

Discussion Papers

Variation and Trends
in the Duration
of Uninsurance

Stephen Zuckerman
and
Jennifer Haley

The Urban Institute

04-10

November
2004



Assessing
the New
Federalism

*An Urban Institute
Program to Assess
Changing Social
Policies*

Assessing the New Federalism is a multiyear Urban Institute project designed to analyze the devolution of responsibility for social programs from the federal government to the states, focusing primarily on health care, income security, employment and training programs, and social services. Researchers monitor program changes and fiscal developments. Olivia Golden is the project director. In collaboration with Child Trends, the project studies changes in family well-being. The project aims to provide timely, nonpartisan information to inform public debate and to help state and local decisionmakers carry out their new responsibilities more effectively.

Key components of the project include a household survey and studies of policies in 13 states, available at the Urban Institute's web site, <http://www.urban.org>. This paper is one in a series of discussion papers analyzing information from these and other sources.

The *Assessing the New Federalism* project is currently supported by The Annie E. Casey Foundation, The Robert Wood Johnson Foundation, the W. K. Kellogg Foundation, The John D. and Catherine T. MacArthur Foundation, and The Ford Foundation.

The authors would like to thank John Holahan and Olivia Golden for their thoughtful comments on earlier drafts of this paper.

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Publisher: The Urban Institute, 2100 M Street, NW, Washington, DC 20037

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A recent study confirmed that lack of health insurance coverage is both a short-term and long-term problem among the uninsured (Haley and Zuckerman 2003). Data from the 1999 round of the National Survey of America's Families (NSAF) showed that, of the 50 million people who lacked coverage at the time of the survey or at some time during the 12 months before the survey, 56 percent were uninsured for 12 months or longer, 24 percent for 6 to 11 months, and 20 percent for 5 months or less.¹ The 1999 data also demonstrated that lack of coverage for any period of time was related to diminished access to and use of health care services and that these problems were magnified as the duration of uninsurance increased.

The duration of uninsured spells should play a role in shaping the types of policies that might be considered to address the problems of the uninsured. If people who become uninsured remain so for very short periods, then policies designed to plug gaps in coverage (e.g., subsidies that would make COBRA coverage affordable to more people or efforts to keep eligible people enrolled in public programs) might seem sensible. However, if people tend to be without coverage for longer periods of time, then policies aimed at making structural changes in health insurance to enhance accessibility and affordability over the long run (e.g., permanent tax credits, insurance market reforms and/or broader expansions of public coverage beyond low-income groups) might be needed. Haley and Zuckerman (2003) concluded that policymakers who want to tackle the problem of uninsurance and the associated health risks will need to consider approaches that meet the needs of both the short-term and long-term uninsured, but that the long-term uninsured are at a greater disadvantage and should be a higher priority.

¹ The original Haley and Zuckerman paper reported that 49 million people lacked coverage at the time of the survey or at some time during the 12 months before the survey. That number has been revised as a result of reweighting that took place when data from the 2000 Census became available.

This paper updates the 1999 analysis with data from the 2002 round of NSAF.² In addition to re-examining some earlier findings, it also shows how the distribution of the duration of uninsurance changed over time for the entire nonelderly population as well as for age and income subgroups. In particular, the paper addresses four questions:

1. What is the distribution of the duration of uninsurance in 2001–02?
2. How does the duration of uninsurance vary by subgroup?
3. What is the relationship between duration of uninsurance and health care access and use?
4. How has the distribution of the duration of uninsurance changed over time?

Findings

What Is the Distribution of the Duration of Uninsurance in 2001–02?

Figure 1 shows the number of nonelderly uninsured in 2002 using two different time frames. The first bar represents the number of uninsured at the time of the survey in 2002—37 million. The second bar includes those 37 million and the additional 12 million who were uninsured at some time during the prior 12 months but not at the time of the survey. A total of 49 million

² This analysis uses the 1999 and 2002 National Survey of America’s Families (NSAF), conducted by the Urban Institute as part of its *Assessing the New Federalism* (ANF) project. The NSAF is a nationally representative survey of nonelderly adults and children in over 40,000 households that represents the noninstitutionalized civilian population under age 65. It oversamples the low-income population (those with family incomes below 200 percent of the federal poverty level) and populations in 13 states. The survey contains detailed information on health insurance coverage, access, and use for up to two sampled children (one age 5 or under and one between ages 6 and 17) and one sampled adult in each household. The sample was weighted to population totals, and weights adjust for the design features of the sample, including oversampling low-income households and those in the 13 study states, as well as nonresponse and under-coverage. Variances used for tests of statistical significance were adjusted to account for the complex sample design.

Respondents were asked about selected family members’ health insurance coverage, including a question that confirmed uninsurance for those not originally identified as having any type of coverage (Rajan, Zuckerman, and Brennan 2000). The health insurance coverage sequence allows for assessment of coverage at the time of the survey and in the 12 months before the survey.

