

Sources of Health Insurance and Characteristics of the Uninsured: Analysis of the March 2011 Current Population Survey

By Paul Fronstin, *Employee Benefit Research Institute*

LATEST CENSUS DATA: This *Issue Brief* provides historical data through 2010 on the number and percentage of nonelderly individuals with and without health insurance. Based on EBRI estimates from the U.S. Census Bureau's March 2011 Current Population Survey (CPS), it reflects 2010 data. It also discusses trends in coverage for the 1994–2010 period and highlights characteristics that typically indicate whether an individual is insured.

HEALTH COVERAGE RATE CONTINUES TO DECREASE, UNINSURED INCREASE: The percentage of the nonelderly population (under age 65) with health insurance coverage decreased to 81.5 percent in 2010. Increases in health insurance coverage have been recorded in only three years since 1994, when 36.5 million nonelderly individuals were uninsured. The percentage of nonelderly individuals without health insurance coverage was 18.5 percent in 2010, up from 18.3 percent in 2009, and its highest level during the 1994–2010 period.

EMPLOYMENT-BASED COVERAGE REMAINS DOMINANT SOURCE OF HEALTH COVERAGE, BUT CONTINUES TO ERODE: Employment-based health benefits remain the most common form of health coverage in the United States. In 2010, 58.7 percent of the nonelderly population had employment-based health benefits, down from 69.3 percent in 2000.

SHIFTING COMPOSITION OF EMPLOYMENT-BASED COVERAGE: Between 2007 and 2010, the percentage of individuals under age 65 with employment-based coverage in their own name has dropped. In 2007, 54.2 percent had coverage in their own name. By 2010, it was down to 51.5 percent. Dependent coverage during this time period fell slightly from 17.5 percent to 17.1 percent, and increased slightly from 16.8 percent to 17.1 percent between 2009 and 2010.

PUBLIC PROGRAM COVERAGE IS GROWING: Public program health coverage expanded as a percentage of the population in 2010, accounting for 21.6 percent of the nonelderly population. Enrollment in Medicaid and the State Children's Health Insurance Program increased, reaching a combined 45 million in 2010, and covering 16.9 percent of the nonelderly population, significantly above the 10.2 percent level of 1999.

INDIVIDUAL COVERAGE STABLE: Individually purchased health coverage was unchanged in 2010 and has basically hovered in the 6–7 percent range since 1994.

WHAT TO EXPECT IN 2011: 2010 is the most recent year for data on sources of health coverage. Unemployment in 2011 has been about 9 percent since the beginning of the year. While down from the 2010 average of 9.6 percent, it remains high and there is a continued threat of a double-dip recession increasing it even further. As a result, the nation is likely to see continued erosion of employment-based health benefits when the data for 2011 are released in 2012. Fewer working individuals translates into fewer individuals with access to health benefits in the work place, especially after COBRA subsidies have been exhausted.

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Introduction

The percentage of nonelderly individuals in the United States with health insurance was 81.5 percent in 2010 (calculated from Figure 1). The change between 2009 and 2010 was not statistically significant. Nearly 1 in 5 individuals under age 65 (18.5 percent) did not have health insurance at any point in time in 2010. Nearly 217 million nonelderly individuals had insurance coverage in 2010, up from 216.5 million in 2009, an increase that occurred because of population growth. Just over 49 million were uninsured, up from 48.3 million.

The percentage of nonelderly individuals without health insurance coverage was 18.5 percent in 2010, up from 18.3 percent in 2009, its highest level during the 1994–2010 period (Figure 1).

These trends reflect job losses from the 2007–2009 recession and continuing slow economic recovery. The *number* of uninsured individuals in the United States increased in 2010 because fewer people were covered by employment-based health plans and the size of the population increased. Enrollment in public programs increased and offset much of the decline in employment-based health plans. Employment-based health benefits are still the dominant source of health coverage in the United States, providing coverage for more than 156 million people under age 65; however, the percentage of individuals under age 65 with employment-based coverage was below 60 percent (58.7 percent, in Figure 1).

While the majority of individuals insured in 2010 received coverage through an employment-based health plan, 57.5 million (or 21.6 percent of the nonelderly population), were covered by public programs, and an additional 18.9 million (or 7.1 percent) were covered by policies purchased directly from an insurer. Forty-five million nonelderly individuals participated in the Medicaid (the federal-state health care program for poor and disabled) or State Children's Health Insurance Program (S-CHIP),¹ and 8.7 million received their health insurance through the Tricare and CHAMPVA² programs and other government programs for retired military and their families.

While the population age 65 and older is not the focus of this report, when considering the *entire U.S. population*, 55.3 percent are covered through employment-based programs, 31 percent are covered through government programs, and 16.3 percent are uninsured (DeNavas-Walt, Proctor, and Smith, 2011).³

This *Issue Brief* examines the status of health insurance coverage in the United States. The data are based primarily on the March 2011 Current Population Survey (CPS) conducted by the U.S. Census Bureau, with some analysis based on other Census surveys.⁴ The report focuses on the nonelderly population (under age 65) because this group can receive health insurance coverage from a number of different sources, and because Medicare (the federal health care insurance program for the elderly and disabled) covers nearly all individuals age 65 and older. The estimates presented in this report therefore differ from those published by the Census Bureau. As a result of this difference between EBRI and Census Bureau estimates, this report shows a higher percentage of uninsured in the United States.⁵

The next section of the report discusses recent trends in health insurance coverage and some of their causes. The following section discusses the determinants of having employment-based health coverage as well as other types of coverage. The section after that analyzes the uninsured population and the factors associated with being uninsured, and is followed by a section examining policy implications. The final section presents conclusions. Data sources are discussed in more detail in the Appendix.

Figure 1
Nonelderly Population With Selected Sources of Health Insurance Coverage, 1994–2010^a

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
	(millions)																
Total	229.9	231.9	234.1	236.2	238.6	242.6	244.8	247.5	250.8	252.7	255.1	257.4	260.0	261.4	262.8	264.7	266.0
Employment-based Coverage	148.1	149.7	151.7	156.9	160.4	165.6	169.7	167.8	167.2	164.4	N/A	164.9	165.3	165.9	163.9	157.3	156.1
Own name	76.3	76.9	78.0	78.5	80.2	80.1	82.3	81.8	80.2	78.8	N/A	82.1	82.7	83.8	82.3	78.9	77.5
Dependent coverage	71.9	72.8	73.7	78.4	80.2	85.5	87.4	86.0	87.0	85.6	N/A	82.8	82.6	82.1	81.6	78.4	78.6
Individually Purchased	17.3	16.8	16.8	17.1	16.5	17.6	17.8	18.0	18.8	18.7	N/A	19.0	18.9	18.8	18.2	18.4	18.9
Public	39.4	38.8	37.8	35.3	34.6	34.3	35.0	37.0	39.3	41.9	N/A	45.5	45.6	47.8	51.2	56.1	57.5
Medicaid	29.1	29.4	28.6	26.4	25.2	24.7	25.0	27.2	29.0	31.4	N/A	34.8	35.0	36.4	39.4	44.2	45.0
Medicare	3.7	4.1	4.6	4.7	4.8	5.0	5.5	5.5	5.8	6.1	N/A	6.4	6.5	7.1	7.7	7.3	7.9
Tricare/CHAMPVA ^b	8.7	7.5	6.9	6.6	6.9	6.5	6.6	6.6	6.8	6.9	N/A	7.7	7.1	7.5	7.8	8.3	8.7
No Health Insurance	36.5	37.3	38.3	38.9	39.4	37.3	36.3	37.7	39.4	41.5	N/A	42.6	44.7	43.4	44.2	48.3	49.1
	(percentage)																
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Employment-based Coverage	64.4	64.6	64.8	66.4	67.2	68.2	69.3	67.8	66.6	65.1	N/A	64.1	63.6	63.5	62.4	59.4	58.7
Own name	33.2	33.2	33.3	33.2	33.6	33.0	33.6	33.1	32.0	31.2	N/A	31.9	31.8	32.0	31.3	29.8	29.1
Dependent coverage	31.3	31.4	31.5	33.2	33.6	35.2	35.7	34.7	34.7	33.9	N/A	32.2	31.8	31.4	31.0	29.6	29.6
Individually Purchased	7.5	7.2	7.2	7.2	6.9	7.3	7.3	7.3	7.5	7.4	N/A	7.4	7.3	7.2	6.9	7.0	7.1
Public	17.1	16.7	16.2	15.0	14.5	14.1	14.3	15.0	15.6	16.6	N/A	17.7	17.5	18.3	19.5	21.2	21.6
Medicaid	12.7	12.7	12.2	11.2	10.6	10.2	10.2	11.0	11.6	12.4	N/A	13.5	13.5	13.9	15.0	16.7	16.9
Medicare	1.6	1.8	2.0	2.0	2.0	2.1	2.3	2.2	2.3	2.4	N/A	2.5	2.5	2.7	2.9	2.8	3.0
Tricare/CHAMPVA ^b	3.8	3.2	2.9	2.8	2.9	2.7	2.7	2.7	2.7	2.7	N/A	3.0	2.7	2.9	3.0	3.1	3.3
No Health Insurance	15.9	16.1	16.4	16.5	16.5	15.4	14.8	15.2	15.7	16.4	N/A	16.6	17.2	16.6	16.8	18.3	18.5

Source: Employee Benefit Research Institute estimates of the Current Population Survey, March 1995–2011 Supplements.

Note: Details may not add to totals because individuals may receive coverage from more than one source.

^a 1994–1998 is not directly comparable with 1999–2010 data because of a methodological change in the way individuals with coverage were counted. See Appendix Figure A4 for more details.

^b TRICARE (formerly known as CHAMPUS) is a program administered by the Department of Defense for military retirees as well as families of active duty, retired, and deceased service members. CHAMPVA, the Civilian Health and Medical Program for the Department of Veterans Affairs, is a health care benefits program for disabled dependents of veterans and certain survivors of veterans.

Trends

While the overall percentage of individuals in the United States without health insurance coverage has increased in most years since 1994, the periods before and after 1999 should be examined separately for two reasons. First, before 1999, the United States experienced an erosion of public coverage. Since 2000, the percentage of individuals with public coverage has been expanding. Second, CPS data back to 1999 were recently revised because of a change in methodology, making comparisons in the *level* of coverage (as opposed to the *trend* in coverage) complicated when examining pre-1999 and 1999-present. The methodological change mostly resulted in more people with employment-based dependent coverage and coverage purchased directly from an insurer, reducing previously released uninsured estimates for 2009 by 1.7 million (see appendix for more detail).

The percentage of the nonelderly population covered by Medicaid declined from 12.7 percent in 1994 to 10.2 percent in 1999. The decline in Medicaid coverage was in large part the result of former welfare recipients entering the work force during the then-thriving economy.⁶ Similarly, the percentage of nonelderly individuals covered by Tricare or CHAMPVA declined from 3.8 percent to 2.7 percent between 1994 and 1999 in large part due to downsizing in the military. During this same time period, the percentage of nonelderly individuals covered by employment-based health benefits increased. In 1994, 64.4 percent of the nonelderly population had employment-based health benefits. By 1999, 68.2 percent were covered. Overall, the decline in public coverage was greater than the expansion in employment-based health benefits during 1994–1998. As a result, the percentage of individuals without health insurance coverage increased. During 1997–2000, however, the expansion in employment-based health benefits was large enough to offset the continued decline in public coverage. As a result, between 1997 and 1998 the percentage of individuals without health insurance coverage was unchanged, and between 1998 and 1999 it declined.

These trends, however, mask other important differences among various groups in the U.S. population. For example, the increase in employment-based health benefits was limited to children between 1994 and 1997; during that period, the percentage of children covered by an employment-based health plan increased from 58.9 percent to 63.7 percent (Figure 2), while for adults it increased slightly from 66.9 percent to 67.6 percent (Figure 3). However, between 1997 and 1999, the increase in the percentage of adults with employment-based health benefits accelerated, growing from 67.6 percent to 69.5 percent (Figure 3).

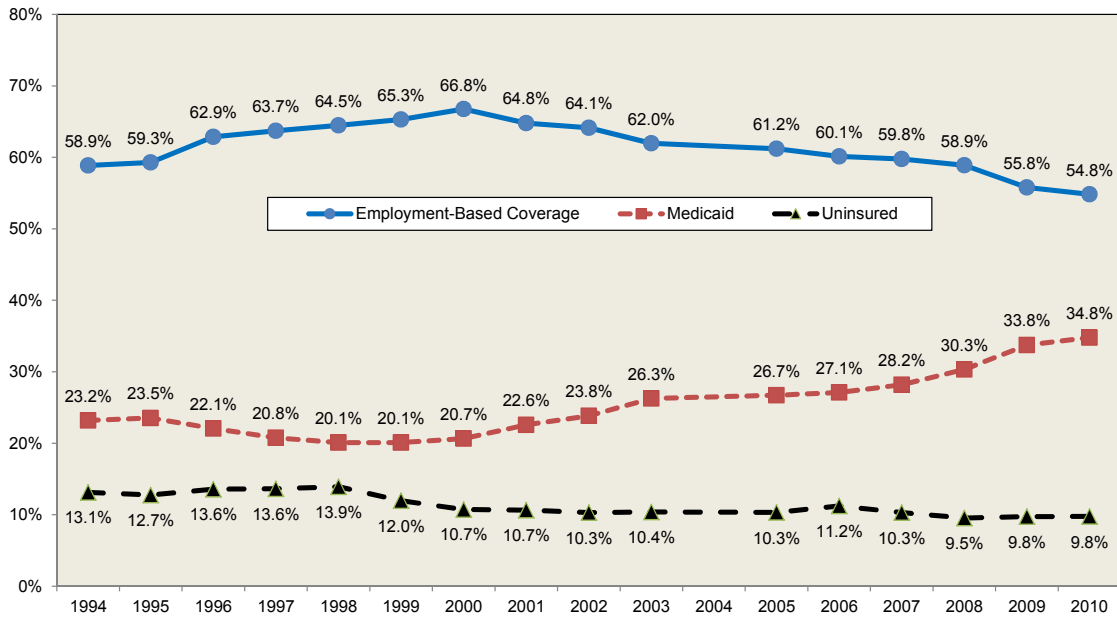
Fronstin (1999b) has shown why the likelihood of a child being covered by employment-based health benefits increased. The study found that the percentage of children with a working parent increased, the percentage of children in families with incomes below the poverty level decreased, and more children had a working parent employed in a large firm. The increase in employment-based coverage among children during this period can in part be attributed to an increase in the number of adult women working. Figure 4 shows how the percentage of women ages 18–45 in families receiving public assistance or welfare income declined, while employment increased.

Between 1994 and 1997, the percentage of working adults with employment-based health benefits held steady at roughly 73.5 percent (Figure 5), and the percentage of workers with coverage from their own employer held steady at roughly 56 percent (Figure 6). During this period, the cost of providing health benefits to employees was in large part unchanged.

Between 1997 and 1999, the percentage of working adults with employment-based health insurance increased from 73.6 percent to 74.2 percent, and continued growing into 2001. This occurred in part because the percentage of small firms offering health benefits increased (Gabel et al., 2001), despite the rising cost of health benefits (especially among small firms) during this period (Figure 7). It is also likely that the changing composition of the labor force accounted for some of the increase in the percentage of workers covered by employment-based health benefits. For example, the percentage of workers who were self-employed declined between 1997 and 2000, as did the percentage of workers employed on a part-time basis (Figure 8).

