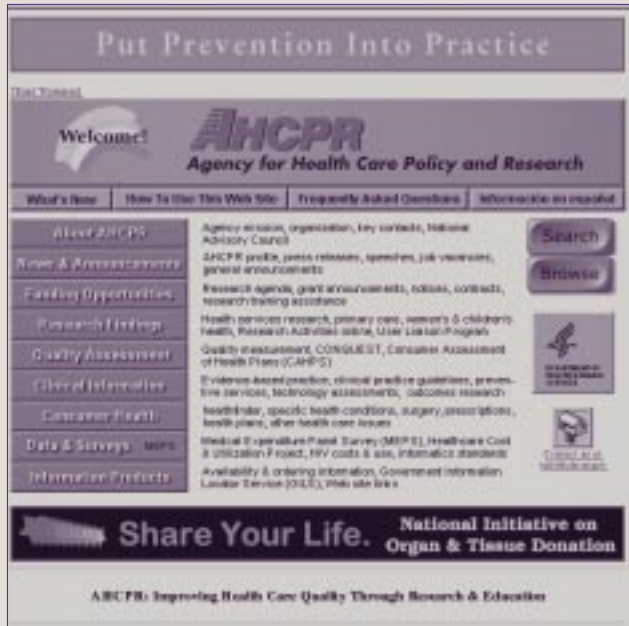


Health Insurance Status of the Civilian
Noninstitutionalized Population:1997

Research #8 Findings

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Abstract

This report from the 1997 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 1997, including the size and characteristics of the population with private health insurance, with public insurance, and without any health care coverage. During this period, 83.2 percent of all Americans were covered by private or public health insurance, leaving 16.8 percent of the population, some 44.6 million persons, uninsured. Among the non-elderly population, 81.1 percent of Americans had either private or public coverage and 18.9 percent of the population (44.2 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 and members of racial and ethnic minorities (especially Hispanic males). Public health insurance continues to play an important role in ensuring that children, black Americans, and Hispanic Americans obtain health care coverage.

Suggested citation

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Health Insurance Status of the Civilian
Noninstitutionalized Population:1997

Research #8 Findings

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

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

Medical Provider Component

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

HC. Also included in the MPC are all office-based physicians:

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

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

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

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

Insurance Component

The MEPS IC collects data on health insurance plans obtained through 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. Data are collected from the selected organizations through a prescreening telephone interview, a mailed questionnaire, and a telephone followup for nonrespondents.

Nursing Home Component

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

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

The sampling frame for facilities was derived from the National Health Provider Inventory, which is updated periodically by NCHS. The MEPS NHC data were collected in person in three rounds of data collection over a 1½-year period using the CAPI system. Community data were collected by telephone using computer-assisted telephone interviewing (CATI) technology. At the end of three rounds of data collection,

the sample consisted of 815 responding facilities, 3,209 residents in the facility on January 1, and 2,690 eligible residents admitted during 1996.

Survey Management

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

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

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

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

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

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Health Insurance Status of the Civilian Noninstitutionalized Population: 1997

by Jessica P. Vistnes, Ph.D., and Samuel H. Zuvekas, Ph.D., Agency for Health Care Policy and Research

Introduction

This report is the second in a series of yearly reports on the health insurance status of the U.S. population. The first report (Vistnes and Monheit, 1997) presented health insurance estimates for the first half of 1996.

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

**In early 1997,
16.8 percent
of all
Americans
were
uninsured.**

individuals obtain timely access to medical care and protection against the risk of expensive and unanticipated medical events. Compared to people without health care coverage, insured individuals are more likely to have a usual source of medical care, to spend less out of pocket on health services, and to experience different treatment patterns, quality, and continuity in

their health care (Lefkowitz and Monheit, 1991; U.S. Congress, Office of Technology Assessment, 1992).

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

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

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

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

This report presents preliminary estimates of the number and characteristics of people with private and public health insurance at any time during the first half of 1997, on average. Particular emphasis is directed toward estimating the size of the population that was uninsured throughout the first half of 1997 and identifying groups especially at risk of lacking health insurance.

Overview

During the first half of 1997, on average, 83.2 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. Another 15.1 percent obtained public sources of coverage, primarily from the Medicare and Medicaid programs. The remaining 16.8 percent of Americans, 44.6 million people, were without health insurance throughout the first half of 1997. Among the non-elderly population, 69.2 percent were covered by private insurance and 11.9 percent by public insurance. Almost a fifth of the non-elderly population (18.9 percent), an estimated 44.2 million people, were uninsured. Table 2 gives more detailed information on the health insurance status of the non-elderly population. Overall, these health insurance estimates do not differ significantly from the 1996 MEPS figures reported in Vistnes and Monheit, 1997.

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 4 provides estimates of the distribution of the uninsured population by selected characteristics. Table A in the Technical Appendix provides estimates of the number of people by health insurance status. Some of the key findings and relationships revealed by these data are discussed below.

