

**Delawareans Without Health Insurance
2002**

**prepared for
the Delaware Health Care Commission**

by

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Executive Summary

Delawareans are doing better than the nation and the region in obtaining health insurance. Less than 9 percent of Delaware's population was without health insurance in 2002, down from almost 14 percent in 1999. Currently 76,000 people are without health insurance. The uninsured rate for the region, which includes Maryland, Pennsylvania, New Jersey and New York was 12.9 percent. The national rate is 14.5%.

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

The uninsured are 10 times more likely to say they use the emergency room for their health care and are six times more likely than those that have health insurance to say they could not see a doctor because of the cost. However, the uninsured do not assess their current health as being much different than those that have health insurance.

The biggest reasons for the overall drop in the uninsured are the expansion of the programs that insure children, SCHIP and Medicaid. Increases in Medicaid participation among adults have also been a factor. Still more than 24% of the uninsured are likely qualified for either Medicaid or SCHIP and have yet to enroll in either program.

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

Who are the 76,000 uninsured?

- 76% are over the age of 17
- 61% are male
- 81% are White
- 13% are Hispanic
- 72% own or are buying their home
- 14% live alone
- 32% with household income over \$50,000
- 65% are working
- 7% are self-employed
- 10% are non-citizens
- 83% are above the poverty line

Introduction

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

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

To better understand the nature of the uninsured population, the Delaware Health Care Commission has been monitoring its size and structure for a number of years. This report is a significant update and offers both new information and analysis. It adds information for the year 2002 to the database. **This is the first year in which the estimates for the most recent three-year averages fully reflect data that formally verifies a person's health insurance status. This change was first introduced in 2000. Data gathered in years prior to 2000 was adjusted indirectly to produce a consistent time series. Also, the Current Population Survey was increased in size by about 500 households, in order to provide better estimates of the impact of the SCHIP program. This has the effect of decreasing sampling error in the entire survey as well.**

The report has three major sections. In the first section, the current status of the uninsured in Delaware and the region (DE, MD, PA, NJ, and NY) is discussed. A time series, beginning in 1982 and ending in 2002 is used to show any trends. The second section focuses on the labor market in Delaware and existing and future trends that might affect employer provided health coverage. The third section contains information on health insurance coverage for a variety of demographic variables. The implications of current demographic trends are also considered in this section.

The Uninsured

Background

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

The CPS is conducted monthly throughout the nation and is designed to measure the unemployment rate and other employment related statistics for the 50 states and the nation. Some 78,265 households were interviewed in the sample in March 2002 and data was gathered on 217,219 persons in those households. Each month, the basic employment information is gathered along with optional information that changes from month to month. The March CPS is usually referred to as the annual demographic file, since it captures a broad array of demographic information along with basic employment data. Part of that demographic information concerns health insurance coverage.

In Delaware, the 2002 March CPS involved 1,001 households monthly, containing 2,817 persons. This sample size is sufficient for producing statewide estimates on a wide variety of demographic indicators. When measuring the percentage of the population without health insurance, for example, the accuracy is approximately +/- 0.8%. Three-year averages can be reported reliably at the county level although the accuracy is less.

The health insurance questions were added to the CPS in 1982. There were modifications to the questions in 1989 and again in 1995. However, a consistent data series can be constructed in spite of the changes. One aspect of the health insurance questions, time frame, is important to understand, since it differs between the three primary sources of data. The questions on the CPS are asked with reference to the previous year. Thus, in March 2002, respondents were asked about health insurance coverage in 2001. However, there is considerable evidence to suggest that the responses given are highly correlated with their current health insurance status or at least to

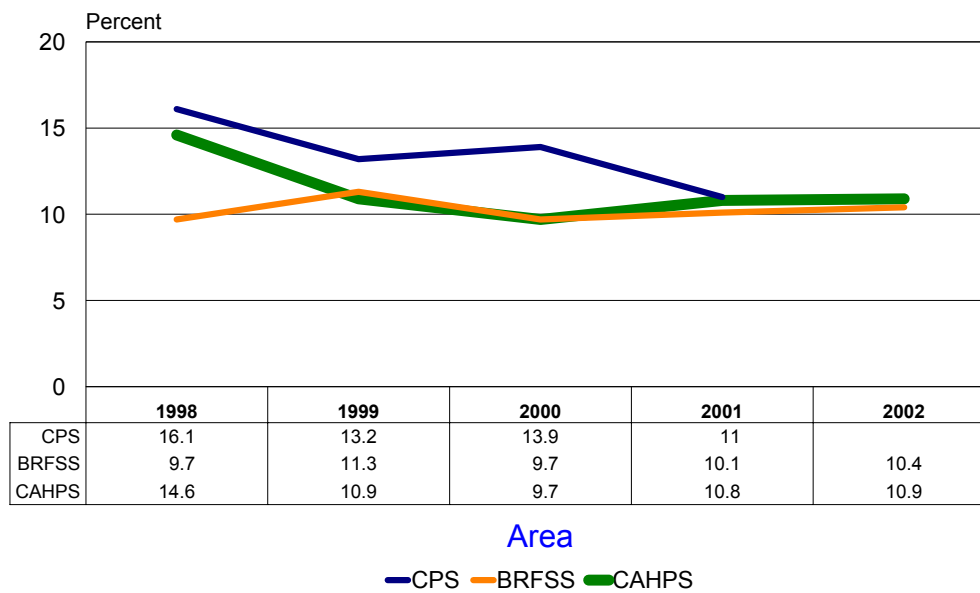
the current quarter. The U.S. Bureau of Census conducted significant parallel testing between the Survey of Income and Program Participation (SIPP) and the Current Population Survey. The SIPP sample of households is part of a panel that is re-interviewed quarterly for more than two years. Thus, the survey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

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

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

The figure clearly shows that the CPS estimates have been above those of the other two surveys during this five-year period. As the verification information was added to the CPS survey, those estimates became congruent with CAHPS and BRFSS. When the 2003 CPS data becomes available later in 2003, the nature of the relationship between the three sources will be even clearer.

Figure 1-1
Comparison of the Uninsured Measured by Alternative Data Sources



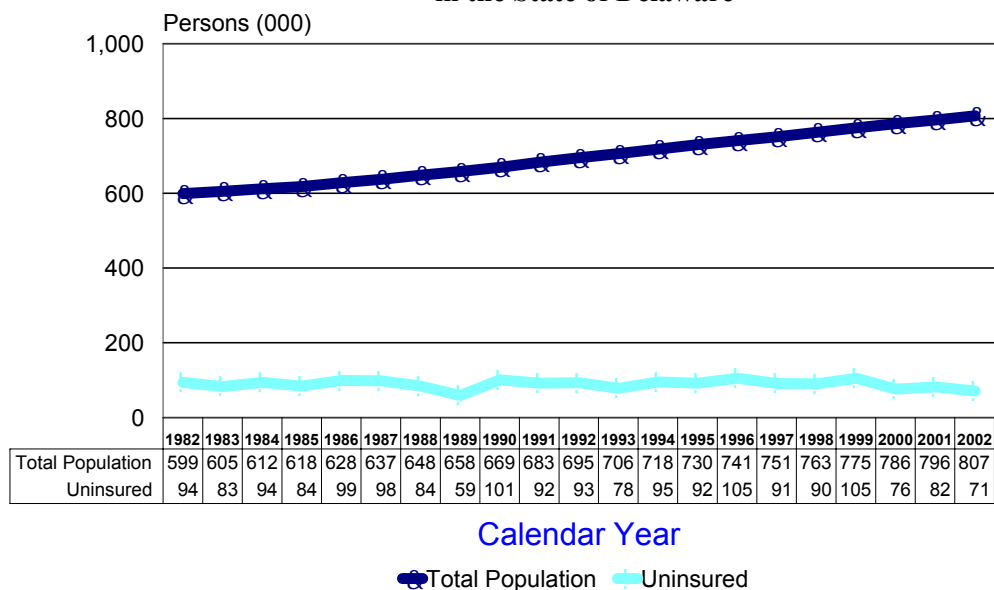
Source: Center for Applied Demography & Survey Research, University of Delaware
 US Bureau of Census, Current Population Survey, March 1999-2002
 Delaware Health Care Commission, 1998-2002 CAHPS Survey
 Delaware Health and Social Services, 1998-2002 Behavioral Risk Factor Surveillance System

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

The Uninsured 1982-2002

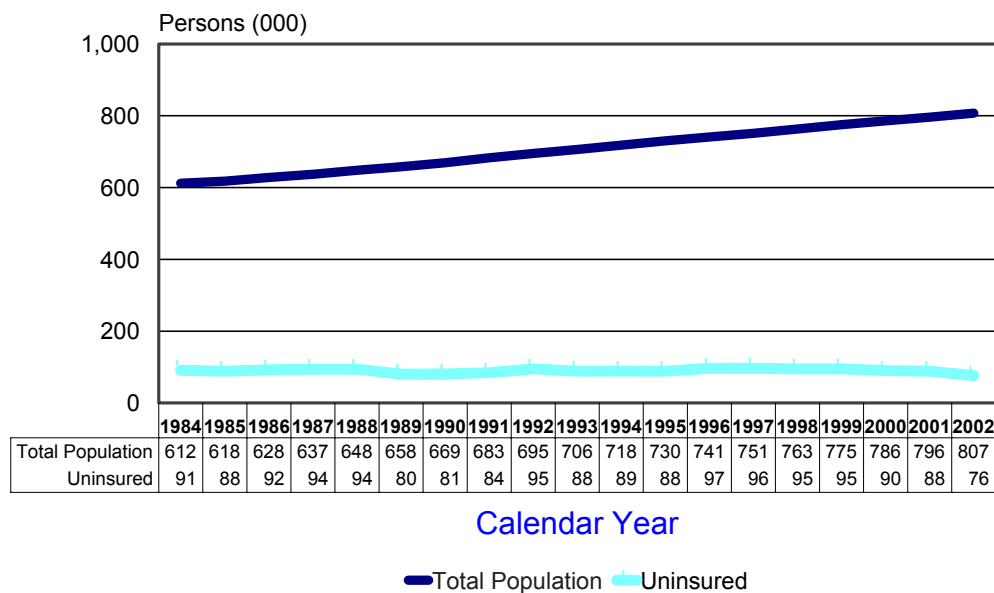
The point estimates for the number of persons without health insurance from 1982 to 2002 are shown in Figure 1-2 below. The term “point estimate” is used here to describe the results obtained from the CPS for a single year. There are several general observations that can be made about the information contained in this figure. First, the number of persons without

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



Source: Center for Applied Demography & Survey Research, University of Delaware
 US Bureau of Census, Current Population Survey, March 1982-2002

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



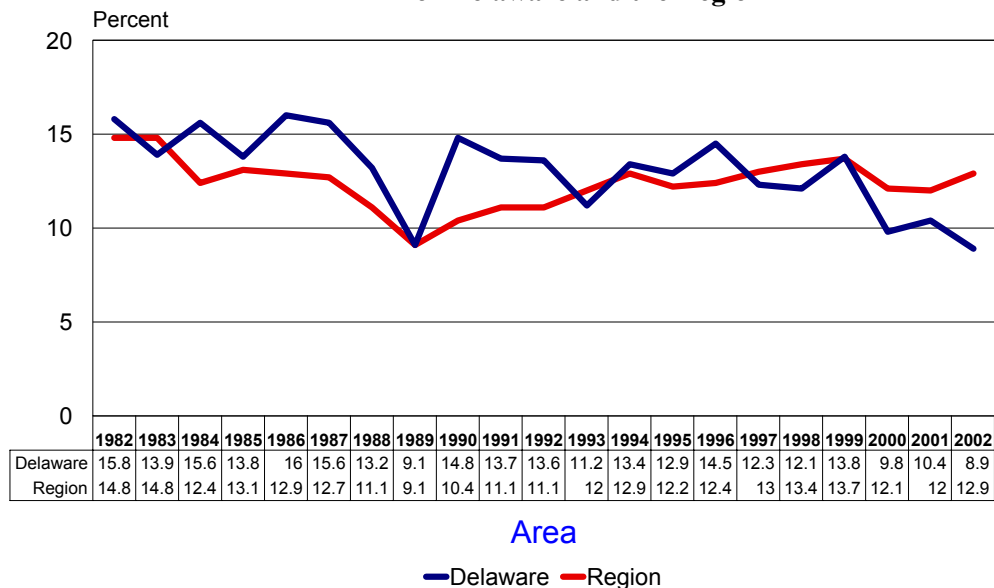
Source: Center for Applied Demography & Survey Research, University of Delaware
 US Bureau of Census, Current Population Survey, March 1982-2002

health insurance in 2001 (82,000) increased somewhat during the past year. Last year's estimate could have been the result of random variation since it represented a substantial drop from the prior year.

Second, while the number of uninsured has remained reasonably stable, the population of Delaware has increased by more than 197,000 since 1982. Had the number of uninsured kept pace with population growth, there would have been more than 43,000 additional persons without health insurance in 2001 based on the one-year estimate. Clearly, there are other factors operating that impact the number of uninsured apart from population growth.

Figure 1-3 shows the same information as a three-year moving average. This tends to remove some of the year-to-year fluctuations that are due to random variation associated with sample surveys. The number of uninsured varies between 80,000 and 97,000 over the entire period, which is a relatively small range given that the standard error is about 13,000. The sudden increase in the 1996 estimate appears to have been a statistical artifact that was not confirmed in either 1997 or 1998 (see Figure 1.1 above). A similar pattern occurred in 1999-2001. The 3-year average tends to moderate those movements.

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



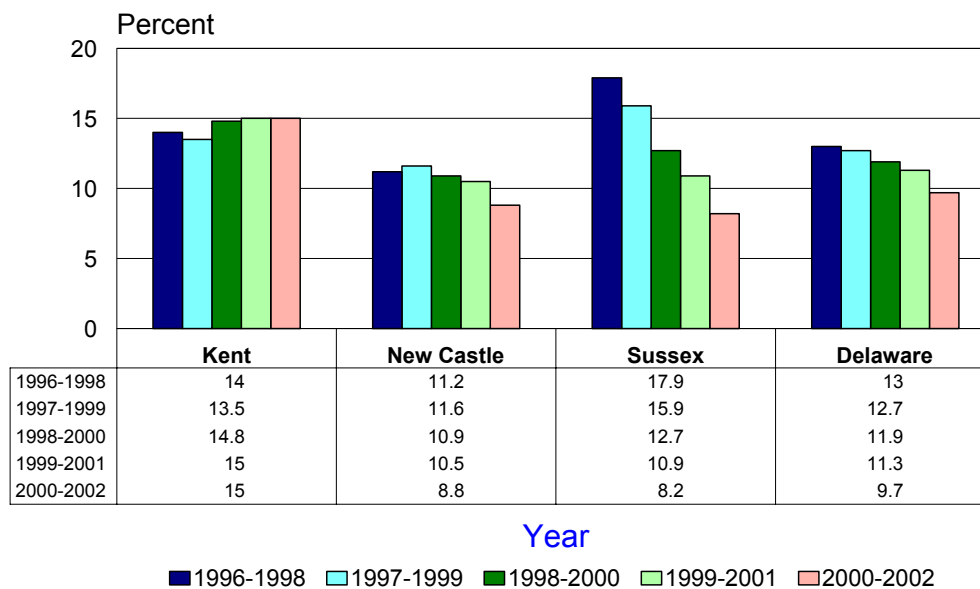
Source: Center for Applied Demography & Survey Research, University of Delaware
US Bureau of Census, Current Population Survey, March 1982-2002

The point estimates for the proportion of the population without health insurance, shown in Figure 1-4 above, have also shown distinct improvement since their recent peak in 1996. The

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

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

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

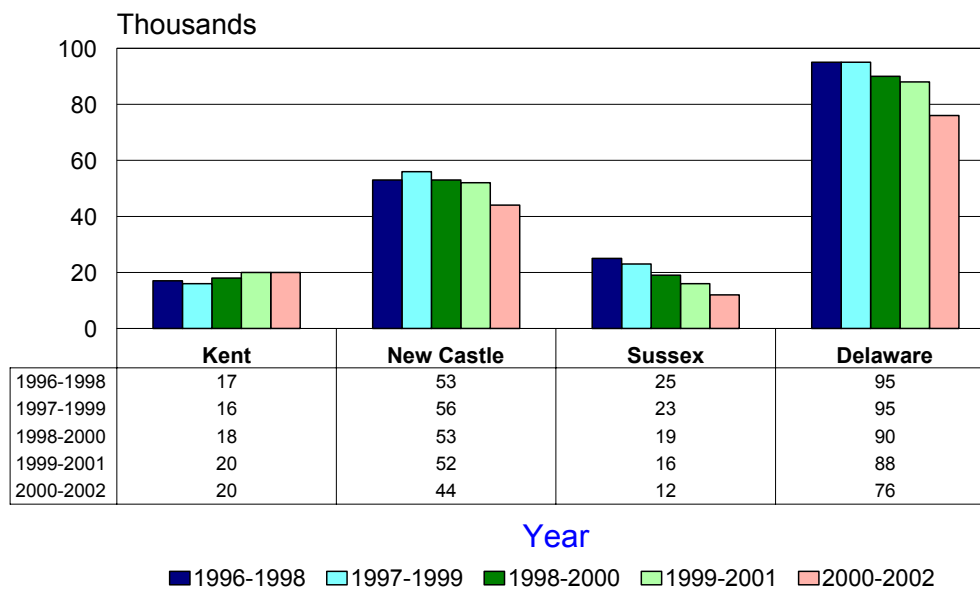


Source: Center for Applied Demography & Survey Research, University of Delaware
US Bureau of Census, Current Population Survey, March 1996-2002

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

averages show significant differences between the county rates. Residents of New Castle County enjoy the lowest rate consistently during the three-year period. Kent County is highest, with the percentage of uninsured reaching more than almost 15% for the 1998-2000 period. Kent County residents are more than 40% more likely to be without insurance than those in New Castle County. This, in part, is attributable to less robust economic conditions in Kent County, which have persisted for sometime.

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



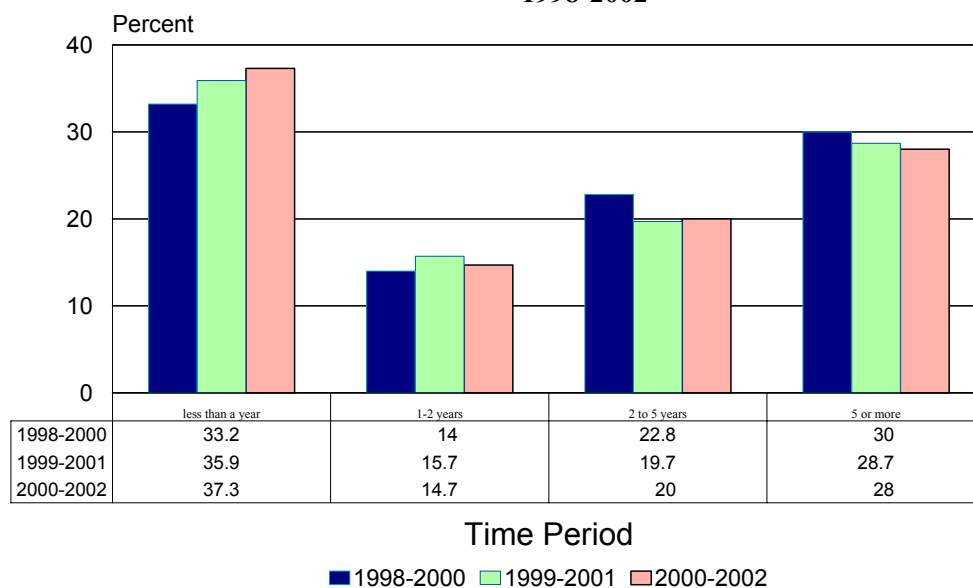
Source: Center for Applied Demography & Survey Research, University of Delaware
US Bureau of Census, Current Population Survey, March 1996-2002

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

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

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

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

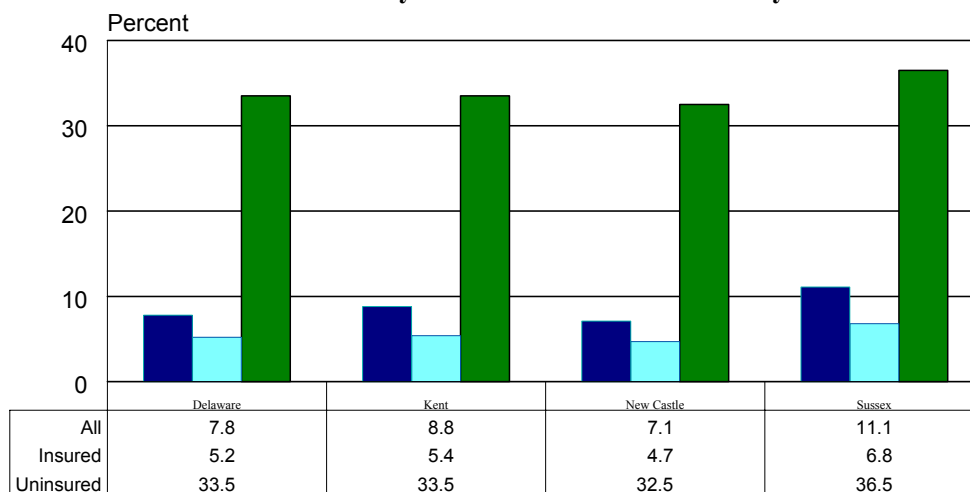


Source: Center for Applied Demography & Survey Research, University of Delaware
Delaware Health Care Commission, 1998-2002 CAHPS Survey

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

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

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

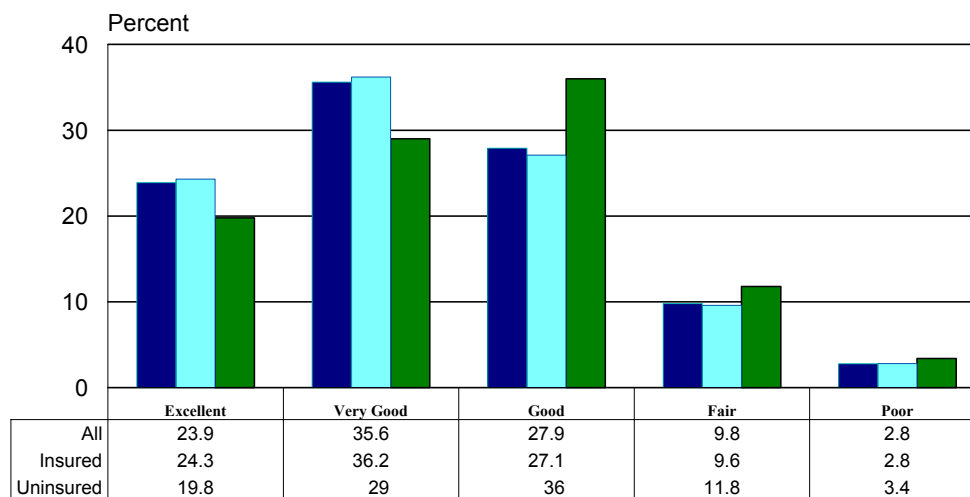


Insurance Status

■ All ■ Insured ■ Uninsured

Source: Center for Applied Demography & Survey Research, University of Delaware
 Delaware Health and Social Services, 2000-2002 Behavioral Risk Factor Survey

Figure 1-9
Health Status
by Insurance Status



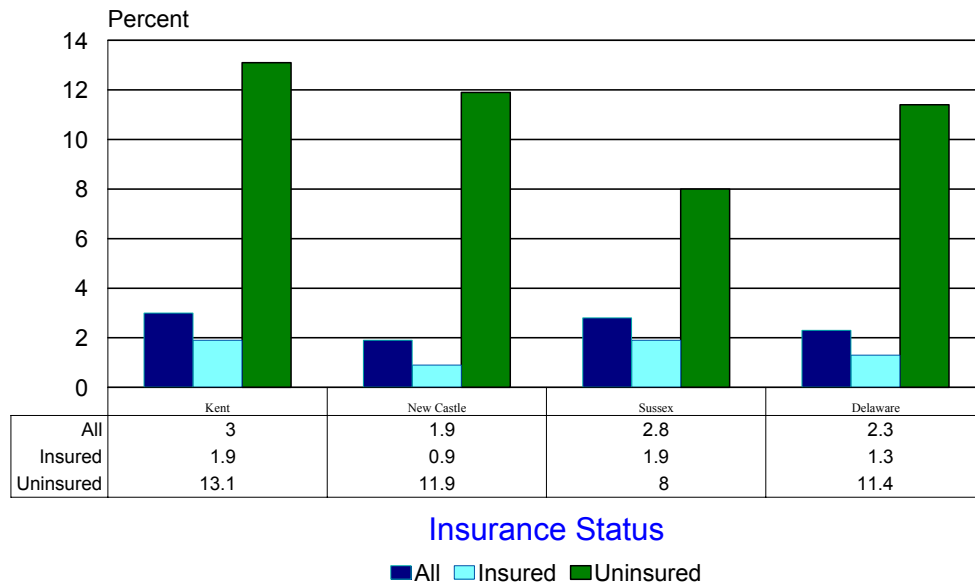
Insurance Status

■ All ■ Insured ■ Uninsured

Source: Center for Applied Demography & Survey Research, University of Delaware
 Delaware Health and Social Services, 2000-2002 Behavioral Risk Factor Survey

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

Figure 1-10
Emergency Room Use
by Insurance Status



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

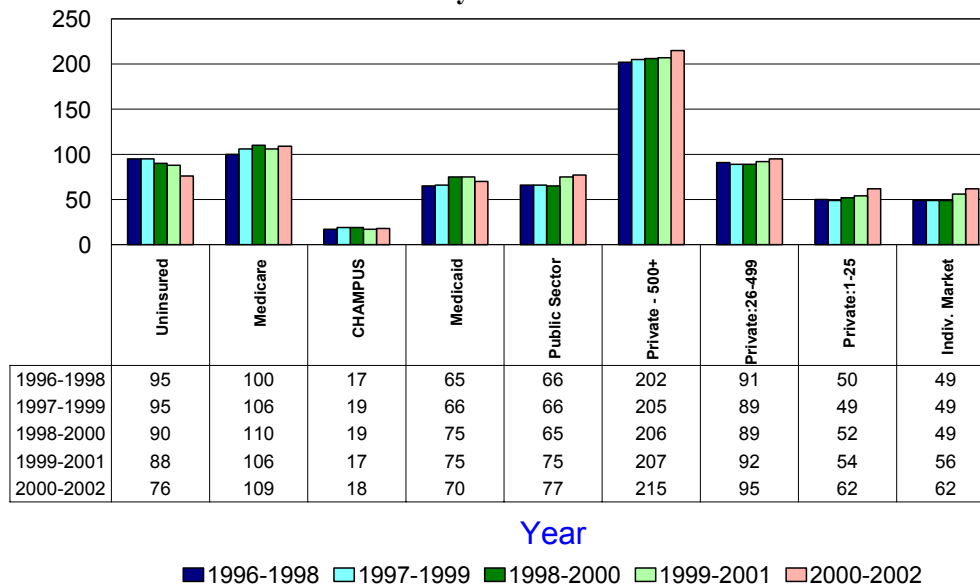
One other often mentioned feature of the uninsured is that they tend to use expensive health services, the emergency room. This position is supported by the data displayed in Figure 1-10 above. A person who reports being without insurance during the last year is far more likely to use the emergency room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

Finally, it is useful to understand something about how people obtain their health coverage. This can be particularly important in determining the amount of influence government policy can have on Delaware's population. Figure 1-11 below shows that Delawareans get their health insurance in many different ways. Excluding the 76,000 uninsured, about 197,000 people receive their health insurance through one of three government programs, Medicare, Medicaid, or one of several military sources (CHAMPUS). Medicare estimates are lower than what the state actually has enrolled which is over 100,000. The difference is partly from the fact that people use

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

The public sector at all levels insures some 77,000 residents. Within the private sector there are two distinct groups. The large employers (more than 500 employees) are largely self-insured and don't utilize the insurance market in a conventional way. These account for the largest single group of residents numbering more than 215,000. The balance, some 219,000 obtain their insurance through smaller employers who purchase various group plans in the insurance market or obtain insurance as individuals.