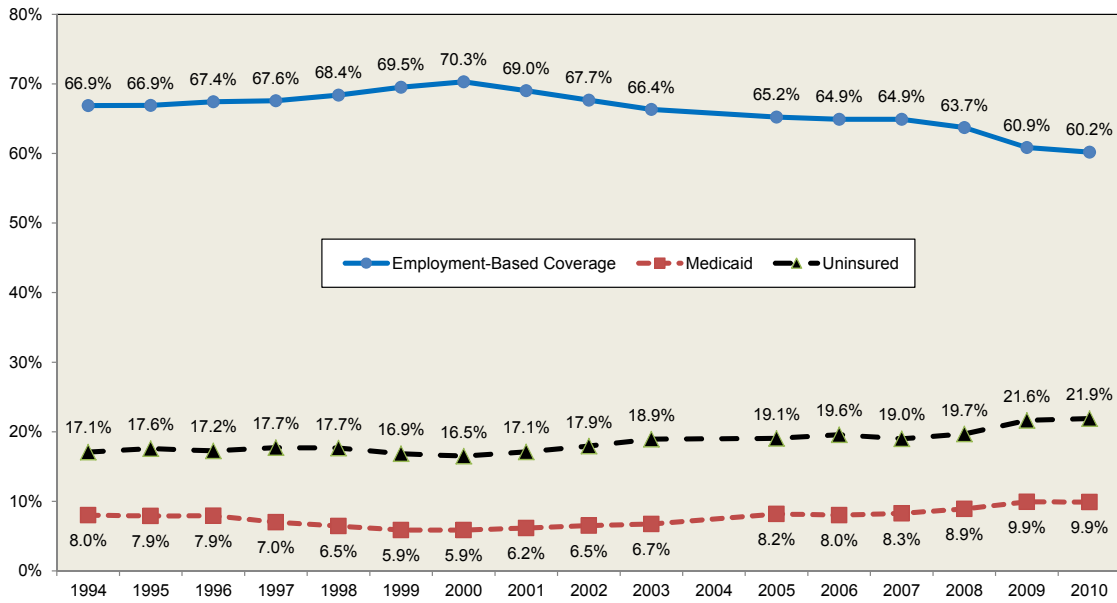
The increase in the percentage of individuals with employment-based health benefits between 1997 and 1999 has several explanations. A strong economy and low unemployment rates caused more employers to provide health benefits in order to attract and retain workers, and also may have resulted in more workers being able to afford health

Figure 2
Percentage of Children Under Age 18 With Employment-Based Health Benefits, Medicaid, and Without Health Insurance, 1994–2010



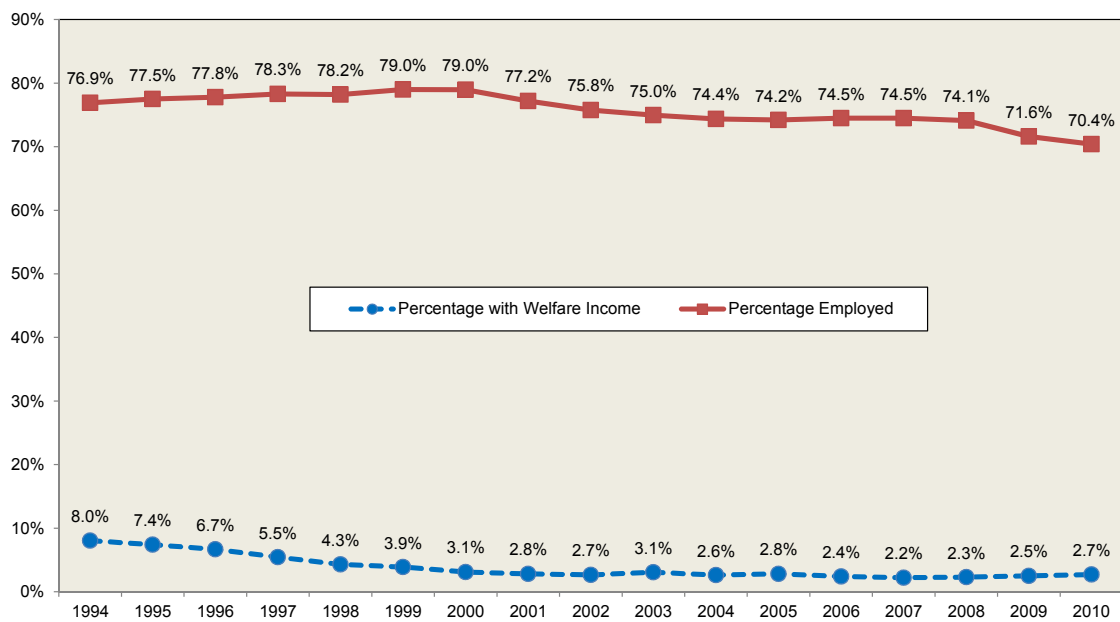
Source: Employee Benefit Research Institute estimates from the Current Population Survey, March 1995–2011 Supplements.
 Note: 1994–1998 is not directly comparable with 1999–2010 data because of a methodological change in the way individuals with coverage were counted. See Appendix Figure A4 for more details.

Figure 3
Percentage of Adults, Ages 18–64, With Employment-Based Health Benefits, Medicaid, and Without Health Insurance, 1994–2010



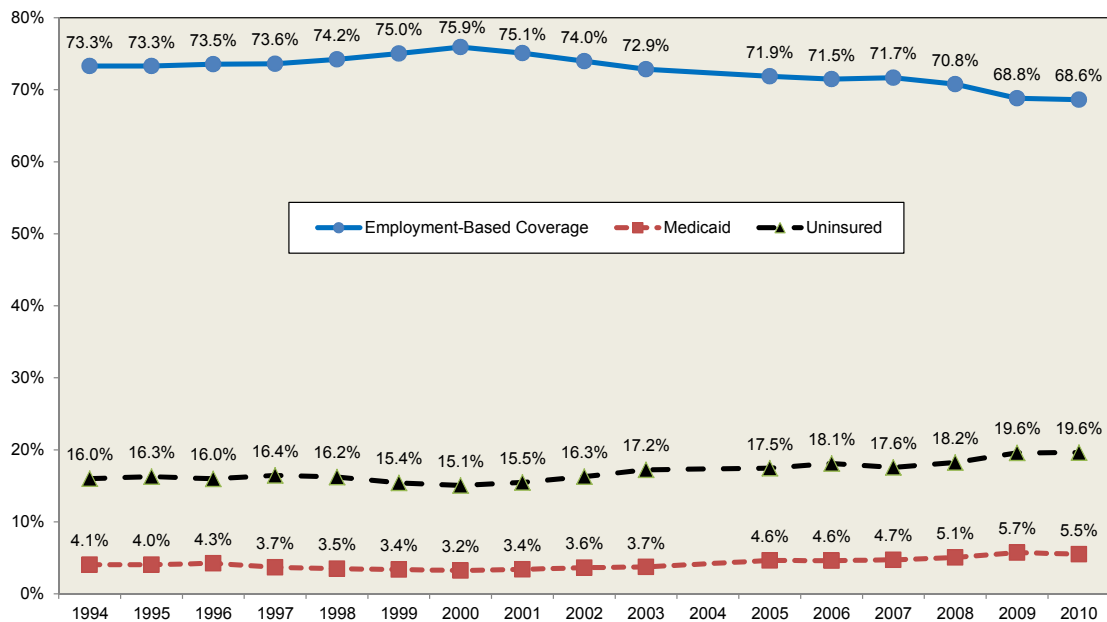
Source: Employee Benefit Research Institute estimates from the Current Population Survey, March 1995–2011 Supplements.
 Note: 1994–1998 is not directly comparable with 1999–2010 data because of a methodological change in the way individuals with coverage were counted. See Appendix Figure A4 for more details.

Figure 4
Percentage of Women Ages 18–45 Who Were in Families With Welfare Income or Who Were Employed, 1994–2010



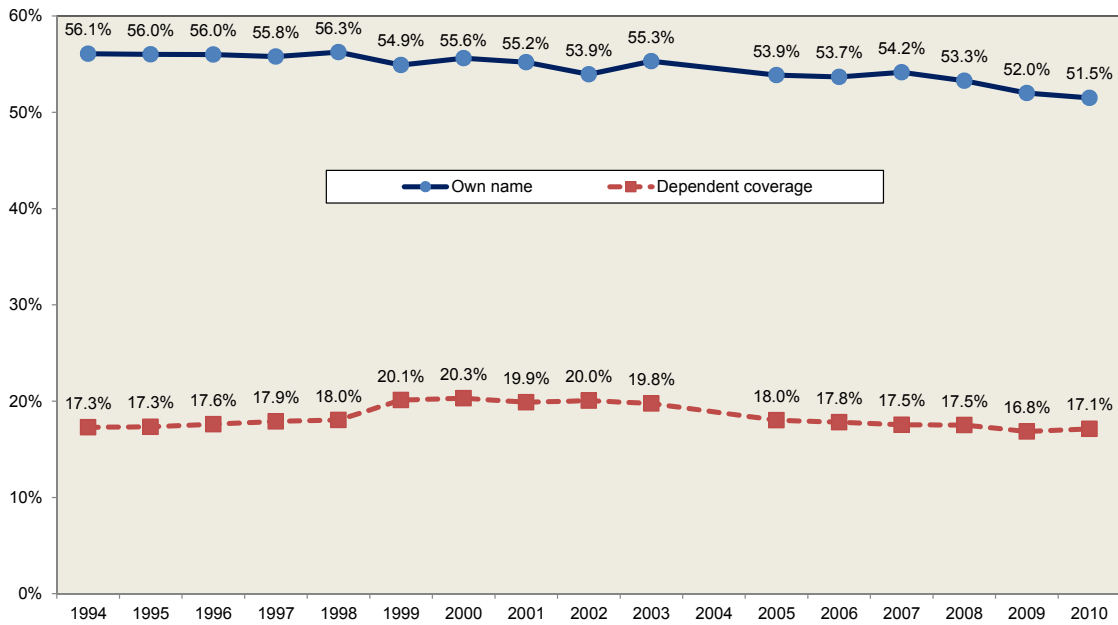
Source: Employee Benefit Research Institute estimates from the Current Population Survey, March 1995–2011 Supplements.

Figure 5
Percentage of Workers, Ages 18–64, With Employment-Based Health Benefits, Medicaid, and Without Health Insurance, 1994–2010



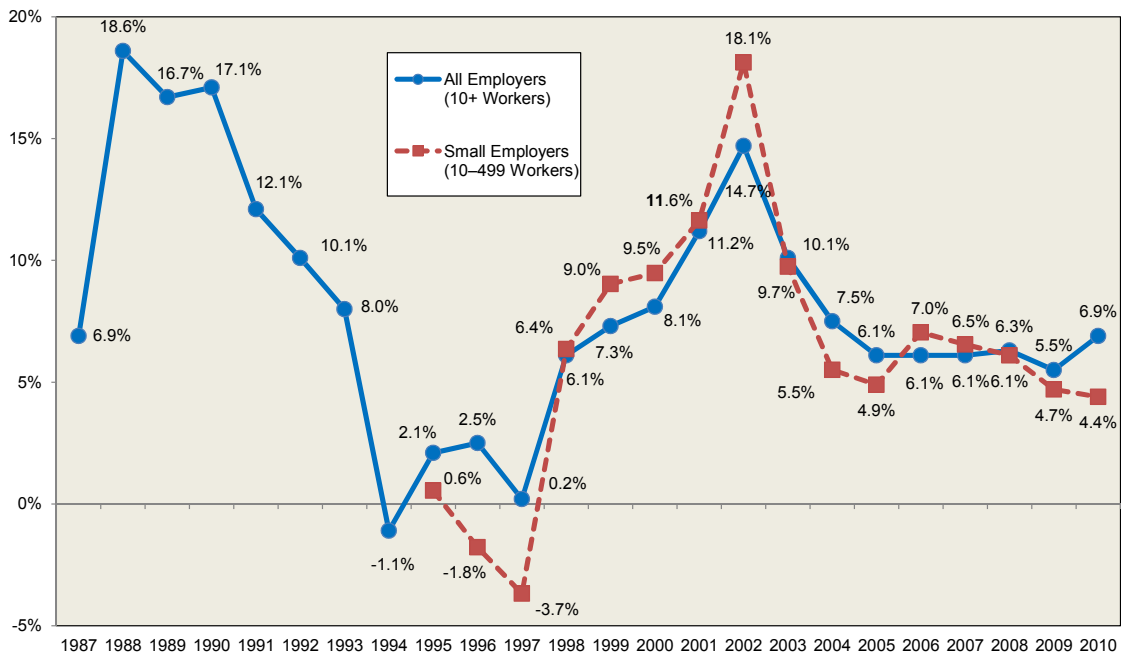
Source: Employee Benefit Research Institute estimates from the Current Population Survey, March 1995–2011 Supplements.
 Note: 1994–1998 is not directly comparable with 1999–2010 data because of a methodological change in the way individuals with coverage were counted. See Appendix Figure A4 for more details.

Figure 6
Percentage of Workers, Ages 18–64, With Employment-Based Health Benefits in their Own Name and as a Dependent, 1994–2010



Source: Employee Benefit Research Institute estimates from the Current Population Survey, March 1995–2011 Supplements.
 Note: 1994–1998 is not directly comparable with 1999–2010 data because of a methodological change in the way individuals with coverage were counted. See Appendix Figure A4 for more details.

Figure 7
Premium Increases, by Firm Size, 1987–2010

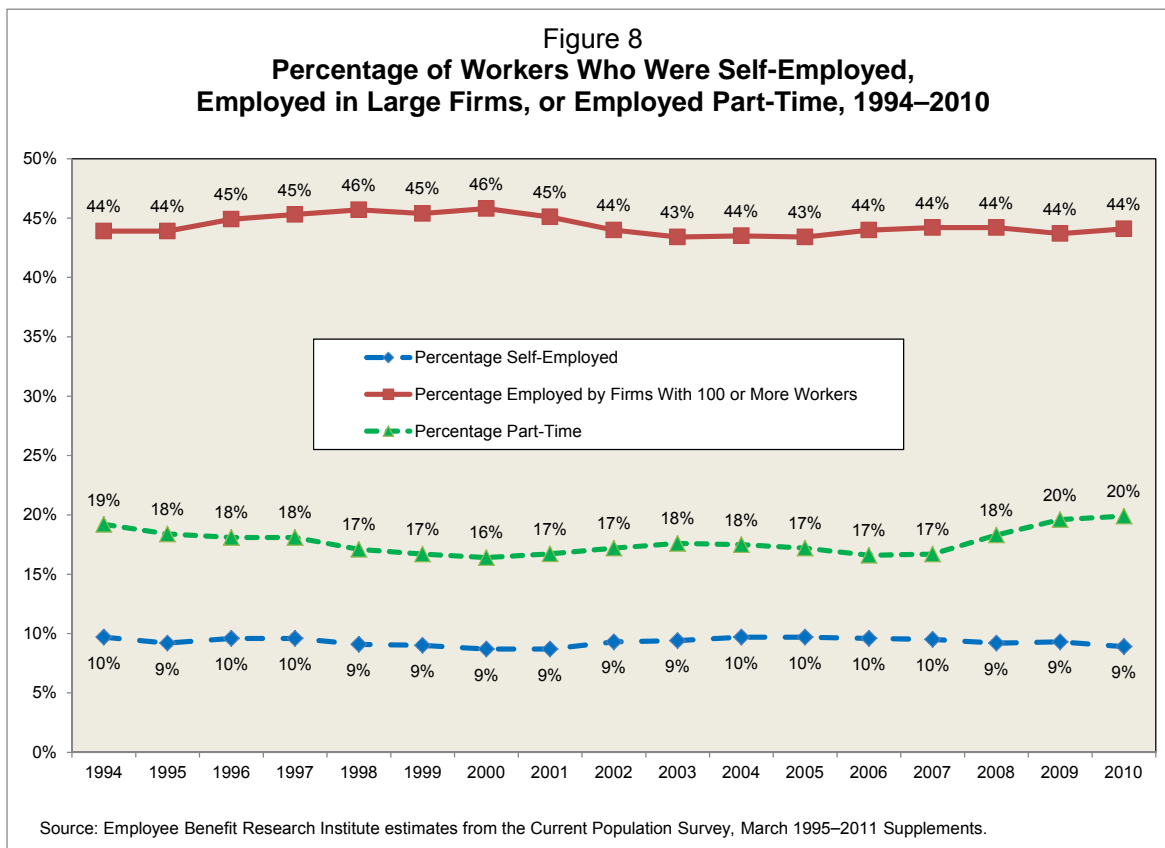


Source: Mercer National Survey of Employer-Sponsored Health Plans.

insurance. The expansion in employment-based coverage occurred despite the fact that the cost of providing health benefits to workers was increasing faster than inflation, a trend that accelerated in 1999 and 2000.

