

Sources of Health Insurance and Characteristics of the Uninsured:

Analysis of the March 1998 Current Population Survey

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Issue Brief

- This *Issue Brief* provides summary data on the insured and uninsured populations in the nation and in each state. It discusses the characteristics most closely related to individuals' health insurance status. Based on EBRI analysis of the March 1998 Current Population Survey, it represents 1997 data—the most recent data available.
- In 1997, private or public health insurance, or both, covered 81.7 percent of Americans (193.1 million) at some point. Seventy-one percent of the nonelderly population had private insurance, 64.2 percent through an employment-based plan. Almost 15 percent of the nonelderly had public health insurance.
- In 1997, 18.3 percent of the nonelderly population was uninsured, compared with 14.8 percent a decade earlier, in 1987. The percentage of uninsured Americans has been increasing since at least 1987. While the increase in the uninsured between 1987 and 1993 can be attributed to the erosion of employment-based health benefits, the portion of Americans covered by employment-based health insurance increased between 1993 (63.5 percent) and 1997 (64.2 percent).
- The decline in *public* sources of health insurance would mostly explain the recent increase in the uninsured population. For example, between 1994 and 1996 the percentage of nonelderly Americans covered by CHAMPUS/CHAMPVA declined from 3.8 percent to 2.9 percent, in large part due to downsizing in the military. Similarly, between 1996 and 1997, the percentage of nonelderly Americans covered by Medicaid (the federal-state insurance program for the poor) declined from 12.1 percent to 11.0 percent as people left welfare for the private sector. This follows a decline in Medicaid participation between 1995 and 1996.
- Between 1996 and 1997, the percentage of nonelderly Americans without health insurance coverage increased from 17.7 percent to 18.3 percent. Further examination indicates that adults ages 18–64 accounted for almost all of this increase. In 1996, 14.8 percent of children and 18.9 percent of persons ages 18–64 were uninsured, compared with 15.0 percent of children and 19.7 percent of persons ages 18–64 in 1997. The decline in Medicaid coverage among nonworking and working adults appears to account for the overall increase in the uninsured.
- Employment 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, 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. Some of the widest variations involve factors that are not always examined in traditional demographic assessments, such as citizenship. However, variations by race, ethnicity, and citizenship are also closely linked to employment status and income.

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Introduction

In 1997, there were 236.2 million civilian, noninstitutionalized Americans under age 65 in the

population. Private or public health insurance, or both, covered 81.7 percent of Americans (193.1 million) at some point in 1997 (calculated from table 1). Seventy-one percent of the nonelderly population had private insurance, 64.2 percent through an employment-based plan. Almost 15 percent of the nonelderly had public health insurance.

In 1987, 14.8 percent of the nonelderly population was uninsured, compared with 18.3 percent in 1997. The percentage of uninsured Americans has been increasing since at least 1987. While the increase in the uninsured between 1987 and 1993 can be attributed to the erosion of employment-based health benefits,¹ the portion of Americans covered by employment-based health insurance increased between 1993 (63.5 percent) and 1997 (64.2 percent).² The decline in *public* sources of health insurance would mostly explain the recent increase in the uninsured population.

For example, between 1994 and 1996 the percentage of nonelderly Americans covered by CHAMPUS/CHAMPVA³ declined from 3.8 percent to 2.9 percent, in large part due to downsizing in the military. Similarly, between 1996 and 1997, the percentage of nonelderly Americans covered by Medicaid (the federal-state insurance program for the poor) declined from 12.1 percent to 11.0 percent as people left welfare for the private sector. This follows a decline in Medicaid participation between 1995 and 1996. It may be that while the percentage of individuals covered by employment-based coverage is rising, individuals previously covered by Medicaid and CHAMPUS/CHAMPVA are not being fully absorbed into the employment-based market for health insurance. For example, they may be taking jobs that offer health insurance coverage, but declining

the benefit. In fact, previous research has shown that take-up rates have fallen for all workers, and have fallen more for low-wage workers than for high-wage workers (Cooper and Schone, 1997).

Between 1996 and 1997, the percentage of nonelderly Americans without health insurance coverage increased from 17.7 percent to 18.3 percent (table 1). Further examination indicates that adults ages 18–64 accounted for all of this increase. In 1996, 14.8 percent of children and 18.9 percent of persons ages 18–64 were uninsured, compared with 15.0 percent of children and 19.7 percent of persons ages 18–64 in 1997 (chart 1 and chart 2). The decline in Medicaid coverage among nonworking and working adults appears to account for the overall increase in the uninsured (chart 3 and chart 4).⁴

The purpose of this *Issue Brief* is to examine the status of health insurance coverage in the United States. The data are based on the March 1998 Current Population Survey (CPS). The report focuses primarily on the nonelderly population (under age 65) because this group receives health insurance coverage from a number of different sources, depending, for example, on income, employment status, and location. Medicare covers 96 percent of the elderly population, the least likely group to be employed. The following section discusses the data. The next section discusses the determinants of having employment-based health insurance coverage and other sources of coverage. The section after that

¹ See Fronstin and Snider (1996/97) for an analysis of the decline in employment-based health insurance between 1988 and 1993.

² While the year-to-year changes may not be statistically significant, the five-year trend is clearly upward.

³ CHAMPUS is the Civilian Health and Medical Program of the Uniformed Services, which covers dependents of active duty and retired members of the armed forces, and CHAMPVA is the Civilian Health and Medical Program of the Veterans Administration, which covers dependents of totally disabled veterans.

⁴ Working adults may report having Medicaid coverage because they are responding to a question on whether they had Medicaid at any point during the previous calendar year. As a result, an individual may have been working for part of the year and covered by Medicaid for a different part of the year.

Table 1
Nonelderly Americans With Selected Sources of Health Insurance Coverage, 1987-1997

	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997 ^a
	(millions)										
Total Population	214.4	216.6	218.5	220.6	222.9	225.5	228.0	229.9	231.9	234.0	236.2
Total Private	162.8	162.9	164.3	162.1	161.3	160.5	161.5	162.8	163.9	165.8	167.5
Employment-based coverage	148.5	149.4	149.8	147.7	147.7	145.9	144.9	146.3	147.9	149.8	151.7
own name	72.5	73.5	74.0	73.1	73.1	71.7	74.9	75.2	75.9	76.9	77.4
dependent coverage	75.9	75.9	75.8	74.7	74.6	74.3	69.9	71.1	72.1	72.9	74.3
Other private coverage	14.3	13.5	14.5	14.3	13.6	14.6	16.6	16.4	16.0	16.0	15.8
Total Public	28.5	28.8	28.7	31.9	34.4	36.0	38.1	38.9	38.4	37.4	34.9
Medicare	3.1	3.2	3.2	3.4	3.5	3.9	3.7	3.7	4.1	4.6	4.7
Medicaid	18.4	18.9	19.2	22.4	24.8	26.5	29.0	28.7	29.0	28.2	26.0
CHAMPUS/CHAMPVA ^b	8.5	8.2	7.9	7.9	7.9	7.5	7.4	8.7	7.4	6.8	6.6
No Health Insurance	31.8	33.6	34.3	35.6	36.3	38.3	39.3	39.4	40.3	41.4	43.1
	(percentage)										
Total Population	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Total Private	75.9%	75.2%	75.2%	73.5%	72.4%	71.2%	70.8%	70.8%	70.7%	70.9%	70.9%
Employment-based coverage	69.2%	69.0%	68.6%	67.0%	66.3%	64.7%	63.5%	63.6%	63.8%	64.0%	64.2%
own name	33.8%	33.9%	33.9%	33.1%	32.8%	31.8%	32.9%	32.7%	32.7%	32.9%	32.8%
dependent coverage	35.4%	35.0%	34.7%	33.8%	33.5%	32.9%	30.7%	30.9%	31.1%	31.2%	31.5%
Other private coverage	6.7%	6.3%	6.6%	6.5%	6.1%	6.5%	7.3%	7.1%	6.9%	6.8%	6.7%
Total Public	13.3%	13.3%	13.2%	14.5%	15.5%	16.0%	16.7%	16.9%	16.6%	16.0%	14.8%
Medicare	1.4%	1.5%	1.5%	1.6%	1.6%	1.7%	1.6%	1.6%	1.8%	2.0%	2.0%
Medicaid	8.6%	8.7%	8.8%	10.2%	11.1%	11.8%	12.7%	12.5%	12.5%	12.1%	11.0%
CHAMPUS/CHAMPVA ^b	4.0%	3.8%	3.6%	3.6%	3.5%	3.3%	3.3%	3.8%	3.2%	2.9%	2.8%
No Health Insurance	14.8%	15.5%	15.7%	16.1%	16.3%	17.0%	17.3%	17.1%	17.4%	17.7%	18.3%

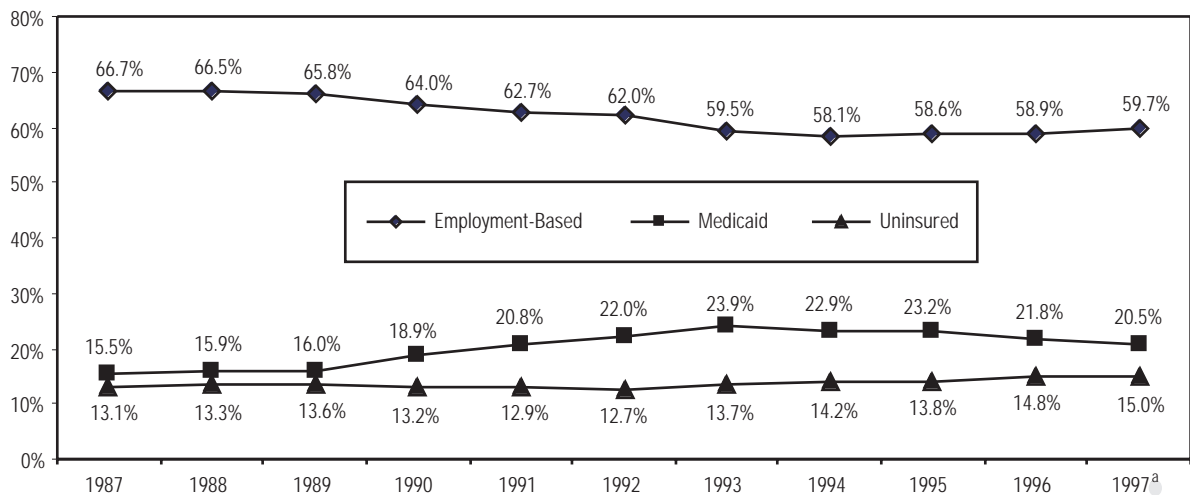
Source: Employee Benefit Research Institute estimates of the March 1988-1998 Current Population Survey.

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

^a Medicaid and uninsured data are not completely consistent with data from previous years. Starting with the March 1998 Current Population Survey, the Bureau of the Census modified its definition of the population with Medicaid and the population without health insurance coverage. Previously, individuals covered solely by the Indian Health Service were counted in the Medicaid population. Beginning with data from the March 1998 CPS, individuals covered solely by the Indian Health Service are counted as uninsured. This change decreased the Medicaid population and increased the uninsured population by 300,000, or 0.2 percent.

^b Civilian Health and Medical Program of the Uniformed Services and the Civilian Health and Medical Program of the Department of Veterans' Affairs.

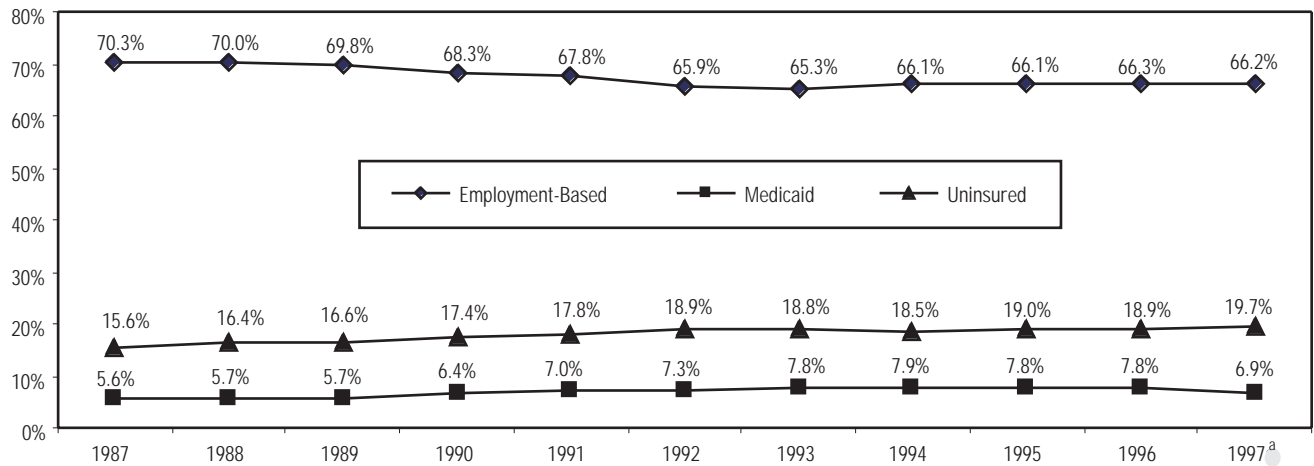
Chart 1
Percentage of American Children, Ages 0-17, With Employment-Based Health Benefits, Medicaid, and Without Health Insurance, 1987-1997



Source: Employee Benefit Research Institute analysis of the March 1988-1998 Current Population Surveys (CPS).

^a Medicaid and uninsured data are not completely consistent with data from previous years. Starting with the March 1998 Current Population Survey, the Bureau of the Census modified its definition of the population with Medicaid and the population without health insurance coverage. Previously, individuals covered solely by the Indian Health Service were counted in the Medicaid population. Beginning with data from the March 1998 CPS, individuals covered solely by the Indian Health Service are counted as uninsured. This change decreased the Medicaid population and increased the uninsured population by 300,000, or 0.2 percent.

