Medical Expenditure Panel Survey

Agency for Healthcare Research and Quality

STATISTICAL BRIEF #172

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Health Insurance Status of Children in America, First Half 1996–2006: Estimates for the U.S. Civilian Noninstitutionalized Population under Age 18

Michelle Roberts, BA and Jeffrey A. Rhoades, PhD

Highlights

- From 1996 to 2006, the percentage of uninsured children declined from 15.7 percent to 11.0 percent.
- The percentage of children covered by public only health insurance increased between 1996 and 2006, from 21.3 percent to 31.4 percent; and the number of children covered by public only insurance increased by 9.4 million, from 13.8 million to 23.2 million.
- Younger children were more likely to rely on public only health insurance: In 2006, 39.9 percent of children age 0–3 were covered by public only health insurance compared with 26.4 percent of children age 13–17.
- Hispanic or Latino children were the most likely to be uninsured in each year from 1996 to 2006 (19.9 percent in 2006).
- In 2006, 51.8 percent of children with poor or fair health status were covered by public only health insurance.

Introduction

This Statistical Brief presents estimates from the Household Component of the Medical Expenditure Panel Survey (MEPS-HC) concerning the health insurance status of children (under age 18) in the U.S. civilian noninstitutionalized population, a key element related to their health care. MEPS-HC, an annual household survey sponsored by the Agency for Healthcare Research and Quality (AHRQ), provides critical information for evaluating trends in health insurance status. Estimates are presented for the first half of calendar years 1996 through 2006. All differences between estimates discussed in the text are statistically significant at the 0.05 level unless otherwise noted.

Findings

As shown in figure 1, the percentage of children (under age 18) who were uninsured declined from 1996 to 2006 by 4.7 percentage points, from 15.7 percent to 11.0 percent. Concurrently, the percentage of children covered by public only health insurance increased from 21.3 percent to 31.4 percent (figure 1); and the number of children covered by public only health insurance increased by 9.4 million, from 13.8 million to 23.2 million (figure 2).

The increase in public only health insurance over this period was shared by children in all age groups, as can be seen in figure 3. In addition, rates of public only coverage were higher each year for children under age 6 than for those age 7–17. For example, in 2006, 39.9 percent of children age 0–3 were covered by public only health insurance compared with 29.8 percent and 26.4 percent, respectively, of children age 7–12 and 13–17.

Hispanic or Latino children were more likely than children of other racial/ethnic groups to be uninsured in each year from 1996 through 2006. In 2006, 19.9 percent of Hispanic or Latino children were uninsured compared with 13.1 percent other single race/multiple race non-Hispanic or Latino, 10.3 percent black non-Hispanic or Latino single race, and 7.8 percent white non-Hispanic or Latino single race (figure 4). The percentage of children uninsured declined between 1996 and 2006 for all racial/ethnic groups with the exception of other single race/multiple race non-Hispanic or Latino. The decline was greatest for Hispanic or Latino children (from 28.1 percent in 1996 to 19.9 percent in 2006).

As shown in figure 5, children with poor or fair health status were more likely to be covered by public only health insurance than children with excellent or very good health. In 2006, 51.8 percent of children with poor or fair health status were covered by public only health insurance. In contrast, 26.7 percent of children in excellent, 31.1 percent of children in very good, and 42.2 percent of children in good health had public only coverage in 2006.

Data Source

The estimates shown in this Statistical Brief are drawn from analyses conducted by the MEPS staff from the following 1996 to 2006 point-in-time public use files: HC-001, HC-005, HC-009, HC-013, HC-022, HC-034, HC-053, HC-064, HC-075, HC-084, and HC-093 (July 2007).

Definitions

Uninsured
Children classified as uninsured throughout the first half of the year did not have public or private health insurance coverage during the period from January of the survey year through the time of their first interview in that year. Interviews were typically conducted from February to June. Children covered only by noncomprehensive State-specific programs (e.g., Maryland Kidney Disease Program) or private single-service plans (e.g., coverage for dental or vision care only, coverage for accidents or specific diseases) were considered to be uninsured.