The post-2000 period has seen a significantly weaker economy. The unemployment rate increased from 4 percent in 2000 to 6 percent in 2003, fell to 4.4 percent in late 2006 and early 2007, but then started to increase, reaching 7.2 percent by the end of 2008, 10.1 percent in October 2009, and averaging 9.6 percent in 2010. In addition, increases in the cost of providing health benefits continued to outpace increases in worker earnings, in some years by a factor of four or five. As a result, in contrast to the pre-2000 period, the post-2000 period has experienced an erosion of employment-based health benefits, which accelerated in 2009 as a result of growing and sustained high unemployment. The percentage of individuals with employment-based health benefits decreased from 69.3 percent in 2000 to 58.7 percent in 2010.

Expansions in the percentage of the population covered by public programs, particularly Medicaid and the S-CHIP program, to some degree offset the erosion in employment-based health benefits until 2004. Between 1999 and 2005, the percentage of nonelderly individuals with some form of public coverage increased from 14.1 percent to 17.7 percent. However, the expansion in public coverage was not large enough to fully offset the decline in employment-based health benefits. As a result, the percentage of nonelderly individuals without health insurance coverage increased from 15.4 percent in 2000 to 16.6 percent in 2005. Furthermore, between 2005 and 2006, while there was some erosion in *employment-based coverage*, *public coverage* declined—suggesting the beginning of a new trend where the uninsured population is increasing faster than it otherwise would have had public programs been offsetting the erosion in employment-based coverage.



The decline in the percentage and number of uninsured among the nonelderly population between 2006 and 2007 should come as no surprise. First, the percentage of employers offering health benefits was essentially unchanged between 2006 and 2007. In 2006, 61 percent of employers offered coverage while in 2007 60 percent offered it.⁷ Second, premiums increased 6.1 percent while worker earnings increased 3.7 percent, the gap being a record low since the mid-1990s. Third, unemployment averaged 4.6 percent in 2007, down from 6 percent in 2003. When employers increasingly compete for workers and more individuals are at work, the percentage of individuals with employment-based health benefits tends to expand.

As was reported in the past, the decrease in the uninsured rate that occurred between 2006 and 2007 was not expected to continue. Unemployment increased and remained high. With fewer individuals working, fewer will have access to health benefits in the work place. Furthermore, even among workers, an increasing number of workers likely declined coverage when it was available because of affordability issues, and fewer workers may have been eligible for coverage. As a result, the percentage of individuals under age 65 with employment-based health benefits fell from 62.4 percent in 2008 to 58.7 percent in 2010, and the percentage of workers with coverage through their own employer fell from 54.2 percent in 2007 to 51.5 percent in 2010, its lowest level during the 1994–2009 period.

Determinants of Coverage

Full-time, full-year workers, public-sector workers, workers employed in manufacturing, managerial and professional workers, and individuals living in high-income families are most likely to have employment-based health benefits. Poor families are most likely to be covered by public coverage programs such as Medicaid or S-CHIP.

Employment status is the most important determinant of health insurance coverage. Fifty-nine percent of the nonelderly population has employment-based health benefits. This coverage can be obtained either directly through one's employer, union, or previous employer, or indirectly through an employed person in one's family.⁸

Large employers that provide access to group health coverage often are able to provide health benefits at lower cost than small employers, because they are subject to less adverse selection and their administrative costs and marketing costs are lower. But the larger firms often provide broader coverage and thus ultimately pay more per worker covered.

Furthermore, the nature of employment, the industry, and firm size often determine the cost and extent of coverage. Workers in large firms are more likely to be covered than those in small firms.

In 2010, workers were much more likely to have employment-based health benefits than nonworkers, who typically receive such coverage through spouses or parents (Figure 9). Nearly 69 percent of workers had employment-based health benefits, compared with 34.6 percent of nonworkers. In addition, 72.5 percent of individuals in families headed by full-year, full-time workers had employment-based health benefits, compared with 36.3 percent among those in families headed by part-time, part-year workers, and 18.1 percent of individuals in families headed by a nonworker (Figure 10).

Workers employed in the public sector and in manufacturing were more likely than other workers to have employment-based health benefits in their own name in 2010 (Figure 11). Twenty-one percent of self-employed workers and 25.1 percent of private-sector workers in firms with fewer than 10 employees had employment-based health benefits in their own name in 2010, compared with 62.9 percent of private-sector workers in firms with 1,000 or more employees (Figure 12). The gap by firm size shrinks when considering the fact that many workers get health coverage from someone else in their family. Overall, about 46 percent of self-employed workers and private-sector workers in firms with fewer than 10 employees had some form of employment-based health benefits, compared with 77.2 percent of private-sector workers in firms with 1,000 or more employees.

Occupation also has an impact. More than 65 percent of workers in managerial and professional occupations had employment-based health benefits in their own name, compared with 31.3 percent among workers in service occupations (Figure 13). In addition, hours worked and weeks worked have a strong impact on the likelihood that a

Figure 9
Nonelderly Population With Selected Sources of Health Insurance, by Own Work Status, 2010

Own Work Status	Total	Employment-Based Coverage			Individually Purchased	Public		Uninsured
		Total	Own name	Dependent		Total	Medicaid	
(millions)								
Total	266.0	156.1	77.5	78.6	18.9	57.5	45.0	49.1
Child	74.9	41.1	0.2	40.9	4.3	28.4	26.1	7.3
Family head worker	93.3	62.6	56.5	6.0	7.3	8.3	5.7	18.9
Other worker	49.5	35.4	17.0	18.4	3.8	3.8	2.2	9.1
Nonworker	48.3	17.1	3.8	13.3	3.5	17.0	11.1	13.8
(percentage within coverage category)								
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Child	28.2	26.3	0.2	52.0	22.8	49.4	58.0	14.9
Family head worker	35.1	40.1	72.9	7.7	38.6	14.4	12.6	38.5
Other worker	18.6	22.7	21.9	23.4	20.0	6.6	4.9	18.5
Nonworker	18.2	10.9	4.9	16.9	18.6	29.6	24.6	28.1
(percentage within work status categories)								
Total	100.0%	58.7%	29.1%	29.6%	7.1%	21.6%	16.9%	18.5%
Child	100.0	54.8	0.2	54.6	5.7	37.9	34.8	9.8
Family head worker	100.0	67.1	60.6	6.5	7.8	8.9	6.1	20.3
Other worker	100.0	71.5	34.3	37.2	7.6	7.7	4.4	18.4
Nonworker	100.0	35.3	7.9	27.4	7.2	35.2	22.9	28.6

Source: Employee Benefit Research Institute estimates of the Current Population Survey, March 2011 Supplement.

Note: Details may not add to totals because individuals may receive coverage from more than one source.

Figure 10
Nonelderly Population With Selected Sources of Health Insurance, by Work Status of Family Head, 2010

Work Status of Family Head	Total	Employment-Based Coverage			Individually Purchased	Public		Uninsured
		Total	Own name	Dependent		Total	Medicaid	
(millions)								
Total	266.0	156.1	77.5	78.6	18.9	57.5	45.0	49.1
Full time	204.0	140.3	68.9	71.4	14.2	30.9	23.8	31.8
full-year, full-time worker	183.2	132.8	65.0	67.8	13.0	24.2	17.7	25.4
full-time, part-year worker	20.9	7.5	3.9	3.6	1.2	6.7	6.1	6.4
Part time	25.3	9.2	4.7	4.5	2.4	7.9	6.6	6.8
part-time, full-year worker	16.9	6.1	3.1	3.0	1.7	5.0	4.3	4.7
part-time, part-year worker	8.4	3.1	1.6	1.5	0.7	2.9	2.3	2.1
Nonworker	36.6	6.6	3.9	2.7	2.2	18.7	14.6	10.5
(percentage within coverage category)								
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Full time	76.7	89.9	88.9	90.8	75.5	53.8	52.9	64.7
full-year, full-time worker	68.9	85.1	83.9	86.2	68.9	42.1	39.4	51.7
full-time, part-year worker	7.8	4.8	5.0	4.6	6.6	11.7	13.5	13.0
Part time	9.5	5.9	6.1	5.7	13.0	13.7	14.7	13.9
part-time, full-year worker	6.3	3.9	4.0	3.8	9.0	8.6	9.5	9.6
part-time, part-year worker	3.2	2.0	2.1	1.8	4.0	5.1	5.2	4.2
Nonworker	13.8	4.2	5.0	3.5	11.5	32.5	32.4	21.5
(percentage within work status categories)								
Total	100.0%	58.7%	29.1%	29.6%	7.1%	21.6%	16.9%	18.5%
Full time	100.0	68.8	33.8	35.0	7.0	15.2	11.7	15.6
full-year, full-time worker	100.0	72.5	35.5	37.0	7.1	13.2	9.7	13.9
full-time, part-year worker	100.0	36.0	18.7	17.3	6.0	32.3	29.2	30.7
Part time	100.0	36.3	18.7	17.6	9.7	31.1	26.0	26.9
part-time, full-year worker	100.0	36.2	18.4	17.8	10.1	29.4	25.2	28.0
part-time, part-year worker	100.0	36.3	19.1	17.2	8.8	34.6	27.7	24.6
Nonworker	100.0	18.1	10.6	7.5	5.9	50.9	39.8	28.8

Source: Employee Benefit Research Institute estimates of the Current Population Survey, March 2011 Supplement.

Note: Details may not add to totals because individuals may receive coverage from more than one source.

**Figure 11
Workers Ages 18–64 With Selected Sources of Health Insurance, by Industry, 2010**

Industry	Total	Employment-Based Coverage		Individually	Public		Uninsured	
		Total	Own name	Dependent	Purchased	Total		Medicaid
(millions)								
Total	142.8	98.0	73.5	24.5	11.1	12.1	7.8	28.0
Agriculture, forestry, fishing,	12.2	6.1	4.4	1.7	1.2	0.9	0.7	4.4
Manufacturing	23.4	17.9	15.1	2.8	1.4	1.5	0.9	3.7
Wholesale & retail trade	44.9	30.4	21.9	8.4	3.9	3.6	2.4	8.8
Personal services	40.9	25.3	16.6	8.7	3.3	4.2	3.1	9.5
Public sector	21.4	18.2	15.4	2.8	1.3	1.8	0.7	1.6
(percentage within coverage category)								
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Agriculture, forestry, fishing,	8.5	6.3	6.0	6.9	10.8	7.7	9.2	15.6
Manufacturing	16.4	18.3	20.5	11.6	13.1	12.0	11.8	13.4
Wholesale & retail trade	31.4	31.0	29.8	34.4	34.9	30.3	30.7	31.5
Personal services	28.7	25.9	22.6	35.7	29.7	34.8	39.0	33.9
Public sector	15.0	18.6	21.0	11.3	11.5	15.2	9.3	5.6
(percentage within industry category)								
Total	100.0%	68.6%	51.5%	17.1%	7.7%	8.4%	5.5%	19.6%
Agriculture, forestry, fishing,	100.0	50.2	36.4	13.8	9.8	7.6	5.9	35.9
Manufacturing	100.0	76.8	64.6	12.2	6.2	6.2	4.0	16.0
Wholesale & retail trade	100.0	67.7	48.9	18.8	8.6	8.1	5.4	19.7
Personal services	100.0	61.9	40.6	21.4	8.0	10.3	7.5	23.2
Public sector	100.0	85.0	72.1	12.9	6.0	8.6	3.4	7.3

Source: Employee Benefit Research Institute estimates of the Current Population Survey, March 2011 Supplement.

Note: Details may not add to totals because individuals may receive coverage from more than one source.

worker has employment-based health benefits. In 2010, 65 percent of workers employed full time and full year had employment-based health benefits from their own employer, compared with 21.4 percent among part-time, full-year employees; 36.4 percent among full-time, part-year employees; and 11.7 percent among part-time, part-year employees (Figure 14).

In general, individuals with high levels of income are more likely to be covered by employment-based health benefits. In 2010, 4.2 percent of individuals in families with annual income below \$10,000 had employment-based health benefits in their own name, compared with 38.2 percent of those in families with annual income of \$75,000 or more (Figure 15).

Whether an individual has employment-based coverage also varies by race and ethnicity. Whites are more likely to have employment-based coverage than other individuals. Two-thirds (67 percent) of whites had employment-based coverage in 2010 (Figure 16). In contrast, 45.3 percent of blacks had coverage and 39.2 percent of Hispanics had it. Even after controlling for poverty status, whites were nearly across the board more likely to have employment-based coverage than other races/ethnicities. For example, 83.8 percent of whites in families with income of at least 300 percent of poverty had employment-based coverage, compared with 76.1 percent among blacks and 73 percent among Hispanics (Figure 17).

Although public programs cover many individuals in poor families, most poor families are not covered. In 2010, 51.1 percent of the nonelderly with family incomes below the poverty line were covered by a public plan—47.3 percent by Medicaid (Figure 18)—although many more low-income individuals may be eligible for Medicaid coverage.⁹ Other sources of public health insurance include S-CHIP, Medicare (which covers many disabled as well as the elderly), Tricare, CHAMPVA, and Veterans Administration (VA) health insurance.

There is also some variation in the percentage of individuals with employment-based coverage and public coverage, and the percentage uninsured by self-reported health status. In 2010, individuals in excellent and very good health were more than twice as likely as those in poor health to have employment-based coverage. More than 60 percent of those in excellent or very good health had employment-based coverage, compared with 26.8 percent among those in poor health (Figure 19). In contrast, those in poor health were more likely to have public coverage or to be uninsured.