Age

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

Children

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

The CHIP program follows on Medicaid expansions beginning in the late 1980s that focused attention on the role of the public and private sectors in financing health care for low-income children.

MEPS data indicate that public health insurance covered a substantial proportion of children in the first half of 1997: Nearly 30 percent of children under age 4, one in four children ages 4-6, and close to one in five children ages 7-12 had public coverage, primarily through Medicaid. As a result, children under age 18 were less likely to be uninsured than were non-elderly adults in general. Despite this finding, nearly 11 million children lacked health care coverage.

Adults

Young adults ages 19-24 were the age group most likely to lack health insurance. Over a third of young adults (34.6 percent) were uninsured, 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 adult population.

On the other hand, 6 out of 10 elderly Americans (60.5 percent) were covered by private health insurance. Nearly 4 out of 10 elderly Americans (38.4 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 (78.7 percent) of workers were covered by private health insurance, compared to half (50.3 percent) of individuals who were not employed.
- People who were not employed were more likely than those who were employed to be covered by public insurance (23.9 and 3.2 percent, respectively).
- Workers were less likely than people who were not employed to be uninsured (18.0 and 25.9 percent, respectively).

Race/Ethnicity

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

- Less than half of all Hispanic Americans (45.4 percent) and half of black Americans (50.2 percent) were covered by private health insurance, compared to three-quarters of whites (75.2 percent). A third of Hispanics (32.9 percent) and over a fifth of blacks (21.4 percent) were uninsured. In contrast, 13.2 percent of white Americans were uninsured.
- Among all racial/ethnic groups, Hispanic males were the most likely to be uninsured; 36.9 percent lacked coverage.
- Hispanic and black Americans were more likely than white Americans to be covered by public health insurance (21.6 percent and 28.4 percent, respectively, compared to 11.6 percent).

Marital Status

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

- Widowed people were the least likely to be uninsured (6.5 percent) because of their higher rate of coverage from public programs (39.4 percent).
- More than one-quarter of Americans who never married were uninsured (27.4 percent).
- Almost a third of Americans who were separated were uninsured (31.9 percent).
- More than a fifth of all divorced persons (21.2 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:

- People living in the South and West were less likely than residents of other regions to have private health insurance (64.2 percent and 65.2 percent in the South

and West, respectively, compared to 70.3 percent and 75.0 percent of residents in the Northeast and Midwest). Nearly one out of five persons in the South and West were uninsured (19.6 percent and 18.9 percent, respectively) compared to 14.2 and 12.5 percent in the Northeast and Midwest, respectively.

- People living outside MSAs were less likely than those living within MSAs to be covered by private health insurance (63.3 percent vs. 69.3 percent). They also were more likely to be uninsured (18.7 percent vs. 16.3 percent).

Health Status

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

Non-Elderly Persons

More than one in five non-elderly Americans in good health (22.9 percent), fair health (23.4 percent), or poor health (21.2 percent) were uninsured throughout the first half of 1997. Among the non-elderly:

- People in fair or poor health were less likely than those in better health to have private health insurance. Only 39.3 percent of those in poor health and 54.2 percent of those in fair health had any private coverage.
- Public insurance helped to reduce the health-related disparities in private coverage. Over 20 percent of people in fair health and almost 40 percent of people in poor health had public coverage.

Elderly Persons

Elderly Americans in fair or poor health were less likely to have private coverage than those in better health. As a result, those in fair or poor health were more likely to be covered by insurance from public sources only (43.5 and 55.7 percent, respectively) than other elderly Americans. Medicare, either alone or with Medicaid, was the main public source of coverage.

Characteristics of Uninsured Americans

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

Age

Young adults ages 19-24 composed 9.0 percent of the non-elderly population but 16.4 percent of the uninsured population. Among all age groups, young adults had the greatest risk of being uninsured.

Race/Ethnicity

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

- Although Hispanics represented only 12.0 percent of the non-elderly U.S. population, they accounted for 22.0 percent of the uninsured population.
- Hispanic males represented only 6.2 percent of all non-elderly Americans but were the racial/ethnic group most likely to be uninsured, comprising 12.6 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

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

- People living in the South represented about a third (34.8 percent) of all non-elderly Americans but 40.9 percent of all uninsured Americans.
- People 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 people (10.5 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 1997 MEPS reveal that, during the first half of 1997, 68.1 percent of Americans obtained health insurance from private sources, 15.1 percent obtained coverage through public programs, and 16.8 percent of the population (44.6 million people) lacked any health care coverage. Among the non-elderly population, nearly one person in five 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. 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). Public health insurance continues to play an important role in insuring children, black Americans, and Hispanic Americans. Disparities in rates of insurance coverage also exist by health status, with non-elderly people in good or fair health more likely than people in better health to be uninsured.