Public only coverage
Children were considered to have public only health insurance coverage if they were not covered by private insurance and they were covered by Medicare, Medicaid, TRICARE, or other public hospital and physician coverage.

Private coverage
Private health insurance coverage was defined as nonpublic insurance that provided coverage for hospital and physician care (including Medigap coverage).

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

For 1996 through 2001, racial and ethnic classifications were Hispanic, white non-Hispanic, black non-Hispanic, Asian non-Hispanic, and other non-Hispanic. As of 2002, the racial and ethnic classifications are Hispanic or Latino, white non-Hispanic or Latino single race, black non-Hispanic or Latino single race, Asian non-Hispanic or Latino, and other single race/multiple race non-Hispanic or Latino.

About MEPS-HC

MEPS-HC is a nationally representative longitudinal survey that collects detailed information on health care utilization and expenditures, health insurance, and health status, as well as a wide variety of social, demographic, and economic characteristics for the civilian noninstitutionalized population. It is cosponsored by the Agency for Healthcare Research and Quality and the National Center for Health Statistics.

For more information about MEPS, call the MEPS information coordinator at AHRQ (301-427-1656) or visit the MEPS Web site at http://www.meps.ahrq.gov/.

References

For a detailed description of the MEPS survey design, sample design, and methods used to minimize sources of nonsampling error, see the following publications:

Cohen, J. *Design and Methods of the Medical Expenditure Panel Survey Household Component.* MEPS Methodology Report No. 1. AHCPR Pub. No. 97-0026. Rockville, Md.: Agency for Health Care Policy and Research, 1997.

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

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

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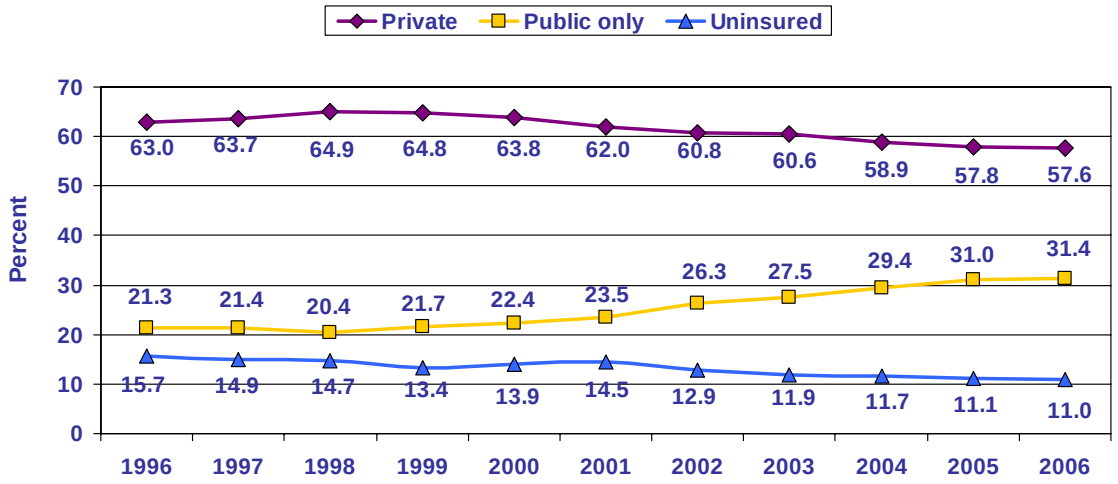
AHRQ welcomes questions and comments from readers of this publication who are interested in obtaining more information about access, cost, use, financing, and quality of health care in the United States. We also invite you to tell us how you are using this Statistical Brief and other MEPS data and tools and to share suggestions on how MEPS products might be enhanced to further meet your needs. Please e-mail us at mepspd@ahrq.gov or send a letter to the address below:

