using population counts from the 1990 U.S. census. An MSA is a large population nucleus combined with adjacent communities that have a high degree of economic and social integration within the nucleus. Each MSA has one or more central counties containing the area's main population concentration. In New England, metropolitan areas consist of cities and towns rather than whole counties. Regions of residence are in accordance with the U.S. Bureau of the Census definition.

Race/Ethnicity

Classification by race and ethnicity was based on information reported for each household member. Respondents were asked if their race was best described as American Indian, Alaska Native, Asian or Pacific Islander, black, white, or other. They were also asked if their main national origin or ancestry was Puerto Rican; Cuban; Mexican, Mexicano, Mexican American, or Chicano; other Latin American; or other Spanish. All persons who claimed main national origin or ancestry in one of these Hispanic groups, regardless of racial background, were classified as Hispanic. Since the Hispanic grouping can include black Hispanic, white Hispanic, and other Hispanic, the race categories of black, white, and other do not include Hispanic.

Employment Status

Persons were considered to be employed if they were age 16 and over, and had a job for pay, owned a business, or worked without pay in a family business at the time of the Round 1 interview.

Sample Design and Accuracy of Estimates

MEPS is designed to produce estimates at the national and regional level over time for the civilian noninstitutionalized population of the United States and some subpopulations of interest. Each MEPS panel collects data covering a 2-year period, with the first four MEPS panels spanning 1996-97, 1997-98, 1998-99, and 1999-2000. The data in this report are from the first round of data collection for the MEPS Panel 4 sample.

The statistics presented in this report are affected by both sampling error and sources of nonsampling error, which include nonresponse bias, respondent reporting errors, interviewer effects, and data processing misspecifications. For a detailed description of the MEPS survey design, the adopted sample design, and methods used to minimize sources of nonsampling error, see Cohen (1997) and Cohen, Monheit, Beauregard, et al. (1996). The MEPS person-level estimation weights include nonresponse adjustments and poststratification adjustments to population estimates derived from the March 1999 Current Population Survey (CPS) based on cross-classifications by region, MSA status, age, race/ethnicity, and sex.

Tests of statistical significance were used to determine whether the differences between populations exist at specified levels of confidence or whether they occurred by chance. Differences were tested using Z-scores having asymptotic normal properties at the 0.05 level of significance. Unless otherwise noted, only statistical differences between estimates are discussed in the text.

At its beginning in 1999, MEPS Panel 4 consisted of a sample of 6,875 households, a nationally representative subsample of the households responding to the 1998 National Health Interview Survey. Like earlier MEPS panels, the Panel 4 sample reflects the oversampling of Hispanic and black households resulting from the NHIS sample design.

The overall MEPS Panel 4 response rate at the end of Round 1 (which collects data for the first part of 1999) was 73.0 percent. This overall rate reflects response to both the 1998 NHIS interview and the MEPS Round 1 interview.

Rounding

Estimates presented in the tables were rounded to the nearest 0.1 percent. Standard errors, presented in Tables B-E, were rounded to the nearest 0.01, while for Table F they were rounded to the nearest whole number. Population estimates in Tables 1-4 and Table A were rounded to the nearest thousand. Therefore, some of the estimates presented in the tables for population totals of subgroups will not add exactly to the overall estimated population total.

Comparisons With Other Data Sources

Because of methodological differences, caution should be used when comparing these data with data from other sources. For example, CPS measures persons who are uninsured for a full year; NHIS measures

persons who lack insurance at a given point in time—the month before the interview. The CPS interview that contains information on the health insurance status of the population is conducted annually, and NHIS collects insurance data on a continuous basis each year. In addition, unlike MEPS, CPS counts as insured military veterans whose source of health care is the Department of Veterans Affairs. CPS also counts children of adults covered by Medicaid as insured. For these preliminary estimates, MEPS did not consider these children insured unless their families reported them as such.

