

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



AHCPR Pub. No. 97-0030  
August 1997

Health Insurance Status of the  
Civilian Noninstitutionalized  
Population: 1996

# Research #1 Findings



# AHCPR

Agency for Health Care Policy and Research



Offices/Centers

News & Resources

Research Portfolio

Data & Methods

Guidelines & Medical Outcomes

Consumer Health

Electronic Catalog

Search  
for Info

## Health Care Information and Electronic Ordering Through the AHCPR Web Site

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

Six buttons correspond to major categories of available holdings on the Web site: Offices/Centers, News & Resources, Research Portfolio, Data & Methods,

Guidelines & Medical Outcomes, and Consumer Health.

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

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

### Abstract

This report from the 1996 Medical Expenditure Panel Survey (MEPS) provides preliminary estimates of the health insurance status of the civilian noninstitutionalized U.S. population during the first half of 1996, including the size and characteristics of the population with private health insurance, with public insurance, and without any health care coverage. During this period, 83 percent of all Americans were covered by private or public health insurance, leaving 17 percent of the population, some 44.8 million persons, uninsured. Among the non-elderly population, 80.8 percent of Americans had either private or public coverage and 19.2 percent of the population (44.5 million persons) lacked health care coverage. The probability that an individual

would be uninsured during this period was especially high for young adults aged 19-24, members of racial and ethnic minorities (especially Hispanic males), and non-elderly persons in good or fair health. Public health insurance played an important role in ensuring that persons in poor health, children, black Americans, and Hispanic Americans obtained health care coverage.

#### Suggested citation

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

Health Insurance Status of the  
Civilian Noninstitutionalized  
Population: 1996

# Research #1 Findings

**U.S. Department of Health and Human Services**  
Public Health Service  
Agency for Health Care Policy and Research

AHCPR Pub. No 97-0030  
August 1997



## The Medical Expenditure Panel Survey (MEPS)

### Background

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

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

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

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

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

### Household Component

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

The HC uses an overlapping panel design in which data are collected through a preliminary contact followed by a series of six rounds of interviews over a 2 1/2-year period. Using computer-assisted personal interviewing (CAPI) technology, data on medical expenditures and use for 2 calendar years are collected from each household. This series of data collection rounds is launched each subsequent year on a new sample of households to provide overlapping panels of survey data and, when combined with other ongoing panels, will provide continuous and current estimates of health care expenditures.

The sampling frame for the MEPS HC is drawn from respondents to NHIS, conducted by NCHS. NHIS provides a nationally representative sample of the U.S. civilian noninstitutionalized population, with oversampling of Hispanics and blacks. A subsample of 10,500 households was drawn from the NHIS sampling frame for the initial 1996 MEPS HC panel. Every 5 years the HC sample size is increased. Beginning with the 1997 panel, policy-relevant population subgroups are oversampled. The subgroups initially targeted include adults with functional impairments, children with functional limitations in their activities, individuals aged 18-64 who are predicted to have high levels of medical expenditures, and individuals with family income less than 200 percent of the poverty level.

## Medical Provider Component

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

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

The 1996 sample is projected to provide data from approximately 2,700 hospitals, 12,400 office-based physicians, 7,000 separately billing hospital physicians, and 500 home health providers.

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

- Diagnoses coded according to ICD-9 (9th Revision, International Classification of Diseases) and DSM-IV (Fourth Edition, *Diagnostic and Statistical Manual of Mental Disorders*).
- Physician procedure codes classified by CPT-4 (Current Procedural Terminology, Version 4).
- Inpatient stay codes classified by DRGs (diagnosis-related groups).
- Charges, payments, and the reasons for any difference between charges and payments.

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

## Insurance Component

The MEPS IC collects data on health insurance plans obtained through employers, unions, and other sources of private health insurance. Data obtained in the IC include the number and types of private insurance plans offered, benefits associated with these plans,

premiums, contributions by employers and employees, and employer characteristics.

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

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

To provide an integrated picture of health insurance, data collected from the first sampling frame (employers and other insurance providers) are linked back to data provided by the MEPS HC respondents. Data from the other three sampling frames are collected to provide annual national and State estimates of the supply of private health insurance available to American workers and to evaluate policy issues pertaining to health insurance.

The MEPS IC is an annual panel survey. For the survey conducted in 1997, the sample includes approximately 7,000 establishments identified through the MEPS HC, 27,000 identified through the business establishments list frame, 1,900 from the Census of Governments, and 1,000 identified through the list of the self-employed. Data are collected from the selected organizations through a prescreening telephone interview, a mailed questionnaire, and a telephone followup for nonrespondents.

## Nursing Home Component

The 1996 MEPS NHC is a survey of nursing homes and persons residing in or admitted to nursing homes at any time during calendar year 1996. The NHC gathers information on the demographic characteristics, residence history, health and functional status, use of services, use of prescription medications, and health care expenditures of nursing home residents. Nursing home administrators and designated staff also provide information on facility size, ownership, certification

status, services provided, revenues and expenses, and other facility characteristics. Data on the income, assets, family relationships, and care-giving services for sampled nursing home residents are obtained from next-of-kin or other knowledgeable persons in the community. In keeping with the DHHS Survey Integration Plan, the NHC is designed to be conducted every 5 years.

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

The sample frame for facilities was derived from the National Health Provider Inventory, which is updated periodically by NCHS. The MEPS NHC data are collected in person in three rounds of data collection over a 1 1/2-year period using the CAPI system. Community data are collected by telephone using computer-assisted telephone interviewing (CATI) technology. At the end of three rounds of data collection, the sample will consist of approximately 800 responding facilities, 3,100 residents in the facility on January 1, and approximately 2,200 eligible residents admitted during 1996.

## Survey Management

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

Data collection is conducted under contract by Westat, Inc., Rockville, MD, and the National Opinion Research Center at the University of Chicago, as well as

through an interagency agreement with Bureau of the Census. Technical consultation is provided by Medstat, Inc., Boston, MA. Data processing support is provided under contract by Social & Scientific Systems, Inc., Bethesda, MD.

