

**Delawareans Without Health Insurance  
2003**

**prepared for  
the Delaware Health Care Commission**

**by**

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## Executive Summary

Delawareans are doing better than the nation and the region in obtaining health insurance. Less than 10 percent of Delaware's population was without health insurance in 2003, down from almost 14 percent in 1999. Currently 77,000 people are without health insurance. The uninsured rate for the region, which includes Maryland, Pennsylvania, New Jersey and New York was 14.1 percent. The national rate is 15.2%.

Research suggests that the uninsured are more likely to delay seeking primary care. They are also less likely to be screened for cancer and cardiovascular disease and as a result are apt to be diagnosed in the later stages of the disease.

The uninsured are six times more likely to say they use the emergency room for their health care and are five times more likely than those that have health insurance to say they could not see a doctor because of the cost. However, the uninsured assess their current health slightly lower than those that have health insurance.

The biggest reasons for the overall drop in the uninsured are the expansion of the programs that insure children, SCHIP and Medicaid. Increases in Medicaid participation among adults have also been a factor. Still more than 23% of the uninsured are likely qualified for either Medicaid or SCHIP and have yet to enroll in either program.

While these results are quite favorable, health care costs are beginning to rise again. This makes employers reassess the benefits they offer employees. This is also taking place at the end of a recession and a slow recovery with little job growth.

Who are the 77,000 uninsured?

- 21% are under the age of 18
- 22% are adults not in the labor force
- 41% are adults working full-time
- 55% are male
- 72% are White
- 20% are Hispanic
- 21% live alone
- 34% with household income over \$50,000
- 72% own or are buying their home
- 4% are self-employed
- 14% are non-citizens
- 83% are above the poverty line

## Introduction

The Delaware Health Care Commission has, since its inception, been concerned about access to health care for all Delawareans. While that is not its only focus, since the Commission's mandate is broad, improving access to health care is a primary goal. Access to health care has several dimensions. One of those dimensions is covered in this report, and that is health insurance coverage. Those with health insurance typically enjoy greater access to health care providers than do those who are without it.

Persons who do not have health insurance are still likely to require medical care at some point in time. When they do require such services, their condition may be significantly worse than had it been detected and addressed at an earlier stage. In addition, the uninsured will tend to use one of the most expensive providers, the emergency room. Ultimately, providers must cover all of their costs. Services delivered to the insured and the uninsured alike, figure into that cost. As a result, some of the cost of services provided to the uninsured is shifted to the insured population. This raises the overall cost of fringe benefits to employers.

To better understand the nature of the uninsured population, the Delaware Health Care Commission has been monitoring its size and structure for a number of years. This report is a significant update and offers both new information and analysis. It adds information for the year 2003 to the database. **This is the second year in which the estimates for the most recent three-year averages fully reflect data that formally verifies a person's health insurance status. This change was first introduced in 2000. Data gathered in years prior to 2000 was adjusted indirectly to produce a consistent time series. Also, the Current Population Survey in Delaware was increased in size by about 500 households, in order to provide better estimates of the impact of the SCHIP program. This has the effect of decreasing sampling error in the entire survey as well.**

The report has three major sections. In the first section, the current status of the uninsured in Delaware and the region (DE, MD, PA, NJ, and NY) is discussed. A time series, beginning in 1982 and ending in 2003 is used to show any trends. The second section focuses on the labor market in Delaware and existing and future trends that might affect employer provided health coverage. The third section contains information on health insurance coverage for a variety of demographic variables. The implications of current demographic trends are also considered in this section.

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# The Uninsured

## Background

Two primary sources of data are available for measuring access to health insurance in Delaware. The first source is the March Current Population Survey (CPS), conducted annually by the U.S. Bureau of Census. The second source is the Behavioral Risk Factor Surveillance System, conducted monthly for the U.S. Centers for Disease Control and Prevention by the Center for Applied Demography & Survey Research at the University of Delaware, through the Delaware Division of Public Health. Both sources are valuable in their own right, but each has associated advantages and disadvantages.

The CPS is conducted monthly throughout the nation and is designed to measure the unemployment rate and other employment related statistics for the 50 states and the nation. Some 78,310 households were interviewed in the sample in March 2003 and data was gathered on 216,424 persons in those households. Each month, the basic employment information is gathered along with optional information that changes from month to month. The March CPS is usually referred to as the annual demographic file, since it captures a broad array of demographic information along with basic employment data. Part of that demographic information concerns health insurance coverage.

In Delaware, the 2003 March CPS involved 1,009 households monthly, containing 2,850 persons. This sample size is sufficient for producing statewide estimates on a wide variety of demographic indicators. When measuring the percentage of the population without health insurance, for example, the accuracy is approximately +/- 0.8%. Three-year averages can be reported reliably at the county level although the accuracy is less.

The health insurance questions were added to the CPS in 1982. There were modifications to the questions in 1989 and again in 1995. However, a consistent data series can be constructed in spite of the changes. One aspect of the health insurance questions, time frame, is important to understand, since it differs between the three primary sources of data. The questions on the CPS are asked with reference to the previous year. Thus, in March 2003, respondents were asked about health insurance coverage in 2002. However, there is considerable evidence to suggest that the responses given are highly correlated with their current health insurance status or at least to

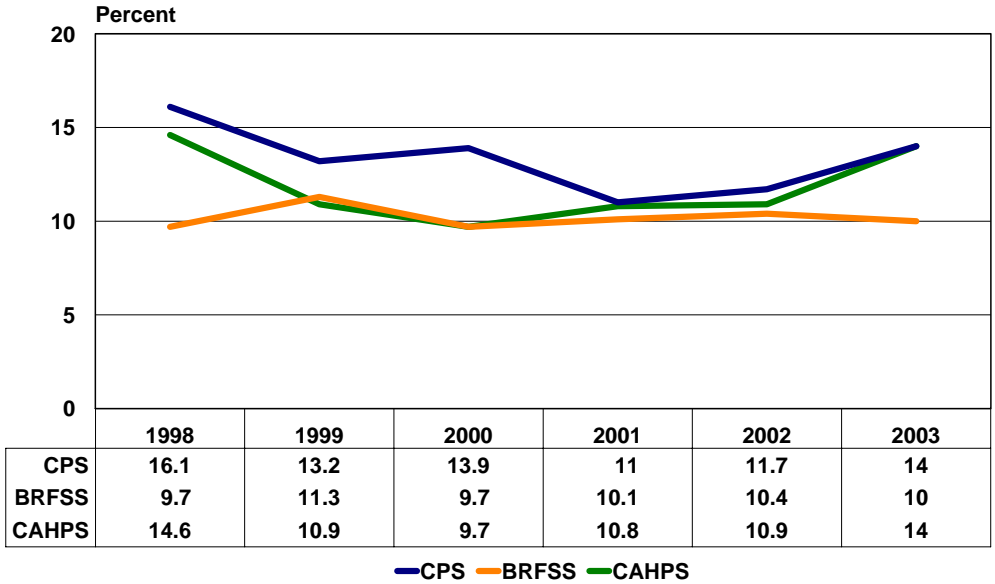
the current quarter. The U.S. Bureau of Census conducted significant parallel testing between the Survey of Income and Program Participation (SIPP) and the Current Population Survey. The SIPP sample of households is part of a panel that is re-interviewed quarterly for more than two years. Thus, the survey is able to more accurately follow the respondent's health insurance status over time. The comparisons of estimates of health insurance coverage obtained from the CPS show a strong relationship between the SIPP responses and the CPS responses at the time the questions were asked. Thus, for purposes of this report, the year referenced in the tables and text always refers to the year in which the survey was conducted.

The second source of health insurance information is the Behavioral Risk Factor Surveillance System (BRFSS). The survey has been carried out by the Center for Applied Demography & Survey Research since 1990. The sample consists of residents of the state who are 18 years old or older. Each month approximately 330 households are contacted statewide and then an adult respondent is randomly chosen from within each household to be interviewed. The survey is wide-ranging. Among the questions asked are whether the person being interviewed currently has health coverage. If they are not covered, they are asked how much time has elapsed since they were covered. The limitation of BRFSS is that it only represents adults. However, the sample size is sufficient to obtain county level estimates that are more accurate than those that can now be obtained from the CPS.

The third source of information about health insurance status comes from the Consumer Assessment of Health Plans survey of 1800 Delaware adults conducted annually since 1998. The Delaware Healthcare Commission currently sponsors this work. While the sample is smaller than the BRFSS, the CAHPS contains information about the uninsured and their healthcare not found in either BRFSS or the CPS. Together the BRFSS, CAHPS, and the CPS provide a powerful set of data for understanding the health insurance problems in Delaware today. A comparison of the three measures of the uninsured among Delaware's adults is provided in the figure below.

The figure clearly shows that the CPS estimates have been above those of the other two surveys during this five-year period. As the verification information was added to the CPS survey, those estimates became congruent with CAHPS and BRFSS.

**Figure 1-1  
Comparison of the Uninsured Measured by Alternative Data Sources  
Adults 18-64**



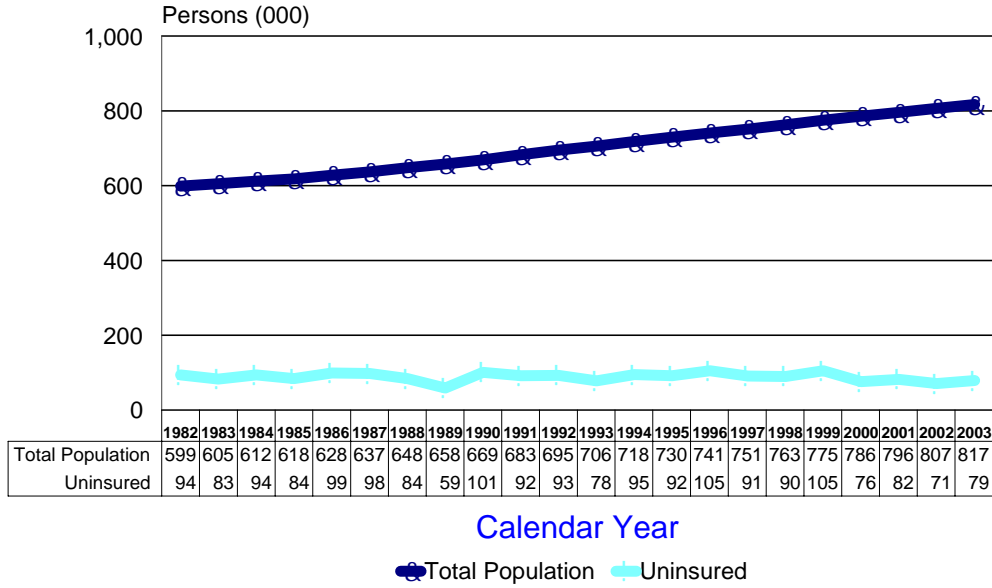
Source: Center for Applied Demography & Survey Research, University of Delaware  
 US Bureau of Census, Current Population Survey, March 1999-2003  
 Delaware Health Care Commission, 1998-2003 CAHPS Survey  
 Delaware Health and Social Services, 1998-2003 Behavioral Risk Factor Surveillance System

In the balance of this section, the current estimates of the uninsured will be presented. In addition, time series information will be used to show trends contained within those estimates. Finally, county level estimates will be provided along with a comparison of Delaware with the larger region.

**The Uninsured 1982-2003**

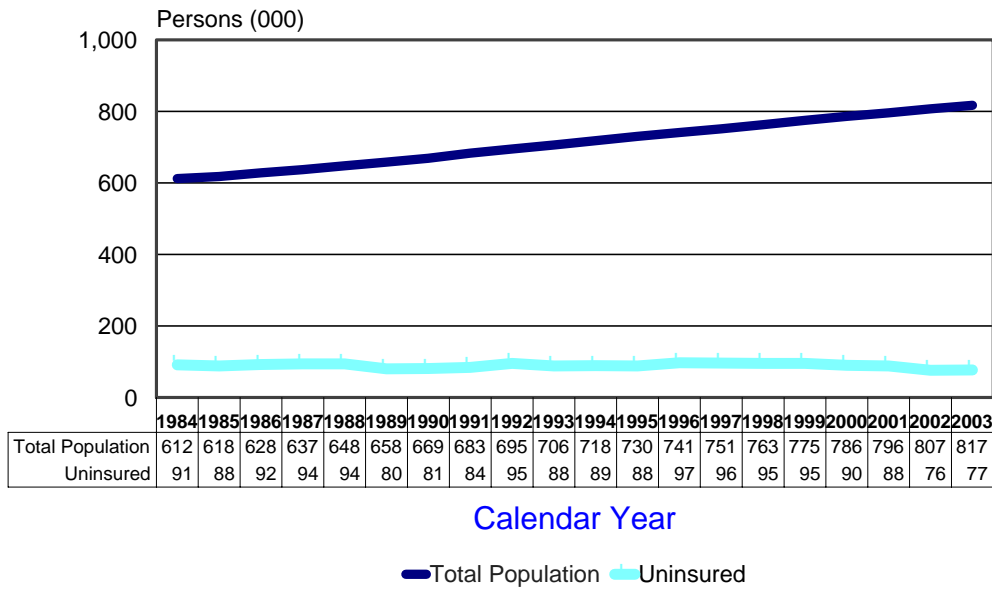
The point estimates for the number of persons without health insurance from 1982 to 2003 are shown in Figure 1-2 below. The term “point estimate” is used here to describe the results obtained from the CPS for a single year. There are several general observations that can be made about the information contained in this figure. First, the number of persons without

**Figure 1-2**  
**Estimated Persons without Health Insurance**  
**in the State of Delaware**



Source: Center for Applied Demography & Survey Research, University of Delaware  
 US Bureau of Census, Current Population Survey, March 1982-2003

**Figure 1-3**  
**Estimated Persons without Health Insurance**  
**in the State of Delaware (3-year average)**



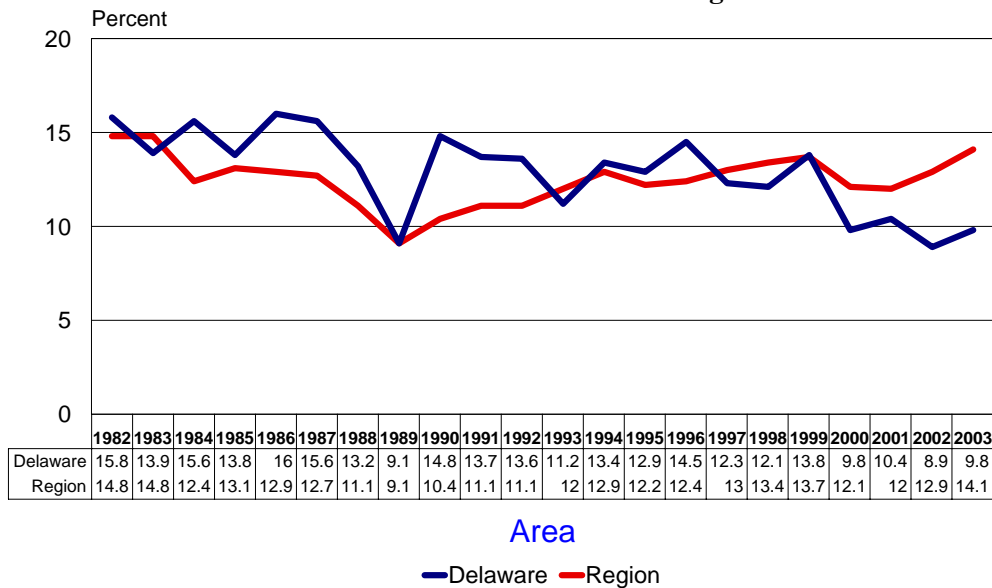
Source: Center for Applied Demography & Survey Research, University of Delaware  
 US Bureau of Census, Current Population Survey, March 1982-2003

health insurance in 2003 (79,000) increased somewhat during the past year. Last year’s estimate (71,000) was probably the result of random variation since it represented a substantial drop from the prior year (82,000).

Second, while the number of uninsured has been reasonably stable, the population of Delaware has increased by more than 218,000 since 1982. Had the number of uninsured kept pace with population growth, there would have been more than 49,000 additional persons without health insurance in 2003 based on the one-year estimate. Clearly, there are other factors operating that impact the number of uninsured apart from population growth.

Figure 1-3 shows the same information as a three-year moving average. This tends to remove some of the year-to-year fluctuations that are due to random variation associated with sample surveys. The number of uninsured varies between 77,000 and 97,000 over the entire period, which is a relatively small range given that the standard error is about 13,000. The sudden increase in the 1996 estimate appears to have been a statistical artifact that was not confirmed in either 1997 or 1998 (see Figure 1.2 above). A similar pattern occurred in 1999-2001. The 3-year average tends to moderate those movements.

**Figure 1-4**  
**Percent of Persons without Health Insurance**  
**for Delaware and the Region**



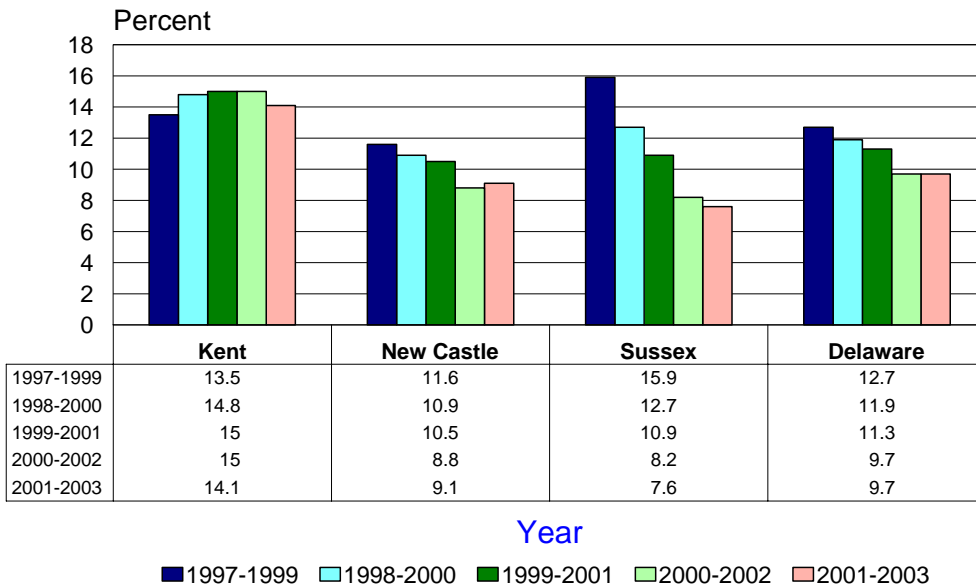
Source: Center for Applied Demography & Survey Research, University of Delaware  
 US Bureau of Census, Current Population Survey, March 1982-2003

The point estimates for the proportion of the population in Delaware without health insurance, shown in Figure 1-4 above, have also shown distinct improvement since their recent

peak in 1996. The rate has fallen over the years from about 15% in the 1982-1987 time period to approximately 10.0% in the early 2000s. Some of this is undoubtedly due to legislative and policy initiatives, but at least some of the shift may be attributed to favorable demographics. In either case, Delaware is better off.

Also found in Figure 1-4 are comparative rates for the region which includes Maryland, Pennsylvania, New Jersey, and New York. From 1982 through 1992 Delaware’s percentage of uninsured tended to be about 2% higher than that calculated for the entire region. However, as the graph shows, the percentage in the region began to rise after 1989 and has been flat or higher until very recently. Delaware’s rates, although more variable, tended to fall during the same period. At least part of this has to do with Delaware’s economy, until recently a job creation machine that was even able to absorb the impact of major job cuts by some of the state’s larger employers. The CHIP program and the liberalization of Medicaid also contributed to the decline.

**Figure 1-5**  
**Percent of Persons without Health Insurance in Delaware**  
**by County (3-year average)**

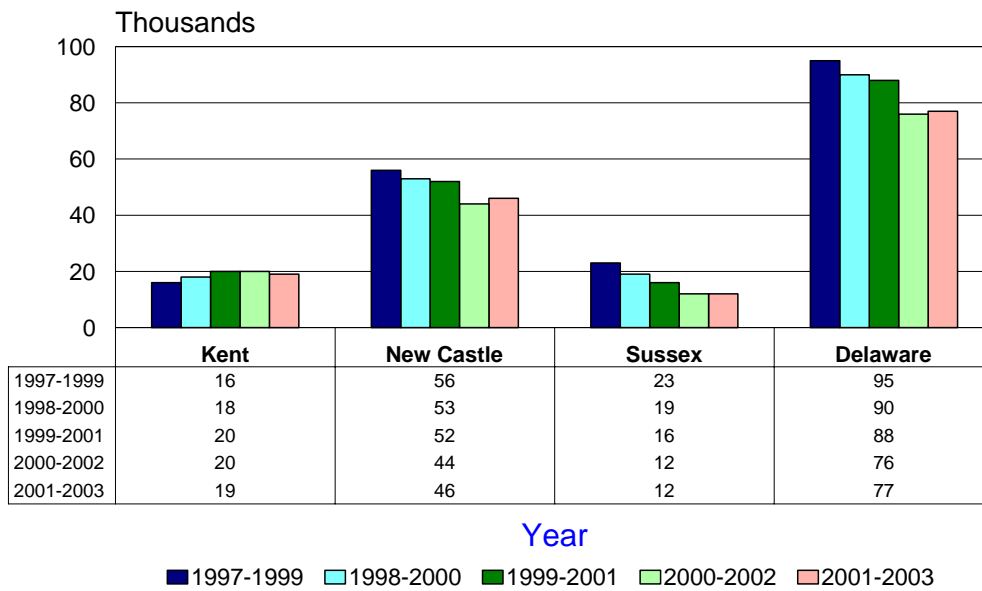


Source: Center for Applied Demography & Survey Research, University of Delaware  
 US Bureau of Census, Current Population Survey, March 1997-2003

Since 1996, the Census Bureau has provided county level identifiers on the CPS data. The sample sizes are sufficient to produce some rudimentary estimates at the county level. Since the sample sizes are small in Kent and Sussex counties, more random variation can be expected. The percentage of uninsured in each county is found in Figure 1-5, above. These three-year

averages show significant differences between the county rates. Residents of New Castle County enjoy the lowest rate consistently during the three-year period and the rate has been declining. Kent County is highest, with the percentage of uninsured averaging close to 15%. Kent County residents are more than 40% more likely to be without insurance than those in New Castle County. This, in part, is attributable to less robust economic conditions in Kent County, which have persisted for sometime.

**Figure 1-6  
Persons without Health Insurance in Delaware  
by County (3-year average)**



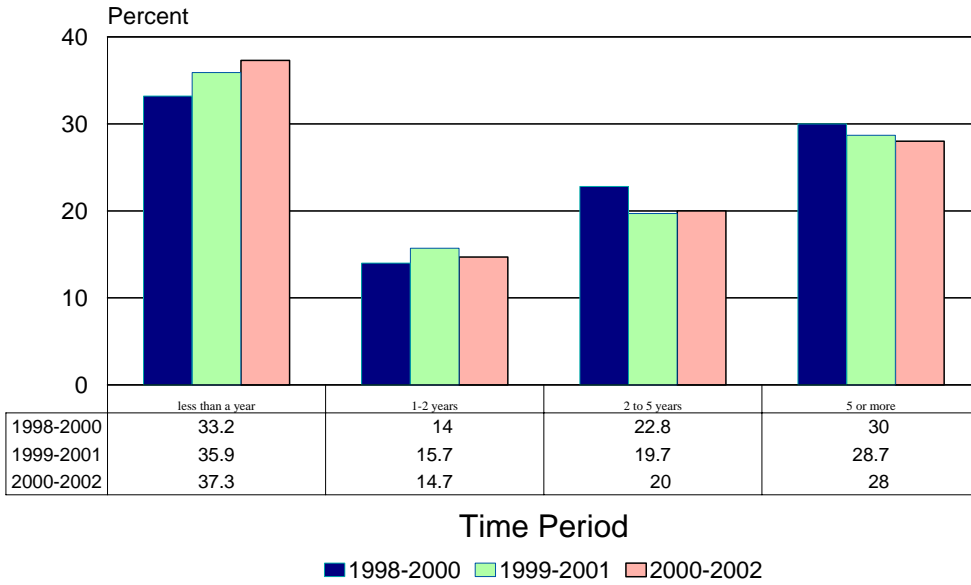
Source: Center for Applied Demography & Survey Research, University of Delaware  
US Bureau of Census, Current Population Survey, March 1997-2003

The estimates of uninsured persons by county are provided in Figure 1-6, above. New Castle County residents are the most numerous even though the rate is significantly lower. Almost 60% of the uninsured reside in New Castle County. The only major change is a substantial reduction in the uninsured living in Sussex County.

There are several interesting questions that can be addressed by either the BRFSS or the CAHPS, information particularly about those who are without health insurance. Those respondents were asked, “About how long has it been since you had health coverage?” Their answers are displayed in Figure 1-7, below. The data is reported as a three year average since there is a great deal of variability in the responses given the sample size is constrained to the number of persons currently without health insurance. Even with that constraint, the results are quite consistent. A little more than 37% of the uninsured respondents report being without

insurance for up to a year. These data suggest that the majority (almost 63%) of Delaware’s uninsured adults have remained uninsured for a significant amount of time. The longer the period an individual is without coverage, the higher the likelihood that they will develop a need for medical services.

**Figure 1-7**  
**Length of Time without Health Insurance in Delaware**  
**1998-2002**



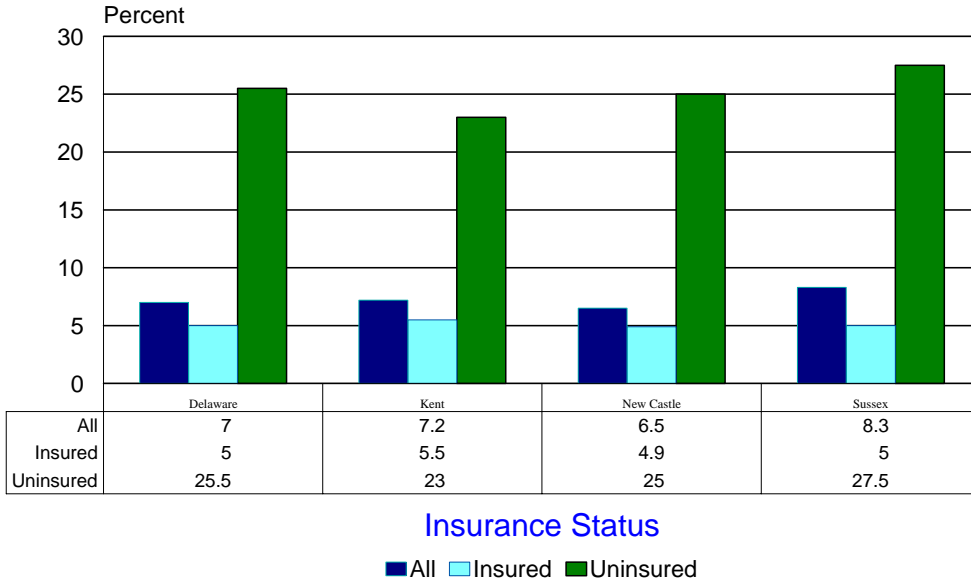
Source: Center for Applied Demography & Survey Research, University of Delaware  
 Delaware Health Care Commission, 1998-2003 CAHPS Survey

If 63% of adult Delawareans remain uninsured for one year or more, there is a high likelihood that they may need medical services of some kind. In addition, it is also likely that routine preventative measures may be overlooked. The BRFSS gives some insight to this issue in a question addressed to all respondents. They were asked if they had needed to see a doctor in the past 12 months but could not because of the cost. Their answers are tabulated in Figure 1-8, below.

About 5% of the people who currently had health insurance answered affirmatively to that question. In contrast, those currently uninsured were five times more likely to say that they had to forego a visit with a doctor. Those same results apply equally well across the three counties.