Individuals identified as having no health insurance coverage at the time of the survey are classified as uninsured at a point in time. Those uninsured either at the time of the survey or at any time in the prior 12 months are classified as uninsured during the previous 12 months. Among those with any uninsurance during the 12-month period, long-term uninsurance was defined as uninsured for a full year or more (that is, at the time of the survey and for all of the prior 12 months), while individuals with less than 12 months without coverage were the shorter-term uninsured.

individuals were uninsured at some point during the year. Of these, over half (26 million) lacked insurance for 12 months or more, a group we refer to as the “long-term uninsured.” An additional 12 million lacked coverage for 6–11 months, and 11 million were uninsured for less than 6 months. We refer to these latter groups as the “short-term uninsured.” As was the case in 1999, changing the time frame used for counting the uninsured produces considerably different estimates.

How Does the Duration of Uninsurance Vary by Subgroup?

A major result from the 1999 NSAF study was that rates of short-term uninsurance for various subgroups were often similar, while rates of long-term uninsurance varied widely and accounted for the large differences in overall uninsurance rates. Differences between rates of short- and long-term spells were evident across subgroups defined in terms of family income, education, health status, age, race and ethnicity, citizenship status, state of residence, and community type. Tables 1–3 examine these same subgroups with the new 2002 data to examine whether these disparities persisted in 2002. The tables show the share of each subgroup that was uninsured during the year, overall and for various lengths of time.

Table 1 shows uninsurance rates by family income, education level, health status, and age group. Uninsurance rates vary dramatically by family income: just 9.4 percent of those in the highest income group (with incomes above 300 percent of the federal poverty level, or FPL) were uninsured during the prior year, compared with 23.0 to 40.2 percent of those in lower income groups. While rates of short-term spells were also significantly lower for those in the higher income group than the lower income groups, the largest differences are in the shares of each group with long-term spells of 12 months or longer. While just 3.7 percent of those in the highest income group were long-term uninsured, 25.8 percent of those below the poverty level were long-term uninsured. Thus, two-fifths of the highest income uninsured were uninsured for a

year or more, compared with over half of those in the middle income groups and nearly two-thirds of those in poverty.

Similar patterns to those observed by family income are also evident across education levels. Overall, 12.7 percent of those in families with the highest education were uninsured at some time during the year, compared with 47.2 percent of those in families without a high school graduate. While differences in rates of short-term uninsurance were significant, they are also small in contrast to differences in rates of long-term uninsurance, which range from 5.3 percent of those in the highest education group to 34.1 percent of those in the lowest education group. Among those who were ever uninsured during the year, nearly three-quarters (72 percent) of those in the lowest education group experienced a long-term spell, compared with 41 percent in the highest education group.

People in fair or poor health are much more likely to be uninsured (33.1 percent) than those in good, very good, or excellent health (18.3 percent). For these two groups, rates of short-term uninsurance are very similar, while rates of long-term uninsurance are quite different (9.3 percent of those in better health versus 21.3 percent of those in worse health). Given the descriptive nature of this analysis, it would be inappropriate to draw any conclusions from these data about the impact of the duration of uninsurance of health status, or vice versa.³

Uninsurance rates vary across age groups as well. In comparison to pre-school-age children, older children are more likely to be uninsured at any time during the year. They are more likely to have been uninsured for 12 months or longer, but their rates of short-term uninsurance are not different. Young adults (age 19–34) are most likely to be uninsured at some

³ The analysis of subgroups based on health status differs somewhat from the other subgroups considered. A longer uninsurance spell may cause poor health, or individuals in poor health may be unable to obtain insurance coverage. Alternatively, there may be other reasons those in poor health are uninsured for longer periods, such as lower

time during the year, and this difference is accounted for by significantly higher rates of both short- and long-term uninsurance. Adults who are between 35 and 54 are more likely to be uninsured at some time during the year than pre-school-age children, but this is evident only in their higher rates of long-term uninsurance. Older adults (age 55–64) have significantly lower rates of short-term uninsurance than pre-school-age children but higher rates of long-term uninsurance and, as a result, are no more likely to be uninsured at some time during the year.

Table 2 presents uninsurance rates by race/ethnicity and citizenship status, and the data show dramatic variation. The share that was ever uninsured ranged from 40.2 percent of Hispanics and 35.9 percent of Native Americans to just 15.4 percent of non-Hispanic whites (hereafter referred to as “whites”) and 13.6 percent of Asian Americans. Compared to whites, non-Hispanic blacks, Hispanics, and Native Americans all have higher short-term uninsurance rates. However, the largest differences are in long spells without coverage (10.2 percent of non-Hispanic blacks, 27.1 percent of Hispanics, and 19.9 percent of Native Americans, compared with 7.3 percent of whites). The differences in rates of long-term uninsurance are even larger when comparing citizens to noncitizens. Noncitizens have an overall uninsurance rate 30 percentage points higher than that of citizens (47.2 percent versus 17.2 percent)—they have a slightly higher short-term uninsurance rate and a much higher long-term uninsurance rate (33.9 percent versus just 8.3 percent). As a result, about half of uninsured citizens are long-term uninsured, compared with almost three-quarters of uninsured noncitizens.