Figure 12
Workers Ages 18–64 With Selected Sources of Health Insurance, by Firm Size, 2010

Firm Size	Total	Employment-Based Coverage			Individually	Public		Uninsured
		Total	Own name	Dependent	Purchased	Total	Medicaid	
(millions)								
Total	142.8	98.0	73.5	24.5	11.1	12.1	7.8	28.0
Self-Employed	12.7	5.9	2.7	3.2	2.8	1.0	0.7	3.6
Wage and Salary Workers	130.1	92.1	70.9	21.2	8.3	11.0	7.1	24.4
Public sector	21.4	18.2	15.4	2.8	1.3	1.8	0.7	1.6
Private sector	108.6	73.9	55.4	18.5	7.0	9.2	6.4	22.8
fewer than 10	16.7	7.8	4.2	3.6	1.8	1.8	1.3	6.0
10–49	19.6	11.5	7.3	4.2	1.5	1.8	1.3	5.5
50–99	9.3	6.4	4.8	1.6	0.5	0.8	0.6	2.0
100–499	15.2	11.4	9.1	2.3	0.8	1.2	0.8	2.5
500–999	6.0	4.6	3.7	0.9	0.3	0.4	0.3	0.9
1,000 or more	41.8	32.3	26.3	6.0	2.2	3.3	2.2	5.9
(percentage within coverage category)								
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Self-Employed	8.9	6.0	3.6	13.1	24.9	8.7	8.9	12.8
Wage and Salary Workers	91.1	94.0	96.4	86.9	75.1	91.3	91.1	87.2
Public sector	15.0	18.6	21.0	11.3	11.5	15.2	9.3	5.6
Private sector	76.1	75.4	75.4	75.6	63.5	76.1	81.8	81.6
fewer than 10	11.7	7.9	5.7	14.5	15.9	14.6	16.7	21.6
10–49	13.7	11.8	10.0	17.1	13.2	14.6	16.4	19.8
50–99	6.5	6.5	6.5	6.4	4.7	6.3	7.1	7.1
100–499	10.6	11.6	12.4	9.3	7.0	9.8	10.0	8.9
500–999	4.2	4.7	5.0	3.8	3.2	3.6	3.7	3.2
1,000 or more	29.3	32.9	35.8	24.5	19.6	27.3	27.9	21.0
(percentage within firm size categories)								
Total	100.0%	68.6%	51.5%	17.1%	7.7%	8.4%	5.5%	19.6%
Self-Employed	100.0	46.2	21.0	25.2	21.7	8.2	5.5	28.3
Wage and Salary Workers	100.0	70.8	54.5	16.3	6.4	8.5	5.5	18.8
Public sector	100.0	85.0	72.1	12.9	6.0	8.6	3.4	7.3
Private sector	100.0	68.0	51.0	17.0	6.5	8.4	5.9	21.0
fewer than 10	100.0	46.3	25.1	21.3	10.5	10.5	7.8	36.1
10–49	100.0	58.8	37.4	21.3	7.4	8.9	6.5	28.2
50–99	100.0	68.7	51.9	16.8	5.6	8.1	6.0	21.6
100–499	100.0	74.9	59.9	14.9	5.1	7.8	5.2	16.4
500–999	100.0	76.8	61.4	15.4	5.8	7.3	4.9	14.8
1,000 or more	100.0	77.2	62.9	14.3	5.2	7.9	5.2	14.1

Source: Employee Benefit Research Institute estimates of the Current Population Survey, March 2011 Supplement.
Note: Details may not add to totals because individuals may receive coverage from more than one source.

The Uninsured

Many factors influence whether an individual has any insurance coverage. This section presents data on the characteristics of the uninsured population.

Location

The proportion of the nonelderly population with and without health insurance varies by location.¹⁰ In 12 states, the uninsured accounted for 20 percent or more of the population during 2008–2010 (Figure 20). These states include Alaska, Arizona, Arkansas, California, Florida, Georgia, Louisiana, Mississippi, Nevada, New Mexico, South Carolina, and Texas. These states with 20 percent or higher uninsured rates are mostly in the south central United States. In many of these states, a smaller proportion of the population was eligible for employment-based health benefits and/or a larger proportion was eligible for publicly funded programs than the national average. Both lower average income and higher unemployment rates may contribute to this difference. In addition, many of these states have a higher concentration of racial and ethnic groups that are less likely to be covered by health insurance.¹¹

In 2008–2010, the states with less than 10 percent uninsured included Massachusetts, Hawaii, and Minnesota.

Figure 13
Workers Ages 18–64 With Selected Sources of Health Insurance, by Occupation, 2010

Occupation	Total	Employment-Based Coverage			Individually	Public		Uninsured
		Total	Own name	Dependent	Purchased	Total	Medicaid	
(millions)								
Total	142.8	98.0	73.5	24.5	11.1	12.1	7.8	28.0
Managerial and professional	51.9	42.8	34.1	8.7	4.6	2.7	1.3	4.5
Service occupations	25.7	13.1	8.1	5.0	1.8	3.6	2.6	8.1
Sales and office occupations	34.0	23.2	16.4	6.8	2.8	3.1	2.0	6.4
Farming, fishing, and forestry	1.1	0.4	0.2	0.1	0.1	0.1	0.1	0.5
Construction, extraction, and maintenance	13.1	7.5	6.0	1.5	0.9	1.0	0.7	4.3
Production, transportation, and material moving	16.9	11.0	8.8	2.2	0.9	1.5	1.1	4.3
(percentage within coverage category)								
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Managerial and professional	36.4	43.7	46.4	35.6	41.6	22.7	16.0	16.2
Service occupations	18.0	13.4	11.0	20.6	16.5	29.5	33.5	28.8
Sales and office occupations	23.8	23.7	22.3	28.0	25.2	25.8	25.7	22.7
Farming, fishing, and forestry	0.7	0.4	0.3	0.6	0.8	1.2	1.6	1.7
Construction, extraction, and maintenance	9.2	7.6	8.1	6.3	7.9	8.6	9.5	15.2
Production, transportation, and material moving	11.9	11.2	11.9	9.0	8.2	12.2	13.7	15.3
(percentage within occupation category)								
Total	100.0%	68.6%	51.5%	17.1%	7.7%	8.4%	5.5%	19.6%
Managerial and professional	100.0	82.4	65.7	16.7	8.9	5.3	2.4	8.7
Service occupations	100.0	50.9	31.3	19.5	7.1	13.8	10.2	31.3
Sales and office occupations	100.0	68.4	48.2	20.2	8.2	9.1	5.9	18.7
Farming, fishing, and forestry	100.0	34.9	20.9	14.0	8.0	13.6	12.0	46.4
Construction, extraction, and maintenance	100.0	57.1	45.4	11.7	6.6	7.9	5.7	32.5
Production, transportation, and material moving	100.0	64.8	51.8	13.0	5.3	8.7	6.3	25.3

Source: Employee Benefit Research Institute estimates of the Current Population Survey, March 2011 Supplement.
Note: Details may not add to totals because individuals may receive coverage from more than one source.

Citizenship

The proportion of the nonelderly population without health insurance varies by citizenship. In 2010, just under 16 percent of Native Americans were uninsured (Figure 21). In contrast, 24.3 percent of citizens who were naturalized were uninsured and 47.1 percent of individuals who were not U.S. citizens were uninsured.

Employment

Just below 80 percent of the uninsured lived in families headed by workers in 2010 (Figure 10). Most people (86 percent) live in families headed by workers, including one-person families.

Industry

Workers employed in agriculture, forestry, fishing, mining, and construction were disproportionately more likely to be uninsured in 2010: 35.9 percent. This compares with 16 percent uninsured among workers in the manufacturing sector, 19.7 percent in wholesale and retail trade, and 23.2 percent in the service sector. Uninsured workers were most likely to be employed in the wholesale and retail trade or service industry, which collectively account for 60.1 percent of employment (Figure 11).

Firm Size

About 61 percent of all uninsured workers were either self-employed or working in private-sector firms with fewer than 100 employees in 2010 (Figure 12). More than 28 percent of self-employed workers were uninsured, compared with 19.6 percent of all workers. More than 36 percent of workers in private-sector firms with fewer than 10 employees were uninsured, compared with 14.1 percent of workers in private-sector firms with 1,000 or more employees.

Figure 14
Workers Ages 18–64 With Selected Sources of Health Insurance, by Hours and Weeks Worked, 2010

Hours and Weeks Worked	Total	Employment-Based Coverage			Individually Purchased	Public		Uninsured
		Total	Own name	Dependent		Total	Medicaid	
(millions)								
Total	142.8	98.0	73.5	24.5	11.1	12.1	7.8	28.0
Full-time	114.4	84.0	68.8	15.2	8.2	7.7	4.6	20.2
full-time, full-year	94.8	73.4	61.6	11.7	6.7	5.1	2.8	14.3
full-time, part-year	19.6	10.6	7.1	3.5	1.5	2.6	1.8	5.8
Part-time	28.4	14.0	4.8	9.2	2.8	4.3	3.2	7.8
part-time, full-year	15.0	7.9	3.2	4.7	1.5	1.9	1.4	4.1
part-time, part-year	13.4	6.1	1.6	4.5	1.3	2.5	1.8	3.8
(percentage within coverage category)								
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Full-time	80.1	85.7	93.5	62.2	74.4	63.9	59.2	72.0
full-time, full-year	66.4	74.9	83.8	48.0	60.5	42.7	35.8	51.1
full-time, part-year	13.7	10.8	9.7	14.2	13.9	21.3	23.4	20.9
Part-time	19.9	14.3	6.5	37.8	25.6	36.1	40.8	28.0
part-time, full-year	10.5	8.1	4.3	19.2	14.0	15.7	17.4	14.5
part-time, part-year	9.4	6.2	2.1	18.6	11.6	20.4	23.4	13.5
(percentage within hours and weeks category)								
Total	100.0%	68.6%	51.5%	17.1%	7.7%	8.4%	5.5%	19.6%
Full-time	100.0	73.4	60.1	13.3	7.2	6.7	4.1	17.6
full-time, full-year	100.0	77.4	65.0	12.4	7.1	5.4	3.0	15.1
full-time, part-year	100.0	54.1	36.4	17.7	7.8	13.1	9.4	29.9
Part-time	100.0	49.3	16.8	32.5	10.0	15.3	11.3	27.6
part-time, full-year	100.0	52.8	21.4	31.4	10.3	12.6	9.1	27.1
part-time, part-year	100.0	45.5	11.7	33.8	9.6	18.3	13.7	28.2

Source: Employee Benefit Research Institute estimates of the Current Population Survey, March 2011 Supplement.

Note: Details may not add to totals because individuals may receive coverage from more than one source.

Figure 15
Nonelderly Population With Selected Sources of Health Insurance, by Family Income, 2010

Family Income	Total	Employment-Based Coverage			Individually Purchased	Public		Uninsured
		Total	Own name	Dependent		Total	Medicaid	
(millions)								
Total	266.0	156.1	77.5	78.6	18.9	57.5	45.0	49.1
Under \$10,000	25.2	2.8	1.1	1.7	1.1	12.5	11.5	8.7
\$10,000–\$19,999	24.6	4.4	2.5	1.9	1.3	11.0	9.5	8.4
\$20,000–\$29,999	26.5	8.7	5.3	3.4	1.6	9.1	7.7	8.3
\$30,000–\$39,999	24.0	11.7	7.1	4.6	1.8	6.1	5.0	5.9
\$40,000–\$49,999	21.7	12.9	7.4	5.5	1.4	4.5	3.2	4.3
\$50,000–\$74,000	46.6	33.3	16.9	16.4	3.7	6.5	4.3	6.7
\$75,000 and over	97.4	82.5	37.2	45.3	8.0	7.7	3.7	6.7
(percentage within coverage category)								
Total	186.3%	159.4%	105.4%	321.6%	170.4%	476.5%	573.5%	175.4%
Under \$10,000	17.6	2.8	1.5	7.0	10.2	103.5	147.0	31.2
\$10,000–\$19,999	17.2	4.5	3.4	7.7	11.8	91.1	121.1	30.1
\$20,000–\$29,999	18.5	8.9	7.3	13.7	14.6	75.4	98.3	29.5
\$30,000–\$39,999	16.8	11.9	9.6	18.8	15.9	51.0	63.4	21.0
\$40,000–\$49,999	15.2	13.1	10.0	22.4	12.8	37.5	40.8	15.5
\$50,000–\$74,000	32.7	34.0	23.0	66.9	33.0	54.3	55.3	24.0
\$75,000 and over	68.2	84.2	50.6	185.1	72.2	63.8	47.5	24.0
(percentage within family income category)								
Total	100.0%	58.7%	29.1%	29.6%	7.1%	21.6%	16.9%	18.5%
Under \$10,000	100.0	11.1	4.2	6.8	4.5	49.6	45.8	34.7
\$10,000–\$19,999	100.0	17.8	10.2	7.6	5.3	44.6	38.6	34.3
\$20,000–\$29,999	100.0	32.8	20.2	12.7	6.1	34.4	29.1	31.3
\$30,000–\$39,999	100.0	48.6	29.4	19.2	7.3	25.6	20.7	24.5
\$40,000–\$49,999	100.0	59.1	34.0	25.2	6.5	20.8	14.7	20.0
\$50,000–\$74,000	100.0	71.4	36.3	35.1	7.8	14.0	9.3	14.4
\$75,000 and over	100.0	84.7	38.2	46.5	8.2	7.9	3.8	6.9

Source: Employee Benefit Research Institute estimates of the Current Population Survey, March 2011 Supplement.

Note: Details may not add to totals because individuals may receive coverage from more than one source.

Figure 16
Nonelderly Population With Selected Sources of Health Insurance, by Race, 2010

Race	Total	Employment-Based Coverage			Individually	Public		
		Total	Own name	Dependent	Purchased	Total	Medicaid	Uninsured
(millions)								
Total	266.0	156.1	77.5	78.6	18.9	57.5	45.0	49.1
White	165.7	111.1	56.0	55.1	14.2	28.1	19.5	22.8
Black	33.7	15.3	8.3	6.9	1.6	11.5	9.7	7.5
Hispanic	47.0	18.4	8.1	10.3	1.6	13.8	12.5	15.1
Other	19.5	11.4	5.1	6.3	1.5	4.1	3.3	3.7
(percentage within coverage category)								
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
White	62.3	71.1	72.2	70.0	75.1	48.9	43.3	46.4
Black	12.7	9.8	10.7	8.8	8.3	20.0	21.5	15.3
Hispanic	17.7	11.8	10.4	13.1	8.5	24.0	27.8	30.7
Other	7.3	7.3	6.6	8.0	8.0	7.1	7.4	7.5
(percentage within race category)								
Total	100.0%	58.7%	29.1%	29.6%	7.1%	21.6%	16.9%	18.5%
White	100.0	67.0	33.8	33.2	8.5	17.0	11.8	13.8
Black	100.0	45.3	24.7	20.6	4.7	34.1	28.7	22.3
Hispanic	100.0	39.2	17.2	22.0	3.4	29.3	26.6	32.1
Other	100.0	58.2	26.1	32.1	7.8	20.8	17.0	19.0

Source: Employee Benefit Research Institute estimates of the Current Population Survey, March 2011 Supplement.
Note: Details may not add to totals because individuals may receive coverage from more than one source.

Occupation

The uninsured are concentrated disproportionately in service-sector occupations or blue-collar jobs. In 2010, about 22 percent of workers were employed in blue-collar-type jobs, i.e., jobs in farming, fishing, forestry, construction, extraction, maintenance, production, transportation, and material moving, yet 32 percent of uninsured workers were in these types of jobs (Figure 13).

Hours of Work

Part-time and part-year, usually seasonal, workers are less likely to have employment-based health benefits than full-time and full-year workers. In 2010, part-time or part-year workers accounted for 33.6 percent of the employed population, but 48.9 percent of uninsured workers (Figure 14). Nearly 30 percent of full-time, part-year workers were uninsured, while 27–28 percent of part-time, part-year workers and part-time, full-year workers were uninsured. About 15 percent of full-time, full-year workers were uninsured. Full-time workers employed for only part of the year were more likely to be uninsured than part-time, part-year workers because the later were more likely to be covered by Medicaid, and more likely to have some form of individually purchased insurance.