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



Source: Center for Applied Demography & Survey Research, University of Delaware
US Bureau of Census Current Population Survey, March 1996-2002

One interesting feature of this information, not found in Figure 1-11, is that many people report having multiple sources of health insurance over the year. For example in 2001, 13.2% of the population reported receiving Medicare, but only 4.6% say that Medicare was the only source of insurance that they had during the year. Similarly, 10.4% reported Medicaid as their source of coverage, but only 4.4% said that it was their only means of coverage. These two situations probably represent two different dynamics. Medicare recipients are quite often carrying additional insurance to cover any medical services not handled by that program. Medicaid recipients, on the other hand, seem to be more likely to move from some type of group coverage to Medicaid and back again as their life situation changes.

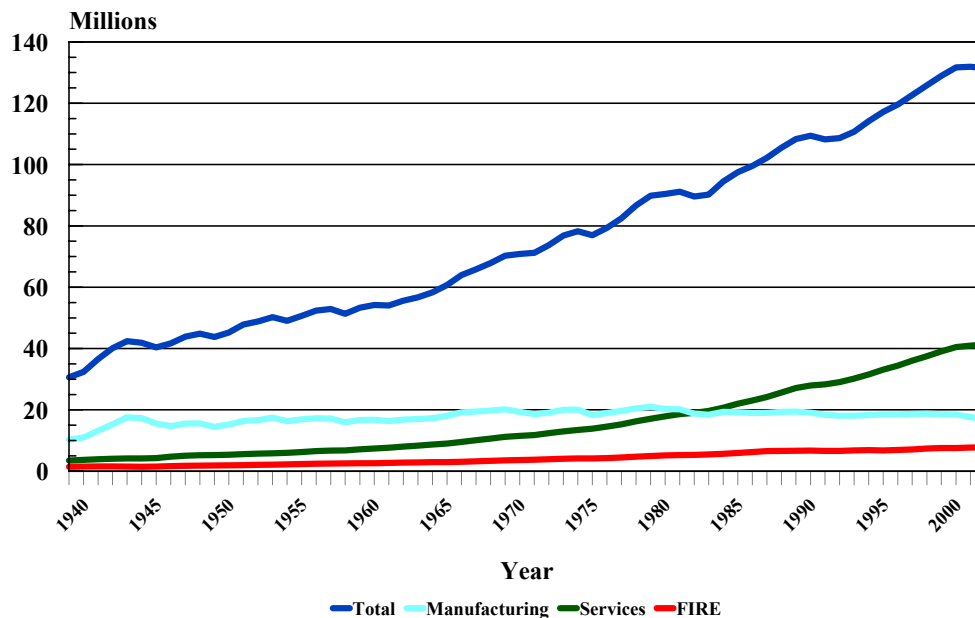
In conclusion, it should be noted that, while at any point there are approximately 8.9% of Delawareans uninsured, the proportion that are uninsured at some point during the year is closer to 18% based on national statistics. The same statistic derived from the Survey of Income and Program Participation, points to a median time without coverage of 7.1 months. This rate is lower than the one shown in Figure 1-6 above because children, who are less likely to experience periods without coverage, are included in the estimate. Overall, it appears that health insurance coverage in Delaware continues in the right direction and, with the addition of Medicaid managed care and the Children's Health Insurance Program, the proportion of uninsured Delawareans will at least be stable absent changes in other demographic and economic variables.

Labor Market Issues

Background

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

Figure 2-1
US Non-Agricultural Employment:
Selected Sectors 1939-2002

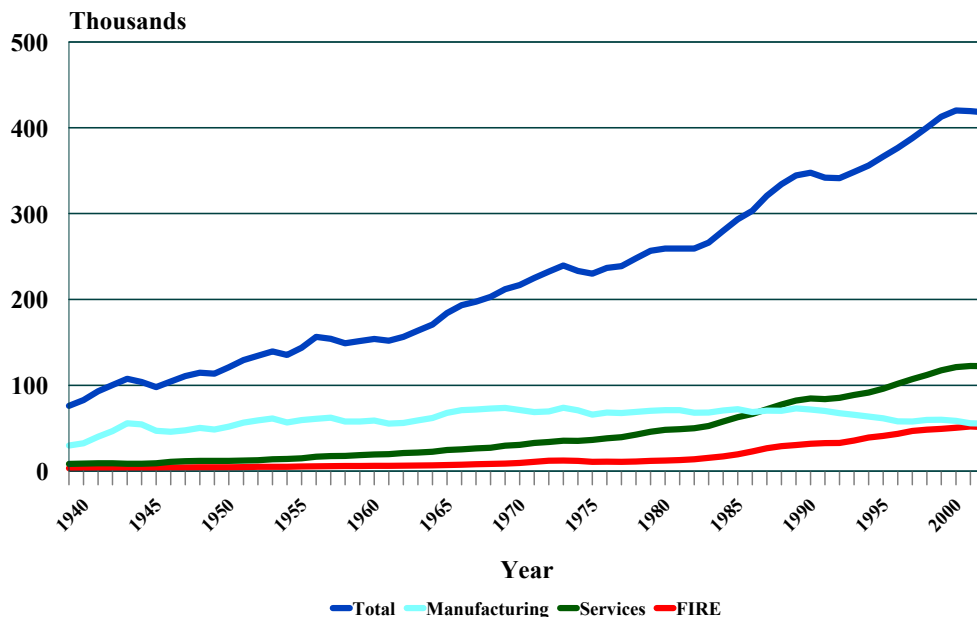


Source: Center for Applied Demography & Survey Research, University of Delaware
US Bureau of Labor Statistics

In Figure 2-1 above, the total employment for the United States from 1939 through 2002 is shown along with three of the ten employment sectors namely: manufacturing, services, and FIRE (finance, insurance, and real estate). The graph clearly shows the impact that the business cycle has had on total employment in the mid-1970s, the early 1980s, and the early 1990s. All of these economic events are associated with rapid increases in the percentage of persons without health coverage. The more subtle influence is related to the change in the structure of

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

Figure 2-2
Delaware Non-Agricultural Employment:
Selected Sectors 1939-2002

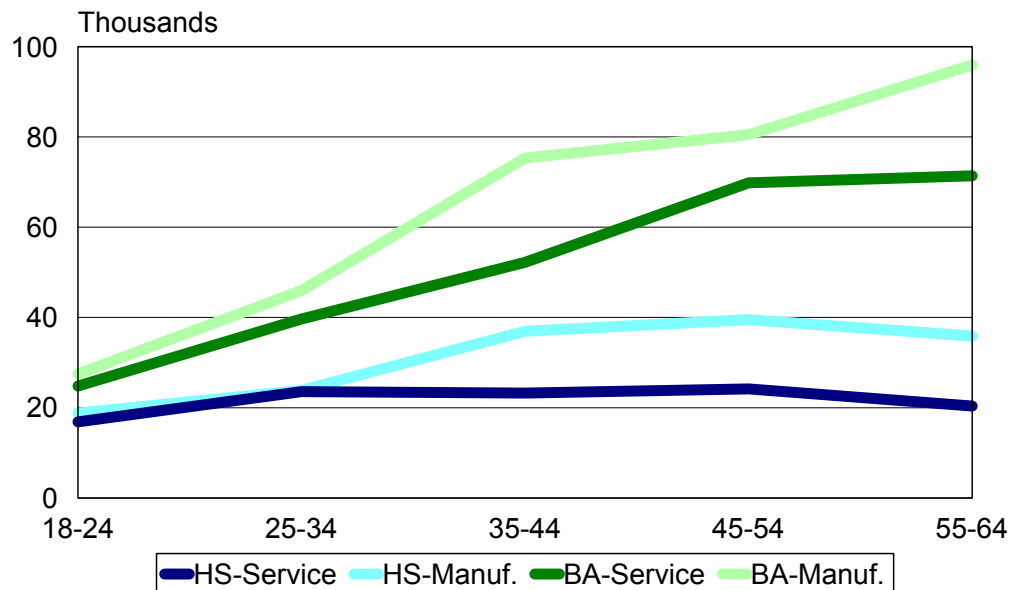


Source: Center for Applied Demography & Survey Research, University of Delaware
US Bureau of Labor Statistics, Delaware Department of Labor

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

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

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



Source: Center for Applied Demography & Survey Research, University of Delaware
US Bureau of Census Current Population Survey, March 2000-2002

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

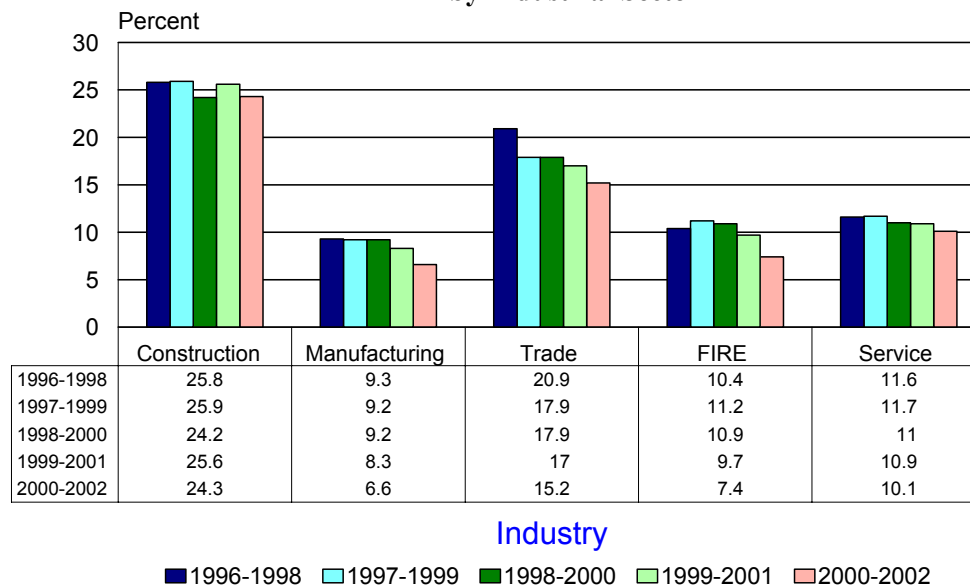
The graph shows a difference of more than \$40,000 in annual earnings between the two sectors for both levels of education. If the same health care benefits were offered in both sectors, the cost to employers would be a much larger proportion of the annual salary in the service sector than in manufacturing. This suggests that employees in the service sector will likely be offered fewer benefits.

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

Firm Sector and Size

There are significant differences in both the level and pattern of the uninsured, depending upon the type of industry in which an individual is employed. For instance, according to Figure 2-4 below, construction workers frequently report being uninsured. Although it may be noted that some construction workers are unionized, and are usually provided health coverage, many more are either employed by a non-union company or are self-employed. Overall, it is estimated that about 25% of all construction workers are uninsured.

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



Source: Center for Applied Demography & Survey Research, University of Delaware
US Bureau of Census, Current Population Survey, March 1996-2002

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

package), it is not unexpected that an estimated 17% of those employed in the trade industry currently lack health coverage. The data since 1996 suggest that the trend for this industry is either declining or stabilizing.

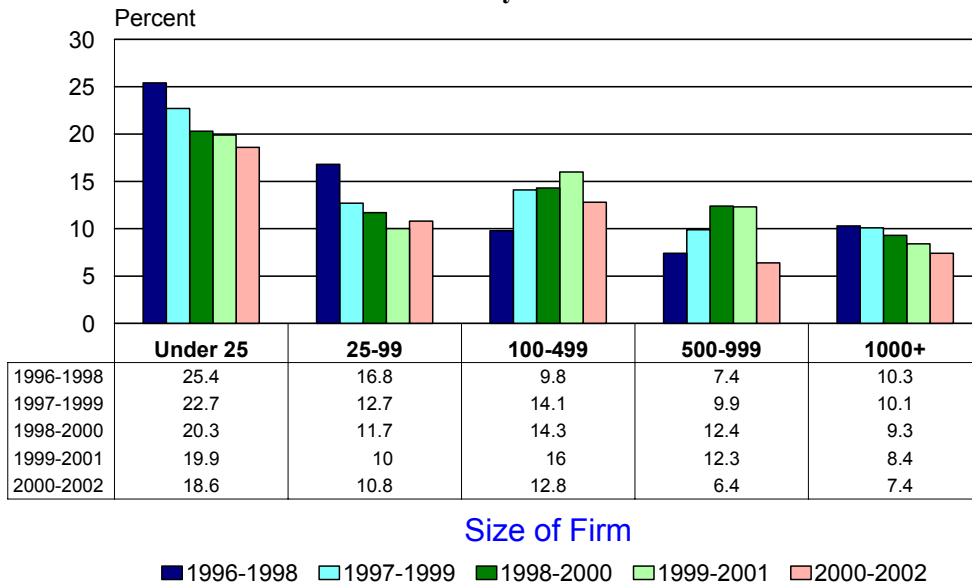
Of the other industries represented in Figure 2-4, approximately 10% of all those employed in the service industry are not offered access to health insurance as part of a benefits package. This number appears to be declining or at least stabilizing over the period. This probably reflects the changing nature of the service industry.

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

Finally, it also should be pointed out that the differences in coverage between industries are among the largest observed for any variable in this report. The importance of this information relates to the changing structure of the economy. As employment shifts from manufacturing to the service sector, the percentage of uninsured workers increases by more than 3%. The importance of the FIRE sector in Delaware cannot be over estimated at least with respect to health coverage. As the percentage of uninsured in the region has risen, Delaware's rate has either been falling or remaining steady. This appears, in large part, to be related to the accelerating FIRE sector and to a less rapidly growing service sector.

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

Figure 2-5
Percent of Persons without Health Insurance in the US
by Size of Firm



Source: Center for Applied Demography & Survey Research, University of Delaware
 US Bureau of Census, Current Population Survey, March 1996-2002

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

The graph shows that there are two distinct groupings: (1) firms with less than 25 employees where the percentage without health insurance is 19% and (2) firms with more than 500 employees where the percentage of those without health insurance is about 7%. The larger firms are perhaps more likely to be unionized at least to the extent that larger firms have a higher probability of being in sectors such as manufacturing. They are also more likely to pay higher wages, which makes the relative cost of health insurance more tolerable. From a tax perspective, the provision of health insurance also provides a convenient way to increase total compensation.

It appears, at least from the national perspective, that those working for smallest firms have improved their health insurance coverage in comparison with five years ago. This trend may reflect the fact that the economy expanded for almost ten years. The same cannot be said for larger firms (100-999), however. One explanation for this lack of improvement is the lack of increases in wages nationally and the restructuring and cost cutting practiced by most firms, in order to produce significant increases in earnings.

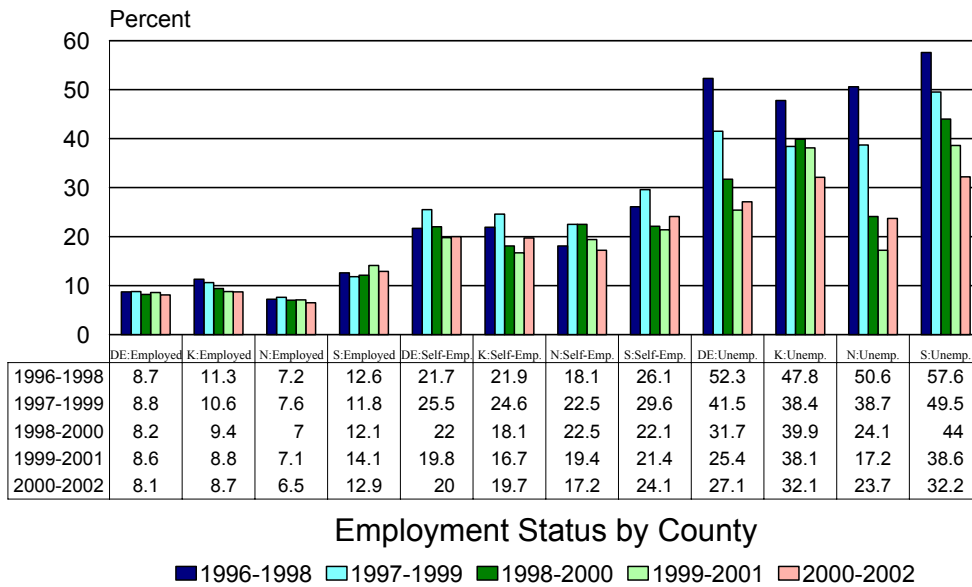
In conclusion, these data suggest that any effort to increase coverage must focus on smaller firms. Those firms will tend to provide lower levels of compensation, will probably use more part-time employees, and may offer less stable employment. However, they are growing faster and becoming a bigger part of the economy. This fact may tend to mitigate some of the negative factors over time. On the other hand, the large firms with better coverage are becoming smaller and that does not help the long-term outlook. There is no doubt, however, that all of these factors will tend to make the goal of better access to health care a challenge for the foreseeable future.

Employment Status and Class

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

The information reported in Figure 2-6 shows that the probability of being without health insurance increases by nearly a factor of four when the individual is unemployed. The percentage on the average rises from about 8% to in the vicinity of 27% as the individual's employment status changes. There is considerably more volatility in the estimates in Kent and Sussex counties because of small sample sizes, but the relationship mirrors that in New Castle County where sample size is not a problem. While those that are self-employed are also found in relatively small numbers in the BRFSS survey, the lack of health insurance is at least twice as prevalent as that of those with traditional employment. This year there is little observable difference between the counties with respect to the self-employed.

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

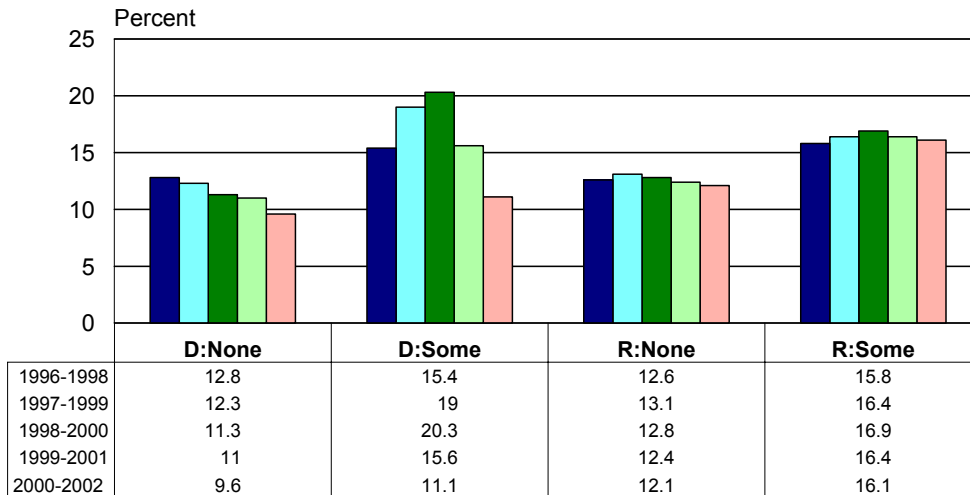


Source: Center for Applied Demography & Survey Research, University of Delaware
 Delaware Health and Social Services, 1996-2002 Behavioral Risk Factor Survey

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

In Figure 2-7 below, further evidence is found about the relationship between insurance coverage and employment status. In this analysis, the receipt of unemployment compensation is used as an indicator of an interruption of employment at some point during the year. In both Delaware and the region, there is a significant rise in the lack of health coverage associated with receiving benefits. While the effect is more muted than in Figure 2-6, where a more direct measure was available, the percentage is always higher in the region where the sample size permits a better estimate.