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

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

AHCPR Publications Clearinghouse  
Attn: (publication number)  
P.O. Box 8547  
Silver Spring, MD 20907  
800/358-9295  
410/381-3150 (callers outside the  
United States only)  
888/586-6340 (toll-free TDD service;  
hearing impaired only)

Be sure to specify the AHCPR number of the document or CD-ROM you are requesting. Selected electronic files are available on the Internet in the MEPS section of the AHCPR home page:

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

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

## Table of Contents

Introduction . . . . .	1
Overview . . . . .	1
Young Adults: Those Least Likely To Be Covered . . . . .	4
Characteristics of Uninsured Americans . . . . .	5
Conclusions . . . . .	5
References . . . . .	6
<b>Tables showing:</b>	
1. Health insurance coverage and population characteristics—all ages. . . . .	7
2. Health insurance coverage and population characteristics—under age 65 . . . . .	9
3. Health insurance coverage and perceived health status—all ages. . . . .	10
4. Health insurance coverage and population characteristics—ages 19-24 . . . . .	11
5. Population characteristics—total population and the uninsured, under age 65 . . . . .	12
<b>Technical Appendix</b>	
Derivation of Insurance Status Information . . . . .	14
Health Insurance Edits . . . . .	15
Population Characteristics . . . . .	16



Sample Design and Accuracy of Estimates . . . . .	16
Rounding . . . . .	17
Comparisons With Other Data Sources . . . . .	17
Population and Standard Error Tables . . . . .	18

# Health Insurance Status of the Civilian Noninstitutionalized Population: 1996

by Jessica P. Vistnes, Ph.D., and Alan C. Monheit, Ph.D.,  
Agency for Health Care Policy and Research

## Introduction

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

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

Third, timely and reliable estimates of the population's health insurance status are essential to evaluate the costs and expected impact of public policy interventions to expand coverage or to alter the manner in which private and public insurance is financed. Identification of how individual and household demographic characteristics, health status, and economic circumstances are associated with the population's health insurance status is of critical importance in developing efficient and targeted policy interventions. This is especially relevant given the current emphasis on incremental health care reform that is focused on particular health care markets and population groups.

Finally, comparisons of the characteristics of insured and uninsured populations over time provide information on whether greater equity has been achieved in the ability of specific population groups to obtain health insurance or whether serious gaps remain. In this regard, estimates of the population's health insurance status from the 1996 Medical Expenditure Panel Survey (MEPS) provide a critical baseline to help evaluate the health insurance implications of two recent legislative initiatives: the 1996 Health Insurance Portability and Accountability Act (HIPAA), Public Law 104-191, and welfare reform under the 1996 Personal Responsibility and Work Opportunity Reconciliation Act, Public Law 104-193. A primary goal of HIPAA is to reduce the impact of preexisting health conditions on the continuity of health insurance during employment transitions. Under welfare reform, mandated work requirements and time limitations governing the receipt of public assistance may have consequences for a recipient's health insurance status.

This report presents preliminary estimates of the number and characteristics of people with private and public health insurance at any time during the first half of 1996, on average. Particular emphasis is directed toward estimating the size of the population that was uninsured throughout the first half of 1996 and identifying groups especially at risk of lacking health insurance.

## Overview

During the first half of 1996, on average, 83 percent of all Americans in the civilian noninstitutionalized population had some type of private or public health insurance coverage (Table 1). Roughly 68 percent of Americans obtained health insurance from private sources, with 60.7 percent of all persons covered by employment-related health insurance. Another 15.2 percent obtained public sources of coverage, primarily from the Medicare and Medicaid programs. The

remaining 17.0 percent of Americans, 44.8 million persons, were without health insurance throughout the first half of 1996. Among the non-elderly population, 68.7 percent were covered by private insurance (64.1 percent by employment-based insurance) and 12.1 percent by public insurance. Almost a fifth of the non-elderly population (19.2 percent), an estimated 44.5 million persons, were uninsured. Table 2 gives more detailed information on the non-elderly population.

**In early 1996, 17 percent of all Americans were uninsured.**

The data in Tables 1-3 provide estimates of the population's health insurance status according to selected demographic characteristics, perceived health status, employment status, and residential location. Table A in the Technical Appendix provides estimates of the number of persons by health

insurance status. Some of the key findings and relationships revealed by these data are discussed below.

## Age

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

### Children

There has been considerable interest in the health insurance status of children. This interest stems from the role health care coverage plays in ensuring that children obtain the medical care appropriate to their specific stage of development. In addition, expansions of the Medicaid program during the late 1980s and early 1990s have focused attention on whether the role of the public and private sectors in financing health care for low-income children has been altered. Specifically, expansions of the Medicaid program through the Omnibus Budget Reconciliation Acts of 1987-1990 and other legislation eliminated categorical eligibility for Aid to Families with Dependent Children (AFDC) as a requirement for Medicaid enrollment and raised the age and income ceilings under which children could receive Medicaid. For a discussion of the impact of these expansions on the enrollment of children in

employment-based coverage, see Cutler and Gruber (1996) and Dubay and Kenny (1996).

MEPS data indicate that public health insurance played an important role in reducing the risk that a child would be uninsured during the first half of 1996: One in four children under age 4, nearly the same proportion of children ages 4-6, and one in five children ages 7-12 obtained public coverage, primarily through Medicaid. As a result, children under age 18 were less likely to be uninsured than were adults in general. Despite this finding, nearly 11 million children lacked health care coverage.

### Adults

Young adults ages 19-24 were most likely to lack health insurance. For example, over a third of young adults (37.8 percent) were uninsured, more than twice the rate at which all Americans lacked coverage. Young adults ages 19-24 also had the lowest rate of private health insurance coverage among the non-elderly population.

On the other hand, 6 out of 10 elderly Americans (61.5 percent) were covered by private health insurance. Nearly 4 out of 10 elderly Americans (37.6 percent) held only public coverage (Medicare alone or in conjunction with Medicaid).

## Employment Status

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

- Over three-quarters (78.3 percent) of workers were covered by private health insurance, compared to close to half (49.8 percent) of individuals who were not employed.
- Individuals who were not employed were more likely than those who were employed to be covered by public insurance (23.8 and 3.3 percent, respectively).
- Workers were less likely than individuals who were not employed to be uninsured (18.4 and 26.4 percent, respectively).

## Race/Ethnicity

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

- Less than half of all Hispanic and black Americans (44.0 and 48.6 percent, respectively) were covered by private health insurance, compared to three-quarters of whites (75.3 percent). Over a third of Hispanics (33.5 percent) and over a fifth of blacks (22.9 percent) were uninsured. In contrast, just over one-tenth of white Americans (13.1 percent) were uninsured.
- Among all racial/ethnic groups, Hispanic males were the most likely to be uninsured; 37.2 percent lacked coverage.
- Hispanic and black Americans were more likely than white Americans to be covered by public health insurance (22.5 percent and 28.4 percent, respectively, compared to 11.6 percent).

## Marital Status

Married individuals were more likely than others to have private and employment-related health insurance (Table 1). Of those who were not married at the time of the survey:

- Persons who were widowed were the least likely to be uninsured because of their higher rate of coverage from private, nonemployment-related sources (23.8 percent) and public programs (38.4 percent).
- Almost a third of Americans who never married or were separated were uninsured (29.1 percent and 28.4 percent, respectively).
- Almost a quarter of all divorced persons (23.8 percent) were uninsured.

## Residential Location

The type of health care coverage obtained by Americans and the likelihood of being uninsured also varied by region and whether they lived in a

metropolitan statistical area (MSA). MEPS data show that:

- Persons residing in the South and West were less likely than residents of other regions to have employment-related health insurance (58.3 percent and 55.6 percent in the South and West, respectively, compared to 64.3 percent and 66.3 percent of residents in the Northeast and Midwest). Nearly one out of five persons in the South and West were uninsured (19.9 percent and 18.9 percent, respectively) compared to just under 14 percent in both the Northeast and Midwest.
- Persons living outside MSAs were less likely than those residing within MSAs to be covered by employment-related health insurance (53.7 percent vs. 62.5 percent). They also were more likely to be uninsured (19.8 percent vs. 16.3 percent).