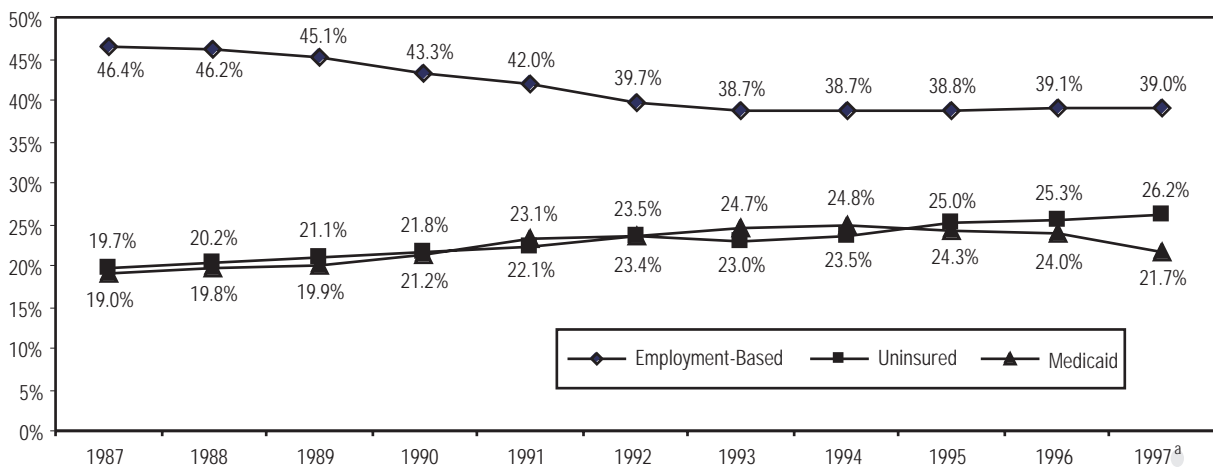
Chart 2
Percentage of American Adults, Ages 18-64, With Employment-Based Health Benefits, Medicaid, and Without Health Insurance, 1987-1997



Source: Employee Benefit Research Institute analysis of the March 1988-1998 Current Population Surveys (CPS).

^aMedicaid and uninsured data are not completely consistent with data from previous years. Starting with the March 1998 Current Population Survey, the Bureau of the Census modified its definition of the population with Medicaid and the population without health insurance coverage. Previously, individuals covered solely by the Indian Health Service were counted in the Medicaid population. Beginning with data from the March 1998 CPS, individuals covered solely by the Indian Health Service are counted as uninsured. This change decreased the Medicaid population and increased the uninsured population by 300,000, or 0.2 percent.

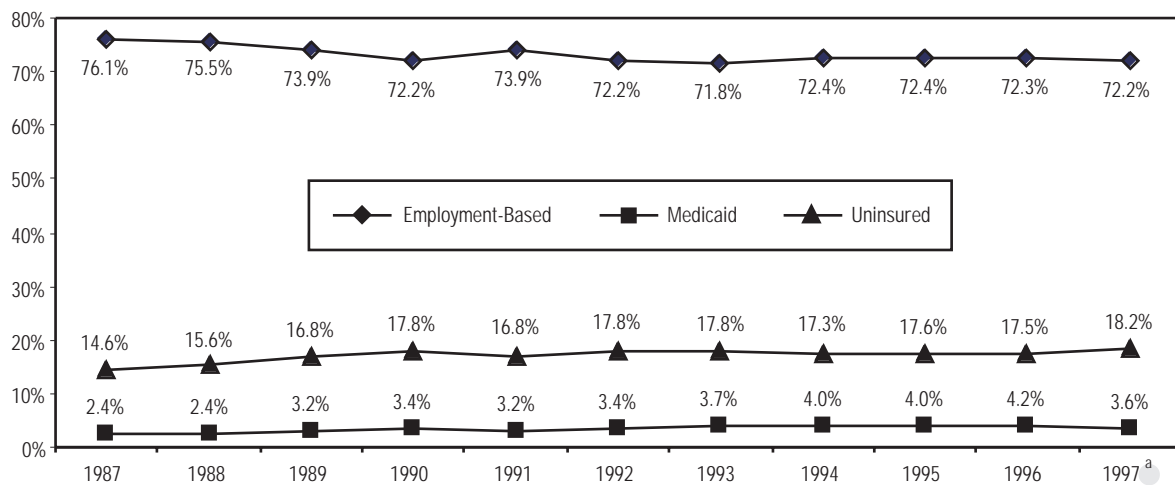
Chart 3
Percentage of Nonworkers, Ages 18-64, With Employment-Based Health Benefits, Medicaid, and Without Health Insurance, 1987-1997



Source: Employee Benefit Research Institute analysis of the March 1988-1998 Current Population Surveys (CPS).

^aMedicaid and uninsured data are not completely consistent with data from previous years. Starting with the March 1998 Current Population Survey, the Bureau of the Census modified its definition of the population with Medicaid and the population without health insurance coverage. Previously, individuals covered solely by the Indian Health Service were counted in the Medicaid population. Beginning with data from the March 1998 CPS, individuals covered solely by the Indian Health Service are counted as uninsured. This change decreased the Medicaid population and increased the uninsured population by 300,000, or 0.2 percent.

Chart 4
 Percentage of Workers, Ages 18-64, With Employment-Based Health Benefits, Medicaid,
 and Without Health Insurance,^a 1987-1997



Source: Employee Benefit Research Institute analysis of the March 1988-1998 Current Population Surveys (CPS).

^aMedicaid and uninsured data are not completely consistent with data from previous years. Starting with the March 1998 Current Population Survey, the Bureau of the Census modified its definition of the population with Medicaid and the population without health insurance coverage. Previously, individuals covered solely by the Indian Health Service were counted in the Medicaid population. Beginning with data from the March 1998 CPS, individuals covered solely by the Indian Health Service are counted as uninsured. This change decreased the Medicaid population and increased the uninsured population by 300,000, or 0.2 percent.

discusses the uninsured population and the factors associated with being uninsured, and is followed by a section examining policy implications. The final section presents conclusions.

The Data

The data presented in this *Issue Brief* come from the March Current Population Survey (CPS),

conducted annually by the U.S. Bureau of the Census. The Census Bureau has made a number of changes to the CPS that may affect the consistency of the time trend. Starting with the March 1995 CPS, the Census Bureau has utilized a more detailed set of health insurance questions designed to take advantage of computer-assisted survey interviewing collection (CASIC) technology. The new questions appear to have affected responses regarding the total number of respondents covered by employment-based coverage, individual types of private coverage, and CHAMPUS/CHAMPVA.

Questions on Medicare (the federal insurance program for the elderly) and Medicaid were not revised, making these the only data for which comparable statistics are valid over time. Overall, the data on the uninsured were not affected by the change in the questionnaire.

In order to compare the March 1995 CPS, March 1996 CPS, March 1997 CPS, and March 1998 CPS with earlier years, data from 1987 through 1993 have been revised to reflect what appears to be a reallocation of private coverage. A comparison of the raw estimates of insurance coverage from the March 1994 CPS and the March 1995 CPS indicates that, while the percentage of individuals reporting coverage from any private source did not change significantly, the distribution of types of private health insurance coverage did change significantly, with individuals more likely to report having employment-based coverage and less likely to report having private coverage purchased directly from an insurance company (other private coverage). As a result, the data presented in table 1 and charts 1-4 are not consistent with previously published data on sources of health insurance coverage, including previous Employee Benefit Research Institute (EBRI) publications.⁵

⁵ Data in this publication are not consistent with data presented in previous EBRI publications because of a change in EBRI's methodology concerning children's health insurance. In the March 1988 CPS through the March 1994 CPS, inconsistencies were found in the way children's health insurance was reported. In the past, EBRI allocated private coverage to children with conflicting responses if they met certain conditions. This correction resulted in EBRI reporting approximately 1.5 million more uninsured children than the Census Bureau reported. Starting with the March 1995 CPS, the children's

health insurance fields do not contain inconsistent responses. The removal of the inconsistency necessitated a change in EBRI's methodology concerning the health insurance coverage of children. As a result, the trend line presented in this *Issue Brief* has been revised to accommodate the change in the methodology EBRI uses to account for children's health insurance coverage. Note, however, that some researchers believe that the number of uninsured children is higher when past inconsistencies in the answers for children are taken into account.

Table 2
**Nonelderly Population With Selected Sources of Health Insurance, by Age and Own Work Status
 and Work Status of Family Head, 1997**

Own Work Status and Work Status of Family Head	Total	Total Private	Employment-Based Coverage			Other Private	Total Public	Medicaid	Uninsured
			Total	Own name	Dependent				
(millions)									
Total	236.2	167.5	151.7	77.4	74.3	15.8	34.9	26.0	43.1
Own Work Status									
Child	71.7	48.0	42.8	0.3	42.5	5.2	16.8	14.7	10.7
Adult	164.5	119.6	109.0	77.1	31.8	10.6	18.1	11.4	32.4
worker	134.8	105.4	97.4	74.2	23.2	8.1	8.5	4.9	24.6
nonworker	29.7	14.1	11.6	3.0	8.6	2.6	9.7	6.4	7.8
Work Status of Family Head									
Full-year, full-time worker	176.4	143.5	133.8	66.7	67.1	9.7	13.6	8.1	25.7
Other worker	35.4	17.5	13.7	7.7	5.9	3.8	9.2	8.0	10.5
Nonworker	24.4	6.5	4.3	3.0	1.3	2.3	12.1	10.0	6.9
(percentage within coverage category)									
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Own Work Status									
Child	30.3	28.6	28.2	0.4	57.2	32.9	48.1	56.4	24.9
Adult	69.7	71.4	71.8	99.6	42.8	67.1	51.9	43.6	75.1
worker	57.1	62.9	64.2	95.8	31.2	51.0	24.2	18.9	57.0
nonworker	12.6	8.4	7.6	3.8	11.6	16.1	27.7	24.8	18.1
Work Status of Family Head									
Full-year, full-time worker	74.7	85.7	88.2	86.2	90.3	61.2	38.8	31.0	59.5
Other worker	15.0	10.4	9.0	10.0	8.0	24.3	26.5	30.5	24.4
Nonworker	10.3	3.9	2.8	3.8	1.8	14.5	34.8	38.5	16.1
(percentage within work status categories)									
Total	100.0%	70.9%	64.2%	32.8%	31.5%	6.7%	14.8%	11.0%	18.3%
Own Work Status									
Child	100.0	66.9	59.7	0.4	59.3	7.3	23.4	20.5	15.0
Adult	100.0	72.7	66.2	46.9	19.4	6.4	11.0	6.9	19.7
worker	100.0	78.2	72.2	55.0	17.2	6.0	6.3	3.6	18.2
nonworker	100.0	47.5	39.0	9.9	29.0	8.6	32.5	21.7	26.2
Work Status of Family Head									
Full-year, full-time worker	100.0	81.3	75.8	37.8	38.0	5.5	7.7	4.6	14.6
Other worker	100.0	49.5	38.6	21.9	16.7	10.9	26.1	22.5	29.7
Nonworker	100.0	26.8	17.4	12.1	5.3	9.4	49.8	41.1	28.4

Source: Employee Benefit Research Institute estimates of the March 1998 Current Population Survey.
 Note: Details may not add to totals because individuals may receive coverage from more than one source.

Starting with the March 1998 CPS, the U.S. Bureau of the Census modified its definition of the population with Medicaid coverage. Previously, an individual reporting coverage only from the Indian Health Service (IHS) was counted as part of the Medicaid population. Beginning with the data in 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.

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. Tabulations of the SIPP indicate that 19.3 million individuals (8 percent) were uninsured during all of calendar year 1994, the most recent year for which data have been published (Bennefield, 1998). The study also found that 53.2 million individuals lacked insurance for at least one month during calendar year 1994. In addition, the study found that the median spell without health insurance was 5.3 months. In other words, 29 percent of all uninsured spells lasted 5.3 months or longer. A previous study found that approximately 43 percent of individuals who were uninsured for a short period of time were uninsured

Table 3
**Workers Ages 18-64 With Selected Sources of Health Insurance,
 by Industry of Primary Employment, 1997**

Industry	Total	Total Private	Employment-Based Coverage			Other Private	Total Public	Medicaid	Uninsured
			Total	Own name	Dependent				
(millions)									
Total	134.8	105.4	97.4	74.2	23.2	8.1	8.5	4.9	24.6
Agriculture, forestry, fishing, mining and construction	12.5	7.9	6.7	4.7	2.0	1.1	0.6	0.4	4.2
Manufacturing	29.4	24.7	23.8	20.8	3.0	0.9	1.1	0.6	4.2
Wholesale and retail trade	44.9	32.8	29.5	20.4	9.1	3.3	3.3	2.1	10.0
Personal services	29.0	23.1	21.0	14.3	6.7	2.1	2.0	1.3	4.7
Public sector	19.0	16.9	16.3	13.9	2.4	0.6	1.4	0.5	1.5
(percentage within coverage category)									
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Agriculture, forestry, fishing, mining and construction	9.2	7.5	6.9	6.4	8.6	14.2	7.4	8.1	17.1
Manufacturing	21.8	23.5	24.5	28.0	13.1	11.5	12.9	12.6	17.0
Wholesale and retail trade	33.3	31.1	30.3	27.6	39.0	41.4	39.4	42.6	40.6
Personal services	21.5	21.9	21.6	19.3	28.8	25.9	24.1	26.7	19.2
Public sector	14.1	16.0	16.8	18.7	10.5	7.0	16.2	10.0	6.2
(percentage within industry categories)									
Total	100.0%	78.2%	72.2%	55.0%	17.2%	6.0%	6.3%	3.6%	18.2%
Agriculture, forestry, fishing, mining and construction	100.0	63.2	54.1	38.0	16.1	9.2	5.0	3.2	33.7
Manufacturing	100.0	84.2	81.0	70.7	10.3	3.2	3.7	2.1	14.2
Wholesale and retail trade	100.0	73.1	65.6	45.5	20.1	7.4	7.4	4.7	22.2
Personal services	100.0	79.5	72.3	49.3	23.0	7.2	7.0	4.5	16.2
Public sector	100.0	89.1	86.1	73.2	12.9	3.0	7.2	2.6	8.0

Source: Employee Benefit Research Institute estimates of the March 1998 Current Population Survey.
 Note: Details may not add to totals because individuals may receive coverage from more than one source.

between one and four months (Bennefield, 1995). Approximately 15 percent were uninsured for five to eight months, and 8 percent were uninsured for nine to 12 months. The median spell without health insurance coverage was six months. 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.