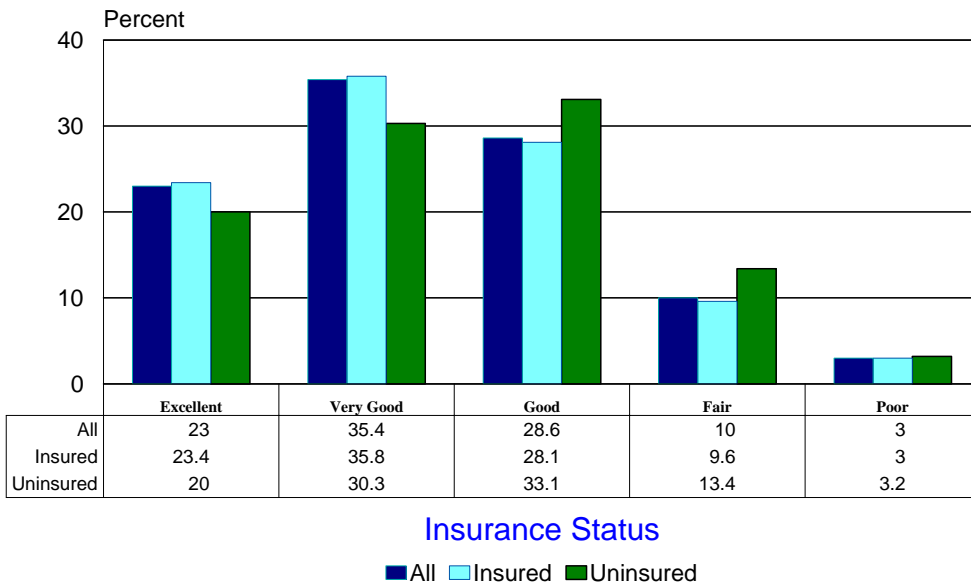


**Figure 1-8**  
**Needed a Doctor but too Costly**  
**by Insurance Status and County**



Source: Center for Applied Demography & Survey Research, University of Delaware  
 Delaware Health and Social Services, 2000-2003 Behavioral Risk Factor Survey

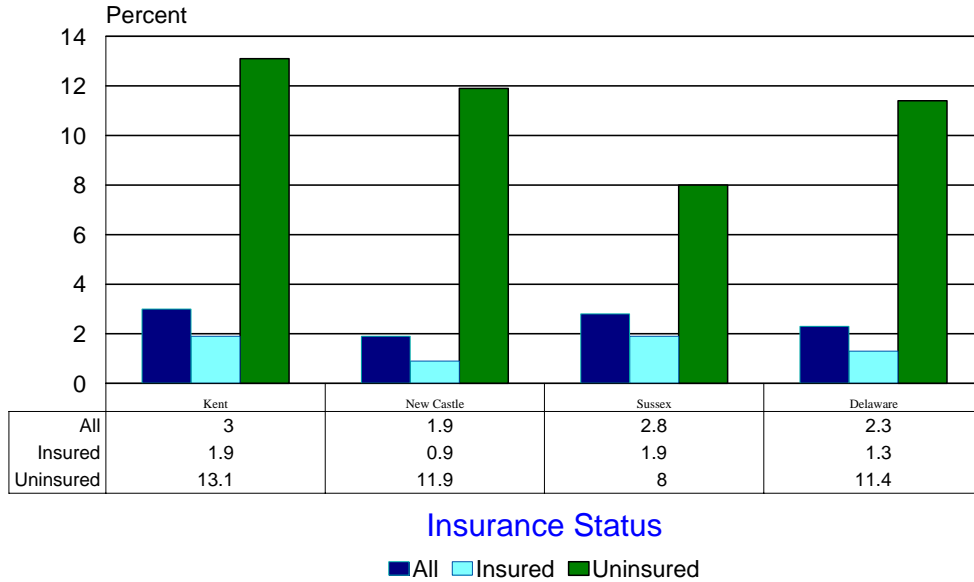
**Figure 1-9**  
**Health Status**  
**by Insurance Status**



Source: Center for Applied Demography & Survey Research, University of Delaware  
 Delaware Health and Social Services, 2001-2003 Behavioral Risk Factor Survey

There is also reason to be concerned about the uninsured and their need for medical coverage. They may need a doctor more often if their health status is less positive than those who are insured. Evidence to this possibility is found in Figure 1-9 above, where the uninsured tend to be less optimistic about their health status.

**Figure 1-10  
Emergency Room Use  
by Insurance Status**



Source: Center for Applied Demography & Survey Research, University of Delaware  
 Delaware Health and Social Services, 2002 Behavioral Risk Factor Survey

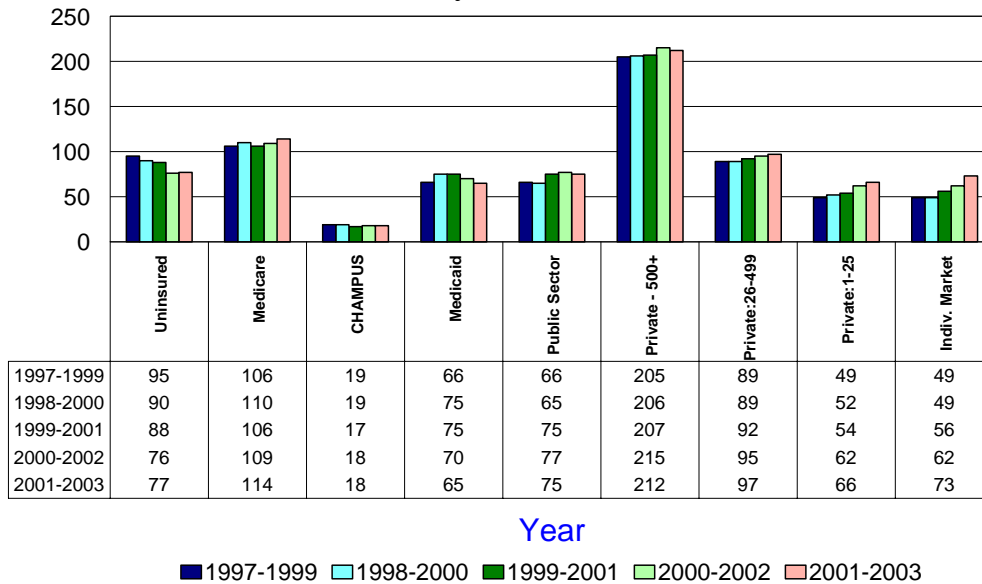
One other often mentioned feature of the uninsured is that they tend to use expensive health services, the emergency room. This position is supported by the data displayed in Figure 1-10 above. A person who reports being without insurance during the last year is far more likely to use the emergency room than their insured counterparts. The data suggest that 10,000 uninsured people could potentially arrive at Delaware’s emergency rooms in a typical year.

Finally, it is useful to understand something about how people obtain their health coverage. This can be particularly important in determining the amount of influence government policy can have on Delaware’s population. Figure 1-11 below shows that Delawareans get their health insurance in many different ways. Excluding the 77,000 uninsured, about 197,000 people receive their health insurance through one of three government programs, Medicare, Medicaid, or one of several military sources (CHAMPUS). Medicare estimates are lower than what the state actually has enrolled (over 100,000). The difference is partly from the fact that people use

multiple sources of insurance during the year and a recognized tendency of the CPS to underestimate this number.

The public sector at all levels insures some 75,000 residents. There is some state data that suggests this number is closer to 85,000. If it is, the numbers covered by the private sector are probably too high. Within the private sector there are two distinct groups. The large employers (more than 500 employees) are largely self-insured and don't utilize the insurance market in a conventional way. These account for the largest single group of residents numbering more than 212,000. The balance, some 236,000 obtain their insurance through smaller employers who purchase various group plans in the insurance market or obtain insurance as individuals.

**Figure 1-11**  
**Number of Persons in Delaware**  
**by Source of Insurance**



Source: Center for Applied Demography & Survey Research, University of Delaware  
 US Bureau of Census Current Population Survey, March 1997-2003

One interesting feature of this information, not found in Figure 1-11, is that many people report having multiple sources of health insurance over the year. For example in 2003, 14.3% of the population reported receiving Medicare, but only 3.8% say that Medicare was the only source of insurance that they had during the year. Similarly, 10.8% reported Medicaid as their source of coverage, but only 4.4% said that it was their only means of coverage. These two situations probably represent two different dynamics. Medicare recipients are quite often carrying additional insurance to cover any medical services not handled by that program. Medicaid

recipients, on the other hand, seem to be more likely to move from some type of group coverage to Medicaid and back again as their life situation changes.

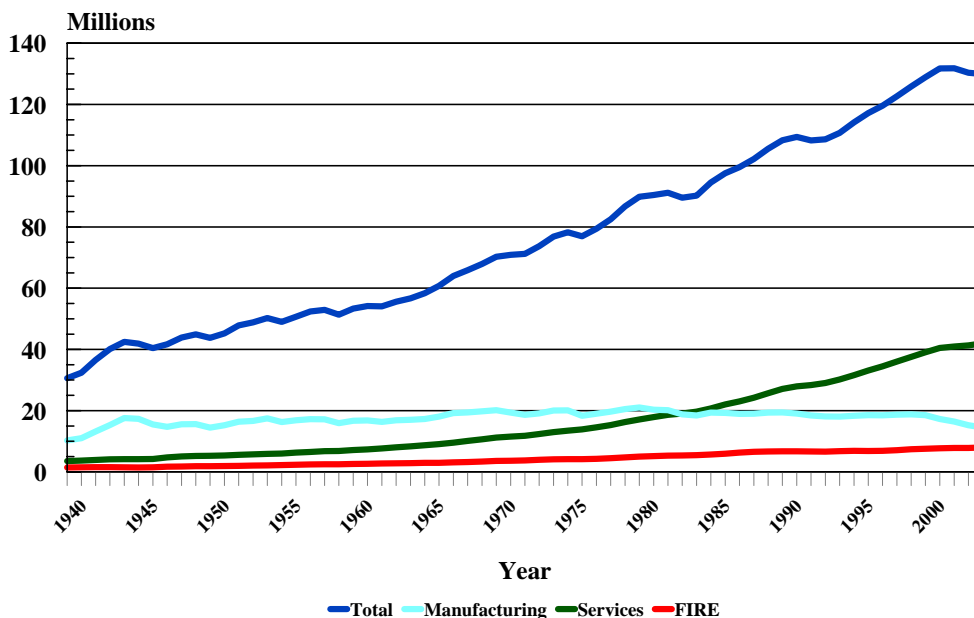
In conclusion, it should be noted that, while at any point there are approximately 9.8% of Delawareans uninsured, the proportion that are uninsured at some point during the year is closer to 19% based on national statistics. The same statistic derived from the Survey of Income and Program Participation, points to a median time without coverage of 5.6 months. This rate is lower than the one shown in Figure 1-7 above because children, who are less likely to experience periods without coverage, are included in the estimate. Overall, it appears that health insurance coverage in Delaware continues in the right direction and, with the addition of Medicaid managed care and the Children's Health Insurance Program, the proportion of uninsured Delawareans will at least be stable absent changes in other demographic and economic variables.

# Labor Market Issues

## Background

Health care coverage is inexorably linked to an individual's employment status along with the type and size of firm for which they work. Many Delawareans have recently experienced more instability in their labor market activity and this has, inevitably, affected aspects of their coverage. The factors producing this increased instability are varied and are both national and international in scope. There are, however, some basic trends that are important to understand since they are affecting and will continue to affect health care coverage in the years to come.

**Figure 2-1**  
**US Non-Agricultural Employment:**  
**Selected Sectors 1939-2003**

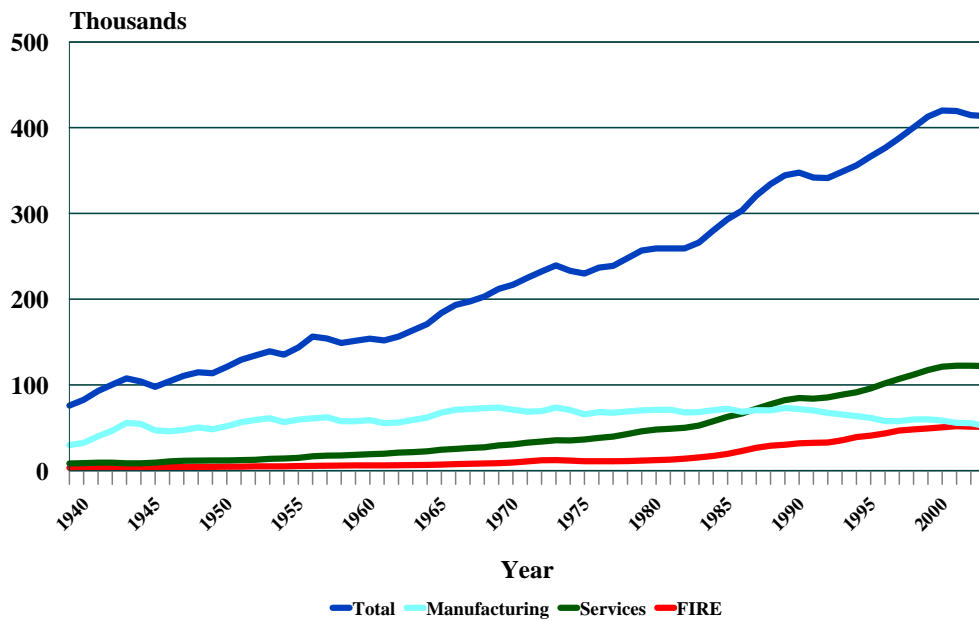


Source: Center for Applied Demography & Survey Research, University of Delaware  
US Bureau of Labor Statistics

In Figure 2-1 above, the total employment for the United States from 1939 through 2003 is shown along with three of the ten employment sectors namely: manufacturing, services, and FIRE (finance, insurance, and real estate). The graph clearly shows the impact that the business cycle has had on total employment in the mid-1970s, the early 1980s, and the early 1990s. All of these economic events are associated with rapid increases in the percentage of persons without health coverage. The more subtle influence is related to the change in the structure of

employment. Manufacturing employment reached its peak in the late 1970s and has been in a steady but very shallow decline for the most part. Service industry employment increased steadily over the entire period and began accelerating its growth when manufacturing employment was at its peak. In 1981, service sector employment surpassed manufacturing employment and today it accounts for nearly twice as much employment as manufacturing. This trend will probably continue unabated for the foreseeable future.

**Figure 2-2**  
**Delaware Non-Agricultural Employment:**  
**Selected Sectors 1939-2003**

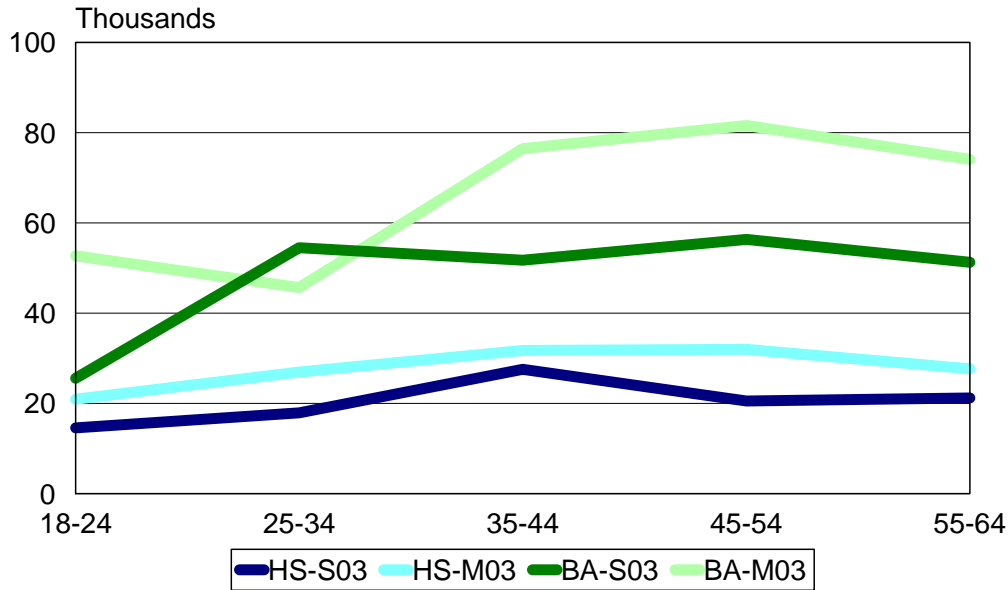


Source: Center for Applied Demography & Survey Research, University of Delaware  
US Bureau of Labor Statistics, Delaware Department of Labor

The pattern was similar in Delaware, although the recession of the mid-1970s was more severe and the later ones were perhaps less damaging than they had been nationwide. For instance, statewide manufacturing employment peaked during 1989. This marked the end of the expansion of the 1980s. Since then, the number of manufacturing jobs available to Delawareans has dropped significantly and continues to fall even today. In 1986, four years after it happened nationally, statewide service industry employment surpassed manufacturing employment. The rate of growth in service sector employment in recent years has slowed somewhat compared with the rate for the U.S. but this has been offset by the incredible growth in the FIRE sector. Employment in the FIRE sector clearly exploded after the passage of the Financial Center

Development Act in the early 1980s. It continued to grow dramatically until the 1990-1991 recession. To most observers’ surprise, the growth re-ignited in 1992 and continued until 2000 when the economic downturn began. A comparison of the trends in Figure 2-1 and Figure 2-2 show this to be a Delaware phenomenon.

**Figure 2-3**  
**Average Annual Earnings by**  
**Sector, Age, and Education**



Source: Center for Applied Demography & Survey Research, University of Delaware  
 US Bureau of Census Current Population Survey, March 2001-2003

The importance of these inter-sector employment shifts is shown in Figure 2-3 above. Figure 2-3 shows the average annual earnings by age, education, and industrial sector. The top two lines represent annual earnings for college graduates in the manufacturing and service sector respectively. The bottom two lines depict the same information for high school graduates in the same two sectors.

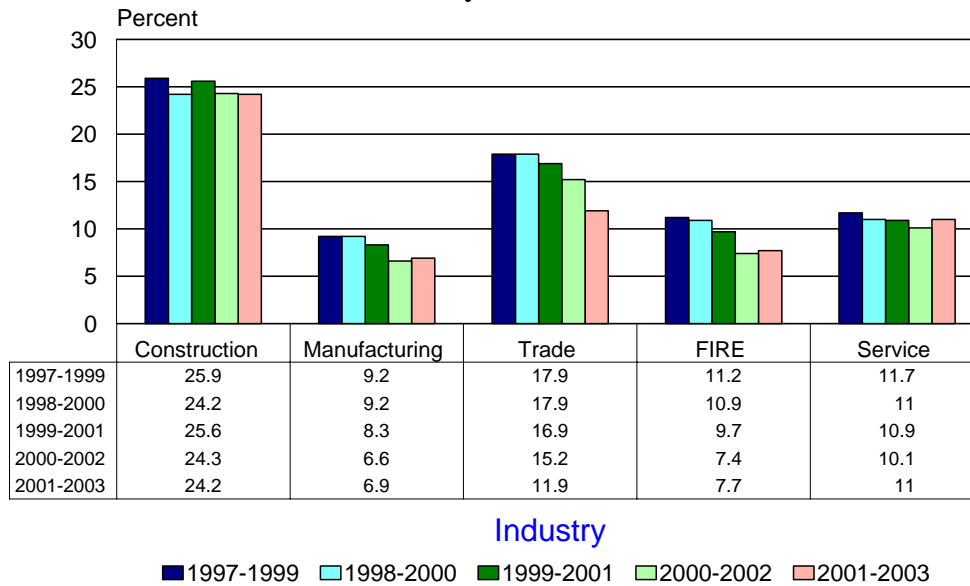
The graph shows a difference of more than \$25,000 in annual earnings between the two sectors for the higher level of education. The spread for high school education is now about \$10,000. If the same health care benefits were offered in both sectors, the cost to employers would be a much larger proportion of the annual salary in the service sector than in manufacturing. This suggests that employees in the service sector will likely be offered fewer benefits.

In addition, those employed in manufacturing are much more likely to be represented in a collective bargaining unit, a union. They are also more likely to work full-time with significant overtime, which further reduces the impact of the cost of benefits on total compensation. In contrast, service sector workers are more likely to be employed by non-union companies and are much more likely to work part-time. These factors, coupled with the increasing number of service sector workers relative to the number of manufacturing workers will tend to increase the number of uninsured or under-insured people.

**Firm Sector and Size**

There are significant differences in both the level and pattern of the uninsured, depending upon the type of industry in which an individual is employed. For instance, according to Figure 2-4 below, construction workers frequently report being uninsured. Although it may be noted that some construction workers are unionized, and are usually provided health coverage, many more are either employed by a non-union company or are self-employed. Overall, it is estimated that about 24% of all construction workers are uninsured.

**Figure 2-4  
Percent of Persons without Health Insurance in Delaware  
by Industrial Sector**



Source: Center for Applied Demography & Survey Research, University of Delaware  
US Bureau of Census, Current Population Survey, March 1997-2003

Many persons employed in the trade industry (retail and wholesale) also find themselves without health coverage. Because this sector is not heavily unionized and is reliant on a large number of part-time workers (most of whom do not qualify for a typical health insurance



package), it is not unexpected that an estimated 12% of those employed in the trade industry currently lack health coverage. The data since 1996 suggest that the trend for this industry is improving.

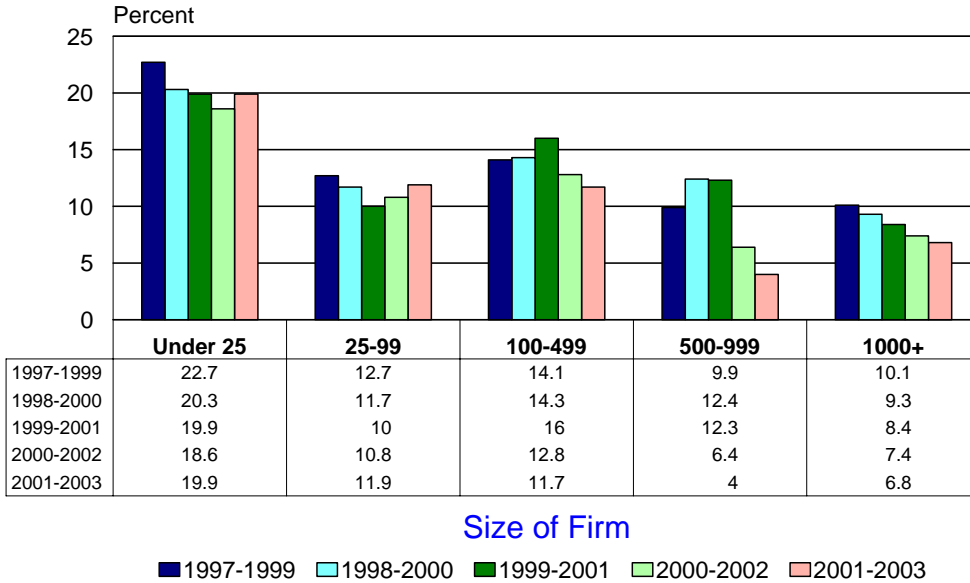
Of the other industries represented in Figure 2-4, approximately 11% of all those employed in the service industry are not offered access to health insurance as part of a benefits package. This number appears to be declining or at least stabilizing over the period. This probably reflects the changing nature of the service industry.

Roughly 7% of those employed in manufacturing and FIRE do not have health coverage. However, the proportion uninsured in the FIRE sector that had appeared to be declining, has now stabilized.

Finally, it also should be pointed out that the differences in coverage between industries are among the largest observed for any variable in this report. The importance of this information relates to the changing structure of the economy. As employment shifts from manufacturing to the service sector, the percentage of uninsured workers increases by more than 4%. The importance of the FIRE sector in Delaware cannot be overestimated at least with respect to health coverage. As the percentage of uninsured in the region has risen, Delaware's rate has either been falling or remaining steady. This appears, in large part, to be related to the accelerating FIRE sector and to a less rapidly growing service sector.

The other important inter-sector shift that is subtler is associated with the nature of downsizing in Delaware's manufacturing sector. A significant portion of those employees who were "downsized" belonged to headquarters support operations as opposed to the factory floor. In many cases, those same employees started or joined firms that supplied services to their previous employer who simply wanted to "out-source" those functions. Many of these new jobs are classified as business services, part of the service sector, and are far from the typical "hamburger flipper" often discussed in the media. This has produced increases in annual earnings in the service sector that bodes well for benefit programs in the future.

**Figure 2-5**  
**Percent of Persons without Health Insurance in Delaware**  
**by Size of Firm**



Source: Center for Applied Demography & Survey Research, University of Delaware  
 US Bureau of Census, Current Population Survey, March 1997-2003

Employees who work for small firms (under 25 employees) are far less likely to have health insurance than those that work for large firms (more than 1000 employees). Figure 2-5 above shows this relationship.

The graph shows that there are two distinct groupings: (1) firms with less than 25 employees where the percentage without health insurance is 20% and (2) firms with more than 500 employees where the percentage of those without health insurance is about 6%. The larger firms are perhaps more likely to be unionized at least to the extent that larger firms have a higher probability of being in sectors such as manufacturing. They are also more likely to pay higher wages, which makes the relative cost of health insurance more tolerable. From a tax perspective, the provision of health insurance also provides a convenient way to increase total compensation.

It appears that those working for smallest firms have improved their health insurance coverage by 10% in comparison with five years ago. Those firms with employees in the range 25-499 have also showed modest improvement. The larger firms with 500 and more employees have reduced their rates significantly.

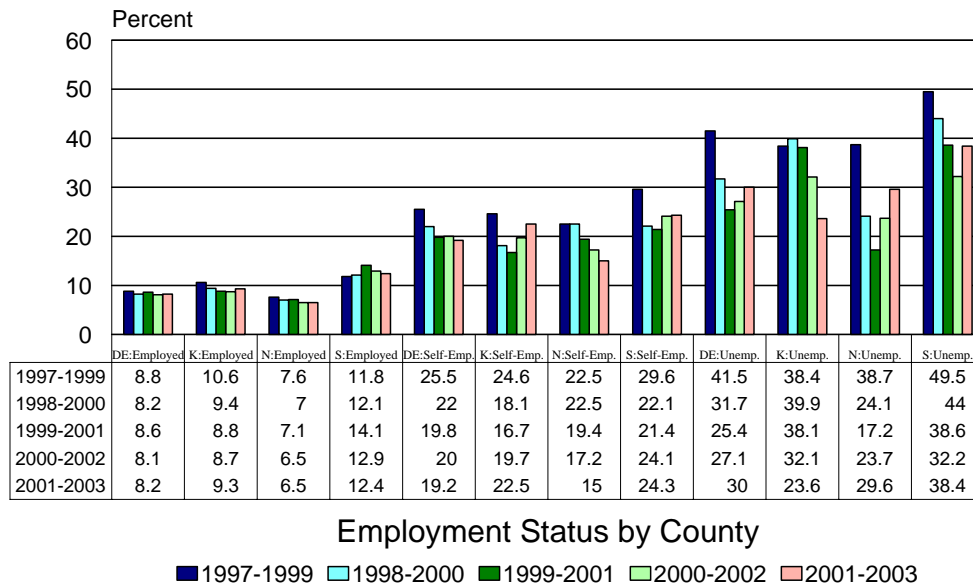
In conclusion, these data suggest that any effort to increase coverage must focus on smaller firms. Those firms will tend to provide lower levels of compensation, will probably use

more part-time employees, and may offer less stable employment. However, they are growing faster and becoming a bigger part of the economy. This fact may tend to mitigate some of the negative factors over time. On the other hand, the large firms with better coverage are becoming smaller and that does not help the long-term outlook. There is no doubt, however, that all of these factors will tend to make the goal of better access to health care a challenge for the foreseeable future.

**Employment Status and Class**

Some form of group health insurance covers approximately 70% of all Delawareans. The majority of them are covered through their employer and therefore any disruption in employment will undoubtedly increase the likelihood that coverage will lapse. Coverage may not automatically lapse since another worker in the family may also cover them, or the employees may extend the coverage through payments themselves, or the individual may qualify for some government plan like Medicaid or Medicare. Still, the disruption is significant as is shown in Figure 2-6, below.

**Figure 2-6  
Percent of Adults without Health Insurance in Delaware  
by County and Employment Status**

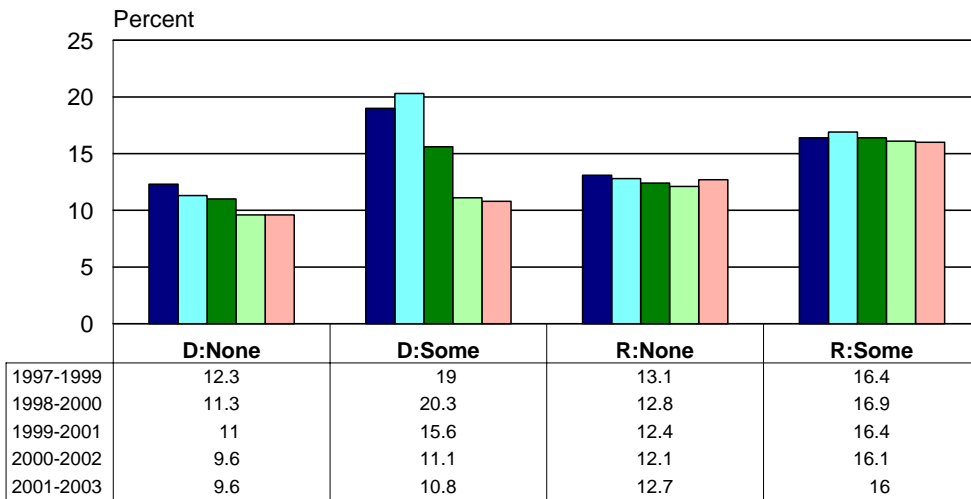


Source: Center for Applied Demography & Survey Research, University of Delaware  
Delaware Health and Social Services, 1997-2003 Behavioral Risk Factor Survey

The information reported in Figure 2-6 shows that the probability of being without health insurance increases by nearly a factor of four when the individual is unemployed. The percentage on the average rises from about 8% to in the vicinity of 30% as the individual’s employment status changes. There is considerably more volatility in the estimates in Kent and Sussex counties because of small sample sizes, but the relationship mirrors that in New Castle County where sample size is not a problem. While those that are self-employed are also found in relatively small numbers in the BRFSS survey, the lack of health insurance is more than twice as prevalent as that of those with traditional employment. In New Castle County, the proportion of self-employed persons that are without health insurance has declined substantially over the past five years.

The other piece of information that deserves comment is the relative differences between the coverage for employed workers in the three counties. The rate in New Castle County is significantly lower than those observed in Kent and Sussex counties. Following the earlier argument, this probably arises from differences in the economic base, since larger firms with higher wages and more stable employment are located primarily in the northern part of the state.