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



Unemployment Compensation by Area

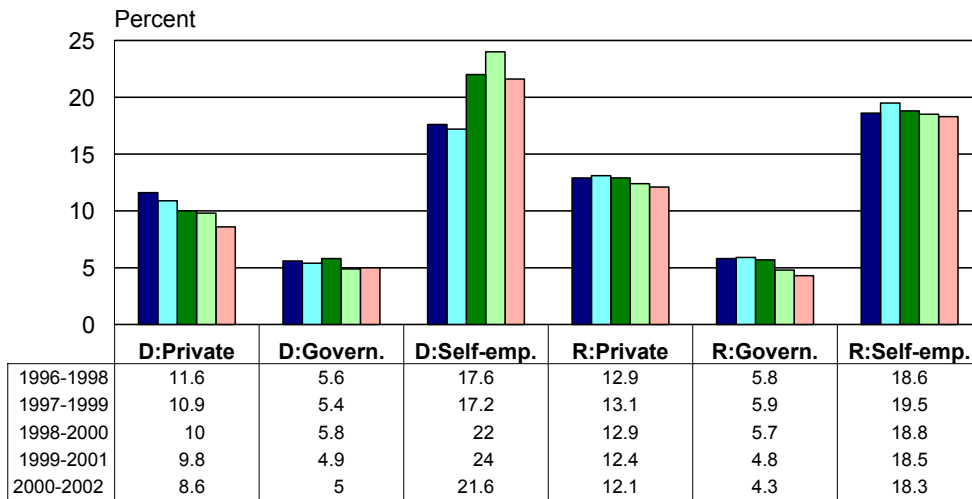
■ 1996-1998 ■ 1997-1999 ■ 1998-2000 ■ 1999-2001 ■ 2000-2002

Source: Center for Applied Demography & Survey Research, University of Delaware
 US Bureau of Census, Current Population Survey, March 1996-2002

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

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

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



Class of Worker by Area

■ 1996-1998 ■ 1997-1999 ■ 1998-2000 ■ 1999-2001 ■ 2000-2002

Source: Center for Applied Demography & Survey Research, University of Delaware
 US Bureau of Census, Current Population Survey, March 1996-2002

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

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

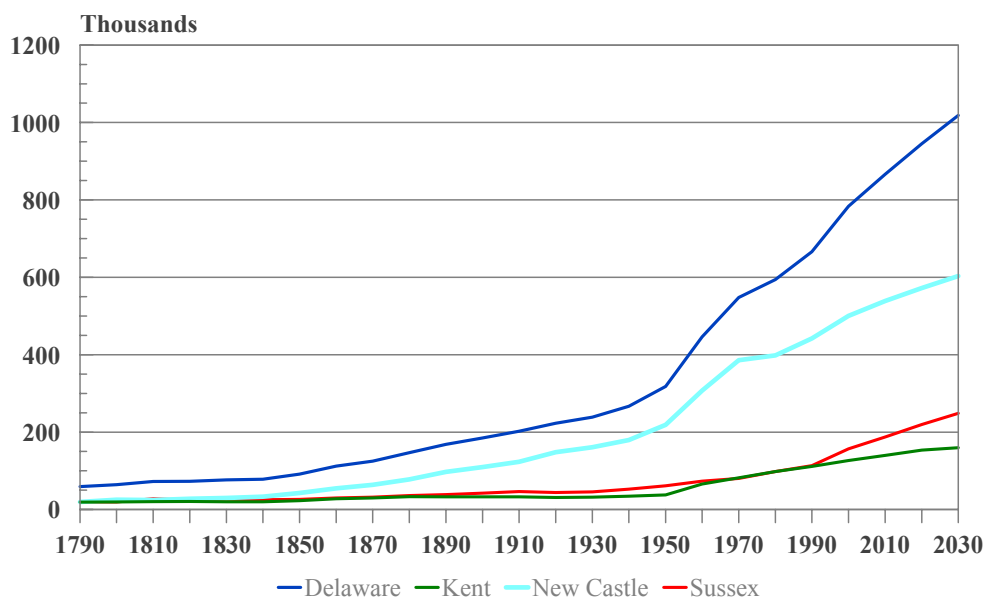
Demographic Characteristics

Background

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

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

Figure 3-1
Population of Delaware and Counties



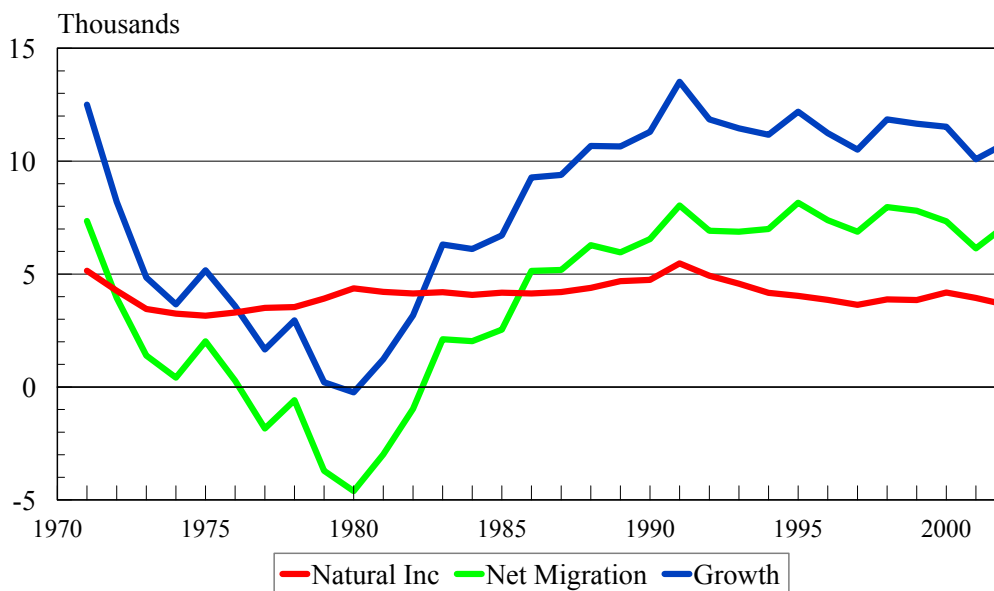
Source: Center for Applied Demography & Survey Research, University of Delaware
US Bureau of Census, Decennial Census 1790-2030
Delaware Population Consortium, October 2002

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

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

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

Figure 3-2
Sources of Population Growth in Delaware



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

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

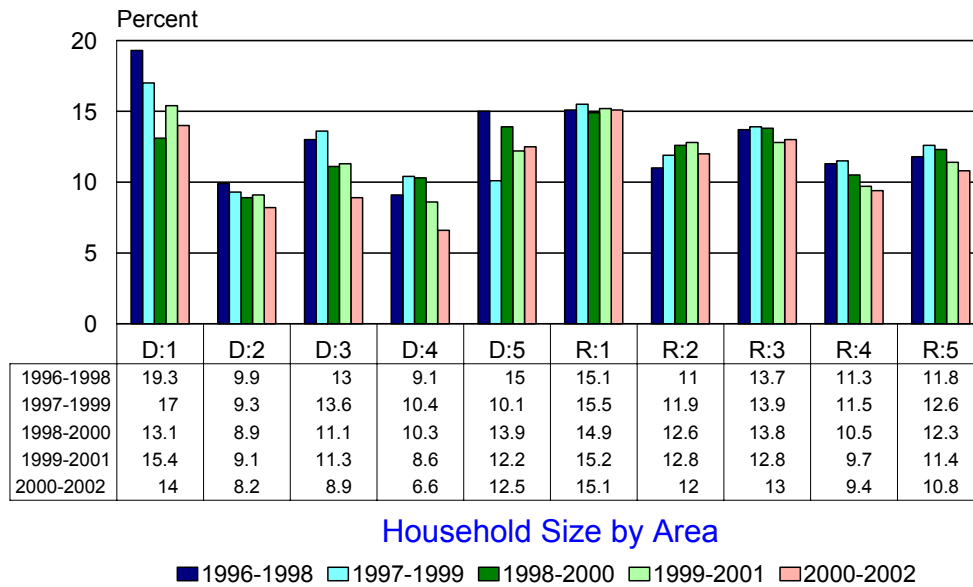
Overall growth is dependent upon two components: natural increase and net migration. Natural increase is the number of births to Delaware residents less the number of Delaware residents that die. That quantity is represented by the lightest curve in Figure 3-2 and has been around 4,500 per year until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

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

Household Composition

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

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

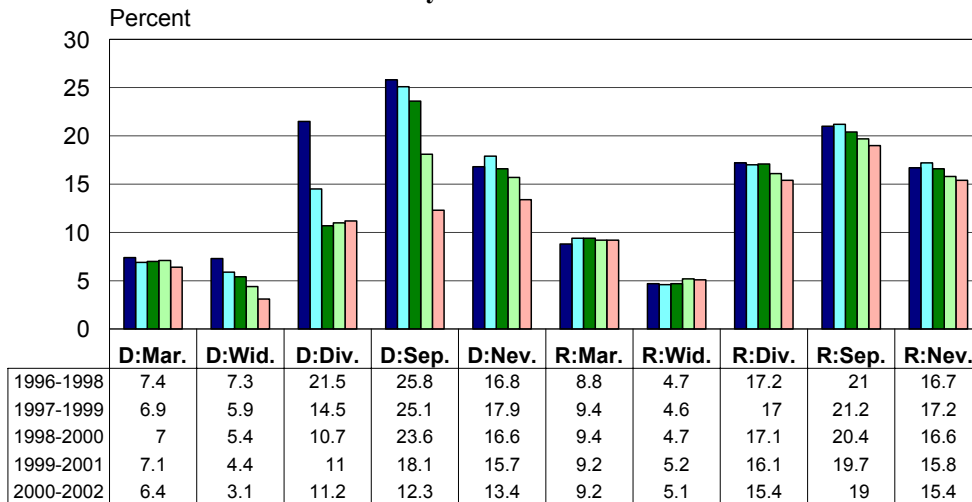


Source: Center for Applied Demography & Survey Research, University of Delaware
 US Bureau of Census, Current Population Survey, March 1996-2002

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

Marital status is closely linked to household size and composition. This relationship can be easily seen in Figure 3-4 below. For instance, the lowest rates observed over the period, usually under 4%, are reported by the widowed. This is expected since the largest majority of this group is qualified for Medicare. Thus, age may have more to do with their higher insurance rate than marital status. Married people have the next lowest rate, 6.4%. Married couples, with or without children, usually have two chances to obtain coverage. That may not be true if one spouse is not in the labor force or only works part-time. Still, the probabilities of having health insurance increases and household members are more likely to be protected against the loss of coverage during times when one or the other is unemployed.

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



Marital Status by Area

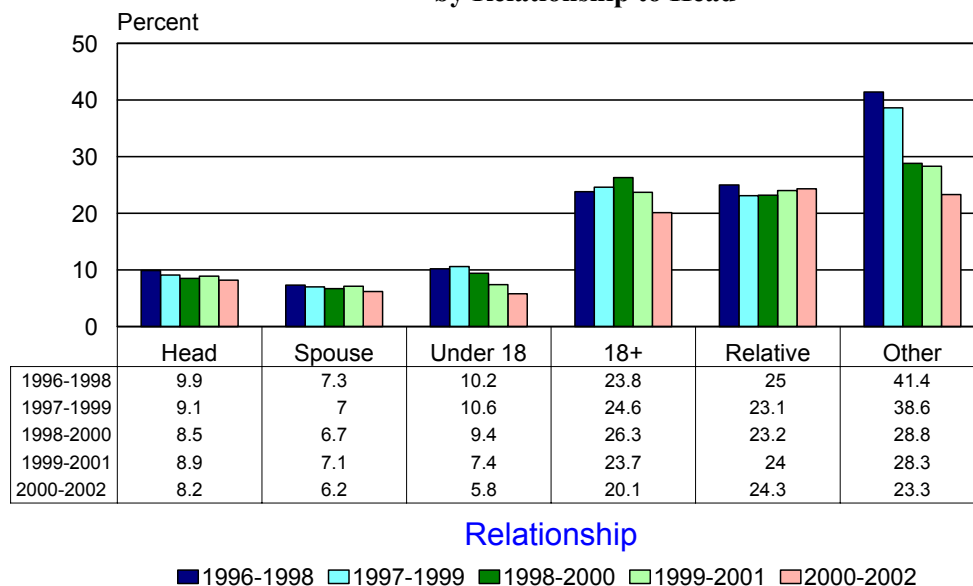
■ 1996-1998 ■ 1997-1999 ■ 1998-2000 ■ 1999-2001 ■ 2000-2002

Source: Center for Applied Demography & Survey Research, University of Delaware
 US Bureau of Census, Current Population Survey, March 1996-2002

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

The last two groups, which are usually one-adult households, are interesting for different reasons. First, the “separated” group in Delaware is quite volatile but has been declining. It is now about the same as that observed for the younger, “never married” category. This group is typically a transitional one and the person will probably move on to the divorced category. The separated person’s lack of coverage is only slightly higher than that of the divorced person. Presumably this convergence is related to legal arrangements made to retain coverage until a final disposition of the marriage is reached. Once the person is divorced, the probability of having coverage will depend in large part on the person’s labor force status. It should be kept in mind that a significant number of people in this category are making major transitions and may suffer significant income losses. Interestingly, Delawareans in this category are significantly better off than their regional counterparts.

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



Source: Center for Applied Demography & Survey Research, University of Delaware
 US Bureau of Census, Current Population Survey, March 1996-2002

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

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

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

Age Structure

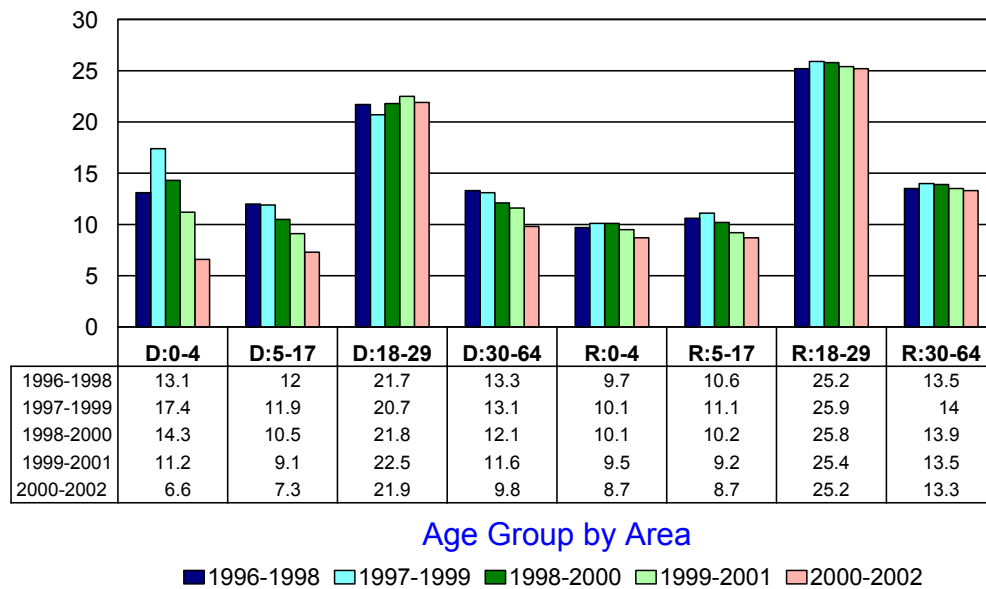
By and large, age appears to be a factor that influences the probability a person has health coverage. The most obvious example is the relationship between age and one's eligibility to qualify for Medicare, i.e. the person is 65 years old or older. Thus, the question for that age group must focus on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

Because the majority of persons 65 years and older have access to health coverage, only the percentage of persons without health insurance coverage for the other age groups is found in Figure 3-6 below. In both Delaware and the region, dependent children, those under the age of 18, have the lowest risk of being uninsured. Only about 7% of them are estimated to lack health coverage. Their uninsured rate is somewhat higher than it was in Figure 3-5, which imposed the additional requirement that they also live in and were related to the head of household. Thus, it should be remembered that the following graph contains information for all children, regardless of their living arrangement. Only recently has the CHIP program affected these measurements.

For a variety of reasons, persons aged 18-29 were most likely to report being uninsured. In both the state and the region, the risk of not having health coverage for this group approaches 22%. There is really no improvement in the time series presented here. This group suffers from a multitude of disadvantages. First, they are more likely to be unmarried. Second, they are more likely to hold lower paying jobs which provide no health benefits. Third, because their income levels are generally lower, it is often difficult for them to purchase private insurance. Fourth, since they are generally healthy, it may seem reasonable not to expend the additional resources

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

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

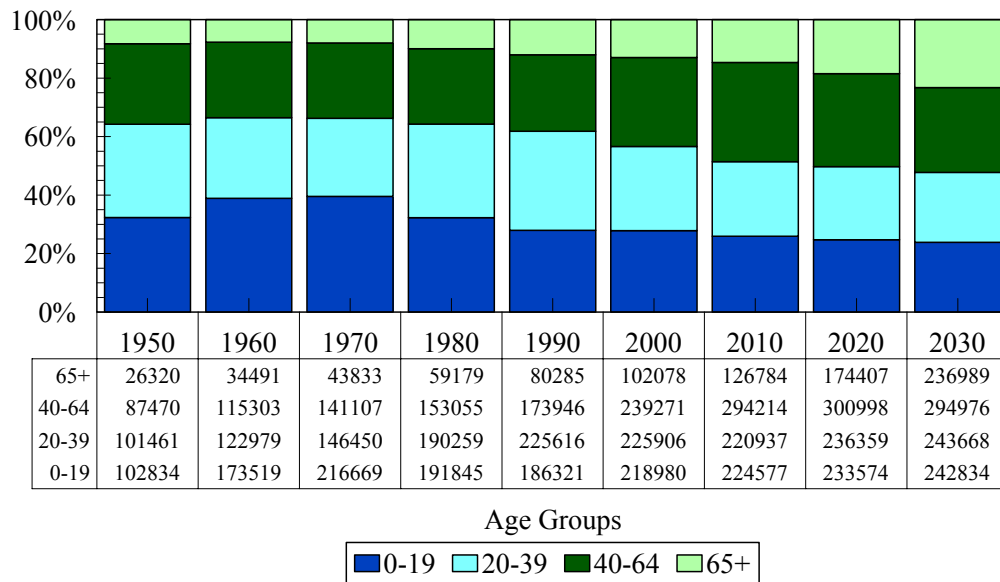


Source: Center for Applied Demography & Survey Research, University of Delaware
US Bureau of Census, Current Population Survey, March 1996-2002

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

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

Figure 3-7
Age Structure in Delaware
1950-2030



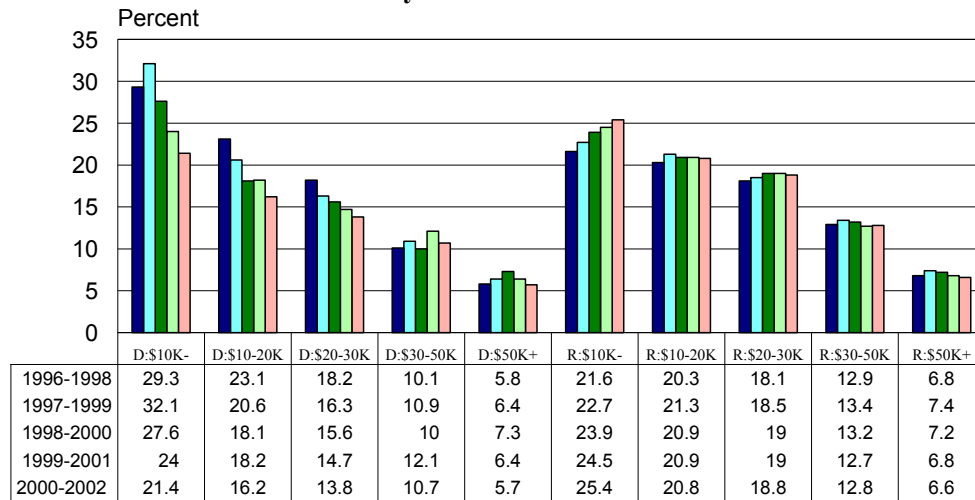
Source: Center for Applied Demography & Survey Research, University of Delaware
 Delaware Population Consortium, October 2002

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

Income and Education

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

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



Income Level by Area

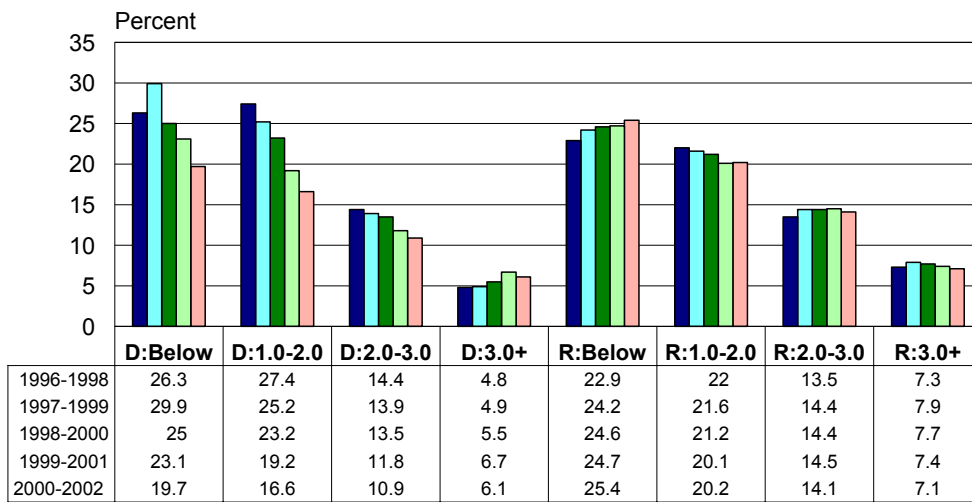
■ 1996-1998 ■ 1997-1999 ■ 1998-2000 ■ 1999-2001 ■ 2000-2002

Source: Center for Applied Demography & Survey Research, University of Delaware
 US Bureau of Census, Current Population Survey, March 1996-2002

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

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

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



Poverty Level by Area

■ 1996-1998 ■ 1997-1999 ■ 1998-2000 ■ 1999-2001 ■ 2000-2002

Source: Center for Applied Demography & Survey Research, University of Delaware
 US Bureau of Census, Current Population Survey, March 1996-2002

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

Table 3-1
Persons by Poverty Status, Age Group,
and Health Insurance Coverage
(3-year average 2000-2002)

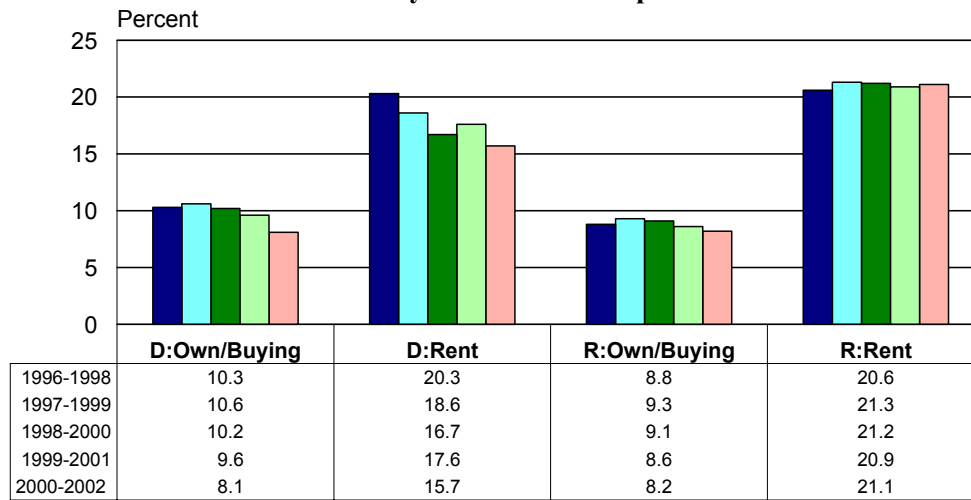
Poverty	0-18 All	0-18 No HI	19+	19+ No HI
Not Measured	2,989	1,293	0	0
under 0.50	10,667	1,242	14,038	4,252
0.50 to 0.74	8,314	472	9,984	2,443
0.75 to 0.99	11,024	824	13,761	3,224
1.00 to 1.24	7,906	2,033	15,680	4,277
1.25 to 1.49	11,304	309	22,731	3,453
1.50 to 1.74	10,106	1,505	22,829	3,015
1.75 to 1.99	7,779	1,051	19,265	3,878
2.00 to 2.49	23,931	1,366	44,599	6,771
2.50 to 2.99	18,681	1,577	46,061	4,947
3.00 to 3.49	17,029	680	49,616	6,108
3.50 to 3.99	16,211	488	43,985	4,825
4.00 to 4.49	13,455	1,133	35,577	3,110
4.50 to 4.99	14,389	389	38,202	1,598
5.00 & over	41,542	1,740	193,275	8,297
Totals	215,328	16,103	569,603	60,197

Source: Center for Applied Demography & Survey Research, University of Delaware
US Bureau of Census, Current Population Survey, March 2000-2002

In Table 3-1 above, the distribution of persons by poverty, age, and health insurance status is shown. A three-year moving average is used to reduce the sampling variability. These data have particular meaning for those charged with providing healthcare to those 18 years and younger in Delaware. The table shows that an estimated 16,103 are without health insurance. Of those, only 2,538 are officially classified as being under the poverty line, and over 45% are above 2.00 times the poverty line. The very first line in the table shows those without insurance for which poverty measures are not provided, e.g. foster children. In Delaware, these children would have separate Medicaid eligibility.

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

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

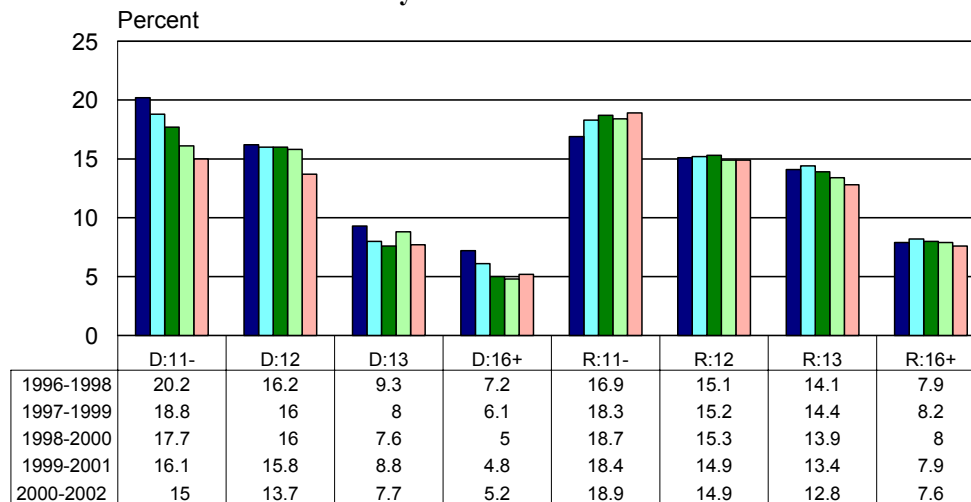


Home Ownership by Area

■ 1996-1998 ■ 1997-1999 ■ 1998-2000 ■ 1999-2001 ■ 2000-2002

Source: Center for Applied Demography & Survey Research, University of Delaware
 US Bureau of Census, Current Population Survey, March 1996-2002

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



Years of Education by Area

■ 1996-1998 ■ 1997-1999 ■ 1998-2000 ■ 1999-2001 ■ 2000-2002

Source: Center for Applied Demography & Survey Research, University of Delaware
 US Bureau of Census, Current Population Survey, March 1996-2002

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

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

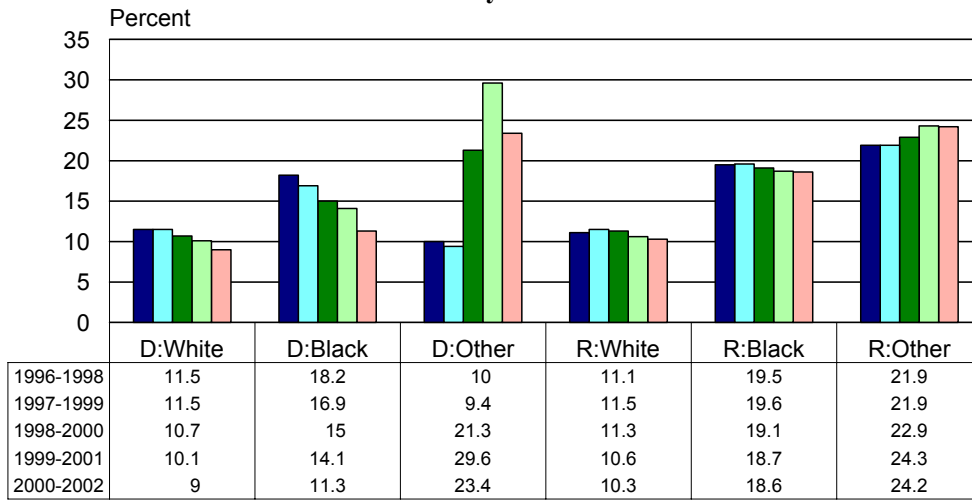
Coverage rates increase significantly as educational level increases. Predictably, those without a high school diploma are the most at risk of being without health insurance. It appears that the most disadvantaged group fares about the same in Delaware as in the region. The uninsured rate falls slightly for a high school diploma, another 6% for post high school education and finally 3% for those completing college.