Finally, table 3 examines differences by state of residence and community type. Uninsurance rates vary widely; among the 13 states we examined, the highest was Texas (31.0 percent) and the lowest was Massachusetts (11.2 percent). Uninsurance for 5 months or less did

incomes or a propensity not to seek health care or health insurance. This paper presents these data in a descriptive framework and does not attempt to address questions of causality in the relationship.

not vary significantly for most states, and rates of uninsurance for 6 to 11 months varied significantly for only some states. However, rates of long-term uninsurance varied significantly, and the differences were large. Long-term rates were higher for states with higher overall uninsurance rates and lower for those with lower overall uninsurance rates, suggesting that these long-term differences were driving overall differences. In addition, residents of nonmetropolitan areas are more likely to ever be uninsured than those in metropolitan areas and, again, it is the large differences in rates of long spells that account for the variation in overall rates.

What Is the Relationship between the Duration of Uninsurance and Health Care Access and Use?

Previous evidence (e.g., Sudano and Baker 2003; Haley and Zuckerman 2003) suggests that lack of insurance coverage for even short periods of time is related to lower rates of preventive service use. In this section, we examine differences in a variety of access and use indicators across the measures of short-term and long-term uninsurance discussed above. We use a series of multivariate models to control for the differences in the characteristics of people in the various insurance groups in order to measure the association between access, use, and months of uninsurance.⁴ Selected results are presented in figure 2 as regression-adjusted means for each uninsurance group and for the full-year insured.⁵

All three access and use measures deteriorate significantly as we move from examining people uninsured for short durations to those uninsured for 12 months or longer. For example, relative to people having insurance for the full year, people who are uninsured for 5 months or less are 11 percentage points more likely to lack confidence in their ability to get care, 9

⁴ We use multivariate regression models that control for poverty level, highest education level among adults in the family, health status, age, work status, gender, race and ethnicity, citizenship status, state of residence, community type, and insurance status.

⁵ These estimates were derived by computing access and use based on the characteristics of the full-year insured subgroup and then predicting access and use for these same people under each of the various levels of uninsurance.

percentage points less likely to have a usual source of care that is not an emergency room, and 5 percentage points more likely to not have had a doctor visit. The problems associated with lacking insurance are greatest for individuals who are uninsured for 12 months or longer. Individuals in this group are more than three times as likely as the full-year insured to not have a usual source of care and to lack confidence in getting access to needed care, and over half of them did not visit a doctor in the 12 months before the survey.

How Has the Duration of Uninsurance Changed Over Time?

The 2001–02 distribution of the durations of uninsured spells shown in figure 1 is quite similar to the distribution from 1998–99 (Haley and Zuckerman 2003). Of the 49 million people who experienced a spell of uninsurance during 2001–02, 53 percent were uninsured for 12 months or more, 25 percent for 6 to 11 months, and 22 percent for 5 months or less. Compared with the earlier study (Haley and Zuckerman 2003), there was a small shift away from long-term lack of coverage, occurring predominantly among children (discussed below).

The relationship between the rate of ever being uninsured and the rate of long-term lack of coverage observed in the cross-sectional analysis is also apparent in changes observed over time. Figure 3 shows that, across the entire nonelderly population, the rate of ever being uninsured in the 12 months before the NSAF survey decreased from 20.7 percent to 19.9 percent, although the difference is not statistically significant.⁶ There is virtually no change in the rates of being uninsured for 5 months or less or of being uninsured for 6 to 11 months. However, the decrease in the rate of long-term spells from 11.5 percent to 10.6 percent is statistically significant. From these results, it seems clear that the rate of ever being uninsured decreased because the rate of long-term lack of coverage declined.

⁶ The p -value for the change in rate of ever being uninsured among the nonelderly population is 0.104. Conventional standards would require a p -value less than or equal to 0.10 before rejecting the null hypothesis of no change.

We explored variations in the changes in coverage rates across all of the subgroups used in the earlier Haley and Zuckerman paper and concluded that differences related to age and, secondarily, to income were the most noteworthy. Earlier analyses of these data showed that changes in overall insurance coverage between 1999 and 2002 were the net results of declining employer-sponsored coverage and increasing public coverage (Kenney, Haley, and Tebay 2003; Zuckerman 2003). The reason for focusing on age and income is that the magnitude of changes in both employer coverage and public coverage were related to these factors. Not surprisingly, the continued development of the State Children's Health Insurance Program (SCHIP) over this time period was associated with very large gains in public coverage for children. In fact, the gains in public coverage were so large for children in the targeted age and income groups that uninsurance rates in these groups fell between 1999 and 2002 (Kenney et al. 2003). For adults, on the other hand, public coverage gains were just about sufficient to offset declining employer coverage, leaving uninsurance rates largely unchanged (Zuckerman 2003).