**Figure 2-7**  
**Percent of Persons without Health Insurance**  
**by Receipt of Unemployment Compensation and Area**



**Unemployment Compensation by Area**

■ 1997-1999   ■ 1998-2000   ■ 1999-2001   ■ 2000-2002   ■ 2001-2003

Source: Center for Applied Demography & Survey Research, University of Delaware  
 US Bureau of Census, Current Population Survey, March 1997-2003

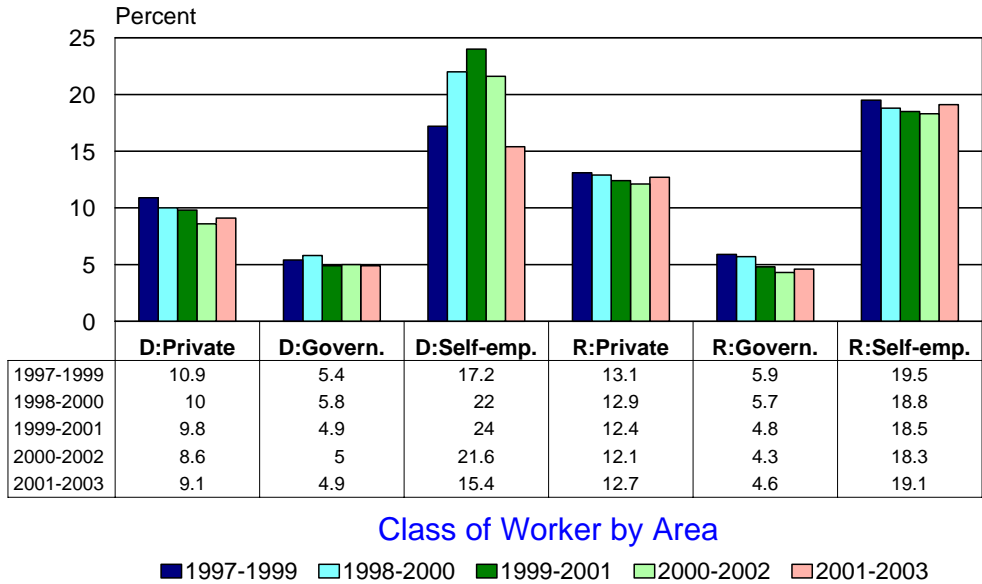
In Figure 2-7 above, further evidence is found about the relationship between insurance coverage and employment status. In this analysis, the receipt of unemployment compensation is

used as an indicator of an interruption of employment at some point during the year. In both Delaware and the region, there is a significant rise in the lack of health coverage associated with receiving benefits. While the effect is more muted than in Figure 2-6, where a more direct measure was available, the percentage is always higher in the region where the sample size permits a better estimate.

The final graph in this section of the report represents the percentage of workers without health insurance in Delaware and the region as indicated by three broad classes namely: private sector workers, government workers, and the self-employed. In Figure 2-8 below, Delaware workers in the private sector average more than 3% fewer uninsured than those in the region. Within the private sector, Delaware seems to be improving slightly over the time period, which is consistent with the increase in workers in the FIRE sector. The rates in the region, for the private sector, have stabilized.

It is no surprise that government employees both in Delaware and the region are far more likely to have health insurance than the private sector in general. Government rates are comparable with very large private sector firms operating in a unionized work place. The only government workers who are likely to lack coverage are temporary/part-time workers or private contractors.

**Figure 2-8**  
**Percent of Persons without Health Insurance**  
**by Class of Worker and Area**



Source: Center for Applied Demography & Survey Research, University of Delaware  
 US Bureau of Census, Current Population Survey, March 1997-2003

A more interesting structural shift, which has been underway for some time, is that government workers are representing a smaller proportion of the labor force, since that sector is growing less rapidly than employment overall. This implies that the percentage of uninsured workers will tend to rise, even if all the rates within these classes remain constant.

The information about the self-employed corroborates the information from the BRFSS discussed earlier. The data for the region, however, shows that the significant upward trend previously identified has moderated. There is a variety of potential explanations. One reason, which is consistent with other data, is that tight labor markets have allowed many of those previously classified as “self-employed” to find work and to gain benefits. Those that remain self-employed are likely to be financially stronger and better able to obtain health insurance.

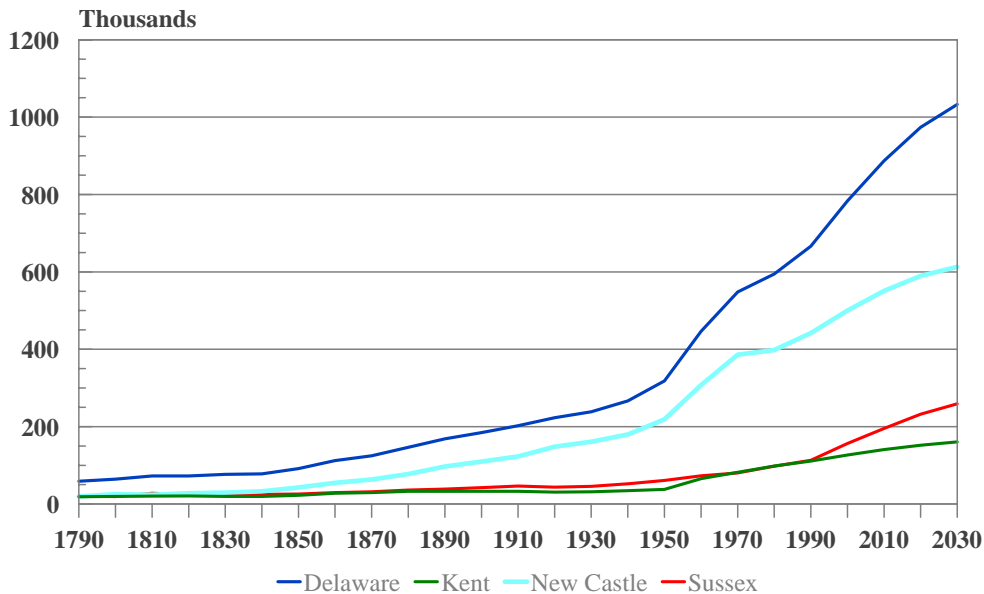
# Demographic Characteristics

## Background

Labor market characteristics are only some of the variables that play a role in influencing the proportion of people without health insurance. Demographic variables also may help explain a population’s lack of health insurance. Others simply provide a convenient method for describing this condition among subsets of the population. Both will be addressed in this section.

Before returning to the health insurance issue, a few important factors driving population growth need to be addressed. In the first section of the report, it was reported that the number of uninsured had remained reasonably stable while the population increased substantially. There are, however, some recent indications, also discussed in the previous section, that future population increases could be accompanied by increasing numbers of uninsured. For that reason, it is important to understand how Delaware is growing.

**Figure 3-1  
Population of Delaware and Counties**



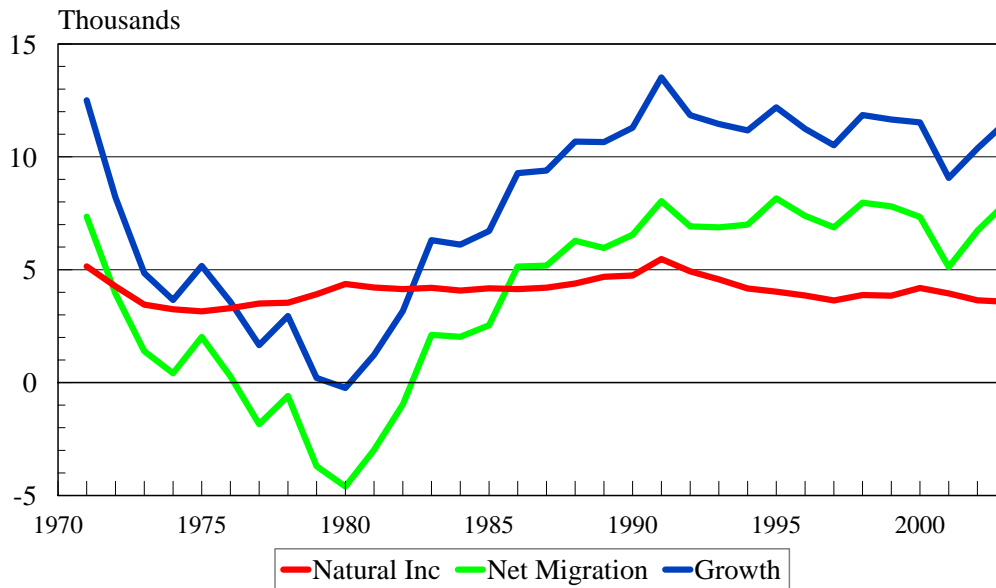
Source: Center for Applied Demography & Survey Research, University of Delaware  
US Bureau of Census, Decennial Census 1790-2030  
Delaware Population Consortium, October 2003

In Figure 3-1 above, the pattern of population growth for the state and for each county is shown from the first U.S. census in 1790 through the current 30-year projection in 2030. The

state grew at a fairly steady rate from 1840 to 1950, when population growth began to explode. This pattern continued unabated for 20 years until the oil-crisis induced recession and the migration to the “sun-belt” began. Population growth resumed in 1980, although at a much slower rate, and is predicted to continue to grow at rates around 1% annually. Kent County continues to grow more rapidly in the short-term and then will grow at rates that are consistent with those observed in the last 50 years. Sussex County has been growing at a rate of 3% per year approaching those observed in New Castle County during 1950-1970.

If current conditions continue, this population growth would likely generate another 15,000-20,000 uninsured persons over the next 30 years. But, current conditions, especially those in the labor market, are unlikely to continue. In fact, global competition and pressure on production costs may cause employers to rethink the total compensation package. The structural changes in the labor market alone will probably lead to an increase in the uninsured. Legislative changes and innovative government programs may also act to mitigate any increase in those numbers. However, it is difficult to speculate as to how these different factors will average out.

**Figure 3-2**  
**Sources of Population Growth in Delaware**



Source: Center for Applied Demography & Survey Research, University of Delaware



Figure 3-2 above illustrates the components of Delaware's population growth since 1980. The darkest (blue) line in the graph represents annual population growth. It has been as little as 2,000 persons in 1982, at the end of the recession, and as much as 13,000 persons just after the economy peaked in 1990.

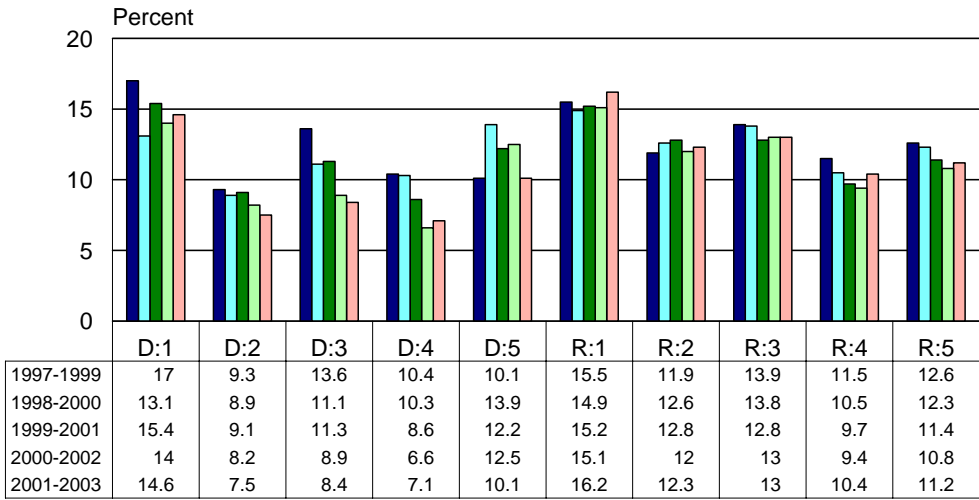
Overall growth is dependent upon two components: natural increase and net migration. Natural increase is the number of births to Delaware residents less the number of Delaware residents that die. That quantity is represented by the lightest curve in Figure 3-2 and has been around 4,500 per year until the "baby boomlet" started in 1985 and ended in 1991.

Net migration, which is the result of persons moving into Delaware less persons moving out of Delaware, is clearly the volatile component of the growth picture. It has moved from net out-migration in 1980 of -5000 to a high of +8000 net in-migration at the peak of the economic cycle. It then fell during the recession years of the early 1990s and today accounts for more than half of all population growth. From these data, it is easy to see that Delaware's population growth is heavily influenced by local labor market conditions. Delaware's economy has consistently produced unemployment rates below those for the nation and region and has continued to generate new jobs sufficient to attract net in-migration. The characteristics of those jobs, in particular their health benefits, can and probably have affected coverage rates in Delaware.

### **Household Composition**

The size and structure of the households, within which individuals live, has much to do with the probability of having health care coverage. Each of the variables addressed in this section, to include household size, marital status, and relationship to head of household, give a slightly different slant on the problem. Figure 3-3 below, contains information about the percentage of uninsured in relation to household size within Delaware and the region. The most disadvantaged group is the single person household. The percentage of uninsured is well above the proportions for most of the other categories. Single person households also fare somewhat better in Delaware than in the region. Those individuals are somewhat disadvantaged since there is no second worker in the household to share the risk of losing coverage. They are also more likely to be a younger person at the low-end of the life cycle of earnings and are more likely to work in a job that does not provide health insurance coverage. Of course, the rate is reduced somewhat by older persons living alone who are covered by Medicare.

**Figure 3-3**  
**Percent of Persons without Health Insurance**  
**by Household Size and Area**



**Household Size by Area**

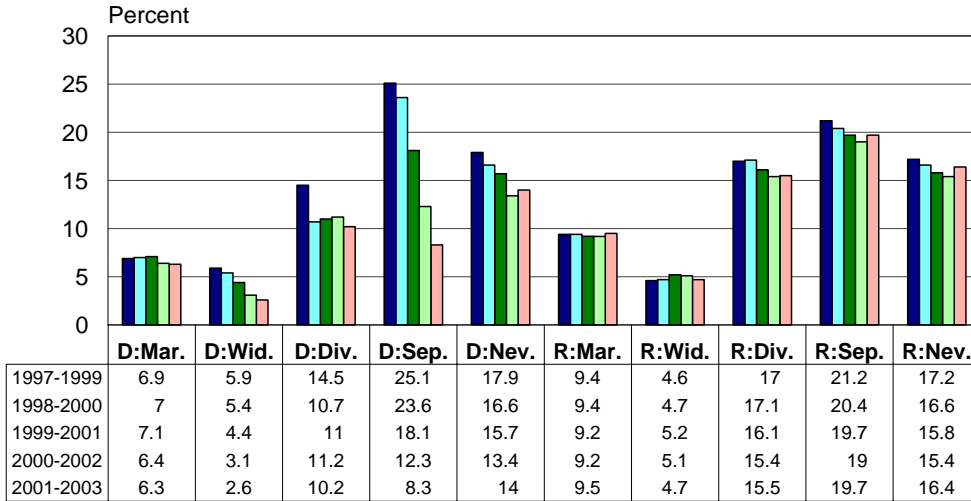
■ 1997-1999    ■ 1998-2000    ■ 1999-2001    ■ 2000-2002    ■ 2001-2003

Source: Center for Applied Demography & Survey Research, University of Delaware  
 US Bureau of Census, Current Population Survey, March 1997-2003

Two and four person households were least likely to report lacking health coverage. The two-person household has a high probability of being a married couple with two incomes. The four-person household is also likely to have two working adults within it. The three-person household is a mixed picture since it also includes a single parent with two minor children, thus the risk of being without coverage rises. Overall the relationship between household size and the lack of health insurance coverage in Delaware tracks well with that of the region.

Marital status is closely linked to household size and composition. This relationship can be easily seen in Figure 3-4 below. For instance, the lowest rates observed over the period, usually under 3%, are reported by the widowed. This is expected since the largest majority of this group is qualified for Medicare. Thus, age may have more to do with their higher insurance rate than marital status. Married people have the next lowest rate, 6.3%. Married couples, with or without children, usually have two chances to obtain coverage. That may not be true if one spouse is not in the labor force or only works part-time. Still, the probabilities of having health insurance increases and household members are more likely to be protected against the loss of coverage during times when one or the other is unemployed.

**Figure 3-4**  
**Percent of Persons without Health Insurance**  
**by Marital Status and Area**



**Marital Status by Area**

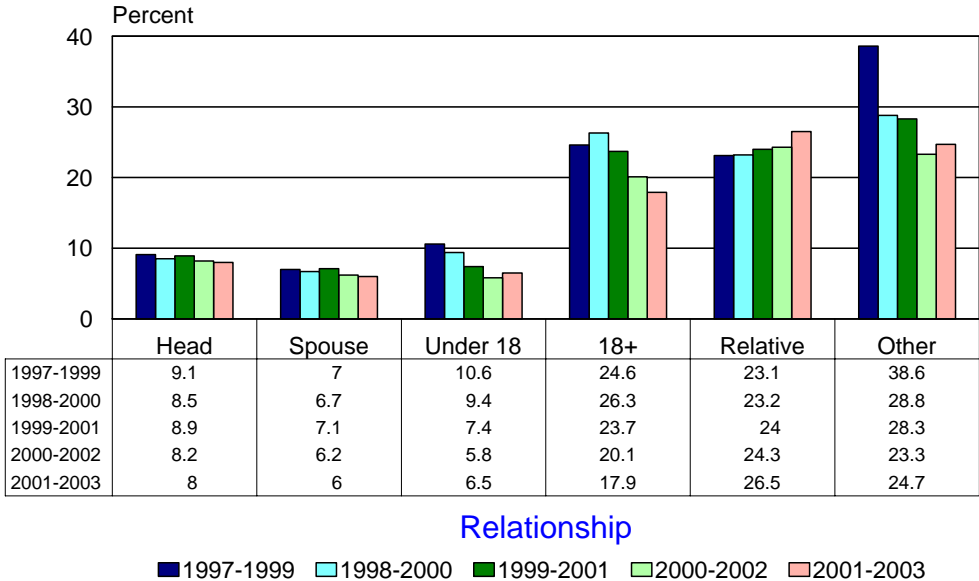
■ 1997-1999 ■ 1998-2000 ■ 1999-2001 ■ 2000-2002 ■ 2001-2003

Source: Center for Applied Demography & Survey Research, University of Delaware  
 US Bureau of Census, Current Population Survey, March 1997-2003

Younger adults heavily populate the “never married” category and, as will be explained later, are less likely to have coverage. For this reason, their risk of being uninsured is more than twice that of a married person.

The last two groups, which are usually one-adult households, are interesting for different reasons. First, the “separated” group in Delaware is quite volatile but has been declining. This group is typically a transitional one and the person will probably move on to the divorced category. The separated person’s lack of coverage is now lower than that of the divorced person. Presumably this convergence is related to legal arrangements made to retain coverage until a final disposition of the marriage is reached. Once the person is divorced, the probability of having coverage will depend in large part on the person’s labor force status. It should be kept in mind that a significant number of people in this category are making major transitions and may suffer significant income losses. Interestingly, Delawareans in this category are significantly better off than their regional counterparts.

**Figure 3-5  
Percent of Persons without Health Insurance in Delaware  
by Relationship to Head**



Source: Center for Applied Demography & Survey Research, University of Delaware  
US Bureau of Census, Current Population Survey, March 1997-2003

The final demographic variable in this series is relationship to the head of household. Figure 3-5 above depicts its association with the risk of being without health insurance. There are, once again, two distinct groupings. First, there are the typical spouses and minor children whose risk levels are around 6%. (This group of children excludes many who are not the children of the head of household but are living in the house.) The head group also includes all of those single person households whose risks were also elevated. This is the reason why the spouse group has about a 2% less risk of being without health insurance. Minor children are dependent on the adult(s) health insurance coverage and there may be either one or two adults in the household. Thus, the risk will always be higher than that for the spouse group where there must be two married adults in the household.

The second major grouping includes adult offspring who are living at their parent’s home, relatives or non-related persons. The risk level for all three groups is three times that of the first group. With the exception of full-time students who still might be covered by their parent’s insurance, all will require health insurance through some other means. The fact that they are adults living in a household, where they are not the head or spouse in the household, suggests that they are less likely to be active labor force participants. In addition, there are children in these groups as well.

Taken together these demographic variables point in the same direction. Does the person have multiple opportunities to obtain health insurance coverage? For instance, households that contain two married adults have a lower risk not only for themselves, but also for any minor children. Unfortunately, demographic trends do not favor this model. First, from 1990 to 2000 the number of single person households rose from 23% of all households to 25% and is continuing to grow. Second, those living in non-family households rose from 13% in 1990 to 16% in 2000. The number of married couple households with or without children has fallen from 57% in 1990 to 51% in 2000. Finally, the number of children under the age of 18 living with only one parent has risen from 19% to 26% over the decade. None of these trends favors reducing the risk of being without health insurance coverage and it is unlikely that those trends will be easily reversed.

### **Age Structure**

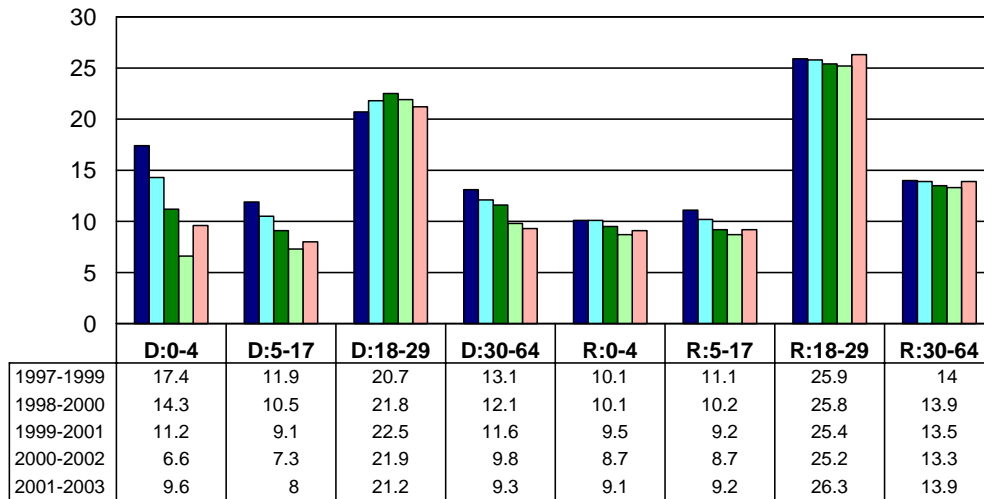
By and large, age appears to be a factor that influences the probability a person has health coverage. The most obvious example is the relationship between age and one's eligibility to qualify for Medicare, i.e. the person is 65 years old or older. Thus, the question for that age group must focus on the extent of coverage and not on its existence.

Because almost all persons 65 years and older have access to health coverage, only the percentage of persons without health insurance coverage for the other age groups is found in Figure 3-6 below. In both Delaware and the region, dependent children, those under the age of 18, have the lowest risk of being uninsured. Only about 10% of them are estimated to lack health coverage. Their uninsured rate is somewhat higher than it was in Figure 3-5, which imposed the additional requirement that they also live in and were related to the head of household. Thus, it should be remembered that the following graph contains information for all children, regardless of their living arrangement. Only recently has the CHIP program affected these measurements.

For a variety of reasons, persons aged 18-29 were most likely to report being uninsured. In both the state and the region, the risk of not having health coverage for this group is more than 21%. There is really no improvement in the time series presented here. This group suffers from a multitude of disadvantages. First, they are more likely to be unmarried. Second, they are more likely to hold lower paying jobs which provide no health benefits. Third, because their income levels are generally lower, it is often difficult for them to purchase private insurance. Fourth, since they are generally healthy, it may seem reasonable not to expend the additional resources

needed to purchase health coverage. As this group ages into the next group, aged 30-64, the risk begins to fall as those disadvantages recede.

**Figure 3-6**  
**Percent of Persons without Health Insurance**  
**by Age Group and Area**



**Age Group by Area**

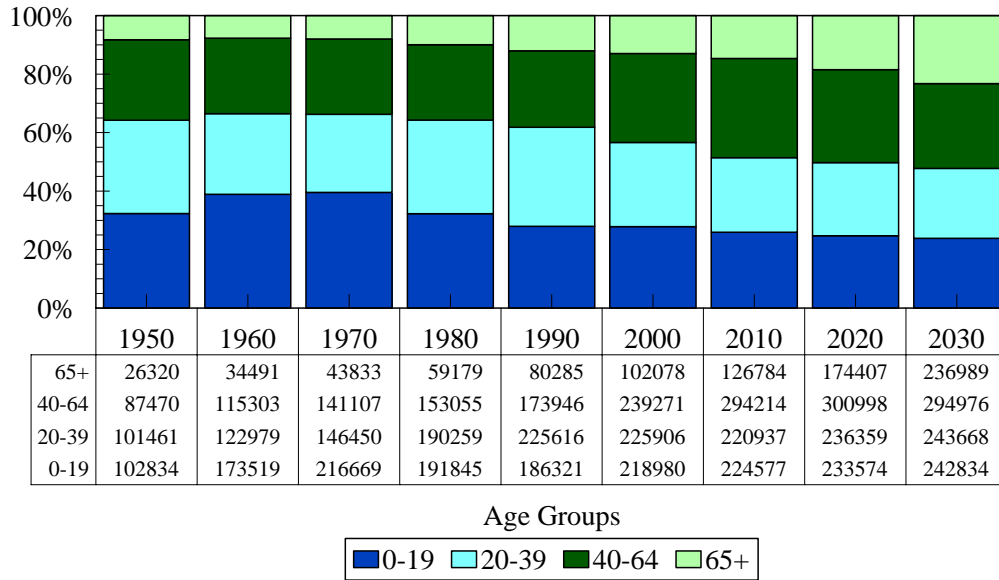
■ 1997-1999    ■ 1998-2000    ■ 1999-2001    ■ 2000-2002    ■ 2001-2003

Source: Center for Applied Demography & Survey Research, University of Delaware  
 US Bureau of Census, Current Population Survey, March 1997-2003

Given these very predictable differences, the way the age distribution changes over time will have a definite impact on the overall level of health insurance coverage in Delaware. This progression is found in Figure 3-7 below. In 2000, the largest age group is 40-64 and contains about 30% of the population. This group contains the boomers and will continue to be the largest population cohort through the next 30 years.

There are several observations to be made about Figure 3-7 below. First, the proportion of the population ages 0-19 and 20-39 decreases steadily over the coming decades. The falling proportions in these groups are part of the reason Delaware’s health coverage rates have been stable. As the proportion of population in the two oldest groups increases, overall risk of being uninsured should fall. As the “baby boomers” age (and they represent a significant part of the age distribution), their overall risk level should decrease. The real issue, therefore, will be economic conditions in the state and in the nation as this huge group reaches what would normally be their peak earning years.

**Figure 3-7  
Age Structure in Delaware  
1950-2030**



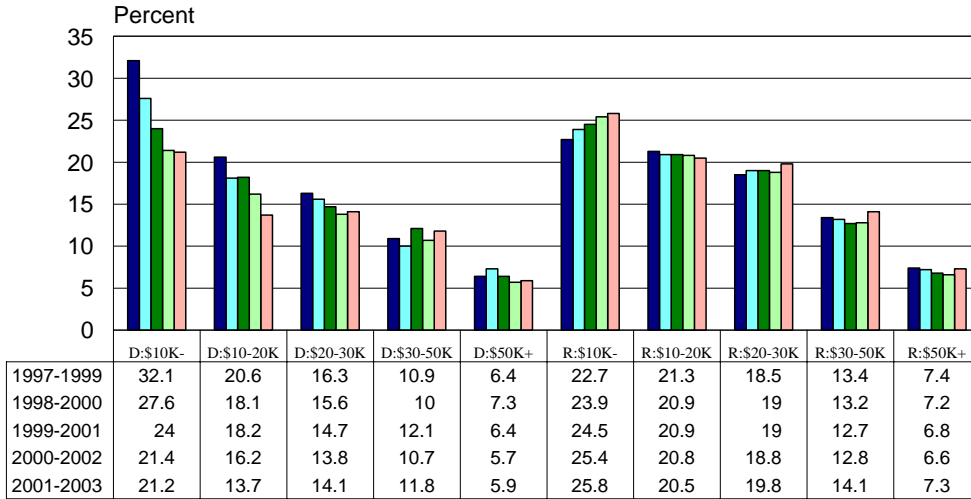
Source: Center for Applied Demography & Survey Research, University of Delaware  
Delaware Population Consortium, October 2003

Will they be the victims of another round of downsizing? Will they become frustrated with the lack of advancement since there are so many competing for the same jobs? Will they turn to self-employment as a means of increasing their standard of living? All of these are unknown at this point but are likely to have an effect either positive or negative on health insurance coverage. This aging population will also put pressure on health care costs and will probably alter the behavior of employers.

**Income and Education**

Economic wellbeing has two different effects on the probability of having health insurance coverage. At the low end of the income spectrum, there are programs such as Medicaid available as part of the social safety net. Individuals at the high end of the income spectrum have the assets and income that allow them to be unconcerned about insuring their health. They can afford to take the risk. The biggest problem arises among those that do not qualify for a government program, cannot afford insurance, and certainly cannot pay the medical bills if their luck runs out. Figure 3-8 below provides data with respect to annual income and lack of health insurance.

**Figure 3-8**  
**Percent of Persons without Health Insurance**  
**by Household Income and Area**



**Income Level by Area**

■ 1997-1999   ■ 1998-2000   ■ 1999-2001   ■ 2000-2002   ■ 2001-2003

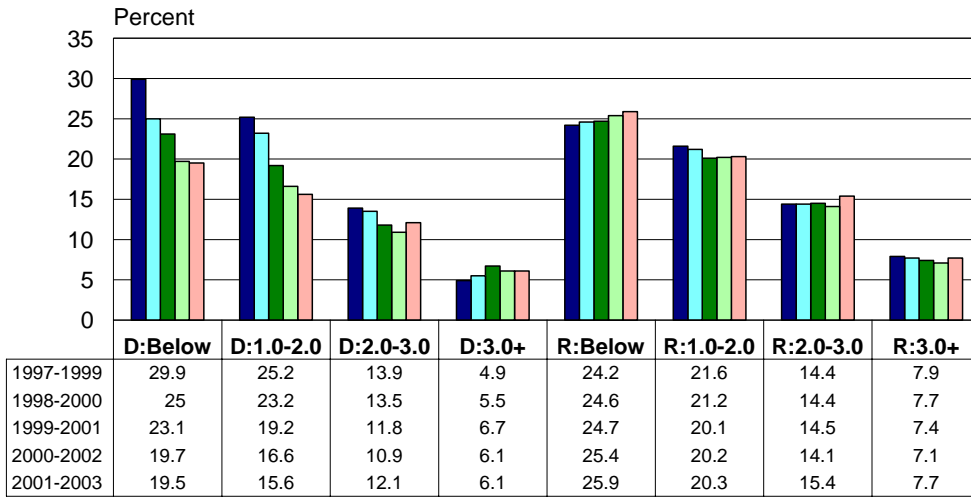
**Source: Center for Applied Demography & Survey Research, University of Delaware**  
 US Bureau of Census, Current Population Survey, March 1997-2003

Persons whose annual income is under \$20,000 per year have a risk of about 1 in 5 of being without health insurance coverage. In the lowest income category, Delaware averages better than the region as a whole. As income increases, the percentage of persons without coverage falls. At the \$50,000 and over level, about 6% or 1 in 16 are without health insurance and some of those may have sufficient assets to warrant self-insurance. This strong relationship undoubtedly represents the fact that health insurance as a percentage of total compensation falls as income rises and thus holders of those jobs are likely to be given those benefits.