Race and Hispanic Origin

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

There are significant differences between the three racial groups. Those respondents who classify themselves as black have nearly a 26% higher risk of being without health insurance coverage as those that report being white. However, the historical trend has been decreasing for African-Americans. The “other” category includes primarily Native Americans, Asians, those of mixed race, and those who do not find any of the categories listed to be appropriate. Overall, these rates throughout are consistent between Delaware and the larger region.

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

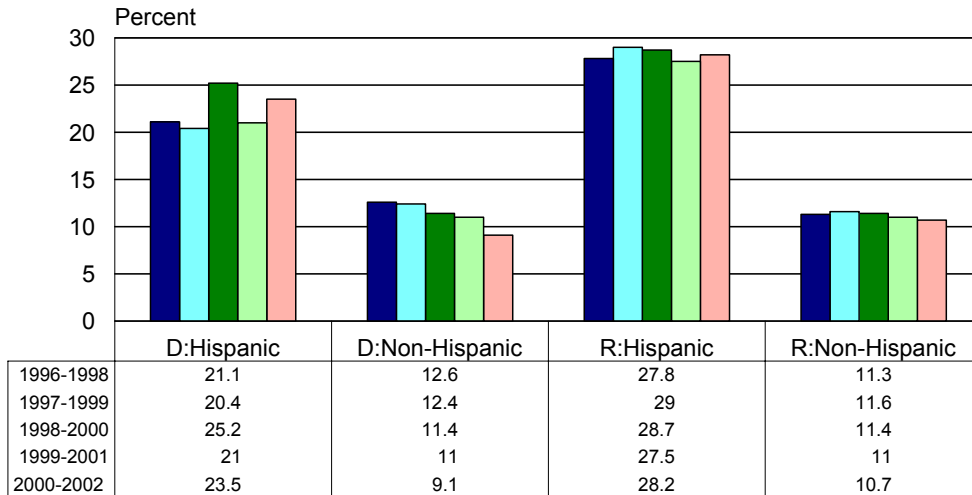


Race by Area

■ 1996-1998 ■ 1997-1999 ■ 1998-2000 ■ 1999-2001 ■ 2000-2002

Source: Center for Applied Demography & Survey Research, University of Delaware
 US Bureau of Census, Current Population Survey, March 1996-2002

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



Hispanic Origin by Area

■ 1996-1998 ■ 1997-1999 ■ 1998-2000 ■ 1999-2001 ■ 2000-2002

Source: Center for Applied Demography & Survey Research, University of Delaware
 US Bureau of Census, Current Population Survey, March 1996-2002

The results for Hispanic respondents are shown in Figure 3-13, above. The percentages within Delaware are quite volatile because of the small sample size, but on average during the period, slightly more than 23% of those respondents who classify themselves as being of Hispanic origin are without health insurance coverage. This rate is about double that for non-Hispanics. In 2002, just more than 13% of all the uninsured are estimated to be Hispanic. The regional results are similar to those found in Delaware.

Observations

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

Figure 4-1
Who are the 76,000 Uninsured?

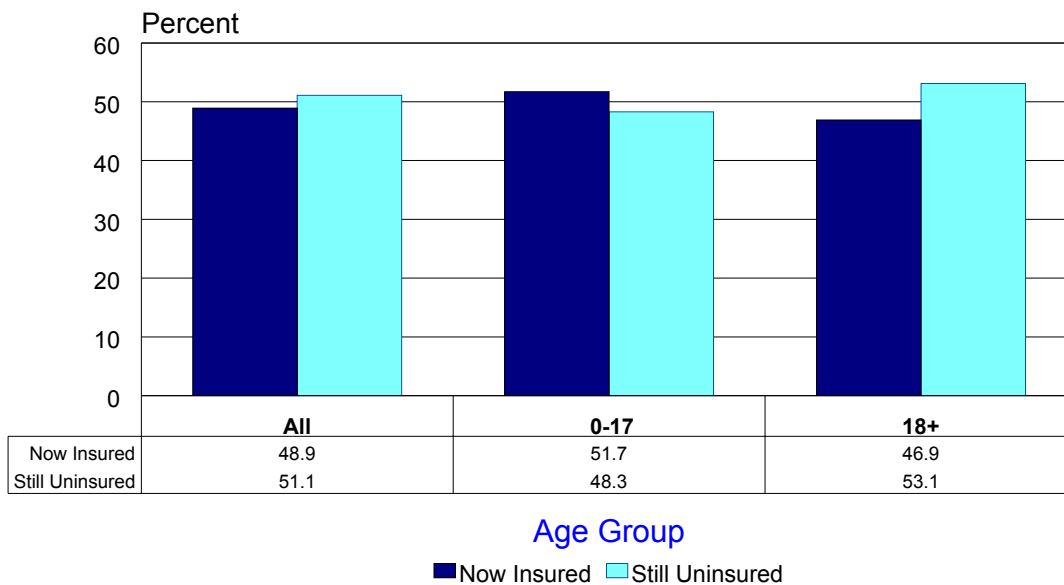
- **76% are over the age of 17**
- **61% are male**
- **81% are white**
- **13% are Hispanic**
- **72% own or are buying their home**
- **14% live alone**
- **82% are above the poverty line**
- **32% have household incomes over \$50,000**
- **40% are working full-time**
- **7% are self-employed**
- **10% are non-citizens**

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

Since 40% of the uninsured are working full-time, legislative initiatives that encourage employer offered health coverage may have some effect. It's not clear at this point in time if any

plan can help the low wage earner or part-time employee, since the cost of the insurance might represent a huge increase in labor costs. The working poor, in particular those in the 1.0-1.5 category of poverty, are of particular concern.

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

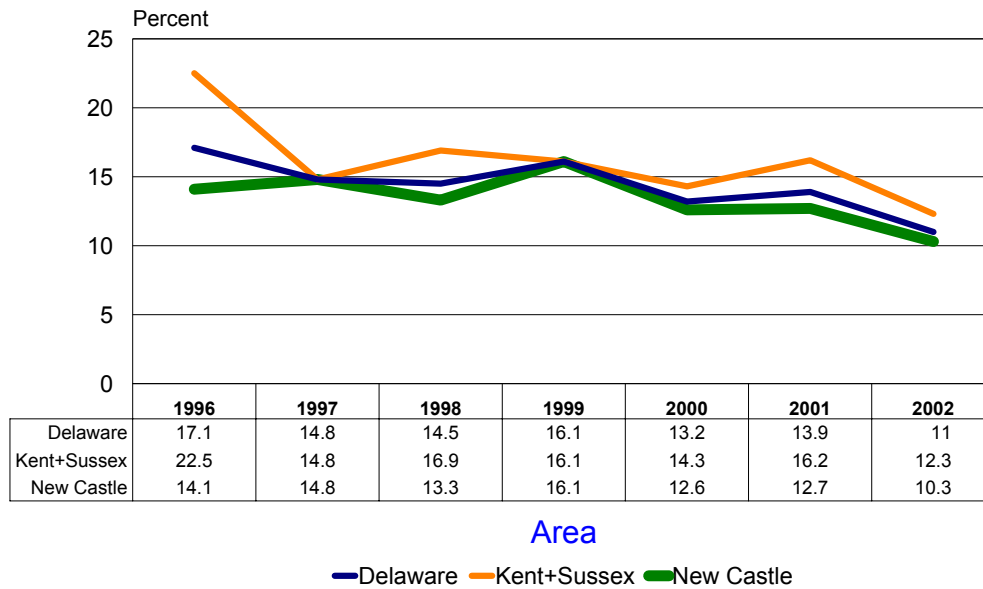


Source: Center for Applied Demography & Survey Research, University of Delaware
US Bureau of Census, Current Population Survey, March 1996-2002

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

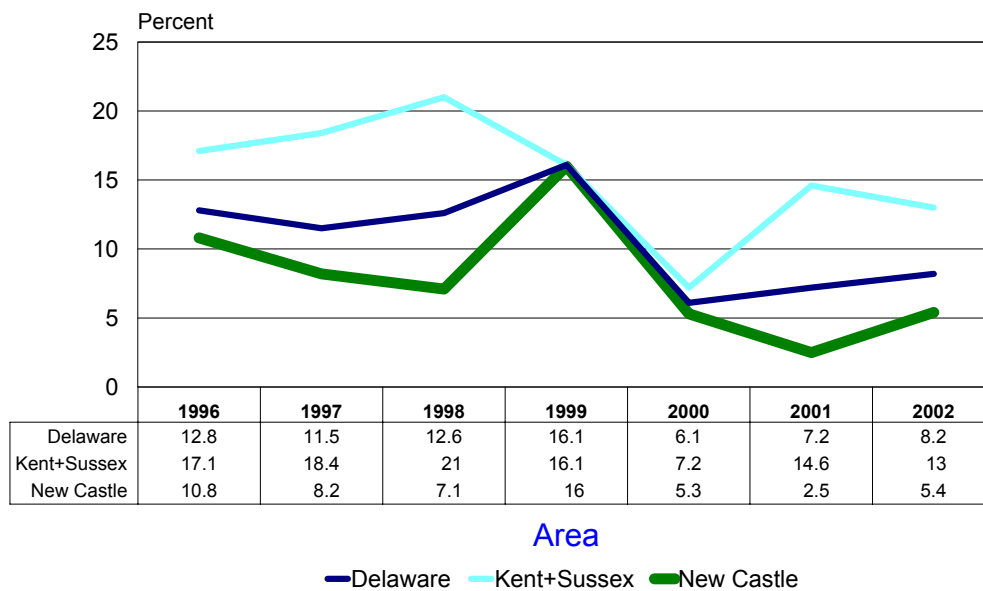
The problem is not only a question of different rates of movement in and out of the uninsured status. It is also spatially different within the state (see Figures 4-3 and 4-4, below). This may require the execution of very different strategies.

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



Source: Center for Applied Demography & Survey Research, University of Delaware
 US Bureau of Census, Current Population Survey, March 1996-2002

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



Source: Center for Applied Demography & Survey Research, University of Delaware
 US Bureau of Census, Current Population Survey, March 1996-2002

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

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

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

The final table in the report, Table 4-1 below, shows the number of uninsured persons by three key characteristics, namely age, poverty status, and employment status. Following the estimates are the existing programs (Medicaid and CHIP) and potential programs that could possibly alleviate this problem. The total number of the current uninsured that could be assisted and the proportion of the uninsured accounted for are found at the bottom of the table. Currently, nearly 25% of the uninsured are eligible for an existing program but were not enrolled at the time of the survey. Clearly there are people who do not enroll in programs until the need arises and there will always be processing time when they do enroll.

Approximately 32% of the uninsured are working full-time and are earning wages above 200% of the poverty level. They may either not have access to employer sponsored health insurance or are unwilling to pay their share. This is a group that may best be addressed through employers with or without government assistance. In addition, about 9% of the uninsured are working full-time but clearly do not earn wages sufficient to pay the employee share and are unlikely to have access to employer sponsored health insurance. Clearly government would have to play a larger role to solve this problem perhaps with some employer assistance.

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

Characteristics	Estimate	Medicaid	CHIP	Employers	Emp&Govt	Govt
0-14:Foster Child	1,293	X				
0-18: 0-100% Poverty	2,539	X				
0-18: 100-200% Poverty	4,898		X			
0-18: 200% + Poverty	7,373					X
19-34: 0-100% Poverty, not FT	3,912	X				
19-34: 0-100% Poverty, FT	1,119	X				
19-34: 100-200% Poverty, not FT	3,385					X
19-34: 100-200% Poverty, FT	4,542				X	
19-34: 200%+ Poverty, not FT	7,734					X
19-34: 200%+ Poverty, FT	10,545			X		
35-49: 0-100% Poverty, not FT	1,772	X				
35-49: 0-100% Poverty, FT	834	X				
35-49: 100-200% Poverty, not FT	2,262					X
35-49: 100-200% Poverty, FT	2,216				X	
35-49: 200%+ Poverty, not FT	3,799					X
35-49: 200%+ Poverty, FT	7,179			X		
50-64: 0-100% Poverty, not FT	2,105	X				
50-64: 0-100% Poverty, FT	177	X				
50-64: 100-200% Poverty, not FT	1,603					X
50-64: 100-200% Poverty, FT	615				X	
50-64: 200%+ Poverty, not FT	2,824					X
50-64: 200%+ Poverty, FT	3,573			X		
Total	76,300	13,751	4,898	21,297	7,373	28,981
Percent of Total	100%	18.0%	6.4%	27.9%	9.7%	38.0%

Source: Center for Applied Demography & Survey Research, University of Delaware
US Bureau of Census, Current Population Survey, March 2000-2002

The final group in the table comprises 38% of the uninsured. These are both children and adults who are above the poverty line but who currently do not have full-time employment. In the absence of full-time employment, the average individual has little or no chance to obtain employer-sponsored health insurance. These are the most difficult cases to deal with from a public policy perspective.

APPENDIX A

What Delaware's Uninsured Say about the Quality of Their Health Care: 2001 Delaware CAHPS Notes

What Delaware's Uninsured Say About the Quality of Their Health Care

2001 Delaware CAHPS Notes

*prepared for the
Delaware Health Care Commission*

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What Delaware's Uninsured Say About the Quality of Their Health Care: 2001 Delaware CAHPS Notes

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What the Uninsured Say about the Quality of Their Health Care: Delaware CAHPS Notes

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

Overview

Compared to the national average of 14.6%, Delaware fares better in number of residents who lack health insurance. From its peak at 14.5% in 1996, the rate of Delaware residents without health insurance dropped to 10.4% in 2001. Though this represents a decrease in rate of uninsured, because of population growth, the absolute number of uninsured Delaware residents has remained relatively stable. The uninsured in Delaware create problems for the health care system. According to a report by the Kaiser Family Foundation, the lack of health insurance is associated with many health problems, including decreased access to care, less preventive care, more incidences of chronic conditions, and higher rates of treatment at acute care clinics (2003). The Kaiser Family Foundation also reports on the common misperception that the uninsured receive the care they need and do not suffer adverse health consequences. The Delaware CAHPS Notes could help correct that misperception in Delaware.

This report, along with the forthcoming study of racial and ethnic differences, complement the longer, more detailed *2001 Delaware CAHPS Notes: What Delawareans Say About the Quality of Their Health Plans and Medical Care*. This brief report highlights the health care experience of the uninsured in Delaware as compared to those respondents with health insurance. Three major sections comprise this report. Key findings include comparison of the insured to the uninsured in overall results, access to care, and health care ratings and experiences. Next, methodology of the Delaware CAHPS survey is reviewed, and explanations of rating and experience data are included. Finally, concluding remarks are made.

Key Findings

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

Overall Results

- In general, Delaware's uninsured population is more likely to avoid or delay seeking necessary and proper medical care. Specifically, the uninsured respondents in this study are:
 - Much less likely to have someone they think of as a personal doctor
 - Less likely to see a specialist
 - More likely to use the emergency room
 - Much less likely to visit a doctor for non-emergency room care
 - More likely to give negative reports about their specific health care experiences
- Before explaining these results in more detail, it is important to note that some of these differences may be attributable to demographic factors. Mirroring the results presented in Edward Ratledge's report, "Delawareans without Health Insurance – 2001," our CHAPS data indicates that Delaware's uninsured are younger, are less educated, and have lower incomes than the insured. For example, 45% of the

uninsured are between the ages of 18 and 34, while only 32% of the insured fall in the same age category. Eighteen percent of the uninsured have less than a high school education. By contrast, just 4% of the insured population fails to receive a high school diploma. Finally, low income people are at the greatest risk of being uninsured. Nearly 41% of the uninsured earn \$25,000 or less per year, compared to just 15% of the insured population.

Access to Care

- The Delaware CAHPS Survey asks participants to respond to specific questions regarding their experiences with health care providers over the last year. Table 1 illustrates the responses to two of these questions for both the insured and the uninsured. Eighty-seven percent of insured respondents report having a personal doctor compared to only 56 % of uninsured respondents. Likewise, 42% of insured respondents report having visited a specialist within the past year as compared to 20% of uninsured respondents.

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

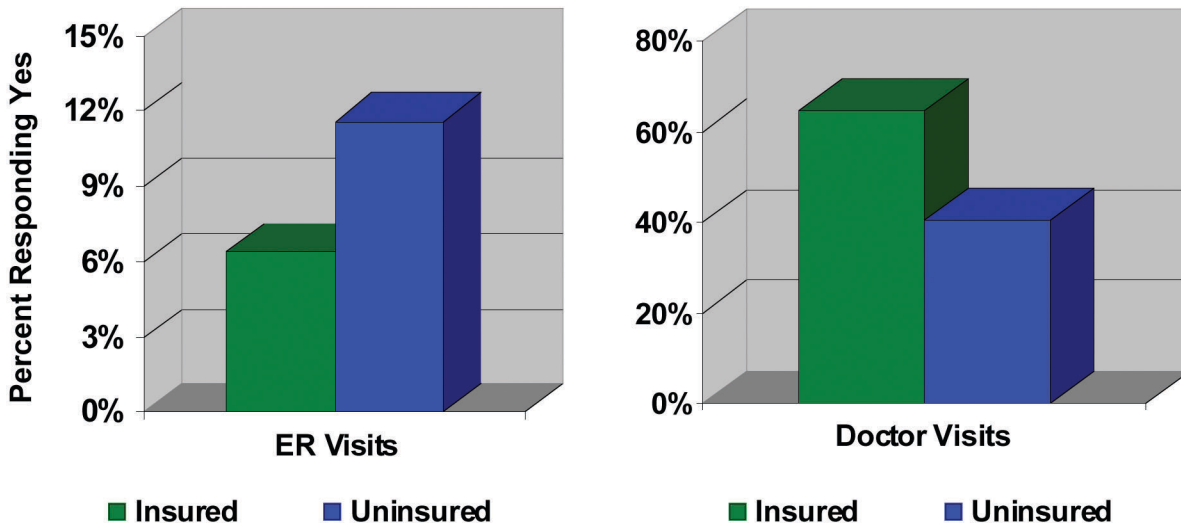
1) Do you have one person you think of as your personal doctor? 2) In the last 12 months, did you see a specialist?	Percent of Respondents Answering "Yes"	
	Insured Respondents (n=4007)	Uninsured Respondents (n=430)
Personal Doctor	87%	56%
Specialist	42%	20%

- Of respondents who classified their health as fair or poor, the uninsured are again less likely to have someone they think of as a personal doctor and less likely to see a specialist.
- The uninsured are more likely to seek treatment from hospital emergency rooms as compared to the insured; this difference in frequency of emergency room use is statistically significant. Conversely, the insured are more likely to not use emergency rooms and instead seek treatment during visits to a personal doctor.
- **Figure 1** illustrates the differences with respect to these two findings. The chart on the left compares the percent of uninsured and insured respondents who report having visited the emergency room two or more times within the last year. Almost 12% of uninsured respondents report having visited the emergency room two or more times within the last year as compared to only 6% of insured respondents. The chart on the right compares non-emergency room doctor visits. Sixty-five percent of insured respondents reported having visited a doctor's office two or more times within the last year to get care while just 40% of the uninsured respondents reported the same. According to the Delawareans Without Health Insurance 2001 report, cost is the reason most often cited by uninsured respondents as to why they have not sought a doctor's care.

Figure 1:

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

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



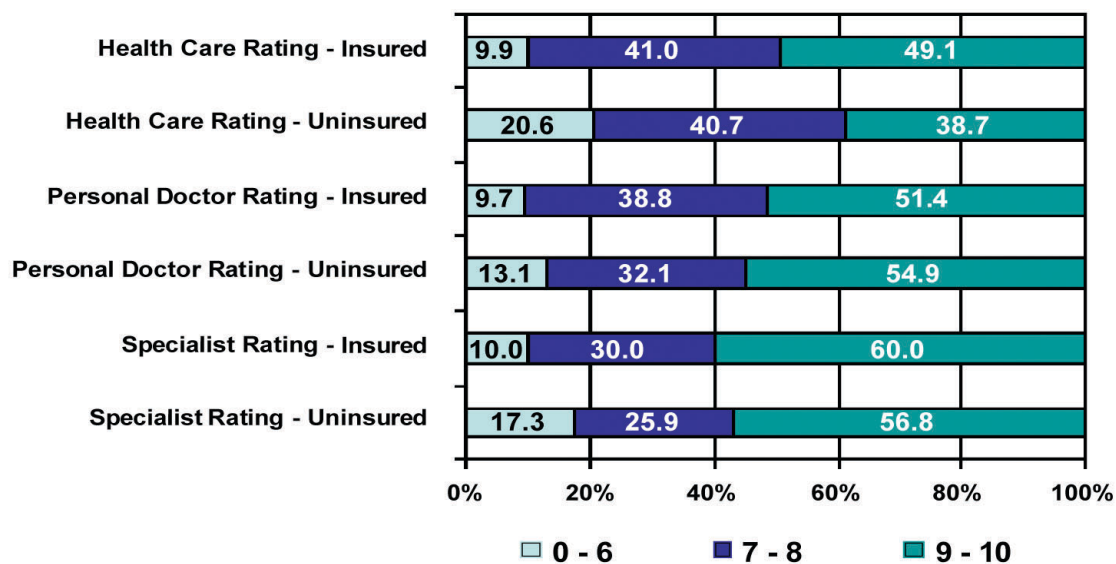
Differences in Ratings and Experiences with Care

- Overall, in terms of the percentage of respondents giving the lowest ratings (0 to 6 on a scale from 0 to 10), the uninsured rate their quality of health care, personal doctors, and specialists lower than do the insured population. **Figure 2** summarizes the overall ratings of personal doctor, specialists, and quality of health care.
- The difference in ratings between uninsured and insured for overall quality of health care is statistically significant. Forty-nine percent of the insured gave the most positive ratings to their overall health care while just 39% of the uninsured reported similarly. Likewise, the difference in ratings of personal doctor between the two groups is statistically significant. The variation in ratings of specialists is almost statistically significant.
- As illustrated in **Figure 2**, the uninsured are twice as likely as the insured to give the lowest ratings for quality of health care. This finding, along with the aforementioned ten-percentage point difference in reporting the most positive health care ratings, reinforces the notion that the uninsured suffer adverse health outcomes. Though it may seem that this disparity should be even wider, it is important to bear in mind the following:
 - First, based on national CAHPS findings and on our main report, a ten-point difference is a relatively large discrepancy.
 - Second, our survey design allows only those respondents who reported seeing a doctor in the last 12 months to rate the quality of their health care. Since many of the uninsured are less likely to visit a personal doctor, it is likely that the uninsured's ratings of health care probably would have been even lower had we allowed all of the uninsured in our sample to rate their overall health care.
 - Finally, the uninsured are generally without health insurance for a short period of time. These short-

term uninsured are, all things being equal, healthier than those who are uninsured for long periods of time. We suspect that our uninsured sample might have reported even lower health care ratings had we controlled for the length of time the respondent was uninsured.

- With respect to the personal doctor ratings, it is interesting to note that the uninsured are a bit more likely to give their personal doctors the highest ratings. Although, overall, the uninsured still rate doctors lower than the insured (90% of insured rate 7 or higher, compared to 87% of the uninsured), the finding that the uninsured are more likely to rate their doctors 9 or 10 seems counterintuitive. However, it is plausible that these high ratings are simply a function of lowered expectations. The uninsured are less likely to actually see a doctor. Given the opportunity to see a doctor, it is probable that an uninsured individual would be grateful for the opportunity and thus more disposed to rate favorably.
- Differences between the insured and uninsured are statistically significant for ratings of health care and personal doctor, at the 0.01 level. Differences in ratings for specialists are not statistically significant.

Figure 2:
Summary of Ratings for Uninsured and Insured Respondents
(Scale from 0 to 10, where 10 is the best possible)



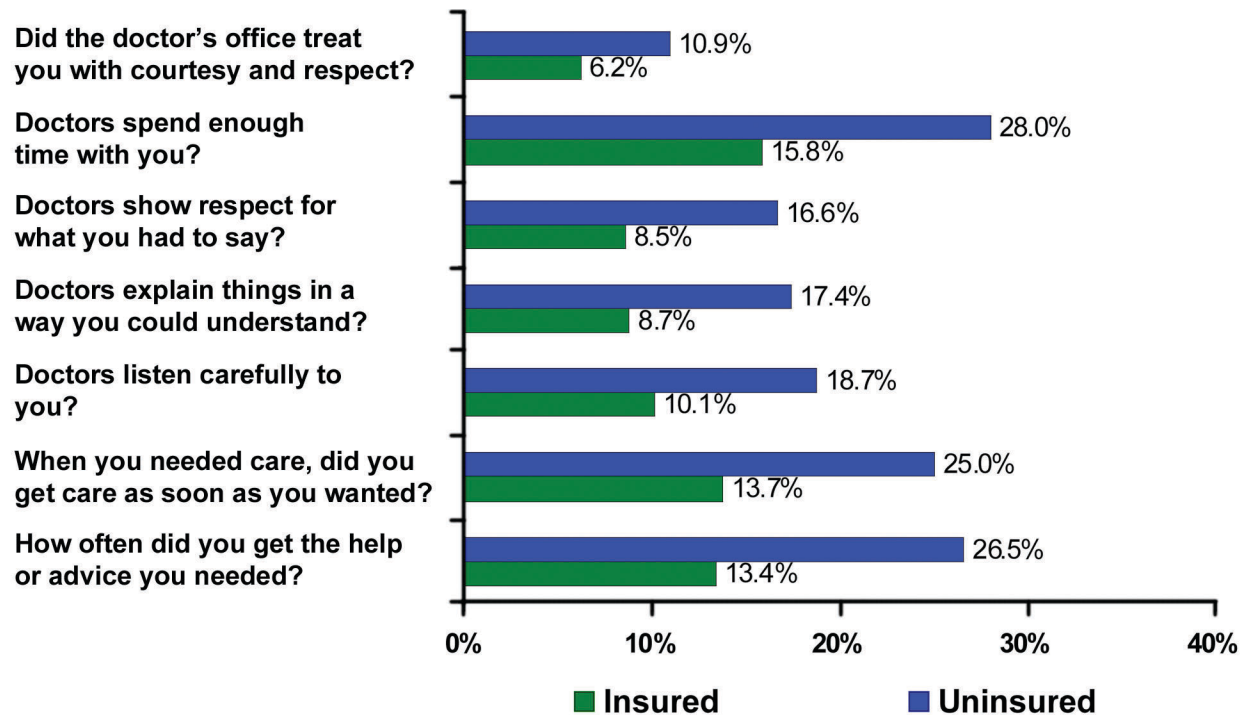
- As compared to insured respondents, the uninsured generally report more negative experiences with specific aspects of their health care. For example, the uninsured are three times more likely than the insured to report that they have had a “big problem” getting needed care (10% uninsured vs. 3% insured).
- **Figure 3** illustrates the differences between the insured and uninsured reports of experiences with specific aspects of their care. The questions used in Figure 3 are the same questions used to build the composites in our main report. Differences in ratings by insured and uninsured for each question are statistically significant. For this report, we eliminated those questions that presuppose the respondent is insured. And rather than calculate a composite score for categories such as “getting needed care” or “getting care quickly,” we simply report respondents’ replies to questions targeting experiences with specific aspects of care.