Determinants of Coverage

and individuals living in families with high levels of income are most likely to be covered by private health insurance. Persons in families with income below the poverty level, especially children and single-parent families, are most likely to be covered by public health

Full-time workers, public-sector employees, workers employed in manufacturing,

insurance such as Medicaid.

Employment status is the most important determinant of health insurance coverage. Almost two-thirds of the nonelderly population have employment-based coverage. 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. 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.

Large employers that provide access to group health insurance are often able to provide health benefits at lower cost than small employers because they are subject to less adverse selection and their average administrative costs and marketing costs are lower. However, examination of health benefit costs across firms usually shows that per-person costs are higher in larger firms than in smaller firms. This occurs because

Table 4
Workers Ages 18-64 With Selected Sources of Health Insurance, by Firm Size, 1997

Firm Size	Total	Total Private	Employment-Based Coverage			Other Private	Total Public	Medicaid	Uninsured
			Total	Own name	Dependent				
(millions)									
Total	134.8	105.4	97.4	74.2	23.2	8.1	8.5	4.9	24.6
Self-Employed	12.1	8.8	6.3	3.2	3.1	2.5	0.6	0.3	2.9
Total Wage and Salary Workers	122.7	96.6	91.0	70.9	20.1	5.6	7.9	4.6	21.7
Public sector	19.0	16.9	16.3	13.9	2.4	0.6	1.4	0.5	1.5
Private sector	103.7	79.7	74.7	57.0	17.6	5.0	6.5	4.2	20.1
fewer than 10 employees	15.6	9.3	7.8	4.1	3.7	1.5	1.2	0.8	5.4
10-24 employees	11.1	7.3	6.5	4.2	2.3	0.7	0.8	0.5	3.3
25-99 employees	15.9	12.0	11.2	8.4	2.8	0.8	1.0	0.7	3.3
100-499 employees	15.6	12.6	12.1	9.7	2.3	0.5	0.9	0.6	2.5
500-999 employees	6.4	5.4	5.3	4.3	0.9	0.2	0.3	0.2	0.8
1,000 or more employees	39.1	33.1	31.8	26.3	5.5	1.3	2.4	1.4	4.8
(percentage within coverage category)									
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Self-Employed	9.0	8.4	6.5	4.3	13.4	30.8	6.8	5.4	11.9
Total Wage and Salary Workers	91.0	91.6	93.5	95.7	86.6	69.2	93.2	94.6	88.1
Public sector	14.1	16.0	16.8	18.7	10.5	7.0	16.2	10.0	6.2
Private sector	77.0	75.6	76.7	76.9	76.0	62.3	77.0	84.6	82.0
fewer than 10 employees	11.6	8.9	8.0	5.6	16.0	18.8	14.3	16.5	22.1
10-24 employees	8.2	6.9	6.7	5.7	10.1	8.8	9.1	10.3	13.4
25-99 employees	11.8	11.4	11.5	11.3	12.2	9.9	11.4	13.2	13.5
100-499 employees	11.6	12.0	12.4	13.1	10.1	6.7	10.9	12.4	10.0
500-999 employees	4.8	5.2	5.4	5.8	4.0	2.3	3.5	3.5	3.3
1,000 or more employees	29.0	31.3	32.6	35.5	23.7	15.7	27.8	28.6	19.6
(percentage within firm size categories)									
Total	100.0%	78.2%	72.2%	55.0%	17.2%	6.0%	6.3%	3.6%	18.2%
Self-Employed	100.0	73.0	52.5	26.7	25.8	20.5	4.8	2.2	24.1
Total Wage and Salary Workers	100.0	78.7	74.2	57.8	16.4	4.5	6.4	3.8	17.6
Public sector	100.0	89.1	86.1	73.2	12.9	3.0	7.2	2.6	8.0
Private sector	100.0	76.8	72.0	55.0	17.0	4.8	6.3	4.0	19.4
fewer than 10 employees	100.0	59.8	50.1	26.4	23.7	9.7	7.8	5.2	34.7
10-24 employees	100.0	65.5	59.1	37.9	21.2	6.4	6.9	4.6	29.7
25-99 employees	100.0	75.4	70.4	52.7	17.8	5.0	6.1	4.1	20.9
100-499 employees	100.0	80.7	77.2	62.3	15.0	3.5	5.9	3.9	15.8
500-999 employees	100.0	84.8	81.9	67.3	14.6	2.9	4.6	2.7	12.7
1,000 or more employees	100.0	84.5	81.3	67.3	14.0	3.2	6.0	3.6	12.3

Source: Employee Benefit Research Institute estimates of the March 1998 Current Population Survey.
 Note: Details may not add to totals because individuals may receive coverage from more than one source.

large firms typically offer more extensive benefit packages than small firms. Furthermore, the nature of employment, the industry, and the firm's size often determine the cost and extent of coverage. Workers in large firms are more likely to be covered by health insurance than those in small firms.

In 1997, 64.2 percent of the nonelderly were covered by employment-based health insurance (table 1). Workers were much more likely to be covered by employment-based health insurance than nonworkers (table 2, chart 3, and chart 4). Seventy-two percent of workers were covered by an employment-based plan, compared with 39.0 percent of nonworkers. In addition, 75.8 percent of individuals in families headed by a full-

year, full-time worker were covered by employment-based health insurance, compared with 38.6 percent of those in families headed by other workers, and 17.4 percent of individuals in families headed by a nonworker (table 2).

With respect to industry, workers employed in the public sector and in manufacturing were more likely to have employment-based coverage in their own name than other workers (table 3). In addition, the larger the firm the more likely were workers to have employment-based coverage in their own name. Twenty-seven percent of self-employed workers and 26.4 percent of private-sector workers in firms with fewer than 10 employees were covered through a group health plan sponsored by

Table 5
Nonelderly Population With Selected Sources of Health Insurance, by Family Income, 1997

Family Income	Total	Total Private	Employment-Based Coverage			Other Private	Total Public	Medicaid	Uninsured
			Total	Own name	Dependent				
(millions)									
Total	236.2	167.5	151.7	77.4	74.3	15.8	34.9	26.0	43.1
Under \$5,000	11.6	2.4	1.2	0.6	0.6	1.1	4.6	4.4	5.0
\$5,000–\$9,999	13.0	2.8	1.7	1.1	0.6	1.1	7.0	6.4	3.8
\$10,000–\$14,999	14.5	4.7	3.4	2.2	1.2	1.3	5.2	4.6	5.4
\$15,000–\$19,999	14.3	6.8	5.7	3.5	2.1	1.2	3.6	3.0	4.7
\$20,000–\$29,999	29.0	18.2	15.6	9.1	6.5	2.6	4.6	3.3	7.7
\$30,000–\$39,999	28.0	21.3	19.4	10.5	8.9	1.9	2.9	1.7	5.1
\$40,000–\$49,999	25.6	20.9	19.3	9.6	9.7	1.6	1.9	0.9	3.7
\$50,000 and Over	100.1	90.5	85.5	40.7	44.7	5.0	5.1	1.8	7.8
(percentage within coverage category)									
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Under \$5,000	4.9	1.4	0.8	0.8	0.8	7.1	13.2	16.8	11.6
\$5,000–\$9,999	5.5	1.7	1.1	1.4	0.8	6.9	20.0	24.7	8.7
\$10,000–\$14,999	6.1	2.8	2.2	2.8	1.6	8.2	14.9	17.6	12.4
\$15,000–\$19,999	6.1	4.1	3.7	4.6	2.9	7.5	10.3	11.4	10.8
\$20,000–\$29,999	12.3	10.8	10.3	11.8	8.7	16.3	13.1	12.6	17.9
\$30,000–\$39,999	11.9	12.7	12.8	13.6	11.9	12.1	8.4	6.6	11.8
\$40,000–\$49,999	10.8	12.5	12.7	12.4	13.1	9.9	5.4	3.5	8.5
\$50,000 and Over	42.4	54.0	56.3	52.6	60.2	31.9	14.7	6.8	18.2
(percentage within family income categories)									
Total	100.0%	70.9%	64.2%	32.8%	31.5%	6.7%	14.8%	11.0%	18.3%
Under \$5,000	100.0	20.4	10.7	5.4	5.3	9.7	39.7	37.5	42.8
\$5,000–\$9,999	100.0	21.3	12.8	8.3	4.6	8.4	53.7	49.3	28.8
\$10,000–\$14,999	100.0	32.1	23.1	14.9	8.2	9.0	36.0	31.6	37.0
\$15,000–\$19,999	100.0	47.8	39.5	24.7	14.8	8.3	25.0	20.8	32.6
\$20,000–\$29,999	100.0	62.6	53.7	31.5	22.3	8.9	15.8	11.3	26.6
\$30,000–\$39,999	100.0	76.1	69.3	37.6	31.7	6.8	10.5	6.1	18.2
\$40,000–\$49,999	100.0	81.8	75.6	37.6	38.0	6.1	7.4	3.6	14.4
\$50,000 and Over	100.0	90.4	85.3	40.7	44.7	5.0	5.1	1.8	7.8

Source: Employee Benefit Research Institute estimates of the March 1998 Current Population Survey.
 Note: Details may not add to totals because individuals may receive coverage from more than one source.

their own employer/union or former employer in 1997, compared with 67.3 percent of private-sector workers in firms with 1,000 or more employees (table 4).

Health insurance coverage is also related to income. In general, individuals with higher levels of income are more likely to be covered by private health insurance, while those with lower levels of income are more likely to be covered by a publicly sponsored plan. In 1997, 20.4 percent of individuals in families with annual income below \$5,000 were covered by private health insurance, compared with 90.4 percent of those in families with annual income of \$50,000 or more (table 5). In addition, 10.7 percent of individuals in families with income less than \$5,000 had employment-based coverage, compared with 85.3 percent of individuals in families with income of \$50,000 or more.

Although many individuals in poor families are covered by public health plans, that coverage is far from universal. In 1997, 47.6 percent of the nonelderly with

family income below the poverty line were covered by a public plan—44.8 percent by Medicaid (table 6)—although many low-income individuals may be eligible for Medicaid coverage even though they do not report coverage. Other sources of public health insurance include Medicare (which primarily covers the elderly but also covers some nonelderly disabled persons), CHAMPUS, CHAMPVA, and Veterans Administration (VA) health insurance.

The Uninsured

Many factors influence whether or not an individual has any type of health insurance coverage. This

section presents data on the characteristics of the uninsured population.

Table 6
Nonelderly Population With Selected Sources of Health Insurance, by Race and Poverty Status, 1997

Race and Poverty Status	Total	Total Private	Employment-Based Coverage			Other Private	Total Public	Medicaid	Uninsured
			Total	Own name	Dependent				
(millions)									
Total	236.2	167.5	151.7	77.4	74.3	15.8	34.9	26.0	43.1
0-99%	32.8	7.2	4.5	2.0	2.4	2.7	15.6	14.7	11.4
100%-124%	10.2	3.8	3.0	1.4	1.6	0.8	3.2	2.7	3.8
125%-149%	10.2	5.0	4.1	1.8	2.4	0.9	2.3	1.8	3.5
150%-199%	21.1	12.9	11.2	4.8	6.3	1.7	3.4	2.4	6.0
200%-399%	77.5	62.1	56.9	27.0	29.9	5.2	6.5	3.2	11.9
400% or more	84.4	76.6	72.0	40.4	31.6	4.5	4.0	1.3	6.5
White	164.6	129.3	116.7	59.6	57.1	12.6	18.9	12.3	23.0
0-99%	14.6	4.2	2.3	1.1	1.1	1.9	6.3	5.7	4.9
100%-124%	5.0	2.1	1.5	0.8	0.8	0.6	1.7	1.3	1.6
125%-149%	5.8	3.2	2.5	1.1	1.4	0.7	1.4	1.0	1.6
150%-199%	12.7	8.3	7.0	3.0	3.9	1.4	2.1	1.4	3.1
200%-399%	55.9	46.6	42.4	19.8	22.6	4.2	4.4	2.0	7.1
400% or more	70.6	64.9	61.0	33.8	27.2	3.9	3.2	1.0	4.6
Black	31.0	17.2	15.8	8.7	7.1	1.4	8.2	6.9	7.1
0-99%	8.3	1.4	1.0	0.5	0.6	0.4	4.7	4.6	2.5
100%-124%	2.2	0.8	0.7	0.3	0.4	0.1	0.7	0.7	0.7
125%-149%	1.8	0.8	0.8	0.4	0.4	0.1	0.5	0.4	0.6
150%-199%	3.5	2.2	2.0	0.9	1.1	0.2	0.7	0.5	0.9
200%-399%	9.5	7.1	6.7	3.6	3.1	0.4	1.2	0.6	1.8
400% or more	5.7	4.8	4.7	3.1	1.6	0.2	0.4	0.2	0.7
Hispanic	29.1	13.3	12.3	5.8	6.5	1.0	6.2	5.5	10.5
0-99%	8.0	1.1	0.9	0.3	0.6	0.2	3.8	3.6	3.4
100%-124%	2.5	0.7	0.6	0.2	0.4	0.1	0.7	0.6	1.2
125%-149%	2.3	0.8	0.7	0.3	0.5	0.1	0.4	0.3	1.2
150%-199%	3.9	1.8	1.7	0.7	1.0	0.1	0.5	0.4	1.7
200%-399%	8.3	5.6	5.2	2.5	2.8	0.3	0.6	0.4	2.3
400% or more	4.0	3.3	3.1	1.8	1.3	0.2	0.2	0.1	0.6
Other	11.5	7.7	6.9	3.3	3.6	0.8	1.7	1.2	2.6
0-99%	1.8	0.5	0.3	0.1	0.2	0.2	0.8	0.8	0.6
100%-124%	0.4	0.2	0.1	0.0	0.1	0.0	0.1	0.1	0.2
125%-149%	0.3	0.1	0.1	0.0	0.0	0.1	0.1	0.1	0.1
150%-199%	0.9	0.6	0.5	0.2	0.3	0.0	0.1	0.1	0.3
200%-399%	3.8	2.9	2.6	1.1	1.5	0.3	0.4	0.1	0.8
400% or more	4.2	3.6	3.3	1.7	1.6	0.2	0.2	0.0	0.6
(percentage within race and poverty categories)									
Total	100.0%	70.9%	64.2%	32.8%	31.5%	6.7%	14.8%	11.0%	18.3%
0-99%	100.0	21.9	13.7	6.2	7.5	8.2	47.6	44.8	34.7
100%-124%	100.0	37.1	29.1	13.3	15.8	8.0	31.3	26.0	37.0
125%-149%	100.0	49.0	40.6	17.4	23.3	8.4	22.3	17.5	34.4
150%-199%	100.0	61.1	52.8	22.9	29.9	8.3	16.0	11.5	28.5
200%-399%	100.0	80.2	73.5	34.8	38.6	6.7	8.4	4.1	15.4
400% or more	100.0	90.7	85.3	47.8	37.5	5.3	4.7	1.5	7.7
White	100.0	78.6	70.9	36.2	34.7	7.7	11.5	7.5	14.0
0-99%	100.0	28.9	15.6	7.8	7.8	13.3	43.0	38.9	33.3
100%-124%	100.0	41.4	30.2	15.0	15.2	11.2	33.2	26.0	32.4
125%-149%	100.0	55.5	44.0	19.1	25.0	11.4	23.6	17.1	28.1
150%-199%	100.0	65.5	54.9	23.9	31.0	10.7	16.1	11.0	24.5
200%-399%	100.0	83.4	75.9	35.5	40.4	7.5	7.8	3.6	12.7
400% or more	100.0	92.0	86.4	47.9	38.6	5.5	4.5	1.4	6.6