Income

The uninsured tend to be members of low-income families. In 2010, one-third (31.2 percent) of the uninsured were in families with annual incomes of less than \$20,000 (Figure 15). Nearly 35 percent of individuals in families with incomes less than \$10,000 were uninsured, compared with 6.9 percent of those in families with annual incomes of \$75,000 or more. Generally, as income increases, the percentage of the population without health insurance decreases as the percentage covered by employment-based benefits increases more than the percentage covered by publicly financed health insurance programs decreases.

Workers with low earnings are much more likely to be uninsured than those with high earnings. In 2010, one-third (32.6 percent) of workers with earnings of less than \$10,000 and 37.8 percent of workers with earnings between \$10,000 and \$20,000 were uninsured, compared with 5 percent of workers with earnings of \$70,000 or more (Figure 22). Low-income workers are employed generally in industries that are less likely to offer health benefits, and may have a weaker (or temporary) attachment to the work force and less disposable income to allocate to the purchase of health benefits.

Race and Ethnic Origin

While 62.3 percent of the nonelderly population is white, whites comprised 46.4 percent of the uninsured. Individuals of Hispanic origin were more likely to be uninsured than other groups (32.1 percent) (Figure 16). This may be due in part to the fact that 55 percent of the Hispanic population reported income of less than 200 percent of the federal poverty level. Also, a higher proportion of Hispanics are immigrants and may work for small firms or be employed on a part-time or part-year basis. However, even at high income levels, Hispanics generally were more likely to be uninsured than other racial groups and were less likely to have employment-based health benefits.

Gender and Age

Men are generally more likely than women to be uninsured. One-quarter of men were uninsured in 2010, compared with 19.7 percent of women (Figure 23). This difference between men and women is observed at all age groups, especially below age 35.

Younger adults are more likely than older adults to be uninsured. Nearly 34 percent of men ages 21–24 and 29.1 percent of women ages 21–24 were uninsured in 2010. This compares with 19.4 percent of men ages 45–54 and 16.7 percent of women ages 45–54 uninsured. Young adults are often more likely to be uninsured because they are no longer covered by a family policy and may not have established themselves as permanent members of the work force, although some young adults may have had access to their parents' employment-based coverage because of a provision in PPACA.¹² Some young adults may also have lost access to Medicaid, which covered them through age 18. Many in this age group may think that they do not need health insurance because the likelihood of encountering a high-cost medical event is very low.¹³ In addition, young workers may be ineligible for employment-based health benefits because of waiting periods imposed prior to eligibility.

Children

One in 10 children—or 7.3 million children—were uninsured in 2010 (Figure 24). More than 64 percent of all uninsured children were in families with income below 200 percent of the federal poverty level. Fifteen percent of children whose family head did not work were uninsured (Figure 25), though most uninsured children were in families whose head was employed full-time and full-year (58.6 percent) (Figure 26). In families where the head worked part time or experienced some unemployment, the probability of being uninsured was higher than average (Figure 25).

Policy Implications

Uninsured individuals are a public policy concern for a number of reasons. First, individuals without health insurance are less likely to receive basic health care services. The uninsured report having fewer ambulatory visits than individuals with health insurance, and, as a result, are more likely to seek care in a more costly emergency room setting.¹⁴ This population's overall health status may be lower, and individuals' overall productivity may be lower (Fronstin and Holtmann, 2000). Historically, providers of health care, especially hospitals but also physicians, have not been paid for care provided to uninsured individuals, and have tried to shift the cost of that care to other payers.¹⁵

An Institute of Medicine report provides detailed information on the cost of the uninsured to society (Institute of Medicine, 2003). According to the report, society is affected in a number of ways:

There is lost work-place productivity and lost health and longevity. There is financial risk, uncertainty, and anxiety. And there are financial stresses and instability for health care providers and institutions in communities with relatively high uninsured rates. The mortality rate is 25 percent higher among the uninsured than it is among the insured. In addition, uninsured children are at greater risk of suffering delays in development that may affect their educational achievements and prospects later in life. Overall, the report suggests that the aggregate, annualized cost of diminished health and shorter life spans of the uninsured is between \$65 billion and \$135 billion.

Figure 17
Nonelderly Population With Selected Sources of Health Insurance,
by Race and Family Poverty Status, 2010

Race and Family Poverty Status	Total	Employment-Based Coverage			Individually	Public		Uninsured
		Total	Own name	Dependent	Purchased	Total	Medicaid	
(millions)								
White	165.7	111.1	56.0	55.1	14.2	28.1	19.5	22.8
0–99% of poverty	17.7	2.7	1.2	1.5	1.1	8.1	7.3	5.7
100%–149% of poverty	11.2	3.4	1.5	1.9	0.9	4.3	3.4	3.2
150%–199% of poverty	11.8	5.3	2.4	2.9	1.0	3.3	2.4	2.9
200%–299% of poverty	25.9	16.5	8.0	8.6	2.4	4.4	2.8	4.3
300% of poverty or more	99.2	83.1	43.0	40.2	8.8	8.0	3.5	6.7
Black	33.7	15.3	8.3	6.9	1.6	11.5	9.7	7.5
0–99% of poverty	9.6	1.0	0.4	0.6	0.3	5.8	5.4	2.6
100%–149% of poverty	4.2	1.2	0.6	0.7	0.2	1.8	1.6	1.2
150%–199% of poverty	3.6	1.6	0.8	0.8	0.2	1.1	0.9	1.1
200%–299% of poverty	5.9	3.5	1.7	1.8	0.2	1.3	1.0	1.2
300% of poverty or more	10.5	8.0	4.8	3.1	0.7	1.4	0.7	1.4
Hispanic	47.0	18.4	8.1	10.3	1.6	13.8	12.5	15.1
0–99% of poverty	12.8	1.2	0.4	0.8	0.2	6.5	6.3	5.1
100%–149% of poverty	7.0	1.5	0.6	0.9	0.2	2.7	2.5	3.0
150%–199% of poverty	6.0	2.2	0.8	1.4	0.2	1.7	1.5	2.2
200%–299% of poverty	8.7	4.4	1.9	2.5	0.3	1.6	1.4	2.7
300% of poverty or more	12.5	9.1	4.4	4.7	0.6	1.3	0.8	2.1
Other	19.5	11.4	5.1	6.3	1.5	4.1	3.3	3.7
0–99% of poverty	3.0	0.4	0.2	0.3	0.2	1.5	1.4	0.9
100%–149% of poverty	1.7	0.5	0.2	0.3	0.1	0.7	0.6	0.5
150%–199% of poverty	1.8	0.7	0.3	0.4	0.1	0.5	0.4	0.5
200%–299% of poverty	3.1	1.8	0.7	1.0	0.3	0.6	0.4	0.7
300% of poverty or more	10.0	7.9	3.7	4.2	0.8	0.8	0.5	1.1
(percentage within race and poverty category)								
White	100.0%	67.5%	34.4%	33.0%	7.7%	16.3%	11.4%	14.1%
0–99% of poverty	100.0	15.3	6.6	8.7	6.1	46.1	41.3	32.3
100%–149% of poverty	100.0	30.2	13.4	16.7	7.7	38.1	30.5	28.6
150%–199% of poverty	100.0	45.2	20.2	25.0	8.5	27.8	20.6	24.6
200%–299% of poverty	100.0	63.8	30.7	33.1	9.4	17.1	10.8	16.7
300% of poverty or more	100.0	83.8	43.3	40.5	8.9	8.1	3.6	6.7
Black	100.0	45.3	24.7	20.6	4.7	34.1	28.7	22.3
0–99% of poverty	100.0	10.9	4.2	6.7	3.3	61.0	56.7	27.4
100%–149% of poverty	100.0	29.0	13.2	15.7	4.6	43.5	38.4	29.0
150%–199% of poverty	100.0	43.0	22.3	20.8	4.3	30.3	24.7	29.1
200%–299% of poverty	100.0	59.6	29.4	30.3	4.2	22.5	17.0	20.8
300% of poverty or more	100.0	76.1	46.3	29.8	6.3	13.7	7.1	13.4
Hispanic	100.0	39.2	17.2	22.0	3.4	29.3	26.6	32.1
0–99% of poverty	100.0	9.3	2.8	6.5	1.9	50.9	48.8	39.8
100%–149% of poverty	100.0	21.8	8.5	13.3	2.6	37.6	35.3	41.9
150%–199% of poverty	100.0	36.8	14.0	22.8	3.2	28.2	25.3	36.4
200%–299% of poverty	100.0	50.3	21.7	28.6	4.0	18.9	16.1	31.7
300% of poverty or more	100.0	73.0	35.3	37.7	5.2	10.3	6.8	16.9
Other	100.0	58.2	26.1	32.1	7.8	20.8	17.0	19.0
0–99% of poverty	100.0	14.9	5.2	9.7	5.3	49.7	46.7	31.6
100%–149% of poverty	100.0	30.5	11.5	18.9	7.5	40.1	36.2	29.5
150%–199% of poverty	100.0	41.5	16.4	25.1	7.3	29.5	24.4	27.5
200%–299% of poverty	100.0	57.2	23.7	33.5	10.1	17.9	14.2	22.3
300% of poverty or more	100.0	79.0	37.2	41.7	7.9	8.4	4.6	10.9

Source: Employee Benefit Research Institute estimates of the Current Population Survey, March 2011 Supplement.

Note: Details may not add to totals because individuals may receive coverage from more than one source.

Figure 18
Nonelderly Population With Selected Sources of Health Insurance,
by Family Income as a Percentage of Poverty, 2010

Family Poverty Status	Total	Employment-Based Coverage			Individually	Public		Uninsured
		Total	Own name	Dependent	Purchased	Total	Medicaid	
(millions)								
Total	266.0	156.1	77.5	78.6	18.9	57.5	45.0	49.1
0–99% of poverty	43.0	5.4	2.1	3.3	1.8	22.0	20.4	14.4
100%–149% of poverty	24.1	6.6	2.9	3.8	1.4	9.4	8.1	7.9
150%–199% of poverty	23.2	9.8	4.3	5.5	1.5	6.6	5.3	6.6
200%–299% of poverty	43.6	26.2	12.3	13.9	3.3	7.9	5.6	9.0
300% of poverty or more	132.1	108.1	56.0	52.2	10.9	11.6	5.6	11.3
(percentage within poverty category)								
Total	100.0%	58.7%	29.1%	29.6%	7.1%	21.6%	16.9%	18.5%
0–99% of poverty	100.0	12.5	4.8	7.7	4.2	51.1	47.3	33.4
100%–149% of poverty	100.0	27.5	11.8	15.7	5.6	39.0	33.7	32.6
150%–199% of poverty	100.0	42.4	18.7	23.8	6.4	28.4	22.8	28.6
200%–299% of poverty	100.0	60.1	28.2	31.8	7.7	18.2	12.9	20.7
300% of poverty or more	100.0	81.8	42.3	39.5	8.2	8.7	4.2	8.5

Source: Employee Benefit Research Institute estimates of the Current Population Survey, March 2011 Supplement.

Note: Details may not add to totals because individuals may receive coverage from more than one source.

Figure 19
Nonelderly Population With Selected Sources of Health Insurance,
by Self-Reported Health Status, 2010

Reported Health Status	Total	Employment-Based Coverage			Individually	Public		Uninsured
		Total	Own name	Dependent	Purchased	Total	Medicaid	
(millions)								
Total	266.0	156.1	77.5	78.6	18.9	57.5	45.0	49.1
Excellent	94.3	61.0	24.2	36.8	7.5	16.9	13.8	13.5
Very Good	86.9	54.7	29.2	25.5	6.0	15.6	12.7	15.3
Good	61.1	31.8	18.8	13.0	3.9	14.3	11.5	15.0
Fair	17.2	6.9	4.3	2.6	1.1	6.8	4.5	4.1
Poor	6.5	1.7	0.9	0.8	0.3	3.9	2.5	1.3
(percentage within coverage category)								
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Excellent	35.4	39.1	31.3	46.8	39.9	29.4	30.6	27.4
Very Good	32.7	35.0	37.7	32.4	32.1	27.2	28.3	31.1
Good	23.0	20.3	24.3	16.5	20.7	24.9	25.6	30.6
Fair	6.5	4.4	5.6	3.3	5.6	11.8	10.0	8.3
Poor	2.4	1.1	1.2	1.0	1.8	6.7	5.5	2.6

(percentage within work status categories)								
Total	100.0%	58.7%	29.1%	29.6%	7.1%	21.6%	16.9%	18.5%
Excellent	100.0	64.7	25.7	39.0	8.0	17.9	14.6	14.3
Very Good	100.0	63.0	33.6	29.3	7.0	18.0	14.7	17.6
Good	100.0	52.0	30.7	21.2	6.4	23.4	18.8	24.6
Fair	100.0	39.9	25.0	14.9	6.1	39.4	26.2	23.6
Poor	100.0	26.8	14.6	12.2	5.1	59.2	37.8	19.8

Source: Employee Benefit Research Institute estimates of the Current Population Survey, March 2011 Supplement.

Note: Details may not add to totals because individuals may receive coverage from more than one source.

Figure 20
Nonelderly Population with Selected Sources of Health Insurance,
by Region and State, Three-Year Average, 2008–2010