What Delaware's Uninsured Say About the Quality of Their Health Care: 2001 Delaware CAHPS Notes

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

Figure 3: The uninsured are more likely to give negative reports about their experiences with specific aspects of care.

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



About the Delaware Survey

In this study, Delaware's uninsured population is compared to the insured population; this report details further findings discussed in the main Delaware CAHPS report. The University of Delaware administers the CAHPS survey for the Delaware Health Care Commission. The survey data is collected over 12 months, with approximately 150 monthly surveys conducted throughout Delaware of adults aged 18 and older. In the analysis, participants aged 65 and older are excluded from the data. Respondents without health insurance, as well as those who are insured, are included in the survey panel. Respondents are classified as insured or uninsured based on answers to the question, “Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?” An affirmative response to the question categorizes the participant as insured; a negative response classifies the participant as uninsured.

The format of the Delaware CAHPS data reporting has changed for 2001. These changes ensure consistency with the CAHPS standards and allow Delaware's results to be compared to national conventions. In years past, the overall average ratings are presented for each aspect of health plans and health care.

Now, according to national guidelines, the percentage of respondents who give the most positive rating is calculated for each aspect. Likewise, composites are created to group results in meaningful ways: ratings of 1–6 are compiled, ratings of 7–8 are compiled, and ratings of 9–10 are compiled. Such grouping better highlights rating differences and maintains consistency with NCBD methods. To ensure that the sample is representative and to adjust for sampling biases due to sociodemographic differences between respondents and non-respondents, responses are weighted based on the most recent U. S. Census data for county of residence, age, and gender.

Consumers' Reports on Their Experiences with Care

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

Consumers' Ratings of Their Health Care

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

Conclusion

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

Overall, compared to the insured, the uninsured rate their health care, doctors, and specialists lower and report less positive experiences with aspects of care. This trend is particularly prominent in ratings of health care, for which a ten-point gap is observed for positive ratings between the insured and uninsured populations. Relative to other CAHPS data, a ten-point margin represents a large disparity and is statistically significant. Similarly, reports on all specific experiences with health care show a similar pattern whereby uninsured respondents are more likely to report negative experiences than insured participants. Moreover, with the exception of reports on the ability to get needed care, reported differences between the insured and uninsured are statistically significant. These findings suggest that insurance status influences consumers' experiences with their health care as well as their ratings of their health care.

Appendix A: Questions Used to Report Experiences with Care

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

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

Appendix B: Definition of Consumer Ratings

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

Consumer Ratings		Response Grouping for Presentation
Overall Rating of Personal Doctor		
Q8:	Use any number on a scale from 0 to 10 where 0 is the worst personal doctor or nurse possible, and 10 is the best personal doctor or nurse possible. How would you rate your personal doctor or nurse now?	0-6, 7-8, 9-10
Overall Rating of Specialist		
Q12:	Use any number on a scale from 0 to 10 where 0 is the worst specialist possible, and 10 is the best specialist possible. How would you rate the specialist?	0-6, 7-8, 9-10
Overall Rating of Health Care		
Q31:	Use any number on a scale from 0 to 10 where 0 is the worst health care possible, and 10 is the best health care possible. How would you rate all your health care?	0-6, 7-8, 9-10
Overall Rating of Health Plan		
Q38:	Use any number on a scale from 0 to 10 where 0 is the worst health plan possible, and 10 is the best health plan possible. How would you rate all your health plan?	0-6, 7-8, 9-10

APPENDIX B

Health Insurance Coverage 2001

US Bureau of Census

2002 March Current Population Survey

Health Insurance Coverage: 2001

Issued September 2002

Consumer Income

P60-220

Current Population Reports

By
Robert J. Mills

Demographic Programs

Reversing 2 years of falling uninsured rates, the share of the population without health insurance rose in 2001. An estimated 14.6 percent of the population or 41.2 million people were without health insurance coverage during the entire year in 2001, up from 14.2 percent in 2000, an increase of 1.4 million people.

The estimates in this report are based on the 2002 Current Population Survey (CPS) Annual Demographic Supplement, conducted by the U.S. Census Bureau. Respondents provide answers to the best of their ability, but as with all surveys,

the estimates may differ from the actual values. A copy of the CPS Supplement questionnaire is available electronically at <http://www.census.gov/apsd/techdoc/cps/cps-main.html>.

Highlights:¹

- The number and percentage of people covered by employment-based health insurance dropped in 2001, from 63.6 percent to 62.6 percent, the foundation

¹ Confidence intervals for estimates are provided in Table 1. These measures of sampling error should be used when comparing estimates.

NEW POPULATION CONTROLS AND EXPANDED SAMPLE

The estimates in this report are based on the 2000, 2001, and 2002 Current Population Survey Annual Demographic Supplements (CPS ADS) and provide information for calendar years 1999, 2000, and 2001, respectively. These estimates use population estimates based on Census 2000. Earlier reports presenting data for calendar years 1993 through 2000 used population estimates based on the 1990 census.

In 2001, the Census Bureau tested a sample expansion of 28,000 households to the CPS ADS. The sample expansion was officially implemented in the estimates presented here. It is primarily designed to improve the reliability of state estimates of children's health insurance coverage, but the larger sample size also improves the reliability of national estimates of other topics.

Because results presented in this report from the 2001 survey have been recalculated based on the expanded sample and the Census 2000-based weights, they may differ slightly from earlier estimates that did not incorporate the sample expansion and were based on the 1990 census. Appendix B presents more detail on the introduction of the sample expansion and new population controls based on Census 2000.

All statements in this report have undergone statistical testing, and all comparisons are significant at the 90-percent confidence level. Further information on the source and accuracy of the estimates is at www.bls.census.gov/cps/ads/2002/ssrcacc.htm.

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of the overall decrease in health insurance coverage.

- The number and percentage of people covered by government health insurance programs rose in 2001, from 24.7 percent to 25.3 percent, largely from an increase in the number and percentage of people covered by medicaid (from 10.6 percent to 11.2 percent).
- The proportion of uninsured children did not change, remaining at 8.5 million in 2001, or 11.7 percent of all children.
- Although medicaid insured 13.3 million poor people, 10.1 million poor people still had no health insurance in 2001, representing 30.7 percent of the poor, unchanged from 2000.
- Hispanics (66.8 percent) were less likely than non-Hispanic Whites (90.0 percent) to be covered by health insurance.² The coverage rate for Blacks in 2001 (81.0 percent) did not differ from the coverage rate for Asians and Pacific Islanders (81.8 percent).
- American Indians and Alaska Natives were less likely to have health insurance than other racial groups, based on 3-year averages (1999-2001) — 72.9 percent, compared with 80.8 percent of Blacks, 81.5 percent of Asians and Pacific Islanders, and 90.2

² Because Hispanics may be of any race, data in this report for Hispanics overlap slightly with data for the Black population and the Asian and Pacific Islander population. About 10.9 percent of White households, 3.0 percent of Black households, 2.0 percent of Asian and Pacific Islander households, and 13.1 percent of American Indian and Alaska Native households are maintained by a person of Hispanic origin.

percent of non-Hispanic Whites. However, American Indians and Alaska Natives were more likely to have insurance than were Hispanics (67.0 percent).

- Among the entire population 18 to 64 years old, workers (both full- and part-time) were more likely to have health insurance (83.0 percent) than nonworkers (75.3 percent), but among the poor, workers were less likely to be covered (51.3 percent) than nonworkers (63.2 percent).
- Compared with 2000, the proportion who had employment-based policies in their own name fell for workers employed by firms with fewer than 25 employees, but was unchanged for those employed by larger firms.
- Young adults (18 to 24 years old) were less likely than other age groups to have health insurance coverage — 71.9 percent in 2001, compared with 83.3 percent of those 25 to 64 and, reflecting widespread medicare coverage, 99.2 percent of those 65 years and over.

More people did not have health insurance in 2001.

The number of people without health insurance coverage rose to 41.2 million (14.6 percent of the population) in 2001, up 1.4 million from the previous year, when 14.2 percent of the population lacked coverage (see Table 1). Interestingly, the number of people covered by health insurance also increased in 2001, up 1.2 million to 240.9 million (85.4 percent of the population). Both increases can be attributed in part to an overall population growth from 2000 to 2001.

A decline in employment-based insurance prompted the decrease in insurance coverage rates.³

Most people (62.6 percent) were covered by a health insurance plan related to employment for some or all of 2001, a decrease of 1.0 percentage point from the previous year. The 1.1 percentage point decline in private health insurance coverage, to 70.9 percent in 2001, largely reflects the decrease in employment-based insurance (see Figure 1).

Although it did not offset the overall decline, health insurance coverage provided by the government increased between 2000 and 2001. This increase largely reflects the increase in medicaid coverage, which rose by 0.6 percentage points to 11.2 percent in 2001.⁴ Among the entire population, 25.3 percent had government insurance, including medicare (13.5 percent), medicaid (11.2 percent), and military health care (3.4 percent). Many people carried coverage from more than one plan during the year; for example, 7.6 percent of people were covered by both private health insurance and medicare.

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

⁴ Some of this increased medicaid coverage may be due to expansions in the State Children's Health Insurance Program. For further discussion, see Charles T. Nelson and Robert J. Mills; U.S. Census Bureau; "The Characteristics of People Reporting State Children's Health Insurance Program Coverage in the March 2001 Current Population Survey," August 2002; at www.census.gov/hhes/hlthins/asa02.pdf.

Table 1.
**People Without Health Insurance for the Entire Year by Selected Characteristics:
 2000 and 2001**

(Numbers in thousands. For an explanation of confidence intervals (C.I.), see "Standard errors and their use" on the Census Bureau's CPS Web site at www.bls.census.gov/cps/ads/2002/ssrcacc.htm)

Characteristic	2001				2000				Difference, 2001 less 2000 ¹		
	Total	Uninsured			Total	Uninsured			Uninsured		
		Number	Per- cent ¹	Percent 90-pct C.I. (±)		Number	Per- cent ¹	Percent 90-pct C.I. (±)	Number	Per- cent	Percent 90-pct C.I. (±)
People											
Total	282,082	41,207	14.6	0.2	279,517	39,804	14.2	0.2	*1,403	*0.4	0.1
Sex											
Male	137,871	21,722	15.8	0.2	136,559	20,791	15.2	0.2	*931	*0.5	0.2
Female	144,211	19,485	13.5	0.2	142,958	19,013	13.3	0.2	*472	*0.2	0.2
Race and Ethnicity											
White	230,071	31,193	13.6	0.2	228,208	30,075	13.2	0.2	*1,118	*0.4	0.1
Non-Hispanic	194,822	19,409	10.0	0.2	193,931	18,683	9.6	0.2	*726	*0.3	0.1
Black	36,023	6,833	19.0	0.3	35,597	6,683	18.8	0.3	150	0.2	0.5
Asian and Pacific Islander ...	12,500	2,278	18.2	0.7	12,693	2,287	18.0	0.7	-9	0.2	0.8
Hispanic ²	37,438	12,417	33.2	0.3	36,093	11,883	32.9	0.3	*534	0.2	0.4
Age											
Under 18 years	72,628	8,509	11.7	0.2	72,314	8,617	11.9	0.2	-108	-0.2	0.2
18 to 24 years	27,312	7,673	28.1	0.5	26,815	7,406	27.6	0.5	*267	0.5	0.6
25 to 34 years	38,670	9,051	23.4	0.3	38,865	8,507	21.9	0.3	*544	*1.5	0.4
35 to 44 years	44,284	7,131	16.1	0.3	44,566	6,898	15.5	0.3	*233	*0.6	0.4
45 to 64 years	65,419	8,571	13.1	0.2	63,391	8,124	12.8	0.2	*447	*0.3	0.3
65 years and over	33,769	272	0.8	0.2	33,566	251	0.7		21	0.1	0.1
Nativity											
Native	249,629	30,364	12.2	0.2	247,706	29,529	11.9	0.2	*835	*0.2	0.1
Foreign born	32,453	10,843	33.4	0.5	31,811	10,275	32.3	0.5	*568	*1.1	0.6
Naturalized citizen	11,962	2,060	17.2	0.7	11,785	1,930	16.4	0.7	*131	*0.9	0.8
Not a citizen	20,491	8,782	42.9	0.7	20,026	8,345	41.7	0.7	*437	*1.2	0.8
Region											
Northeast	53,300	6,399	12.0	0.2	53,046	6,372	12.0	0.2	27	-	0.3
Midwest	63,779	6,840	10.7	0.2	63,631	6,703	10.5	0.2	136	0.2	0.2
South	100,652	16,712	16.6	0.2	99,420	16,000	16.1	0.2	*712	*0.5	0.3
West	64,351	11,257	17.5	0.3	63,420	10,728	16.9	0.3	*528	*0.6	0.3
Household Income											
Less than \$25,000	62,209	14,474	23.3	0.3	61,792	14,094	22.8	0.3	*380	*0.5	0.4
\$25,000 to \$49,999	76,226	13,516	17.7	0.2	77,084	13,385	17.4	0.2	131	*0.4	0.3
\$50,000 to \$74,999	58,114	6,595	11.3	0.2	59,089	6,513	11.0	0.2	81	*0.3	0.3
\$75,000 or more	85,532	6,623	7.7	0.2	81,553	5,812	7.1	0.2	*811	*0.6	0.2
Education (18 years and older)											
Total	209,454	32,698	15.6	0.2	207,203	31,186	15.1	0.2	*1,512	*0.6	0.2
No high school diploma	35,423	9,776	27.6	0.5	34,994	9,406	26.9	0.5	*370	*0.7	0.5
High school graduate only ...	66,682	11,618	17.4	0.3	66,327	11,137	16.8	0.3	*481	*0.6	0.3
Some college, no degree	40,282	5,815	14.4	0.3	40,298	5,400	13.4	0.3	*415	*1.0	0.4
Associate degree	16,183	1,754	10.8	0.5	16,075	1,721	10.7	0.5	34	0.1	0.5
Bachelor's degree or higher .	50,884	3,734	7.3	0.2	49,510	3,522	7.1	0.2	*212	0.2	0.2
Work Experience (18 to 64 years old)											
Total	175,685	32,426	18.5	0.2	173,638	30,935	17.8	0.2	*1,491	*0.6	0.2
Worked during year	142,474	24,230	17.0	0.2	142,447	23,525	16.5	0.2	*704	*0.5	0.2
Worked full-time	118,776	19,014	16.0	0.2	119,067	18,707	15.7	0.2	307	*0.3	0.3
Worked part-time	23,698	5,216	22.0	0.5	23,381	4,818	20.6	0.5	*398	*1.4	0.7
Did not work	33,211	8,197	24.7	0.5	31,190	7,410	23.8	0.5	*787	*0.9	0.6

- Represents zero or rounds to zero. *Statistically significant at the 90-percent confidence level.

¹All numbers are derived from unrounded numbers. Some numbers and percentages may therefore appear to be slightly higher or lower than those computed with rounded figures from other columns.

²Hispanics may be of any race.

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

The uninsured rates for the poor and the near poor did not change between 2000 and 2001.

Despite the medicaid program, 10.1 million poor people, or 30.7 percent of the poor, had no health insurance of any kind during 2001. This percentage — more than double the rate for the total population — did not change significantly from the previous year. The uninsured poor comprised 24.5 percent of all uninsured people (see Table 2).

Medicaid was the most widespread type of health insurance among the poor, with 40.5 percent (13.3 million) of those in poverty covered by medicaid for some or all of 2001. This percentage did not change from the previous year.⁵

Among the near poor (those with a family income greater than or equal to, but less than 125 percent of, the poverty level), 26.5 percent (3.3 million people) lacked health insurance in 2001, unchanged from 2000. Although private health insurance coverage among the near poor declined in 2001 — from 40.3 percent to 37.8 percent — their rate of government health insurance coverage did not change from 2000 (it was 47.1 percent in 2001).

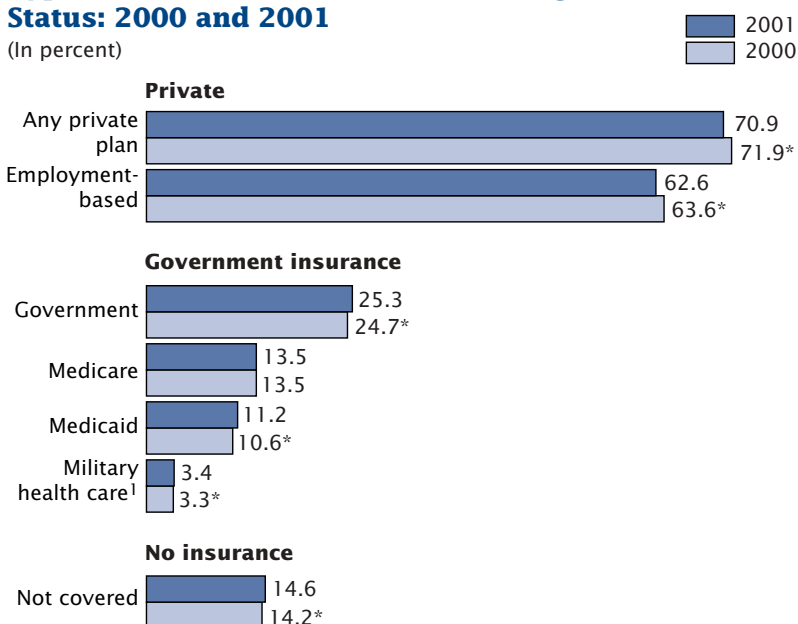
Key demographic factors affect health insurance coverage.

Age - People 18 to 24 years old were less likely than other age groups to have health insurance coverage, with 71.9 percent covered for some or all of 2001. Because of medicaid, almost all people 65 years and over (99.2 percent) had health insurance in 2001. For other age groups, health insurance coverage ranged from 76.6 percent to 88.3 percent (see Figure 2).

⁵ Changes in year-to-year medicaid estimates should be viewed with caution. For more information, see the Technical Note on page 12.

Figure 1.
Type of Health Insurance and Coverage Status: 2000 and 2001

(In percent)



*Statistically different at the 90-percent confidence level.

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

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

Source: U.S. Census Bureau, Current Population Surveys, 2001 and 2002 Annual Demographic Supplement.

Among the poor, people 18 to 64 years old had a markedly lower health insurance coverage rate (57.7 percent) in 2001 than either people under 18 (78.7 percent) or 65 years and over (97.3 percent).⁶

Race and Hispanic origin - While the uninsured rate rose in 2001 for non-Hispanic Whites — from 9.6 percent to 10.0 percent — the uninsured rates among Blacks (19.0 percent) and among Asians and Pacific Islanders (18.2 percent) did not change from 2000.⁷ The uninsured

⁶ The health insurance coverage rates of poor people 18-64 years old and poor people 35-44 years old were not different.

⁷ Data users should exercise caution when interpreting aggregate results for the Asian and Pacific Islander (API) population because the API population consists of many distinct groups that differ in socio-economic characteristics, culture, and recency of immigration. In addition, the CPS does not use separate population controls for weighting the API sample to national totals.

rate among Hispanics (33.2 percent in 2001) also did not change from 2000 (see Table 1).⁸

The CPS Annual Demographic Supplement, the source of these data, obtained interviews from 78,000 households nationwide but is not large enough to produce reliable annual estimates for American Indians and Alaska Natives. However, Table 3 displays 3-year averages of the number of American Indians and Alaska Natives, their uninsured rate, and 3-year-average uninsured rates for other race groups. The 3-year average (1999-2001) shows that 27.1 percent of American Indians

⁸ Data users should exercise caution when interpreting aggregate results for the Hispanic population because this population consists of many distinct groups that differ in socio-economic characteristics, culture, and recency of immigration.

Table 2.
**Poor People Without Health Insurance for the Entire Year by Selected Characteristics:
 2000 and 2001**

(Numbers in thousands. For an explanation of confidence intervals (C.I.), see "Standard errors and their use" on the Census Bureau's CPS Web site at www.bls.census.gov/cps/ads/2002/ssrcacc.htm)

Characteristic	2001				2000				Difference, 2001 less 2000 ¹		
	Total	Uninsured			Total	Uninsured			Uninsured		
		Number	Per- cent ¹	Percent 90-pct C.I. (±)		Number	Per- cent ¹	Percent 90-pct C.I. (±)	Number	Per- cent	Percent 90-pct C.I. (±)
People											
Total	32,907	10,093	30.7	1.0	31,581	9,548	30.2	1.0	*545	0.4	1.0
Sex											
Male	14,327	4,854	33.9	1.5	13,536	4,461	33.0	2.1	*393	0.9	2.0
Female	18,580	5,239	28.2	1.3	18,045	5,086	28.2	1.3	152	-	1.3
Race and Ethnicity											
White	22,739	7,206	31.7	1.2	21,645	6,804	31.4	1.2	*402	0.3	1.3
Non-Hispanic	15,271	3,893	25.5	1.3	14,366	3,576	24.9	1.3	*316	0.6	1.4
Black	8,136	2,131	26.2	1.8	7,982	2,038	25.5	1.8	93	0.7	1.9
Asian and Pacific Islander	1,275	489	38.3	5.1	1,258	464	36.8	5.1	25	1.5	5.4
Hispanic ²	7,997	3,496	43.7	2.1	7,747	3,356	43.3	2.1	140	0.4	1.8
Age											
Under 18 years	11,733	2,497	21.3	1.3	11,587	2,602	22.5	1.3	−106	−1.2	1.3
18 to 24 years	4,449	2,025	45.5	1.8	4,036	1,793	44.4	1.8	*232	1.1	1.9
25 to 34 years	4,255	2,108	49.5	1.8	4,087	1,968	48.1	1.8	*140	1.4	1.9
35 to 44 years	3,822	1,703	44.6	1.8	3,660	1,568	42.8	2.0	*135	1.7	2.0
45 to 64 years	5,234	1,669	31.9	1.5	4,887	1,527	31.2	1.5	*142	0.6	1.6
65 years and over	3,414	91	2.7	0.7	3,323	88	2.7	0.7	2	-	0.7
Nativity											
Native	27,698	7,223	26.1	1.0	26,680	6,904	25.9	1.0	318	0.2	1.1
Foreign born	5,209	2,870	55.1	3.0	4,901	2,643	53.9	3.1	227	1.2	3.2
Naturalized citizen	1,186	377	31.8	5.8	1,060	349	32.9	6.3	28	−1.1	6.3
Not a citizen	4,023	2,493	62.0	3.3	3,841	2,294	59.7	3.5	199	2.2	3.5
Region											
Northeast	5,687	1,504	26.4	2.1	5,474	1,255	22.9	2.0	*249	*3.5	2.2
Midwest	5,966	1,546	25.9	2.0	5,916	1,573	26.6	2.1	−26	−0.7	2.2
South	13,515	4,366	32.3	1.6	12,705	4,183	32.9	1.6	183	−0.6	1.7
West	7,739	2,677	34.6	2.3	7,485	2,537	33.9	2.3	140	0.7	2.4
Education											
(18 years and older)											
Total	21,174	7,596	35.9	1.3	19,994	6,945	34.7	1.3	*651	1.1	1.3
No high school diploma	8,033	2,992	37.2	2.0	7,865	2,841	36.1	2.0	150	1.1	2.1
High school graduate only	7,029	2,523	35.9	2.1	6,536	2,282	34.9	2.3	*241	1.0	2.3
Some college, no degree	3,392	1,194	35.2	3.1	3,040	1,022	33.6	3.3	*172	1.6	3.3
Associate degree	886	314	35.4	6.1	870	266	30.6	5.9	48	4.8	6.3
Bachelor's degree or higher	1,832	574	31.3	4.1	1,684	534	31.7	4.3	40	−0.4	4.4
Work Experience											
(18 to 64 years old)											
Total	17,760	7,506	42.3	1.5	16,671	6,857	41.1	1.5	*649	1.1	1.5
Worked during year	8,172	3,978	48.7	2.1	8,100	3,692	45.6	2.1	*286	*3.1	2.2
Worked full-time	5,121	2,575	50.3	2.6	5,088	2,485	48.8	2.6	90	1.5	2.8
Worked part-time	3,051	1,403	46.0	3.5	3,012	1,208	40.1	3.5	*195	*5.9	3.6
Did not work	9,588	3,528	36.8	1.8	8,571	3,165	36.9	2.0	*363	−0.1	2.0

- Represents zero or rounds to zero. *Statistically significant at the 90-percent confidence level.

