

Health Insurance Profile: Race/Ethnicity and Sex—1996

Estimates for the U.S. Civilian Noninstitutionalized Population Under 65

Introduction

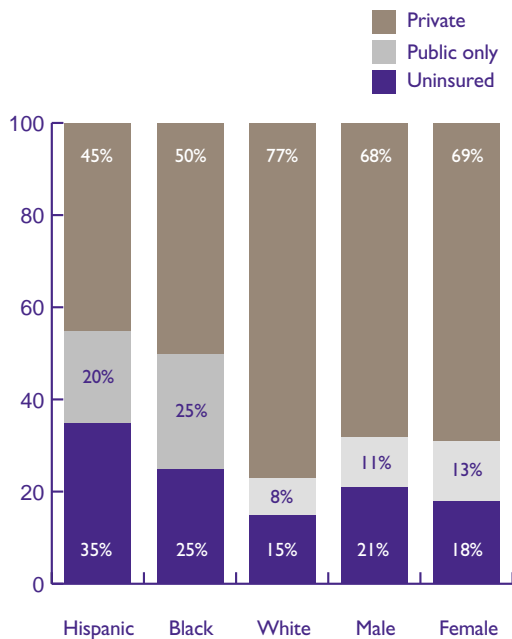
Data from the 1996 Medical Expenditure Panel Survey (MEPS) of the Agency for Health Care Policy and Research (AHCPR) show that health insurance status among people under 65 varies according to demographic characteristics such as race/ethnicity and sex. Figure 1 shows that, in the first half of 1996, half of all non-elderly blacks (50 percent) and less than half of all Hispanics (45 percent) were covered by private health insurance, compared with more than three-quarters of whites (77 percent).

The converse is true for persons covered only by public insurance. Compared with non-elderly whites (8 percent), more than twice as many Hispanics (20 percent) and three times as many blacks (25 percent) had only public coverage. Yet even with a higher proportion of minorities than whites on public insurance, minorities had a greater risk of being uninsured. Hispanics were the most likely to lack health insurance (35 percent, compared with 25 percent of blacks and 15 percent of whites).

Briefly stated:

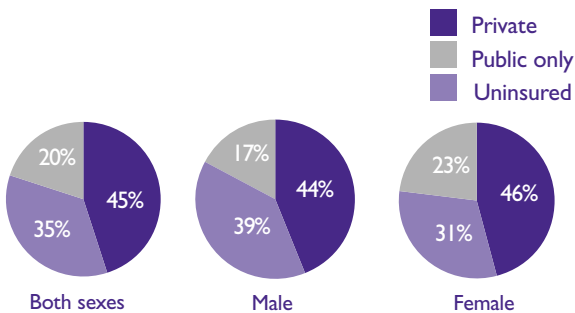
- Among Americans under 65, more than a third of Hispanics (35 percent) and a quarter of blacks (25 percent) were uninsured during the first half of 1996, compared with only 15 percent of whites. Of all sex-race/ethnicity groups, Hispanic males were the most likely to be uninsured (39 percent).
- Half of all non-elderly blacks (50 percent) and less than half of all Hispanics (45 percent) had private health insurance. In contrast, more than three-quarters of whites (77 percent) were privately insured.
- The rate of coverage by only public insurance among people under 65 was more than twice as high for blacks and Hispanics (25 percent and 20 percent, respectively) as for whites (8 percent).
- Overall, only slightly over half of all young adults ages 19-24 (53 percent) were covered by private health insurance.
- Among young adults ages 19-24, men and women were equally likely to have private insurance.
- Among minorities ages 19-24, women were more likely than men to have public insurance, so more men were uninsured. In this age group, about 60 percent of all minority men were uninsured.

Figure 1. Persons under age 65—health insurance status by race/ethnicity and sex: First half of 1996



▲ Hispanics were more likely than blacks or whites to be uninsured.

Figure 2. Hispanics under age 65—health insurance status: First half of 1996



▲ Rates of private insurance were about the same for Hispanic males and females, but rates of public insurance and lack of insurance showed more gender disparity.

MEPS Definitions of Private and Public Insurance

The term *private health insurance* refers only to health insurance that provides coverage for hospital and physician care. Insurance that provides coverage for a single service only, such as dental or vision coverage, is not counted as private insurance.

Individuals are considered to have *public insurance* if they have coverage only under Medicare, Medicaid, CHAMPUS/CHAMPVA (Civilian Health and Medical Programs for the Uniformed Services and Veterans’ Affairs), or another type of public coverage for hospital and physician care.

Race/Ethnicity and Sex

Non-elderly males and females were equally likely to be covered by private health insurance (Figure 1). Nevertheless, because females were more likely than males to be covered by public insurance, they were less likely to be uninsured (18 percent vs. 21 percent). This pattern is especially evident among Hispanics (Figure 2). Among non-elderly Hispanics, males and females were equally likely to be covered by private insurance, but more females (23 percent) than males (17 percent) had public coverage. Therefore, fewer Hispanic females were uninsured (31 percent, compared with 39 percent of Hispanic males).

A pattern of insurance coverage similar to that for all non-elderly persons emerges for young adult men and women ages 19-24, although the differences in coverage are more marked. Young adults of both sexes were equally likely to have private health insurance coverage. However, Figure 3 shows that young women were more than twice as likely as young men to have only public coverage (12 percent and 5 percent, respectively), so fewer young women were uninsured (34 percent of women versus 42 percent of men).