(continued)

Table 6 (continued)

Race and Poverty Status	Total	Total Private	Employment-Based Coverage				Other Private	Total Public	Medicaid	Uninsured
			Total	Own name	Dependent					
(percentage within race and poverty categories))										
Black	100.0	55.5	51.0	28.0	23.0	4.5	26.4	22.4	22.9	
0-99%	100.0	17.3	12.5	5.6	6.8	4.8	57.0	54.9	29.8	
100%-124%	100.0	36.4	31.2	14.3	16.9	5.2	33.5	29.8	33.9	
125%-149%	100.0	47.6	43.9	19.8	24.1	3.7	26.0	23.2	32.2	
150%-199%	100.0	62.1	55.9	25.9	30.0	6.2	19.3	14.9	24.7	
200%-399%	100.0	74.5	70.2	37.5	32.7	4.3	12.1	6.5	18.7	
400% or more	100.0	84.8	81.6	53.8	27.9	3.1	7.8	3.1	11.8	
Hispanic	100.0	45.7	42.3	19.9	22.4	3.3	21.2	19.0	36.0	
0-99%	100.0	13.1	11.2	4.1	7.1	1.9	46.7	45.1	42.6	
100%-124%	100.0	29.4	25.5	9.5	16.0	4.0	26.3	23.1	48.0	
125%-149%	100.0	34.5	31.5	11.7	19.8	3.0	16.4	14.1	51.3	
150%-199%	100.0	46.2	43.2	17.0	26.2	3.0	12.9	10.6	43.9	
200%-399%	100.0	67.6	63.4	29.9	33.5	4.2	7.7	5.4	27.6	
400% or more	100.0	81.7	77.1	45.2	31.8	4.7	5.7	3.1	15.6	
Other	100.0	67.1	59.8	28.5	31.3	7.3	14.6	10.8	22.3	
0-99%	100.0	25.1	15.2	6.1	9.0	9.9	45.5	44.2	34.3	
100%-124%	100.0	34.6	27.0	11.1	16.0	7.6	25.8	24.2	43.5	
125%-149%	100.0	45.2	26.9	13.4	13.5	18.3	22.1	17.2	36.5	
150%-199%	100.0	59.8	54.7	23.2	31.5	5.1	14.3	9.1	31.6	
200%-399%	100.0	74.9	67.5	29.4	38.1	7.4	9.8	3.9	20.6	
400% or more	100.0	85.3	79.5	41.7	37.8	5.8	3.6	0.9	13.3	

Source: Employee Benefit Research Institute estimates of the March 1998 Current Population Survey.

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

Location

The proportion of the nonelderly population with and without health insurance varies by location. In 14 states, 20 percent or more of the population was uninsured in 1997 (table 7). These states are in large part concentrated in the south central and southwestern parts of the United States (chart 5). In many of these states a smaller proportion of the population was eligible for private insurance and/or a larger proportion was eligible for publicly financed health programs than the national average. Lower average income and higher unemployment rates may both 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. In contrast, states with a low percentage of uninsured individuals include Hawaii, Wisconsin, Minnesota, Vermont, and Pennsylvania.

The percentage of the population without any form of health insurance coverage also varies by metropolitan region. For example, 19.1 percent of the population residing in Consolidated Metropolitan Statistical Areas (CMSAs) were uninsured in 1997 (table 8), compared with 18.3 percent overall. The Houston-Galveston-Brazoria, TX, CMSA had the highest

percentage uninsured among CMSAs, at 28.2 percent, followed by Los Angeles-Riverside-Orange County, CA, at 27.2 percent and Miami-Fort Lauderdale, FL, at 26.6 percent. This compares with 8.2 percent uninsured in the Milwaukee-Racine, WI, CMSA.

Citizenship

Citizenship is a primary factor in the likelihood of an individual having coverage and the source of that coverage (table 9). In California, for example, 17.2 percent of nonelderly individuals reported that they were noncitizens, compared with 6.6 percent of the nation as a whole. Over 45 percent of nonelderly respondents indicating they were noncitizens were uninsured in 1997, compared with 16.3 percent of citizens. In Florida and Texas, over 50 percent of the noncitizen population was uninsured. High uninsured rates may be due in part to the fact that a higher proportion of noncitizens than citizens were in low-income families, were likely to be nonworkers, or were likely to work in small firms.

Employment

Eighty-four percent of the uninsured lived in families

Table 7
Nonelderly Population With Selected Sources of Health Insurance, by Region and State, 1997

Region and State	Total	Total Private	Employment-Based Coverage			Other Private	Total Public	Medicaid	Uninsured
			Total	Own name	Dependent				
(millions)									
Total	236.2	167.5	151.7	77.4	74.3	15.8	34.9	26.0	43.1
New England	11.5	8.7	8.0	4.0	4.0	0.7	1.7	1.3	1.6
Maine	1.1	0.8	0.7	0.4	0.3	0.1	0.2	0.1	0.2
New Hampshire	1.1	0.8	0.8	0.4	0.4	0.1	0.1	0.1	0.1
Vermont	0.5	0.4	0.3	0.2	0.2	0.0	0.1	0.1	0.1
Massachusetts	5.2	3.9	3.6	1.9	1.7	0.3	0.8	0.7	0.7
Rhode Island	0.8	0.6	0.5	0.3	0.3	0.1	0.1	0.1	0.1
Connecticut	2.9	2.3	2.1	1.0	1.2	0.1	0.3	0.2	0.4
Middle Atlantic	33.0	23.6	21.8	11.0	10.8	1.8	4.7	4.1	5.6
New York	15.7	10.3	9.5	4.8	4.7	0.8	2.7	2.4	3.1
New Jersey	7.1	5.3	4.9	2.5	2.4	0.4	0.7	0.5	1.3
Pennsylvania	10.3	8.1	7.4	3.7	3.7	0.6	1.4	1.2	1.2
East North Central	38.8	30.5	28.1	13.7	14.4	2.3	4.5	3.6	5.0
Ohio	9.8	7.6	7.1	3.5	3.6	0.5	1.1	0.8	1.3
Indiana	5.2	4.3	3.9	2.0	2.0	0.4	0.4	0.3	0.7
Illinois	10.7	8.3	7.6	3.7	3.9	0.7	1.3	1.0	1.5
Michigan	8.6	6.4	5.9	2.8	3.1	0.5	1.3	1.2	1.1
Wisconsin	4.5	3.9	3.6	1.8	1.8	0.3	0.4	0.3	0.4
West North Central	16.1	12.6	11.0	5.5	5.5	1.6	2.2	1.6	2.1
Minnesota	4.3	3.4	3.0	1.5	1.5	0.4	0.7	0.6	0.4
Iowa	2.5	2.0	1.7	0.8	0.9	0.3	0.2	0.2	0.3
Missouri	4.5	3.4	3.1	1.7	1.4	0.4	0.6	0.4	0.7
North Dakota	0.5	0.4	0.3	0.1	0.2	0.1	0.1	0.0	0.1
South Dakota	0.6	0.5	0.4	0.2	0.2	0.1	0.1	0.1	0.1
Nebraska	1.4	1.1	1.0	0.4	0.5	0.2	0.2	0.1	0.2
Kansas	2.2	1.7	1.5	0.7	0.8	0.2	0.3	0.2	0.3
South Atlantic	41.3	29.0	26.3	14.2	12.0	2.8	6.4	4.0	7.9
Delaware	0.6	0.5	0.5	0.2	0.2	0.0	0.1	0.1	0.1
Maryland	4.4	3.5	3.2	1.7	1.5	0.3	0.4	0.3	0.7
District of Columbia	0.4	0.3	0.3	0.2	0.1	0.0	0.1	0.1	0.1
Virginia	5.9	4.4	4.0	2.1	1.9	0.4	1.0	0.5	0.8
West Virginia	1.4	0.9	0.9	0.4	0.4	0.1	0.3	0.2	0.3
North Carolina	6.4	4.6	4.1	2.4	1.8	0.4	1.1	0.6	1.1
South Carolina	3.4	2.5	2.2	1.2	1.1	0.2	0.5	0.3	0.6
Georgia	6.9	4.7	4.3	2.3	2.0	0.3	1.3	0.9	1.3
Florida	11.8	7.7	6.8	3.8	2.9	1.0	1.6	1.1	2.8
East South Central	14.5	9.8	8.7	4.6	4.1	1.0	2.9	2.2	2.5
Kentucky	3.5	2.4	2.1	1.1	1.0	0.2	0.7	0.4	0.6
Tennessee	4.9	3.3	2.9	1.5	1.4	0.4	1.3	1.1	0.8
Alabama	3.6	2.6	2.3	1.2	1.1	0.3	0.5	0.4	0.7
Mississippi	2.4	1.6	1.4	0.7	0.6	0.2	0.4	0.3	0.6
West South Central	26.8	17.0	15.6	7.9	7.6	1.4	4.1	2.8	6.8
Arkansas	2.3	1.3	1.2	0.6	0.6	0.1	0.4	0.3	0.6
Louisiana	3.7	2.5	2.2	1.1	1.1	0.2	0.6	0.4	0.8
Oklahoma	2.9	2.0	1.8	0.9	0.9	0.2	0.6	0.2	0.6
Texas	17.9	11.3	10.4	5.3	5.0	0.9	2.5	1.9	4.8
Mountain	15.0	10.5	9.3	4.6	4.7	1.1	1.9	1.3	3.2
Montana	0.8	0.5	0.5	0.2	0.2	0.1	0.1	0.1	0.2
Idaho	1.1	0.8	0.7	0.3	0.3	0.1	0.1	0.1	0.2
Wyoming	0.4	0.3	0.3	0.1	0.2	0.0	0.1	0.0	0.1
Colorado	3.5	2.7	2.4	1.3	1.1	0.3	0.4	0.2	0.6
New Mexico	1.6	1.0	0.9	0.4	0.5	0.1	0.3	0.3	0.4
Arizona	4.1	2.5	2.3	1.1	1.2	0.3	0.6	0.4	1.1
Utah	1.9	1.5	1.4	0.5	0.8	0.1	0.2	0.1	0.3
Nevada	1.5	1.1	1.0	0.6	0.4	0.1	0.2	0.1	0.3

(continued)

Table 7 (continued)

Region and State	Total	Total Private	Employment-Based Coverage			Other Private	Total Public	Medicaid	Uninsured
			Total	Own name	Dependent				
(millions)									
Pacific	39.2	25.9	22.9	11.8	11.1	2.9	6.5	5.2	8.3
Washington	5.2	4.0	3.4	1.9	1.6	0.5	0.9	0.7	0.6
Oregon	2.9	2.2	2.0	1.1	0.9	0.2	0.4	0.4	0.4
California	29.5	18.6	16.5	8.4	8.2	2.1	4.8	4.0	7.0
Alaska	0.6	0.4	0.3	0.2	0.2	0.0	0.2	0.1	0.1
Hawaii	1.0	0.7	0.7	0.4	0.3	0.1	0.2	0.1	0.1
(percentage)									
Total	100.0%	70.9%	64.2%	32.8%	31.5%	6.7%	14.8%	11.0%	18.3%
New England	100.0	75.9	70.0	34.8	35.2	5.9	14.5	11.1	14.1
Maine	100.0	73.5	67.0	34.6	32.4	6.5	15.5	8.8	17.1
New Hampshire	100.0	78.4	72.5	33.9	38.7	5.9	12.2	9.6	13.4
Vermont	100.0	76.0	66.5	32.7	33.8	9.4	21.8	17.4	10.8
Massachusetts	100.0	74.2	68.3	36.0	32.3	5.9	16.1	13.1	14.3
Rhode Island	100.0	75.7	68.5	35.2	33.3	7.1	16.3	12.3	12.3
Connecticut	100.0	79.1	74.2	33.4	40.8	4.9	10.0	7.5	13.8
Middle Atlantic	100.0	71.5	66.0	33.4	32.6	5.5	14.4	12.5	17.1
New York	100.0	65.4	60.3	30.7	29.6	5.0	17.2	15.1	20.0
New Jersey	100.0	74.6	69.1	35.0	34.1	5.4	9.4	7.7	18.4
Pennsylvania	100.0	78.6	72.4	36.4	36.1	6.2	13.5	11.7	11.7
East North Central	100.0	78.5	72.5	35.3	37.2	6.1	11.6	9.2	12.9
Ohio	100.0	78.0	72.5	35.4	37.1	5.6	11.6	8.3	13.1
Indiana	100.0	82.2	75.1	37.6	37.5	7.1	7.3	4.9	12.8
Illinois	100.0	77.1	70.9	34.4	36.5	6.1	12.0	9.5	13.9
Michigan	100.0	74.9	69.0	32.8	36.2	5.9	15.2	13.6	13.2
Wisconsin	100.0	85.8	79.9	39.2	40.7	5.9	8.9	6.7	9.1
West North Central	100.0	78.2	68.0	34.0	34.0	10.2	13.4	9.7	13.0
Minnesota	100.0	79.7	70.0	34.4	35.6	9.6	15.9	13.8	10.2
Iowa	100.0	81.3	69.7	33.7	35.9	11.6	9.1	7.3	13.6
Missouri	100.0	75.9	67.5	36.7	30.8	8.3	12.2	8.8	14.7
North Dakota	100.0	73.8	61.3	27.4	33.9	12.5	13.2	7.3	17.9
South Dakota	100.0	78.9	62.0	31.6	30.3	16.9	13.0	8.5	13.7
Nebraska	100.0	78.8	67.5	30.8	36.7	11.3	14.9	9.8	12.3
Kansas	100.0	77.3	66.9	32.3	34.6	10.4	15.0	7.1	13.7
South Atlantic	100.0	70.2	63.5	34.4	29.1	6.7	15.4	9.7	19.1
Delaware	100.0	74.2	70.6	35.3	35.3	3.6	16.3	11.6	15.2
Maryland	100.0	79.5	72.0	37.6	34.5	7.4	10.1	6.2	15.0
District of Columbia	100.0	65.0	58.8	40.4	18.4	6.1	20.7	17.8	18.3
Virginia	100.0	74.5	68.1	35.0	33.1	6.3	16.3	8.4	14.3
West Virginia	100.0	64.5	60.4	29.9	30.5	4.2	18.5	14.1	20.6
North Carolina	100.0	71.0	64.6	36.8	27.9	6.4	16.4	9.9	17.7
South Carolina	100.0	72.1	65.0	34.0	31.0	7.1	16.0	9.6	18.8
Georgia	100.0	67.9	63.0	33.8	29.2	4.9	18.4	12.8	19.5
Florida	100.0	65.6	57.5	32.5	25.0	8.1	14.0	9.0	23.7
East South Central	100.0	67.6	60.4	32.1	28.3	7.2	20.3	15.1	17.6
Kentucky	100.0	68.0	62.0	32.7	29.3	6.0	20.4	12.8	17.0
Tennessee	100.0	66.0	58.8	31.2	27.6	7.2	26.4	21.7	15.2
Alabama	100.0	71.4	64.1	33.5	30.6	7.3	14.0	10.1	18.0
Mississippi	100.0	64.4	55.6	30.8	24.8	8.8	16.9	12.3	22.6
West South Central	100.0	63.4	58.1	29.6	28.5	5.4	15.3	10.6	25.5
Arkansas	100.0	57.2	51.2	25.2	26.0	6.0	19.4	13.5	28.2
Louisiana	100.0	66.4	60.5	30.5	30.0	5.9	16.7	10.2	22.2
Oklahoma	100.0	68.9	62.2	30.6	31.6	6.7	19.0	8.1	20.4
Texas	100.0	62.7	57.8	29.7	28.0	5.0	13.9	10.7	26.7