Figure 4 shows changes in the rate of long-term lack of coverage for all nonelderly and three age groups: 0–18-year-olds, 19–34-year-olds, and 35–64-year-olds. For both children and the older adults, the rate of long-term lack of coverage declined. Among children, the reduction was from 9.1 percent in 1999 to 6.2 percent in 2002, consistent with changes in rates of uninsurance at the time of the survey reported by Kenney et al. (2003). This large drop means that only 42 percent of children who were uninsured at some time during the 12 months before the 2002 NSAF survey were uninsured for 12 or more months; the comparable estimate from 1999 was 50 percent. The reduction in the rate of long-term lack of coverage was much smaller for older adults, with the rate falling from 10.3 to 9.5 percent. Among younger adults, the rate of

long-term lack of coverage actually *increased*, although the difference was not statistically significant.⁷

The drop in the rate of long-term lack of coverage among children was strongly related to family income. Figure 5 shows that children in poor families, near-poor families (incomes between 100 and 200 percent of FPL) and families with incomes just above these levels (200 to 300 percent of FPL) experienced reduced rates of long-term lack of coverage. The reduction was most pronounced for near-poor children, whose rate of long-term lack of coverage fell from 15.9 to 9.9 percent. This is not surprising, given that this income group experienced the greatest increase in eligibility for public coverage as a result of Medicaid and SCHIP expansions. In all cases where the rate of long-term lack of coverage declined for children, we also observed a decrease in the probability of ever being uninsured.

The changes in the rates of long-term lack of coverage for adults between the ages of 19 and 34 were quite different from those for children. These rates increased in each of the four income groups shown in figure 6, but the increase was only significant for 19- to 34-year-old adults in poor families. For young poor adults, the rate of long-term lack of coverage increased from 34.4 to 39.1 percent and the rate of ever being uninsured increased from 55.3 to 60.6 percent (data shown in appendix).

Young, near-poor adults are unique among the groups examined in this paper. They experienced a significant increase in their rate of ever being uninsured between 1999 and 2002 (from 46.0 to 50.3 percent; data shown in appendix) but they did not experience a significant increase in their rate of long-term uninsurance. Instead, rates of being uninsured 0 to 5 months, 6 to 11 months, and 12 months or more all increased for young, near-poor adults, but none of the

⁷ The *p*-value for the change in rate of long-term lack of coverage for young adults is 0.11. Conventional standards would require a *p*-value less than or equal to 0.10 before rejecting the null hypothesis of no change.

increases were statistically significant on their own.⁸ For this group of adults, it appears that the combined effect of small increases in uninsured spells of various lengths resulted in an overall increase in the rate of ever being uninsured.

If we look at low-income young adults as a group by combining the poor and near-poor groups, we find that both long-term and short-term lack of coverage grew significantly. The long-term rate increased from 30.8 to 33.6 percent for low-income young adults (data not shown). In addition, the short-term rate increased from 7.6 to 9.2 percent between 1999 and 2002. Given that short spells without coverage are likely associated with transitions between jobs, the higher rates of short-term lack of coverage may be the result of deterioration in labor market conditions.

Discussion

In 1999 and 2002, uninsurance was both a short-term and a long-term problem. Over half of those uninsured during the year were uninsured for a full year, but a considerable minority were uninsured for shorter periods. In addition, the share of those without coverage who were uninsured for 12 or more months varied widely across population subgroups and across geographic areas. Furthermore, the length of time one goes without coverage matters. Those with longer periods of uninsurance were less likely to have a usual source of care or to visit a doctor.

Between 1999 and 2002, economic conditions worsened and health insurance shifted away from employer-sponsored coverage toward public coverage for children and adults (Kenney et al. 2003; Zuckerman 2003). However, although a slightly smaller share of the nonelderly population was uninsured for 12 months or more in 2002 than in 1999, the overall

⁸ The p -value for the change in the 0- to 5-month rate of lack of coverage for young, near-poor adults is 0.13. Conventional standards would require a p -value less than or equal to 0.10 before rejecting the null hypothesis of no change.

change in the rate of uninsurance was small. The decrease in the rate of long-term lack of coverage occurred among children and older adults. In particular, children in lower-income families experienced the greatest reduction, benefiting from expanded public coverage through Medicaid and SCHIP. This result is consistent with findings by Haley and Zuckerman (2003) showing that eligibility for public health insurance coverage is associated with lower rates of long-term lack of coverage.

The impact of the weakened economy was most evident among low-income young adults. This group experienced an increase in their probability of ever being uninsured over a 12-month period, because of significant increases in rates of both short- and long-term lack of coverage. The significant change in this group's short-term rate stands apart from the group of adults examined in this paper and may be the result of younger adults experiencing shorter spells of unemployment than older adults, although their unemployment rates were higher.⁹

Despite the changes observed between 1999 and 2002 in the duration of lack of coverage, it remains the case that the problems of the uninsured will require solutions that recognize both the short-term and long-term nature of the problem. Offering subsidies or tax credits that allow more people to afford to purchase COBRA coverage or assuring that more eligible people fill coverage gaps by participating in Transitional Medicaid, regular Medicaid, or SCHIP may need to be combined with more basic structural reform. Making a substantial dent in rates of long-term lack of coverage may require a greater role for publicly subsidized coverage (through either tax credits or expansions in public programs) or more extensive reforms in the marketplace for health insurance than have been tried (e.g., broad purchasing cooperatives as a substitute for the non-group market or government reinsurance to ease private insurers' fears of catastrophic

⁹ Based on tabulations of the Labor Force Statistics from the Current Population Survey, available at <http://data.bls.gov/labjava/outside.jsp?survey=ln>.

costs). An advantage of policies that reduce long-term rates of uninsurance is that they will also reduce the prevalence of short-term gaps in coverage.