These disparities in coverage for young adults were even more pronounced among minorities (Figure 3). Among young adults, black women were five times as likely as black men to obtain public insurance, and Hispanic women were four times as likely as Hispanic men to have public coverage. This translates into higher uninsured rates among young minority men than women. The most dramatic difference is seen among blacks ages 19-24, where 61 percent of young men but only 42 percent of young women were uninsured.

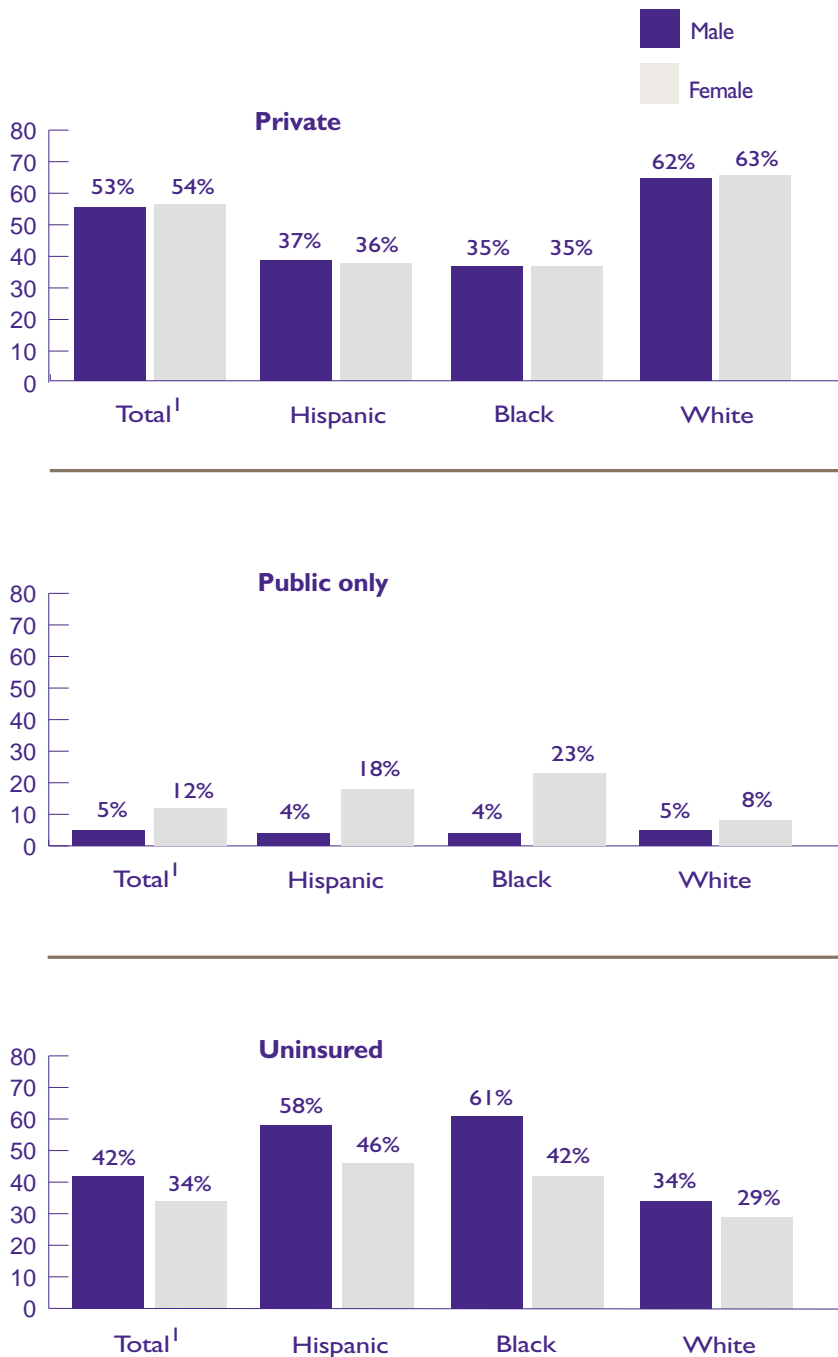
DATA SOURCE: 1996 Medical Expenditure Panel Survey Household Component, Round 1.

About MEPS

The Medical Expenditure Panel Survey (MEPS) collects nationally representative data on health care use, expenditures, source of payment, and insurance coverage for the U.S. civilian noninstitutionalized population. MEPS is cosponsored by the Agency for Health Care Policy and Research (AHCPR) and the

National Center for Health Statistics. This *Highlights* summarizes data concerning variations in health insurance status by sex and race/ethnicity in the United States during the first half of 1996, as derived from the MEPS Household Component, Round 1. For more information about MEPS, see the sources listed on the back page.

Figure 3. Young adults ages 19-24—health insurance status: First half of 1996



DATA SOURCE: 1996 Medical Expenditure Panel Survey Household Component, Round 1.

◀ About 60 percent of all minority men ages 19-24 were uninsured.

¹Includes Hispanic, white, black, and other.

MEPS HIGHLIGHTS

Health Insurance Profile: Race/Ethnicity and Sex—1996

For more information about MEPS, call the MEPS information coordinator at AHCPR (301-594-1406) or visit the MEPS section of the AHCPR Web site at:

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

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

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

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.

The estimates in this *Highlights* are based on the following, more detailed publication:

Vistnes 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.

These publications are available from the AHCPR Clearinghouse (800-358-9295) and on the AHCPR Web site.



AHCPR Pub. No. 98-0052
Sept. 1998

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

Official Business

Penalty for private Use \$300

Look for the MEPS Web site at:

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