**Hispanics
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represented
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uninsured.**

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Table 1. Health insurance coverage of the civilian noninstitutionalized population: Percent by type of coverage and selected population characteristics, United States, first half of 1997

Population characteristic	Total population in thousands	Private	Public only	Uninsured
Percent distribution				
Total ^a	265,927	68.1	15.1	16.8
Total under age 65 ^a	234,049	69.2	11.9	18.9
Age in years				
Under 4	15,467	56.8	28.5	14.6
4-6	12,432	61.3	24.9	13.7
7-12	23,745	66.4	18.3	15.3
13-17	19,791	68.8	14.5	16.7
Total under 18	71,436	64.1	20.6	15.2
18	3,716	64.2	12.2	23.6
19-24	20,952	55.3	10.2	34.6
25-29	19,049	62.7	8.3	28.9
30-34	20,817	71.4	8.0	20.7
35-54	76,675	77.3	6.7	16.0
55-64	21,403	75.1	10.3	14.6
18-64	162,613	71.4	8.1	20.5
65 and over	31,877	60.5	38.4	1.0
Employment status^b				
Employed	131,931	78.3	4.2	17.5
Not employed	69,501	53.9	30.0	16.1
Sex				
Male	129,842	68.5	13.0	18.5
Female	136,084	67.8	17.1	15.1
Race/ethnicity				
Total Hispanic	29,634	45.4	21.6	32.9
Total black	33,169	50.2	28.4	21.4
Total white	191,749	75.2	11.6	13.2
Total other	11,375	60.5	19.0	20.5
Hispanic male	15,173	44.2	18.9	36.9
Black male	15,448	51.1	25.6	23.3
White male	93,672	75.7	9.7	14.6
Other male	5,550	61.6	17.6	20.8
Hispanic female	14,461	46.7	24.5	28.7
Black female	17,721	49.4	30.8	19.8
White female	98,077	74.7	13.4	11.9
Other female	5,825	59.5	20.4	20.2
Marital status^b				
Married	109,559	78.9	8.9	12.2
Widowed	14,004	54.1	39.4	6.5
Divorced	19,860	61.6	17.2	21.2
Separated	5,121	46.7	21.5	31.9
Never married	53,940	60.0	12.6	27.4

Continued

Table 1. Health insurance coverage of the civilian noninstitutionalized population: Percent by type of coverage and selected population characteristics, United States, first half of 1997 (continued)

Population characteristic	Total population in thousands	Private	Public only	Uninsured
Percent distribution				
Metropolitan statistical area (MSA)				
MSA	213,367	69.3	14.4	16.3
Non-MSA	52,560	63.3	18.0	18.7
Census region				
Northeast	51,435	70.3	15.5	14.2
Midwest	62,021	75.0	12.5	12.5
South	92,890	64.2	16.1	19.6
West	59,581	65.2	15.9	18.9

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

^b For individuals age 16 and over.

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

Source: Center for Cost and Financing Studies, Agency for Health Care Policy and Research: Medical Expenditure Panel Survey Household Component, 1997.

Table 2. Health insurance coverage of the civilian noninstitutionalized population under age 65: Percent by type of coverage and selected population characteristics, United States, first half of 1997

Population characteristic	Total population in thousands	Private	Public only	Uninsured
Percent distribution				
Total ^a	234,049	69.2	11.9	18.9
Employment status^b				
Employed	127,338	78.7	3.2	18.0
Not employed	42,288	50.3	23.9	25.9
Sex				
Male	116,439	68.7	10.8	20.5
Female	117,611	69.6	13.1	17.3
Race/ethnicity				
Total Hispanic	28,118	46.1	19.3	34.6
Total black	30,616	51.3	25.7	23.0
Total white	164,751	76.8	7.9	15.3
Total other	10,565	62.7	15.8	21.5
Hispanic male	14,533	44.6	17.0	38.5
Black male	14,460	51.7	23.5	24.8
White male	82,268	76.3	7.1	16.6
Other male	5,177	63.0	15.5	21.5
Hispanic female	13,585	47.8	21.8	30.4
Black female	16,156	51.0	27.6	21.4
White female	82,482	77.3	8.6	14.0
Other female	5,387	62.4	16.1	21.4
Marital status^b				
Married	92,087	80.6	5.0	14.4
Widowed	3,404	62.6	15.3	22.1
Divorced	17,624	63.8	12.7	23.5
Separated	4,862	48.0	18.4	33.5
Never married	52,633	60.5	11.4	28.1
Metropolitan statistical area (MSA)				
MSA	188,808	70.4	11.3	18.2
Non-MSA	45,241	63.9	14.5	21.6

Continued

Table 2. Health insurance coverage of the civilian noninstitutionalized population under age 65: Percent by type of coverage and selected population characteristics, United States, first half of 1997 (continued)

Population characteristic	Total population in thousands	Private	Public only	Uninsured
		Percent distribution		
Census region				
Northeast	44,775	72.0	12.0	16.1
Midwest	54,359	76.1	9.7	14.2
South	81,565	65.2	12.6	22.2
West	53,350	65.8	13.2	21.0

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

^b For individuals age 16 and over.