Table A. Health insurance coverage of the civilian noninstitutionalized population: Population estimates by type of coverage and selected population characteristics, United States, first half of 1999

Population characteristic	Total population	Any coverage	Any private coverage	Public only	Uninsured
Number in thousands					
Total ^a	271,004	228,169	184,454	43,715	42,835
Total under age 65 ^a	238,610	195,977	167,992	27,986	42,632
Age in years					
Under 4	15,251	13,588	9,302	4,285	1,663
4-6	12,861	11,154	8,073	3,080	1,708
7-12	24,199	20,889	16,247	4,642	3,310
13-17	19,566	16,440	13,136	3,304	3,126
Total under 18	71,877	62,071	46,758	15,312	9,806
18	4,560	3,508	2,799	–	–
19-24	19,933	13,514	11,640	1,875	6,419
25-29	19,499	14,599	13,184	–	4,900
30-34	18,651	15,102	13,988	–	3,549
35-54	79,641	66,668	61,351	5,317	12,973
55-64	24,449	20,516	18,272	2,244	3,933
65 and over	32,394	32,192	16,462	15,729	–
Employment status^b					
Employed	135,215	113,231	107,315	5,946	21,953
Not employed	70,956	59,186	35,608	23,577	11,770
Sex					
Male	132,093	109,249	91,192	18,057	22,844
Female	138,911	118,920	93,262	25,658	19,991
Race/ethnicity					
Total Hispanic	31,645	20,835	14,414	6,421	10,810
Total black	34,060	27,513	18,042	9,471	6,547
Total white	193,202	169,871	144,879	24,991	23,331
Total other	12,098	9,951	7,119	2,832	–
Census region					
Northeast	51,819	45,209	36,240	8,969	6,610
Midwest	63,384	55,312	46,571	8,741	8,072
South	94,504	77,964	63,250	14,714	16,540
West	61,297	49,683	38,392	11,291	11,613

^a Includes persons with unknown employment status and marital status.

^b For individuals age 16 and over.

– Sample size too small to produce reliable estimates.

Source: Center for Cost and Financing Studies, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey Household Component, 1999.

Table B. Health insurance coverage of the civilian noninstitutionalized population: Standard errors by type of coverage and selected population characteristics, United States, first half of 1999
Corresponds to Table 1

Population characteristic	Private	Public only	Uninsured
	Standard error		
Total ^a	0.97	0.74	0.60
Total under age 65 ^a	1.03	0.74	0.69
Age in years			
Under 4	2.64	2.37	1.44
4-6	2.57	2.38	1.61
7-12	2.12	1.69	1.22
13-17	2.17	1.81	1.52
Total under 18	1.84	1.52	1.03
18	3.75	3.17	2.83
19-24	2.30	1.18	2.00
25-29	2.00	1.15	1.66
30-34	1.83	0.99	1.49
35-54	1.00	0.59	0.83
55-64	1.66	1.02	1.35
18-64	0.80	0.49	0.65
65 and over	1.40	1.38	*0.19
Employment status^b			
Employed	0.71	0.38	0.62
Not employed	1.24	1.07	0.87
Sex			
Male	1.02	0.70	0.69
Female	1.04	0.86	0.66
Race/ethnicity			
Total Hispanic	1.81	1.17	1.64
Total black	2.68	2.26	1.44
Total white	0.91	0.75	0.60
Total other	4.66	4.39	2.45
Hispanic male	2.05	1.17	2.00
Black male	2.56	2.06	1.91
White male	1.04	0.76	0.68
Other male	5.85	4.84	3.13
Hispanic female	1.95	1.64	1.80
Black female	3.14	2.75	1.38
White female	0.97	0.88	0.74
Other female	4.60	4.63	2.98

Continued

Table B. Health insurance coverage of the civilian noninstitutionalized population: Standard errors by type of coverage and selected population characteristics, United States, first half of 1999 (*continued*)
Corresponds to Table 1

Population characteristic	Private	Public only	Uninsured
	Standard error		
Marital status^b			
Married	0.89	0.68	0.56
Widowed	2.06	2.11	1.03
Divorced	1.85	1.15	1.64
Separated	4.11	3.28	3.41
Never married	1.19	0.87	1.05
Metropolitan statistical area (MSA)			
MSA	1.09	0.83	0.69
Non-MSA	1.83	1.52	1.27
Census region			
Northeast	1.61	1.73	1.22
Midwest	2.11	1.48	1.36
South	1.82	1.23	1.12
West	2.27	1.73	0.99

^a Includes persons with unknown employment status and marital status.