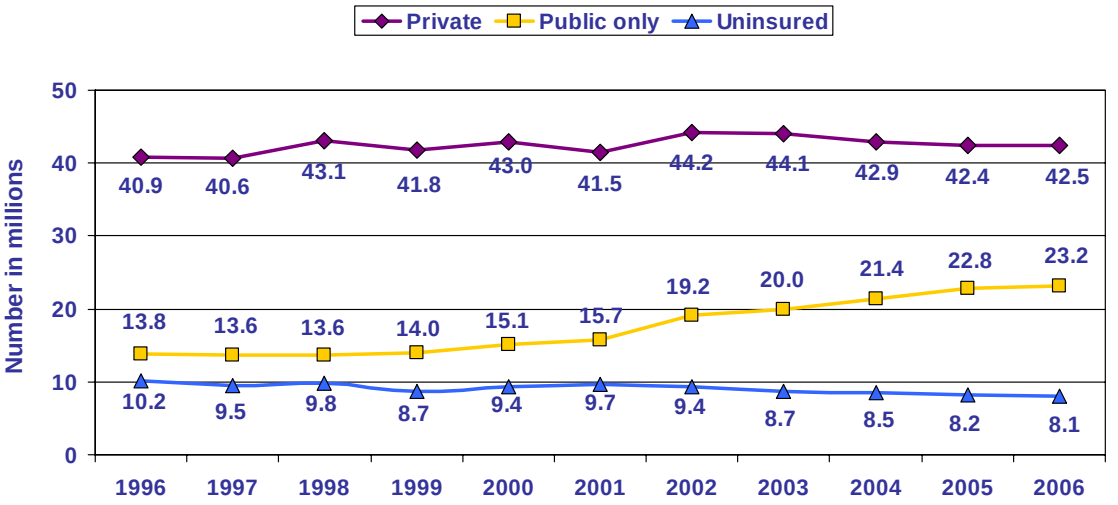
Steven B. Cohen, PhD, Director
Center for Financing, Access, and Cost Trends
Agency for Healthcare Research and Quality
540 Gaither Road
Rockville, MD 20850

Figure 1. Percentage of children under 18 years, by health insurance status, first half 1996–2006



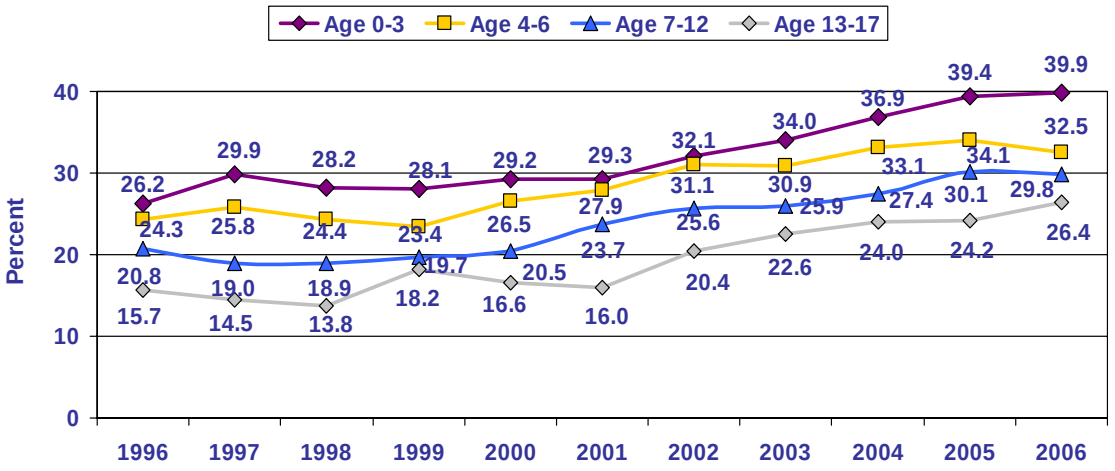
Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 1996–2006 Point-in-Time Files

Figure 2. Number of children under 18 years, by health insurance status, first half 1996–2006