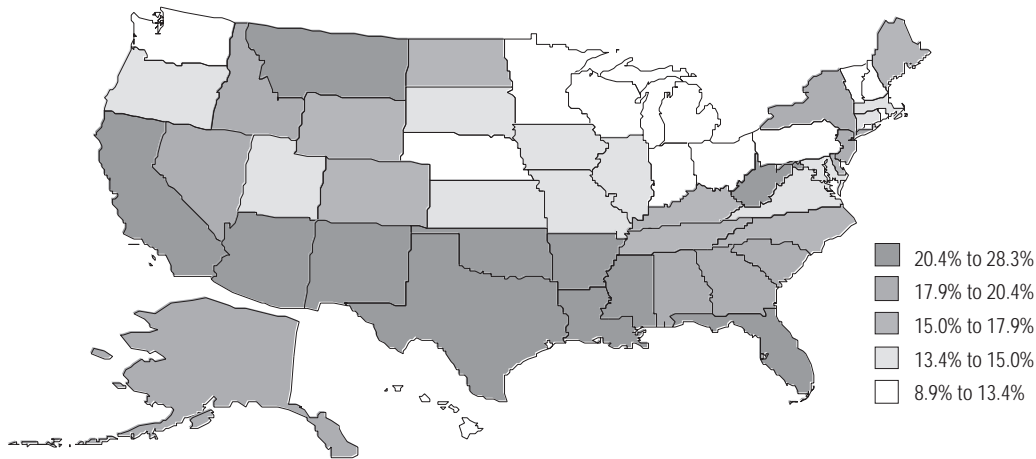
(continued)

Table 7 (continued)

Region and State	Total	Total Private	Employment-Based Coverage			Other Private	Total Public	Medicaid	Uninsured
			Total	Own name	Dependent				
(percentage)									
Mountain	100.0%	69.9%	62.2%	30.6%	31.6%	7.7%	12.9%	8.5%	21.3%
Montana	100.0	67.2	57.8	28.6	29.1	9.4	13.9	9.5	22.1
Idaho	100.0	71.1	62.0	30.8	31.3	9.1	13.1	8.9	20.0
Wyoming	100.0	72.3	63.2	26.5	36.6	9.1	13.0	7.7	17.6
Colorado	100.0	76.7	67.9	36.3	31.6	8.8	10.3	5.5	16.5
New Mexico	100.0	59.6	52.4	23.9	28.5	7.1	20.3	16.1	25.2
Arizona	100.0	62.2	55.6	27.0	28.6	6.6	14.1	9.8	27.9
Utah	100.0	79.7	71.8	28.7	43.1	7.8	9.3	6.5	14.8
Nevada	100.0	73.4	67.4	38.3	29.1	6.0	11.6	5.9	20.0
Pacific	100.0	66.0	58.5	30.2	28.3	7.5	16.7	13.3	21.2
Washington	100.0	75.9	65.7	35.8	29.9	10.1	17.4	12.9	12.4
Oregon	100.0	76.3	68.0	36.3	31.7	8.3	14.5	12.3	14.8
California	100.0	63.0	56.0	28.4	27.6	7.0	16.4	13.6	23.8
Alaska	100.0	63.9	57.9	26.9	31.0	6.0	27.1	9.4	19.8
Hawaii	100.0	74.1	66.9	38.2	28.7	7.2	21.6	11.4	8.9

Source: Employee Benefit Research Institute estimates of the March 1998 Current Population Survey.
 Note: Details may not add to totals because individuals may receive coverage from more than one source.

Chart 5
 Percentage Uninsured, by State, 1997



Source: Employee Benefit Research Institute estimates of the March 1998 Current Population Survey.

headed by workers in 1997, primarily because most people live in families headed by workers, including one-person families (table 2). Sixteen percent of the uninsured were in families in which the family head did not work.

Industry

Uninsured workers were most likely to be employed in the wholesale and retail trade industry (table 3). This is not surprising as workers, in general, are most likely to

Table 8
**Nonelderly Population Living in Consolidated Metropolitan Statistical Areas (CMSAs)
 With Selected Sources of Health Insurance, by CMSA,^a 1997**

CMSA	Total	Total Private	Employment-Based Coverage			Other Private	Total Public	Medicaid	Uninsured
			Total	Own name	Dependent				
(millions)									
Total	94.2	66.8	61.4	31.5	29.9	5.5	12.1	9.9	18.0
Boston-Worcester-Lawrence, MA-NH-ME-CT	4.9	3.7	3.4	1.8	1.6	0.3	0.8	0.6	0.7
Chicago-Gary-Kenosha, IL-IN-WI	7.4	5.7	5.3	2.6	2.7	0.4	0.8	0.6	1.1
Cincinnati-Hamilton, OH-KY-IN	1.6	1.4	1.3	0.6	0.7	0.1	0.1	0.0	0.2
Cleveland-Akron, OH	2.8	2.2	2.1	1.0	1.1	0.1	0.3	0.2	0.3
Dallas-Fort Worth, TX	4.9	3.4	3.2	1.7	1.5	0.2	0.5	0.4	1.2
Denver-Boulder-Greeley, CO	2.1	1.7	1.5	0.8	0.7	0.2	0.2	0.1	0.3
Detroit-Ann Arbor-Flint, MI	5.0	3.8	3.5	1.7	1.8	0.2	0.7	0.7	0.6
Houston-Galveston-Brazoria, TX	4.4	2.8	2.6	1.3	1.3	0.2	0.5	0.4	1.2
Los Angeles-Riverside-Orange County, CA	14.6	8.6	7.8	3.9	3.9	0.8	2.3	2.0	4.0
Miami-Fort Lauderdale, FL	3.1	2.0	1.8	0.9	0.8	0.2	0.4	0.3	0.8
Milwaukee-Racine, WI	1.6	1.4	1.3	0.6	0.7	0.1	0.1	0.1	0.1
New York-Northern New Jersey-Long Island, NY-NJ-CT-PA	17.6	11.7	10.9	5.6	5.3	0.9	2.5	2.2	3.7
Philadelphia-Wilmington-Atlantic City, PA-NJ-DE-MD	5.3	3.9	3.6	1.9	1.7	0.3	0.8	0.7	0.8
Portland-Salem, OR-WA	2.0	1.6	1.5	0.8	0.7	0.1	0.3	0.2	0.2
Sacramento-Yolo, CA	1.5	1.0	0.9	0.4	0.5	0.1	0.3	0.3	0.2
San Francisco-Oakland-San Jose, CA	5.9	4.5	4.0	2.2	1.8	0.5	0.5	0.3	1.0
Seattle-Tacoma-Bremerton, WA	3.2	2.6	2.3	1.3	1.0	0.3	0.5	0.3	0.3
Washington-Baltimore, DC-MD-VA-WV	6.3	4.9	4.5	2.4	2.1	0.4	0.7	0.5	0.9
(percentage within CMSA category)									
Total	100.0%	70.9%	65.1%	33.4%	31.7%	5.8%	12.9%	10.5%	19.1%
Boston-Worcester-Lawrence, MA-NH-ME-CT	100.0	75.3	69.4	36.1	33.3	5.9	15.4	12.2	14.1
Chicago-Gary-Kenosha, IL-IN-WI	100.0	76.6	70.9	35.1	35.7	5.7	10.3	8.1	15.4
Cincinnati-Hamilton, OH-KY-IN	100.0	83.7	80.0	38.9	41.1	3.7	5.8	2.2	12.5
Cleveland-Akron, OH	100.0	79.1	74.0	34.4	39.6	5.1	10.8	8.4	12.3
Dallas-Fort Worth, TX	100.0	69.0	64.8	34.6	30.1	4.2	9.8	7.3	24.4
Denver-Boulder-Greeley, CO	100.0	81.0	71.4	39.4	32.0	9.5	8.1	6.1	13.4
Detroit-Ann Arbor-Flint, MI	100.0	75.1	70.4	33.4	37.0	4.7	15.0	13.7	12.8
Houston-Galveston-Brazoria, TX	100.0	63.6	59.1	30.6	28.5	4.5	11.2	9.1	28.2
Los Angeles-Riverside-Orange County, CA	100.0	59.1	53.5	26.7	26.8	5.6	15.6	13.8	27.2
Miami-Fort Lauderdale, FL	100.0	63.6	55.8	29.9	25.9	7.8	11.9	9.4	26.6
Milwaukee-Racine, WI	100.0	85.9	81.6	39.3	42.3	4.3	8.7	6.9	8.2
New York-Northern New Jersey-Long Island, NY-NJ-CT-PA	100.0	66.6	61.7	31.8	29.9	4.9	14.1	12.5	21.2
Philadelphia-Wilmington-Atlantic City, PA-NJ-DE-MD	100.0	73.4	68.7	35.7	33.0	4.8	14.7	12.4	15.1
Portland-Salem, OR-WA	100.0	80.0	73.5	39.7	33.8	6.5	13.0	10.9	11.7
Sacramento-Yolo, CA	100.0	68.6	62.2	30.4	31.8	6.4	23.7	19.5	16.0
San Francisco-Oakland-San Jose, CA	100.0	77.5	68.6	37.3	31.3	9.0	8.5	5.6	17.5
Seattle-Tacoma-Bremerton, WA	100.0	81.4	72.0	39.4	32.6	9.4	14.4	9.0	10.4
Washington-Baltimore, DC-MD-VA-WV	100.0	77.4	70.9	37.2	33.7	6.5	11.2	7.2	14.9

Source: Employee Benefit Research Institute estimates of the March 1998 Current Population Survey.

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

^aThe specific metropolitan identifiers on this file are based on the Office of Management and Budget's June 30, 1993, definitions.