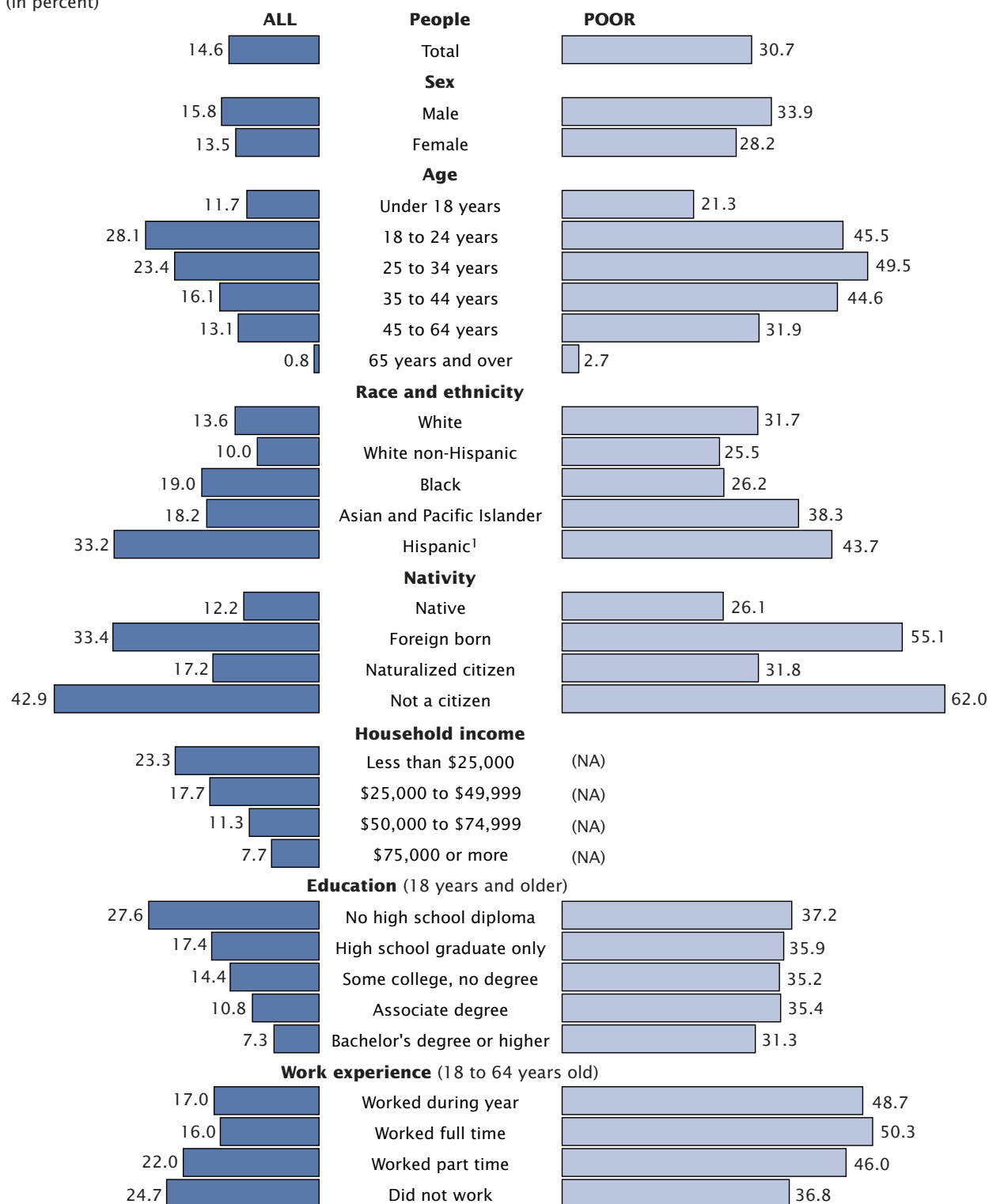
¹All numbers are derived from unrounded numbers. Some numbers and percentages may therefore appear to be slightly higher or lower than those computed with rounded figures from other columns.

²Hispanics may be of any race.

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

Figure 2.
**People Without Health Insurance for the Entire Year by
 Selected Characteristics: 2001**

(In percent)



NA Not Applicable. ¹Hispanics may be of any race.

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

Source: U.S. Census Bureau, Current Population Survey, 2002 Annual Demographic Supplement.

Table 3.
**People Without Health Insurance Coverage for the Entire Year by Race and Ethnicity
(3-Year Average): 1999 to 2001**

(Numbers in thousands. For an explanation of confidence intervals (C.I.), see "Standard errors and their use" on the Census Bureau's CPS Annual Demographic Supplement Web site at www.bls.census.gov/cps/ads/2002/ssracc.htm)

Characteristic	3-year average 1999-2001		Average 2000-2001		Average 1999-2000		Difference, 2000-2001 less 1999-2000 ¹	
	Value	90-pct C.I. (±)	Value	90-pct C.I. (±)	Value	90-pct C.I. (±)	Value	90-pct C.I. (±)
PERCENT								
All races.....	14.5	0.1	14.4	0.1	14.4	0.1	0.0	0.1
White	13.3	0.1	13.4	0.1	13.2	0.1	*0.2	0.1
Non-Hispanic	9.8	0.1	9.8	0.1	9.7	0.1	0.1	0.1
Black.....	19.2	0.3	18.9	0.3	19.3	0.4	*-0.4	0.3
American Indian and Alaska Native ..	27.1	1.1	25.5	1.2	27.7	1.4	*-2.2	1.3
Asian and Pacific Islander	18.5	0.5	18.1	0.5	18.6	0.6	-0.5	0.6
Hispanic ²	33.0	0.3	33.0	0.3	32.9	0.4	0.1	0.4
NUMBER								
All races.....	40,413	243	40,506	261	40,016	301	*490	278
White	30,378	215	30,634	231	29,970	266	*664	246
Non-Hispanic	18,998	174	19,046	187	18,792	216	*254	199
Black.....	6,878	106	6,758	114	6,901	132	*-143	124
American Indian and Alaska Native ..	872	42	831	44	856	52	-25	50
Asian and Pacific Islander	2,286	66	2,283	71	2,290	82	-7	76
Hispanic ²	11,921	117	12,150	125	11,673	142	*478	124

*Statistically significant at the 90-percent confidence level.

¹As a result of rounding, some differences may appear to be slightly higher or lower than the difference of the reported rates.

²Hispanics may be of any race.

Source: U.S. Census Bureau, Current Population Survey, 2000, 2001, and 2002 Annual Demographic Supplements.

and Alaska Natives were without coverage, higher than the 19.2 percent for Blacks, 18.5 percent for Asians and Pacific Islanders, and 9.8 percent for non-Hispanic Whites.⁹ However, the 3-year-average uninsured rate for Hispanics (33.0 percent) was higher than the uninsured rate for American Indians and Alaska Natives.

⁹ Data users should exercise caution when interpreting aggregate data for American Indians and Alaska Natives (AIAN) because the AIAN population consists of groups that differ in economic characteristics. Data from the 1990 census show that economic characteristics of those American Indians and Alaska Natives who live in American Indian and Alaska Native areas differ from the characteristics of those who live outside these areas. In addition, the CPS does not use separate population controls for weighting the AIAN samples to national totals. See Accuracy of Estimates on page 11 for a further discussion of CPS estimation procedures.

Comparisons of 2-year moving averages (1999-2000 and 2000-2001) show that while the uninsured rate fell for American Indians and Alaska Natives from 27.7 percent to 25.5 percent and for Blacks from 19.3 percent to 18.9 percent, uninsured rates among non-Hispanic Whites, Asians and Pacific Islanders, and Hispanics did not change.

Nativity - In 2001, the proportion of the foreign-born population without health insurance (33.4 percent) was more than double that of the native population (12.2 percent).¹⁰ Among the foreign born,

¹⁰ Natives are people born in the United States, Puerto Rico, or an outlying area of the United States, such as Guam or the U.S. Virgin Islands, and people who were born in a foreign country but who had at least one parent who was a U.S. citizen. All other people born outside the United States are foreign born.

noncitizens were much more likely than naturalized citizens to lack coverage — 42.9 percent compared with 17.2 percent.

Educational attainment - Among all adults, the likelihood of being insured increased as the level of education rose. Compared with the previous year, coverage rates decreased for those with no high school diploma, those who are high school graduates only, and those with some college education but no degree. Coverage rates did not change from 2000 to 2001 for adults with an associate degree or higher.

Economic status affects health insurance coverage.

Income - The likelihood of being covered by health insurance rises with income. Among households with annual incomes of less than

\$25,000, the percentage with health insurance was 76.7 percent; the level rises to 92.3 percent for those with incomes of \$75,000 or more (see Figure 2). Compared with the previous year, coverage rates decreased at every level of household income.

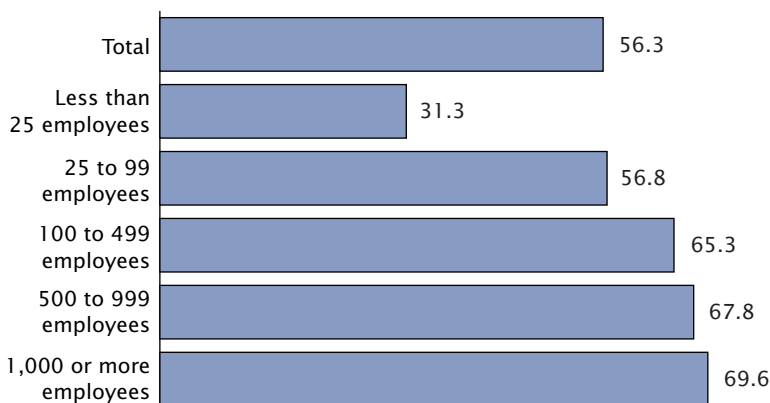
Work experience - Of those 18 to 64 years old in 2001, full-time workers were more likely to be covered by health insurance (84.0 percent) than part-time workers (78.0 percent), and part-time workers were more likely to be insured than nonworkers (75.3 percent).¹¹ However, among the poor, nonworkers (63.2 percent) were more likely to be insured than part-time workers (54.0 percent), who were more likely to be insured than full-time workers (49.7 percent).

Firm size - Of the 142.6 million workers in the United States who were 18 to 64 years old, 56.3 percent had employment-based health insurance policies in their own name (see Figure 3). The proportion increased with the size of the employing firm from 31.3 percent for firms with fewer than 25 employees to 69.6 percent for firms with 1000 or more employees. (These estimates do not reflect the fact that some workers were covered by another family member's employment-based policy). Compared with the previous year, the proportion who had employment-based policies in their own name decreased for workers employed by firms with fewer than 25 employees, but was unchanged for those employed by larger firms.

¹¹ Workers were classified as part time if they worked fewer than 35 hours per week in the majority of the weeks they worked in 2001.

Figure 3.
Workers Age 18 to 64 Covered by Their Own Employment-Based Health Insurance by Firm Size: 2001

(In percent)



Note: For discussion of significant differences between groups, see text.
Source: U.S. Census Bureau, Current Population Survey, 2002 Annual Demographic Supplement.

The uninsured rate for children did not change between 2000 and 2001.

The percentage of children (people under 18 years old) without health insurance did not change in 2001 (see Table 1), remaining at 8.5 million or 11.7 percent. A decline in employment-based health insurance coverage of children was offset by an increase in coverage by medicaid or the State Children's Health Insurance Program.

Among poor children, 21.3 percent (2.5 million children) had no health insurance during 2001, unchanged from the previous year (see Table 2). For this group, employment-based coverage decreased from 20.1 percent to 18.6 percent, while government health insurance coverage increased from 60.9 percent to 63.3 percent. Poor children made up 29.3 percent of all uninsured children in 2001.

Among near-poor children (those in families whose income was greater than or equal to, but less than 125 percent of, the poverty level),

21.6 percent (0.9 million children) were without health insurance in 2001, unchanged from 2000.¹² For this group, private health insurance coverage decreased from 39.8 percent to 36.4 percent, but government health insurance coverage did not change.

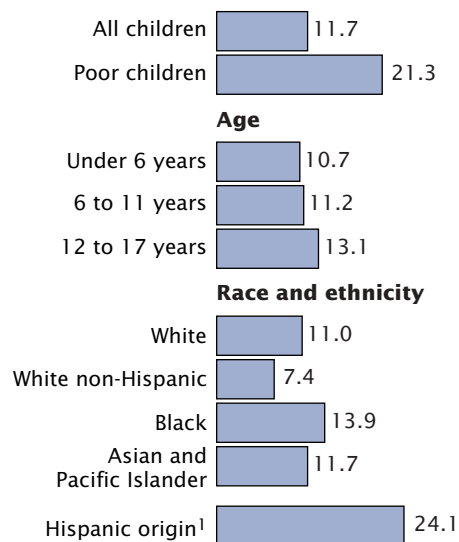
The likelihood of health insurance coverage varies among children.

- Children 12 to 17 years old were more likely to be uninsured than those under 12 — 13.1 percent compared with 11.0 percent.
- The uninsured rate declined in 2001 for Hispanic children — from 25.3 percent to 24.1 percent. The uninsured rates for non-Hispanic White children (7.4 percent), Black children (13.9 percent), and Asian and Pacific Islander children (11.7 percent)

¹² The health insurance coverage rates of poor children and near-poor children were not different.

Figure 4.
Uninsured Children by Race, Ethnicity, and Age: 2001

(In percent)



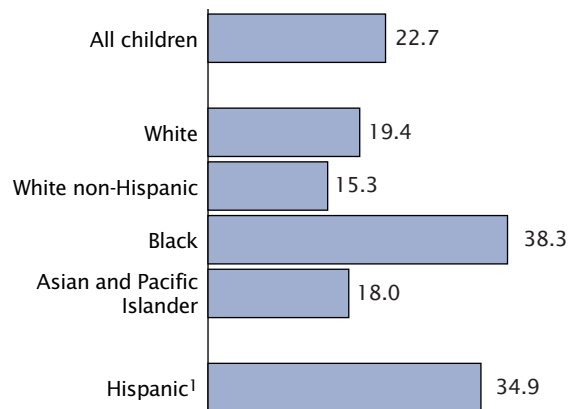
¹Hispanics may be of any race.

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

Source: U.S. Census Bureau, Current Population Survey, 2002 Annual Demographic Supplement.

Figure 5.
Children Covered by Medicaid by Race and Ethnicity: 2001

(In percent)



¹Hispanics may be of any race.

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

Source: U.S. Census Bureau, Current Population Survey, 2002 Annual Demographic Supplement.

were unchanged from 2000 (see Figure 4).

- While most children (68.4 percent) were covered by an employment-based or privately purchased health insurance plan in 2001, nearly 1 in 4 (22.7 percent) was covered by medicaid.
- Black children had a higher rate of medicaid coverage in 2001 than children of any other racial or ethnic group — 38.3 percent, compared with 34.9 percent of Hispanic children, 18.0 percent of Asian and Pacific Islander children, and 15.3 percent of non-Hispanic White children (see Figure 5).
- Children living in single-parent families in 2001 were less likely to be insured than children living in married-couple families — 84.3 percent compared with 90.4 percent.

Some states had higher uninsured rates than others.

The proportion of people without health insurance ranged from 7.2 percent in Rhode Island to 23.2 percent in New Mexico, based on 3-year averages for 1999, 2000, and 2001 (see Table 4). Although the data presented suggest that New Mexico had the highest uninsured rate, its rate was not statistically different from the rate for Texas. Similarly, although the data suggest that Rhode Island had the lowest uninsured rate, its rate was not statistically different from the rate for Minnesota.

Comparisons of 2-year moving averages (1999-2000 and 2000-2001) show that the proportion of

Table 4.

Percent of People Without Health Insurance Coverage for the Entire Year by State (3-Year Average): 1999 to 2001

(For an explanation of confidence intervals (C.I.), see "Standard errors and their use" on the Census Bureau's CPS Annual Demographic Supplement Web site at www.bls.census.gov/cps/ads/2002/ssrcacc.htm)

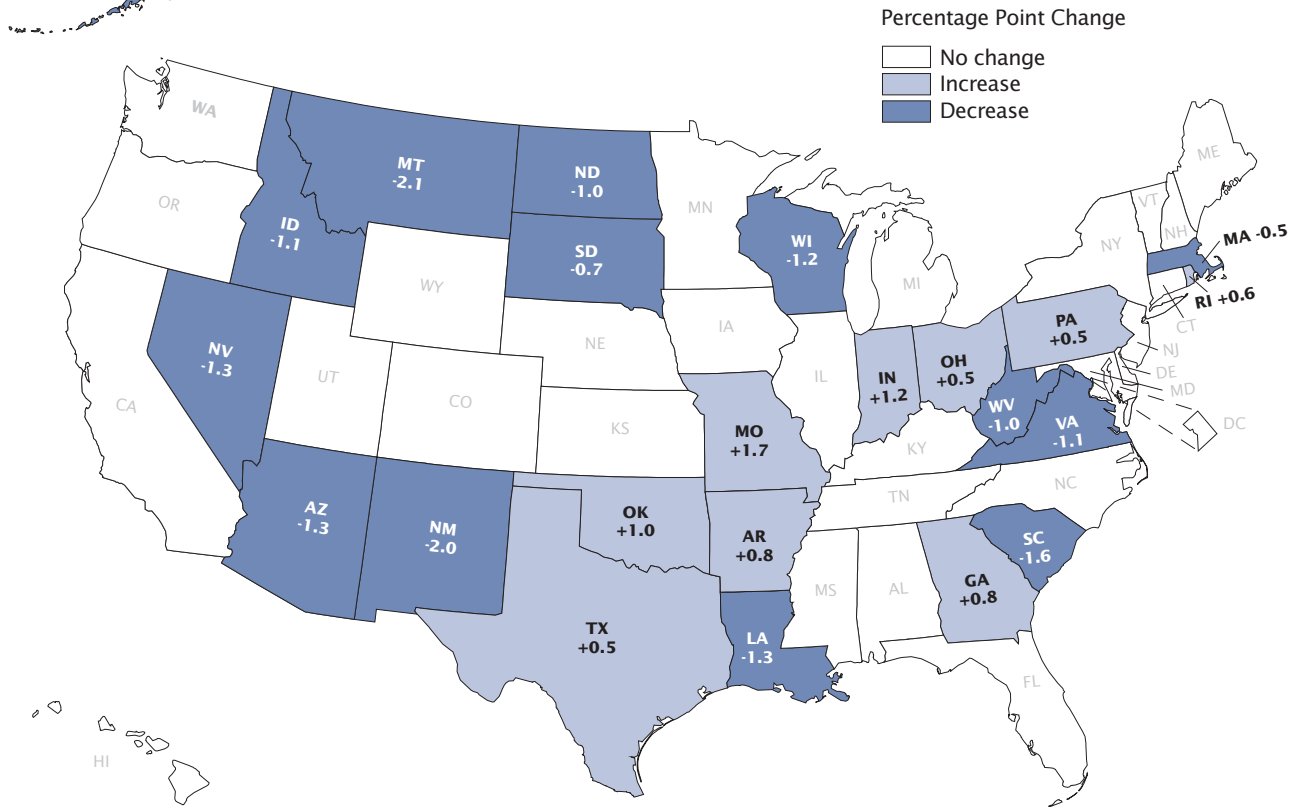
State	3-year average 1999-2001		Average 2000-2001		Average 1999-2000		Difference, 2000-2001 less 1999-2000 ¹	
	Percent	90-pct. C.I. (±)	Percent	90-pct. C.I. (±)	Percent	90-pct. C.I. (±)	Percent	90-pct. C.I. (±)
United States	14.5	0.2	14.4	0.2	14.4	0.1	-	0.2
Alabama	13.2	0.7	13.2	0.7	13.3	0.8	-0.1	0.8
Alaska	17.7	0.7	17.3	0.7	18.6	0.9	*-1.4	0.8
Arizona	18.4	0.8	17.3	0.8	18.6	0.9	*-1.3	0.8
Arkansas	15.0	0.7	15.2	0.8	14.4	0.9	*0.8	0.8
California	19.2	0.3	19.0	0.3	19.0	0.4	-	0.3
Colorado	15.1	0.7	14.9	0.7	14.9	0.8	-	0.8
Connecticut	9.7	0.5	10.0	0.5	9.4	0.7	0.6	0.7
Delaware	9.5	0.7	9.2	0.7	9.6	0.8	-0.4	0.7
District of Columbia	13.6	0.7	13.4	0.8	14.1	0.9	-0.7	0.8
Florida	17.8	0.5	17.6	0.5	17.9	0.5	-0.4	0.5
Georgia	15.3	0.7	15.5	0.7	14.7	0.8	*0.8	0.7
Hawaii	9.7	0.7	9.5	0.7	9.8	0.8	-0.3	0.7
Idaho	16.5	0.7	15.7	0.8	16.8	0.9	*-1.1	0.8
Illinois	13.6	0.5	13.7	0.5	13.6	0.5	0.2	0.5
Indiana	10.8	0.5	11.5	0.5	10.3	0.7	*1.2	0.7
Iowa	8.0	0.5	8.2	0.5	8.2	0.6	-	0.7
Kansas	11.4	0.7	11.1	0.7	11.4	0.8	-0.2	0.7
Kentucky	13.0	0.7	13.0	0.7	13.4	0.8	-0.4	0.8
Louisiana	19.7	0.8	18.7	0.8	19.9	1.0	*-1.3	1.0
Maine	10.7	0.7	10.6	0.5	10.8	0.8	-0.2	0.7
Maryland	11.3	0.7	11.3	0.7	10.8	0.8	0.5	0.7
Massachusetts	8.7	0.5	8.5	0.5	9.0	0.5	*-0.5	0.5
Michigan	9.9	0.3	9.8	0.5	9.7	0.5	0.1	0.5
Minnesota	7.8	0.5	8.1	0.5	7.8	0.6	0.3	0.5
Mississippi	15.2	0.7	15.0	0.8	14.6	0.9	0.4	0.8
Missouri	8.8	0.5	9.9	0.5	8.1	0.6	*1.7	0.7
Montana	16.0	0.8	15.2	0.8	17.3	1.0	*-2.1	0.8
Nebraska	9.6	0.5	9.3	0.7	9.6	0.7	-0.3	0.7
Nevada	17.2	0.7	16.5	0.7	17.7	0.9	*-1.3	0.8
New Hampshire	9.0	0.5	8.9	0.5	8.7	0.7	0.2	0.7
New Jersey	12.5	0.5	12.6	0.5	12.1	0.5	0.5	0.5
New Mexico	23.2	0.8	22.4	1.0	24.4	1.1	*-2.0	1.0
New York	15.8	0.3	15.9	0.3	15.9	0.4	-	0.3
North Carolina	14.2	0.5	14.0	0.5	14.0	0.6	-0.1	0.7
North Dakota	10.9	0.7	10.5	0.7	11.5	0.8	*-1.0	0.7
Ohio	10.8	0.3	11.2	0.5	10.7	0.5	*0.5	0.5
Oklahoma	17.9	0.7	18.6	0.8	17.7	0.9	*1.0	0.8
Oregon	13.1	0.7	12.7	0.7	13.3	0.8	-0.6	0.8
Pennsylvania	8.7	0.3	9.0	0.3	8.5	0.4	*0.5	0.3
Rhode Island	7.2	0.5	7.6	0.5	6.9	0.6	*0.6	0.7
South Carolina	13.3	0.7	12.2	0.7	13.8	0.9	*-1.6	0.8
South Dakota	10.4	0.5	10.2	0.5	10.9	0.7	*-0.7	0.7
Tennessee	10.8	0.7	11.1	0.7	10.6	0.8	0.5	0.7
Texas	23.0	0.5	23.2	0.5	22.7	0.6	*0.5	0.5
Utah	13.6	0.7	13.7	0.7	13.0	0.8	0.7	0.7
Vermont	9.7	0.7	9.1	0.5	9.8	0.8	-0.7	0.8
Virginia	11.9	0.7	11.3	0.7	12.4	0.8	*-1.1	0.7
Washington	13.5	0.7	13.3	0.7	13.7	0.8	-0.4	0.8
West Virginia	14.2	0.7	13.6	0.7	14.7	0.8	*-1.0	0.8
Wisconsin	8.5	0.5	7.6	0.5	8.9	0.7	*-1.2	0.7
Wyoming	15.6	0.7	15.8	0.7	15.4	0.9	0.4	0.8

-Represents zero. *Statistically significant at the 90-percent confidence level.

¹As a result of rounding, some differences may appear to be slightly higher or lower than the difference of the reported rates.

Source: U.S. Census Bureau, Current Population Survey, 2000, 2001, and 2002 Annual Demographic Supplements.

Figure 6.
**States With Significant Changes in 2-Year Average
Uninsured Rates: 1999-2000 to 2000-2001**



Source: U.S. Census Bureau, Current Population Survey, 2000, 2001, and 2002 Annual Demographic Supplements.

people without coverage fell in 14 states: Alaska, Arizona, Idaho, Louisiana, Massachusetts, Montana, Nevada, New Mexico, North Dakota, South Carolina, South Dakota, Virginia, West Virginia, and Wisconsin. Meanwhile, the proportion of people without coverage rose in nine states: Arkansas, Georgia, Indiana, Missouri, Ohio, Oklahoma, Pennsylvania, Rhode Island, and Texas (see Figure 6).

Accuracy of the Estimates

Statistics from surveys are subject to sampling and nonsampling

error. All comparisons presented in this report take sampling error into account and meet the Census Bureau's standards for statistical significance. Nonsampling errors in surveys may be attributed to a variety of sources, such as how the survey was designed, how respondents interpret questions, how able and willing respondents are to provide correct answers, and how accurately answers are coded and classified. The Census Bureau employs quality control procedures throughout the production process – including the overall design of surveys, the wording of questions,

review of the work of interviewers and coders, and statistical review of reports.