No doubt, addressing the diverse types of uninsurance may seem like a major policy hurdle. However, when studies show that almost 50 million Americans experience uninsurance in a given year—the majority for a full year or longer—small, incremental approaches are likely to leave many people without coverage.

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Table 1: Rate and Length of Uninsurance Spells, by Family Income, Education, Health Status, and Age, Nonelderly Population, 2001-02

| | Number in Group (Millions) | Percent Ever Uninsured during Previous 12 Months | Length of Uninsured Spells | | | Ratio of Full-Year Uninsured to Ever Uninsured |
|------------------------------------|----------------------------|--|----------------------------|-------------|-------------|--|
| | | | < 5 Months | 6-11 Months | ≥ 12 Months | |
| Total Nonelderly Population | 248.3 | 19.9% | 4.4% | 5.0% | 10.6% | 0.53 |
| Poverty Level | | | | | | |
| < 100% of FPL | 30.6 | 40.3 *** | 6.3 *** | 8.2 *** | 25.8 *** | 0.64 |
| 100-200% of FPL | 41.8 | 35.0 *** | 6.6 *** | 8.6 *** | 19.8 *** | 0.56 |
| 200-300% of FPL | 42.6 | 23.0 *** | 5.2 *** | 5.9 *** | 11.9 *** | 0.51 |
| > 300% of FPL | 133.3 | 9.4 | 2.9 | 2.7 | 3.7 | 0.40 |
| Education[^] | | | | | | |
| Less than High School | 24.9 | 47.2 *** | 5.2 *** | 7.9 *** | 34.1 *** | 0.72 |
| High School Degree or GED | 67.1 | 26.0 *** | 5.7 *** | 6.6 *** | 13.7 *** | 0.53 |
| <i>Attended College</i> | 154.6 | 12.7 | 3.7 | 3.8 | 5.3 | 0.41 |
| Health Status | | | | | | |
| <i>Excellent/Very Good/Good</i> | 221.3 | 18.3 | 4.3 | 4.7 | 9.3 | 0.51 |
| Fair/Poor | 26.8 | 33.1 *** | 5.1 * | 6.7 *** | 21.3 *** | 0.64 |
| Age | | | | | | |
| 0-5 | 23.4 | 13.0 | 4.2 | 4.3 | 4.5 | 0.35 |
| 6-12 | 28.8 | 14.7 *** | 4.4 | 4.3 | 6.0 *** | 0.41 |
| 13-18 | 25.1 | 16.5 *** | 3.8 | 4.7 | 8.0 *** | 0.48 |
| 19-34 | 61.0 | 33.3 *** | 7.1 *** | 8.3 *** | 17.9 *** | 0.54 |
| 35-54 | 84.5 | 17.2 *** | 3.4 ** | 3.8 | 10.0 *** | 0.58 |
| 55-64 | 25.6 | 12.0 | 1.6 *** | 2.3 *** | 8.1 *** | 0.67 |

Source: 2002 National Survey of America's Families (NSAF).

Notes: Italics indicate reference category for tests of statistical significance.

* indicates group is significantly different from the reference category at the 0.10 level.

** indicates group is significantly different from the reference category at the 0.05 level.

*** indicates group is significantly different from the reference category at the 0.01 level.

[^] Education indicates the highest level of education among adults in the family.

Table 2: Rate and Length of Uninsurance Spells, by Race/Ethnicity and Citizenship Status, Nonelderly Population, 2001-02

| | Number in Group (Millions) | Percent Ever Uninsured during Previous 12 Months | Length of Uninsured Spell | | | Ratio of Full-Year Uninsured to Ever Uninsured |
|---|----------------------------|--|---------------------------|-------------|-------------|--|
| | | | ≤ 5 Months | 6-11 Months | ≥ 12 Months | |
| Total Nonelderly Population | 248.3 | 19.9% | 4.4% | 5.0% | 10.6% | 0.53 |
| Race/Ethnicity | | | | | | |
| <i>White, non-Hispanic</i> | 167.4 | 15.4 | 3.9 | 4.2 | 7.3 | 0.47 |
| Black, non-Hispanic | 32.3 | 22.2 *** | 5.7 *** | 6.3 *** | 10.2 *** | 0.46 |
| Hispanic | 34.8 | 40.2 *** | 5.8 *** | 7.3 *** | 27.1 *** | 0.67 |
| Native American | 2.6 | 35.9 *** | 5.8 ** | 10.2 *** | 19.9 *** | 0.56 |
| Asian American | 11.2 | 13.6 | 2.8 * | 3.7 | 7.1 | 0.52 |
| Citizenship Status | | | | | | |
| <i>U.S.-Born or Naturalized Citizen</i> | 226.4 | 17.2 | 4.3 | 4.7 | 8.3 | 0.48 |
| Noncitizen | 21.8 | 47.2 *** | 5.4 ** | 7.9 *** | 33.9 *** | 0.72 |

Source: 2002 National Survey of America's Families (NSAF).