Table 9
Nonelderly Population With and Without Health Insurance, in Regions and States With 500,000 or More Noncitizens, by Region, State, and Citizenship, 1997

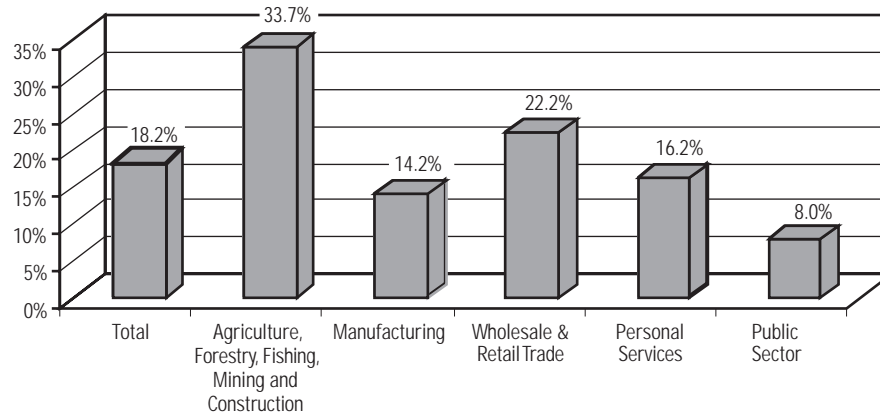
Region and State	Total Population	Percentage Noncitizens	Insured			Uninsured			Percentage Uninsured	
			Total	Citizen	Noncitizen	Total	Citizen	Noncitizen	Citizen	Noncitizen
Total	236.2	6.6%	193.1	184.6	8.5	43.1	36.0	7.1	16.3%	45.6%
New England	11.5	4.9	9.9	9.4	0.4	1.6	1.5	0.1	13.5	24.3
Middle Atlantic	33.0	8.8	27.4	25.8	1.6	5.6	4.3	1.3	14.4	45.3
New York	15.7	12.8	12.6	11.5	1.0	3.1	2.2	1.0	15.9	48.1
New Jersey	7.1	9.1	5.8	5.4	0.4	1.3	1.0	0.3	16.0	42.7
East North Central	33.6	3.6	29.2	28.4	0.8	4.3	3.9	0.4	12.0	34.6
Illinois	10.7	6.6	9.2	8.8	0.4	1.5	1.2	0.3	12.0	40.7
South Atlantic	36.5	5.6	29.5	28.4	1.1	6.9	6.1	0.9	17.6	44.0
Florida	11.8	10.2	9.0	8.4	0.6	2.8	2.2	0.6	20.6	50.7
West South Central	26.8	6.2	20.0	19.2	0.8	6.8	6.0	0.9	23.7	54.0
Texas	17.9	8.5	13.1	12.5	0.7	4.8	3.9	0.8	24.0	55.4
Mountain	15.0	6.4	11.8	11.3	0.5	3.2	2.7	0.5	19.2	51.9
Pacific	39.2	14.4	30.9	28.0	2.9	8.3	5.6	2.7	16.6	48.4
California	29.5	17.2	22.5	19.9	2.6	7.0	4.5	2.5	18.5	49.1

Source: Employee Benefit Research Institute estimates of the March 1998 Current Population Survey.

be employed in the wholesale and retail trade industry. For example, 33.3 percent of all workers are employed in the wholesale and retail trade industry, while 40.6 percent of uninsured workers are in this industry. This leads us to believe that workers employed in the wholesale and retail trade industry are more likely to be

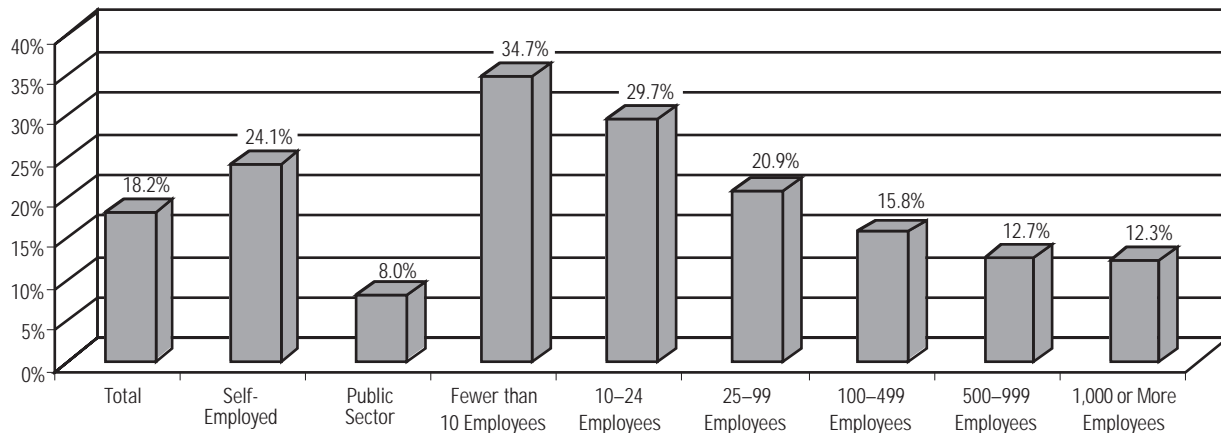
uninsured than most other workers. Specifically, data in the bottom part of table 3 and in chart 6 show that workers who were most likely to be uninsured were those working in agriculture, forestry, fishing, mining, and construction (33.7 percent), followed by workers in the wholesale and retail trade industry).

Chart 6
Percentage of Uninsured Among Workers Ages 18-64, by Industry, 1997



Source: Employee Benefit Research Institute estimates of the March 1998 Current Population Survey.

Chart 7
Percentage Uninsured Among Workers Ages 18-64, by Firm Size, 1997



Source: Employee Benefit Research Institute estimates of the March 1998 Current Population Survey.

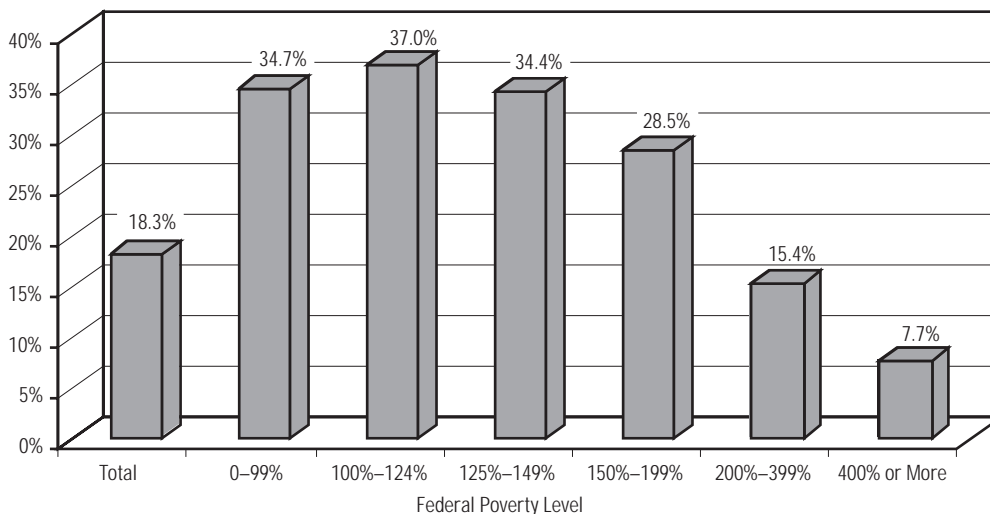
Firm Size

Almost 48 percent of all uninsured workers were either self-employed or working in private-sector firms with fewer than 25 employees in 1997 (table 4). Twenty-four percent of self-employed workers were uninsured, compared with 18.2 percent of all workers (table 4 and chart 7). Thirty-five percent of workers in private-sector firms with fewer than 10 employees were uninsured, compared with 12.3 percent of workers in private-sector firms with 1,000 or more employees.

Income

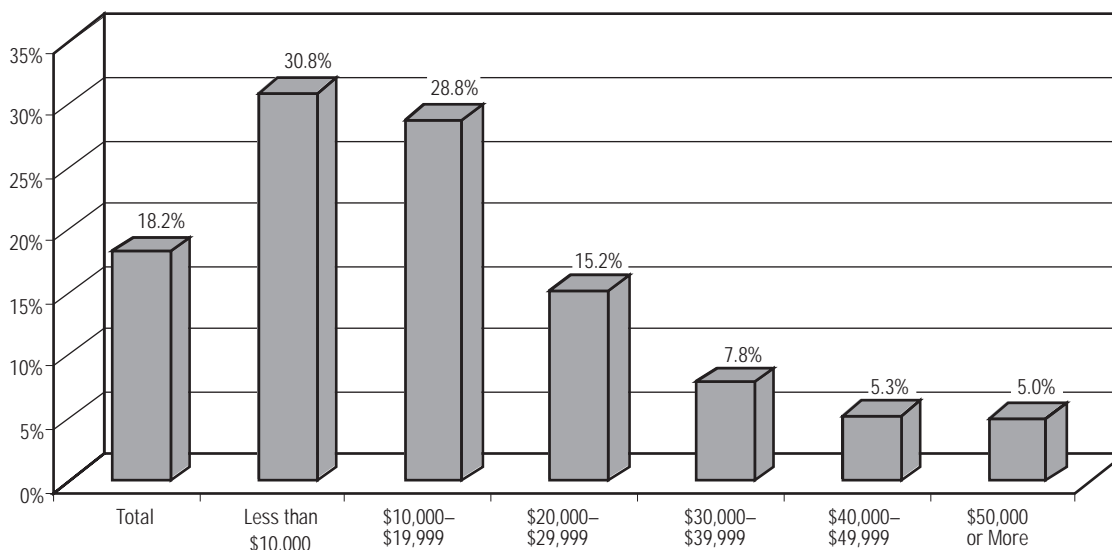
The uninsured are concentrated disproportionately in low-income families. In 1997, 43.5 percent of the uninsured were in families with annual income under \$20,000 annually (table 5). Almost 43 percent of individuals in families with income less than \$5,000 were uninsured, compared with 7.8 percent of those in families with annual income of \$50,000 or more. Generally, as income increases, the percentage of the population without health insurance decreases, the percentage

Chart 8
Percentage Uninsured Among Nonelderly Population, by Family Income as a Percentage of the Federal Poverty Level, 1997



Source: Employee Benefit Research Institute estimates of the March 1998 Current Population Survey.

Chart 9
Percentage Uninsured Among Workers Ages 18-64, by Total Earnings, 1997



Source: Employee Benefit Research Institute estimates of the March 1998 Current Population Survey.

covered by private health insurance increases, and the percentage covered by publicly financed health insurance programs decreases (table 5 and chart 8).

Workers with low earnings are more likely to be uninsured than those with high earnings. Thirty-one percent of workers with earnings under \$10,000 were uninsured, compared with 5.0 percent of workers with earnings of \$50,000 or more (chart 9). Low-income workers are generally employed in industries less likely to offer health insurance, may have a weaker (or temporary) attachment to the work force, and have less disposable income to allocate to the purchase of health insurance.

Race and Origin

While 70 percent of the nonelderly population is white, this group comprised 53 percent of the uninsured 1997 (table 6). Individuals of Hispanic origin were more likely to be uninsured than other groups (36.0 percent). This may be due in part to the fact that 57.4 percent of the Hispanic population reported income of less than 200 percent of the federal

poverty level. However, even at higher income levels, Hispanics were generally more likely to be uninsured than other racial groups and were less likely to be covered by private health insurance.

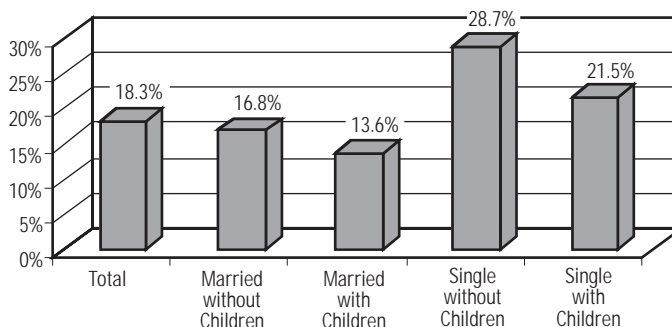
At the lowest income levels, blacks were more often insured than whites, but this finding was reversed at all higher income levels. Blacks were generally more likely than other racial or ethnic groups to receive publicly financed health insurance at all income levels.

Family Type

Single individuals and individuals in single-parent

families were more likely to be uninsured than married couples either with or without children (chart 10). Married couples and two-parent families may have higher income levels, and both adults may be employed, increasing their chances of receiving employment-based coverage; in addition, if not covered through an employer, they may be more able to afford individually purchased private health insurance.

Chart 10
Percentage Uninsured Among the Nonelderly Population, by Family Type, 1997



Source: Employee Benefit Research Institute estimates of the March 1998 Current Population Survey.

Table 10
Persons Ages 18-64 With Selected Sources of Health Insurance, by Gender and Age, 1997

Gender and Age	Total	Total Private	Employment-Based Coverage			Other Private	Total Public	Medicaid	Uninsured
			Total	Own name	Dependent				
(millions)									
Total	164.5	119.6	109.0	77.1	31.8	10.6	18.1	11.4	32.4
Ages 18-20	11.3	7.3	6.1	1.1	4.9	1.2	1.6	1.2	2.9
Ages 21-24	13.8	7.9	6.5	4.1	2.4	1.4	1.6	1.3	4.7
Ages 25-34	39.0	27.0	25.4	19.5	5.9	1.6	3.6	2.8	9.2
Ages 35-44	44.2	33.6	31.5	22.7	8.7	2.1	4.0	2.7	7.7
Ages 45-54	34.0	27.0	25.1	18.8	6.3	2.0	3.6	1.8	4.7
Ages 55-64	22.2	16.7	14.5	10.8	3.6	2.3	3.8	1.5	3.2
Males	80.8	58.8	53.9	43.6	10.3	4.9	7.1	3.7	17.4
Ages 18-20	5.7	3.7	3.2	0.6	2.6	0.5	0.6	0.4	1.5
Ages 21-24	6.9	3.8	3.2	2.2	1.0	0.6	0.4	0.3	2.7
Ages 25-34	19.2	13.3	12.5	10.9	1.5	0.8	1.0	0.8	5.3
Ages 35-44	21.8	16.5	15.5	13.2	2.2	1.0	1.6	1.0	4.1
Ages 45-54	16.6	13.2	12.3	10.5	1.8	0.9	1.7	0.6	2.4
Ages 55-64	10.7	8.2	7.3	6.2	1.1	0.9	1.8	0.6	1.4
Females	83.8	60.8	55.0	33.5	21.5	5.8	11.0	7.7	15.0
Ages 18-20	5.6	3.5	2.9	0.6	2.3	0.7	1.0	0.8	1.4
Ages 21-24	6.9	4.1	3.3	1.9	1.4	0.8	1.2	1.0	1.9
Ages 25-34	19.8	13.8	12.9	8.6	4.3	0.8	2.6	2.1	3.9
Ages 35-44	22.4	17.1	16.0	9.5	6.5	1.1	2.4	1.7	3.6
Ages 45-54	17.5	13.8	12.7	8.3	4.4	1.1	2.0	1.1	2.4
Ages 55-64	11.6	8.5	7.2	4.6	2.5	1.3	2.0	0.9	1.8
(percentage within gender and age categories)									
Total	100.0%	72.7%	66.2%	46.9%	19.4%	6.4%	11.0%	6.9%	19.7%
Ages 18-20	100.0	64.4	53.7	10.0	43.7	10.6	13.9	10.9	25.9
Ages 21-24	100.0	57.5	47.3	29.7	17.5	10.3	11.5	9.6	33.8
Ages 25-34	100.0	69.3	65.1	50.0	15.0	4.2	9.3	7.3	23.5
Ages 35-44	100.0	76.0	71.2	51.4	19.8	4.8	9.0	6.1	17.4
Ages 45-54	100.0	79.5	73.7	55.3	18.4	5.8	10.7	5.2	13.9
Ages 55-64	100.0	75.3	65.0	48.6	16.4	10.3	16.9	6.8	14.3
Males	100.0	72.8	66.8	54.0	12.8	6.0	8.8	4.6	21.5
Ages 18-20	100.0	65.7	56.1	9.9	46.1	9.7	10.8	7.9	27.2
Ages 21-24	100.0	56.1	46.8	31.8	15.0	9.3	5.8	4.2	39.8
Ages 25-34	100.0	68.9	64.8	56.9	7.9	4.2	5.3	3.9	27.4
Ages 35-44	100.0	75.7	71.0	60.7	10.3	4.7	7.4	4.5	19.0
Ages 45-54	100.0	80.0	74.5	63.6	10.9	5.5	10.0	3.9	14.2
Ages 55-64	100.0	77.1	68.3	57.9	10.4	8.8	17.0	5.5	12.9
Females	100.0	72.6	65.7	40.0	25.7	6.9	13.2	9.1	17.9
Ages 18-20	100.0	63.0	51.4	10.1	41.3	11.6	17.0	14.0	24.6
Ages 21-24	100.0	59.0	47.8	27.7	20.0	11.2	17.1	14.9	27.9
Ages 25-34	100.0	69.6	65.3	43.4	22.0	4.3	13.1	10.5	19.7
Ages 35-44	100.0	76.2	71.4	42.4	29.0	4.8	10.6	7.7	15.9
Ages 45-54	100.0	79.0	73.0	47.5	25.5	6.0	11.3	6.4	13.7
Ages 55-64	100.0	73.6	62.0	40.1	21.8	11.6	16.9	8.0	15.6

Source: Employee Benefit Research Institute estimates of the March 1998 Current Population Survey.