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

Source: Center for Cost and Financing Studies, Agency for Health Care Policy and Research: Medical Expenditure Panel Survey Household Component, 1997.

Table 3. Health insurance coverage of the civilian noninstitutionalized population: Percent by type of coverage and perceived health status, United States, first half of 1997

Population characteristic	Total population in thousands	Private	Public only	Uninsured
Percent distribution				
Total under age 65 ^a	234,049	69.2	11.9	18.9
Total age 65 and over ^a	31,877	60.5	38.4	1.0
Perceived health status, under age 65				
Excellent	87,698	74.0	9.7	16.3
Very good	74,056	72.5	9.4	18.1
Good	51,741	63.4	13.6	22.9
Fair	15,118	54.2	22.4	23.4
Poor	5,184	39.3	39.5	21.2
Perceived health status, age 65 and over				
Excellent	5,203	65.5	33.1	*1.3
Very good	8,084	64.2	35.1	*0.7
Good	10,156	63.3	35.9	*0.8
Fair	5,525	55.5	43.5	*1.1
Poor	2,522	42.6	55.7	*1.7

^a Includes persons with unknown perceived health status.

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

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

Source: Center for Cost and Financing Studies, Agency for Health Care Policy and Research: Medical Expenditure Panel Survey Household Component, 1997.

Table 4. Total population and uninsured persons under age 65: Percent by selected population characteristics, United States, first half of 1997

Population characteristic	Total population in thousands	Percent distribution of population	Percent uninsured	Percent distribution of uninsured population
Total ^a	234,049	100	18.9	100
Age in years				
Under 4	15,467	6.6	14.6	5.1
4-6	12,432	5.3	13.7	3.9
7-12	23,745	10.1	15.3	8.2
13-17	19,791	8.5	16.7	7.5
18	3,716	1.6	23.6	2.0
19-24	20,952	9.0	34.6	16.4
25-29	19,049	8.1	28.9	12.5
30-34	20,817	8.9	20.7	9.7
35-54	76,675	32.8	16.0	27.8
55-64	21,403	9.1	14.6	7.0
Race/ethnicity				
Total Hispanic	28,118	12.0	34.6	22.0
Total black	30,616	13.1	23.0	15.9
Total white	164,751	70.4	15.3	57.0
Total other	10,565	4.5	21.5	5.1
Hispanic male	14,533	6.2	38.5	12.6
Black male	14,460	6.2	24.8	8.1
White male	82,268	35.2	16.6	30.8
Other male	5,177	2.2	21.5	2.5
Hispanic female	13,585	5.8	30.4	9.3
Black female	16,156	6.9	21.4	7.8
White female	82,482	35.2	14.0	26.2
Other female	5,387	2.3	21.4	2.6
Marital status^b				
Married	92,087	39.4	14.4	30.1
Widowed	3,404	1.5	22.1	1.7
Divorced	17,624	7.5	23.5	9.4
Separated	4,862	2.1	33.5	3.7
Never married	52,633	22.5	28.1	33.4
Census region				
Northeast	44,775	19.1	16.1	16.3
Midwest	54,359	23.2	14.2	17.5
South	81,565	34.8	22.2	40.9
West	53,350	22.8	21.0	25.3

Continued

Table 4. Total population and uninsured persons under age 65: Percent by selected population characteristics, United States, first half of 1997 (continued)

Population characteristic	Total population in thousands	Percent distribution of population	Percent uninsured	Percent distribution of uninsured population
Perceived health status				
Excellent	87,698	37.5	16.3	32.4
Very good	74,056	31.7	18.1	30.3
Good	51,741	22.1	22.9	26.8
Fair	15,118	6.5	23.4	8.0
Poor	5,184	2.2	21.2	2.5

^a Includes persons with unknown marital status and perceived health status.

^b 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 because of rounding.

Source: Center for Cost and Financing Studies, Agency for Health Care Policy and Research: Medical Expenditure Panel Survey Household Component, 1997.

Technical Appendix

The data in this report were obtained in the third round of interviews for the Household Component (HC) of the 1996 Medical Expenditure Panel Survey (MEPS) and the first round of interviews from the 1997 MEPS HC. 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 the use, charges, and payments reported by providers; residents of licensed or certified nursing homes; and the supply side of the health insurance market.