The Current Population Survey weighting procedure uses ratio estimation whereby sample estimates are adjusted to independent estimates of the national population by age, race, sex, and Hispanic origin. This weighting partially corrects for bias due to undercoverage, but biases may still be present when people who are missed by the survey differ from those interviewed in ways other than age, race, sex, and Hispanic

origin. How this weighting procedure affects other variables in the survey is not precisely known. All of these considerations affect comparisons across different surveys or data sources.

For further information on statistical standards and the computation and use of standard errors, contact Jeffrey Stratton of the Demographic Statistical Methods Division on the Internet at dsmd.source.and.accuracy@census.gov.

Technical Note

This report presents data on the health insurance coverage of people in the United States during the 2001 calendar year. The data, which are shown by state and selected demographic and socioeconomic characteristics, were collected in the 2002 Annual Demographic Supplement to the Current Population Survey (CPS).

Treatment of major federal health insurance programs

The Current Population Survey (CPS) underreports Medicare and Medicaid coverage compared with enrollment and participation data from the Centers for Medicare and

Medicaid Services (CMS), formerly the Health Care Financing Administration (HCFA).¹³ A major reason for the lower CPS estimates is that the CPS is not designed primarily to collect health insurance data; instead, it is largely a labor force survey. Consequently, interviewers receive less training on health insurance concepts. Additionally, many people may not be aware that they or their children are covered by a health insurance program if they have not used covered services recently and therefore fail to report coverage. CMS data, on the other hand, represent the actual number of people who enrolled or participated in these programs and are a more accurate source of coverage levels.

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

¹³ CMS is the federal agency primarily responsible for administering the Medicare and Medicaid programs at the national level.

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

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

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Appendix A: DETAILED TABLES

Table A-1.
**Health Insurance Coverage Status and Type of Coverage by Race and Ethnicity:
1987 to 2000**

(Numbers in thousands. People as of March of the following year)

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

See footnotes at end of table.

Table A-1.
**Health Insurance Coverage Status and Type of Coverage by Race and Ethnicity:
 1987 to 2000—Con.**

(Numbers in thousands. People as of March of the following year)

Year	Total people	Covered by private or government health insurance							Not covered
		Total	Private health insurance		Government health insurance				
			Total	Employment-based	Total	Medicaid	Medicare	Military health care ¹	
WHITE									
Numbers									
2001	230,071	198,878	169,180	148,371	56,200	21,535	33,006	7,788	31,193
2000 ⁹	228,208	198,133	170,071	149,364	54,287	19,889	32,695	7,158	30,075
2000 ⁸	226,401	197,153	169,752	149,313	52,790	19,448	32,048	6,540	29,248
1999 ⁷	224,806	195,421	168,415	147,460	52,433	18,910	31,450	6,877	29,385
1999	224,806	192,943	166,191	145,878	52,139	18,676	31,416	6,848	31,863
1998	223,294	189,706	163,690	143,705	51,690	18,247	31,174	7,140	33,588
1997 ⁶	221,650	188,409	161,682	140,601	52,975	19,652	31,108	6,994	33,241
1996	220,070	188,341	161,806	139,913	54,004	20,856	30,919	6,981	31,729
1995	218,442	187,337	161,303	139,151	54,141	20,528	30,580	7,656	31,105
1994 ⁵	216,751	186,447	160,414	137,966	54,288	20,464	29,978	8,845	30,305
1993 ⁴	215,221	184,732	158,586	128,855	53,222	20,642	29,297	7,689	30,489
1992 ³	213,198	183,479	158,612	129,685	51,195	18,659	29,341	7,556	29,719
1991	210,257	183,130	159,628	131,646	49,699	17,058	28,940	7,867	27,127
1990	208,754	181,795	160,146	131,836	47,589	15,078	28,530	8,022	26,959
1989	206,983	181,126	161,363	132,882	44,868	12,779	27,859	8,116	25,857
1988	205,333	180,122	160,753	133,050	44,477	12,504	27,293	8,305	25,211
1987 ²	203,745	179,845	161,338	132,264	44,028	12,163	27,044	8,482	23,900
Percents									
2001	100.0	86.4	73.5	64.5	24.4	9.4	14.3	3.4	13.6
2000 ⁹	100.0	86.8	74.5	65.5	23.8	8.7	14.3	3.1	13.2
2000 ⁸	100.0	87.1	75.0	66.0	23.3	8.6	14.2	2.9	12.9
1999 ⁷	100.0	86.9	74.9	65.6	23.3	8.4	14.0	3.1	13.1
1999	100.0	85.8	73.9	64.9	23.2	8.3	14.0	3.0	14.2
1998	100.0	85.0	73.3	64.4	23.1	8.2	14.0	3.2	15.0
1997 ⁶	100.0	85.0	72.9	63.4	23.9	8.9	14.0	3.2	15.0
1996	100.0	85.6	73.5	63.6	24.5	9.5	14.0	3.2	14.4
1995	100.0	85.8	73.8	63.7	24.8	9.4	14.0	3.5	14.2
1994 ⁵	100.0	86.0	74.0	63.7	25.0	9.4	13.8	4.1	14.0
1993 ⁴	100.0	85.8	73.7	59.9	24.7	9.6	13.6	3.6	14.2
1992 ³	100.0	86.1	74.4	60.8	24.0	8.8	13.8	3.5	13.9
1991	100.0	87.1	75.9	62.6	23.6	8.1	13.8	3.7	12.9
1990	100.0	87.1	76.7	63.2	22.8	7.2	13.7	3.8	12.9
1989	100.0	87.5	78.0	64.2	21.7	6.2	13.5	3.9	12.5
1988	100.0	87.7	78.3	64.8	21.7	6.1	13.3	4.0	12.3
1987 ²	100.0	88.3	79.2	64.9	21.6	6.0	13.3	4.2	11.7
WHITE NON-HISPANIC									
Numbers									
2001	194,822	175,412	152,821	133,295	47,661	15,035	30,811	7,144	19,409
2000 ⁹	193,931	175,247	153,816	134,253	46,297	13,788	30,642	6,564	18,683
2000 ⁸	194,196	175,319	154,272	134,903	45,117	13,591	29,938	6,075	18,877
1999 ⁷	193,633	174,396	153,440	133,718	45,001	13,325	29,484	6,329	19,237
1999	193,633	172,271	151,539	132,381	44,749	13,120	29,457	6,306	21,363
1998	193,074	170,184	149,910	130,956	44,699	12,985	29,222	6,675	22,890
1997 ⁶	192,178	169,043	148,426	128,280	45,691	14,046	29,213	6,504	23,135
1996	191,791	169,699	149,262	128,355	46,772	15,082	29,211	6,537	22,092
1995	191,271	169,272	149,686	128,378	46,501	14,381	28,918	7,163	21,999
1994 ⁵	192,771	170,541	150,181	128,633	47,475	15,052	28,467	8,318	22,230
1993 ⁴	191,087	168,306	147,729	119,861	46,158	14,980	27,795	7,243	22,781
1992 ³	189,113	167,394	147,967	120,482	44,649	13,390	27,853	7,104	21,719
1991	189,216	168,810	149,798	123,109	44,228	12,750	27,695	7,402	20,406
1990	188,240	168,015	150,306	123,261	42,732	11,423	27,313	7,528	20,224
1989	187,078	167,889	151,424	124,311	40,624	9,759	26,738	7,567	19,188
1988	186,047	167,048	151,009	124,622	40,259	9,522	26,224	7,743	19,000
1987 ²	185,044	166,922	151,817	124,068	39,792	9,143	26,054	7,883	18,122

See footnotes at end of table.

Table A-1.
**Health Insurance Coverage Status and Type of Coverage by Race and Ethnicity:
 1987 to 2000—Con.**

(Numbers in thousands. People as of March of the following year)

Year	Total people	Covered by private or government health insurance							Not covered
		Total	Private health insurance		Government health insurance				
			Total	Employment- based	Total	Medicaid	Medicare	Military health care ¹	
WHITE NON-HISPANIC—Con.									
Percents									
2001	100.0	90.0	78.4	68.4	24.5	7.7	15.8	3.7	10.0
2000 ⁹	100.0	90.4	79.3	69.2	23.9	7.1	15.8	3.4	9.6
2000 ⁸	100.0	90.3	79.4	69.5	23.2	7.0	15.4	3.1	9.7
1999 ⁷	100.0	90.1	79.2	69.1	23.2	6.9	15.2	3.3	9.9
1999	100.0	89.0	78.3	68.4	23.1	6.8	15.2	3.3	11.0
1998	100.0	88.1	77.6	67.8	23.2	6.7	15.1	3.5	11.9
1997 ⁶	100.0	88.0	77.2	66.8	23.8	7.3	15.2	3.4	12.0
1996	100.0	88.5	77.8	66.9	24.4	7.9	15.2	3.4	11.5
1995	100.0	88.5	78.3	67.1	24.3	7.5	15.1	3.7	11.5
1994 ⁵	100.0	88.5	77.9	66.7	24.6	7.8	14.8	4.3	11.5
1993 ⁴	100.0	88.1	77.3	62.7	24.2	7.8	14.5	3.8	11.9
1992 ³	100.0	88.5	78.2	63.7	23.6	7.1	14.7	3.8	11.5
1991	100.0	89.2	79.2	65.1	23.4	6.7	14.6	3.9	10.8
1990	100.0	89.3	79.8	65.5	22.7	6.1	14.5	4.0	10.7
1989	100.0	89.7	80.9	66.4	21.7	5.2	14.3	4.0	10.3
1988	100.0	89.8	81.2	67.0	21.6	5.1	14.1	4.2	10.2
1987 ²	100.0	90.2	82.0	67.0	21.5	4.9	14.1	4.3	9.8
BLACK									
Numbers									
2001	36,023	29,190	20,363	18,975	11,616	7,994	3,783	1,192	6,833
2000 ⁹	35,597	28,915	20,485	18,922	11,579	7,735	3,871	1,372	6,683
2000 ⁸	35,919	29,295	21,182	19,562	11,116	7,250	3,808	1,380	6,623
1999 ⁷	35,509	28,546	20,304	18,730	11,251	7,570	3,594	1,203	6,963
1999	35,509	27,973	19,805	18,363	11,165	7,495	3,588	1,198	7,536
1998	35,070	27,274	18,663	17,132	11,524	7,903	3,703	1,111	7,797
1997 ⁶	34,598	27,166	18,544	17,077	11,157	7,750	3,573	1,100	7,432
1996	34,218	26,799	17,718	16,358	12,074	8,572	3,393	1,357	7,419
1995	33,889	26,781	17,106	15,683	12,465	9,184	3,316	1,171	7,108
1994 ⁵	33,531	26,928	17,147	15,607	12,693	9,007	3,167	1,683	6,603
1993 ⁴	33,040	26,279	16,590	13,693	12,588	9,283	3,072	1,331	6,761
1992 ³	32,535	25,967	15,994	13,545	12,464	9,122	3,154	1,459	6,567
1991	31,439	24,932	15,466	13,297	11,776	8,352	3,248	1,482	6,507
1990	30,895	24,802	15,957	13,560	11,150	7,809	3,106	1,402	6,093
1989	30,392	24,550	16,520	14,187	10,443	7,123	3,043	1,340	5,843
1988	29,904	24,029	15,818	13,418	10,415	7,049	3,064	1,385	5,875
1987 ²	29,417	23,555	15,358	13,055	10,380	7,046	2,918	1,497	5,862
Percents									
2001	100.0	81.0	56.5	52.7	32.2	22.2	10.5	3.3	19.0
2000 ⁹	100.0	81.2	57.5	53.2	32.5	21.7	10.9	3.9	18.8
2000 ⁸	100.0	81.6	59.0	54.5	30.9	20.2	10.6	3.8	18.4
1999 ⁷	100.0	80.4	57.2	52.7	31.7	21.3	10.1	3.4	19.6
1999	100.0	78.8	55.8	51.7	31.4	21.1	10.1	3.4	21.2
1998	100.0	77.8	53.2	48.9	32.9	22.5	10.6	3.2	22.2
1997 ⁶	100.0	78.5	53.6	49.4	32.2	22.4	10.3	3.2	21.5
1996	100.0	78.3	51.8	47.8	35.3	25.1	9.9	4.0	21.7
1995	100.0	79.0	50.5	46.3	36.8	27.1	9.8	3.5	21.0
1994 ⁵	100.0	80.3	51.1	46.5	37.9	26.9	9.4	5.0	19.7
1993 ⁴	100.0	79.5	50.2	41.4	38.1	28.1	9.3	4.0	20.5
1992 ³	100.0	79.8	49.2	41.6	38.3	28.0	9.7	4.5	20.2
1991	100.0	79.3	49.2	42.3	37.5	26.6	10.3	4.7	20.7
1990	100.0	80.3	51.6	43.9	36.1	25.3	10.1	4.5	19.7
1989	100.0	80.8	54.4	46.7	34.4	23.4	10.0	4.4	19.2
1988	100.0	80.4	52.9	44.9	34.8	23.6	10.2	4.6	19.6
1987 ²	100.0	80.1	52.2	44.4	35.3	24.0	9.9	5.1	19.9

See footnotes at end of table.

Table A-1.
**Health Insurance Coverage Status and Type of Coverage by Race and Ethnicity:
 1987 to 2000—Con.**

(Numbers in thousands. People as of March of the following year)

Year	Total people	Covered by private or government health insurance							Not covered
		Total	Private health insurance		Government health insurance				
			Total	Employment- based	Total	Medicaid	Medicare	Military health care ¹	
ASIAN AND PACIFIC ISLANDER									
Numbers									
2001	12,500	10,222	8,643	7,684	2,312	1,257	949	414	2,278
2000 ⁹	12,693	10,405	8,916	8,104	2,249	1,288	886	443	2,287
2000 ⁸	11,332	9,295	7,909	7,114	2,093	1,301	856	290	2,037
1999 ⁷	10,925	8,845	7,467	6,692	2,038	1,097	829	412	2,080
1999	10,925	8,653	7,285	6,588	2,023	1,087	825	412	2,272
1998	10,897	8,596	7,202	6,511	2,113	1,201	819	351	2,301
1997 ⁶	10,492	8,320	7,100	6,290	1,877	1,093	700	334	2,173
1996	10,071	7,946	6,718	5,888	1,768	1,071	667	275	2,125
1995	9,653	7,671	6,347	5,576	2,075	1,272	586	424	1,982
1994 ⁵	6,656	5,312	4,267	3,774	1,551	883	501	426	1,344
1993 ⁴	7,444	5,927	5,026	3,970	1,408	802	474	345	1,517
1992 ³	7,782	6,230	5,202	4,207	1,460	823	507	314	1,552
1991	7,193	5,886	4,917	3,995	1,451	727	560	347	1,307
1990	7,023	5,832	4,887	3,883	1,410	771	463	364	1,191
1989	6,679	5,532	4,615	3,661	1,414	792	444	322	1,147
1988	6,447	5,329	4,392	3,599	1,353	763	401	322	1,118
1987 ²	6,326	5,440	4,468	3,691	1,394	702	357	475	886
Percents									
2001	100.0	81.8	69.1	61.5	18.5	10.1	7.6	3.3	18.2
2000 ⁹	100.0	82.0	70.2	63.8	17.7	10.1	7.0	3.5	18.0
2000 ⁸	100.0	82.0	69.8	62.8	18.5	11.5	7.6	2.6	18.0
1999 ⁷	100.0	81.0	68.3	61.3	18.7	10.0	7.6	3.8	19.0
1999	100.0	79.2	66.7	60.3	18.5	9.9	7.5	3.8	20.8
1998	100.0	78.9	66.1	59.8	19.4	11.0	7.5	3.2	21.1
1997 ⁶	100.0	79.3	67.7	60.0	17.9	10.4	6.7	3.2	20.7
1996	100.0	78.9	66.7	58.5	17.6	10.6	6.6	2.7	21.1
1995	100.0	79.5	65.8	57.8	21.5	13.2	6.1	4.4	20.5
1994 ⁵	100.0	79.8	64.1	56.7	23.3	13.3	7.5	6.4	20.2
1993 ⁴	100.0	79.6	67.5	53.3	18.9	10.8	6.4	4.6	20.4
1992 ³	100.0	80.1	66.8	54.1	18.8	10.6	6.5	4.0	19.9
1991	100.0	81.8	68.4	55.5	20.2	10.1	7.8	4.8	18.2
1990	100.0	83.0	69.6	55.3	20.1	11.0	6.6	5.2	17.0
1989	100.0	82.8	69.1	54.8	21.2	11.9	6.6	4.8	17.2
1988	100.0	82.7	68.1	55.8	21.0	11.8	6.2	5.0	17.3
1987 ²	100.0	86.0	70.6	58.3	22.0	11.1	5.6	7.5	14.0
HISPANIC									
Numbers									
2001	37,438	25,021	17,322	15,965	9,227	7,074	2,295	704	12,417
2000 ⁹	36,093	24,210	17,114	15,893	8,566	6,552	2,141	682	11,883
2000 ⁸	33,862	23,035	16,257	15,128	8,215	6,273	2,192	543	10,827
1999 ⁷	32,804	22,238	15,775	14,481	7,919	5,978	2,054	594	10,566
1999	32,804	21,853	15,424	14,214	7,875	5,946	2,047	589	10,951
1998	31,689	20,493	14,377	13,310	7,401	5,585	2,026	503	11,196
1997 ⁶	30,773	20,239	13,751	12,790	7,718	5,970	1,974	526	10,534
1996	29,703	19,730	13,151	12,140	7,784	6,255	1,806	474	9,974
1995	28,438	18,964	12,187	11,309	8,027	6,478	1,732	516	9,474
1994 ⁵	27,521	18,244	11,743	10,729	7,829	6,226	1,677	630	9,277
1993 ⁴	26,646	18,235	12,021	9,981	7,873	6,328	1,613	530	8,411
1992 ³	25,682	17,242	11,330	9,786	7,099	5,703	1,578	523	8,441
1991	22,096	15,128	10,336	8,972	5,845	4,597	1,309	522	6,968
1990	21,437	14,479	10,281	8,948	5,169	3,912	1,269	519	6,958
1989	20,779	13,846	10,348	8,914	4,526	3,221	1,180	595	6,932
1988	20,076	13,684	10,188	8,831	4,414	3,125	1,114	594	6,391
1987 ²	19,428	13,456	9,845	8,490	4,482	3,214	1,029	631	5,972

See footnotes at end of table.

Table A-1.
**Health Insurance Coverage Status and Type of Coverage by Race and Ethnicity:
 1987 to 2000—Con.**

(Numbers in thousands. People as of March of the following year)

Year	Total people	Covered by private or government health insurance							Not covered
		Total	Private health insurance		Government health insurance				
			Total	Employment- based	Total	Medicaid	Medicare	Military health care ¹	
HISPANIC—Con.									
Percents									
2001	100.0	66.8	46.3	42.6	24.6	18.9	6.1	1.9	33.2
2000 ⁹	100.0	67.1	47.4	44.0	23.7	18.2	5.9	1.9	32.9
2000 ⁸	100.0	68.0	48.0	44.7	24.3	18.5	6.5	1.6	32.0
1999 ⁷	100.0	67.8	48.1	44.1	24.1	18.2	6.3	1.8	32.2
1999	100.0	66.6	47.0	43.3	24.0	18.1	6.2	1.8	33.4
1998	100.0	64.7	45.4	42.0	23.4	17.6	6.4	1.6	35.3
1997 ⁶	100.0	65.8	44.7	41.6	25.1	19.4	6.4	1.7	34.2
1996	100.0	66.4	44.3	40.9	26.2	21.1	6.1	1.6	33.6
1995	100.0	66.7	42.9	39.8	28.2	22.8	6.1	1.8	33.3
1994 ⁵	100.0	66.3	42.7	39.0	28.4	22.6	6.1	2.3	33.7
1993 ⁴	100.0	68.4	45.1	37.5	29.5	23.7	6.1	2.0	31.6
1992 ³	100.0	67.1	44.1	38.1	27.6	22.2	6.1	2.0	32.9
1991	100.0	68.5	46.8	40.6	26.5	20.8	5.9	2.4	31.5
1990	100.0	67.5	48.0	41.7	24.1	18.2	5.9	2.4	32.5
1989	100.0	66.6	49.8	42.9	21.8	15.5	5.7	2.9	33.4
1988	100.0	68.2	50.7	44.0	22.0	15.6	5.5	3.0	31.8
1987 ²	100.0	69.3	50.7	43.7	23.1	16.5	5.3	3.2	30.7

¹Includes CHAMPUS (Comprehensive Health and Medical Plan for Uniformed Services)/Tricare, Veterans, and military health care.

²Implementation of a new March CPS processing system.

³Implementation of 1990 census population controls.

⁴Data collection method changed from paper and pencil to computer-assisted interviewing.

⁵Health insurance questions were redesigned. Increases in estimates of employment-based and military health care coverage may be partially due to questionnaire changes. Overall coverage estimates were not affected.

⁶Beginning with the March 1998 CPS, people with no coverage other than access to Indian Health Service are no longer considered covered by health insurance; instead, they are considered to be uninsured. The effect of this change on the overall estimates of health insurance coverage is negligible; however, the decrease in the number of people covered by medicaid may be partially due to this change.

⁷Estimates reflect the results of follow-up verification questions.

⁸Based on a November 2001 weighting correction.

⁹Implementation of Census 2000 based population controls. Sample expanded by 28,000 households.

Source: U.S. Census Bureau, Current Population Survey, 1988-2002 Annual Demographic Supplements.

Table A-2.
Health Insurance Coverage Status for the Entire Year and Type of Coverage by Selected Characteristics: 2001

(Numbers in thousands)

Characteristic	Total people	Covered by private or government health insurance							Not covered
		Total	Private health insurance		Government health insurance				
			Total	Employment based	Total	Medicaid	Medicare	Military health care ¹	
NUMBERS									
People									
Total	282,082	240,875	199,860	176,551	71,295	31,601	38,043	9,552	41,207
Sex									
Male	137,871	116,149	98,150	87,960	31,764	13,769	16,360	5,118	21,722
Female	144,211	124,726	101,709	88,591	39,531	17,832	21,683	4,434	19,485
Race and Ethnicity									
White	230,071	198,878	169,180	148,371	56,200	21,535	33,006	7,788	31,193
Non-Hispanic	194,822	175,412	152,821	133,295	47,661	15,035	30,811	7,144	19,409
Black	36,023	29,190	20,363	18,975	11,616	7,994	3,783	1,192	6,833
Asian and Pacific Islander	12,500	10,222	8,643	7,684	2,312	1,257	949	414	2,278
Hispanic ²	37,438	25,021	17,322	15,965	9,227	7,074	2,295	704	12,417
Age									
Under 18 years	72,628	64,118	49,647	46,439	18,822	16,502	423	2,381	8,509
18 to 24 years	27,312	19,640	17,012	13,766	3,642	2,831	180	742	7,673
25 to 34 years	38,670	29,619	26,905	25,306	3,653	2,587	489	817	9,051
35 to 44 years	44,284	37,153	34,315	32,386	4,003	2,532	860	1,066	7,131
45 to 64 years	65,419	56,848	51,230	47,008	8,558	3,878	3,633	2,390	8,571
65 years and over	33,769	33,498	20,751	11,645	32,618	3,270	32,458	2,156	272
Nativity									
Native	249,629	219,265	182,556	161,168	65,204	28,522	34,577	9,032	30,364
Foreign born	32,453	21,610	17,303	15,383	6,091	3,079	3,466	520	10,843
Naturalized citizen	11,962	9,902	7,844	6,892	3,270	1,086	2,480	337	2,060
Not a citizen	20,491	11,708	9,459	8,491	2,821	1,994	986	183	8,782
Region									
Northeast	53,300	46,902	39,086	35,137	13,851	6,383	7,901	997	6,399
Midwest	63,779	56,940	49,634	43,666	14,811	5,759	8,958	1,351	6,840
South	100,652	83,940	67,976	60,037	26,899	11,559	13,930	4,766	16,712
West	64,351	53,094	43,163	37,711	15,733	7,900	7,253	2,438	11,257
PERCENTS									
People									
Total	100.0	85.4	70.9	62.6	25.3	11.2	13.5	3.4	14.6
Sex									
Male	100.0	84.2	71.2	63.8	23.0	10.0	11.9	3.7	15.8
Female	100.0	86.5	70.5	61.4	27.4	12.4	15.0	3.1	13.5
Race and Ethnicity									
White	100.0	86.4	73.5	64.5	24.4	9.4	14.3	3.4	13.6
Non-Hispanic	100.0	90.0	78.4	68.4	24.5	7.7	15.8	3.7	10.0
Black	100.0	81.0	56.5	52.7	32.2	22.2	10.5	3.3	19.0
Asian and Pacific Islander	100.0	81.8	69.1	61.5	18.5	10.1	7.6	3.3	18.2
Hispanic ²	100.0	66.8	46.3	42.6	24.6	18.9	6.1	1.9	33.2
Age									
Under 18 years	100.0	88.3	68.4	63.9	25.9	22.7	0.6	3.3	11.7
18 to 24 years	100.0	71.9	62.3	50.4	13.3	10.4	0.7	2.7	28.1
25 to 34 years	100.0	76.6	69.6	65.4	9.4	6.7	1.3	2.1	23.4
35 to 44 years	100.0	83.9	77.5	73.1	9.0	5.7	1.9	2.4	16.1
45 to 64 years	100.0	86.9	78.3	71.9	13.1	5.9	5.6	3.7	13.1
65 years and over	100.0	99.2	61.5	34.5	96.6	9.7	96.1	6.4	0.8
Nativity									
Native	100.0	87.8	73.1	64.6	26.1	11.4	13.9	3.6	12.2
Foreign born	100.0	66.6	53.3	47.4	18.8	9.5	10.7	1.6	33.4
Naturalized citizen	100.0	82.8	65.6	57.6	27.3	9.1	20.7	2.8	17.2
Not a citizen	100.0	57.1	46.2	41.4	13.8	9.7	4.8	0.9	42.9
Region									
Northeast	100.0	88.0	73.3	65.9	26.0	12.0	14.8	1.9	12.0
Midwest	100.0	89.3	77.8	68.5	23.2	9.0	14.0	2.1	10.7
South	100.0	83.4	67.5	59.6	26.7	11.5	13.8	4.7	16.6
West	100.0	82.5	67.1	58.6	24.4	12.3	11.3	3.8	17.5

See footnotes at end of table.