Poverty is a function of two variables, household income and household size. It is poverty status that tends to be used to define who is eligible for government health insurance programs. In Figure 3-9 below data are found relating poverty to the lack of health insurance coverage. There seems to be very little difference between those below poverty and the near poverty group, which is between 1.0 and 1.5 of the poverty level. The effect of Medicaid serves to keep the rate somewhat lower for those below poverty than it would be in the absence of the program. Some people in the second group also qualify for Medicaid, but the proportion is smaller than in the below poverty group. The trend for the lowest group is in the right direction.



**Figure 3-9**  
**Percent of Persons without Health Insurance**  
**by Poverty Level and Area**



Poverty Level by Area

■ 1997-1999   ■ 1998-2000   ■ 1999-2001   ■ 2000-2002   ■ 2001-2003

Source: Center for Applied Demography & Survey Research, University of Delaware  
 US Bureau of Census, Current Population Survey, March 1997-2003

Overall, the percentage of persons without health insurance falls as the distance from the below poverty group increases. The lowest level of risk appears to be experienced by households with incomes above \$47,000, the median household income in Delaware. Finally, the rates in Delaware are roughly comparable to those in the region. However, there does seem to be a steady decrease in the proportion of persons without health insurance in the poverty group in Delaware, while the regional proportion has increased for that group. Increased Medicaid coverage in Delaware is probably the reason.

**Table 3-1**  
**Persons by Poverty Status, Age Group,**  
**and Health Insurance Coverage**  
**(3-year average 2000-2003)**

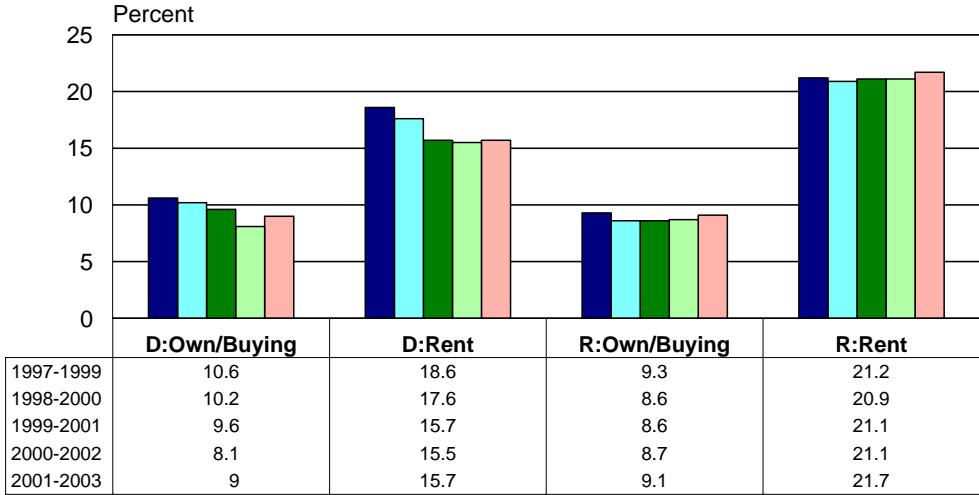
Poverty	0-18 All	0-18 No HI	19+	19+ No HI
Not Measured	2306	1380	0	0
under 0.50	9915	1056	16025	4815
0.50 to 0.74	6606	236	8800	1652
0.75 to 0.99	10196	1207	14620	2764
1.00 to 1.24	7801	1267	16459	3458
1.25 to 1.49	9868	971	23785	3491
1.50 to 1.74	8801	1638	23494	3829
1.75 to 1.99	9486	976	20155	3125
2.00 to 2.49	26087	2603	46901	7302
2.50 to 2.99	18940	2048	50184	5211
3.00 to 3.49	16165	745	48149	6087
3.50 to 3.99	16558	1137	44680	4099
4.00 to 4.49	16177	878	40581	4239
4.50 to 4.99	13549	389	39293	1285
5.00 & over	39173	1456	191538	7859
<b>Totals</b>	<b>211627</b>	<b>17987</b>	<b>584664</b>	<b>59216</b>

Source: Center for Applied Demography & Survey Research, University of Delaware  
 US Bureau of Census, Current Population Survey, March 2001-2003

In Table 3-1 above, the distribution of persons by poverty, age, and health insurance status is shown. A three-year moving average is used to reduce the sampling variability. These data have particular meaning for those charged with providing healthcare to those 18 years and younger in Delaware. The table shows that an estimated 17,897 are without health insurance. Of those, only 2,499 are officially classified as being under the poverty line, and over 51% are above 2.00 times the poverty line. The very first line in the table shows those without insurance for which poverty measures are not provided, e.g. foster children. In Delaware, these children would have separate Medicaid eligibility.

Another measure of economic wellbeing is the accumulation of assets. One such measure of that accumulation is home ownership. Those results are found in Figure 3-10, below. The graph shows that for renters, the percentage of those without coverage is about twice the rate for those who own or are buying their principal place of residence. That pattern is confirmed by the results for the region, which are quite comparable to those reported for Delaware. Certainly, this finding is not unexpected given that renters tend to be younger and have lower incomes, both

**Figure 3-10**  
**Percent of Persons without Health Insurance**  
**by Home Ownership and Area**

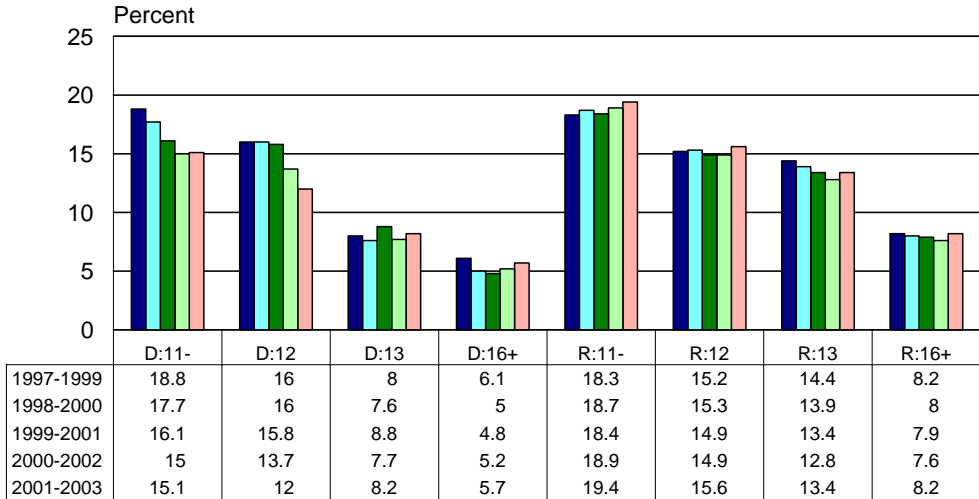


**Home Ownership by Area**

■ 1997-1999    ■ 1998-2000    ■ 1999-2001    ■ 2000-2002    ■ 2001-2003

Source: Center for Applied Demography & Survey Research, University of Delaware  
 US Bureau of Census, Current Population Survey, March 1997-2003

**Figure 3-11**  
**Percent of Persons without Health Insurance**  
**by Years of Education and Area**



**Years of Education by Area**

■ 1997-1999    ■ 1998-2000    ■ 1999-2001    ■ 2000-2002    ■ 2001-2003

Source: Center for Applied Demography & Survey Research, University of Delaware  
 US Bureau of Census, Current Population Survey, March 1997-2003

factors that are correlated with higher risk. They are also less likely to have the assets to continue their insurance privately if there is an interruption in coverage.

The final figure in this section, Figure 3-11 above, relates the educational level of the respondents and their health insurance status. Education could have two significant effects on health insurance coverage. First, it is possible that more educated people are better able to understand the advantages and disadvantages of health coverage and therefore, make better decisions. More likely, however, education is having an indirect effect with higher education being correlated with higher incomes and better jobs/benefits.

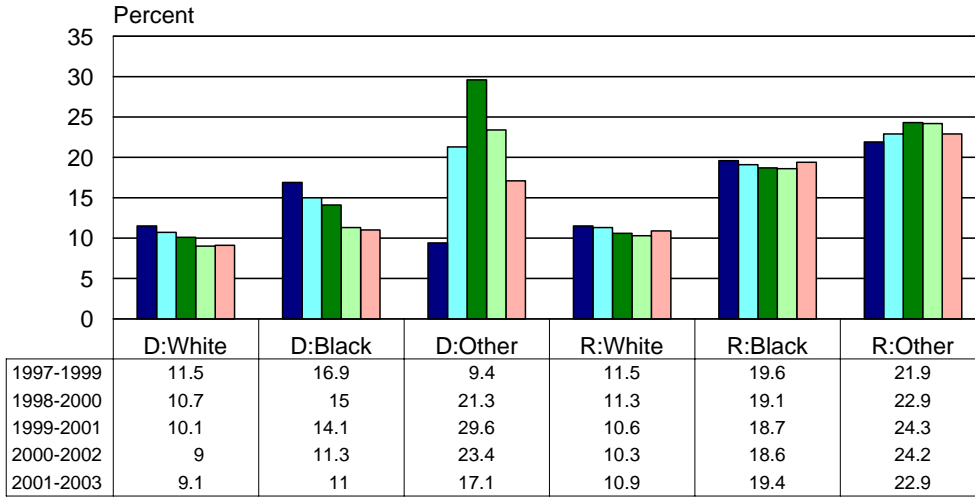
Coverage rates increase significantly as educational level increases. Predictably, those without a high school diploma are the most at risk of being without health insurance. It appears that the most disadvantaged group fares about the same in Delaware as in the region. The uninsured rate falls 3% for a high school diploma, another 4% for post high school education and finally another 3% for those completing college.

### **Race and Hispanic Origin**

Health insurance coverage or lack thereof within sub-groups of the general population is shown in Figure 3-12 below to illustrate the impact of all the underlying contributing variables which determine who has health insurance coverage and who does not. Most of the research in this area suggests that there are significant differences, but do not report any divergence in cultural or risk-taking characteristics that would explain those differences. Thus, the differences are the result of other variables, which themselves differ within segments of the population.

There are significant differences between the three racial groups. Those respondents who classify themselves as black have nearly a 21% higher risk of being without health insurance coverage as those that report being white. However, the historical trend has been decreasing for African-Americans. The “other” category includes primarily Native Americans, Asians, those of mixed race, and those who do not find any of the categories listed to be appropriate. African Americans experience lower rates of un-insurance in Delaware than in the region.

**Figure 3-12**  
**Percent of Persons without Health Insurance**  
**by Race and Area**

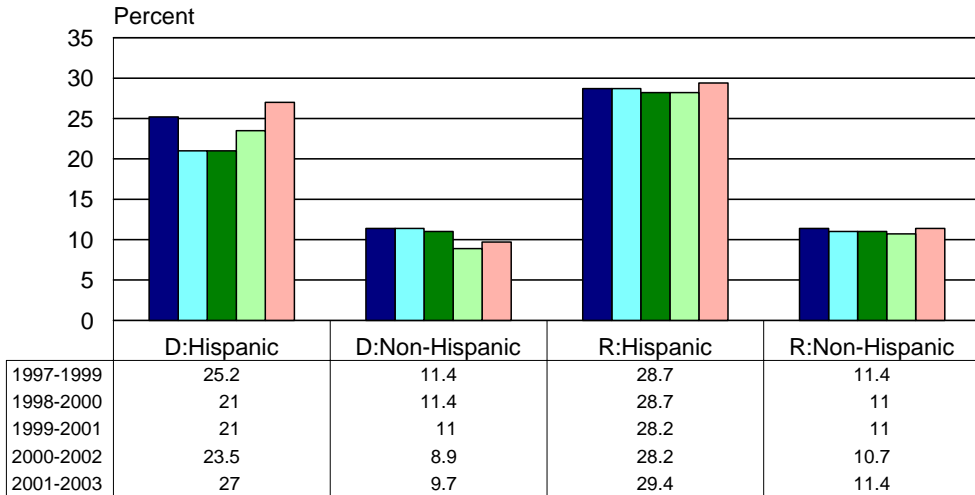


Race by Area

■ 1997-1999   ■ 1998-2000   ■ 1999-2001   ■ 2000-2002   ■ 2001-2003

Source: Center for Applied Demography & Survey Research, University of Delaware  
 US Bureau of Census, Current Population Survey, March 1997-2003

**Figure 3-13**  
**Percent of Persons without Health Insurance**  
**by Hispanic Origin and Area**



Hispanic Origin by Area

■ 1997-1999   ■ 1998-2000   ■ 1999-2001   ■ 2000-2002   ■ 2001-2003

Source: Center for Applied Demography & Survey Research, University of Delaware  
 US Bureau of Census, Current Population Survey, March 1997-2003

The results for Hispanic respondents are shown in Figure 3-13, above. The percentages within Delaware are quite volatile because of the small sample size, but on average during the period, more than 27% of those respondents who classify themselves as being of Hispanic origin are without health insurance coverage. This rate is more than double that for non-Hispanics. In 2003, just more than 20% of all the uninsured are estimated to be Hispanic. The regional results are similar to those found in Delaware.

## Observations

Those lacking health care coverage in Delaware are a diverse group. This is summarized by the list below:

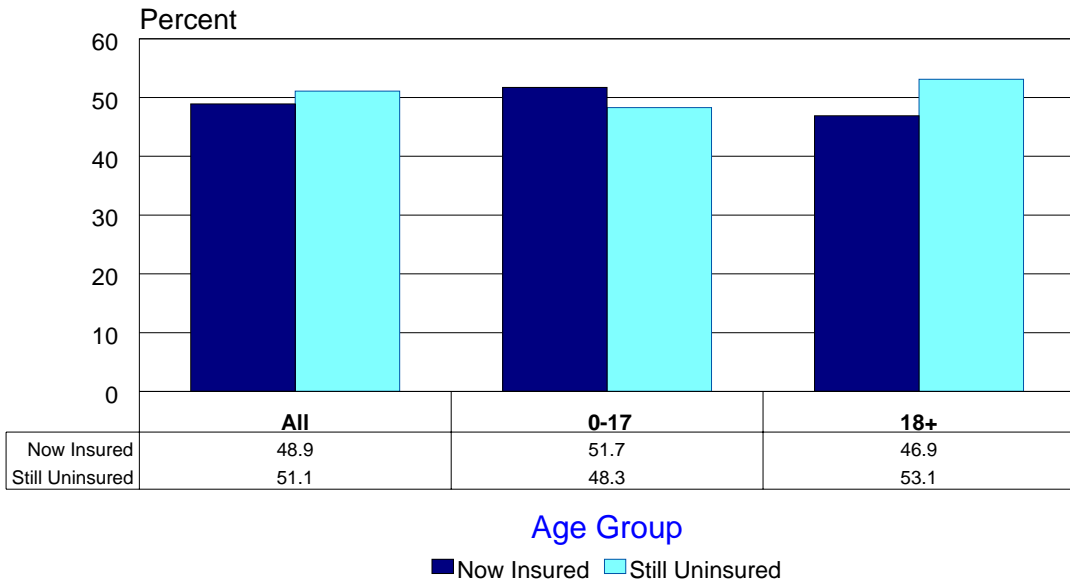
**Figure 4-1  
Who are the 77,000 Uninsured?**

- **21% are under the age of 18**
- **22% are adults who are not in the labor force**
- **41% are adults who are working full-time**
- **55% are male**
- **72% are white**
- **20% are Hispanic**
- **72% own or are buying their home**
- **21% live alone**
- **83% are above the poverty line**
- **34% have household incomes over \$50,000**
- **4% are self-employed**
- **14% are non-citizens**

This list illustrates both the complexity of the task and the need to use targeted strategies. Since 24% of the uninsured are children efforts to increase the coverage of Medicaid, the CHIP program, and the clinics offered by the A. I. DuPont Institute are likely to be effective. There are, however, still likely to be children who may never qualify under Medicaid because their parents are above the income limits and yet may still experience periodic unemployment. It is this population that the CHIP program is designed to help. The effectiveness of the program in covering children will depend significantly on the actions taken by the parent(s) of those children.

Since 41% of the uninsured are working full-time, legislative initiatives that encourage employer offered health coverage may have some effect. It’s not clear at this point in time if any plan can help the low wage earner or part-time employee, since the cost of the insurance might represent a huge increase in labor costs. The working poor, in particular those in the 1.0-1.5 category of poverty, are of particular concern.

**Figure 4-2**  
**Percent of Persons who Moved from Uninsured to Insured Status**  
**by Age Group**



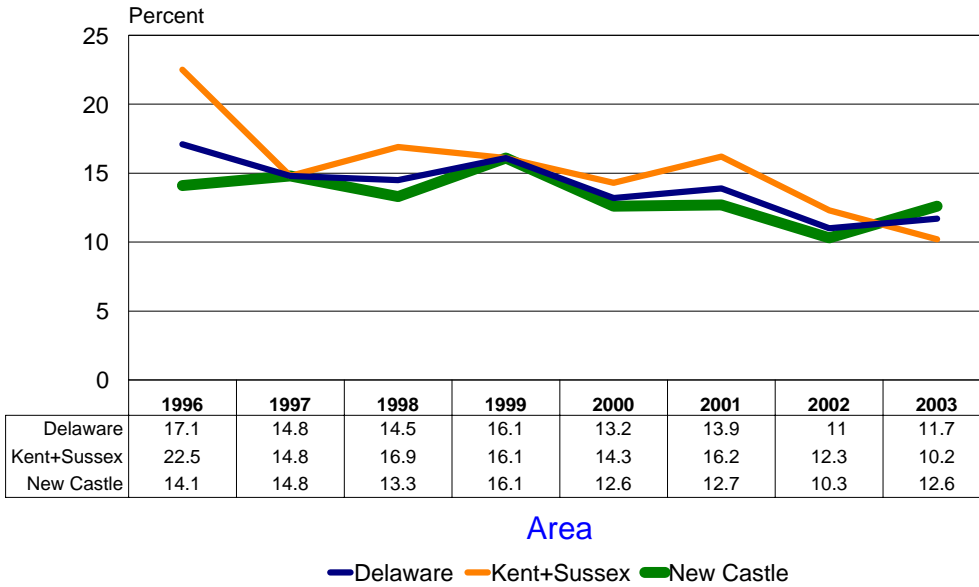
Source: Center for Applied Demography & Survey Research, University of Delaware  
 US Bureau of Census, Current Population Survey, March 1997-2003

Dealing with the uninsured is not an easy task because people are continually joining and leaving the ranks of the uninsured (see Figure 4-2, above). Nearly half of those that are uninsured this year (48.9%) will have insurance next year. That proportion is higher for adults than for children.

The problem is not only a question of different rates of movement in and out of the uninsured status. It is also spatially different within the state (see Figures 4-3 and 4-4, below). This may require the execution of very different strategies.

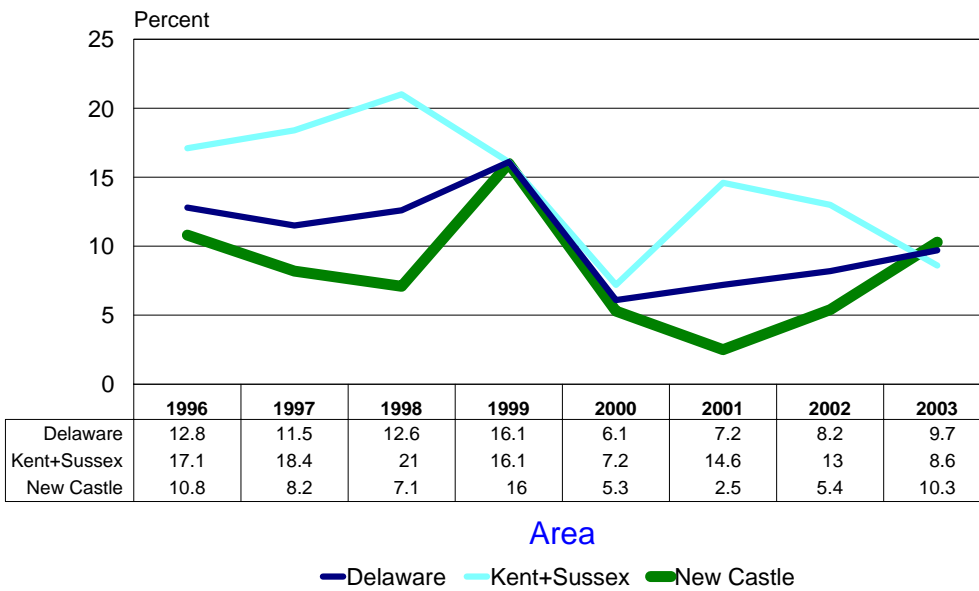


**Figure 4-3**  
**Percent of Persons 18-64 Without Health Insurance**  
**by Area**



Source: Center for Applied Demography & Survey Research, University of Delaware  
 US Bureau of Census, Current Population Survey, March 1997-2003

**Figure 4-4**  
**Percent of Persons 0-17 Without Health Insurance**  
**by Area**



Source: Center for Applied Demography & Survey Research, University of Delaware  
 US Bureau of Census, Current Population Survey, March 1997-2003

First of all, the information provided for the 18-64 year old age group excludes most dependents and Medicare recipients. This core group of adults is reasonably stable over the past eight years. Even the differences between the counties are reasonably consistent.

In contrast, the pattern with dependents age 0-17 shown in Figure 4-4 above is strikingly different. While the rates in New Castle County appear reasonably stable (excluding 1999), those in the combined Kent/Sussex region increased dramatically from 1995 to 1998 and then fell sharply. This is consistent with the implementation of the CHIP program and outreach efforts in lower Delaware. Age and/or geography specific programs are clearly warranted. What is not clear is the reason for the rise in 2001 for the Kent/Sussex region and that level remained in 2002.

Overall, Delaware seems to be doing better than the region in keeping the percentage of uninsured down. However, the longer-term demographics of the population and the labor market suggest that this will probably be a continuing challenge. In addition the focus on the CHIP program coupled with identification of Medicaid eligible children is likely to reap significant benefits. It is also clear that there will need to be continued focus on the problems in Kent and Sussex counties if this problem is to be controlled.

The final table in the report, Table 4-1 below, shows the number of uninsured persons by three key characteristics, namely age, poverty status, and employment status. Following the estimates are the existing programs (Medicaid and CHIP) and potential programs that could possibly alleviate this problem. The total number of the current uninsured that could be assisted and the proportion of the uninsured accounted for are found at the bottom of the table. Currently, nearly 23% of the uninsured are eligible for an existing program but were not enrolled at the time of the survey. Clearly there are people who do not enroll in programs until the need arises and there will always be processing time when they do enroll.

Approximately 27% of the uninsured are working full-time and are earning wages above 200% of the poverty level. They may either not have access to employer sponsored health insurance or are unwilling to pay their share. This is a group that may best be addressed through employers with or without government assistance. In addition, about 9% of the uninsured are working full-time but clearly do not earn wages sufficient to pay the employee share and are unlikely to have access to employer sponsored health insurance. Clearly government would have to play a larger role to solve this problem perhaps with some employer assistance.

**Table 4-1**  
**The Uninsured by Age, Poverty Status, and Employment Status**

<b>Characteristics</b>	<b>Estimate</b>	<b>Medicaid</b>	<b>CHIP</b>	<b>Employers</b>	<b>Emp&amp;Govt</b>	<b>Govt</b>
0-14:Foster Child	1,380	X				
0-18: 0-100% Poverty	2,499	X				
0-18: 100-200% Poverty	4,851		X			
0-18: 200% + Poverty	9,255					X
19-34: 0-100% Poverty, not FT	3,963	X				
19-34: 0-100% Poverty, FT	1,456	X				
19-34: 100-200% Poverty, not FT	3,671					X
19-34: 100-200% Poverty, FT	4,511				X	
19-34: 200%+ Poverty, not FT	7,574					X
19-34: 200%+ Poverty, FT	10,250			X		
35-49: 0-100% Poverty, not FT	1,221	X				
35-49: 0-100% Poverty, FT	776	X				
35-49: 100-200% Poverty, not FT	1,936					X
35-49: 100-200% Poverty, FT	2,010				X	
35-49: 200%+ Poverty, not FT	4,608					X
35-49: 200%+ Poverty, FT	7,862			X		
50-64: 0-100% Poverty, not FT	1,677	X				
50-64: 0-100% Poverty, FT	138	X				
50-64: 100-200% Poverty, not FT	1,316					X
50-64: 100-200% Poverty, FT	458				X	
50-64: 200%+ Poverty, not FT	2,897					X
50-64: 200%+ Poverty, FT	2,891			X		
<b>Total</b>	<b>77,202</b>	<b>13,111</b>	<b>4,851</b>	<b>21,003</b>	<b>6,979</b>	<b>31,257</b>
<b>Percent of Total</b>	<b>100%</b>	<b>17.0%</b>	<b>6.3%</b>	<b>27.2%</b>	<b>9.0%</b>	<b>40.5%</b>

**Source: Center for Applied Demography & Survey Research, University of Delaware  
US Bureau of Census, Current Population Survey, March 2001-2003**

The final group in the table comprises 40% of the uninsured. These are both children and adults who are above the poverty line but who currently do not have full-time employment. In the absence of full-time employment, the average individual has little or no chance to obtain employer-sponsored health insurance. These are the most difficult cases to deal with from a public policy perspective.

## **APPENDIX A**

### **What Delaware's Uninsured Say about the Quality of Their Health Care: 2003 Delaware CAHPS Notes**

***What Delaware's Uninsured Say About  
the Quality of Their Health Care  
2003 Delaware CAHPS Notes***

***Prepared for,***  
**The Delaware Health Care Commission**

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# *What the Uninsured Say About the Quality of Their Health Care*

## *Delaware CAHPS Notes*

*Prepared for the Delaware Health Care Commission by Eric Jacobson and Charles Whitmore, Institute for Public Administration, and Edward C. Ratledge, Center for Applied Demography and Survey Research, College of Human Resources, Education & Public Policy, April 2003.*

### **Executive Summary**

According to the 2002 *Delawareans Without Health Insurance* report, there are 76,000 uninsured individuals in Delaware. According to the Institute of Medicine, the uninsured “are sicker and die sooner.” They have less access to a usual source of health care and receive less preventive and therapeutic care. Even when the uninsured (finally) do receive care—usually after their condition has drastically worsened—it is sporadic, inconsistent, and uncoordinated care of the sort that does little to promote and better long-term health outcomes. When the uninsured do receive care, the quality of that care is suspect.

The purpose of this brief report is to highlight the health care experience of the uninsured in Delaware as compared to those respondents with health insurance. Specifically, how do the health care experiences of the uninsured differ fundamentally from those of the insured? Equipped with data pooled from three years of Delaware CAHPS surveys, we highlight access to care discrepancies and compare how the uninsured rate and report their experiences with care relative to the insured. For example, how do the two groups vary in their reports of how well doctors communicate with them? Do the uninsured report having more problems with getting care quickly or interacting with office staff?

Delaware’s uninsured rate is lower than that of the nation (14.5%) and the Mid-Atlantic region (12.9%). Moreover, just 9% of Delawareans lacked health insurance in 2002, down from highs of 14.5% in 1996 and 13.8% in 1998. Delaware, it would appear, is having more success tackling uninsuredness relative to its neighboring states, the nation, and its own recent past. There is nevertheless a concern that 76,000 uninsured individuals is still an onerous burden for such a small state. After all, people without health insurance will still need to use health care services. And when they do, it tends to be prohibitively expensive emergency room care, the costs of which are absorbed by the rest of society, inflating the cost of health care services for all.

The primary findings in this report indicate that, as the health policy literature would suggest, the uninsured are more likely to use the emergency room, while less likely to see a doctor for routine care. With respect to personal doctors and specialists, the uninsured are less likely to report having one. This report echoes another familiar theme: the uninsured are less positive than the insured in rating the overall quality of their health care. Finally, uninsured respondents are more likely to report negatively to questions that influence experiences with health care such as *doctor’s communication* and *getting care quickly*. These findings suggest that insurance status affects consumers’ experiences with their health care as well as their ratings of their health care.

This report, along with a forthcoming study of racial and ethnic differences, compliments the longer, more detailed 2003 CAHPS report, *Quality of Health Care in Delaware: What Delawareans Say About Their Health Care Experience*.



## Overall Results

The following results are for uninsured adults between 18 and 64 years old. Key findings include:

- As was the case with last year's report, we find that the uninsured are more likely to avoid or delay seeking necessary and proper medical care. Specifically, the uninsured respondents in this study are:
  - ✓ Much less likely to have someone they think of as a personal doctor
  - ✓ Less likely to see a specialist
  - ✓ More likely to use the emergency room
  - ✓ Much less likely to visit a doctor for non-emergency room care
  - ✓ Less likely to rate positively their specific health care experiences
- We find that Delaware's uninsured are younger, are less educated, and have lower incomes than the insured. The CAHPS data mirror results presented in Edward Ratledge's *2002 Delawareans Without Health Insurance* report. Specifically:
  - ✓ While 43% of the uninsured are between the ages of 18 and 34, less than 30% of the insured fall in the same age category.
  - ✓ Seventeen percent of the uninsured have less than a high school education. By contrast, fewer than five percent of the insured population fail to receive a high school diploma.
  - ✓ Low income people are at the greatest risk of being uninsured. Forty percent of the uninsured earn \$25,000 or less per year, compared to just over 14% of the insured population.