The sample for the MEPS HC was selected from respondents to the National Health Interview Survey (NHIS), which was conducted by NCHS. NHIS provides a nationally representative sample of the U.S. civilian noninstitutionalized population and reflects an oversampling of Hispanics and blacks. The MEPS HC collects data through an overlapping panel design. In this design, data are collected through a precontact interview that is followed by a series of five rounds of interviews over 2½ years. Two calendar years of medical expenditure and utilization data are collected from each household and captured using computer-assisted personal interviewing (CAPI). This series of data collection rounds is launched again each subsequent year on a new sample of households to provide overlapping panels of survey data which, when combined with other ongoing panels, will provide continuous and current estimates of health care expenditures. The reference period for Round 3 of the 1996 MEPS HC (Panel 1) was from the Round 2 interview date to the Round 3 interview date. The reference period for Round 1 of the 1997 MEPS HC (Panel 2) was from January 1, 1997, to the date of the Round 1 interview. Interviews for Panel 1 (Round 3) and Panel 2 (Round 1) were conducted from March to July 1997.

Derivation of Insurance Status Information

The household respondent was asked if during the interview period anyone in the family was covered by any of the sources of public and private health insurance coverage discussed in the following paragraphs. For respondents in their third MEPS interview (Panel 1), previously reported insurance was reviewed to determine whether it was still in effect and when changes in insurance status had occurred. Although Panel 1 survey respondents were asked about their insurance information for part of 1996 as well as 1997, the insurance information in this report refers to coverage only in 1997. Medicare and CHAMPUS/CHAMPVA coverage were measured at the time of the 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 between January 1997 and the interview. Persons counted as uninsured were uninsured throughout this time period.

Public Coverage

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

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

Medicare

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

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. When persons covered by CHAMPUS/CHAMPVA reach age 65, their coverage generally ends and enrollees are eligible for Medicare.

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

Uninsured

The uninsured were defined as persons not covered by Medicare, CHAMPUS/CHAMPVA, Medicaid, other public hospital/physician programs, or private hospital/physician insurance (including Medigap coverage) during the period from January 1997 through the time of the interview. Individuals covered only by noncomprehensive State-specific programs (e.g.,

Maryland Kidney Disease Program) or private single-service plans (e.g., coverage for dental or vision care only, coverage for accidents or specific diseases) were not considered to be insured.

Health Insurance Edits

For the Round 1 (Panel 2) sample, minimal editing was performed on sources of public coverage and no edits were performed on the private coverage variables. For Round 3 (Panel 1), most of the insurance variables were logically edited to address issues that arose during Rounds 2 and 3 when reviewing insurance reported in earlier rounds. The health insurance data were edited as described below.

Medicare

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

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

Medicaid

A small number of cases reporting Aid to Families with Dependent Children (AFDC) or Supplemental Security Income (SSI) coverage (questions included in the MEPS health insurance section for editing purposes) were assigned Medicaid coverage. 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.

CHAMPUS/CHAMPVA

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

Private Health Insurance

Private insurance coverage was unedited and unimputed for Round 1 (Panel 2). For Round 3 (Panel 1), most of the insurance variables were logically edited to address issues that arose during Rounds 2 and 3 when reviewing insurance reported in earlier rounds. One edit to the private insurance variables corrected for a problem concerning covered benefits when respondents reported a change in any of their health insurance plan names. Additional edits addressed issues of missing data on the time period of coverage.

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.

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

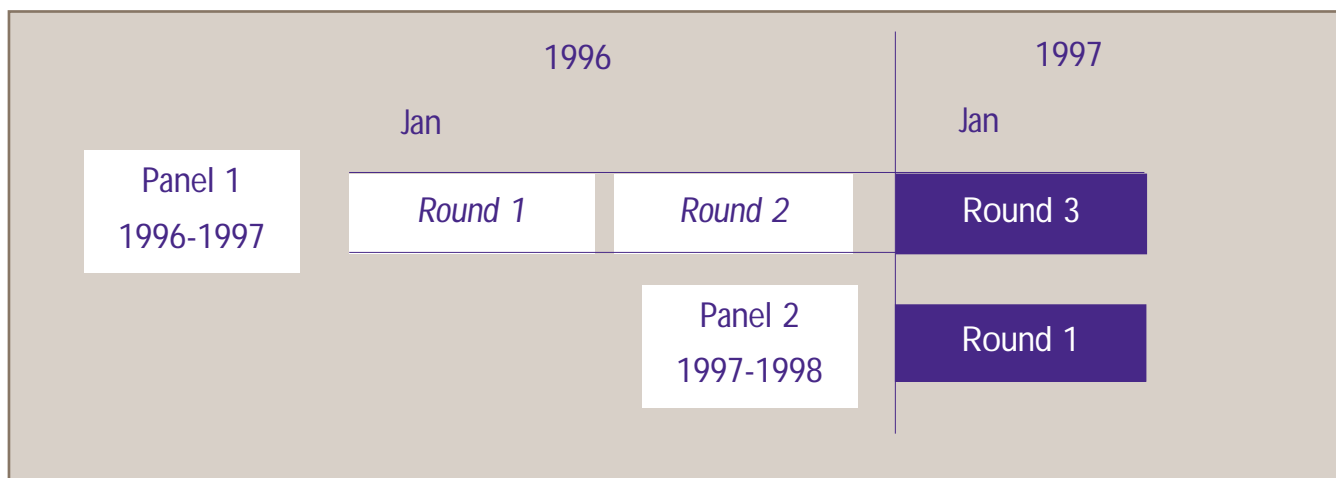
Persons were considered to be employed if they were age 16 and over, and had a job for pay, owned a business, or worked without pay in a family business at the time of the Round 1 or Round 3 interview.