Region and State	Total	Employment-Based Coverage			Individually	Public		Uninsured
		Total	Own name	Dependent	Purchased	Total	Medicaid	
		(millions)						
Total	264.5	159.1	79.6	79.5	18.5	54.9	42.8	47.2
New England	12.3	8.6	4.1	4.5	0.8	2.5	2.2	1.1
Maine	1.1	0.7	0.3	0.3	0.1	0.3	0.2	0.1
New Hampshire	1.1	0.8	0.4	0.4	0.1	0.1	0.1	0.1
Vermont	0.5	0.3	0.2	0.2	0.0	0.2	0.1	0.1
Massachusetts	5.6	4.0	1.9	2.1	0.3	1.3	1.2	0.3
Rhode Island	0.9	0.6	0.3	0.3	0.1	0.2	0.2	0.1
Connecticut	3.0	2.1	1.0	1.1	0.2	0.5	0.4	0.4
Middle Atlantic	34.7	22.2	11.0	11.2	2.3	7.1	6.2	5.2
New York	16.7	10.0	5.1	4.9	1.0	4.1	3.6	2.7
New Jersey	7.5	5.1	2.4	2.8	0.4	1.1	0.9	1.2
Pennsylvania	10.4	7.0	3.5	3.5	0.8	2.0	1.7	1.3
East North Central	39.9	25.9	12.4	13.5	2.6	7.9	6.5	5.7
Ohio	9.9	6.4	3.1	3.3	0.7	1.9	1.5	1.5
Indiana	5.5	3.5	1.7	1.8	0.3	1.2	0.9	0.8
Illinois	11.3	7.1	3.5	3.6	0.8	2.2	1.9	1.7
Michigan	8.5	5.5	2.5	3.0	0.5	1.7	1.4	1.2
Wisconsin	4.8	3.3	1.5	1.7	0.3	0.9	0.8	0.5
West North Central	17.4	11.4	5.7	5.7	1.7	3.2	2.4	2.3
Minnesota	4.5	3.1	1.5	1.6	0.4	0.8	0.7	0.4
Iowa	2.6	1.8	0.9	0.9	0.2	0.5	0.4	0.3
Missouri	5.1	3.2	1.6	1.6	0.5	1.0	0.8	0.8
North Dakota	0.5	0.4	0.2	0.2	0.1	0.1	0.1	0.1
South Dakota	0.7	0.4	0.2	0.2	0.1	0.1	0.1	0.1
Nebraska	1.6	1.0	0.5	0.5	0.2	0.3	0.2	0.2
Kansas	2.4	1.5	0.8	0.8	0.2	0.4	0.3	0.3
South Atlantic	50.3	29.8	15.2	14.5	3.4	10.2	6.8	10.0
Delaware	0.7	0.5	0.2	0.2	0.0	0.2	0.1	0.1
Maryland	5.0	3.5	1.7	1.7	0.4	0.8	0.6	0.7
District of Columbia	0.5	0.3	0.2	0.1	0.0	0.1	0.1	0.1
Virginia	6.8	4.5	2.2	2.3	0.5	1.3	0.7	1.0
West Virginia	1.5	0.9	0.5	0.5	0.0	0.4	0.3	0.2
North Carolina	8.0	4.6	2.5	2.1	0.5	1.9	1.3	1.5
South Carolina	3.8	2.2	1.2	1.1	0.2	0.8	0.5	0.8
Georgia	8.7	5.0	2.4	2.6	0.5	1.8	1.2	1.8
Florida	15.2	8.2	4.3	3.8	1.2	3.0	2.0	3.7
East South Central	15.6	9.0	4.6	4.3	0.9	3.9	2.9	2.8
Kentucky	3.7	2.2	1.2	1.0	0.2	0.9	0.7	0.7
Tennessee	5.4	3.0	1.6	1.5	0.4	1.4	1.0	0.9
Alabama	4.0	2.5	1.2	1.2	0.2	0.9	0.7	0.7
Mississippi	2.5	1.2	0.7	0.6	0.2	0.7	0.6	0.5
West South Central	31.5	16.6	8.4	8.2	1.8	6.8	5.2	7.9
Arkansas	2.4	1.3	0.7	0.6	0.2	0.6	0.5	0.5
Louisiana	3.9	2.1	1.0	1.1	0.3	0.9	0.7	0.8
Oklahoma	3.1	1.8	0.9	0.9	0.2	0.7	0.5	0.6
Texas	22.1	11.4	5.8	5.6	1.1	4.5	3.5	6.0
Mountain	19.4	11.4	5.6	5.8	1.6	3.8	2.8	3.7
Montana	0.8	0.5	0.2	0.2	0.1	0.2	0.1	0.2
Idaho	1.3	0.8	0.4	0.4	0.2	0.2	0.2	0.3
Wyoming	0.5	0.3	0.1	0.1	0.0	0.1	0.1	0.1
Colorado	4.4	2.8	1.4	1.4	0.4	0.8	0.5	0.7
New Mexico	1.7	0.8	0.4	0.4	0.1	0.5	0.4	0.4
Arizona	5.8	3.1	1.6	1.5	0.4	1.5	1.2	1.2
Utah	2.5	1.8	0.7	1.1	0.2	0.3	0.2	0.4
Nevada	2.3	1.4	0.7	0.7	0.1	0.3	0.2	0.5
Pacific	43.4	24.4	12.5	11.9	3.4	9.3	7.7	8.5
Washington	5.8	3.6	2.0	1.6	0.5	1.3	0.9	0.8
Oregon	3.3	2.0	1.1	0.9	0.3	0.6	0.5	0.6
California	32.7	17.7	8.9	8.8	2.5	7.0	6.1	6.9
Alaska	0.6	0.4	0.2	0.2	0.0	0.2	0.1	0.1
Hawaii	1.0	0.7	0.4	0.3	0.1	0.3	0.2	0.1

(more)

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Region and State	Total	Employment-Based Coverage			Individually	Public		
		Total	Own name	Dependent	Purchased	Total	Medicaid	Uninsured
		(percentage)						
Total	100.0%	60.2%	30.1%	30.1%	7.0%	20.8%	16.2%	17.8%
New England	100.0	69.8	33.3	36.5	6.2	20.7	17.6	9.0
Maine	100.0	61.4	31.4	30.1	6.3	28.6	22.4	11.7
New Hampshire	100.0	73.5	34.2	39.4	7.4	12.2	8.1	11.5
Vermont	100.0	64.5	32.8	31.7	5.9	28.3	23.8	10.7
Massachusetts	100.0	71.6	34.0	37.6	5.0	22.8	20.7	5.7
Rhode Island	100.0	64.7	31.7	33.0	6.0	21.8	18.2	13.1
Connecticut	100.0	70.7	33.1	37.6	8.0	15.6	12.5	11.9
Middle Atlantic	100.0	63.9	31.6	32.3	6.6	20.6	17.8	14.9
New York	100.0	59.7	30.4	29.3	6.1	24.4	21.7	15.9
New Jersey	100.0	68.3	31.5	36.8	6.0	14.4	11.8	16.2
Pennsylvania	100.0	67.2	33.5	33.8	7.8	19.0	15.9	12.3
East North Central	100.0	64.8	31.1	33.7	6.6	19.9	16.4	14.3
Ohio	100.0	64.8	31.9	32.9	6.8	18.9	15.1	14.7
Indiana	100.0	64.4	30.8	33.6	6.4	21.5	17.1	14.7
Illinois	100.0	63.2	31.4	31.8	6.8	19.8	16.7	15.4
Michigan	100.0	65.0	29.4	35.6	6.0	20.3	17.0	14.2
Wisconsin	100.0	68.7	32.4	36.3	6.8	19.6	16.4	10.6
West North Central	100.0	65.4	32.8	32.6	9.8	18.6	14.1	13.2
Minnesota	100.0	68.6	34.0	34.7	9.9	18.2	15.1	9.9
Iowa	100.0	68.0	34.0	34.1	9.1	17.2	14.0	12.1
Missouri	100.0	62.3	31.8	30.5	9.7	19.7	14.9	15.7
North Dakota	100.0	65.0	33.7	31.3	13.0	14.8	9.6	13.4
South Dakota	100.0	62.3	30.9	31.4	11.1	20.4	13.4	14.9
Nebraska	100.0	65.7	32.3	33.3	12.0	18.2	12.3	13.4
Kansas	100.0	64.1	32.1	32.0	8.1	18.8	12.6	14.3
South Atlantic	100.0	59.2	30.3	28.9	6.8	20.3	13.6	19.8
Delaware	100.0	65.8	32.5	33.3	5.5	20.7	16.5	13.4
Maryland	100.0	69.6	34.5	35.0	7.2	15.4	11.2	14.1
District of Columbia	100.0	58.8	40.7	18.1	7.6	26.1	23.6	12.7
Virginia	100.0	66.5	32.0	34.5	6.8	19.2	9.7	14.6
West Virginia	100.0	61.1	30.2	30.8	3.1	27.1	18.7	16.3
North Carolina	100.0	57.1	31.3	25.8	6.6	23.3	16.3	19.0
South Carolina	100.0	58.3	29.9	28.3	6.1	20.9	14.3	20.5
Georgia	100.0	57.9	27.7	30.2	6.2	20.6	13.8	20.8
Florida	100.0	54.1	28.7	25.4	7.8	19.6	13.3	24.6
East South Central	100.0	57.4	29.7	27.7	5.8	25.0	18.7	17.8
Kentucky	100.0	58.9	31.1	27.8	5.4	24.4	18.7	17.7
Tennessee	100.0	56.7	29.2	27.5	6.6	25.6	18.7	17.1
Alabama	100.0	61.8	31.0	30.7	4.8	22.7	16.5	16.7
Mississippi	100.0	49.9	26.6	23.2	6.0	28.6	22.6	21.4
West South Central	100.0	52.7	26.7	26.0	5.7	21.5	16.5	25.1
Arkansas	100.0	52.9	28.2	24.6	6.5	25.6	18.7	21.1
Louisiana	100.0	54.2	25.9	28.2	7.5	23.4	18.4	20.3
Oklahoma	100.0	58.9	29.9	29.0	6.5	23.7	16.6	18.9
Texas	100.0	51.6	26.2	25.4	5.2	20.3	15.9	27.3
Mountain	100.0	58.8	28.7	30.0	8.4	19.6	14.7	19.2
Montana	100.0	55.0	28.4	26.7	10.9	20.5	13.8	19.2
Idaho	100.0	59.0	27.7	31.3	12.3	17.0	13.5	18.8
Wyoming	100.0	62.9	31.7	31.2	7.4	17.6	12.1	17.5
Colorado	100.0	62.7	31.4	31.3	9.6	17.1	11.3	16.0
New Mexico	100.0	48.9	24.1	24.8	5.7	27.1	21.2	24.8
Arizona	100.0	52.7	27.0	25.7	7.7	25.0	20.3	21.2
Utah	100.0	70.4	28.5	41.9	9.0	12.4	8.9	14.6
Nevada	100.0	61.5	32.0	29.6	6.1	15.1	9.9	22.4
Pacific	100.0	56.2	28.9	27.3	7.8	21.5	17.8	19.7
Washington	100.0	62.0	33.6	28.4	8.2	22.8	15.7	14.5
Oregon	100.0	61.4	32.7	28.7	9.2	17.5	13.8	19.0
California	100.0	54.2	27.3	26.8	7.6	21.5	18.7	21.0
Alaska	100.0	59.1	31.0	28.1	5.3	24.9	13.1	20.0
Hawaii	100.0	69.6	38.4	31.2	6.5	25.2	16.3	8.7

Source: Employee Benefit Research Institute estimates of the 2009–2011 Current Population Survey, March Supplement.
Note: Details may not add to totals because individuals may receive coverage from more than one source.

The combination of a growing economy in the 1990s and the lowest unemployment rates in more than 25 years resulted in an increase in the percentage of individuals in the United States with employment-based health benefits and a decrease in the uninsured in 1999 and 2000. However, the fact that the average annual unemployment rate declined from 6 percent in 2003 to only 5.1 percent in 2005 may mean that the labor market was not strong enough to offset the impact of the rising cost of providing health benefits on the percentage of individuals with coverage. In 2010, the unemployment rate averaged 9.6 percent. Prior to the recession that started in December 2007, the last year that unemployment averaged more than 9 percent was 1983. Unemployment in 2011 continued to average 9 percent between January and August. As a result, the nation is likely to see continued erosion of employment-based health benefits when the data for 2011 are released in 2012. Fewer individuals will be working, which means fewer individuals with access to health benefits in the work place, and coupled with uncertainty about the economy, the future of job security, and prospects for health reform, an increasing number of workers are likely to forego coverage when it is available. In addition, COBRA subsidies enacted by Congress that were meant to stem the erosion in employment-based coverage have expired.

This *Issue Brief* has provided data on recent trends in health benefits, a summary of the characteristics of people with and without health insurance, and the sources of the health insurance. The data and issues discussed are important not only to policymakers but also to employers, because health insurance is the benefit most valued by workers and their families. Sixty percent of workers rate employment-based health benefits as the most important benefit (Helman and Fronstin, 2004). Health benefits provide workers and their families with financial security against losses that can accompany unexpected serious illness or injury. Employers offer health insurance as an employee benefit for a number of reasons—to promote health and increase worker productivity as well as to provide financial security. Health benefits also are a form of compensation used to recruit and retain workers. There also may be a “business case” for health benefits, meaning employers may want to offer them if a compensation package comprised of both wages and health benefits is more profitable than one providing wages alone. However, the recent enactment and ongoing implementation of federal health reform legislation may change that equation.

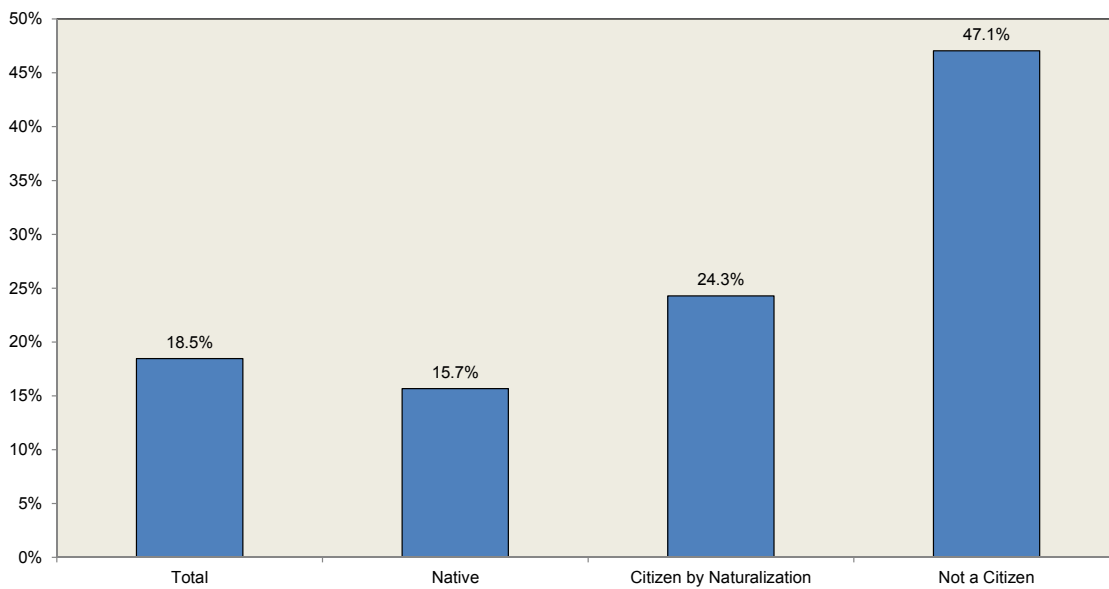
Conclusion

This *Issue Brief* finds that many factors affect the likelihood of an individual having health insurance and the source of that coverage. These factors include the strength of the economy, demographics, and employment characteristics, all of which often vary by location. For example, work status and income play a dominant role in determining an individual's likelihood of having health insurance. In addition, age, gender, firm size, hours of work, occupation, and industry are all important determinants of an individual's likelihood of having coverage; however, these variables are also closely linked to employment status and income. Variations by race and ethnicity also are closely linked to employment status and income.

Recent trends in coverage also have been presented. The data indicate that the percentage of workers with coverage dropped between 2009 and 2010 as a result of the weak economy and sustained high unemployment.

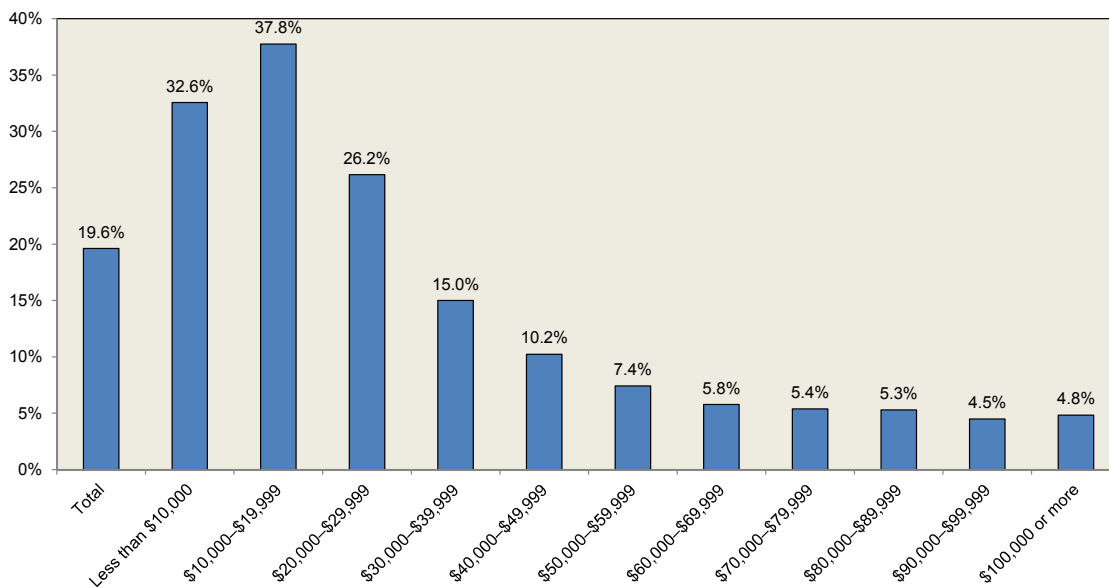
Research illustrates the advantages to individuals of having health insurance and the benefits to employers of offering it. In general, the availability of health insurance allows individuals to avoid unnecessary pain and suffering and improves the quality of life, and employers report that offering benefits has a positive impact on worker recruitment, retention, health status, and productivity (Fronstin and Helman, 2003; Fronstin, 2007). Employers may believe in the business case for providing health benefits today, but in the future they may rethink the value that offering coverage provides, especially if the economy does not rebound and unemployment remains high, or if employers determine that the health reform legislation passed in March 2010 changes the value proposition.