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

Age

Individuals ages 45-54 were less likely to be uninsured (13.9 percent), and individuals ages 21-24 were more likely to be uninsured (33.8 percent), than those in all other age groups in 1997 (table 10). The high proportion of young adults without health insurance may occur

because they are no longer covered by a family policy and may not have established themselves as permanent members of the work force. Some young adults may also have lost access to Medicaid, which covered them up through age 18 in some states. Many in this group may think that they do not need health insurance because their probability of encountering a high-cost medical

event is very low. In addition, young workers may be ineligible for an employment-based plan because of waiting periods imposed prior to eligibility. Finally, examination of individuals ages 55–64 indicates that retirees are more likely to be uninsured (16.7 percent) than workers (12.5 percent) (table 11).

Children

Fifteen percent of all children—or 10.7 million children—were not covered by private health insurance and were either ineligible or did not receive publicly financed medical assistance in 1997 (table 12). Sixty-eight percent of all uninsured children were in families with income below 200 percent of the poverty level. Twenty-two percent of children whose family head did not work were uninsured (chart 11). Most uninsured children were in families whose head was employed year-round, either full time or part time, with no unemployment (70.0 percent) (chart 12). However, children in families headed by full-year, full-time workers were less likely to be uninsured than those whose family head worked part time or experienced some unemployment (chart 11).

Policy Implications

The number and percentage of nonelderly Americans without health insurance is a concern to all

Americans for a number of reasons, given the public policy goal of assuring all residents access to care. Individuals without health insurance are less likely to receive basic health care services than insured individuals. As a result, the population's overall health status is lower, and individuals' overall productivity may be lower. Uninsured individuals are more likely to delay seeking treatment for illness, and often seek care in a very expensive emergency room setting. Providers of health care, especially hospitals, are often uncompen-

sated for the care that they provide to uninsured individuals and may seek to shift the cost of that care to other private and public payers. However, the movement toward a more competitive health care market and the use of alternative forms of third-party reimbursement arrangements, such as capitation, fee schedules, and discounting, have made it more difficult for health care providers to shift these costs to other payers of health care (Morrisey, 1996). To the degree that cost shifting is possible, premiums for health insurance are higher than they would otherwise be, and tax revenue is used to finance uncompensated care provided in public hospitals or by public programs.

Despite the growing economy and the lowest unemployment rates in over 25 years, the percentage of nonelderly Americans without any source of health insurance continues to grow. It is unlikely that public policies will have any major effect on decreasing the size of the uninsured, and they may increase it. The health reform bills passed by the 104th and 105th Congresses may in fact have little impact on the size of the insured and uninsured populations. For example, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides for a medical savings account (MSA) demonstration project of up to 750,000 individuals. However, according to Internal Revenue Service Announcement 98-788, the number of MSAs set up under HIPAA is far below the cut-off threshold of 750,000 policies set by the legislation. As of June 30, 1998, 54,702 taxpayers had established MSAs, although 17,688 of that number were reported as previously insured and were not counted toward the limit.

The only recent policy that may have a major impact on the uninsured population is the state Children's Health Insurance Program (CHIP). This program is expected to provide health insurance coverage to 2.4 million uninsured children over the next three years. However, even before the program is fully functional, it can be seen that the recent increase in the uninsured consisted largely of adults (see charts 1 and 2).

Table 11
Persons Ages 18-64 With Selected Sources of Health Insurance, by Age and Activity, 1997

Age and Activity	Total	Total Private	Employment-Based Coverage			Other Private	Total Public	Medicaid	Uninsured
			Total	Own name	Dependent				
(millions)									
Total	164.5	119.6	109.0	77.1	31.8	10.6	18.1	11.4	32.4
Working	134.8	105.4	97.4	74.2	23.2	8.1	8.5	4.9	24.6
Retired	4.5	3.0	2.4	1.5	0.9	0.7	1.0	0.2	0.8
Ill or disabled	7.8	1.9	1.5	0.6	0.9	0.4	5.5	3.7	1.3
Homemaker	11.0	6.3	5.5	0.5	5.0	0.8	2.0	1.5	3.1
Other	6.4	2.9	2.2	0.3	1.9	0.7	1.1	0.9	2.6
Ages 18-29	43.9	27.6	24.2	14.6	9.6	3.4	5.0	4.0	12.6
Working	36.3	24.5	21.7	14.3	7.4	2.8	3.1	2.3	9.7
Retired	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Ill or disabled	0.7	0.1	0.1	0.0	0.1	0.0	0.5	0.4	0.2
Homemaker	2.4	0.8	0.7	0.1	0.7	0.1	0.7	0.6	0.9
Other	4.5	2.2	1.7	0.2	1.5	0.5	0.7	0.6	1.7
Ages 30-54	98.4	75.2	70.3	51.7	18.6	4.9	9.4	5.9	16.6
Working	84.1	68.7	64.7	50.8	13.9	4.0	4.5	2.4	13.0
Retired	0.7	0.4	0.3	0.1	0.1	0.1	0.2	0.0	0.2
Ill or disabled	4.7	1.1	0.9	0.3	0.6	0.2	3.3	2.3	0.8
Homemaker	7.2	4.5	4.0	0.3	3.7	0.5	1.1	0.8	1.8
Other	1.7	0.6	0.4	0.1	0.3	0.1	0.4	0.3	0.8
Ages 55-64	22.2	16.7	14.5	10.8	3.6	2.3	3.8	1.5	3.2
Working	14.4	12.2	10.9	9.0	1.9	1.3	0.9	0.3	1.8
Retired	3.8	2.6	2.1	1.3	0.7	0.6	0.9	0.2	0.6
Ill or disabled	2.4	0.8	0.5	0.3	0.3	0.2	1.7	1.0	0.3
Homemaker	1.5	1.0	0.8	0.1	0.6	0.2	0.2	0.1	0.4
Other	0.2	0.1	0.1	0.0	0.1	0.0	0.0	0.0	0.1
(percentage within gender and age categories)									
Total	100.0%	72.7%	66.2%	46.9%	19.4%	6.4%	11.0%	6.9%	19.7%
Working	100.0	78.2	72.2	55.0	17.2	6.0	6.3	3.6	18.2
Retired	100.0	67.4	52.8	33.0	19.7	14.6	23.2	4.9	18.8
Ill or Disabled	100.0	24.9	19.3	8.0	11.2	5.6	70.8	48.0	16.5
Homemaker	100.0	56.9	49.9	4.9	45.0	7.0	18.3	14.0	28.1
Other	100.0	45.1	34.5	4.9	29.6	10.7	17.1	14.7	40.0
Ages 18-29	100.0	63.0	55.1	33.2	21.9	7.8	11.4	9.1	28.6
Working	100.0	67.6	59.8	39.5	20.4	7.7	8.5	6.3	26.9
Retired	100.0	24.4	18.3	10.0	8.2	6.1	39.1	9.8	38.7
Ill or disabled	100.0	14.2	11.0	3.5	7.5	3.3	69.4	62.5	24.5
Homemaker	100.0	34.0	30.7	2.3	28.5	3.3	29.8	27.0	39.7
Other	100.0	49.0	37.3	3.8	33.5	11.7	15.7	13.9	37.5
Ages 30-54	100.0	76.4	71.4	52.6	18.9	5.0	9.6	6.0	16.9
Working	100.0	81.6	76.9	60.4	16.5	4.7	5.3	2.8	15.5
Retired	100.0	54.0	39.7	19.6	20.1	14.2	23.2	4.2	29.4
Ill or disabled	100.0	22.7	18.6	6.6	12.0	4.1	69.9	49.2	17.4
Homemaker	100.0	62.9	55.7	4.7	51.0	7.2	15.3	11.4	24.5
Other	100.0	33.0	25.3	6.2	19.0	7.7	21.1	18.2	47.7
Ages 55-64	100.0	75.3	65.0	48.6	16.4	10.3	16.9	6.8	14.3
Working	100.0	85.0	76.0	62.5	13.4	9.0	6.4	1.8	12.5
Retired	100.0	70.3	55.5	35.7	19.8	14.8	23.0	5.0	16.7
Ill or disabled	100.0	32.3	23.1	12.2	10.9	9.2	72.9	41.1	12.4
Homemaker	100.0	64.1	52.1	9.7	42.4	12.1	14.8	5.8	26.7
Other	100.0	60.1	47.3	16.6	30.7	12.7	14.6	4.8	32.2

Source: Employee Benefit Research Institute estimates of the March 1998 Current Population Survey.

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

Table 12
Children With Selected Sources of Health Insurance, by Poverty Level and Age, 1997

Poverty Level and Age	Total	Total Private	Employment-Based Coverage	Other Private	Total Public	Medicaid	Uninsured
(millions)							
Total	71.7	48.0	42.8	5.2	16.8	14.7	10.7
Infants	3.9	2.3	2.1	0.2	1.2	1.0	0.6
Ages 1–5	20.0	12.8	11.5	1.3	5.7	5.1	2.8
Ages 6–12	28.2	19.2	17.0	2.2	6.4	5.6	4.0
Ages 13–17	19.7	13.7	12.1	1.6	3.5	2.9	3.4
0–99% of Poverty	14.7	2.9	1.8	1.1	9.0	8.8	3.6
Infants	0.8	0.1	0.1	0.0	0.6	0.6	0.2
Ages 1–5	4.6	0.9	0.5	0.3	3.1	3.0	1.0
Ages 6–12	5.9	1.2	0.7	0.5	3.6	3.5	1.4
Ages 13–17	3.4	0.8	0.5	0.3	1.7	1.7	1.1
100%–149% of Poverty	7.6	3.5	2.8	0.6	2.7	2.5	2.1
Infants	0.5	0.2	0.1	0.0	0.2	0.2	0.1
Ages 1–5	2.4	1.0	0.9	0.2	1.0	0.9	0.6
Ages 6–12	2.9	1.4	1.2	0.3	0.9	0.8	0.8
Ages 13–17	1.9	0.8	0.7	0.2	0.5	0.5	0.7
150%–199% of Poverty	7.6	5.1	4.4	0.7	1.6	1.3	1.6
Infants	0.4	0.3	0.2	0.0	0.1	0.1	0.1
Ages 1–5	2.2	1.4	1.3	0.2	0.5	0.5	0.4
Ages 6–12	3.1	2.2	1.9	0.3	0.6	0.5	0.6
Ages 13–17	1.9	1.2	1.0	0.2	0.3	0.3	0.5
200%–399% of Poverty	24.2	20.3	18.5	1.8	2.6	1.6	2.5
Infants	1.2	1.0	0.9	0.1	0.1	0.1	0.2
Ages 1–5	6.4	5.3	4.9	0.4	0.8	0.5	0.6
Ages 6–12	9.7	8.3	7.5	0.8	1.0	0.6	0.9
Ages 13–17	6.9	5.7	5.2	0.6	0.7	0.4	0.8
400% or More of Poverty	17.5	16.2	15.2	1.0	0.9	0.5	0.9
Infants	0.9	0.8	0.8	0.0	0.1	0.0	0.1
Ages 1–5	4.4	4.1	3.9	0.2	0.3	0.2	0.2
Ages 6–12	6.5	6.1	5.8	0.4	0.3	0.2	0.3
Ages 13–17	5.6	5.2	4.8	0.4	0.3	0.1	0.3
(percentage within age and poverty categories)							
Total	100.0%	66.9%	59.7%	7.3%	23.4%	20.5%	15.0%
Infants	100.0	58.7	54.8	4.0	29.9	27.0	16.5
Ages 1–5	100.0	64.0	57.8	6.3	28.3	25.4	13.9
Ages 6–12	100.0	68.2	60.4	7.7	22.9	20.0	14.1
Ages 13–17	100.0	69.6	61.4	8.2	18.0	14.9	17.0
0–99% of Poverty	100.0	20.0	12.5	7.5	61.2	59.8	24.5
Infants	100.0	15.2	12.3	2.8	69.6	69.0	19.9
Ages 1–5	100.0	19.2	11.8	7.4	66.8	65.2	21.3
Ages 6–12	100.0	20.0	12.4	7.7	62.0	60.3	23.7
Ages 13–17	100.0	22.1	13.8	8.3	50.1	49.3	31.3
100%–149% of Poverty	100.0	45.3	36.9	8.3	35.6	32.3	27.2
Infants	100.0	35.7	28.5	7.2	53.9	48.6	19.5
Ages 1–5	100.0	43.8	37.3	6.6	42.7	38.8	24.1
Ages 6–12	100.0	48.5	39.5	9.0	32.4	28.7	26.2
Ages 13–17	100.0	44.4	34.6	9.8	27.3	25.8	34.7
150%–199% of Poverty	100.0	66.7	57.8	8.9	20.6	17.4	20.6
Infants	100.0	58.0	53.6	4.4	30.9	26.5	21.6
Ages 1–5	100.0	66.5	59.0	7.5	25.0	21.2	17.7
Ages 6–12	100.0	69.6	59.9	9.7	18.7	15.5	20.0
Ages 13–17	100.0	64.0	53.7	10.3	16.6	14.2	24.7