### **Access to Care**

- The Delaware CAHPS Survey asks participants to respond to specific questions that target their access to health care providers over the last year. **Table 1** illustrates the responses to two of these questions for both the insured and the uninsured.
- Eighty-seven percent of insured respondents report having a personal doctor, compared to 56 % of uninsured respondents. While 43% of insured respondents report having visited a specialist within the past year, just 20% of uninsured respondents reported similarly.

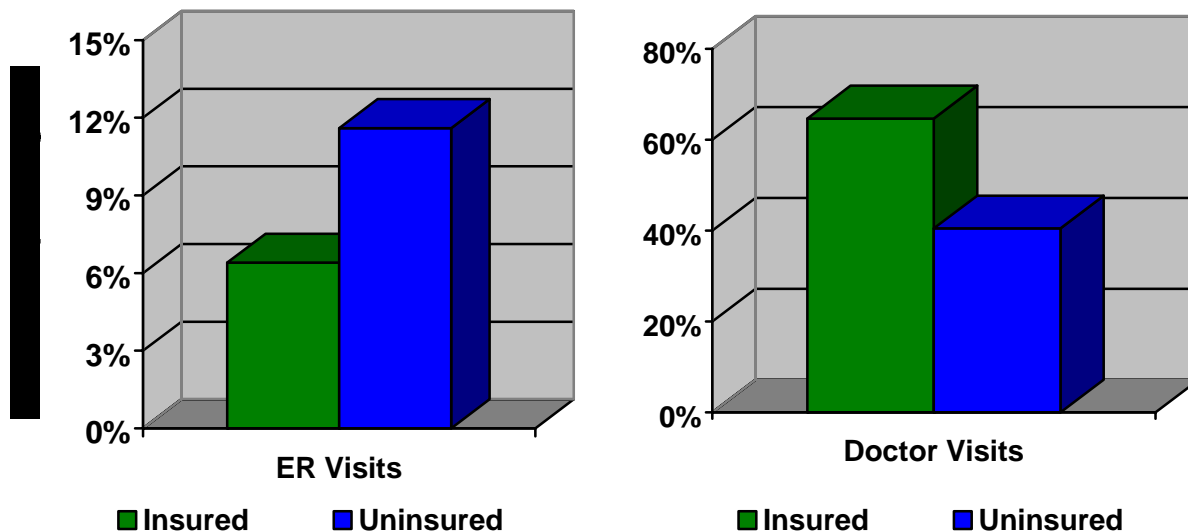
**Table 1:  
Summary of Responses to Questions  
Regarding Use of Care**

1) Do you have one person you think of as your personal doctor? 2) In the last 12 months, did you see a specialist?	Percent of Respondents Answering "Yes"	
	Insured Respondents (n=3991)	Uninsured Respondents (n=414)
<b>Personal Doctor</b>	<b>87%</b>	<b>56%</b>
<b>Specialist</b>	<b>43%</b>	<b>21%</b>

- These findings are consistent even after controlling for health status. Of respondents who classified their health as fair or poor, the uninsured are again less likely to have someone they think of as a personal doctor and less likely to see a specialist.
- The uninsured are more likely to seek treatment from hospital emergency rooms as compared to the insured; this difference in frequency of emergency room use is statistically significant. Conversely, the insured are more likely to *not* use emergency rooms and instead seek treatment during visits to a personal doctor.
- **Figure 1** illustrates the differences with respect to these two findings.
  - ✓ The chart on the left compares the percent of uninsured and insured respondents who report having visited the emergency room two or more times within the last year. Twelve percent of uninsured respondents report having visited the emergency room two or more times within the last year, compared to seven percent of insured respondents.
  - ✓ The chart on the right compares non-emergency room doctor visits. Over 65% of insured respondents reported having visited a doctor's office two or more times within the last year to get care, while just 39% of the uninsured respondents reported the same. According to the *Delawareans Without Health Insurance 2001* report, cost is the reason most often cited by uninsured respondents as to why they have not sought a doctor's care.

**Figure 1: The uninsured are more likely to use emergency rooms and less likely to visit a personal doctor.**

In the last twelve months, did you visit an emergency room two or more times? In the last twelve months, did you visit a personal doctor two or more times?



#### Differences in Ratings and Experiences with Care

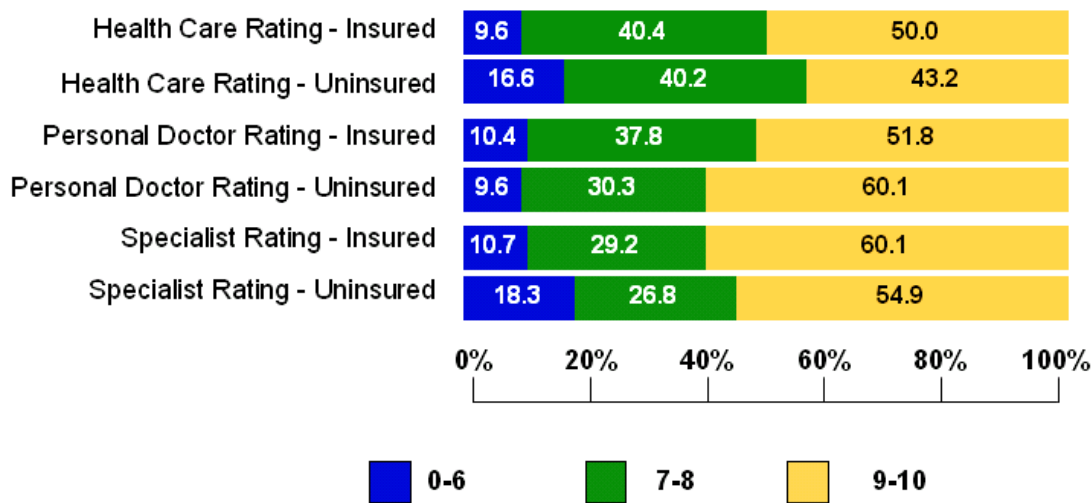
- The uninsured rate their quality of health care and specialists lower than the insured population. Counter to expectations, however, the uninsured rate their personal doctors higher than the insured population. **Figure 2** summarizes the overall ratings of personal doctor, specialists, and quality of health care.
- The differences in ratings between uninsured and insured for overall quality of health care is statistically significant.<sup>1</sup> Fifty percent of the insured gave the most positive ratings to their overall health care while just 43% of the uninsured reported similarly. Differences in doctor and specialist ratings are significant, but at lower statistical thresholds.<sup>2</sup>
- As illustrated in **Figure 2**, the uninsured are twice as likely as the insured to give the lowest ratings for quality of health care. This finding, along with the aforementioned seven-percentage point difference in reporting the most positive health care ratings, reinforces the notion that the uninsured suffer adverse health outcomes. Though it may seem that this disparity should be even wider, it is important to bear in mind the following:
  - ✓ First, based on national CAHPS findings and on our main report, a seven-point difference is a relatively large discrepancy.

<sup>1</sup> The Chi-Square value is 12.31 and is significant at the  $\alpha=0.01$  level.

<sup>2</sup> The Chi-Square value for the personal doctor crosstabulation is 6.21, significant at the  $\alpha=0.05$  level. The specialist crosstabulation Chi-Square is 4.66, significant at the  $\alpha=0.1$  level.

- ✓ Second, our survey design allows only those respondents who reported seeing a doctor in the last 12 months to rate the quality of their health care. Since many of the uninsured do not visit a personal doctor, it is likely that the uninsured’s ratings of health care would have been even lower had we allowed *all* of the uninsured in our sample to rate their overall health care.
- ✓ Finally, the uninsured are generally without health insurance for a short period of time. These short-term uninsureds are, all things being equal, healthier than those who are uninsured for long periods of time. We suspect that our uninsured sample might have reported even lower health care ratings had we controlled for the length of time the respondent was uninsured.
- As was the case with the 2001 CAHPS data, it is interesting to note that the uninsured are more likely to give their personal doctors the highest ratings. The finding that the uninsured are more likely to rate their doctors 9 or 10 appears counterintuitive. However, it is plausible that these high ratings are simply a function of lowered expectations. The uninsured are less likely to actually see a doctor. Given the opportunity to see a doctor, it is probable that an uninsured individual would be grateful for the opportunity and thus more disposed to rate favorably.

**Figure 2:  
Summary of Ratings for Uninsured and Insured  
2001 Data For Respondents Age 18-64**

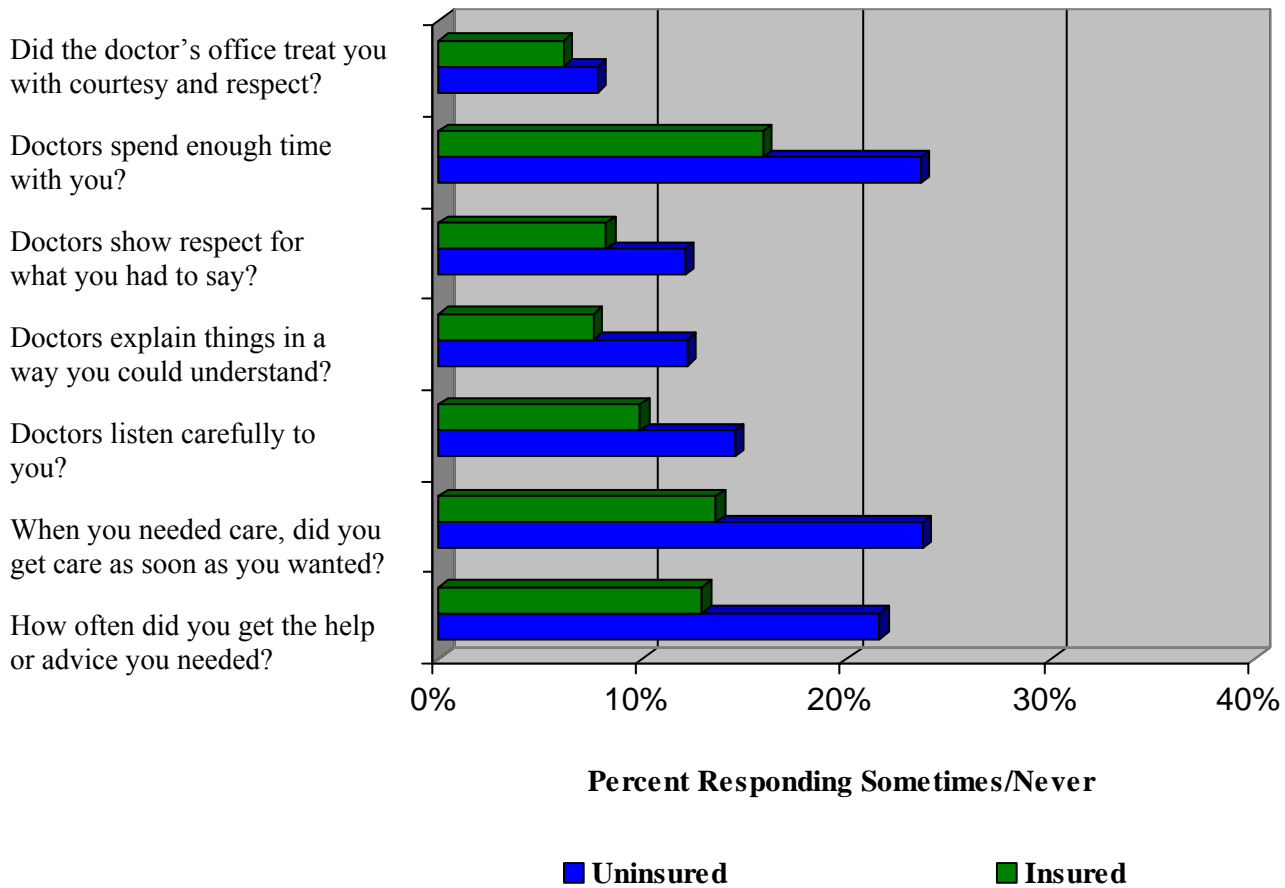


- As compared to insured respondents, the uninsured generally report more negative experiences with specific aspects of their health care. For example, the uninsured are three times more likely than the insured to report that they have had a “big problem” getting needed care (10% uninsured vs. 3% insured).
- **Figure 3** illustrates the differences between the insured and uninsured reports of experiences with specific aspects of their care. The questions used in **Figure 3** are the same questions used to build the composites in our main report.

- For this report, we eliminated those questions that presuppose the respondent is insured. And rather than calculate a composite score for categories such as “getting needed care” or “getting care quickly,” we simply report respondents’ replies to questions targeting experiences with specific aspects of care. Differences in ratings by insured and uninsured are statistically significant for all but two questions: “Did the doctor’s office treat you with courtesy and respect?” and “[Did] doctors explain things in a way you could understand?”<sup>3</sup>

**Figure 3: The uninsured are more likely to rate negatively their experiences with specific aspects of care.**

Percent responding *sometimes* or *never* to the following questions regarding their experiences with the health care system in the past 12 months.



- The uninsured are more likely to say that doctors do not spend enough time with them, do not show respect for what they have to say, and do not explain things in an understandable manner. Moreover, the uninsured are more likely to say that they do not

<sup>3</sup> The Chi-Square values were 3.633 and 6.134, respectively; neither p-value satisfied the  $\alpha=0.05$  standard for statistical significance. By contrast, three questions (“Doctors spend enough time with you?” “... did you get care as soon as you wanted?” and “How often did you get the help or advice you needed?”) generated large enough Chi-Squares to meet the  $\alpha=0.01$  standard for statistical significance.

get the care they need as soon as they had wanted or get the help or advice needed when calling a doctor's office.

### **About the Delaware Survey**

In this study, Delaware's uninsured population is compared to the insured population; this report expands further on the main Delaware CAHPS report. Since 1997, the Delaware Health Care Commission has contracted with the College of Human Services, Education and Public Policy (CHEP) at the University of Delaware to conduct the Consumer Assessment of Health Plans Study (CAHPS). CAHPS is an independent survey on consumer satisfaction with the Delaware health care system, providing information for assessing the health care experiences of Delaware's consumers. The survey data is collected over 12 months, with approximately 150 monthly surveys conducted throughout Delaware of adults aged 18 and older.

In this analysis, participants aged 65 and older are excluded from the data. Respondents without health insurance, as well as those who are insured, are included in the survey panel. Respondents are classified as insured or uninsured based on answers to the question, "Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?" An affirmative response to the question categorizes the participant as insured; a negative response classifies the participant as uninsured.

The format of the Delaware CAHPS data reporting has changed for 2001. These changes ensure consistency with the CAHPS standards and allow Delaware's results to be compared to national conventions. In years past, the overall average ratings are presented for each aspect of health plans and health care. Now, according to national guidelines, the percentage of respondents who give the most positive rating is calculated for each aspect. Likewise, composites are created to group results in meaningful ways: ratings of 1 – 6 are compiled, ratings of 7 – 8 are compiled, and ratings of 9 – 10 are compiled. Such grouping better highlights rating differences and maintains consistency with NCBD methods. To ensure that the sample is representative and to adjust for sampling biases due to sociodemographic differences between respondents and non-respondents, responses are weighted based on the most recent U. S. Census data for county of residence, age, and gender.

### **Consumers' Reports on Their Experiences with Care**

Integral to CAHPS design is an assessment of consumer experiences with quality of care rather than simple satisfaction measurement, a function of expectations. Therefore, most CAHPS survey questions ask respondents to report on their experiences with different aspects of their health care. Questions assuming enrollment in health plans are omitted for this analysis. Appendix A displays the exact wording of questions used in this report.

### **Consumers' Ratings of Their Health Care**

CAHPS gathers information from four separate ratings to report on important aspects of care. The four questions ask respondents to rate their experiences within the last year with: their personal doctors, specialists, health care received from all doctors and health care providers, and health plans. Appendix B shows the specific questions asked for each rating category. Ratings are scored on a 0 to 10 scale, where "0" is the worst possible and "10" is the best possible. Ratings are analyzed and collapsed into three categories: the percentage of consumers who gave ratings of 0-6, 7-8, or 9-10.

## **Conclusion**

This summary report compares the health care ratings and experiences of the uninsured to ratings and responses from persons with health insurance. Basic differences in access to care emerge between the two studied populations. As compared to the insured, the uninsured are more likely to use the emergency room, while less likely to see a doctor for routine care; the uninsured are also less likely to identify one person as a personal doctor, and less likely to see a specialist.

Overall, compared to the insured, the uninsured rate their health care and specialists lower and report less positive experiences with specific aspects of care. This finding is particularly pronounced in ratings of overall health care. As was the case in last year's report, the differences in health care ratings are statistically significant and sound a familiar theme: the uninsured are less positive than the insured rating the quality of their health care. With respect to providers, the record is mixed. While the uninsured rate specialists lower, curiously enough, the uninsured rate personal doctors higher than the insured.

Reports on all specific experiences with health care show exhibit a more definitive trend, where uninsured respondents are more likely to report negative experiences than insured participants. Moreover, with the exception of responses to just two questions, reported differences between the insured and uninsured are statistically significant. These findings suggest that insurance status influences consumers' experiences with their health care as well as their ratings of their health care.

## ***Appendix A: Questions Used to Report Experiences With Care***

*The following chart lists the questions used in this report to highlight the differences in how the uninsured and insured populations assess their health care experiences.*

<b>Consumer Reports and Items</b>	<b>Response Grouping for Presentation</b>
<b>Getting needed care</b>	
<b>Q22:</b> In the last 12 months, how much of a problem, if any, was it to get the care you or a doctor believed was necessary?	A big problem, A small problem, Not a problem
<b>Getting care quickly</b>	
<b>Q15:</b> In the last 12 months, when you called during regular office hours, how often did you get the help or advice you needed?	Never + Sometimes, Usually, Always
<b>Q19:</b> In the last 12 months, when you needed care right away for an illness or injury, how often did you get care as soon as you wanted?	Never + Sometimes, Usually, Always
<b>Doctor's Communication</b>	
<b>Q27:</b> In the last 12 months, how often did doctors or other health providers listen carefully to you?	Never + Sometimes, Usually, Always
<b>Q28:</b> In the last 12 months, how often did doctors or other health providers explain things in a way you could understand?	Never + Sometimes, Usually, Always
<b>Q29:</b> In the last 12 months, how often did doctors or other health providers show respect for what you had to say?	Never + Sometimes, Usually, Always
<b>Q30:</b> In the last 12 months, how often did doctors or other health providers spend enough time with you?	Never + Sometimes, Usually, Always
<b>Courteous and Helpful Office Staff</b>	
<b>Q25:</b> In the last 12 months, how often did office staff at a doctor's office or clinic treat you with courtesy and respect?	Never + Sometimes, Usually, Always



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## ***Appendix B: Definition of Consumer Ratings***

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*The following chart presents the exact wording for each of the four ratings questions presented in this report.*

<b>Consumer Ratings</b>	<b>Response Grouping for Presentation</b>
<b>Overall Rating of Personal Doctor</b>	
<b>Q8:</b> Use any number on a scale from 0 to 10 where 0 is the worst personal doctor or nurse possible, and 10 is the best personal doctor or nurse possible. How would you rate your personal doctor or nurse now?	0-6, 7-8, 9-10
<b>Overall Rating of Specialist</b>	
<b>Q12:</b> Use any number on a scale from 0 to 10 where 0 is the worst specialist possible, and 10 is the best specialist possible. How would you rate the specialist?	0-6, 7-8, 9-10
<b>Overall Rating of Health Care</b>	
<b>Q31:</b> Use any number on a scale from 0 to 10 where 0 is the worst health care possible, and 10 is the best health care possible. How would you rate all your health care?	0-6, 7-8, 9-10

## **APPENDIX B**

### **Health Insurance Coverage 2002**

US Bureau of Census

2003 March Current Population Survey

# Health Insurance Coverage in the United States: 2002

Issued September 2003

## Consumer Income

P60-223

### Highlights

- The share of the population without health insurance rose in 2002, the second consecutive annual increase. An estimated 15.2 percent of the population or 43.6 million people were without health insurance coverage during the entire year in 2002, up from 14.6 percent in 2001, an increase of 2.4 million people.
- The number and percentage of people covered by employment-based health insurance dropped in 2002, from 62.6 percent to 61.3 percent, driving the overall decrease in health insurance coverage.
- The number and percentage of people covered by government health insurance programs rose in 2002, from 25.3 percent to 25.7 percent, largely from an increase in the number and percentage of people covered by Medicaid (from 11.2 percent to 11.6 percent).
- The proportion of children who were uninsured did not change, remaining at 11.6 percent of all children, or 8.5 million, in 2002.
- Although Medicaid insured 14.0 million people in poverty, 10.5 million other people in poverty had no health insurance in 2002; the latter group represented 30.4 percent of the poverty population, unchanged from 2001.
- Hispanics (67.6 percent) were less likely to be covered by health insurance than non-Hispanic Whites who

### Source of Estimates; Statistical Accuracy

The estimates in this report are based on data collected by the 2003 Current Population Survey (CPS) Annual Social and Economic Supplement (ASEC was formerly called the Annual Demographic Supplement or the March Supplement) conducted by the U.S. Census Bureau. As with all surveys, the estimates may differ from the actual values because of sampling variation or other factors. All statements in this report have undergone statistical testing, and all comparisons are significant at the 90-percent confidence level unless otherwise noted. For further information about the source and accuracy of the estimates, go to [www.census.gov/apsd/techdoc/cps/cps-main.html](http://www.census.gov/apsd/techdoc/cps/cps-main.html).

reported a single race (89.3 percent), Blacks who reported a single race (79.8 percent), and Asians who reported a single race (81.6 percent).<sup>1</sup>

<sup>1</sup> Because Hispanics may be of any race, data in this report for Hispanics overlap with data for racial groups. Among householders who reported a single race, Hispanic origin was reported by 11.4 percent of Whites; 3.5 percent of Blacks; 27.3 percent of American Indians or Alaska Natives; 1.4 percent of Asians; and 19.0 percent of Native Hawaiians and Other Pacific Islanders. Data users should exercise caution when interpreting aggregate results for these groups because they consist of many distinct subgroups that differ in socio-economic characteristics, culture, and recency of immigration. Data were first collected for Hispanics in 1972 and Asians and Pacific Islanders in 1987.

### Current Population Reports

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Demographic Programs

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Table 1.  
**People Without Health Insurance for the Entire Year by Selected Characteristics: 2001 and 2002**

(Numbers in thousands. For an explanation of confidence intervals, see "Standard errors and their use" on the Census Bureau's Current Population Survey Web site at [www.bls.census.gov/cps/ads/2003/ssrcacc.htm](http://www.bls.census.gov/cps/ads/2003/ssrcacc.htm))

Characteristic	2001				2002				Change 2002 less 2001 <sup>1</sup>		
	Total	Uninsured		Percent 90-per-cent confidence interval (±)	Total	Uninsured		Percent 90-per-cent confidence interval (±)	Uninsured		Percent 90-per-cent confidence interval (±)
		Number	Percent <sup>1</sup>			Number	Percent <sup>1</sup>		Number	Percent	
<b>People</b>											
Total . . . . .	282,082	41,207	14.6	0.2	285,933	43,574	15.2	0.2	*2,367	*0.6	0.2
<b>Sex</b>											
Male . . . . .	137,871	21,722	15.8	0.3	139,876	23,327	16.7	0.3	*1,606	*0.9	0.3
Female . . . . .	144,211	19,485	13.5	0.2	146,057	20,246	13.9	0.2	*761	*0.4	0.3
<b>Age</b>											
Under 18 years . . . . .	72,628	8,509	11.7	0.3	73,312	8,531	11.6	0.3	22	-0.1	0.4
18 to 24 years . . . . .	27,312	7,673	28.1	0.7	27,438	8,128	29.6	0.7	*456	*1.5	0.9
25 to 34 years . . . . .	38,670	9,051	23.4	0.7	39,243	9,769	24.9	0.7	*718	*1.5	0.7
35 to 44 years . . . . .	44,284	7,131	16.1	0.5	44,074	7,781	17.7	0.5	*650	*1.6	0.6
45 to 64 years . . . . .	65,419	8,571	13.1	0.3	67,633	9,106	13.5	0.3	*535	0.4	0.4
65 years and over . . . . .	33,769	272	0.8	0.2	34,234	258	0.8	0.2	-14	-0.1	0.2
<b>Nativity</b>											
Native . . . . .	249,629	30,364	12.2	0.2	252,463	32,388	12.8	0.2	*2,023	*0.7	0.2
Foreign born . . . . .	32,453	10,843	33.4	0.8	33,471	11,186	33.4	0.8	343	-	0.9
Naturalized citizen . . . . .	11,962	2,060	17.2	1.0	12,837	2,251	17.5	1.0	*191	0.3	1.2
Not a citizen . . . . .	20,491	8,782	42.9	1.0	20,634	8,935	43.3	1.0	153	0.4	1.2
<b>Region</b>											
Northeast . . . . .	53,300	6,399	12.0	0.3	54,139	7,057	13.0	0.3	*658	*1.0	0.4
Midwest . . . . .	63,779	6,840	10.7	0.3	64,581	7,533	11.7	0.3	*694	*0.9	0.4
South . . . . .	100,652	16,712	16.6	0.3	101,800	17,773	17.5	0.3	*1,061	*0.9	0.4
West . . . . .	64,351	11,257	17.5	0.5	65,413	11,210	17.1	0.5	-46	-0.4	0.5
<b>Household Income</b>											
Less than \$25,000 . . . . .	62,209	14,474	23.3	0.5	62,979	14,776	23.5	0.5	302	0.2	0.5
\$25,000 to \$49,999 . . . . .	76,226	13,516	17.7	0.3	75,927	14,638	19.3	0.3	*1,122	*1.5	0.4
\$50,000 to \$74,999 . . . . .	58,114	6,595	11.3	0.3	58,622	6,904	11.8	0.3	*309	*0.4	0.4
\$75,000 or more . . . . .	85,532	6,623	7.7	0.2	88,406	7,256	8.2	0.3	*633	*0.5	0.3
<b>Education</b> (18 years and older)											
Total . . . . .	209,454	32,698	15.6	0.2	212,622	35,042	16.5	0.2	*2,344	*0.9	0.3
No high school diploma . . . . .	35,423	9,776	27.6	0.7	34,829	9,768	28.0	0.7	-8	0.4	0.8
High school graduate only . . . . .	66,682	11,618	17.4	0.3	67,512	12,671	18.8	0.3	*1,053	*1.3	0.5
Some college, no degree . . . . .	40,282	5,815	14.4	0.5	41,319	6,214	15.0	0.5	*398	*0.6	0.6
Associate degree . . . . .	16,183	1,754	10.8	0.7	16,350	1,981	12.1	0.7	*226	*1.3	0.8
Bachelor's degree or higher . . . . .	50,884	3,734	7.3	0.3	52,612	4,408	8.4	0.3	*674	*1.0	0.4
<b>Work Experience</b> (18 to 64 years old)											
Total . . . . .	175,685	32,426	18.5	0.3	178,388	34,785	19.5	0.3	*2,359	*1.0	0.3
Worked during year . . . . .	142,474	24,230	17.0	0.3	142,918	25,679	18.0	0.3	*1,449	*1.0	0.3
Worked full-time . . . . .	118,776	19,014	16.0	0.3	118,411	19,911	16.8	0.3	*897	*0.8	0.3
Worked part-time . . . . .	23,698	5,216	22.0	0.7	24,506	5,767	23.5	0.7	*552	*1.5	0.9
Did not work . . . . .	33,211	8,197	24.7	0.7	35,470	9,106	25.7	0.7	*909	*1.0	0.7

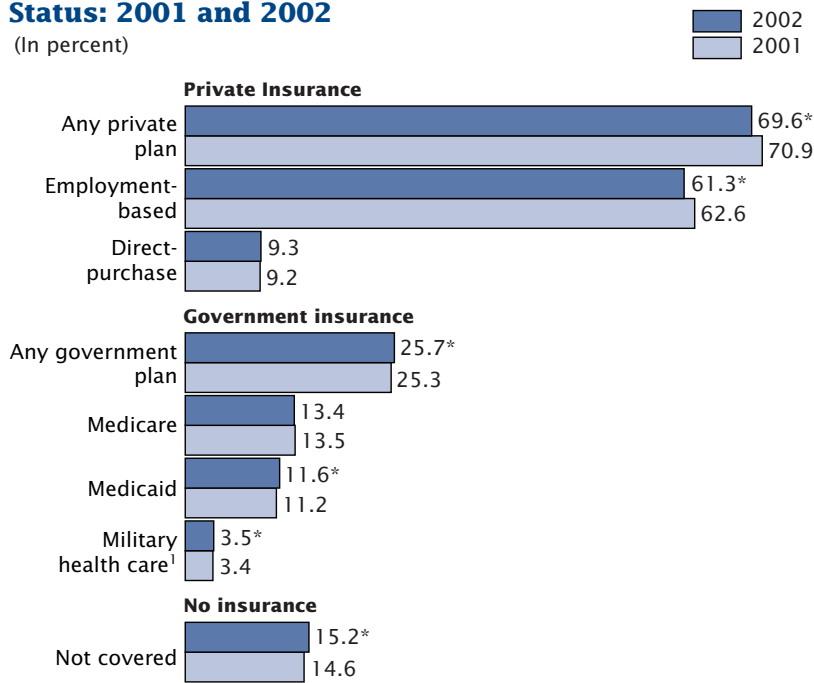
- Represents zero or rounds to zero. \*Statistically different from zero at the 90-percent confidence level.

<sup>1</sup>Details may not sum to totals because of rounding.

Source: U.S. Census Bureau, Current Population Survey, 2002 and 2003 Annual Social and Economic Supplements.

Figure 1.  
**Type of Health Insurance and Coverage Status: 2001 and 2002**

(In percent)



\*Change is statistically different from zero at the 90-percent confidence level.