Notes: Italics indicate reference category for tests of statistical significance.

* indicates group is significantly different from the reference category at the 0.10 level.

** indicates group is significantly different from the reference category at the 0.05 level.

*** indicates group is significantly different from the reference category at the 0.01 level.

Table 3: Rate and Length of Uninsurance Spells, by Geographic Characteristics, Nonelderly Population, 2001-02

| | Number in Group | Percent Ever Uninsured | Length of Uninsured Spell | | | Ratio of Full-Year |
|------------------------------------|-----------------|------------------------|---------------------------|-------------|-------------|--------------------|
| | | | ≤ 5 Months | 6-11 Months | ≥ 12 Months | |
| Total Nonelderly Population | 248.3 | 19.9% | 4.4% | 5.0% | 10.6% | 0.53 |
| State of Residence | | | | | | |
| Alabama | 3.8 | 19.1 | 4.2 | 5.0 | 9.8 | 0.51 |
| California | 30.8 | 24.4 *** | 5.3 * | 5.1 | 14.0 *** | 0.57 |
| Colorado | 4.0 | 22.1 *** | 5.2 | 6.1 ** | 10.8 | 0.49 |
| Florida | 13.5 | 26.1 *** | 5.0 | 6.0 ** | 15.1 *** | 0.58 |
| Massachusetts | 5.5 | 11.2 *** | 4.0 | 3.4 *** | 3.7 *** | 0.33 |
| Michigan | 8.7 | 15.2 *** | 4.3 | 4.9 | 6.0 *** | 0.39 |
| Minnesota | 4.4 | 11.6 *** | 4.1 | 3.6 *** | 4.0 *** | 0.34 |
| Mississippi | 2.5 | 22.6 *** | 6.1 ** | 5.5 | 11.0 | 0.49 |
| New Jersey | 7.4 | 17.6 *** | 3.9 | 4.7 | 9.0 ** | 0.51 |
| New York | 16.5 | 17.6 *** | 3.7 * | 5.3 | 8.5 *** | 0.48 |
| Texas | 19.1 | 31.0 *** | 4.8 | 6.1 ** | 20.1 *** | 0.65 |
| Washington | 5.3 | 17.6 *** | 4.5 | 5.0 | 8.0 *** | 0.45 |
| Wisconsin | 4.7 | 12.4 *** | 3.8 | 3.4 *** | 5.2 *** | 0.42 |
| Community Type | | | | | | |
| <i>Metropolitan Area</i> | <i>200.3</i> | <i>18.8</i> | <i>4.3</i> | <i>4.7</i> | <i>9.8</i> | <i>0.52</i> |
| Nonmetropolitan Area | 48.0 | 24.2 *** | 4.6 | 6.1 *** | 13.6 *** | 0.56 |

Source: 2002 National Survey of America's Families (NSAF).

Notes: Italics indicate reference category for tests of statistical significance. For state, the reference category is the national average.