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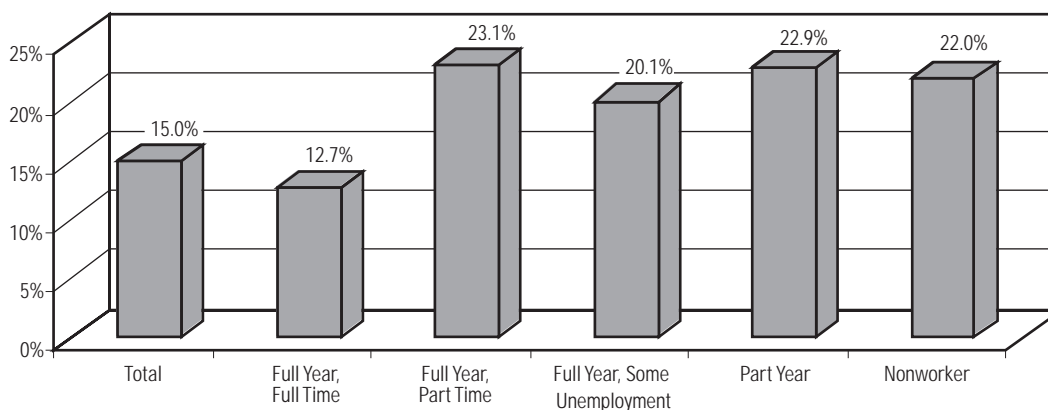
Table 12 (continued)

Poverty Level and Age	Total	Total Private	Employment-Based Coverage	Other Private	Total Public	Medicaid	Uninsured
(percentage within age and poverty categories)							
200%–399% of Poverty	100.0%	83.9%	76.4%	7.5%	10.7%	6.6%	10.5%
Infants	100.0	78.2	73.2	5.0	11.7	8.3	14.6
Ages 1–5	100.0	83.2	77.2	6.0	11.9	8.3	9.9
Ages 6–12	100.0	85.6	77.5	8.1	10.3	6.3	9.1
Ages 13–17	100.0	83.0	74.7	8.4	10.0	5.2	12.3
400% or More of Poverty	100.0	92.6	87.0	5.6	5.2	2.8	5.4
Infants	100.0	83.0	81.1	1.9	6.9	4.3	12.2
Ages 1–5	100.0	92.8	88.0	4.8	5.8	3.6	4.8
Ages 6–12	100.0	93.7	88.0	5.7	4.3	2.3	4.6
Ages 13–17	100.0	92.7	86.0	6.7	5.4	2.5	5.5

Source: Employee Benefit Research Institute estimates of the March 1998 Current Population Survey.

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

Chart 11
Percentage Uninsured Among Children Under Age 18, by Work Status of the Family Head, 1997



Source: Employee Benefit Research Institute estimates of the March 1998 Current Population Survey.

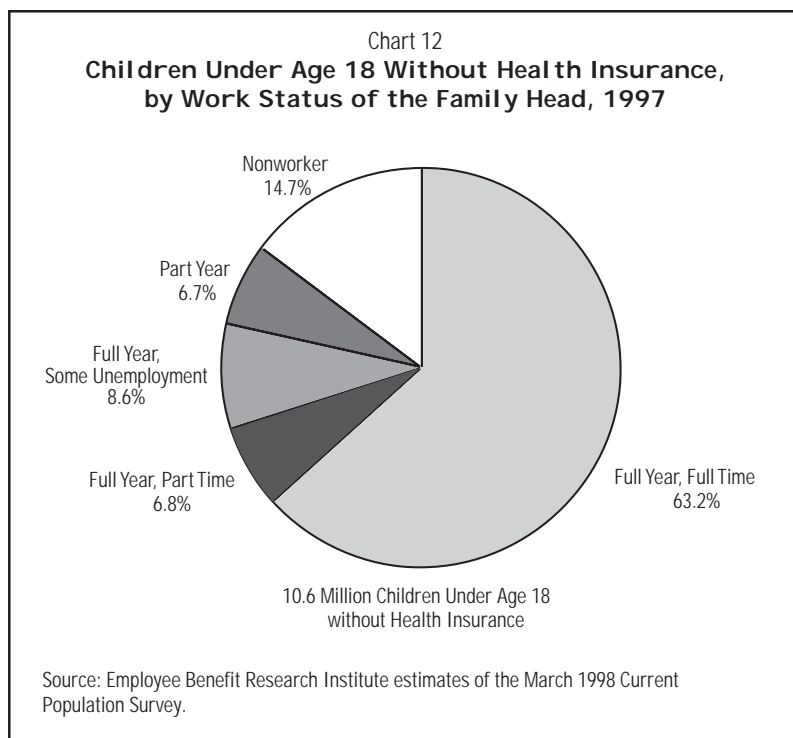
The relatively small year-to-year changes in health insurance coverage for both children and adults since 1993 may be due to low health care cost inflation. Currently, this inflation is at its lowest point in years, but there are *signals* indicating that it is about to rise above recent levels, even without passage of any of the recently proposed consumer protection legislation.⁶ For example, the federal government's recent announcement that federal employees' health insurance premiums will rise an average of 10.2 percent in 1999 may signal higher future health care costs in general.⁷ Similarly, disappointing earnings announcements from several large insurers—attributed to higher medical costs and lower-than-expected revenues—may indicate that health

insurance plans will increase premiums in the future. Furthermore, recent studies have shown that patient protection legislation will increase health care costs, although the amount of the increase is still being debated. A return to higher health care cost inflation may reverse the recent trend of increasing employment-based health insurance coverage rates among the nonelderly

⁶ While there are many signals that health care cost inflation has returned, recent data suggest that it has not returned. As a result, predictions should be viewed with caution (William M. Mercer, National Survey of Employer-Sponsored Health Plans, 1997 (New York, NY: William M. Mercer, 1998).

⁷ In September 1997, the federal government announced that health insurance premiums were expected to increase 8.5 percent in 1998.

population, resulting in even larger growth in the uninsured population. We may see workers in small firms losing access to employment-based health benefits, while workers in large firms are required to pay a larger share of the cost of coverage.⁸



16.3 percent of citizens. Variations by race, ethnicity, and citizenship are also closely linked to employment status and income.

Research illustrates the advantages to consumers of having health insurance.

In general, the availability of health insurance allows consumers to avoid unnecessary pain and suffering and improves the quality of life. Studies have shown that insured individuals have a higher probability of receiving basic health care services than uninsured individuals (Spillman, 1992). Uninsured individuals have been shown to be more likely not to seek preventive health care and to delay treatment, postponing it until an emergency occurs that requires a higher and more expensive level of care. As long as public policy and social norms assure the provision of health care to the uninsured population, these issues of uncompensated and expensive health treatment of the uninsured will not change.

Conclusion

This *Issue Brief* has provided a summary of the characteristics of people with and without health insurance,

and the sources of the health insurance, from the March 1998 CPS. We find that many factors affect the likelihood of an individual having health insurance and the source of that coverage. These factors include both demographics and employment characteristics and 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, 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. Some of the widest variations involve factors that are not always considered in traditional demographic assessments, such as citizenship. Almost 46 percent of nonelderly respondents to the March 1998 CPS indicating they were not U.S. citizens were uninsured in 1997, compared with

⁸ Yakoboski et al. (1994) found that between 1988 and 1993, a period of relatively high health care cost inflation, fewer workers in small firms were offered employment-based health benefits.

References

- Bennefield, Robert L. *Dynamics of Economic Well-Being: Health Insurance, 1991 to 1993*. U.S. Bureau of the Census. Current Population Reports, P70-43. Washington, DC: U.S. Government Printing Office, 1995.
- _____. *Dynamics of Economic Well-Being: Health Insurance, 1993 to 1995*. U.S. Bureau of the Census. Current Population Reports, P70-64. Washington, DC: U.S. Government Printing Office, 1998.
- Cooper, Philip F., and Barbara Steinberg Schone. "More Offers, Fewer Takers for Employment-Based Health

Reading the Tables

Most of the tables in this report are based on EBRI tabulations of the March 1998 supplement to the Current Population Survey. The data in tables 2, 3, 4, and 5 are presented in three segments. The first segment indicates the number of individuals—in millions—by selected characteristics. For example, in table 4, you would read the first line of the table as follows: There were 134.8 million workers ages 18–64 in the United States in 1997; 97.4 million of these individuals had employment-based coverage; 24.6 million of these individuals were uninsured, etc.

The second segment of the table gives the percentages within selected sources of health insurance categories. For example, you would read the “uninsured” column as follows: Of all workers ages 18–64 who were uninsured in 1997, 11.9 percent were self-employed and 88.1 percent were wage and salary workers. The main percentages in each of these columns will add up to 100 (variations are due to rounding). Thus, 11.9 plus the 88.1 add up to 100, and the sum of the wage and salary workers’ industries will add up to the 88.1.

The third segment of the table gives the percentages within selected characteristics categories. For example, among self-employed workers ages 18–64 in 1997, 24.1 percent were uninsured. The percentages in each of these rows may not add to 100 because individuals may receive coverage from more than one source. Thus, if an individual receives coverage from both an employer and Medicaid, he or she will show up in each of these categories, causing the total of the numbers in the row to sum to more than 100 percent.

Insurance: 1987 and 1996.” *Health Affairs*. Vol.16 (November/December 1997): 142–149.

Fronstin, Paul. “Trends in Health Insurance Coverage.” *EBRI Issue Brief* No. 185 (Employee Benefit Research Institute, May 1997).

_____. “Portability of Health Insurance: COBRA Expansions and Job Mobility.” *EBRI Issue Brief* No. 194 (Employee Benefit Research Institute, February 1998).

Fronstin, Paul, and Sarah C. Snider. “An Examination of the Decline in Employment-Based Health Insurance Between 1988 and 1993.” *Inquiry* (Winter 1996/97): 317–325.

Morrisey, Michael. “Hospital Cost Shifting, a Continuing Debate.” *EBRI Issue Brief* No. 180 (Employee Benefit Research Institute, December 1996).

Spillman, Brenda C. “The Impact of Being Uninsured on Utilization of Basic Health Care Services.” *Inquiry* (Winter 1992): 457–466.

Yakoboski, Paul, et al. “Employment-Based Health Benefits: Analysis of the April 1993 Current Population Survey,” *EBRI Issue Brief* No. 152 (Employee Benefit Research Institute, August 1994).

William M. Mercer. *National Survey of Employer-Sponsored Health Plans*. New York, NY: William M. Mercer, 1998.

Services. Provides coverage to dependents of active duty and retired members of the uniformed services. Employee Benefit Research Institute analysis of the March Current Population Survey (CPS) excludes active duty members of the uniformed services and members of their family. Therefore, persons receiving CHAMPUS in this report include only retired members of the uniformed services and members of their families.

CHAMPVA

The Civilian Health and Medical Program of the Veterans Administration. Provides coverage to dependents of totally disabled veterans who are eligible for retirement pay from a uniformed service.

Children

Individuals under age 18 whose family head is not in the armed forces.

Citizen/Noncitizen

Citizens include natives born in the United States, Puerto Rico, or U.S. outlying areas and natives born abroad of an American parent or parents. Citizens also include foreign-born individuals who are U.S. citizens by naturalization. Noncitizens include foreign-born individuals without U.S. citizenship. The CPS survey does not allow for determination of the legal status of noncitizens.

Dependent coverage

Individual is covered as the dependent of an individual with employer coverage in his or her own name.

Glossary of Terms

CHAMPUS

The Civilian Health and Medical Program of the Uniformed

Elderly population

Individuals ages 65 and over who are not in the armed forces or dependents of a member of the armed forces.

Employer coverage

Individual has coverage as either an employee (direct) or a dependent of an employee (indirect).

Employer coverage in own name

Individual is covered through his or her own current or former employer or union.

Family head

Refers to the family member with the highest reported income. Similarly, in families of nonworkers, the family head is the family member with the highest reported income.

Family income

Total income of all family members from all sources, including both earnings and nonlabor income.

Federal poverty rate

Federal poverty thresholds vary by family size and to a small extent by location. (Poverty guidelines are the same in the 48 contiguous states and the District of Columbia. Guidelines for Alaska and Hawaii differ and are higher than those in other states.) In 1996, family poverty guidelines were \$8,163 for one person and \$15,911 for four persons (including two children). Poverty guidelines are established by the U.S. Department of Health and Human Services and are used to determine individuals' and families' eligibility for various federal and nonfederal programs.

Full-year, full-time worker

Individual worked at least 35 weeks during the year, 35 or more hours in a typical week, and spent no time looking for work during the year.

Full-year, part-time worker

Individual worked at least 35 weeks during the year, fewer than 35 hours in a typical week, and spent no time looking for work during the year.

Full-year worker, some unemployment

Individual worked or looked for work for at least 35 weeks during the year.

Hispanic

Persons of any race who are of Spanish or Latin American origin. All persons of Hispanic origin are included in this category rather than in another racial category.

Married

Married persons over age 18 who are not separated.

Medicaid

A health care financing program for low-income individuals under federal guidelines for covered services and individual state and territorial government guidelines for enrollment. The program is funded jointly by state and federal contributions.

Medicare

The federal health care financing program for aged and disabled people who are covered under the Social Security Act.

Nonelderly population

Noninstitutionalized individuals under age 65. Excludes individuals in the armed forces and members of their families.

Nonworker

Individual age 18 or older who neither worked nor looked for work during the year.

Other private

Individual or group coverage not offered through an individual's current or former employer or union. This category consists primarily of individually purchased private insurance.

Other worker

Individual age 18 or older who worked or looked for work during the year and who was not a full-year, full-time worker. Unless otherwise indicated, the worker may have been unemployed during the year.

Private coverage

Both own name and dependent employer coverage as well as other private coverage.

Public coverage

Coverage from Medicaid, Medicare, CHAMPUS, CHAMPVA, or other government programs.

Single

Individuals over age 18 who were separated, widowed, divorced, or never married.

Wage and salary workers

Workers ages 18–64 who were not self-employed.

Worker

Individuals ages 18–64 who worked or looked for work during the year. Unless otherwise indicated, the worker may have been unemployed at some time during the year.

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Issue Brief

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