## Health Status

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

## Non-elderly Persons

More than one in five non-elderly Americans in good health (22.8 percent), fair health (25.1 percent), or poor health (21.4 percent) were uninsured throughout the first half of 1996. Among the non-elderly:

- Persons in fair or poor health were less likely than those in better health to have private health insurance. Only 35.1 percent of those in poor health and 45.9 percent of those in fair health had any employment-related coverage.
- Public insurance helped to reduce the health-related disparities in private coverage. Nearly 25 percent of

persons in fair health and almost 40 percent of persons in poor health obtained public coverage.

### Elderly Persons

More than 4 in 10 elderly persons in fair or poor health were covered by insurance from public sources only (Medicare or both Medicare and Medicaid). Elderly Americans in fair or poor health also were less likely to have employment-related coverage than those in excellent or very good health. However, the percent of elderly Americans covered by privately purchased nonemployment-based coverage did not decline as health status worsened.

### Young Adults: Those Least Likely To Be Covered

Among all age groups in the non-elderly population, persons ages 19-24 were most at risk of lacking private and employment-related health insurance and of being uninsured (Table 1). In part, this reflects the fact that young adults who were not full-time students were likely to lose their eligibility for dependent coverage on their parents' health plan. In addition, since many young adults have limited work

experience or transitory employment, they frequently obtain low-wage jobs that do not provide health insurance. Finally, young adults may not value health insurance, since they tend to be in relatively good health, expect to incur small health care expenditures, and are less likely than older workers to have dependents who require medical care. In this section, selected characteristics of this age cohort are

### Race/Ethnicity and Gender

examined (Table 4) to identify demographic characteristics associated with young adults' health insurance status during the first half of 1996.

When racial/ethnic background is considered, the health insurance status of young adults reveals striking disparities. For example, over half of all Hispanic and black young adults were uninsured (52.8 percent and 50.2 percent, respectively), compared to 31.1 percent of white young adults.

Gender also plays an important role in health insurance status. Although young adult minority men and women had similarly low rates of private health insurance, women were far more likely than men to obtain public insurance. Overall, the disparity in health insurance coverage by racial/ethnic groups was more pronounced for men than for women. MEPS data show the following:

- Among young adults, 6 out of 10 minority males were without coverage (58.5 percent of Hispanic males and 61.1 percent of black males), compared to 3 out of 10 white males (33.5 percent). Among young adult women, 45.9 percent of Hispanics and 41.7 percent of blacks were uninsured, compared to 28.9 percent of whites.
- Young adult women obtained public insurance at more than twice the rate of young adult males: 12.4 percent of women, compared to only 5.0 percent of men. As a result, young adult men were more likely than women to be uninsured: 41.9 percent to 33.9 percent.
- Among young adults, Hispanic women were more than four times as likely as Hispanic men to have public coverage, and black women were more than five times as likely as black men. As a result, minority young adult women were less likely than men to be uninsured.

### Other Factors

Health status and residential location were associated with the insurance status of young adults:

- Half of the 1.3 million young adults in fair or poor health were uninsured, compared to just over a third of those in excellent or very good health.

**Young adults ages 19-24 were the age group most likely to lack health insurance.**

### Student Status

Over two-thirds (69.0 percent) of young adults who were full-time students had private health insurance, compared to only half (50.7 percent) of young adults who were part-time students and less than half (45.2 percent) of young adults who were not in school. The

- Among young adults, those in the South were most at risk of being uninsured, whereas in the general U.S. population, persons residing in the South and West were most likely to be uninsured.

## Characteristics of Uninsured Americans

Previous sections of this report have described the health insurance status of Americans by focusing on demographic, health status, and geographic characteristics associated with the likelihood that particular groups obtained private or public health insurance or were more at risk of being uninsured. To put this discussion in perspective, data displayed in Table 5 characterize the uninsured population by considering the representation of specific groups in the general population of non-elderly Americans relative to their representation among the uninsured population. By examining the composition of the uninsured in this way, one can assess whether certain population groups are disproportionately represented among the uninsured. Such information can be useful in formulating targeted policy interventions on behalf of persons without health insurance.

### Age

Young adults ages 19-24 composed less than a tenth of the non-elderly population but nearly a fifth of the uninsured population. Among all age groups, young adults also displayed the greatest risk of being uninsured.

### Race/Ethnicity

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

- Although Hispanics represented only 11.6 percent of the non-elderly U.S. population, they accounted for 21.2 percent of the uninsured population.
- Hispanic males represented only 5.9 percent of all non-elderly Americans but were the racial/ethnic

group most likely to be uninsured, comprising 12.0 percent of the uninsured population.

- Although 7 out of 10 non-elderly Americans were white, whites accounted for less than 6 out of 10 uninsured persons.
- When the uninsured are categorized by race/ethnicity and sex, white males represent the largest proportion of the uninsured population.

## Other Factors

Persons with specific residential locations and marital status were also disproportionately represented among the uninsured:

- Persons residing in the South represented about a third (34.8 percent) of all non-elderly Americans but more than 40 percent of all uninsured Americans.
- Persons who never married accounted for over a fifth of the non-elderly population but over a third of the uninsured population.

Finally, more than 1 out of 10 uninsured persons (11.5 percent of the uninsured population) were in fair or poor health. These individuals are of particular policy concern because of the importance of health insurance in assuring timely access to needed health care services.

## Conclusions

Preliminary estimates from the 1996 MEPS reveal that, during the first half of 1996, 67.9 percent of Americans received health insurance from private sources, 15.2 percent obtained coverage through public programs, and 17.0 percent of the population (44.8 million persons) lacked any health care coverage. Nearly 61 percent (60.7 percent) of the U.S. population was covered by employment-related insurance, so that coverage from the workplace represented 89.4 percent of all private insurance. Among the non-elderly population, nearly one in five persons was uninsured.

The tabulations presented in this report indicate that the health insurance status of the U.S. population is strongly associated with specific demographic

characteristics, health status, and employment status. Thus, important disparities in health care coverage exist for particular groups. Among the groups especially at risk of lacking health care coverage are young adults ages 19-24 and members of racial and ethnic minorities (especially Hispanic males). Disparities in rates of insurance coverage also exist by health status, with non-elderly persons in good or fair health being the most likely to be uninsured. Because of their high rate of public coverage, persons in poor health were no more likely to be uninsured than other persons. Public health insurance also continues to play an important role in insuring children, black Americans, and Hispanic Americans.

Subsequent releases of MEPS data will characterize dynamic aspects of health insurance status, including annual and 2-year estimates of the population's health insurance coverage, the length of uninsured spells, and changes in the type of coverage held. In this way the 1996 MEPS will provide a baseline for timely and continuous monitoring of the Nation's health insurance status.

## References

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

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

Cutler D, Gruber J. Does public insurance crowd out private insurance? *Quarterly Journal of Economics* 1996;CXI(2):391-430.

Dubay LC, Kenny GM. The effects of Medicaid expansion on insurance coverage of children. *The Future of Children* 1996;6(1):152-61.