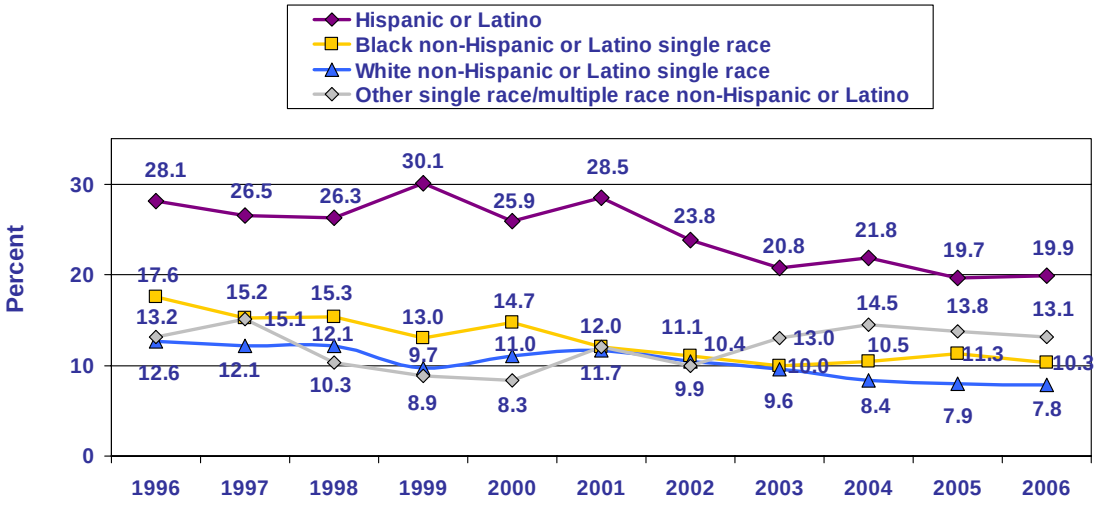
Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 1996–2006 Point-in-Time Files

Figure 3. Percentage of children under 18 years with public only health insurance, by age, first half 1996–2006



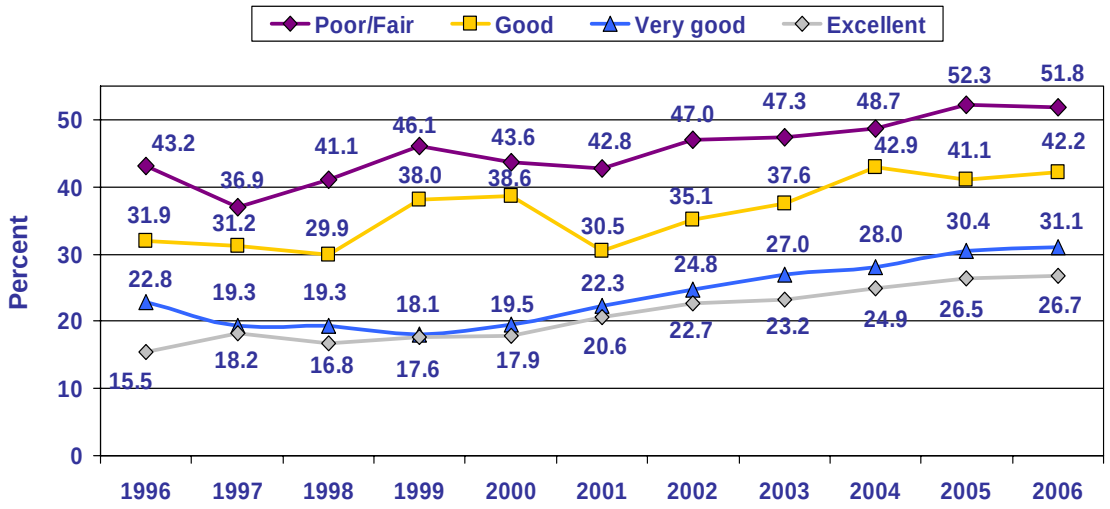
Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 1996–2006 Point-in-Time Files

Figure 4. Percentage of children under 18 years uninsured by race/ethnicity, first half 1996–2006



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 1996–2006 Point-in-Time Files

Figure 5. Percentage of children under 18 years with public only health insurance, by health status, first half 1996–2006



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 1996–2006 Point-in-Time Files