Figure 21
Percentage Uninsured Among Individuals
Under Age 65, by Citizenship, 2010



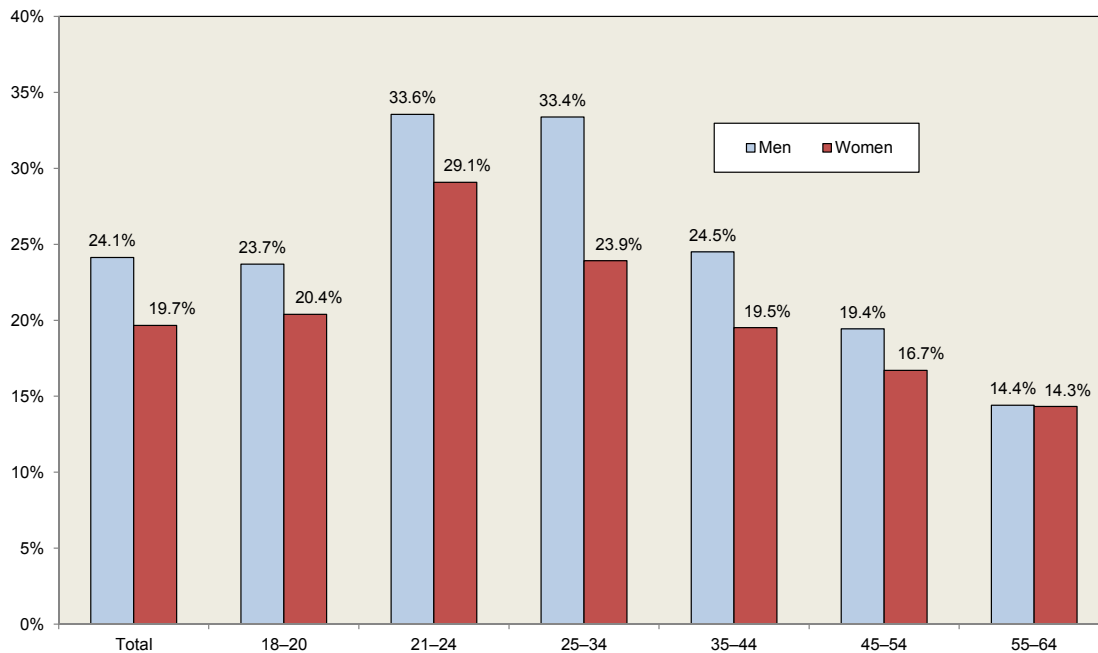
Source: Employee Benefit Research Institute estimates from the Current Population Survey, March 2011 Supplement.

Figure 22
Percentage Uninsured Among Workers Ages 18–64,
by Total Earnings, 2010



Source: Employee Benefit Research Institute estimates from the Current Population Survey, March 2011 Supplement.

Figure 23
**Percentage Uninsured Among Individuals Ages 18–64,
 by Gender and Age, 2010**



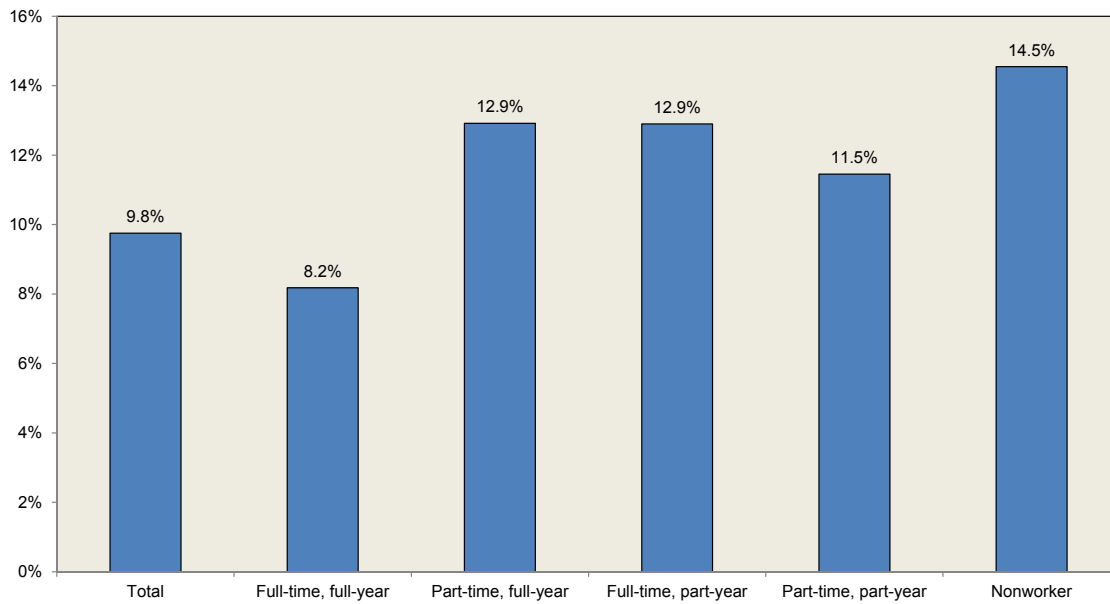
Source: Employee Benefit Research Institute estimates from the Current Population Survey, March 2011 Supplement.

Figure 24
**Children With Selected Sources of Health Insurance,
 by Poverty Level, 2010**

Poverty Level	Total	Employment- Based Coverage		Individually Purchased	Public		Uninsured
		Total	Medicaid		Total	Medicaid	
(millions)							
Total	74.9	41.1	4.3	28.4	26.1	7.3	
0–99% of poverty	16.8	2.2	0.4	12.4	12.0	2.6	
100%–149% of poverty	8.5	2.5	0.4	5.1	4.9	1.2	
150%–199% of poverty	7.6	3.5	0.4	3.4	3.2	1.0	
200%–299% of poverty	12.8	8.2	0.9	3.7	3.3	1.3	
300% of poverty or more	29.2	24.6	2.2	3.7	2.7	1.2	
(percentage within coverage category)							
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
0–99% of poverty	22.5	5.4	9.8	43.6	46.2	35.4	
100%–149% of poverty	11.3	6.1	8.4	18.0	18.9	16.7	
150%–199% of poverty	10.2	8.5	9.1	12.1	12.1	14.3	
200%–299% of poverty	17.1	20.1	20.6	13.1	12.5	17.3	
300% of poverty or more	39.0	59.9	52.0	13.2	10.3	16.2	
(percentage within poverty category)							
Total	100.0%	54.8%	5.7%	37.9%	34.8%	9.8%	
0–99% of poverty	100.0	13.2	2.5	73.5	71.6	15.4	
100%–149% of poverty	100.0	29.6	4.3	60.5	58.3	14.4	
150%–199% of poverty	100.0	46.0	5.2	45.2	41.6	13.8	
200%–299% of poverty	100.0	64.5	6.9	29.1	25.4	9.9	
300% of poverty or more	100.0	84.2	7.6	12.8	9.2	4.1	

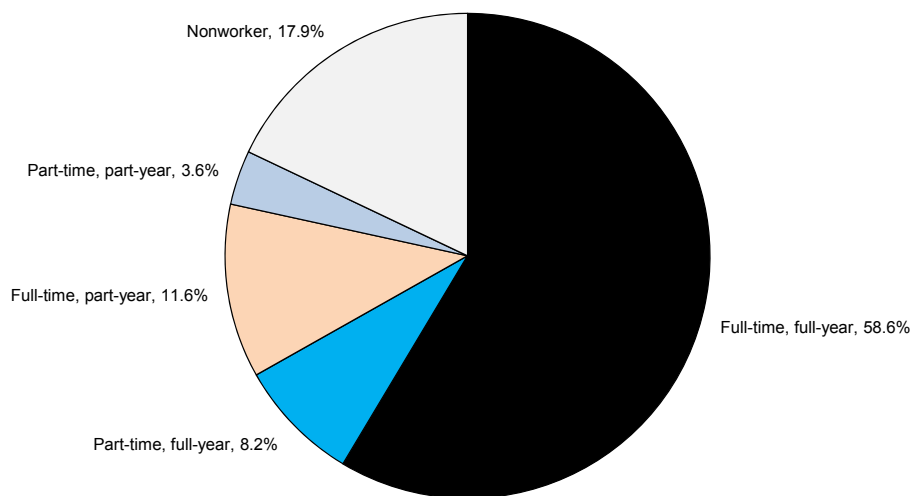
Source: Employee Benefit Research Institute estimates of the Current Population Survey, March 2011 Supplement.
 Note: Details may not add to totals because individuals may receive coverage from more than one source.

Figure 25
**Percentage Uninsured Among Children Under Age 18,
 by Work Status of the Family Head, 2010**



Source: Employee Benefit Research Institute estimates from the Current Population Survey, March 2011 Supplement.

Figure 26
**Children Under Age 18 Without Health Insurance,
 by Work Status of the Family Head, 2010**



Source: Employee Benefit Research Institute estimates from the Current Population Survey, March 2011 Supplement.

Appendix—Current Population Survey

The data presented in this *Issue Brief* come from the March Supplement to the Current Population Survey (CPS), conducted by the Census Bureau (part of the U.S. Department of Commerce) for the Bureau of Labor Statistics (BLS, part of the U.S. Department of Labor) every month for more than 50 years. It is the primary source of data on labor force characteristics of the U.S. civilian noninstitutionalized population. It is also the official source of data on unemployment rates, poverty, and income in the United States. Approximately 57,000 households, representing 112,000 individuals, are interviewed each month.

Households are scientifically selected on the basis of geographic region of residence to collect data representative of the nation, individual states, and other specified areas. Eight panels are used to rotate the sample each month. This improves the reliability of estimates of month-to-month and year-to-year changes. A sample unit is interviewed for four consecutive months, and then is interviewed again for the same four months a year later. The unit is not interviewed during the eight months in between.

Theoretically, individuals can be followed over time. For example, approximately 50 percent of the sample interviewed in March of 2005 will have been re-interviewed in March 2006. But in practice, the survey does not re-interview *individuals*: Instead, the survey re-interviews the occupants of the *households* that were selected for inclusion in the sample. If the occupants of a household change over the course of the eight interviews, the new occupants in the household will take the place of the former occupants for the remaining interviews.

The first- and the fifth-month interviews are almost always conducted in person by an interviewer. More than 90 percent of the interviews conducted in months two through four and six through eight are conducted by telephone. Interviewers continue to visit households without telephones, with poor English-language skills, or that decline a telephone interview. Interviewers usually obtain responses from more than 93 percent of their eligible cases. The response rate varies by type of area and the mix of telephone versus personal-visit interviews.

Since 1980, the supplement to the March CPS has included questions on health insurance coverage. Separate questions are asked about employment-based health insurance, health insurance purchased directly from an insurer, insurance from a source outside of the household, Medicare, Medicaid, Tricare, CHAMPVA, Indian Health Service, or other state-specific health programs for low-income uninsured individuals. These questions are asked of the household respondent, and potentially could miss nonrespondents, but the CPS also follows each question with a question about who else in the household is covered by the health plan.

Until recently, a question about being uninsured was never asked. Estimates of the uninsured were calculated as a residual; that is, persons were counted as being uninsured if they did not report having any type of health insurance coverage.

The questions on health insurance refer to the previous calendar year. For example, in March 2009, interviewers asked about health insurance coverage during 2008. Assuming that respondents answered the questions correctly, the uninsured estimate should represent the number of people who were uninsured for the entire previous calendar year. One measurement issue that arises in this structure is that individuals potentially are asked to recall the type of health insurance they had 14 months prior to being interviewed. A second issue is that some individuals do not understand the question and report the type of health insurance they have as of the interview date. Third, the CPS may not be picking up all Medicaid recipients because some states do not call the program Medicaid. In fact, there is strong evidence that the CPS under-reports Medicaid coverage, based on comparisons of these data with enrollment and participation data provided by the Centers for Medicare & Medicaid Services (CMS), the federal agency primarily responsible for administering Medicaid.

Because respondents are asked to provide information about all sources of health insurance coverage during the previous calendar year, some individuals reported having health insurance coverage from more than one source. It is not possible to determine when during the calendar year an individual was covered by multiple sources of health

insurance. While these plans may have been held simultaneously, other than among Medicare beneficiaries, they were more likely held at different points during the year.

The CPS has undergone a number of changes over the years that affect the comparability of data in the time series. The remainder of this section discusses those changes.

In March 1988, the CPS questionnaire was substantially changed. Among the changes that were made, questions were added that inevitably picked up more people with health insurance coverage and reduced the number of uninsured in the survey (Moyer, 1989; and Swartz and Purcell, 1989). Prior to the March 1988 CPS, only employed persons were asked about employment-based health insurance. Starting with the March 1988 CPS, all persons age 15 and older were asked about employment-based coverage. This change resulted in the identification of coverage for persons (and their families) covered by former employers through either retiree health benefits or COBRA (the Consolidated Omnibus Budget Reconciliation Act of 1985).

Another major change in March 1988 affected the health insurance coverage of children. Questions were added about coverage from sources outside the household. Imputation methods for children's coverage were also revised to collect more accurate information about coverage type and policyholder. An additional set of questions was added to get more accurate information about children on Medicaid and those covered by a plan purchased directly from an insurer. Finally, weighting, programming, and processing improvements were made to the survey (Levit et al., 1992).

In March 1995, the CPS questionnaire was revised again. The Census Bureau utilized a more detailed set of health insurance questions designed to take advantage of computer-assisted survey interviewing collection (CASIC) technology. The order of the questions was changed, and the wording in some of the questions was changed. In addition, the sampling frame was changed, potentially complicating comparability of the estimates prior to March 1995 with those starting in or after March 1995. The new questions appear to have affected responses regarding the total number of respondents covered by employment-based health insurance coverage, individually purchased coverage, Tricare, and CHAMPVA. Questions on Medicare and Medicaid were also revised, but because estimates of Medicare and Medicaid from the CPS do not vary much from year to year even when the survey is unchanged, it is difficult to know how much the estimates were affected by changes to the survey and how much represents true changes. The longer-term trends in coverage are likely to be representative of the true change, because the estimates do not change much from year to year. Swartz (1997) documents these data issues in greater detail.

In March 1998, the Census Bureau made another change in the CPS by modifying its definition of the population with Medicaid coverage. Previously, an individual reporting coverage from the Indian Health Service (IHS) only was counted as part of the Medicaid population. Beginning with the March 1998 CPS, individuals covered solely by IHS are counted as uninsured. This methodological change affected roughly 300,000 individuals. If this change had not taken place, the Medicaid population would have fallen by 0.9 percentage points between 1996 and 1997, instead of by 1.1 percentage points, and the uninsured would have increased to only 18.1 percent instead of 18.3 percent. Overall, this was a minor change to the uninsured estimates in the CPS.