Sample Design and Accuracy of Estimates

MEPS is designed to produce estimates at the national and regional level over time for the civilian noninstitutionalized population of the United States and some subpopulations of interest. Each MEPS panel collects data covering a 2-year period, with the first two MEPS panels spanning 1996-97 and 1997-98, respectively. In this report, data from the 1997 portion of the third round of data collection for the MEPS Panel 1 sample are pooled with data from the first round of data collection for the MEPS Panel 2 sample (shaded portion of Figure A).

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

Figure A. Overlapping panel design of the Medical Expenditure Panel Survey



Source: Center for Cost and Financing Studies, Agency for Health Care Policy and Research.

weights include nonresponse adjustments and poststratification adjustments to population estimates derived from the March 1997 Current Population Survey (CPS) based on cross-classifications by region, MSA status, age, race/ethnicity, and sex.

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

Panel 1

At its beginning in 1996, MEPS Panel 1 consisted of a sample of 10,639 households, a nationally representative subsample of the households responding to the 1995 National Health Interview Survey (NHIS). The 1995 NHIS sampled households with Hispanic members and households with black members at approximately 2.0 and 1.5 times the rate of other households, respectively. These oversampling rates are also reflected in the MEPS sample of households.

The overall MEPS Panel 1 response rate at the end of Round 3 (which collects data for the first part of 1997) was 70.2 percent. This overall rate reflects response to the 1995 NHIS interview and the MEPS interviews for Rounds 1-3.

Panel 2

At its beginning in 1997, MEPS Panel 2 consisted of a sample of 6,281 households, a nationally representative subsample of the households responding to the 1996 NHIS. Like Panel 1, the Panel 2 sample reflects the oversampling of Hispanic and black households in NHIS. However, the sample design for Panel 2 differed from that for Panel 1 because the following policy-relevant groups (classified based on 1996 NHIS data) were also oversampled to produce more reliable estimates for these groups:

- Adults (age 18 and over) with functional impairments (difficulty with one or more activities of daily living).
- Children (under age 18) with limitations in activity.
- Individuals aged 18-64 expected to incur high medical expenditures in 1997.
- Individuals predicted to reside in low-income households (below 200 percent of poverty level).
- Adults (age 18 and over) with health limitations other than functional impairments (difficulty with one or more instrumental activities of daily living).

The overall MEPS Panel 2 response rate at the end of Round 1 (when data were collected for the first part of 1997) was 77.9 percent. This overall rate reflects response to both the 1996 NHIS interview and the MEPS Round 1 interview.

Combined Panel Response

Each panel was given approximately equal weight in the development of sampling weights to produce national estimates. Therefore, a pooled response rate for the survey respondents in this data set can be obtained by taking an average of the panel-specific response rates. This pooled response rate for the combined panels is 74.1 percent.

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 1-4 and Table A were rounded to the nearest thousand. Therefore, some of the estimates presented in the tables for population totals of subgroups will not add exactly to the overall estimated population total.

Comparisons With Other Data Sources

Other Surveys

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

1996 MEPS Data

Users interested in comparing the 1996 and 1997 MEPS health insurance estimates should be aware that the standard errors presented in the tables do not account for the fact that the estimates are not independent. By design, the 1996 MEPS panel respondents are present in both the 1996 and 1997 sample populations. Users should also be aware of questionnaire wording differences in the Rounds 1 and 3 MEPS interviews. The questionnaire for the Round 3 interviews includes reviews of previously reported sources of health insurance coverage. Note that the 1996 estimates presented in *MEPS Research Findings Number 1* (Vistnes and Monheit, 1997) are based on data obtained during the 1996 MEPS Round 1 interview, while the 1997 estimates are based on interviews conducted in Round 1 of the 1997 MEPS panel as well as Round 3 of the 1996 MEPS panel.