<sup>1</sup>Military health care includes: CHAMPUS (Comprehensive Health and Medical Plan for Uniformed Services)/Tricare and CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), as well as care provided by the Veterans Administration and the military.

Note: The estimates by type of coverage are not mutually exclusive; people can be covered by more than one type of health insurance during the year.

Source: U.S. Census Bureau, Current Population Survey, 2002 and 2003 Annual Social and Economic Supplements.

- Among the entire population 18 to 64 years old, workers were more likely to have health insurance (82.0 percent) than non-workers (74.3 percent). Among those in poverty, workers were less likely to be covered (52.6 percent) than nonworkers (61.9 percent).
- Compared with 2001, the proportion who had employment-based policies in their own name decreased from 56.3 percent to 55.2 percent in 2002.
- Young adults (18 to 24 years old) were less likely than other age groups to have health insurance coverage — 70.4 percent in 2002, compared with 82.0 percent of those 25 to 64 and, reflecting widespread medicare coverage, 99.2 percent of those 65 and over.
- Spells without health insurance, measured on a monthly basis, tend to be short in duration — about three-quarters (74.7 percent) were over within 1 year.

### Racial Group Comparisons in the 2003 Current Population Survey

For the first time in 2003, CPS respondents could identify themselves in more than one racial group; previously they had to choose one.<sup>2</sup> This may complicate year-to-year comparisons.

We do not know how people who reported more than one race in 2003 previously reported their race; there is no single way to compare changes in health insurance coverage by race. This report compares 2001 single-race data with two different sets of race data for 2002: one comparison based

on those who reported only one race, and another comparison based on those who reported more than one race. For example, this report compares the 2001 income figures for Blacks with 2002 income figures for two groups:

- 1) those who reported Black and did not report any other race (alone) and
- 2) those who reported Black and did not report any other race or Black who reported some other race (alone or in combination).

This report provides year-to-year comparisons for each racial group except American Indians and Alaska Natives, and Native Hawaiians and other Pacific Islanders, because the sample was not sufficiently large.

<sup>2</sup> The Office of Management and Budget (OMB) establishes the guidelines for the collection and classification of data for race (including the option for respondents to mark more than one race) and Hispanic origin. Race and Hispanic origin are treated as separate and distinct concepts in accordance with OMB guidelines. For further information, see [www.whitehouse.gov/omb/ombdir15.html](http://www.whitehouse.gov/omb/ombdir15.html).

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## More people did not have health insurance in 2002 than in 2001.

The number of people without health insurance coverage rose to 43.6 million (15.2 percent of the population) in 2002, up 2.4 million from the previous year, when 14.6 percent of the population lacked coverage (see Table 1). However, the number of people covered by health insurance also increased in 2002, up 1.5 million to 242.4 million (84.8 percent of the population). Both increases can be attributed largely to an overall population growth from 2001 to 2002.

## A decline in employment-based insurance prompted the decrease in insurance coverage rates.<sup>3</sup>

Most people (61.3 percent) were covered by a health insurance plan related to employment for some or all of 2002, a decline of 1.3 percentage points from the previous year. This decline essentially explains the drop in total private health insurance coverage, to 69.6 percent in 2002 (see Figure 1).

Health insurance coverage provided by the government increased between 2001 and 2002, but not enough to offset the decline in private coverage. Medicaid coverage rose by 0.4 percentage points to 11.6 percent in 2002. Among the entire population, 25.7 percent had government insurance, including Medicare (13.4 percent), Medicaid (11.6 percent), and military health care (3.5 percent). Many people carried coverage from more than one plan during the year; for example, 7.4 percent of people were covered by both private health insurance and Medicare.

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<sup>3</sup> Employment-based health insurance is coverage offered through one's own employment or a relative's.

## The uninsured rates for people in or close to poverty did not change between 2001 and 2002.

Despite the Medicaid program, 10.5 million poor people, or 30.4 percent of people in poverty, had no health insurance of any kind during 2002. This percentage — double the rate for the total population — did not change from the previous year. About 24.1 percent of all uninsured people were in poverty (see Table 2).

Medicaid was the most widespread type of health insurance among people in poverty, with 40.5 percent (14.0 million) of them covered by Medicaid for some or all of 2002. This percentage did not change from the previous year.<sup>4</sup>

Among the near poor (whose family incomes were at least 100 percent, but less than 125 percent, of their poverty thresholds), 27.9 percent (3.5 million people) lacked health insurance in 2002, unchanged from 2001.

## Key demographic factors affect health insurance coverage.

**Age** — People 18 to 24 years old were less likely than other age groups to have health insurance coverage, with 70.4 percent covered for some or all of 2002. Because of Medicare, almost all people 65 and over (99.2 percent) had health insurance in 2002. For other age groups, health insurance coverage ranged from 75.1 percent to 88.4 percent (see Figure 2).

Among people in poverty, those 18 to 64 years old had a markedly lower health insurance coverage rate (57.6 percent) in 2002 than people under 18 (79.9 percent) or 65 and over (98.1 percent).

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<sup>4</sup> Changes in year-to-year Medicaid estimates should be viewed with caution. For more information, see the Technical Note on page 12.

**Race and Hispanic origin** — The uninsured rate for non-Hispanic Whites who reported only one race was 10.7 percent in 2002 — higher than the uninsured rate of 10.0 percent for non-Hispanic Whites in 2001 (see Table 3). Similarly, the uninsured rate for Blacks who reported a single race was 20.2 percent in 2002 and it was 19.9 percent for Blacks who reported one or more races in 2002 — both higher than the uninsured rate of 19.0 percent for Blacks in 2001. The uninsured rate for people who reported Asian and/or Native Hawaiian and Other Pacific Islander ranged from 18.1 percent to 18.7 percent in 2002, not statistically different from the rate for Asians and Pacific Islanders in 2001 (18.2 percent).<sup>5,6</sup> The uninsured rate among Hispanics (32.4 percent in 2002) did not change from 2001 to 2002 and was higher than any other racial or ethnic group.

**Nativity** — In 2002, the proportion of the foreign-born population without health insurance (33.4 percent) was more than double that of the native population (12.8 percent).<sup>7</sup> Among the foreign born, noncitizens were much more likely than naturalized citizens to lack coverage — 43.3 percent compared with 17.5 percent.

**Educational attainment** — Among all adults, the likelihood of being insured increases as the level of education rises. Compared with the

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<sup>5</sup> The health insurance coverage rates of Blacks and Asians and Pacific Islanders were not different in 2001.

<sup>6</sup> The health insurance coverage rates of people who reported Asians and/or Native Hawaiian and Other Pacific Islanders were not different.

<sup>7</sup> Natives are people born in the United States, Puerto Rico, or an outlying area of the United States, such as Guam or the U.S. Virgin Islands, and people who were born in a foreign country but who had at least one parent who was a U.S. citizen. All other people born outside the United States are foreign born.

Table 2.

## People in Poverty Without Health Insurance for the Entire Year by Selected Characteristics: 2001 and 2002

(Numbers in thousands. For an explanation of confidence intervals, see "Standard errors and their use" on the Census Bureau's Current Population Survey Web site at [www.bls.census.gov/cps/ads/2003/ssrcacc.htm](http://www.bls.census.gov/cps/ads/2003/ssrcacc.htm))

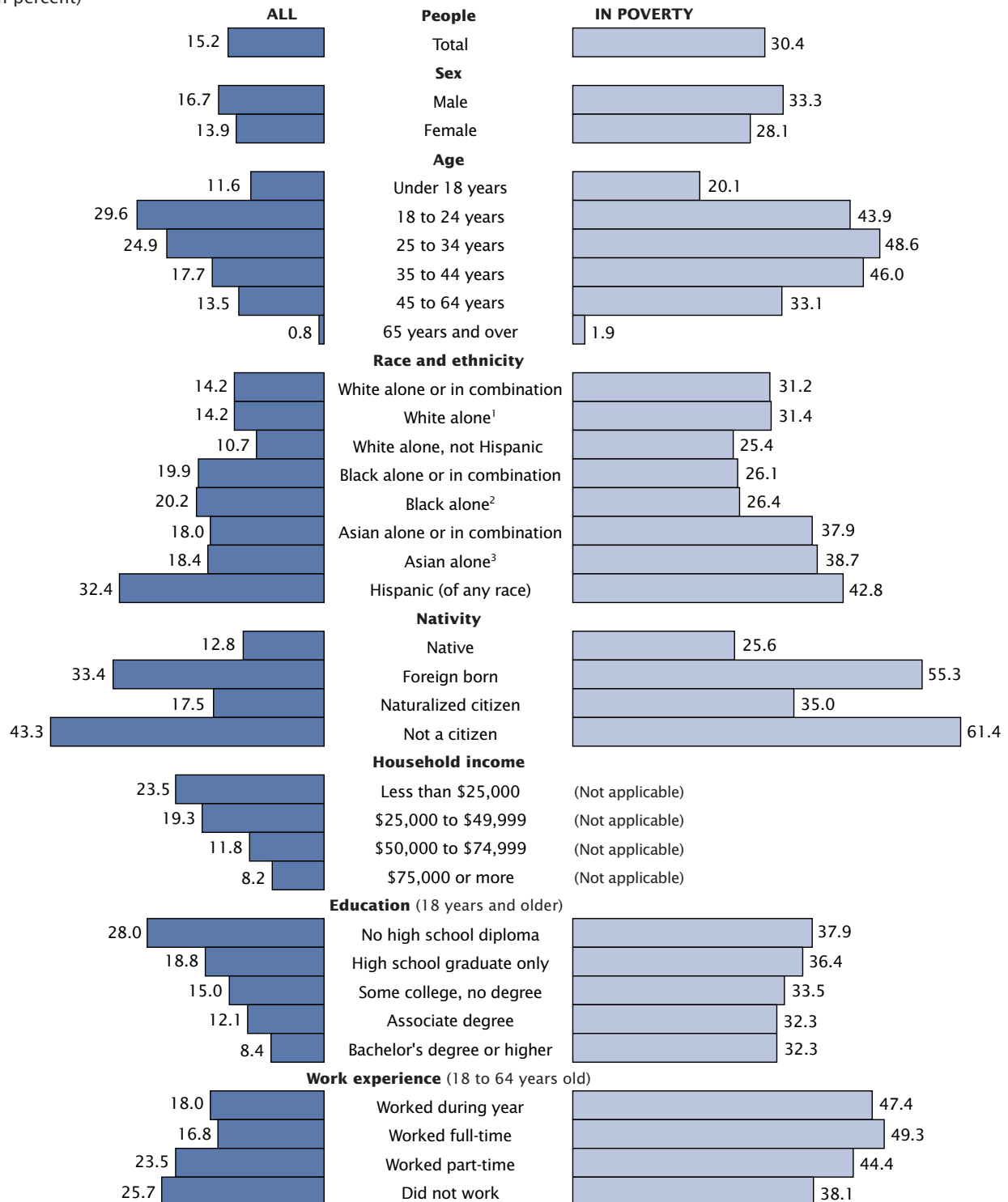
Characteristic	2001				2002				Change 2002 less 2001 <sup>1</sup>		
	Total	Uninsured		Percent 90-percent confidence interval (±)	Total	Uninsured		Percent 90-percent confidence interval (±)	Uninsured		Percent 90-percent confidence interval (±)
		Number	Percent <sup>1</sup>			Number	Percent <sup>1</sup>		Number	Percent	
<b>People</b>											
Total .....	32,907	10,093	30.7	1.0	34,570	10,492	30.4	1.0	*399	-0.3	1.0
<b>Sex</b>											
Male .....	14,327	4,854	33.9	1.5	15,162	5,042	33.3	1.5	188	-0.6	1.5
Female .....	18,580	5,239	28.2	1.3	19,408	5,450	28.1	1.2	211	-0.1	1.3
<b>Age</b>											
Under 18 years .....	11,733	2,497	21.3	1.3	12,133	2,434	20.1	1.2	-62	-1.2	1.3
18 to 24 years .....	4,449	2,025	45.5	1.8	4,536	1,991	43.9	1.6	-34	-1.6	1.8
25 to 34 years .....	4,255	2,108	49.5	1.8	4,674	2,273	48.6	1.6	*165	-0.9	1.8
35 to 44 years .....	3,822	1,703	44.6	1.8	4,087	1,882	46.0	1.8	*178	1.5	1.9
45 to 64 years .....	5,234	1,669	31.9	1.5	5,564	1,844	33.1	1.5	*175	1.2	1.6
65 years and over .....	3,414	91	2.7	0.7	3,576	67	1.9	0.5	*-23	*-0.8	0.6
<b>Nativity</b>											
Native .....	27,698	7,223	26.1	1.0	29,012	7,418	25.6	1.0	196	-0.5	1.0
Foreign born .....	5,209	2,870	55.1	3.0	5,558	3,074	55.3	2.8	204	0.2	3.1
Naturalized citizen .....	1,186	377	31.8	5.8	1,285	449	35.0	5.8	72	3.2	6.1
Not a citizen .....	4,023	2,493	62.0	3.3	4,273	2,625	61.4	3.3	132	-0.5	3.4
<b>Region</b>											
Northeast .....	5,687	1,504	26.4	2.1	5,871	1,394	23.7	2.0	-110	*-2.7	2.1
Midwest .....	5,966	1,546	25.9	2.0	6,616	1,798	27.2	2.0	*252	1.3	2.1
South .....	13,515	4,366	32.3	1.6	14,019	4,617	32.9	1.6	252	0.6	1.7
West .....	7,739	2,677	34.6	2.3	8,064	2,682	33.3	2.1	5	-1.3	2.3
<b>Education (18 years and older)</b>											
Total .....	21,174	7,596	35.9	1.3	22,437	8,058	35.9	1.2	*461	-	1.3
No high school diploma ..	8,033	2,992	37.2	2.0	8,221	3,113	37.9	2.0	122	0.6	2.1
High school graduate only .....	7,029	2,523	35.9	2.1	7,487	2,728	36.4	2.1	*205	0.5	2.2
Some college, no degree ..	3,392	1,194	35.2	3.1	3,678	1,231	33.5	3.0	37	-1.7	3.2
Associate degree .....	886	314	35.4	6.1	929	301	32.3	5.8	-13	-3.1	6.2
Bachelor's degree or higher .....	1,832	574	31.3	4.1	2,122	684	32.3	3.8	*110	0.9	4.2
<b>Work Experience (18 to 64 years old)</b>											
Total .....	17,760	7,506	42.3	1.5	18,861	7,990	42.4	1.3	*485	0.1	1.4
Worked during year .....	8,172	3,978	48.7	2.1	8,608	4,080	47.4	2.0	102	-1.3	2.2
Worked full-time .....	5,121	2,575	50.3	2.6	5,277	2,603	49.3	2.6	28	-1.0	2.7
Worked part-time .....	3,051	1,403	46.0	3.5	3,331	1,477	44.4	3.3	74	-1.6	3.5
Did not work .....	9,588	3,528	36.8	1.8	10,253	3,910	38.1	1.8	*382	1.3	1.9

- Represents zero or rounds to zero. \*Statistically different from zero at the 90-percent confidence level.

<sup>1</sup>Details may not sum to totals because of rounding.

Source: U.S. Census Bureau, Current Population Survey, 2002 and 2003 Annual Social and Economic Supplements.

Figure 2.  
**People Without Health Insurance for the Entire Year by Selected Characteristics: 2002**  
(In percent)



<sup>1</sup> The 2003 CPS asked respondents to choose one or more races. White Alone refers to people who reported White and did not report any other race category. The use of this single-race population does not imply that it is the preferred method of presenting or analyzing data. The Census Bureau uses a variety of approaches. Information on people who reported more than one race, such as "White *and* American Indian and Alaska Native" or "Asian *and* Black or African American," is available from Census 2000 through American FactFinder. About 2.6 percent of people reported more than one race in 2000.

<sup>2</sup> Black alone refers to people who reported Black or African American and did not report any other race category.

<sup>3</sup> Asian alone refers to people who reported Asian and did not report any other race category.

Note: For discussion of statistically significant differences between groups, see text.

Source: U.S. Census Bureau, Current Population Survey, 2003 Annual Social and Economic Supplement.



Table 3.  
**People Without Health Insurance Coverage for the Entire Year by Race and Ethnicity: 2001 and 2002**

(Numbers in thousands. For an explanation of confidence intervals, see "Standard errors and their use" on the Census Bureau's Current Population Survey Annual Demographic Supplement Web site at [www.bls.census.gov/cps/ads/2003/ssracc.htm](http://www.bls.census.gov/cps/ads/2003/ssracc.htm))

Race and Hispanic origin	2001			Race and Hispanic origin	2002			Percent change in uninsured (2001 to 2002)	90-percent confidence interval of percent change (±)
	Number	Percent	Percent 90-percent confidence interval (±)		Number	Percent	Percent 90-percent confidence interval (±)		
All races . . . . .	41,207	14.6	0.2	All races. . . . .	43,574	15.2	0.2	*0.6	0.2
White . . . . .	31,193	13.6	0.2	White alone or in combination . . . . .	33,320	14.2	0.2	*0.6	0.2
				White alone <sup>1</sup> . . . . .	32,706	14.2	0.2	*0.6	0.2
White, not Hispanic . . . . .	19,409	10.0	0.2	White alone, not Hispanic . . . . .	20,782	10.7	0.2	*0.7	0.2
Black. . . . .	6,833	19.0	0.7	Black alone or in combination . . . . .	7,429	19.9	0.7	*0.9	0.8
				Black alone <sup>2</sup> . . . . .	7,228	20.2	0.7	*1.2	0.8
Asian and Pacific Islander . . . . .	2,278	18.2	1.1	Asian alone or in combination . . . . .	2,248	18.0	1.1	-0.2	1.3
				Asian alone <sup>3</sup> . . . . .	2,132	18.4	1.2	0.2	1.3
				Asian, Native Hawaiian and Other Pacific Islander, either alone or in combination . . . . .	2,447	18.1	1.1	-0.1	1.3
				Asian and/or Native Hawaiian and Other Pacific Islander <sup>4</sup> . . . . .	2,313	18.7	1.1	0.5	1.3
Hispanic origin (of any race) . . . . .	12,417	33.2	0.8	Hispanic (of any race) . . . . .	12,756	32.4	0.8	-0.8	0.8

\* Statistically different from zero at the 90-percent confidence level.

<sup>1</sup>The 2003 CPS asked respondents to choose one or more races. White alone refers to people who reported White and did not report any other race category. The use of this single-race population does not imply that it is the preferred method of presenting or analyzing data. The Census Bureau uses a variety of approaches. Information on people who reported more than one race, such as "White and American Indian and Alaska Native" or "Asian and Black or African American," is available from Census 2000 through American FactFinder. About 2.6 percent of people reported more than one race in 2000.

<sup>2</sup>Black alone refers to people who reported Black or African American and did not report any other race category.

<sup>3</sup>Asian alone refers to people who reported Asian and did not report any other race category.

<sup>4</sup>Asian and/or Native Hawaiian and Other Pacific Islander refers to people who reported either or both of these categories, but did not report any other category.

Source: U.S. Census Bureau, Current Population Survey, 2002 and 2003 Annual Social and Economic Supplements.

previous year, coverage rates decreased both for those who were high school graduates only and for those with more education. Coverage rates did not change for adults with no high school diploma.

**Economic status affects health insurance coverage.**

*Income* — The likelihood of being covered by health insurance rises with income. Among households with annual incomes of less than \$25,000, 76.5 percent had health insurance; the level rises to 91.8 percent for those with incomes of \$75,000 or more (see Figure 2).

Compared with the previous year, the coverage rate remained the same for those with household

incomes less than \$25,000, whereas rates dropped for those in each higher category of household income. For those with household incomes of \$25,000 to \$50,000, the coverage rate decreased 1.5 percentage points to 80.7 percent, while for those with incomes of \$50,000 to \$75,000, it dropped by 0.4 percentage points to 88.2 percent, and for households with incomes of \$75,000 or more, it decreased by 0.5 percentage points to 91.8 percent.

*Work experience* — Of those 18 to 64 years old in 2002, full-time workers were more likely to be covered by health insurance (83.2 percent) than part-time workers (76.5 percent), who in turn were

more likely to be insured than nonworkers (74.3 percent).<sup>8</sup> However, among people in poverty, nonworkers (61.9 percent) were more likely to be insured than part-time workers (55.6 percent), who were more likely to be insured than full-time workers (50.7 percent).

*Firm size* — Of the 142.9 million workers in the United States who were 18 to 64 years old, 55.2 percent had employment-based health insurance policies in their own name (see Figure 3). The proportion increased with the size of the employing firm from 30.8 percent

<sup>8</sup> Workers were classified as part time if they worked fewer than 35 hours per week in the majority of the weeks they worked in 2002.

for firms with fewer than 25 employees to 68.7 percent for firms with 1,000 or more employees. (These estimates do not reflect the fact that some workers were covered by another family member's employment-based policy). Compared with the previous year, the proportion of workers who had employment-based policies in their own name in 2002 decreased from 56.3 percent to 55.2 percent.

**The uninsured rate for children did not change between 2001 and 2002.**

The number and percentage of children (people under 18 years old) without health insurance did not change in 2002 (see Table 1), remaining at 8.5 million or 11.6 percent. A decline in employment-based health insurance coverage of children was offset by an increase in coverage by medicaid or the State Children's Health Insurance Program.

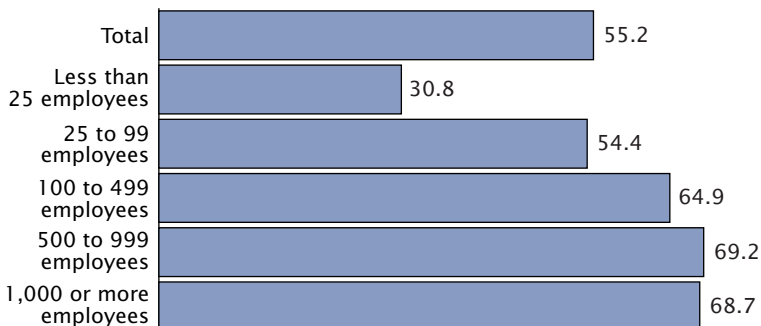
Among children in poverty, 20.1 percent (2.4 million children) had no health insurance during 2002, unchanged from the previous year (see Table 2). For this group, government health insurance coverage increased from 63.3 percent to 64.8 percent in 2002, while employment-based coverage (17.4 percent) did not change. Children in poverty made up 28.5 percent of all uninsured children in 2002.

Among near-poor children (those in families whose incomes were at least 100 percent, but less than 125 percent, of their poverty thresholds), 22.2 percent (0.9 million children) were without health insurance in 2002, unchanged from 2001.<sup>9</sup> For this

<sup>9</sup> The health insurance coverage rates of children in poverty and near-poor children were not different.

Figure 3.  
**Workers Age 18 to 64 Covered by Their Own Employment-Based Health Insurance by Firm Size: 2002**

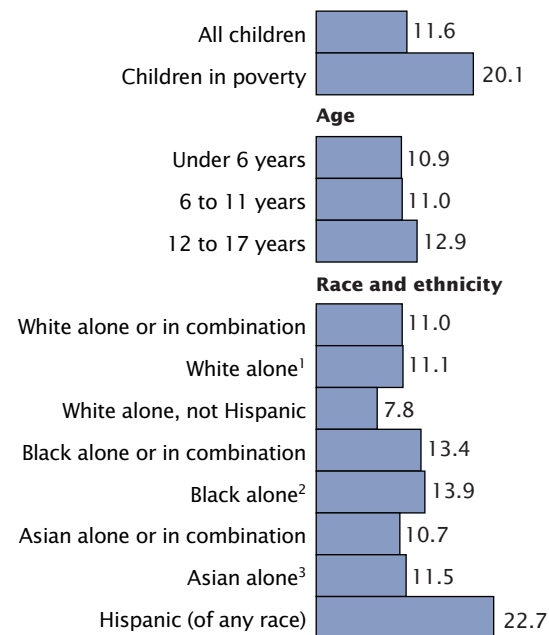
(In percent)



Note: For discussion of statistically significant differences between groups, see text.  
Source: U.S. Census Bureau, Current Population Survey, 2003 Annual Social and Economic Supplement.

Figure 4.  
**Uninsured Children by Race, Ethnicity, and Age: 2002**

(In percent)



<sup>1</sup> The 2003 CPS asked respondents to choose one or more races. White alone refers to people who reported White and did not report any other race category. The use of this single-race population does not imply that it is the preferred method of presenting or analyzing data. The Census Bureau uses a variety of approaches. Information on people who reported more than one race, such as "White and American Indian and Alaska Native" or "Asian and Black or African American," is available from Census 2000 through American FactFinder. About 2.6 percent of people reported more than one race in 2000.

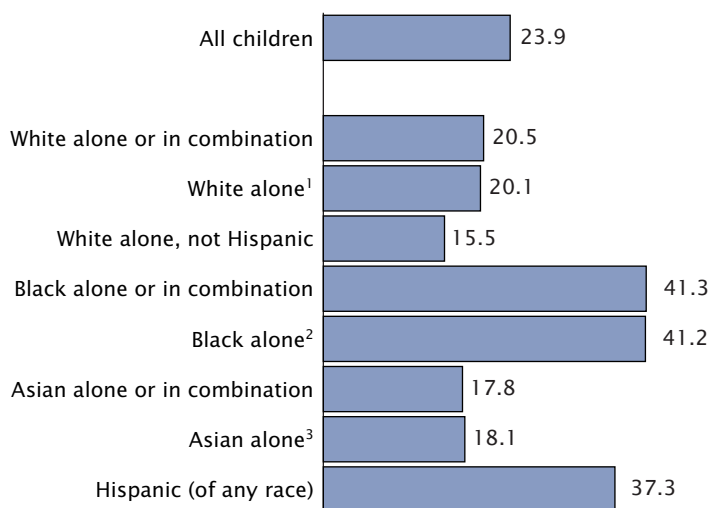
<sup>2</sup> Black alone refers to people who reported Black or African American and did not report any other race category.

<sup>3</sup> Asian alone refers to people who reported Asian and did not report any other race category. Note: For discussion of statistically significant differences between groups, see text.

Source: U.S. Census Bureau, Current Population Survey, 2003 Annual Social and Economic Supplement.

Figure 5.  
**Children Covered by Medicaid by Race and Ethnicity: 2002**

(In percent)



<sup>1</sup> The 2003 CPS asked respondents to choose one or more races. White alone refers to people who reported White and did not report any other race category. The use of this single-race population does not imply that it is the preferred method of presenting or analyzing data. The Census Bureau uses a variety of approaches. Information on people who reported more than one race, such as "White **and** American Indian and Alaska Native" or "Asian **and** Black or African American," is available from Census 2000 through American FactFinder. About 2.6 percent of people reported more than one race in 2000.

<sup>2</sup> Black alone refers to people who reported Black or African American and did not report any other race category.

<sup>3</sup> Asian alone refers to people who reported Asian and did not report any other race category.

Note: For discussion of statistically significant differences between groups, see text.

Source: U.S. Census Bureau, Current Population Survey, 2003 Annual Social and Economic Supplement.

group, neither private health insurance coverage nor government health insurance coverage changed from the previous year.

### The likelihood of health insurance coverage varies among children.

- Children 12 to 17 years old were more likely to be uninsured than those under 12 — 12.9 percent compared with 11.0 percent.
- Whereas 22.7 percent of Hispanic children did not have any kind of health insurance in 2002, the comparable rates among children reporting a single race were 7.8 percent for non-Hispanic White children, 13.9 percent for

Black children, and 11.5 percent for Asian children.

- Most children (67.5 percent) were covered by an employment-based or privately purchased health insurance plan in 2002, but nearly 1 in 4 (23.9 percent) was covered by Medicaid.
- Black children with no other race reported had a higher rate of Medicaid coverage in 2002 than children of any other racial or ethnic group examined here — 41.2 percent, compared with 37.3 percent of Hispanic children, 18.1 percent of Asian children with no other race reported, and 15.5 percent of non-Hispanic White children with no other race reported (see Figure 5).

- Children living in single-parent families in 2002 were less likely to be insured than children living in married-couple families — 84.7 percent compared with 90.3 percent.

### Uninsured rates vary among the states.

The proportion of people without health insurance ranged from 8.0 percent in Minnesota to 24.1 percent in Texas, based on 3-year averages for 2000, 2001, and 2002 (see Table 4). Although the data may appear to suggest that Minnesota had the lowest uninsured rate, its rate was not statistically different from the rates for Rhode Island, Wisconsin, and Iowa.

Comparisons of 2-year moving averages (2000-2001 to 2001-2002) show that the proportion of people without coverage rose in eighteen states: Colorado, Idaho, Indiana, Maryland, Michigan, Mississippi, Missouri, Nevada, New Hampshire, New Jersey, North Carolina, Oregon, Pennsylvania, Rhode Island, Texas, Vermont, Virginia, and Wisconsin. The proportion of people without coverage fell in only one state, New Mexico (see Figure 6).

### Spells Without Health Insurance

The CPS ASEC provides good estimates of the net change in the number of uninsured people from one year to the next, but it does not show how long a given person remains uninsured, what percentage of the uninsured population remains uninsured in the following year, how many people obtain coverage, or any changes in a person's coverage within a given year.

These more dynamic measures of health insurance coverage are

Table 4.