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

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

**Table 1. Health insurance coverage of the civilian noninstitutionalized population: Percent distribution by type of coverage and selected population characteristics, United States, first half of 1996**

Population characteristic	Total population in thousands	Private			Public only	Uninsured
		Total private	Employment-related	Non-employment-related		
Percent distribution						
Total <sup>a</sup>	263,516	67.9	60.7	7.1	15.2	17.0
Total under age 65 <sup>a</sup>	231,676	68.7	64.1	4.6	12.1	19.2
<b>Age in years</b>						
Under 4	15,577	60.6	57.8	2.8	25.6	13.8
4-6	12,716	63.0	59.7	3.4	23.7	13.3
7-12	24,092	64.1	60.3	3.8	20.4	15.5
13-17	19,036	66.8	62.4	4.4	15.3	17.9
Total under 18	71,421	63.9	60.2	3.7	20.8	15.4
18	3,445	61.5	57.4	4.1	10.1	28.4
19-24	21,643	53.4	47.3	6.2	8.7	37.8
25-29	18,703	64.8	60.1	4.7	8.4	26.8
30-34	21,383	72.8	69.8	3.0	7.9	19.3
35-54	74,423	76.4	71.9	4.5	7.3	16.4
55-64	20,658	74.6	66.6	8.0	10.7	14.7
65 and over	31,839	61.5	36.0	25.5	37.6	0.9
<b>Employment status<sup>b</sup></b>						
Employed	128,619	78.0	72.4	5.6	4.2	17.8
Not employed	69,810	53.9	40.8	13.1	29.6	16.4
<b>Sex</b>						
Male	128,383	67.9	61.3	6.6	13.4	18.6
Female	135,133	67.8	60.2	7.6	16.8	15.4
<b>Race/ethnicity</b>						
Total Hispanic	28,384	44.0	41.1	2.9	22.5	33.5
Total black	32,975	48.6	46.0	2.7	28.4	22.9
Total white	190,235	75.3	66.7	8.6	11.6	13.1
Total other	11,922	59.2	53.5	5.6	18.0	22.9
Hispanic male	14,327	43.1	39.8	3.3	19.7	37.2
Black male	15,356	50.0	47.2	2.7	25.1	25.0
White male	92,647	75.3	67.6	7.7	10.3	14.4
Hispanic female	14,057	44.9	42.5	2.4	25.5	29.6
Black female	17,618	47.5	44.8	2.7	31.3	21.2
White female	97,588	75.3	65.9	9.4	12.8	11.9

Continued



**Table 1. Health insurance coverage of the civilian noninstitutionalized population: Percent distribution by type of coverage and selected population characteristics, United States, first half of 1996—Continued**

Population characteristic	Total population in thousands	Private			Public only	Uninsured
		Total private	Employment-related	Non-employment-related		
Percent distribution						
<b>Marital status<sup>b</sup></b>						
Married	109,022	79.1	71.0	8.1	9.1	11.8
Widowed	13,890	55.1	31.3	23.8	38.4	6.5
Divorced	19,087	58.4	52.6	5.8	17.8	23.8
Separated	4,629	43.0	40.9	2.1	28.6	28.4
Never married	52,645	59.2	53.3	5.9	11.7	29.1
<b>Metropolitan statistical area (MSA)</b>						
MSA	210,640	69.1	62.5	6.5	14.7	16.3
Non-MSA	52,876	63.1	53.7	9.4	17.1	19.8
<b>Census region</b>						
Northeast	51,464	70.3	64.3	6.0	16.0	13.7
Midwest	61,828	73.3	66.3	7.0	13.1	13.6
South	91,855	65.3	58.3	7.1	14.8	19.9
West	58,369	63.9	55.6	8.3	17.3	18.9

<sup>a</sup>Includes persons with unknown employment status and marital status.

<sup>b</sup>For individuals age 16 and over.

**Note:** Percents may not add to 100 due to rounding

**Source:** Center for Cost and Financing Studies, Agency for Health Care Research and Policy: Medical Expenditure Panel Survey Household Component, 1996 (Round 1).

**Table 2. Health insurance coverage of the civilian noninstitutionalized population under age 65: Percent distribution by type of coverage and selected population characteristics, United States, first half of 1996**

Population characteristic	Total population in thousands	Private			Public only	Uninsured
		Total private	Employment-related	Non-employment-related		
		Percent distribution				
<b>Total<sup>a</sup></b>	231,676	68.7	64.1	4.6	12.1	19.2
<b>Employment status<sup>b</sup></b>						
Employed	124,218	78.3	73.6	4.7	3.3	18.4
Not employed	42,469	49.8	44.2	5.6	23.8	26.4
<b>Sex</b>						
Male	115,104	68.3	63.6	4.7	11.0	20.7
Female	116,572	69.2	64.7	4.5	13.1	17.7
<b>Race/ethnicity</b>						
Total Hispanic	26,898	44.6	42.1	2.5	20.3	35.1
Total black	30,297	49.9	47.9	2.1	25.2	24.8
Total white	163,378	76.7	71.4	5.3	8.1	15.2
Total other	11,104	61.4	55.9	5.5	14.2	24.3
Hispanic male	13,671	43.7	40.6	3.1	17.4	38.9
Black male	14,297	50.9	48.6	2.3	22.5	26.6
White male	81,443	75.9	70.7	5.2	7.7	16.3
Hispanic female	13,227	45.6	43.6	1.9	23.2	31.2
Black female	16,000	49.0	47.2	1.8	27.7	23.2
White female	81,934	77.4	72.0	5.4	8.5	14.0
<b>Marital status<sup>b</sup></b>						
Married	91,323	80.9	76.2	4.7	5.2	13.9
Widowed	3,412	58.7	50.3	8.4	17.2	24.1
Divorced	16,952	60.6	56.2	4.4	12.9	26.6
Separated	4,291	45.0	43.4	1.6	24.5	30.5
Never married	51,495	59.3	53.6	5.7	11.0	29.8
<b>Metropolitan statistical area (MSA)</b>						
MSA	186,152	70.2	65.9	4.3	11.5	18.3
Non-MSA	45,524	62.7	57.0	5.7	14.3	23.0
<b>Census region</b>						
Northeast	44,555	72.1	68.4	3.7	12.3	15.6
Midwest	54,045	74.3	70.3	4.0	10.2	15.5
South	80,707	65.7	61.2	4.5	11.7	22.6
West	52,370	64.8	58.7	6.0	14.4	20.9

<sup>a</sup> Includes persons with unknown employment status and marital status.

<sup>b</sup> For individuals age 16 and over.

**Note:** Percents may not add to 100 due to rounding.

**Source:** Center for Cost and Financing Studies, Agency for Health Care Policy and Research: Medical Expenditure Panel Survey Household Component, 1996 (Round 1).