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 1997

Population characteristic	Total population	Any coverage	Any private coverage	Public only	Uninsured
Number in thousands					
Total ^a	265,927	221,360	181,185	40,175	44,567
Total under age 65 ^a	234,049	189,808	161,887	27,920	44,242
Age in years					
Under 4	15,467	13,205	8,790	4,415	2,261
4-6	12,432	10,725	7,624	3,101	1,707
7-12	23,745	20,123	15,770	4,353	3,622
13-17	19,791	16,495	13,618	2,877	3,296
Total under 18	71,436	60,549	45,803	14,746	10,887
18	3,716	2,841	2,386	^c 455	876
19-24	20,952	13,704	11,576	2,128	7,248
25-29	19,049	13,538	11,951	1,586	5,512
30-34	20,817	16,515	14,856	1,659	4,302
35-54	76,675	64,372	59,237	5,135	12,302
55-64	21,403	18,289	16,078	2,211	3,115
65 and over	31,877	31,553	19,298	12,255	^c 325
Employment status^b					
Employed	131,931	108,895	103,290	5,604	23,036
Not employed	69,501	58,302	37,459	20,843	11,199
Sex					
Male	129,842	105,809	88,927	16,882	24,034
Female	136,084	115,551	92,258	23,293	20,533
Race/ethnicity					
Total Hispanic	29,634	19,872	13,463	6,409	9,762
Total black	33,169	26,056	16,646	9,410	7,113
Total white	191,749	166,387	144,196	22,192	25,362
Total other	11,375	9,045	6,880	2,164	2,330
Census region					
Northeast	51,435	44,133	36,143	7,991	7,302
Midwest	62,021	54,262	46,534	7,727	7,760
South	92,890	74,663	59,666	14,998	18,226
West	59,581	48,302	38,842	9,460	11,279

^a Includes persons with unknown employment status.

^b For individuals age 16 and over.

^c 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, 1997.

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 1997
Corresponds to Table 1

Population characteristic	Private	Public only	Uninsured
	Standard error		
Total ^a	0.63	0.43	0.39
Total under age 65 ^a	0.68	0.46	0.44
Age in years			
Under 4	1.61	1.48	1.04
4-6	1.70	1.56	1.04
7-12	1.26	1.02	0.87
13-17	1.26	0.88	0.94
Total under 18	1.00	0.88	0.58
18	2.53	1.55	2.10
19-24	1.41	0.80	1.21
25-29	1.45	0.78	1.25
30-34	1.15	0.61	0.96
35-54	0.66	0.35	0.53
55-64	1.10	0.69	0.83
18-64	0.63	0.33	0.47
65 and over	1.20	1.19	0.19
Employment status^b			
Employed	0.55	0.22	0.46
Not employed	0.88	0.75	0.53
Sex			
Male	0.70	0.44	0.47
Female	0.67	0.50	0.41
Race/ethnicity			
Total Hispanic	1.63	1.05	1.12
Total black	1.53	1.42	0.99
Total white	0.63	0.43	0.39
Total other	3.23	2.78	2.27
Hispanic male	1.79	1.06	1.39
Black male	1.75	1.51	1.30
White male	0.70	0.45	0.48
Other male	3.46	2.93	2.52
Hispanic female	1.71	1.27	1.19
Black female	1.70	1.62	1.11
White female	0.70	0.50	0.44
Other female	3.62	2.92	2.67

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 1997 (continued)
Corresponds to Table 1

Population characteristic	Private	Public only	Uninsured
	Standard error		
Marital status^b			
Married	0.63	0.40	0.45
Widowed	1.51	1.37	0.63
Divorced	1.18	0.90	1.01
Separated	2.36	1.67	2.05
Never married	0.95	0.59	0.80
Metropolitan statistical area (MSA)			
MSA	0.71	0.49	0.45
Non-MSA	1.48	0.96	0.95
Census region			
Northeast	1.17	0.95	0.64
Midwest	1.31	0.94	0.73
South	1.11	0.69	0.75
West	1.33	0.88	0.92

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

^b For individuals age 16 and over.

Source: Center for Cost and Financing Studies, Agency for Health Care Policy and Research: Medical Expenditure Panel Survey Household Component, 1997.

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 1997
Corresponds to Table 2

Population characteristic	Private	Public only	Uninsured
	Standard error		
Total ^a	0.68	0.46	0.44
Employment status^b			
Employed	0.56	0.21	0.47
Not employed	1.10	0.85	0.79
Sex			
Male	0.74	0.46	0.52
Female	0.73	0.53	0.48
Race/ethnicity			
Total Hispanic	1.71	1.12	1.15
Total black	1.64	1.52	1.06
Total white	0.68	0.44	0.44
Total other	3.39	2.83	2.45
Hispanic male	1.85	1.11	1.42
Black male	1.84	1.59	1.37
White male	0.74	0.44	0.54
Other male	3.65	3.06	2.69
Hispanic female	1.82	1.35	1.24
Black female	1.82	1.77	1.22
White female	0.75	0.51	0.52
Other female	3.75	2.87	2.88
Marital status^b			
Married	0.66	0.31	0.52
Widowed	2.71	1.75	2.12
Divorced	1.21	0.87	1.12
Separated	2.40	1.62	2.16
Never married	0.96	0.56	0.81
Metropolitan statistical area (MSA)			
MSA	0.78	0.53	0.50
Non-MSA	1.55	0.96	1.09
Census region			
Northeast	1.32	1.04	0.72
Midwest	1.37	0.97	0.82
South	1.22	0.74	0.83
West	1.40	0.87	1.02

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

^b For individuals age 16 and over.