### Percent of People Without Health Insurance Coverage for the Entire Year by State (3-Year Average): 2000 to 2002

(For an explanation of confidence intervals, see "Standard errors and their use" on the Census Bureau's Current Population Survey Annual Demographic Supplement Web site at [www.bls.census.gov/cps/ads/2003/ssrcacc.htm](http://www.bls.census.gov/cps/ads/2003/ssrcacc.htm))

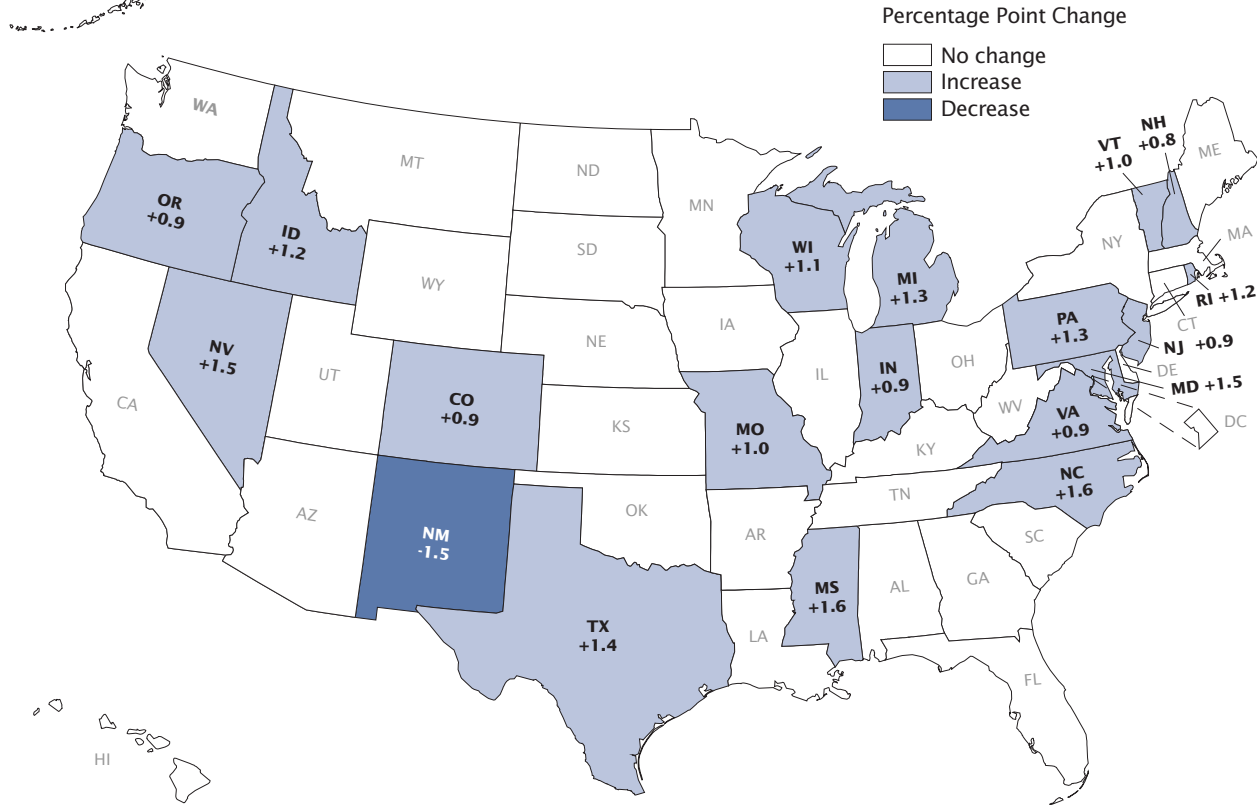
State	3-year average (2000-2002)		2-year average (2000-2001)		2-year average (2001-2002)		Change (2001-2002 less 2000-2001) <sup>1</sup>	
	Percent	90-percent confidence interval (±)	Percent	90-percent confidence interval (±)	Percent	90-percent confidence interval (±)	Percent	90-percent confidence interval (±)
United States .....	14.7	0.1	14.4	0.1	14.9	0.1	*0.5	0.1
Alabama .....	13.0	0.9	13.2	1.0	12.9	1.0	-0.3	0.9
Alaska .....	17.8	0.9	17.3	1.1	17.3	1.1	-	1.0
Arizona .....	17.1	1.0	17.3	1.2	17.4	1.2	0.1	1.1
Arkansas .....	15.6	1.0	15.2	1.1	16.2	1.2	1.0	1.0
California .....	18.7	0.5	19.0	0.6	18.8	0.6	-0.2	0.5
Colorado .....	15.3	0.8	14.9	0.9	15.8	1.0	*0.9	0.8
Connecticut .....	10.2	0.7	10.0	0.8	10.4	0.8	0.4	0.7
Delaware .....	9.5	0.8	9.2	0.9	9.6	0.9	0.3	0.8
District of Columbia .....	13.2	0.9	13.4	1.1	12.8	1.1	-0.6	1.0
Florida .....	17.5	0.6	17.6	0.7	17.4	0.7	-0.2	0.6
Georgia .....	15.7	0.9	15.5	1.1	16.3	1.1	0.9	1.0
Hawaii .....	9.7	0.7	9.5	0.8	9.8	0.9	0.3	0.8
Idaho .....	16.4	1.0	15.7	1.2	16.9	1.2	*1.2	1.1
Illinois .....	13.9	0.6	13.7	0.7	13.9	0.7	0.1	0.6
Indiana .....	12.0	0.7	11.5	0.8	12.4	0.9	*0.9	0.8
Iowa .....	8.6	0.7	8.2	0.7	8.5	0.8	0.3	0.7
Kansas .....	10.9	0.7	11.1	0.9	10.9	0.9	-0.2	0.8
Kentucky .....	13.2	0.8	13.0	1.0	12.9	1.0	-	0.9
Louisiana .....	18.6	1.1	18.7	1.2	18.8	1.3	0.2	1.1
Maine .....	10.8	0.7	10.6	0.8	10.8	0.8	0.2	0.7
Maryland .....	12.0	0.7	11.3	0.8	12.8	0.9	*1.5	0.8
Massachusetts .....	9.0	0.6	8.5	0.7	9.1	0.7	0.6	0.7
Michigan .....	10.4	0.6	9.8	0.6	11.0	0.7	*1.3	0.6
Minnesota .....	8.0	0.6	8.1	0.7	7.9	0.7	-0.1	0.7
Mississippi .....	15.6	1.0	15.0	1.2	16.5	1.3	*1.6	1.1
Missouri .....	10.4	0.7	9.9	0.8	10.9	0.9	*1.0	0.8
Montana .....	15.2	1.0	15.2	1.2	14.5	1.2	-0.7	1.1
Nebraska .....	9.6	0.7	9.3	0.8	9.9	0.9	0.5	0.8
Nevada .....	17.5	0.9	16.5	1.0	17.9	1.1	*1.5	1.0
New Hampshire .....	9.2	0.7	8.9	0.7	9.7	0.8	*0.8	0.7
New Jersey .....	13.1	0.6	12.6	0.7	13.5	0.8	*0.9	0.7
New Mexico .....	22.0	1.3	22.4	1.5	20.9	1.5	*-1.5	1.3
New York .....	15.8	0.5	15.9	0.6	15.6	0.6	-0.2	0.5
North Carolina .....	14.9	0.7	14.0	0.8	15.6	0.9	*1.6	0.8
North Dakota .....	10.7	0.8	10.5	0.9	10.3	0.9	-0.2	0.8
Ohio .....	11.4	0.6	11.2	0.6	11.5	0.7	0.4	0.6
Oklahoma .....	18.2	1.0	18.6	1.2	17.8	1.2	-0.8	1.0
Oregon .....	13.3	0.8	12.7	1.0	13.7	1.0	*0.9	0.9
Pennsylvania .....	9.7	0.5	9.0	0.5	10.3	0.6	*1.3	0.5
Rhode Island .....	8.3	0.6	7.6	0.7	8.8	0.8	*1.2	0.7
South Carolina .....	12.3	0.8	12.2	0.9	12.4	1.0	0.2	0.9
South Dakota .....	10.6	0.7	10.2	0.8	10.4	0.9	0.2	0.8
Tennessee .....	11.0	0.8	11.1	1.0	11.0	1.0	-	0.9
Texas .....	24.1	0.6	23.2	0.8	24.7	0.8	*1.4	0.7
Utah .....	13.6	0.9	13.7	1.0	14.1	1.1	0.4	0.9
Vermont .....	9.6	0.7	9.1	0.8	10.1	0.9	*1.0	0.8
Virginia .....	12.0	0.8	11.3	0.9	12.2	1.0	*0.9	0.8
Washington .....	13.6	0.8	13.3	1.0	13.7	1.0	0.3	0.9
West Virginia .....	14.0	0.8	13.6	0.9	13.9	1.0	0.2	0.9
Wisconsin .....	8.4	0.6	7.6	0.7	8.7	0.8	*1.1	0.7
Wyoming .....	16.4	0.9	15.8	1.1	16.8	1.2	1.0	1.0

-Represents zero. \*Statistically different from zero at the 90-percent confidence level.

<sup>1</sup>Details may not sum to totals because of rounding.

Source: U.S. Census Bureau, Current Population Survey, 2001, 2002, and 2003 Annual Social and Economic Supplements.

Figure 6.  
**States With Significant Changes in 2-Year Average  
 Uninsured Rates: 2001-2002 Less 2000-2001**



Source: U.S. Census Bureau, Current Population Survey, 2001, 2002, and 2003 Annual Social and Economic Supplements.

available from the Survey of Income and Program Participation (SIPP). Unlike the CPS ASEC, which is not designed to follow the same respondents in consecutive years, the SIPP is a longitudinal survey which interviews the same respondents three times a year over the course of 3 to 4 years.

The latest longitudinal data available from the SIPP come from the 1996 panel, which covered January 1996 to December 1999.<sup>10</sup> Figure 7

<sup>10</sup> The 2001 panel began collecting data in February 2001, and is scheduled to collect data until January 2004.

displays the distribution of spells without health insurance by their duration. A spell without insurance is the number of consecutive months a person is not covered. To be considered in a spell, the person must be uninsured for at least 2 months. To avoid potential bias, Figure 7 does not show spells without insurance that were already underway before the first interview month.

Spells without health insurance tend to be short in duration — about three-quarters (74.7 percent) were over within 1 year and only 2.5 percent lasted more than

36 months. Some people, such as full-time workers and non-Hispanic Whites, regained health insurance sooner than others after losing it. Although some people had only one spell without insurance, others had several during the 4-year period. The median duration of spells was 5.6 months for all people who experienced at least one, excluding spells underway during the first month of the SIPP survey.<sup>11</sup>

<sup>11</sup> For further information, see Shailesh Bhandari and Robert Mills, "Dynamics of Economic Well-Being: Health Insurance 1996-1999," (P70-92) available at [www.census.gov/prod/2003pubs/p70-92.pdf](http://www.census.gov/prod/2003pubs/p70-92.pdf).

## Technical Notes

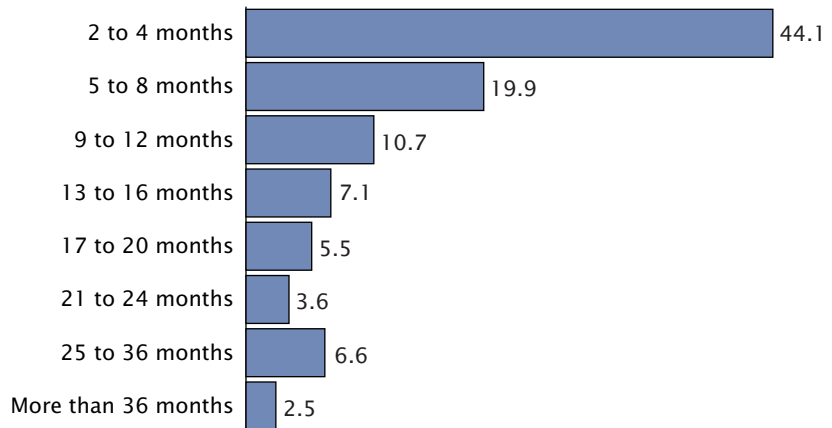
*National Surveys and Health Insurance Coverage* — Health insurance coverage is likely to be underreported on the ASEC. While under reporting affects most, if not all, surveys, under reporting of health insurance coverage on the CPS appears to be a larger problem than in other national surveys that ask about insurance. Some reasons for the disparity may include the fact that income, not health insurance, is the main focus of the ASEC questionnaire. In addition, we collect health insurance information in the ASEC by asking about the previous year's coverage in February-April of the subsequent year. Asking annual retrospective questions appears not to be a problem when collecting income data (possibly because our interview period is close to when people pay their taxes), but is probably less than ideal when asking about health insurance coverage. For a comparison between health insurance coverage rates from the major federal surveys that ask about coverage, see a recent Congressional Budget Office paper entitled *How Many People Lack Insurance and for How Long?* (Congressional Budget Office, May 2003).

*Reporting of coverage through major federal health insurance programs* — The ASEC underreports medicare and medicaid coverage compared with enrollment and participation data from the Centers for Medicare and Medicaid Services (CMS), formerly the Health Care Financing Administration.<sup>12</sup> A major reason for the lower ASEC estimates is that it is not designed primarily to collect health

<sup>12</sup> CMS is the federal agency primarily responsible for administering the medicare and medicaid programs at the national level.

Figure 7.  
**Duration of Spells Without Health Insurance:  
January 1996 to December 1999**

(Percent of uninsured spells. Excludes spells underway during the first interview month)



Note: 3.3 percent of people were without health insurance all 48 months; they are not included in the above distribution.

Source: U.S. Census Bureau, 1996 Survey of Income and Program Participation.

insurance data. Because it is largely a labor force survey, interviewers receive less training on health insurance concepts. Additionally, many people may not be aware that they or their children are covered by a health insurance program if they have not used covered services recently, and therefore, they would fail to report coverage. CMS data, on the other hand, represent the actual number of people who have enrolled or participated in these programs and are a more accurate source of coverage levels.

Changes in medicaid coverage estimates from one year to the next should be viewed with caution. Because many people who are covered by medicaid do not report that coverage, the Census Bureau assigns coverage to those who are generally regarded as “categorically eligible” (those who received some other benefits, usually public

assistance payments, that make them eligible for medicaid). Since the number of people receiving public assistance has been dropping, the relationship between medicaid and public assistance has changed, so that the imputation process has introduced a downward bias in the most recent medicaid estimates.

After consulting with health insurance experts, the Census Bureau modified the definition of the population without health insurance in the Supplement to the March 1998 Current Population Survey, which collected data about coverage in 1997. Previously, people with no coverage other than access to the Indian Health Service were counted as part of the insured population. Subsequently, the Census Bureau has counted these people as uninsured. The effect of this change on the overall estimates of health insurance coverage was negligible.

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### **CPS Data Collection**

The information in this report was collected in the 50 states and the District of Columbia and does not include residents of Puerto Rico and outlying areas. The estimates in this report are controlled to national population estimates by

age, race, sex, and Hispanic origin, and to state population estimates by age. The CPS excludes armed forces personnel living on military bases and people living in institutions. For further documentation about the CPS Annual Social and Economic Supplement, see [www.bls.census.gov/cps/ads/adsmain.htm](http://www.bls.census.gov/cps/ads/adsmain.htm)

### **User Comments**

The Census Bureau welcomes the comments and advice of users of data and reports. If you have any suggestions or comments, please call 301-763-3242.

**APPENDIX TABLES**

Table A-1.  
**Health Insurance Coverage by Race and Ethnicity: 1987 to 2002**

(Numbers in thousands. People's demographic characteristics identified in the following year's ASEC)

Year	Total people	Covered by private or government health insurance								Not covered
		Total	Private health insurance			Government health insurance			Military health care <sup>1</sup>	
			Total	Employment based	Direct-purchase	Total	Medicaid	Medicare		
<b>ALL RACES</b>										
<b>Numbers</b>										
2002	285,933	242,360	198,973	175,296	26,639	73,624	33,246	38,448	10,063	43,574
2001	282,082	240,875	199,860	176,551	26,057	71,295	31,601	38,043	9,552	41,207
2000 <sup>10</sup>	279,517	239,714	201,060	177,848	26,524	69,037	29,533	37,740	9,099	39,804
2000 <sup>9</sup>	276,540	237,857	200,249	177,286	25,836	66,935	28,613	37,028	8,334	38,683
1999 <sup>8</sup>	276,804	236,576	198,841	175,101	27,415	67,683	28,506	36,923	8,648	40,228
1999 <sup>7</sup>	274,087	234,807	197,523	174,093	26,990	66,582	28,221	36,109	8,564	39,280
1999	274,087	231,533	194,599	172,023	26,179	66,176	27,890	36,066	8,530	42,554
1998	271,743	227,462	190,861	168,576	25,948	66,087	27,854	35,887	8,747	44,281
1997 <sup>6</sup>	269,094	225,646	188,532	165,091	27,158	66,685	28,956	35,590	8,527	43,448
1996	266,792	225,077	187,395	163,221	28,335	69,000	31,451	35,227	8,712	41,716
1995	264,314	223,733	185,881	161,453	30,188	69,776	31,877	34,655	9,375	40,582
1994 <sup>5</sup>	262,105	222,387	184,318	159,634	31,349	70,163	31,645	33,901	11,165	39,718
1993 <sup>4</sup>	259,753	220,040	182,351	148,318	(NA)	68,554	31,749	33,097	9,560	39,713
1992 <sup>3</sup>	256,830	218,189	181,466	148,796	(NA)	66,244	29,416	33,230	9,510	38,641
1991	251,447	216,003	181,375	150,077	(NA)	63,882	26,880	32,907	9,820	35,445
1990	248,886	214,167	182,135	150,215	(NA)	60,965	24,261	32,260	9,922	34,719
1989	246,191	212,807	183,610	151,644	(NA)	57,382	21,185	31,495	9,870	33,385
1988	243,685	211,005	182,019	150,940	(NA)	56,850	20,728	30,925	10,105	32,680
1987 <sup>2</sup>	241,187	210,161	182,160	149,739	(NA)	56,282	20,211	30,458	10,542	31,026
<b>Percents</b>										
2002	100.0	84.8	69.6	61.3	9.3	25.7	11.6	13.4	3.5	15.2
2001	100.0	85.4	70.9	62.6	9.2	25.3	11.2	13.5	3.4	14.6
2000 <sup>10</sup>	100.0	85.8	71.9	63.6	9.5	24.7	10.6	13.5	3.3	14.2
2000 <sup>9</sup>	100.0	86.0	72.4	64.1	9.3	24.2	10.3	13.4	3.0	14.0
1999 <sup>8</sup>	100.0	85.5	71.8	63.3	9.9	24.5	10.3	13.3	3.1	14.5
1999 <sup>7</sup>	100.0	85.7	72.1	63.5	9.8	24.3	10.3	13.2	3.1	14.3
1999	100.0	84.5	71.0	62.8	9.6	24.1	10.2	13.2	3.1	15.5
1998	100.0	83.7	70.2	62.0	9.5	24.3	10.3	13.2	3.2	16.3
1997 <sup>6</sup>	100.0	83.9	70.1	61.4	10.1	24.8	10.8	13.2	3.2	16.1
1996	100.0	84.4	70.2	61.2	10.6	25.9	11.8	13.2	3.3	15.6
1995	100.0	84.6	70.3	61.1	11.4	26.4	12.1	13.1	3.5	15.4
1994 <sup>5</sup>	100.0	84.8	70.3	60.9	12.0	26.8	12.1	12.9	4.3	15.2
1993 <sup>4</sup>	100.0	84.7	70.2	57.1	(NA)	26.4	12.2	12.7	3.7	15.3
1992 <sup>3</sup>	100.0	85.0	70.7	57.9	(NA)	25.8	11.5	12.9	3.7	15.0
1991	100.0	85.9	72.1	59.7	(NA)	25.4	10.7	13.1	3.9	14.1
1990	100.0	86.1	73.2	60.4	(NA)	24.5	9.7	13.0	4.0	13.9
1989	100.0	86.4	74.6	61.6	(NA)	23.3	8.6	12.8	4.0	13.6
1988	100.0	86.6	74.7	61.9	(NA)	23.3	8.5	12.7	4.1	13.4
1987 <sup>2</sup>	100.0	87.1	75.5	62.1	(NA)	23.3	8.4	12.6	4.4	12.9

See footnotes at end of table.



Table A-1.  
**Health Insurance Coverage by Race and Ethnicity: 1987 to 2002**—Con.

(Numbers in thousands. People's demographic characteristics identified in the following year's ASEC)

Year	Total people	Covered by private or government health insurance								Not covered
		Total	Private health insurance			Government health insurance				
			Total	Employment based	Direct-purchase	Total	Medicaid	Medicare	Military health care <sup>1</sup>	
<b>WHITE ALONE<sup>11</sup></b>										
<b>Numbers</b>										
2002	230,809	198,103	167,151	146,210	23,511	57,072	22,171	33,135	8,065	32,706
<b>Percents</b>										
2002	100.0	85.8	72.4	63.3	10.2	24.7	9.6	14.4	3.5	14.2
<b>WHITE<sup>12</sup></b>										
<b>Numbers</b>										
2001	230,071	198,878	169,180	148,371	23,110	56,200	21,535	33,006	7,788	31,193
2000 <sup>10</sup>	228,208	198,133	170,071	149,364	23,474	54,287	19,889	32,695	7,158	30,075
2000 <sup>9</sup>	226,401	197,153	169,752	149,313	22,864	52,790	19,448	32,048	6,540	29,248
1999 <sup>8</sup>	225,794	195,929	168,730	147,583	24,213	53,175	18,977	32,144	6,902	29,865
1999 <sup>7</sup>	224,806	195,421	168,415	147,460	23,922	52,433	18,910	31,450	6,877	29,385
1999	224,806	192,943	166,191	145,878	23,315	52,139	18,676	31,416	6,848	31,863
1998	223,294	189,706	163,690	143,705	23,201	51,690	18,247	31,174	7,140	33,588
1997 <sup>6</sup>	221,650	188,409	161,682	140,601	24,347	52,975	19,652	31,108	6,994	33,241
1996	220,070	188,341	161,806	139,913	25,519	54,004	20,856	30,919	6,981	31,729
1995	218,442	187,337	161,303	139,151	27,337	54,141	20,528	30,580	7,656	31,105
1994 <sup>5</sup>	216,751	186,447	160,414	137,966	28,287	54,288	20,464	29,978	8,845	30,305
1993 <sup>4</sup>	215,221	184,732	158,586	128,855	(NA)	53,222	20,642	29,297	7,689	30,489
1992 <sup>3</sup>	213,198	183,479	158,612	129,685	(NA)	51,195	18,659	29,341	7,556	29,719
1991	210,257	183,130	159,628	131,646	(NA)	49,699	17,058	28,940	7,867	27,127
1990	208,754	181,795	160,146	131,836	(NA)	47,589	15,078	28,530	8,022	26,959
1989	206,983	181,126	161,363	132,882	(NA)	44,868	12,779	27,859	8,116	25,857
1988	205,333	180,122	160,753	133,050	(NA)	44,477	12,504	27,293	8,305	25,211
1987 <sup>2</sup>	203,745	179,845	161,338	132,264	(NA)	44,028	12,163	27,044	8,482	23,900
<b>Percents</b>										
2001	100.0	86.4	73.5	64.5	10.0	24.4	9.4	14.3	3.4	13.6
2000 <sup>10</sup>	100.0	86.8	74.5	65.5	10.3	23.8	8.7	14.3	3.1	13.2
2000 <sup>9</sup>	100.0	87.1	75.0	66.0	10.1	23.3	8.6	14.2	2.9	12.9
1999 <sup>8</sup>	100.0	86.8	74.7	65.4	10.7	23.6	8.4	14.2	3.1	13.2
1999 <sup>7</sup>	100.0	86.9	74.9	65.6	10.6	23.3	8.4	14.0	3.1	13.1
1999	100.0	85.8	73.9	64.9	10.4	23.2	8.3	14.0	3.0	14.2
1998	100.0	85.0	73.3	64.4	10.4	23.1	8.2	14.0	3.2	15.0
1997 <sup>6</sup>	100.0	85.0	72.9	63.4	11.0	23.9	8.9	14.0	3.2	15.0
1996	100.0	85.6	73.5	63.6	11.6	24.5	9.5	14.0	3.2	14.4
1995	100.0	85.8	73.8	63.7	12.5	24.8	9.4	14.0	3.5	14.2
1994 <sup>5</sup>	100.0	86.0	74.0	63.7	13.1	25.0	9.4	13.8	4.1	14.0
1993 <sup>4</sup>	100.0	85.8	73.7	59.9	(NA)	24.7	9.6	13.6	3.6	14.2
1992 <sup>3</sup>	100.0	86.1	74.4	60.8	(NA)	24.0	8.8	13.8	3.5	13.9
1991	100.0	87.1	75.9	62.6	(NA)	23.6	8.1	13.8	3.7	12.9
1990	100.0	87.1	76.7	63.2	(NA)	22.8	7.2	13.7	3.8	12.9
1989	100.0	87.5	78.0	64.2	(NA)	21.7	6.2	13.5	3.9	12.5
1988	100.0	87.7	78.3	64.8	(NA)	21.7	6.1	13.3	4.0	12.3
1987 <sup>2</sup>	100.0	88.3	79.2	64.9	(NA)	21.6	6.0	13.3	4.2	11.7

See footnotes at end of table.

Table A-1.  
**Health Insurance Coverage by Race and Ethnicity: 1987 to 2002**—Con.

(Numbers in thousands. People's demographic characteristics identified in the following year's ASEC)

Year	Total people	Covered by private or government health insurance								Not covered
		Total	Private health insurance			Government health insurance				
			Total	Employment based	Direct-purchase	Total	Medicaid	Medicare	Military health care <sup>1</sup>	
<b>WHITE ALONE, NOT HISPANIC</b>										
<b>Numbers</b>										
2002 .....	194,421	173,639	150,422	130,801	22,128	47,736	14,984	30,718	7,465	20,782
<b>Percents</b>										
2002 .....	100.0	89.3	77.4	67.3	11.4	24.6	7.7	15.8	3.8	10.7
<b>WHITE, NOT HISPANIC</b>										
<b>Numbers</b>										
2001 .....	194,822	175,412	152,821	133,295	21,796	47,661	15,035	30,811	7,144	19,409
2000 <sup>10</sup> .....	193,931	175,247	153,816	134,253	22,242	46,297	13,788	30,642	6,564	18,683
2000 <sup>9</sup> .....	194,196	175,319	154,272	134,903	21,719	45,117	13,591	29,938	6,075	18,877
1999 <sup>8</sup> .....	192,858	173,958	152,984	133,123	22,882	45,540	13,157	30,256	6,326	18,901
1999 <sup>7</sup> .....	193,633	174,396	153,440	133,718	22,641	45,001	13,325	29,484	6,329	19,237
1999 .....	193,633	172,271	151,539	132,381	22,104	44,749	13,120	29,457	6,306	21,363
1998 .....	193,074	170,184	149,910	130,956	22,110	44,699	12,985	29,222	6,675	22,890
1997 <sup>6</sup> .....	192,178	169,043	148,426	128,280	23,349	45,691	14,046	29,213	6,504	23,135
1996 .....	191,791	169,699	149,262	128,355	24,456	46,772	15,082	29,211	6,537	22,092
1995 .....	191,271	169,272	149,686	128,378	26,363	46,501	14,381	28,918	7,163	21,999
1994 <sup>5</sup> .....	192,771	170,541	150,181	128,633	27,205	47,475	15,052	28,467	8,318	22,230
1993 <sup>4</sup> .....	191,087	168,306	147,729	119,861	(NA)	46,158	14,980	27,795	7,243	22,781
1992 <sup>3</sup> .....	189,113	167,394	147,967	120,482	(NA)	44,649	13,390	27,853	7,104	21,719
1991 .....	189,216	168,810	149,798	123,109	(NA)	44,228	12,750	27,695	7,402	20,406
1990 .....	188,240	168,015	150,306	123,261	(NA)	42,732	11,423	27,313	7,528	20,224
1989 .....	187,078	167,889	151,424	124,311	(NA)	40,624	9,759	26,738	7,567	19,188
1988 .....	186,047	167,048	151,009	124,622	(NA)	40,259	9,522	26,224	7,743	19,000
1987 <sup>2</sup> .....	185,044	166,922	151,817	124,068	(NA)	39,792	9,143	26,054	7,883	18,122
<b>Percents</b>										
2001 .....	100.0	90.0	78.4	68.4	11.2	24.5	7.7	15.8	3.7	10.0
2000 <sup>10</sup> .....	100.0	90.4	79.3	69.2	11.5	23.9	7.1	15.8	3.4	9.6
2000 <sup>9</sup> .....	100.0	90.3	79.4	69.5	11.2	23.2	7.0	15.4	3.1	9.7
1999 <sup>8</sup> .....	100.0	90.2	79.3	69.0	11.9	23.6	6.8	15.7	3.3	9.8
1999 <sup>7</sup> .....	100.0	90.1	79.2	69.1	11.7	23.2	6.9	15.2	3.3	9.9
1999 .....	100.0	89.0	78.3	68.4	11.4	23.1	6.8	15.2	3.3	11.0
1998 .....	100.0	88.1	77.6	67.8	11.5	23.2	6.7	15.1	3.5	11.9
1997 <sup>6</sup> .....	100.0	88.0	77.2	66.8	12.1	23.8	7.3	15.2	3.4	12.0
1996 .....	100.0	88.5	77.8	66.9	12.8	24.4	7.9	15.2	3.4	11.5
1995 .....	100.0	88.5	78.3	67.1	13.8	24.3	7.5	15.1	3.7	11.5
1994 <sup>5</sup> .....	100.0	88.5	77.9	66.7	14.1	24.6	7.8	14.8	4.3	11.5
1993 <sup>4</sup> .....	100.0	88.1	77.3	62.7	(NA)	24.2	7.8	14.5	3.8	11.9
1992 <sup>3</sup> .....	100.0	88.5	78.2	63.7	(NA)	23.6	7.1	14.7	3.8	11.5
1991 .....	100.0	89.2	79.2	65.1	(NA)	23.4	6.7	14.6	3.9	10.8
1990 .....	100.0	89.3	79.8	65.5	(NA)	22.7	6.1	14.5	4.0	10.7
1989 .....	100.0	89.7	80.9	66.4	(NA)	21.7	5.2	14.3	4.0	10.3
1988 .....	100.0	89.8	81.2	67.0	(NA)	21.6	5.1	14.1	4.2	10.2
1987 <sup>2</sup> .....	100.0	90.2	82.0	67.0	(NA)	21.5	4.9	14.1	4.3	9.8

See footnotes at end of table.