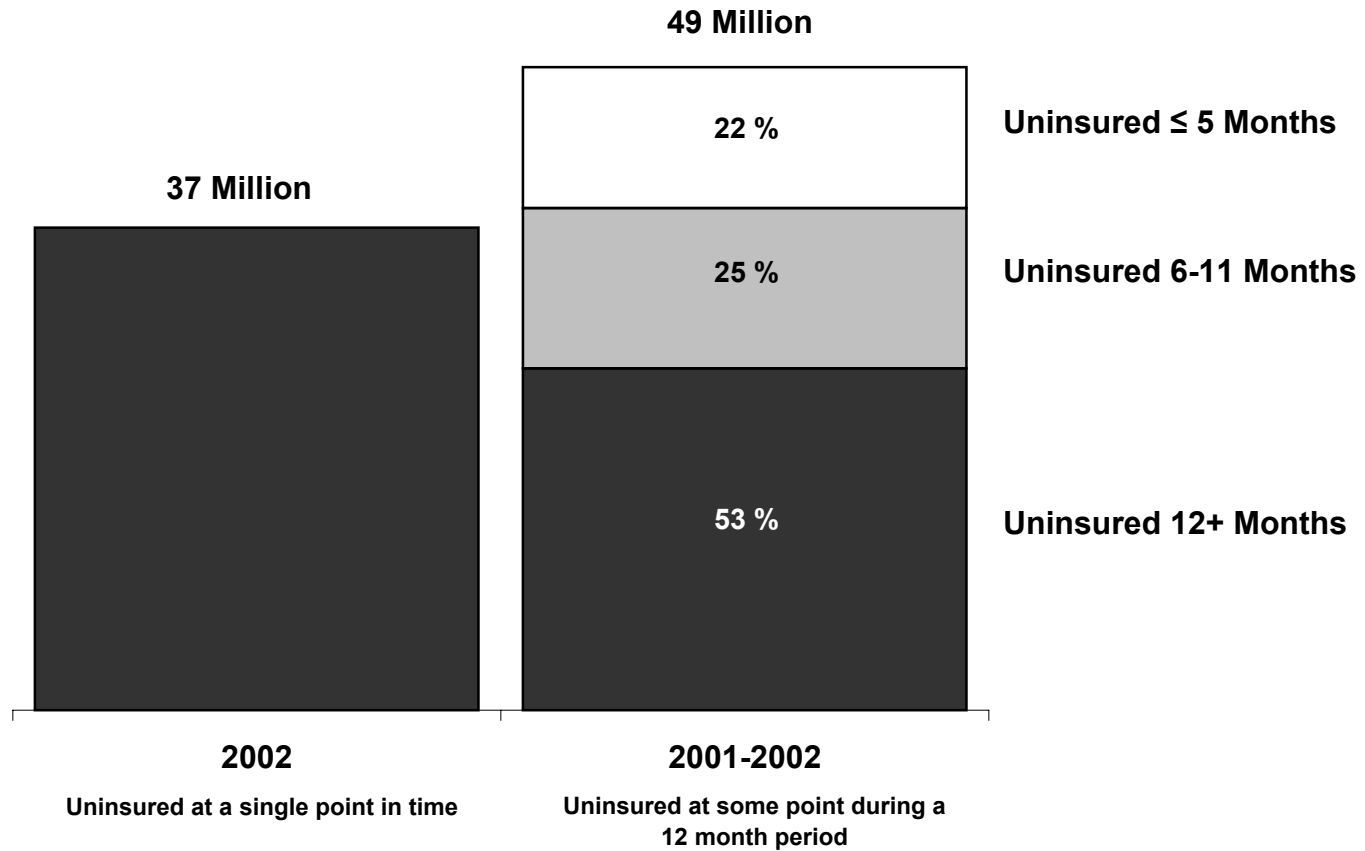
* indicates group is significantly different from the reference category at the 0.10 level.