^b For individuals age 16 and over.

* Relative standard error is greater than or equal to 30 percent.

Source: Center for Cost and Financing Studies, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey Household Component, 1999.

Table C. Health insurance coverage of the civilian noninstitutionalized population under age 65: Standard errors by type of coverage and selected population characteristics, United States, first half of 1999
Corresponds to Table 2

Population characteristic	Private	Public only	Uninsured
	Standard error		
Total ^a	1.03	0.74	0.69
Employment status^b			
Employed	0.72	0.33	0.64
Not employed	1.62	1.24	1.31
Sex			
Male	1.07	0.67	0.78
Female	1.15	0.89	0.75
Race/ethnicity			
Total Hispanic	1.90	1.20	1.73
Total black	2.85	2.38	1.56
Total white	0.99	0.75	0.70
Total other	4.85	4.69	2.68
Hispanic male	2.13	1.12	2.09
Black male	2.68	2.15	2.02
White male	1.11	0.73	0.78
Other male	5.70	5.04	3.34
Hispanic female	2.03	1.70	1.90
Black female	3.39	2.93	1.54
White female	1.09	0.88	0.86
Other female	4.92	4.95	3.26
Marital status^b			
Married	0.94	0.61	0.68
Widowed	4.29	3.32	3.74
Divorced	1.99	0.91	1.81
Separated	4.14	3.31	3.71
Never married	1.19	0.86	1.08
Metropolitan statistical area (MSA)			
MSA	1.17	0.83	0.78
Non-MSA	1.96	1.50	1.48
Census region			
Northeast	1.62	1.72	1.36
Midwest	2.37	1.66	1.51
South	1.95	1.14	1.33
West	2.33	1.72	1.11

^a Includes persons with unknown employment status and marital status.

^b For individuals age 16 and over.

Source: Center for Cost and Financing Studies, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey Household Component, 1999.

Table D. Health insurance coverage of the civilian noninstitutionalized population: Standard errors by type of coverage and perceived health status, United States, first half of 1999
Corresponds to Table 3

Population characteristic	Private	Public only	Uninsured
	Standard error		
Total under age 65 ^a	1.03	0.74	0.69
Total age 65 and over ^a	1.40	1.38	*0.19
Perceived health status, under age 65			
Excellent	1.27	0.81	0.97
Very good	1.19	0.79	0.97
Good	1.48	1.28	1.20
Fair	2.53	2.15	1.91
Poor	3.98	3.85	2.67
Perceived health status, age 65 and over			
Excellent	3.30	3.27	*0.51
Very good	2.74	2.73	*0.26
Good	2.45	2.44	*0.09
Fair	2.94	3.00	*0.56
Poor	5.09	5.02	*1.01

^a Includes persons with unknown perceived health status.

* Relative standard error is greater than or equal to 30 percent.

Source: Center for Cost and Financing Studies, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey Household Component, 1999.

Table E. Total population and uninsured persons under age 65: Standard errors by selected population characteristics, United States, first half of 1999
Corresponds to Table 4