**Table 3. Health insurance coverage of the civilian noninstitutionalized population: Percent distribution by type of coverage and perceived health status, United States, first half 1996**

Population characteristic	Total population in thousands	Private			Public only	Uninsured
		Total private	Employment-related	Non-employment-related		
		Percent distribution				
Total under age 65 <sup>a</sup>	231,676	68.7	64.1	4.6	12.1	19.2
Total age 65 and over <sup>a</sup>	31,839	61.5	36.0	25.5	37.6	0.9
<b>Perceived health status, under age 65</b>						
Excellent	89,770	74.4	69.3	5.1	8.2	17.4
Very good	70,584	73.1	68.3	4.8	10.1	16.9
Good	49,509	62.3	58.8	3.6	14.9	22.8
Fair	15,400	50.1	45.9	4.2	24.9	25.1
Poor	5,588	38.8	35.1	3.7	39.8	21.4
<b>Perceived health status, age 65 and over</b>						
Excellent	5,832	66.4	40.8	25.6	32.6	1.0
Very good	7,940	67.8	40.9	26.9	31.4	0.8
Good	9,131	60.9	35.6	25.3	38.1	1.1
Fair	5,921	55.4	30.1	25.4	44.1	0.5
Poor	2,638	52.0	28.2	23.8	47.6	0.3

<sup>a</sup>Includes persons with unknown perceived health status.

**Note:** Percents may not add to 100 due to rounding.

**Source:** Center for Cost and Financing Studies, Agency for Health Care Policy and Research: Medical Expenditure Panel Survey Household Component, 1996 (Round 1).

**Table 4. Health insurance coverage of the civilian noninstitutionalized population ages 19-24: Percent distribution by type of coverage and selected population characteristics, United States, first half of 1996**

Population characteristic	Total population in thousands	Private		Public only	Uninsured
		Total private	Employment-related		
Total <sup>a</sup>	21,643	Percent distribution			
		53.4	47.3	8.7	37.8
<b>Employment status</b>					
Employed	14,728	59.2	53.1	5.2	35.5
Not employed	6,520	42.7	36.8	17.2	40.1
<b>Sex</b>					
Male	10,661	53.2	46.8	5.0	41.9
Female	10,982	53.7	47.7	12.4	33.9
<b>Race/ethnicity</b>					
Total Hispanic	2,854	36.5	33.6	10.6	52.8
Total black	3,577	34.9	32.1	14.9	50.2
Total white	13,662	62.5	54.8	6.3	31.1
Total other	1,550	47.0	41.3	12.3	40.7
Hispanic male	1,568	37.4	33.0	4.1	58.5
Black male	1,559	34.6	30.1	4.4	61.1
White male	6,618	61.8	54.5	4.6	33.5
Hispanic female	1,287	35.5	34.4	18.5	45.9
Black female	2,018	35.2	33.7	23.1	41.7
White female	7,044	63.2	55.1	7.9	28.9
<b>Perceived health status</b>					
Excellent	8,429	59.7	53.1	6.1	34.2
Very good	6,754	56.6	48.5	7.8	35.5
Good	4,927	46.1	42.4	12.1	41.7
Fair or poor	1,335	32.3	29.1	17.5	50.2
<b>Census region</b>					
Northeast	3,806	51.2	44.3	9.4	39.4
Midwest	5,323	63.7	58.2	7.3	29.0
South	7,344	46.5	42.7	8.3	45.2
West	5,170	54.2	44.7	10.4	35.4
<b>Student status<sup>b</sup></b>					
Full-time	5,914	69.0	57.0	8.7	22.4
Part-time	1,578	50.7	45.7	9.5	39.9
Not a student	10,447	45.2	41.6	9.2	45.6

<sup>a</sup>Includes persons with unknown employment status and perceived health status.

<sup>b</sup>For individuals ages 19-23 years.

**Note:** Percents may not add to 100 due to rounding.

**Source:** Center for Cost and Financing Studies, Agency for Health Care Policy and Research: Medical Expenditure Panel Survey Household Component, 1996 (Round 1).

**Table 5. Total population and uninsured persons under age 65: Percent distribution of population and percent uninsured by selected characteristics, United States, first half of 1996**

Population characteristic	Total population in thousands	Percent distribution of population	Percent uninsured	Percent distribution of uninsured population
Total <sup>a</sup>	231,676	100.0	19.2	100.0
<b>Age in years</b>				
Under 4	15,577	6.7	13.8	4.8
4-6	12,716	5.5	13.3	3.8
7-12	24,092	10.4	15.5	8.4
13-17	19,036	8.2	17.9	7.7
18	3,445	1.5	28.4	2.2
19-24	21,643	9.3	37.8	18.4
25-29	18,703	8.1	26.8	11.3
30-34	21,383	9.2	19.3	9.3
35-54	74,423	32.1	16.4	27.4
55-64	20,658	8.9	14.7	6.8
<b>Race/ethnicity</b>				
Total Hispanic	26,898	11.6	35.1	21.2
Total black	30,297	13.1	24.8	16.9
Total white	163,378	70.5	15.2	55.8
Total other	11,104	4.8	24.3	6.1
Hispanic male	13,671	5.9	38.9	12.0
Black male	14,297	6.2	26.6	8.6
White male	81,443	35.2	16.3	29.9
Hispanic female	13,227	5.7	31.2	9.3
Black female	16,000	6.9	23.2	8.4
White female	81,934	35.4	14.0	25.8
<b>Marital status<sup>b</sup></b>				
Married	91,323	39.5	13.9	28.8
Widowed	3,412	1.5	24.1	1.9
Divorced	16,952	7.3	26.6	10.2
Separated	4,291	1.9	30.5	3.0
Never married	51,495	22.3	29.8	34.7
<b>Census region</b>				
Northeast	44,555	19.2	15.6	15.7
Midwest	54,045	23.3	15.5	18.8
South	80,707	34.8	22.6	41.0
West	52,370	22.6	20.9	24.6

Continued

**Table 5. Total population and uninsured persons under age 65: Percent distribution of population and percent uninsured by selected characteristics, United States, first half of 1996—Continued**

Population characteristic	Total population in thousands	Percent distribution of population	Percent uninsured	Percent distribution of uninsured population
<b>Perceived health status</b>				
Excellent	89,770	38.9	17.4	35.6
Very good	70,584	30.6	16.9	27.1
Good	49,509	21.4	22.8	25.7
Fair	15,400	6.7	25.1	8.8
Poor	5,588	2.4	21.4	2.7

<sup>a</sup>Includes persons with unknown perceived health status and marital status.

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

**Note:** Percent distributions may not add to 100 due to rounding.

**Source:** Center for Cost and Financing Studies, Agency for Health Care Policy and Research: Medical Expenditure Panel Survey Household Component, 1996 (Round 1).

## Technical Appendix

The data in this report were obtained in the first round of interviews for the Household Component (HC) of the 1996 Medical Expenditure Panel Survey (MEPS). MEPS is cosponsored by the Agency for Health Care Policy and Research (AHCPR) and the National Center for Health Statistics (NCHS). The MEPS HC is a nationally representative survey of the U.S. civilian noninstitutionalized population that collects medical expenditure data at both the person and household levels. The focus of the MEPS HC is to collect detailed data on demographic characteristics, health conditions, health status, use of medical care services, charges and payments, access to care, satisfaction with care, health insurance coverage, income, and employment. In other components of MEPS, data are collected on residents of licensed or certified nursing homes and the supply side of the health insurance market.