Source: Center for Cost and Financing Studies, Agency for Health Care Policy and Research: Medical Expenditure Panel Survey Household Component, 1997.

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 1997
Corresponds to Table 3

Population characteristic	Private	Public only	Uninsured
	Standard error		
Total under age 65 ^a	0.68	0.46	0.44
Total age 65 and over ^a	1.20	1.19	0.19
Perceived health status, under age 65			
Excellent	0.83	0.57	0.59
Very good	0.89	0.54	0.61
Good	0.92	0.64	0.78
Fair	1.44	1.11	1.11
Poor	2.20	2.28	1.87
Perceived health status, age 65 and over			
Excellent	2.51	2.48	*0.57
Very good	2.24	2.20	*0.33
Good	1.90	1.88	*0.29
Fair	2.28	2.28	*0.40
Poor	3.36	3.38	*0.99

^a Includes persons with unknown perceived health status.

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

Source: Center for Cost and Financing Studies, Agency for Health Care Policy and Research: Medical Expenditure Panel Survey Household Component, 1997.

Table E. Total population and uninsured persons under age 65: Standard errors by selected population characteristics, United States, first half of 1997
Corresponds to Table 4

Population characteristic	Percent distribution of population	Percent uninsured	Percent distribution of uninsured population
	Standard error		
Total ^a	—	0.44	—
Age in years			
Under 4	0.19	1.04	0.36
4-6	0.16	1.04	0.29
7-12	0.22	0.87	0.42
13-17	0.19	0.94	0.41
18	0.09	2.10	0.20
19-24	0.23	1.21	0.67
25-29	0.25	1.25	0.57
30-34	0.24	0.96	0.44
35-54	0.34	0.53	0.64
55-64	0.24	0.83	0.41
Race/ethnicity			
Total Hispanic	0.49	1.15	1.16
Total black	0.58	1.06	0.95
Total white	0.74	0.44	1.31
Total other	0.35	2.45	0.70
Hispanic male	0.28	1.42	0.75
Black male	0.28	1.37	0.57
White male	0.43	0.54	0.89
Other male	0.20	2.69	0.37
Hispanic female	0.24	1.24	0.53
Black female	0.33	1.22	0.53
White female	0.45	0.52	0.84
Other female	0.18	2.88	0.42
Marital status^b			
Married	0.44	0.52	0.80
Widowed	0.09	2.12	0.18
Divorced	0.22	1.12	0.49
Separated	0.11	2.16	0.28
Never married	0.38	0.81	0.93
Census region			
Northeast	0.70	0.72	0.90
Midwest	0.80	0.82	1.11
South	0.91	0.83	1.33
West	0.68	1.02	1.14

Continued

Table E. Total population and uninsured persons under age 65: Standard errors by selected population characteristics, United States, first half of 1997 (continued)
Corresponds to Table 4

Population characteristic	Percent distribution of population	Percent uninsured	Percent distribution of uninsured population
Standard error			
Perceived health status			
Excellent	0.50	0.59	0.93
Very good	0.43	0.61	0.80
Good	0.39	0.78	0.83
Fair	0.18	1.11	0.42
Poor	0.11	1.87	0.27

^a Includes persons with unknown marital status and perceived health status.

^b 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, 1997.

Table F. Health insurance coverage of the civilian noninstitutionalized population: Standard errors by type of coverage and selected population characteristics, United States, first half of 1997
Corresponds to Table A

Population characteristic	Any coverage	Any private coverage	Public only	Uninsured
Standard error in thousands				
Total ^a	3,995	3,765	1,223	1,187
Total under age 65 ^a	3,661	3,501	1,140	1,185
Age in years				
Under 4	484	389	278	173
4-6	421	365	219	134
7-12	647	600	256	222
13-17	525	493	185	205
Total under 18	1,492	1,322	707	448
18	192	185	—	91
19-24	502	489	172	345
25-29	527	522	148	296
30-34	610	592	129	222
35-54	1,459	1,415	278	425
55-64	584	572	147	195
65 and over	912	715	484	—
Employment status^b				
Employed	2,254	2,238	284	683
Not employed	1,285	1,025	660	432
Sex				
Male	2,080	1,962	621	700
Female	2,107	1,972	719	632
Race/ethnicity				
Total Hispanic	774	578	454	591
Total black	1,191	822	677	467
Total white	3,606	3,458	847	846
Total other	762	578	400	321
Census region				
Northeast	1,765	1,708	465	435
Midwest	1,972	1,874	623	553
South	2,653	2,378	756	762
West	1,708	1,645	532	578

^a Includes persons with unknown employment status.

^b For individuals age 16 and over.

— Sample size too small to produce reliable estimates.

Source: Center for Cost and Financing Studies, Agency for Health Care Policy and Research: Medical Expenditure Panel Survey Household Component, 1997.

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