In March 2000, the Census Bureau added a question to the CPS to verify whether or not a person was uninsured. In essence, anyone who did not report any health insurance coverage during 2000 was asked an additional question about whether they were uninsured. Those who reported that they had coverage were then asked about the type of coverage. The verification questions resulted in the Census Bureau providing a "corrected" estimate for the uninsured in 1999. As shown in Figure A1, prior to the correction, 17.5 percent of the nonelderly population, representing 42.1 million individuals, were estimated to be uninsured in 1999. The verification questions resulted in a 7.4 percent decline in the number and percentage of nonelderly individuals without health insurance coverage in 1999. Most of the persons who would have been counted as uninsured under the old methodology are now counted as having either employment-based health insurance or having purchased health insurance directly from an insurer. Hence, the corrected estimate for the uninsured in 1999 is 16.2 percent, or 39 million, down from 17.5 percent, or 42.1 million.¹⁶

The verification questions were not asked prior to the March 2000 CPS. As a result, data prior to 1999 are not directly comparable with data after 1999. In order to provide roughly comparable estimates over time, the estimates of health insurance coverage for 1994–1998 in this report have been recalculated using the one-time percentage change in the 1999 health insurance coverage estimates shown in Figure A1.

In 2001, two changes were made to the CPS. First, the sample was expanded to improve state estimates of S-CHIP enrollees. Overall, this change increased the uninsured estimate from 14 percent of the population to 14.1 percent, which accounted for an increase of nearly 200,000 persons uninsured (Mills, 2002). However, the change in the uninsured percentage varied significantly from state to state, ranging from a 1.8 percentage point increase in Connecticut to a 2 percentage point decline in Vermont. The Census Bureau also introduced Census 2000-based weights starting with the March 2002 CPS and provided new estimates for the March 2000 and March 2001 CPS that are based on the new weights. When using the Census 1990-based weights for the March 2001 CPS, 15.8 percent of the nonelderly population, or 38.4 million people, were uninsured (Figure A2). However, when using the Census 2000-based weights, 16.1 percent of the nonelderly population is estimated to be uninsured, representing 39.4 million people. The S-CHIP sample expansion combined with an Hispanic sample expansion each March results in 99,000 households interviewed for the survey, representing 211,000 individuals.

In August 2006, the Census Bureau released a revised March 2005 CPS dataset. Its 2004 data were revised to reflect a correction to the weights and the estimates were revised based on improvements to the methodology that assigns health insurance coverage to dependents. As a result, the 2004 data published in previous EBRI reports have been updated in this report.

In March 2007, the Census Bureau announced that it had revised the March 2005 and March 2006 datasets. The Census Bureau revised its estimates after discovering a coding error that affected a small number of individuals. These individuals were coded as not having health insurance coverage when in fact they did have coverage. Based on the new Census data, the number of individuals under age 65 with health insurance increased by 1.8 million in both 2004 and 2005 (Figure A3). The increase in coverage was mainly due to an increase in the number of people with employment-based health benefits as a dependent. The 1.8 million additional people with health insurance coverage represents 0.7 percent additional individuals with coverage and 0.7 percent fewer individuals counted as uninsured.

Finally, in September 2011, the Census Bureau announced another revision to the CPS that affects the historical time series. Census revised calendar-year coverage estimates for 1999 to 2009 as a result of enhancements to the editing process, such as the assignment of a family health plan to all individuals in the household and the addition of a new variable.¹⁷ As a result of the change, the number of persons with employment-based coverage as a dependent increased by 1.4 million, and the likelihood of having employment-based coverage increased by 0.5 percent (Figure A4). There was a corresponding decline in the uninsured estimates.

Census has released corrected historical data that addresses the coding error. The data in this report from 2000–2010 are based on the corrected historical data and may not match previous EBRI publications that contain data on health insurance coverage. Data from 1994–1999 have not been revised.

Duration of Coverage

Data from the March CPS do not allow researchers to determine the length of time that an individual is insured or uninsured. The Survey of Income and Program Participation (SIPP), another survey conducted by the Census Bureau, allows longitudinal analysis of the uninsured. Copeland (1998) found that 37 percent of the uninsured population was uninsured for one to four months, 22 percent was uninsured for five to eight months, 9 percent was uninsured for nine to 11 months, and 33 percent was uninsured for 12 months or longer. Similarly, Bennefield (1998) found that 29 percent of all uninsured spells lasted 5.3 months or longer. These data would seem to indicate that even though many individuals may lose health insurance during any given month, the majority remain uninsured for a short time, and may even be eligible for coverage under COBRA or various state continuation-of-coverage laws.

Figure A1
Change in the Number and Percentage of Nonelderly Individuals With Selected Sources of Health Insurance Due to Change in CPS Methodology for Counting the Uninsured, 1999

	Millions of Individuals by Coverage Type		Percentage of Individuals by Coverage Type		Change in Estimate Due to New Methodology
	Old Methodology	New Methodology	Old Methodology	New Methodology	
	Total Population	240.7	240.7	100.0%	
Employment-based coverage	158.4	160.3	65.8	66.6	1.2
Own name	80.3	81.4	33.4	33.8	1.4
Dependent coverage	78.1	78.9	32.4	32.8	1.1
Individually Purchased	15.8	16.6	6.6	6.9	5.2
Public	34.1	34.5	14.2	14.3	1.1
Medicare	4.8	4.9	2.0	2.0	0.4
Medicaid	25.0	25.3	10.4	10.5	1.3
Tricare/CHAMPVA ^a	6.5	6.6	2.7	2.7	0.5
No Health Insurance	42.1	39.0	17.5	16.2	(7.4)

Source: Employee Benefit Research Institute estimates of the Current Population Survey, March 2000 Supplement.
Note: Details may not add to totals because individuals may receive coverage from more than one source.
^a TRICARE (formerly known as CHAMPUS) is a program administered by the Department of Defense for military retirees as well as families of active duty, retired, and deceased service members. CHAMPVA, the Civilian Health and Medical Program for the Department of Veterans Affairs, is a health care benefits program for disabled dependents of veterans and certain survivors of veterans.

Figure A2
Change in the Number and Percentage of Nonelderly Individuals With Selected Sources of Health Insurance Due to Introduction of Census 2000-Based Weights, 2000

	Millions of Individuals by Coverage Type		Change in Population Estimate Due to New Weights	Percentage of Individuals by Coverage Type		Change in Insurance Status Estimate Due to New Weights
	Census 1990-Based Weights	Census 2000-Based Weights		Census 1990-Based Weights	Census 2000-Based Weights	
	Total Population	242.8		244.8	0.9%	
Employment-based coverage	163.4	164.4	0.6	67.3	67.1	-0.3
Own name	83.7	84.8	1.3	34.5	34.6	0.4
Dependent coverage	79.7	79.6	-0.2	32.8	32.5	-1.0
Individually Purchased	16.1	16.1	-0.1	6.6	6.6	-0.9
Public	34.3	34.6	0.8	14.1	14.1	-0.1
Medicare	5.3	5.3	0.7	2.2	2.2	-0.2
Medicaid	25.3	25.5	0.8	10.4	10.4	0.0
Tricare/CHAMPVA ^a	6.2	6.2	-0.8	2.6	2.5	-1.6
No Health Insurance	38.4	39.4	2.5	15.8	16.1	1.6

Source: Employee Benefit Research Institute estimates of the Current Population Survey, March 2001 Supplement.
Note: Details may not add to totals because individuals may receive coverage from more than one source.
^a TRICARE (formerly known as CHAMPUS) is a program administered by the Department of Defense for military retirees as well as families of active duty, retired, and deceased service members. CHAMPVA, the Civilian Health and Medical Program for the Department of Veterans Affairs, is a health care benefits program for disabled dependents of veterans and certain survivors of veterans.

Figure A3
Change in the Number and Percentage of Nonelderly Individuals
With Selected Sources of Health Insurance Due to March 2007
Census Bureau Coding Error Correction, 2004 and 2005

	2004 ^b	2004 ^c	2004 Change	2005 ^b	2005 ^c	2005 Change
	(millions)					
Total	255.1	255.1	—	257.4	257.4	0.0
Employment-based coverage	159.2	161.0	1.8	159.5	161.3	1.8
Own name	81.7	81.6	-0.1	82.4	82.3	0.0
Dependent coverage	77.5	79.4	1.8	77.2	79.0	1.9
Individually Purchased	17.9	18.0	0.2	17.8	17.9	0.1
Public	45.0	45.1	0.1	45.5	45.5	0.0
Medicare	6.3	6.3	0.0	6.5	6.4	0.0
Medicaid	34.6	34.6	0.0	34.7	34.7	0.0
Tricare/CHAMPVA ^a	7.3	7.4	0.1	7.7	7.7	0.0
No Health Insurance	44.8	43.0	-1.8	46.1	44.4	-1.8
	(percentage)					
Total	100.0%	100.0%	—	100.0%	100.0%	0.0
Employment-based coverage	62.4	63.1	0.7	62.0	62.7	0.7
Own name	32.0	32.0	0.0	32.0	32.0	0.0
Dependent coverage	30.4	31.1	0.7	30.0	30.7	0.7
Individually Purchased	7.0	7.1	0.1	6.9	7.0	0.0
Public	17.6	17.7	0.0	17.7	17.7	0.0
Medicare	2.5	2.5	0.0	2.5	2.5	0.0
Medicaid	13.6	13.6	0.0	13.5	13.5	0.0
Tricare/CHAMPVA ^a	2.9	2.9	0.1	3.0	3.0	0.0
No Health Insurance	17.6	16.9	-0.7	17.9	17.2	-0.7

Source: Employee Benefit Research Institute estimates of the Current Population Survey, March 2005 and 2006 Supplements.

Note: Details may not add to totals because individuals may receive coverage from more than one source.

^a TRICARE (formerly known as CHAMPUS) is a program administered by the Department of Defense for military retirees as well as families of active duty, retired, and deceased service members. CHAMPVA, the Civilian Health and Medical Program for the Department of Veterans Affairs, is a health care benefits program for disabled dependents of veterans and certain survivors of veterans.

^b Estimates based on uncorrected Census data

^c Estimates based on corrected Census data.

Figure A4
Change in the Number and Percentage of Nonelderly Individuals With Selected Sources
of Health Insurance Due to March 2011 Census Bureau Coding Update, 2009

	2009 Before Correction	2009 After Correction	Change	2009 Before Correction	2009 After Correction	Change
	(millions)			(percentage)		
Total	264.7	264.7	—	100.0%	100.0%	0.0
Employment-based coverage	156.1	157.3	1.2	59.0	59.4	0.5
Own name	79.1	78.9	-0.2	29.9	29.8	-0.1
Dependent coverage	77.0	78.4	1.4	29.1	29.6	0.5
Individually Purchased	16.7	18.4	1.7	6.3	7.0	0.6
Public	56.0	56.1	0.1	21.1	21.2	0.0
Medicaid	44.1	44.2	0.1	16.7	16.7	0.0
Medicare	7.3	7.3	0.0	2.8	2.8	0.0
Tricare/CHAMPVA ^a	8.3	8.3	0.0	3.1	3.1	0.0
No Health Insurance	50.0	48.3	-1.7	18.9	18.3	-0.6

Source: Employee Benefit Research Institute estimates of the Current Population Survey, March 2010 Supplement.

Note: Details may not add to totals because individuals may receive coverage from more than one source.

^a TRICARE (formerly known as CHAMPUS) is a program administered by the Department of Defense for military retirees as well as families of active duty, retired, and deceased service members. CHAMPVA, the Civilian Health and Medical Program for the Department of Veterans Affairs, is a health care benefits program for disabled dependents of veterans and certain survivors of veterans.

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Endnotes

¹ The estimate for Medicaid also includes children enrolled in the State Children's Health Insurance Program (S-CHIP). Medicaid and S-CHIP (and Medicare) estimates are under-reported in the CPS, according to comparisons of these data with enrollment and participation data provided by the Centers for Medicare & Medicaid Services (CMS) (DeNavas-Walt, Proctor, and Lee, 2006). According to Hoffman and Holahan (2005), the CPS may be overestimating the number of uninsured individuals by between 3.6 million and 9.1 million because of the undercount in Medicaid enrollment.

² Tricare (formerly known as CHAMPUS) is a program administered by the Department of Defense for military retirees as well as families of active duty, retired, and deceased service members. CHAMPVA, the Civilian Health and Medical Program for the Department of Veterans Affairs, is a health care benefits program for disabled dependents of veterans and certain survivors of veterans.

³ These estimates sum to more than 100 percent because individuals can have multiple sources of coverage throughout the year as well as during a point in time. For instance, Medicare beneficiaries often have private coverage as a supplement to Medicare.

⁴ The uninsured estimates from the March CPS are supposed to represent the percentage of individuals without health insurance coverage during an entire calendar year. However, based on comparisons with other surveys, many researchers concur that the uninsured estimate from the CPS is closer to a point-in-time estimate than to a calendar year estimate. If the CPS is a point-in-time estimate and not a calendar year, it would mean that the data from the March 2011 CPS represent the number of uninsured during March 2011 instead of during the previous calendar year. More information about the CPS, and other surveys that collect data on the uninsured, can be found in Fronstin (2000c). See also Bhandari (2004) and U.S. Congressional Budget Office (2004).

⁵ The Census reports 49.9 million uninsured, or 16.3 percent of the entire United States population. Because this report examines only the population under age 65, it reports 49.1 million uninsured, or 18.5 percent of the *nonelderly* population.

⁶ Expansion in S-CHIP during the late 1990s may have offset the decline in Medicaid coverage.

⁷ See Exhibit 2.1 in www.kff.org/insurance/7672/upload/76723.pdf

⁸ In this report, individuals who receive coverage directly through their employer, union, or a previous employer are categorized as having coverage in their *own name*. Individuals who receive employment-based coverage indirectly are categorized as having *dependent* coverage.

⁹ It has been estimated that 95 percent of low-income children are eligible for either Medicaid or S-CHIP. See www.cbpp.org/12-6-00schip.htm (last reviewed September 2009).

¹⁰ The region and state data in this section are not based on the most recent 2010 data, but instead based on a three-year average of 2008–2010 data. The Census Bureau recommends using three-year averages to compare estimates across states. State estimates are considerably less reliable than national estimates and fluctuate more widely year-to-year than national estimates.

¹¹ See Fronstin (2008).

¹² Patient Protection and Affordable Care Act of 2010.

¹³ Both Fronstin (2005b) and Cooper and Schone (1997) found that young workers are less likely than older workers to be covered by employment-based health benefits even when a plan is offered to them.

¹⁴ Krauss et al. (1999) found that 55.7 percent of the uninsured had at least one ambulatory medical care visit in 1996, compared with 76.2 percent of individuals with only public insurance and 77.2 percent of individuals with any private insurance. They also found that among persons with at least one visit, the uninsured had an average of 5.1 visits, compared

with 8.7 visits by persons with only public insurance and 6.5 visits by those with any private insurance. Another study found that among persons visiting a health care provider, 17 percent of the uninsured received health care in an emergency room, compared with 9 percent of the privately insured (Cunningham and Whitmore, 1998). Furthermore, Fronstin (1998 and 2000a) found that 22 percent of the uninsured were in a family where someone had difficulty obtaining needed care, compared with 10–11 percent of the insured population, mainly because they could not afford health care.

¹⁵ Traditionally, cost shifting occurs when a health care provider raises its prices to one set of payers because it lowered them to another set (Morrisey, 1996).

¹⁶ See Nelson and Mills (2001) for additional information about the verification questions.

¹⁷ See www.census.gov/hhes/www/hlthins/data/revhlth/usernote.html for more details.

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