The sample for the MEPS HC was selected from respondents to the National Health Interview Survey (NHIS), which was conducted by NCHS. NHIS provides a nationally representative sample of the U.S. civilian noninstitutionalized population and reflects an oversampling of Hispanics and blacks. The MEPS HC collects data through an overlapping panel design. In this design, data are collected through a precontact interview that is followed by a series of six rounds of interviews over 2-1/2 years. Two calendar years of medical expenditure and utilization data are collected from each household and captured using computer-assisted personal interviewing (CAPI). This series of data collection rounds is launched again each subsequent year on a new sample of households to provide overlapping panels of survey data which, when combined with other ongoing panels, will provide continuous and current estimates of health care expenditures. The reference period for Round 1 of the MEPS HC was from January 1, 1996, to the date of the first interview. Interviews were conducted from March to July 1996.

## Derivation of Insurance Status Information

The household respondent was asked if, between January 1, 1996, and the time of the Round 1 interview, anyone in the family was covered by any of the sources of public and private health insurance coverage discussed in the following paragraphs. For this report, Medicare and CHAMPUS/CHAMPVA coverage were measured at the time of the Round 1 interview. (CHAMPUS and CHAMPVA are the Civilian Health and Medical Programs for the Uniformed Services and Veterans' Affairs.) All other sources of insurance were measured for any time in the Round 1 reference period. Persons counted as uninsured were uninsured throughout the Round 1 reference period.

### Public Coverage

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

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

### Medicare

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

### CHAMPUS/CHAMPVA

CHAMPUS covers retired members of the Uniformed Services and the spouses and children of active-duty, retired, and deceased members. Spouses and children of veterans who died from a service-

connected disability, or who are permanently disabled and are not eligible for CHAMPUS or Medicare, are covered by CHAMPVA. In this report, CHAMPUS or CHAMPVA coverage is considered to be public coverage.

## Medicaid

Medicaid is a means-tested government program jointly financed by Federal and State funds that provides health care to those who are eligible. Program eligibility criteria vary significantly by State, but the program is designed to provide health coverage to families and individuals who are unable to afford necessary medical care.

## Other Public Hospital/Physician Coverage

Respondents who did not report Medicaid coverage were asked if they were covered by any other public hospital/physician coverage. These questions were asked in an attempt to identify Medicaid recipients who might not have recognized their coverage as Medicaid. In this report, all coverage reported in this manner is considered public coverage.

## Private Health Insurance

Private health insurance was defined for this report as insurance that provides coverage for hospital and physician care. Insurance that provides coverage for a single service only, such as dental or vision coverage, was not counted. In addition, private insurance was classified as either employment related or nonemployment related. Employment-related coverage includes private health insurance obtained through an employer, union, or self-employed business. Insurance also was classified as employment related when the policyholder resided outside the reporting unit. Individuals were classified as having nonemployment-related insurance if they did not have employment-related coverage but were covered by private hospital/physician insurance obtained from another source, such as directly from an insurance company or a health maintenance organization (HMO) or through a group or association.

## Uninsured

The uninsured were defined as persons not covered by Medicare, CHAMPUS/CHAMPVA, Medicaid, other public hospital/physician programs, or private hospital/physician insurance throughout the entire Round 1 reference period. Individuals covered only by noncomprehensive State-specific programs (e.g., Maryland Kidney Disease Program, Colorado Child Health Plan) or private single-service plans (e.g., coverage for dental or vision care only, coverage for accidents or specific diseases) were not considered to be insured.

## Health Insurance Edits

The Round 1 health insurance data were edited as described below. Minimal editing was performed on the Medicare and Medicaid variables; all other coverage types are unedited and unimputed.

## Medicare

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

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

## Medicaid

A small number of cases reporting Aid to Families with Dependent Children (AFDC) or Supplemental Security Income (SSI) coverage (questions included in the Round 1 interview for editing purposes) were assigned Medicaid coverage. In addition, the Medicaid variable was edited to include persons who paid nothing for their other public hospital/physician insurance when such coverage was through a Medicaid HMO or



reported to include some other managed care characteristics. Since this report does not distinguish among sources of public insurance, no further edits were performed using the other public hospital/physician coverage variables. Other public hospital/physician coverage was included, however, when considering whether an individual was covered only by public insurance.

## Private Health Insurance

Individuals were considered to be covered by private insurance if the insurance provided coverage for hospital/physician care. Medigap plans were included. Individuals covered by single-service plans only (e.g., dental, vision, or drug plans) were not considered to be privately insured. Sources of insurance with missing information regarding the type of coverage were assumed to contain hospital/physician coverage.

As more information from other parts and subsequent rounds of MEPS becomes available, it will be used to correct missing or inconsistent information. In particular, private coverage variables will be edited in terms of the reporting of private insurance as a source of payment for medical expenses. Finally, it should be noted that these data were generally reported by a single household respondent, who may not have been the most knowledgeable source for other family members. The employers and insurance companies of household respondents are being contacted in a followup survey as part of the MEPS data collection effort designed to verify and supplement the information provided by the household respondents.

## Population Characteristics

### Place of Residence

Individuals were identified as residing either inside or outside a metropolitan statistical area (MSA) as designated by the U.S. Office of Management and Budget (OMB), which applied 1990 standards using population counts from the 1990 U.S. census. An MSA is a large population nucleus combined with adjacent

communities that have a high degree of economic and social integration within the nucleus. Each MSA has one or more central counties containing the area's main population concentration. In New England, metropolitan areas consist of cities and towns rather than whole counties. Regions of residence are in accordance with the U.S. Bureau of the Census definition.

## Race/Ethnicity

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

## Employment Status

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

## Sample Design and Accuracy of Estimates

The sample selected for the 1996 MEPS, a subsample of the 1995 National Health Interview Survey (NHIS), was designed to produce national estimates that are representative of the civilian noninstitutionalized population of the United States. Round 1 data were obtained for approximately 9,400 households in MEPS, resulting in a survey response rate of 78 percent. This figure reflects participation in both NHIS and MEPS.

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

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

## Rounding

Estimates presented in the tables were rounded to the nearest 0.1 percent. Standard errors, presented in

Tables B-F, were rounded to the nearest 0.01.

Population estimates in Tables 1- 5 and Table A were rounded to the nearest thousand. Therefore, some of the estimates presented in the tables for population totals of subgroups will not add exactly to the overall estimated population total.

## Comparisons with Other Data Sources

Because of methodological differences, caution should be used when comparing these data with data from other sources. For example, CPS measures persons who are uninsured for a full year; NHIS measures persons who lack insurance at a given point in time—the month before the interview. CPS is conducted annually, and NHIS collects insurance data on a continuous basis each year. In addition, unlike MEPS, CPS counts as insured military veterans whose source of health care is the Department of Veterans' Affairs. CPS also counts children of adults covered by Medicaid as insured. For these preliminary estimates, MEPS did not consider these children insured unless their families reported them as such.