Population characteristic	Percent distribution of population	Percent uninsured	Percent distribution of uninsured population
	Standard error		
Total ^a	(^b)	0.69	(^b)
Age in years			
Under 4	0.24	1.44	0.47
4-6	0.23	1.61	0.47
7-12	0.31	1.22	0.57
13-17	0.28	1.52	0.60
Total under 18	0.50	1.03	1.16
18	0.17	2.83	–
19-24	0.37	2.00	0.85
25-29	0.31	1.66	0.79
30-34	0.35	1.49	0.54
35-54	0.50	0.83	1.18
55-64	0.35	1.35	0.88
Sex			
Male	0.41	0.78	1.06
Female	0.41	0.75	1.06
Race/ethnicity			
Total Hispanic	0.97	1.73	2.16
Total black	1.19	1.56	1.73
Total white	1.12	0.70	2.25
Total other	0.53	2.68	–
Hispanic male	0.47	2.09	1.19
Black male	0.56	2.02	1.00
White male	0.71	0.78	1.43
Other male	0.26	3.34	–
Hispanic female	0.53	1.90	1.12
Black female	0.67	1.54	0.88
White female	0.60	0.86	1.43
Other female	0.31	3.26	–
Marital status^c			
Married	0.63	0.68	1.14
Widowed	0.11	3.74	–
Divorced	0.38	1.81	1.10
Separated	0.14	3.71	–
Never married	0.62	1.08	1.26

Continued

Table E. Total population and uninsured persons under age 65: Standard errors by selected population characteristics, United States, first half of 1999 (continued)
Corresponds to Table 4

Population characteristic	Percent distribution of population	Percent uninsured	Percent distribution of uninsured population
	Standard error		
Census region			
Northeast	1.28	1.36	1.43
Midwest	1.37	1.51	1.92
South	2.22	1.33	2.95
West	2.50	1.11	2.57
Perceived health status			
Excellent	0.70	0.97	1.59
Very good	0.63	0.97	1.32
Good	0.47	1.20	1.36
Fair	0.34	1.91	0.82
Poor	0.13	2.67	–

^a Total includes persons with unknown perceived health status and marital status.

^bNot applicable.

^c For individuals age 16 and over.

– Sample size too small to produce reliable estimates.

Source: Center for Cost and Financing Studies, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey Household Component, 1999.

Table F. Health insurance coverage of the civilian noninstitutionalized population: Standard errors by type of coverage and selected population characteristics, United States, first half of 1999
Corresponds to Table A

Population characteristic	Any coverage	Any private coverage	Public only	Uninsured
Standard error in thousands				
Total ^a	10,265	9,067	2,421	2,415
Total under age 65 ^a	9,207	8,490	1,965	2,429
Age in years				
Under 4	783	662	427	235
4-6	645	515	370	224
7-12	1,139	1,071	428	327
13-17	1,107	924	430	353
Total under 18	3,031	2,648	1,267	844
18	407	384	–	–
19-24	879	861	235	521
25-29	1,048	1,053	–	418
30-34	991	988	–	296
35-54	3,560	3,241	586	890
55-64	1,249	1,198	253	354
65 and over	1,566	976	825	–
Employment status^b				
Employed	5,565	5,429	519	1,357
Not employed	2,806	1,888	1,308	811
Sex				
Male	5,214	4,715	1,083	1,300
Female	5,219	4,459	1,495	1,276
Race/ethnicity				
Total Hispanic	1,490	1,051	626	1,061
Total black	2,803	2,166	1,091	720
Total white	8,268	7,505	1,672	1,842
Total other	1,366	996	721	–
Census region				
Northeast	3,146	2,496	1,148	584
Midwest	3,265	2,974	1,062	868
South	6,029	5,379	1,396	1,734
West	6,921	6,128	1,203	1,306

^a Includes persons with unknown employment status and marital status.

^b For individuals age 16 and over.

– Sample size too small to produce reliable estimates.

Source: Center for Cost and Financing Studies, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey Household Component, 1999.

**U.S. Department of Health
and Human Services**
Public Health Service
Agency for Healthcare
Research and Quality
2101 East Jefferson Street
Suite 501
Rockville, MD 20852

Official Business
Penalty for Private Use \$300

PRSR STD
POSTAGE & FEES PAID
PHS/AHQ
Permit No. G-282



AHRQ Pub. No. 01-0011
December 2000

ISBN 1-58763-022-2
ISSN 1531-5665