Table A-2.

Health Insurance Coverage Status for the Entire Year and Type of Coverage by Selected Characteristics: 2001—Con.

(Numbers in thousands)

Characteristic	Total people	Covered by private or government health insurance							Not covered
		Total	Private health insurance		Government health insurance				
			Total	Employment based	Total	Medicaid	Medicare	Military health care ¹	
NUMBERS									
Household Income									
Less than \$25,000	62,209	47,735	24,280	15,964	33,484	18,081	17,876	1,927	14,474
\$25,000 to \$49,999	76,226	62,711	51,729	44,966	21,131	8,621	11,492	2,962	13,516
\$50,000 to \$74,999	58,114	51,520	47,855	44,206	8,421	2,819	4,246	2,129	6,595
\$75,000 or more	85,532	78,909	75,955	71,385	8,259	2,080	4,429	2,534	6,623
Education									
(18 years and older)									
Total	209,454	176,757	150,213	130,112	52,473	15,099	37,620	7,171	32,698
No high school diploma	35,423	25,647	15,592	12,118	15,350	6,035	11,418	799	9,776
High school graduate only	66,682	55,064	45,779	39,195	18,595	5,144	13,400	2,323	11,618
Some college, no degree	40,282	34,467	30,800	26,465	8,102	2,183	5,183	1,837	5,815
Associate degree	16,183	14,429	13,181	11,903	2,817	696	1,791	650	1,754
Bachelor's degree or higher	50,884	47,150	44,861	40,431	7,610	1,040	5,827	1,562	3,734
Work Experience									
(18 to 64 years old)									
Total	175,685	143,259	129,462	118,467	19,855	11,829	5,162	5,015	32,426
Worked during year	142,474	118,245	112,923	104,739	9,146	5,065	758	3,654	24,230
Worked full-time	118,776	99,762	96,385	90,920	6,425	3,211	359	3,012	19,014
Worked part-time	23,698	18,483	16,538	13,819	2,721	1,854	400	642	5,216
Did not work	33,211	25,014	16,538	13,728	10,709	6,763	4,403	1,361	8,197
PERCENTS									
Household Income									
Less than \$25,000	100.0	76.7	39.0	25.7	53.8	29.1	28.7	3.1	23.3
\$25,000 to \$49,999	100.0	82.3	67.9	59.0	27.7	11.3	15.1	3.9	17.7
\$50,000 to \$74,999	100.0	88.7	82.3	76.1	14.5	4.9	7.3	3.7	11.3
\$75,000 or more	100.0	92.3	88.9	83.5	9.7	2.4	5.2	3.0	7.7
Education									
(18 years and older)									
Total	100.0	84.4	71.7	62.1	25.1	7.2	18.0	3.4	15.6
No high school diploma	100.0	72.4	44.0	34.2	43.3	17.0	32.2	2.3	27.6
High school graduate only	100.0	82.6	68.7	58.8	27.9	7.7	20.1	3.5	17.4
Some college, no degree	100.0	85.6	76.5	65.7	20.1	5.4	12.9	4.6	14.4
Associate degree	100.0	89.2	81.4	73.6	17.4	4.3	11.1	4.0	10.8
Bachelor's degree or higher	100.0	92.7	88.2	79.5	15.0	2.0	11.5	3.1	7.3
Work Experience									
(18 to 64 years old)									
Total	100.0	81.5	73.7	67.4	11.3	6.7	2.9	2.9	18.5
Worked during year	100.0	83.0	79.3	73.5	6.4	3.6	0.5	2.6	17.0
Worked full-time	100.0	84.0	81.1	76.5	5.4	2.7	0.3	2.5	16.0
Worked part-time	100.0	78.0	69.8	58.3	11.5	7.8	1.7	2.7	22.0
Did not work	100.0	75.3	49.8	41.3	32.2	20.4	13.3	4.1	24.7

¹Includes CHAMPUS (Comprehensive Health and Medical Plan for Uniformed Services)/Tricare, Veterans', and military health care.²Hispanics may be of any race.

Source: U.S. Census Bureau, Current Population Survey, 2002 Annual Demographic Supplement.

Appendix B.

SAMPLE EXPANSION AND INTRODUCTION OF CENSUS 2000-BASED POPULATION CONTROLS

The 2001 Current Population Survey (CPS) served as a tool for testing a sample expansion of the Annual Demographic Supplement and as a bridge to introduce new Census 2000-based population controls. The following section discusses the effects these methodological changes had on health insurance coverage rates.

Sample Expansion

In 2001, the Census Bureau tested an expansion in the sample for the CPS Annual Demographic Supplement. The original sample size of approximately 50,000 interviewed households increased to approximately 78,000 households. The primary goal of the sample expansion was to produce more reliable state estimates of the number of low-income children without health insurance to use in the funding formula for the State Children's Health Insurance Program (SCHIP), through reduced variances. Although the SCHIP sample expansion was specifically targeted toward producing better children's health insurance estimates at the state level, other state estimates, as well as national estimates, improved.

The effect of the sample expansion on major national and state uninsured estimates in 2000 was minimal. Nationally, the difference between the original and expanded samples in the estimated percentage of people without health insurance is not statistically significant (see Table B-1). There are also no significant differences between

original and expanded sample uninsured rates by age or by major race and ethnic groups, except for Blacks, whose expanded sample rate (18.9 percent) is significantly higher than the original sample rate (18.4 percent).

For most states and the District of Columbia, the uninsured rates for the expanded sample are not statistically different from the original sample (see Table B-2). Although health insurance coverage estimates were significantly different in 21 states, the differences were moderate (no state had a change greater than 2 percentage points). The uninsured rate increased in 7 states and decreased in 14 states, with differences extending from a 1.8 percentage point increase for Connecticut to a 2.0 percentage point decrease for Vermont.

Further information on the effects of the CPS ADS sample expansion on health insurance estimates is available at www.bls.census.gov/cps/ads/adsmain.htm.

Introduction of Census 2000-Based Population Controls

The procedure used in developing estimates for the entire civilian non-institutionalized population from the Current Population Survey (CPS) involves the weighting of sample results to independent estimates of the population by sex, age, race, and Hispanic/non-Hispanic categories. These independent estimates are developed by using civilian noninstitutional population counts from the decennial censuses

and projecting them forward to current years using data on births, deaths, and net migration. Beginning with the 2002 CPS Annual Demographic Supplement, the independent estimates used as control totals for the CPS are based on civilian noninstitutional population benchmarks established by Census 2000.

Table B-3 shows two sets of data for 2000 to show the effect of introducing new population controls — one using new Census 2000-based population controls and the other using controls based on the 1990 census. Following is a brief discussion of the effects of the new population controls on health insurance uninsured rates.

The effect of new population controls on major national uninsured estimates in 2000 was minimal. Nationally, the difference between the Census 2000-based and the Census 1990-based samples in the estimated percentage of people without health insurance is not statistically significant. Use of the new Census 2000-based controls raised the uninsured rate for males by 0.3 percent, but the rate for females did not change. While the new controls left the uninsured rate for most of the major race and ethnic groups unchanged, the uninsured rate for Whites rose by 0.2 percent and the uninsured rate for Hispanics increased by 0.8 percent. Similarly, while the uninsured rate for most age groups did not change, the percentage of uninsured people 18 to 24 or 25 to 34 years old each increased by 0.7 percent.

Table B-1.

People Without Health Insurance for the Entire Year by Selected Characteristics: 2000

(Numbers in thousands. For an explanation of confidence intervals (C.I.), see "Standard errors and their use" on the Census Bureau's CPS Web site at www.bls.census.gov/cps/ads/2002/ssrcacc.htm)

Characteristic	Expanded sample				Original sample				Difference ¹		
	Total	Uninsured			Total	Uninsured			Uninsured		
		Number	Per- cent ¹	Percent 90-pct C.I. (±)		Number	Per- cent ¹	Percent 90-pct C.I. (±)	Number	Per- cent	Percent 90-pct C.I. (±)
People											
Total	276,567	38,871	14.1	0.1	276,540	38,683	14.0	0.2	188	0.1	0.1
Sex											
Male	135,255	20,162	14.9	0.2	135,245	20,149	14.9	0.2	13	-	0.1
Female	141,312	18,709	13.2	0.2	141,295	18,535	13.1	0.2	174	0.1	0.1
Race and Ethnicity											
White	226,360	29,340	13.0	0.1	226,401	29,248	12.9	0.2	92	-	0.1
Non-Hispanic	194,120	18,906	9.7	0.1	194,196	18,877	9.7	0.2	29	-	0.1
Black	35,924	6,805	18.9	0.4	35,919	6,623	18.4	0.6	*182	*0.5	0.4
Asian and Pacific Islander ...	11,535	2,046	17.7	0.7	11,332	2,037	18.0	1.0	9	-0.2	0.7
Hispanic ²	33,875	10,862	32.1	0.4	33,862	10,827	32.0	0.6	35	0.1	0.3
Age											
Under 18 years	72,540	8,520	11.7	0.2	72,553	8,405	11.6	0.3	115	0.2	0.2
18 to 24 years	26,980	7,249	26.9	0.5	26,965	7,350	27.3	0.7	-101	-0.4	0.4
25 to 34 years	37,479	7,962	21.2	0.4	37,440	7,926	21.2	0.5	36	0.1	0.3
35 to 44 years	44,752	6,930	15.5	0.3	44,780	6,938	15.5	0.4	-8	-	0.3
45 to 64 years	62,079	7,950	12.8	0.2	61,824	7,819	12.7	0.3	*131	0.2	0.2
65 years and over	32,736	260	0.8	0.1	32,978	245	0.7	0.1	15	0.1	0.1
Nativity											
Native	246,646	29,404	11.9	0.1	246,629	29,219	11.9	0.2	185	0.1	0.1
Foreign born	29,921	9,467	31.6	0.5	29,912	9,464	31.6	0.8	3	-	0.5
Naturalized citizen	11,240	1,823	16.2	0.7	11,378	1,805	15.9	1.0	18	0.4	0.6
Not a citizen	18,681	7,644	40.9	0.7	18,534	7,659	41.3	1.0	-15	-0.4	0.6
Region											
Northeast	51,880	6,151	11.9	0.2	52,331	5,967	11.4	0.3	*184	*0.5	0.2
Midwest	63,160	6,615	10.5	0.2	63,739	6,864	10.8	0.3	*249	*-0.3	0.2
South	98,384	15,656	15.9	0.2	96,919	15,267	15.8	0.3	*389	0.2	0.2
West	63,143	10,450	16.6	0.3	63,552	10,586	16.7	0.4	-136	-0.1	0.2
Household Income											
Less than \$25,000	60,720	13,803	22.7	0.3	61,067	13,889	22.7	0.4	-86	-	0.3
\$25,000 to \$49,999	76,090	13,074	17.2	0.2	75,378	12,758	16.9	0.3	*316	*0.3	0.2
\$50,000 to \$74,999	58,593	6,330	10.8	0.2	59,311	6,502	11.0	0.3	*-172	-0.2	0.2
\$75,000 or more	81,164	5,665	7.0	0.2	80,784	5,534	6.9	0.2	*131	0.1	0.1
Education (18 years and older)											
Total	204,027	30,352	14.9	0.1	203,988	30,278	14.8	0.1	74	-	0.1
No high school diploma	34,086	8,976	26.3	0.4	33,948	9,025	26.6	0.6	-49	-0.3	0.4
High school graduate only ...	65,330	10,934	16.7	0.3	65,839	10,816	16.4	0.4	118	*0.3	0.2
Some college, no degree ...	40,066	5,323	13.3	0.3	40,070	5,369	13.4	0.4	-46	-0.1	0.3
Associate degree	15,866	1,690	10.7	0.4	15,703	1,620	10.3	0.6	*70	0.3	0.4
Bachelor's degree or higher .	48,680	3,429	7.0	0.2	48,427	3,449	7.1	0.3	-20	-0.1	0.2
Work Experience (18 to 64 years old)											
Total	171,291	30,091	17.6	0.2	171,009	30,033	17.6	0.1	58	-	0.1
Worked during year	140,632	22,878	16.3	0.2	140,408	22,806	16.2	0.2	72	-	0.1
Worked full-time	117,339	18,129	15.5	0.2	117,483	18,056	15.4	0.3	73	0.1	0.2
Worked part-time	23,293	4,749	20.4	0.6	22,925	4,750	20.7	0.7	-1	-0.3	0.4
Did not work	30,658	7,213	23.5	0.5	30,601	7,227	23.6	0.6	-14	0.1	0.4

- Represents zero or rounds to zero.

*Statistically significant at the 90-percent confidence level.

¹As a result of rounding, some differences may appear to be slightly higher or lower than the difference of the reported rates.

²Hispanics may be of any race.

Source: U.S. Census Bureau, Current Population Survey 2001 Annual Demographic Supplement, 1990-based controls.

Table B-2.

People Without Health Insurance for the Entire Year by State: 2000

(Numbers in thousands. For an explanation of confidence intervals (C.I.), see "Standard errors and their use" on the Census Bureau's CPS Web site at www.bls.census.gov/cps/ads/2002/ssrcacc.htm)

Characteristic	Expanded sample				Original sample				Difference ¹		
	Total	Uninsured			Total	Uninsured			Uninsured		
		Number	Per- cent ¹	Percent 90-pct C.I. (±)		Number	Per- cent ¹	Percent 90-pct C.I. (±)	Number	Per- cent	Percent 90-pct C.I. (±)
United States	276,567	38,871	14.1	0.1	276,540	38,683	14.0	0.2	188	0.1	0.2
Alabama	4,396	591	13.4	0.8	4,450	600	13.5	1.3	-9	-0.1	0.8
Alaska	626	116	18.5	1.0	647	125	19.3	1.5	*-9	-0.8	1.0
Arizona	4,999	812	16.2	1.0	4,917	793	16.1	1.3	19	0.1	0.5
Arkansas	2,597	374	14.4	1.0	2,625	364	13.9	1.3	10	0.5	0.7
California	34,329	6,189	18.0	0.5	34,735	6,281	18.1	0.7	-92	-0.1	0.3
Colorado	4,213	583	13.8	0.8	4,228	563	13.3	1.3	20	0.5	0.8
Connecticut	3,284	319	9.7	0.7	3,319	263	7.9	1.2	*56	*1.8	0.8
Delaware	768	72	9.4	0.8	787	82	10.4	1.3	*-10	*-1.0	0.8
District of Columbia	513	72	14.1	1.0	506	73	14.4	1.5	-1	-0.3	1.0
Florida	15,493	2,703	17.4	0.7	15,157	2,620	17.3	0.8	*83	0.1	0.3
Georgia	8,007	1,147	14.3	0.8	7,773	1,135	14.6	1.2	12	-0.3	0.7
Hawaii	1,182	112	9.5	0.8	1,156	117	10.1	1.3	-5	-0.6	1.0
Idaho	1,289	198	15.4	1.0	1,257	196	15.6	1.3	2	-0.2	0.7
Illinois	12,159	1,651	13.6	0.5	12,286	1,659	13.5	0.8	-8	0.1	0.3
Indiana	5,944	673	11.3	0.7	5,818	701	12.1	1.2	-28	-0.8	1.0
Iowa	2,824	251	8.9	0.7	2,863	248	8.7	1.2	3	0.2	0.8
Kansas	2,648	286	10.8	0.7	2,607	301	11.5	1.3	-15	-0.7	0.8
Kentucky	4,011	548	13.7	0.8	3,975	513	12.9	1.3	*35	0.8	0.8
Louisiana	4,380	797	18.2	1.0	4,233	810	19.1	1.5	-13	*-0.9	0.8
Maine	1,257	138	10.9	0.7	1,266	145	11.5	1.3	-7	-0.6	1.0
Maryland	5,258	534	10.2	0.7	5,119	501	9.8	1.2	33	0.4	0.8
Massachusetts	6,176	535	8.7	0.7	6,256	595	9.5	0.8	*-60	*-0.8	0.5
Michigan	9,876	901	9.1	0.5	9,946	982	9.9	0.7	*-81	*-0.8	0.3
Minnesota	4,809	384	8.0	0.7	4,784	430	9.0	1.0	*-46	*-1.0	0.8
Mississippi	2,811	384	13.6	1.0	2,789	364	13.1	1.3	20	0.5	0.7
Missouri	5,458	519	9.5	0.7	5,516	586	10.6	1.2	*-67	*-1.1	0.8
Montana	898	150	16.7	1.0	876	162	18.5	1.5	*-12	*-1.8	0.8
Nebraska	1,653	150	9.1	0.7	1,658	164	9.9	1.2	*-14	*-0.8	0.8
Nevada	1,934	318	16.5	0.8	1,991	311	15.6	1.3	7	0.9	1.0
New Hampshire	1,217	102	8.4	0.7	1,240	85	6.8	1.2	*17	*1.6	0.8
New Jersey	8,198	979	11.9	0.7	8,306	1,049	12.6	0.8	*-70	*-0.7	0.5
New Mexico	1,780	422	23.7	1.3	1,793	427	23.8	1.5	-5	-0.1	0.7
New York	18,363	2,932	16.0	0.5	18,409	2,802	15.2	0.7	*130	*0.8	0.3
North Carolina	7,776	1,037	13.3	0.7	7,521	980	13.0	1.0	*57	0.3	0.5
North Dakota	615	69	11.2	0.8	607	69	11.3	1.3	-	-0.1	0.8
Ohio	11,170	1,249	11.2	0.5	11,539	1,255	10.9	0.7	-6	0.3	0.3
Oklahoma	3,378	638	18.9	1.0	3,287	636	19.3	1.5	2	-0.4	0.8
Oregon	3,377	423	12.5	0.8	3,400	465	13.7	1.3	*-42	*-1.2	1.0
Pennsylvania	11,814	1,022	8.7	0.5	11,968	905	7.6	0.7	*117	*1.1	0.3
Rhode Island	978	72	7.4	0.7	936	55	5.9	1.0	*17	*1.5	0.8
South Carolina	3,948	481	12.2	0.8	3,769	448	11.9	1.3	33	0.3	1.0
South Dakota	727	79	10.9	0.7	697	82	11.8	1.3	-3	*-0.9	0.8
Tennessee	5,586	607	10.9	0.8	5,580	577	10.3	1.2	30	0.6	0.7
Texas	20,684	4,607	22.3	0.7	20,592	4,425	21.5	0.8	*182	*0.8	0.3
Utah	2,200	271	12.3	0.8	2,210	296	13.4	1.2	*-25	*-1.1	0.7
Vermont	596	52	8.7	0.7	631	67	10.7	1.3	*-15	*-2.0	1.0
Virginia	6,978	807	11.6	0.8	6,978	886	12.7	1.2	*-79	*-1.1	0.8
Washington	5,834	781	13.4	0.8	5,855	780	13.3	1.3	1	0.1	1.0
West Virginia	1,801	256	14.2	0.8	1,778	254	14.3	1.3	2	-0.1	0.8
Wisconsin	5,278	401	7.6	0.7	5,419	386	7.1	1.0	15	0.5	0.7
Wyoming	483	76	15.7	1.0	489	70	14.4	1.3	*6	*1.3	0.8

- Represents zero or rounds to zero. *Statistically significant at the 90-percent confidence level.

¹As a result of rounding, some differences may appear to be slightly higher or lower than the difference of the reported rates.

Source: U.S. Census Bureau, Current Population Survey 2001 Annual Demographic Supplement, 1990-based controls.

Table B-3.

People Without Health Insurance for the Entire Year by Selected Characteristics: 2000

(Numbers in thousands. For an explanation of confidence intervals (C.I.), see "Standard errors and their use" on the Census Bureau's CPS Web site at www.bls.census.gov/cps/ads/2002/ssrcacc.htm)

Characteristic	Census 2000 controls				Census 1990 controls				Difference ¹		
	Total	Uninsured			Total	Uninsured			Uninsured		
		Number	Per-cent ¹	Percent 90-pct C.I. (±)		Number	Per-cent ¹	Percent 90-pct C.I. (±)	Number	Per-cent	Percent 90-pct C.I. (±)
People											
Total	279,517	39,804	14.2	0.2	276,567	38,871	14.1	0.1	*933	0.1	0.2
Sex											
Male	136,559	20,791	15.2	0.2	135,255	20,162	14.9	0.2	*629	*0.3	0.2
Female	142,958	19,013	13.3	0.2	141,312	18,709	13.2	0.2	304	0.1	0.2
Race and Ethnicity											
White	228,208	30,075	13.2	0.2	226,360	29,340	13.0	0.1	*735	*0.2	0.2
Non-Hispanic	193,931	18,683	9.6	0.2	194,120	18,906	9.7	0.1	-223	-0.1	0.2
Black	35,597	6,683	18.8	0.3	35,924	6,805	18.9	0.4	-122	-0.1	0.6
Asian and Pacific Islander ...	12,693	2,287	18.0	0.7	11,535	2,046	17.7	0.7	*241	0.3	0.9
Hispanic ²	36,093	11,883	32.9	0.3	33,875	10,862	32.1	0.4	*1,021	*0.8	0.6
Age											
Under 18 years	72,314	8,617	11.9	0.2	72,540	8,520	11.7	0.2	97	0.2	0.3
18 to 24 years	26,815	7,406	27.6	0.5	26,980	7,249	26.9	0.5	157	*0.7	0.7
25 to 34 years	38,865	8,507	21.9	0.3	37,479	7,962	21.2	0.4	*545	*0.7	0.5
35 to 44 years	44,566	6,898	15.5	0.3	44,752	6,930	15.5	0.3	-32	-	0.4
45 to 64 years	63,391	8,124	12.8	0.2	62,079	7,950	12.8	0.2	174	-	0.3
65 years and over	33,566	251	0.7	0.1	32,736	260	0.8	0.1	-9	-0.1	0.1
Nativity											
Native	247,706	29,529	11.9	0.2	246,646	29,404	11.9	0.1	125	-	0.2
Foreign born	31,811	10,275	32.3	0.5	29,921	9,467	31.6	0.5	*808	0.7	0.7
Naturalized citizen	11,785	1,930	16.4	0.7	11,240	1,823	16.2	0.7	107	0.2	1.0
Not a citizen	20,026	8,345	41.7	0.7	18,681	7,644	40.9	0.7	*701	0.8	1.0
Region											
Northeast	53,046	6,372	12.0	0.2	51,880	6,151	11.9	0.2	*221	0.1	0.3
Midwest	63,631	6,703	10.5	0.2	63,160	6,615	10.5	0.2	88	-	0.3
South	99,420	16,000	16.1	0.2	98,384	15,656	15.9	0.2	*344	0.2	0.3
West	63,420	10,728	16.9	0.3	63,143	10,450	16.6	0.3	*278	0.3	0.4
Household Income											
Less than \$25,000	61,792	14,094	22.8	0.3	60,720	13,803	22.7	0.3	*291	0.1	0.4
\$25,000 to \$49,999	77,084	13,385	17.4	0.2	76,090	13,074	17.2	0.2	*311	0.2	0.3
\$50,000 to \$74,999	59,089	6,513	11.0	0.2	58,593	6,330	10.8	0.2	183	0.2	0.3
\$75,000 or more	81,553	5,812	7.1	0.2	81,164	5,665	7.0	0.2	147	0.1	0.2
Education (18 years and older)											
Total	207,203	31,186	15.1	0.2	204,027	30,352	14.9	0.1	*834	*0.2	0.2
No high school diploma	34,994	9,406	26.9	0.5	34,086	8,976	26.3	0.4	*430	0.6	0.6
High school graduate only ...	66,327	11,137	16.8	0.3	65,330	10,934	16.7	0.3	203	0.1	0.4
Some college, no degree ...	40,298	5,400	13.4	0.3	40,066	5,323	13.3	0.3	77	0.1	0.4
Associate degree	16,075	1,721	10.7	0.5	15,866	1,690	10.7	0.4	31	-	0.6
Bachelor's degree or higher .	49,510	3,522	7.1	0.2	48,680	3,429	7.0	0.2	93	0.1	0.3
Work Experience (18 to 64 years old)											
Total	173,638	30,935	17.8	0.2	171,291	30,091	17.6	0.2	*844	*0.2	0.2
Worked during year	142,447	23,525	16.5	0.2	140,632	22,878	16.3	0.2	*647	0.2	0.3
Worked full-time	119,067	18,707	15.7	0.2	117,339	18,129	15.5	0.2	*578	0.2	0.3
Worked part-time	23,381	4,818	20.6	0.5	23,293	4,749	20.4	0.6	69	0.2	0.8
Did not work	31,190	7,410	23.8	0.5	30,658	7,213	23.5	0.5	197	0.3	0.7

- Represents zero or rounds to zero.

*Statistically significant at the 90-percent confidence level.

¹As a result of rounding, some differences may appear to be slightly higher or lower than the difference of the reported rates.

²Hispanics may be of any race.

Source: U.S. Census Bureau, Current Population Survey 2001 Annual Demographic Supplement, expanded sample.

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