**Table A. Health insurance coverage of the civilian noninstitutionalized population: Population estimates by type of coverage and selected population characteristics, United States, first half of 1996**

Population characteristic	Total population	Any coverage	Any private coverage	Public only	Uninsured
	Number in thousands				
Total <sup>a</sup>	263,516	218,760	178,820	39,939	44,756
Total under age 65 <sup>a</sup>	231,676	187,191	159,235	27,957	44,485
<b>Age in years</b>					
Under 4	15,577	13,430	9,435	3,996	2,147
4-6	12,716	11,029	8,016	3,013	1,687
7-12	24,092	20,358	15,436	4,922	3,734
13-17	19,036	15,627	12,723	2,904	3,409
Total under 18	71,421	60,444	45,610	14,835	10,977
18	3,445	2,468	2,121	—	—
19-24	21,643	13,454	11,563	1,891	8,189
25-29	18,703	13,692	12,128	1,564	5,011
30-34	21,383	17,257	15,570	1,687	4,126
35-54	74,423	62,252	56,834	5,418	12,171
55-64	20,658	17,625	15,410	2,215	3,033
65 and over	31,839	31,568	19,586	11,983	—
<b>Employment status<sup>b</sup></b>					
Employed	128,619	105,766	100,343	5,424	22,853
Not employed	69,810	58,340	37,657	20,684	11,470
<b>Sex</b>					
Male	128,383	104,440	87,217	17,223	23,943
Female	135,133	114,319	91,603	22,716	20,813
<b>Race/ethnicity</b>					
Total Hispanic	28,384	18,886	12,492	6,394	9,498
Total black	32,975	25,407	16,041	9,366	7,567
Total white	190,235	165,272	143,234	22,038	24,962
Total other	11,922	9,194	7,053	2,141	2,729
<b>Census region</b>					
Northeast	51,464	44,427	36,191	8,236	7,037
Midwest	61,828	53,400	45,328	8,072	8,428
South	91,855	73,574	60,012	13,562	18,281
West	58,369	47,359	37,289	10,069	11,010

<sup>a</sup> Includes persons with unknown employment status.

<sup>b</sup> For individuals age 16 and over.

— Sample size too small to produce reliable estimates.

**Source:** Center for Cost and Financing Studies, Agency for Health Care Policy and Research: Medical Expenditure Panel Survey Household Component, 1996 (Round 1).

**Table B. Health insurance coverage of the civilian noninstitutionalized population: Standard errors by type of coverage and selected population characteristics, United States, first half of 1996**

*Corresponds to Table 1*

Population characteristic	Private			Public only	Uninsured
	Total private	Employment-related	Nonemployment-related		
	Standard error				
Total <sup>a</sup>	0.71	0.72	0.29	0.54	0.47
Total under age 65 <sup>a</sup>	0.78	0.79	0.27	0.58	0.52
<b>Age in years</b>					
Under 4	1.82	1.80	0.59	1.63	1.17
4-6	1.83	1.87	0.63	1.61	1.24
7-12	1.60	1.66	0.67	1.38	1.10
13-17	1.51	1.58	0.66	1.22	1.15
Total under 18	1.20	1.23	0.42	1.01	0.77
18	3.22	3.33	1.10	2.04	2.98
19-24	1.50	1.51	0.74	0.92	1.44
25-29	1.56	1.56	0.63	0.89	1.39
30-34	1.38	1.37	0.43	0.82	1.08
35-54	0.82	0.86	0.35	0.48	0.61
55-64	1.27	1.50	0.79	0.98	0.88
65 and over	1.24	1.25	1.12	1.22	0.23
<b>Employment status<sup>b</sup></b>					
Employed	0.65	0.68	0.30	0.32	0.53
Not employed	0.86	0.85	0.57	0.79	0.60
<b>Sex</b>					
Male	0.76	0.77	0.34	0.59	0.57
Female	0.76	0.78	0.31	0.57	0.48
<b>Race/ethnicity</b>					
Total Hispanic	1.86	1.81	0.40	1.20	1.56
Total black	1.78	1.84	0.45	1.66	1.28
Total white	0.79	0.84	0.37	0.56	0.50
Total other	3.62	3.51	1.28	3.44	2.24
Hispanic male	1.94	1.88	0.55	1.18	1.71
Black male	2.12	2.15	0.52	1.91	1.61
White male	0.87	0.93	0.44	0.62	0.61
Hispanic female	2.07	2.01	0.39	1.54	1.68
Black female	1.98	2.07	0.51	1.84	1.61
White female	0.84	0.89	0.39	0.60	0.51

*Continued*

**Table B. Health insurance coverage of the civilian noninstitutionalized population: Standard errors by type of coverage and selected population characteristics, United States, first half of 1996—Continued**

Population characteristic	Private			Public only	Uninsured
	Total private	Employment-related	Nonemployment-related		
	Standard error				
<b>Marital status<sup>b</sup></b>					
Married	0.66	0.80	0.43	0.47	0.50
Widowed	1.62	1.37	1.32	1.56	0.72
Divorced	1.53	1.55	0.63	1.13	1.22
Separated	2.83	2.81	*0.76	2.36	2.77
Never married	1.06	1.02	0.43	0.75	0.91
<b>Metropolitan statistical area (MSA)</b>					
MSA	0.83	0.82	0.31	0.61	0.53
Non-MSA	1.57	1.63	0.71	1.22	1.10
<b>Census region</b>					
Northeast	1.36	1.42	0.52	0.90	0.87
Midwest	1.59	1.67	0.68	1.13	0.98
South	1.22	1.18	0.45	0.92	0.84
West	1.45	1.46	0.67	1.20	0.99

<sup>a</sup> Includes persons with unknown employment and marital status.

<sup>b</sup> For individuals age 16 and over.

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

**Source:** Center for Cost and Financing Studies, Agency for Health Care Policy and Research: Medical Expenditure Panel Survey Household Component, 1996 (Round 1).

**Table C. Health insurance coverage of the civilian noninstitutionalized population under age 65: Standard errors by type of coverage and selected population characteristics, United States, first half of 1996**