Table A-1.  
**Health Insurance Coverage by Race and Ethnicity: 1987 to 2002**—Con.

(Numbers in thousands. People's demographic characteristics identified in the following year's ASEC)

Year	Total people	Covered by private or government health insurance								Not covered
		Total	Private health insurance			Government health insurance				
			Total	Employment based	Direct-purchase	Total	Medicaid	Medicare	Military health care <sup>1</sup>	
<b>BLACK ALONE OR IN COMBINATION</b>										
<b>Numbers</b>										
2002	37,350	29,921	20,231	18,837	1,621	12,624	8,744	3,851	1,342	7,429
<b>Percents</b>										
2002	100.0	80.1	54.2	50.4	4.3	33.8	23.4	10.3	3.6	19.9
<b>BLACK ALONE<sup>13</sup></b>										
<b>Numbers</b>										
2002	35,806	28,578	19,347	18,002	1,571	12,058	8,289	3,776	1,268	7,228
<b>Percents</b>										
2002	100.0	79.8	54.0	50.3	4.4	33.7	23.1	10.5	3.5	20.2
<b>BLACK<sup>12</sup></b>										
<b>Numbers</b>										
2001	36,023	29,190	20,363	18,975	1,696	11,616	7,994	3,783	1,192	6,833
2000 <sup>10</sup>	35,597	28,915	20,485	18,922	1,893	11,579	7,735	3,871	1,372	6,683
2000 <sup>9</sup>	35,919	29,295	21,182	19,562	1,936	11,116	7,250	3,808	1,380	6,623
1999 <sup>8</sup>	35,893	28,775	20,442	18,854	2,065	11,361	7,652	3,615	1,216	7,119
1999 <sup>7</sup>	35,509	28,546	20,304	18,730	2,042	11,251	7,570	3,594	1,203	6,963
1999	35,509	27,973	19,805	18,363	1,912	11,165	7,495	3,588	1,198	7,536
1998	35,070	27,274	18,663	17,132	1,782	11,524	7,903	3,703	1,111	7,797
1997 <sup>6</sup>	34,598	27,166	18,544	17,077	1,841	11,157	7,750	3,573	1,100	7,432
1996	34,218	26,799	17,718	16,358	1,745	12,074	8,572	3,393	1,357	7,419
1995	33,889	26,781	17,106	15,683	1,815	12,465	9,184	3,316	1,171	7,108
1994 <sup>5</sup>	33,531	26,928	17,147	15,607	2,147	12,693	9,007	3,167	1,683	6,603
1993 <sup>4</sup>	33,040	26,279	16,590	13,693	(NA)	12,588	9,283	3,072	1,331	6,761
1992 <sup>3</sup>	32,535	25,967	15,994	13,545	(NA)	12,464	9,122	3,154	1,459	6,567
1991	31,439	24,932	15,466	13,297	(NA)	11,776	8,352	3,248	1,482	6,507
1990	30,895	24,802	15,957	13,560	(NA)	11,150	7,809	3,106	1,402	6,093
1989	30,392	24,550	16,520	14,187	(NA)	10,443	7,123	3,043	1,340	5,843
1988	29,904	24,029	15,818	13,418	(NA)	10,415	7,049	3,064	1,385	5,875
1987 <sup>2</sup>	29,417	23,555	15,358	13,055	(NA)	10,380	7,046	2,918	1,497	5,862
<b>Percents</b>										
2001	100.0	81.0	56.5	52.7	4.7	32.2	22.2	10.5	3.3	19.0
2000 <sup>10</sup>	100.0	81.2	57.5	53.2	5.3	32.5	21.7	10.9	3.9	18.8
2000 <sup>9</sup>	100.0	81.6	59.0	54.5	5.4	30.9	20.2	10.6	3.8	18.4
1999 <sup>8</sup>	100.0	80.2	57.0	52.5	5.8	31.7	21.3	10.1	3.4	19.8
1999 <sup>7</sup>	100.0	80.4	57.2	52.7	5.7	31.7	21.3	10.1	3.4	19.6
1999	100.0	78.8	55.8	51.7	5.4	31.4	21.1	10.1	3.4	21.2
1998	100.0	77.8	53.2	48.9	5.1	32.9	22.5	10.6	3.2	22.2
1997 <sup>6</sup>	100.0	78.5	53.6	49.4	5.3	32.2	22.4	10.3	3.2	21.5
1996	100.0	78.3	51.8	47.8	5.1	35.3	25.1	9.9	4.0	21.7
1995	100.0	79.0	50.5	46.3	5.4	36.8	27.1	9.8	3.5	21.0
1994 <sup>5</sup>	100.0	80.3	51.1	46.5	6.4	37.9	26.9	9.4	5.0	19.7
1993 <sup>4</sup>	100.0	79.5	50.2	41.4	(NA)	38.1	28.1	9.3	4.0	20.5
1992 <sup>3</sup>	100.0	79.8	49.2	41.6	(NA)	38.3	28.0	9.7	4.5	20.2
1991	100.0	79.3	49.2	42.3	(NA)	37.5	26.6	10.3	4.7	20.7
1990	100.0	80.3	51.6	43.9	(NA)	36.1	25.3	10.1	4.5	19.7
1989	100.0	80.8	54.4	46.7	(NA)	34.4	23.4	10.0	4.4	19.2
1988	100.0	80.4	52.9	44.9	(NA)	34.8	23.6	10.2	4.6	19.6
1987 <sup>2</sup>	100.0	80.1	52.2	44.4	(NA)	35.3	24.0	9.9	5.1	19.9

See footnotes at end of table.

Table A-1.  
**Health Insurance Coverage by Race and Ethnicity: 1987 to 2002**—Con.

(Numbers in thousands. People's demographic characteristics identified in the following year's ASEC)

Year	Total people	Covered by private or government health insurance								Not covered
		Total	Private health insurance			Government health insurance				
			Total	Employment based	Direct-purchase	Total	Medicaid	Medicare	Military health care <sup>1</sup>	
<b>ASIAN ALONE OR IN COMBINATION</b>										
<b>Numbers</b>										
2002	12,504	10,256	8,639	7,576	1,194	2,341	1,322	1,008	347	2,248
<b>Percents</b>										
2002	100.0	82.0	69.1	60.6	9.5	18.7	10.6	8.1	2.8	18.0
<b>ASIAN ALONE<sup>14</sup></b>										
<b>Numbers</b>										
2002	11,558	9,426	7,939	6,932	1,137	2,132	1,202	988	270	2,132
<b>Percents</b>										
2002	100.0	81.6	68.7	60.0	9.8	18.4	10.4	8.5	2.3	18.4
<b>ASIAN AND PACIFIC ISLANDER<sup>12</sup></b>										
<b>Numbers</b>										
2001	12,500	10,222	8,643	7,684	1,088	2,312	1,257	949	414	2,278
2000 <sup>10</sup>	12,693	10,405	8,916	8,104	994	2,249	1,288	886	443	2,287
2000 <sup>9</sup>	11,332	9,295	7,909	7,114	901	2,093	1,301	856	290	2,037
1999 <sup>8</sup>	11,964	9,673	8,189	7,331	964	2,204	1,179	897	450	2,292
1999 <sup>7</sup>	10,925	8,845	7,467	6,692	873	2,038	1,097	829	412	2,080
1999	10,925	8,653	7,285	6,588	805	2,023	1,087	825	412	2,272
1998	10,897	8,596	7,202	6,511	857	2,113	1,201	819	351	2,301
1997 <sup>6</sup>	10,492	8,320	7,100	6,290	848	1,877	1,093	700	334	2,173
1996	10,071	7,946	6,718	5,888	962	1,768	1,071	667	275	2,125
1995	9,653	7,671	6,347	5,576	963	2,075	1,272	586	424	1,982
1994 <sup>5</sup>	6,656	5,312	4,267	3,774	698	1,551	883	501	426	1,344
1993 <sup>4</sup>	7,444	5,927	5,026	3,970	(NA)	1,408	802	474	345	1,517
1992 <sup>3</sup>	7,782	6,230	5,202	4,207	(NA)	1,460	823	507	314	1,552
1991	7,193	5,886	4,917	3,995	(NA)	1,451	727	560	347	1,307
1990	7,023	5,832	4,887	3,883	(NA)	1,410	771	463	364	1,191
1989	6,679	5,532	4,615	3,661	(NA)	1,414	792	444	322	1,147
1988	6,447	5,329	4,392	3,599	(NA)	1,353	763	401	322	1,118
1987 <sup>2</sup>	6,326	5,440	4,468	3,691	(NA)	1,394	702	357	475	886
<b>Percents</b>										
2001	100.0	81.8	69.1	61.5	8.7	18.5	10.1	7.6	3.3	18.2
2000 <sup>10</sup>	100.0	82.0	70.2	63.8	7.8	17.7	10.1	7.0	3.5	18.0
2000 <sup>9</sup>	100.0	82.0	69.8	62.8	8.0	18.5	11.5	7.6	2.6	18.0
1999 <sup>8</sup>	100.0	80.8	68.4	61.3	8.1	18.4	9.9	7.5	3.8	19.2
1999 <sup>7</sup>	100.0	81.0	68.3	61.3	8.0	18.7	10.0	7.6	3.8	19.0
1999	100.0	79.2	66.7	60.3	7.4	18.5	9.9	7.5	3.8	20.8
1998	100.0	78.9	66.1	59.8	7.9	19.4	11.0	7.5	3.2	21.1
1997 <sup>6</sup>	100.0	79.3	67.7	60.0	8.1	17.9	10.4	6.7	3.2	20.7
1996	100.0	78.9	66.7	58.5	9.5	17.6	10.6	6.6	2.7	21.1
1995	100.0	79.5	65.8	57.8	10.0	21.5	13.2	6.1	4.4	20.5
1994 <sup>5</sup>	100.0	79.8	64.1	56.7	10.5	23.3	13.3	7.5	6.4	20.2
1993 <sup>4</sup>	100.0	79.6	67.5	53.3	(NA)	18.9	10.8	6.4	4.6	20.4
1992 <sup>3</sup>	100.0	80.1	66.8	54.1	(NA)	18.8	10.6	6.5	4.0	19.9
1991	100.0	81.8	68.4	55.5	(NA)	20.2	10.1	7.8	4.8	18.2
1990	100.0	83.0	69.6	55.3	(NA)	20.1	11.0	6.6	5.2	17.0
1989	100.0	82.8	69.1	54.8	(NA)	21.2	11.9	6.6	4.8	17.2
1988	100.0	82.7	68.1	55.8	(NA)	21.0	11.8	6.2	5.0	17.3
1987 <sup>2</sup>	100.0	86.0	70.6	58.3	(NA)	22.0	11.1	5.6	7.5	14.0

See footnotes at end of table.

Table A-1.  
**Health Insurance Coverage by Race and Ethnicity: 1987 to 2002—Con.**

(Numbers in thousands. People's demographic characteristics identified in the following year's ASEC)

Year	Total people	Covered by private or government health insurance								Not covered
		Total	Private health insurance			Government health insurance				
			Total	Employment based	Direct-purchase	Total	Medicaid	Medicare	Military health care <sup>1</sup>	
<b>HISPANIC (of any race)</b>										
<b>Numbers</b>										
2002	39,384	26,627	18,108	16,714	1,469	10,280	7,946	2,535	724	12,756
2001	37,438	25,021	17,322	15,965	1,390	9,227	7,074	2,295	704	12,417
2000 <sup>10</sup>	36,093	24,210	17,114	15,893	1,337	8,566	6,552	2,141	682	11,883
2000 <sup>9</sup>	33,862	23,035	16,257	15,128	1,213	8,215	6,273	2,192	543	10,827
1999 <sup>8</sup>	34,773	23,311	16,634	15,275	1,398	8,168	6,253	1,979	626	11,462
1999 <sup>7</sup>	32,804	22,238	15,775	14,481	1,340	7,919	5,978	2,054	594	10,566
1999	32,804	21,853	15,424	14,214	1,264	7,875	5,946	2,047	589	10,951
1998	31,689	20,493	14,377	13,310	1,133	7,401	5,585	2,026	503	11,196
1997 <sup>6</sup>	30,773	20,239	13,751	12,790	1,028	7,718	5,970	1,974	526	10,534
1996	29,703	19,730	13,151	12,140	1,105	7,784	6,255	1,806	474	9,974
1995	28,438	18,964	12,187	11,309	1,011	8,027	6,478	1,732	516	9,474
1994 <sup>5</sup>	27,521	18,244	11,743	10,729	1,208	7,829	6,226	1,677	630	9,277
1993 <sup>4</sup>	26,646	18,235	12,021	9,981	(NA)	7,873	6,328	1,613	530	8,411
1992 <sup>3</sup>	25,682	17,242	11,330	9,786	(NA)	7,099	5,703	1,578	523	8,441
1991	22,096	15,128	10,336	8,972	(NA)	5,845	4,597	1,309	522	6,968
1990	21,437	14,479	10,281	8,948	(NA)	5,169	3,912	1,269	519	6,958
1989	20,779	13,846	10,348	8,914	(NA)	4,526	3,221	1,180	595	6,932
1988	20,076	13,684	10,188	8,831	(NA)	4,414	3,125	1,114	594	6,391
1987 <sup>2</sup>	19,428	13,456	9,845	8,490	(NA)	4,482	3,214	1,029	631	5,972
<b>Percents</b>										
2002	100.0	67.6	46.0	42.4	3.7	26.1	20.2	6.4	1.8	32.4
2001	100.0	66.8	46.3	42.6	3.7	24.6	18.9	6.1	1.9	33.2
2000 <sup>10</sup>	100.0	67.1	47.4	44.0	3.7	23.7	18.2	5.9	1.9	32.9
2000 <sup>9</sup>	100.0	68.0	48.0	44.7	3.6	24.3	18.5	6.5	1.6	32.0
1999 <sup>8</sup>	100.0	67.0	47.8	43.9	4.0	23.5	18.0	5.7	1.8	33.0
1999 <sup>7</sup>	100.0	67.8	48.1	44.1	4.1	24.1	18.2	6.3	1.8	32.2
1999	100.0	66.6	47.0	43.3	3.9	24.0	18.1	6.2	1.8	33.4
1998	100.0	64.7	45.4	42.0	3.6	23.4	17.6	6.4	1.6	35.3
1997 <sup>6</sup>	100.0	65.8	44.7	41.6	3.3	25.1	19.4	6.4	1.7	34.2
1996	100.0	66.4	44.3	40.9	3.7	26.2	21.1	6.1	1.6	33.6
1995	100.0	66.7	42.9	39.8	3.6	28.2	22.8	6.1	1.8	33.3
1994 <sup>5</sup>	100.0	66.3	42.7	39.0	4.4	28.4	22.6	6.1	2.3	33.7
1993 <sup>4</sup>	100.0	68.4	45.1	37.5	(NA)	29.5	23.7	6.1	2.0	31.6
1992 <sup>3</sup>	100.0	67.1	44.1	38.1	(NA)	27.6	22.2	6.1	2.0	32.9
1991	100.0	68.5	46.8	40.6	(NA)	26.5	20.8	5.9	2.4	31.5
1990	100.0	67.5	48.0	41.7	(NA)	24.1	18.2	5.9	2.4	32.5
1989	100.0	66.6	49.8	42.9	(NA)	21.8	15.5	5.7	2.9	33.4
1988	100.0	68.2	50.7	44.0	(NA)	22.0	15.6	5.5	3.0	31.8
1987 <sup>2</sup>	100.0	69.3	50.7	43.7	(NA)	23.1	16.5	5.3	3.2	30.7

NA Not available. Respondents were not asked detailed health insurance questions about direct-purchase coverage before the March 1995 Current Population Survey (CPS).

<sup>1</sup>Military health care includes: CHAMPUS (Comprehensive Health and Medical Plan for Uniformed Services)/Tricare and CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), as well as care provided by the Veterans Administration and the military. <sup>2</sup>Implementation of a new March CPS processing system. <sup>3</sup>Implementation of 1990 census population controls. <sup>4</sup>Data collection method changed from paper-and-pencil to computer-assisted interviewing. <sup>5</sup>Health insurance questions were redesigned. Increases in estimates of employment-based and military health care coverage may be partially due to questionnaire changes. Overall coverage estimates were not affected. <sup>6</sup>Beginning with the March 1998 CPS, people with no coverage other than access to Indian Health Service are no longer considered covered by health insurance; instead, they are considered to be uninsured. The effect of this change on the overall estimates of health insurance coverage is negligible; however, the decrease in the number of people covered by Medicaid may be partially due to this change. <sup>7</sup>Estimates reflect the results of follow-up verification questions. <sup>8</sup>Implementation of Census 2000 based population controls.

<sup>9</sup>Based on a November 2001 weighting correction and Census 1990 population controls. <sup>10</sup>Sample expanded by 28,000 households. <sup>11</sup>The 2003 CPS asked respondents to choose one or more races. White alone refers to people who reported White and did not report any other race category. The use of this single-race population does not imply that it is the preferred method of presenting or analyzing data. The Census Bureau uses a variety of approaches. Information on people who reported more than one race, such as White and American Indian and Alaska Native or Asian and Black or African American, is available from Census 2000 through American FactFinder. About 2.6 percent of people reported more than one race in 2000. <sup>12</sup>The 2001 CPS and earlier years asked respondents to report only one race. The reference groups for these years are: White; White, not Hispanic; Black; and Asian and Pacific Islander.

<sup>13</sup>Black alone refers to people who reported Black or African American and did not report any other race category. <sup>14</sup>Asian alone refers to people who reported Asian and did not report any other race category.

Source: U.S. Census Bureau, Current Population Survey, 1988 to 2003 Annual Social and Economic Supplements.

Table A-2.  
**Health Insurance Coverage for the Entire Year and Type of Coverage by Selected Characteristics: 2002**  
 (Numbers in thousands)

Characteristic	Total people	Covered by private or government health insurance								Not covered
		Total	Private health insurance			Government health insurance				
			Total	Employment based	Direct-purchase	Total	Medicaid	Medicare	Military health care <sup>1</sup>	
<b>NUMBERS</b>										
<b>People</b>										
Total .....	285,933	242,360	198,973	175,296	26,639	73,624	33,246	38,448	10,063	43,574
<b>Sex</b>										
Male .....	139,876	116,549	97,364	87,036	12,098	33,079	14,668	16,647	5,363	23,327
Female .....	146,057	125,811	101,609	88,260	14,541	40,545	18,578	21,801	4,699	20,246
<b>Race and Ethnicity</b>										
White alone or in combination ..	235,036	201,715	169,833	148,656	23,775	58,369	23,073	33,404	8,305	33,320
White alone <sup>2</sup> .....	230,809	198,103	167,151	146,210	23,511	57,072	22,171	33,135	8,065	32,706
White alone, not Hispanic ..	194,421	173,639	150,422	130,801	22,128	47,736	14,984	30,718	7,465	20,782
Black alone or in combination ..	37,350	29,921	20,231	18,837	1,621	12,624	8,744	3,851	1,342	7,429
Black alone <sup>3</sup> .....	35,806	28,578	19,347	18,002	1,571	12,058	8,289	3,776	1,268	7,228
Asian alone or in combination ..	12,504	10,256	8,639	7,576	1,194	2,341	1,322	1,008	347	2,248
Asian alone <sup>4</sup> .....	11,558	9,426	7,939	6,932	1,137	2,132	1,202	988	270	2,132
Hispanic (of any race) .....	39,384	26,627	18,108	16,714	1,469	10,280	7,946	2,535	724	12,756
<b>Age</b>										
Under 18 years .....	73,312	64,781	49,473	46,182	3,864	19,662	17,526	524	2,148	8,531
18 to 24 years .....	27,438	19,310	16,562	13,429	1,566	3,738	2,909	183	779	8,128
25 to 34 years .....	39,243	29,474	26,492	24,800	2,098	3,944	2,801	455	922	9,769
35 to 44 years .....	44,074	36,292	33,240	31,180	2,817	4,240	2,728	881	1,121	7,781
45 to 64 years .....	67,633	58,527	52,520	48,122	6,158	9,227	3,999	3,775	2,833	9,106
65 years and over .....	34,234	33,976	20,685	11,583	10,135	32,813	3,283	32,631	2,259	258
<b>Nativity</b>										
Native .....	252,463	220,075	181,503	159,900	24,269	66,951	29,741	34,651	9,564	32,388
Foreign born .....	33,471	22,285	17,470	15,396	2,369	6,672	3,505	3,798	499	11,186
Naturalized citizen .....	12,837	10,586	8,319	7,227	1,254	3,548	1,263	2,658	317	2,251
Not a citizen .....	20,634	11,699	9,151	8,169	1,115	3,124	2,242	1,139	181	8,935
<b>Region</b>										
Northeast .....	54,139	47,083	38,805	34,693	4,568	14,077	6,582	7,964	974	7,057
Midwest .....	64,581	57,048	49,316	43,499	6,470	15,030	6,272	8,578	1,387	7,533
South .....	101,800	84,027	67,098	58,994	9,303	27,892	12,023	14,303	5,019	17,773
West .....	65,413	54,203	43,753	38,109	6,298	16,624	8,370	7,604	2,683	11,210
<b>PERCENTS</b>										
<b>People</b>										
Total .....	100.0	84.8	69.6	61.3	9.3	25.7	11.6	13.4	3.5	15.2
<b>Sex</b>										
Male .....	100.0	83.3	69.6	62.2	8.6	23.6	10.5	11.9	3.8	16.7
Female .....	100.0	86.1	69.6	60.4	10.0	27.8	12.7	14.9	3.2	13.9
<b>Race and Ethnicity</b>										
White alone or in combination ..	100.0	85.8	72.3	63.2	10.1	24.8	9.8	14.2	3.5	14.2
White alone <sup>2</sup> .....	100.0	85.8	72.4	63.3	10.2	24.7	9.6	14.4	3.5	14.2
White alone, not Hispanic ..	100.0	89.3	77.4	67.3	11.4	24.6	7.7	15.8	3.8	10.7
Black alone or in combination ..	100.0	80.1	54.2	50.4	4.3	33.8	23.4	10.3	3.6	19.9
Black alone <sup>3</sup> .....	100.0	79.8	54.0	50.3	4.4	33.7	23.1	10.5	3.5	20.2
Asian alone or in combination ..	100.0	82.0	69.1	60.6	9.5	18.7	10.6	8.1	2.8	18.0
Asian alone <sup>4</sup> .....	100.0	81.6	68.7	60.0	9.8	18.4	10.4	8.5	2.3	18.4
Hispanic (of any race) .....	100.0	67.6	46.0	42.4	3.7	26.1	20.2	6.4	1.8	32.4
<b>Age</b>										
Under 18 years .....	100.0	88.4	67.5	63.0	5.3	26.8	23.9	0.7	2.9	11.6
18 to 24 years .....	100.0	70.4	60.4	48.9	5.7	13.6	10.6	0.7	2.8	29.6
25 to 34 years .....	100.0	75.1	67.5	63.2	5.3	10.1	7.1	1.2	2.3	24.9
35 to 44 years .....	100.0	82.3	75.4	70.7	6.4	9.6	6.2	2.0	2.5	17.7
45 to 64 years .....	100.0	86.5	77.7	71.2	9.1	13.6	5.9	5.6	4.2	13.5
65 years and over .....	100.0	99.2	60.4	33.8	29.6	95.8	9.6	95.3	6.6	0.8
<b>Nativity</b>										
Native .....	100.0	87.2	71.9	63.3	9.6	26.5	11.8	13.7	3.8	12.8
Foreign born .....	100.0	66.6	52.2	46.0	7.1	19.9	10.5	11.3	1.5	33.4
Naturalized citizen .....	100.0	82.5	64.8	56.3	9.8	27.6	9.8	20.7	2.5	17.5
Not a citizen .....	100.0	56.7	44.4	39.6	5.4	15.1	10.9	5.5	0.9	43.3
<b>Region</b>										
Northeast .....	100.0	87.0	71.7	64.1	8.4	26.0	12.2	14.7	1.8	13.0
Midwest .....	100.0	88.3	76.4	67.4	10.0	23.3	9.7	13.3	2.1	11.7
South .....	100.0	82.5	65.9	58.0	9.1	27.4	11.8	14.1	4.9	17.5
West .....	100.0	82.9	66.9	58.3	9.6	25.4	12.8	11.6	4.1	17.1

See footnotes at end of table.

Table A-2.  
**Health Insurance Coverage for the Entire Year and Type of Coverage by Selected Characteristics: 2002—Con.**

(Numbers in thousands)

Characteristic	Total people	Covered by private or government health insurance								Not covered
		Total	Private health insurance			Government health insurance				
			Total	Employment based	Direct-purchase	Total	Medicaid	Medicare	Military health care <sup>1</sup>	
<b>NUMBERS</b>										
<b>Household Income</b>										
Less than \$25,000 .....	62,979	48,203	23,725	15,332	7,837	34,308	18,656	18,036	2,058	14,776
\$25,000 to \$49,999 .....	75,927	61,289	49,791	43,038	7,234	21,708	9,234	11,533	2,949	14,638
\$50,000 to \$74,999 .....	58,622	51,718	47,671	44,007	4,633	8,913	3,033	4,529	2,200	6,904
\$75,000 or more .....	88,406	81,150	77,786	72,918	6,935	8,694	2,323	4,350	2,855	7,256
<b>Education</b>										
(18 years and older)										
Total .....	212,622	177,579	149,500	129,114	22,775	53,961	15,720	37,924	7,914	35,042
No high school diploma .....	34,829	25,060	15,022	11,598	3,558	14,981	6,063	10,951	723	9,768
High school graduate only .....	67,512	54,841	44,917	38,340	7,376	19,466	5,442	13,838	2,571	12,671
Some college, no degree .....	41,319	35,105	31,066	26,545	4,274	8,334	2,359	5,145	1,959	6,214
Associate degree .....	16,350	14,369	13,020	11,727	1,597	2,995	702	1,872	805	1,981
Bachelor's degree or higher .....	52,612	48,204	45,476	40,903	5,970	8,184	1,153	6,119	1,857	4,408
<b>Work Experience</b>										
(18 to 64 years old)										
Total .....	178,388	143,603	128,815	117,531	12,640	21,149	12,437	5,294	5,656	34,785
Worked during year .....	142,918	117,239	111,533	103,228	9,862	9,799	5,277	781	4,105	25,679
Worked full-time .....	118,411	98,500	94,893	89,353	7,607	6,862	3,292	378	3,370	19,911
Worked part-time .....	24,506	18,739	16,640	13,875	2,255	2,937	1,986	403	735	5,767
Did not work .....	35,470	26,364	17,281	14,303	2,778	11,350	7,160	4,513	1,551	9,106
<b>PERCENTS</b>										
<b>Household Income</b>										
Less than \$25,000 .....	100.0	76.5	37.7	24.3	12.4	54.5	29.6	28.6	3.3	23.5
\$25,000 to \$49,999 .....	100.0	80.7	65.6	56.7	9.5	28.6	12.2	15.2	3.9	19.3
\$50,000 to \$74,999 .....	100.0	88.2	81.3	75.1	7.9	15.2	5.2	7.7	3.8	11.8
\$75,000 or more .....	100.0	91.8	88.0	82.5	7.8	9.8	2.6	4.9	3.2	8.2
<b>Education</b>										
(18 years and older)										
Total .....	100.0	83.5	70.3	60.7	10.7	25.4	7.4	17.8	3.7	16.5
No high school diploma .....	100.0	72.0	43.1	33.3	10.2	43.0	17.4	31.4	2.1	28.0
High school graduate only .....	100.0	81.2	66.5	56.8	10.9	28.8	8.1	20.5	3.8	18.8
Some college, no degree .....	100.0	85.0	75.2	64.2	10.3	20.2	5.7	12.5	4.7	15.0
Associate degree .....	100.0	87.9	79.6	71.7	9.8	18.3	4.3	11.4	4.9	12.1
Bachelor's degree or higher .....	100.0	91.6	86.4	77.7	11.3	15.6	2.2	11.6	3.5	8.4
<b>Work Experience</b>										
(18 to 64 years old)										
Total .....	100.0	80.5	72.2	65.9	7.1	11.9	7.0	3.0	3.2	19.5
Worked during year .....	100.0	82.0	78.0	72.2	6.9	6.9	3.7	0.5	2.9	18.0
Worked full-time .....	100.0	83.2	80.1	75.5	6.4	5.8	2.8	0.3	2.8	16.8
Worked part-time .....	100.0	76.5	67.9	56.6	9.2	12.0	8.1	1.6	3.0	23.5
Did not work .....	100.0	74.3	48.7	40.3	7.8	32.0	20.2	12.7	4.4	25.7

<sup>1</sup>Military health care includes: CHAMPUS (Comprehensive Health and Medical Plan for Uniformed Services)/Tricare and CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), as well as care provided by the Veterans Administration and the military.

<sup>2</sup>The 2003 CPS asked respondents to choose one or more races. White Alone refers to people who reported White and did not report any other race category. The use of this single-race population does not imply that it is the preferred method of presenting or analyzing data. The Census Bureau uses a variety of approaches. Information on people who reported more than one race, such as "White and American Indian and Alaska Native" or "Asian and Black or African American," is available from Census 2000 through American FactFinder. About 2.6 percent of people reported more than one race in 2000.

<sup>3</sup>Black alone refers to people who reported Black and did not report any other race category.

<sup>4</sup>Asian alone refers to people who reported Asian and did not report any other race category.

Source: U.S. Census Bureau, Current Population Survey, 2003 Annual Social and Economic Supplement.







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