*Corresponds to Table 2*

Population characteristic	Private			Public only	Uninsured
	Total private	Employment-related	Nonemployment-related		
	Standard error				
Total <sup>a</sup>	0.78	0.79	0.27	0.58	0.52
<b>Employment status<sup>b</sup></b>					
Employed	0.66	0.67	0.28	0.31	0.54
Not employed	1.08	1.04	0.41	1.01	0.88
<b>Sex</b>					
Male	0.81	0.82	0.34	0.61	0.62
Female	0.86	0.88	0.26	0.63	0.55
<b>Race/ethnicity</b>					
Total Hispanic	1.97	1.92	0.39	1.24	1.59
Total black	1.92	1.94	0.41	1.74	1.34
Total white	0.87	0.92	0.34	0.59	0.57
Total other	3.67	3.59	1.32	3.49	2.43
Hispanic male	2.02	1.98	0.55	1.20	1.72
Black male	2.24	2.20	0.48	1.97	1.70
White male	0.94	1.01	0.45	0.63	0.68
Hispanic female	2.20	2.13	0.36	1.58	1.75
Black female	2.14	2.21	0.46	1.90	1.71
White female	0.94	0.99	0.33	0.65	0.60
<b>Marital status<sup>b</sup></b>					
Married	0.72	0.82	0.34	0.40	0.58
Widowed	3.13	3.18	1.78	2.03	2.55
Divorced	1.59	1.59	0.59	1.06	1.34
Separated	2.95	2.94	*0.68	2.31	2.97
Never married	1.07	1.02	0.43	0.75	0.92
<b>Metropolitan statistical area (MSA)</b>					
MSA	0.91	0.91	0.30	0.66	0.58
Non-MSA	1.72	1.78	0.60	1.31	1.30
<b>Census region</b>					
Northeast	1.53	1.55	0.40	0.98	0.99
Midwest	1.70	1.74	0.63	1.17	1.11
South	1.37	1.31	0.37	1.02	0.91
West	1.54	1.66	0.73	1.25	1.09

<sup>a</sup> Includes persons with unknown employment and marital status.

<sup>b</sup> For individuals age 16 and over.

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

**Source:** Center for Cost and Financing Studies, Agency for Health Care Policy and Research: Medical Expenditure Panel Survey Household Component, 1996 (Round 1).

**Table D. Health insurance coverage of the civilian noninstitutionalized population: Standard errors by type of coverage and perceived health status, United States, first half of 1996**

*Corresponds to Table 3*

Population characteristic	Total private	Private		Public only	Uninsured
		Employment-related	Nonemployment-related		
	Standard error				
Total under age 65 <sup>a</sup>	0.78	0.79	0.27	0.58	0.52
Total age 65 and over <sup>a</sup>	1.24	1.25	1.12	1.22	0.23
<b>Perceived health status, under age 65</b>					
Excellent	0.89	0.93	0.46	0.55	0.74
Very good	0.89	0.91	0.39	0.68	0.67
Good	1.21	1.21	0.33	0.94	0.83
Fair	1.61	1.65	0.60	1.44	1.35
Poor	2.54	2.63	1.02	2.47	2.32
<b>Perceived health status, age 65 and over</b>					
Excellent	2.61	2.56	2.59	2.56	*0.58
Very good	2.08	2.40	2.09	2.06	*0.43
Good	2.06	1.99	1.92	2.01	*0.36
Fair	2.66	2.53	2.22	2.67	*0.30
Poor	3.85	3.41	2.92	3.85	*0.35

<sup>a</sup> Includes persons with unknown perceived health status.

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

**Source:** Center for Cost and Financing Studies, Agency for Health Care Policy and Research: Medical Expenditure Panel Survey Household Component, 1996 (Round 1).

**Table E. Health insurance coverage of the civilian noninstitutionalized population ages 19-24: Standard errors by type of coverage and selected population characteristics, United States, first half of 1996**

*Corresponds to Table 4*

Population characteristic	Private		Public only	Uninsured
	Total private	Employment-related		
	Standard error			
Total <sup>a</sup>	1.49	1.50	0.92	1.44
<b>Employment status</b>				
Employed	1.82	1.81	0.90	1.78
Not employed	2.39	2.47	1.74	2.26
<b>Sex</b>				
Male	1.95	2.01	0.86	1.89
Female	1.95	1.93	1.31	1.91
<b>Race/ethnicity</b>				
Total Hispanic	2.82	2.87	1.54	2.77
Total black	3.63	3.45	2.94	4.02
Total white	1.80	1.94	0.87	1.74
Total other	6.06	6.68	*4.69	5.90
Hispanic male	3.28	3.23	*1.43	3.36
Black male	5.33	4.92	*1.78	4.93
White male	2.43	2.61	1.04	2.34
Hispanic female	4.06	4.07	2.87	4.12
Black female	4.73	4.81	4.26	5.58
White female	2.21	2.39	1.28	2.12
<b>Perceived health status</b>				
Excellent	2.39	2.43	0.97	2.31
Very good	2.31	2.33	1.21	2.26
Good	2.71	2.54	1.95	2.55
Fair or poor	5.22	5.17	3.87	5.54
<b>Census region</b>				
Northeast	2.87	2.93	1.88	2.87
Midwest	2.66	2.89	1.53	2.41
South	2.71	2.48	1.72	2.82
West	3.30	3.39	1.89	2.77
<b>Student status<sup>b</sup></b>				
Full-time	2.38	2.92	1.65	2.13
Part-time	5.86	5.77	2.78	4.86
Not a student	2.01	1.98	1.27	2.07

<sup>a</sup> Includes persons with unknown employment status and perceived health status.

<sup>b</sup> For individuals ages 19-23 years.

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

**Source:** Center for Cost and Financing Studies, Agency for Health Care Policy and Research: Medical Expenditure Panel Survey Household Component, 1996 (Round 1).



**Table F. Total population and uninsured persons under age 65: Standard errors by selected population characteristics, United States, first half of 1996**  
*Corresponds to Table 5*

Population characteristic	Percent distribution of population	Percent uninsured	Percent distribution of uninsured population
Standard error			
Total <sup>a</sup>	—	0.52	—
<b>Age in years</b>			
Under 4	0.22	1.17	0.40
4-6	0.18	1.24	0.34
7-12	0.26	1.10	0.57
13-17	0.21	1.15	0.44
18	0.10	2.98	0.27
19-24	0.27	1.44	0.82
25-29	0.28	1.39	0.57
30-34	0.25	1.08	0.50
35-54	0.38	0.61	0.77
55-64	0.28	0.88	0.41
<b>Race/ethnicity</b>			
Total Hispanic	0.57	1.59	1.45
Total black	0.70	1.34	1.33
Total white	0.86	0.57	1.73
Total other	0.40	2.43	0.73
Hispanic male	0.31	1.72	0.87
Black male	0.34	1.70	0.74
White male	0.49	0.68	1.11
Hispanic female	0.28	1.75	0.69
Black female	0.40	1.71	0.80
White female	0.50	0.60	1.00
<b>Marital status<sup>b</sup></b>			
Married	0.46	0.58	0.86
Widowed	0.09	2.55	0.23
Divorced	0.25	1.34	0.55
Separated	0.12	2.97	0.34
Never married	0.40	0.92	1.01
<b>Census region</b>			
Northeast	0.79	0.99	1.11
Midwest	0.97	1.11	1.45
South	1.26	0.91	1.87
West	0.81	1.09	1.29
<b>Perceived health status</b>			
Excellent	0.59	0.74	1.13
Very good	0.43	0.67	0.93
Good	0.40	0.83	0.88
Fair	0.22	1.35	0.52
Poor	0.15	2.32	0.31

<sup>a</sup> Includes persons with unknown perceived health status and marital status.

<sup>b</sup> For individuals age 16 and over.

**Source:** Center for Cost and Financing Studies, Agency for Health Care Policy and Research: Medical Expenditure Panel Survey Household Component, 1996 (Round 1).