** indicates group is significantly different from the reference category at the 0.05 level.

*** indicates group is significantly different from the reference category at the 0.01 level.

Figure 1

Number of Uninsured and Length of Uninsurance Spells, 2002

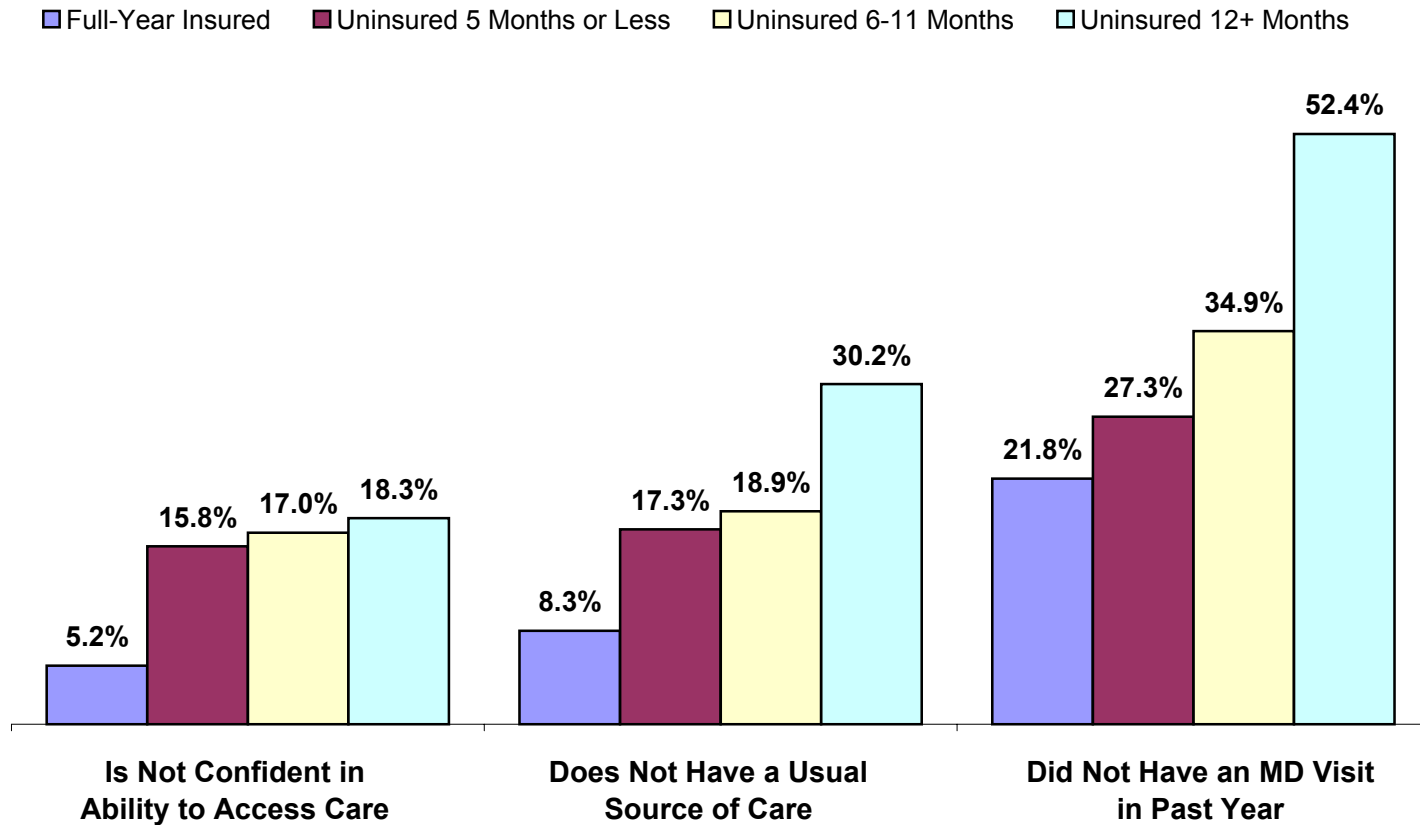


Sources: 1999 and 2002 National Survey of America's Families (nonelderly population).

Note: The 12-month period is at the time of the survey or in the 12 months before the survey.

Figure 2

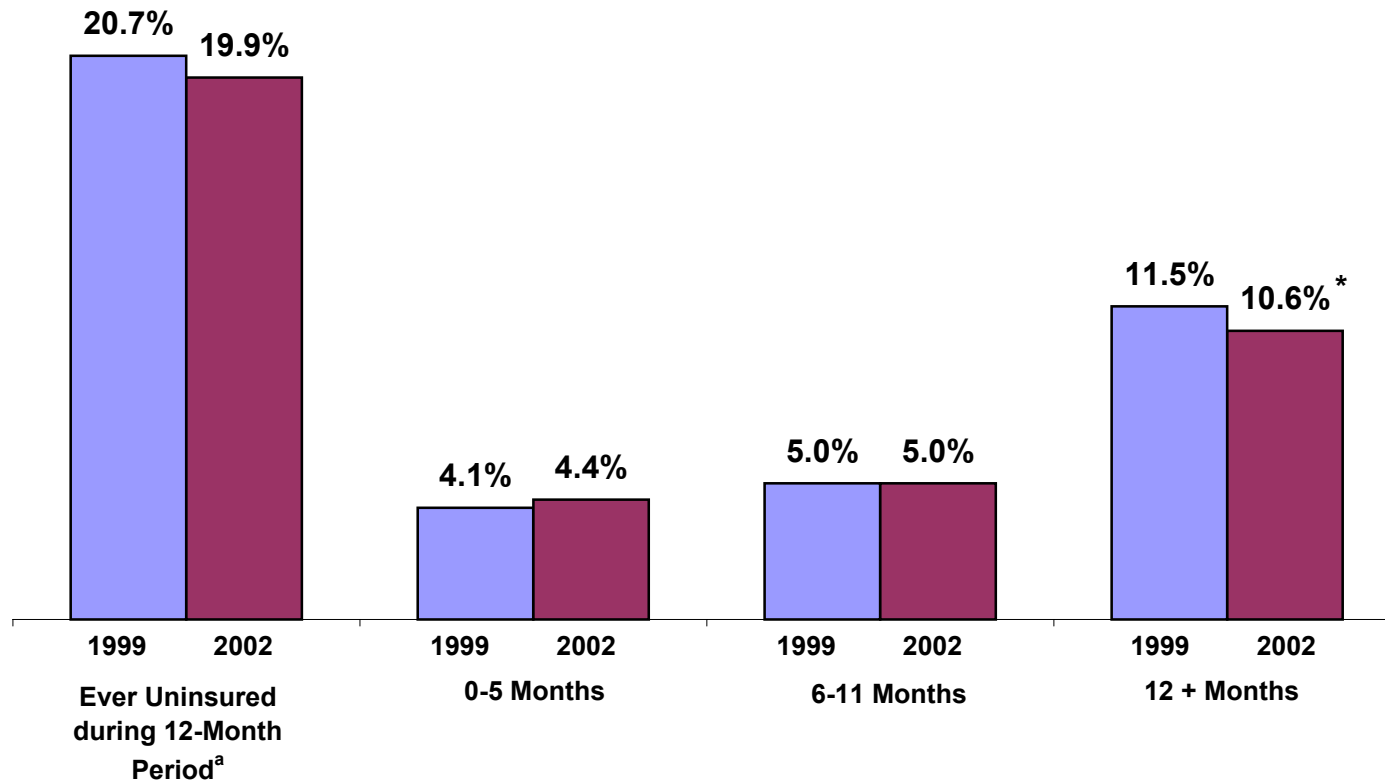
Health Care Access and Use by Length of Uninsurance Spell, 2002



Source: 2002 National Survey of America's Families (nonelderly population).

Figure 3

Uninsurance Rates by Length of Uninsurance Spell, All Nonelderly, 1999 and 2002



Sources: 1999 and 2002 National Survey of America's Families (nonelderly population).

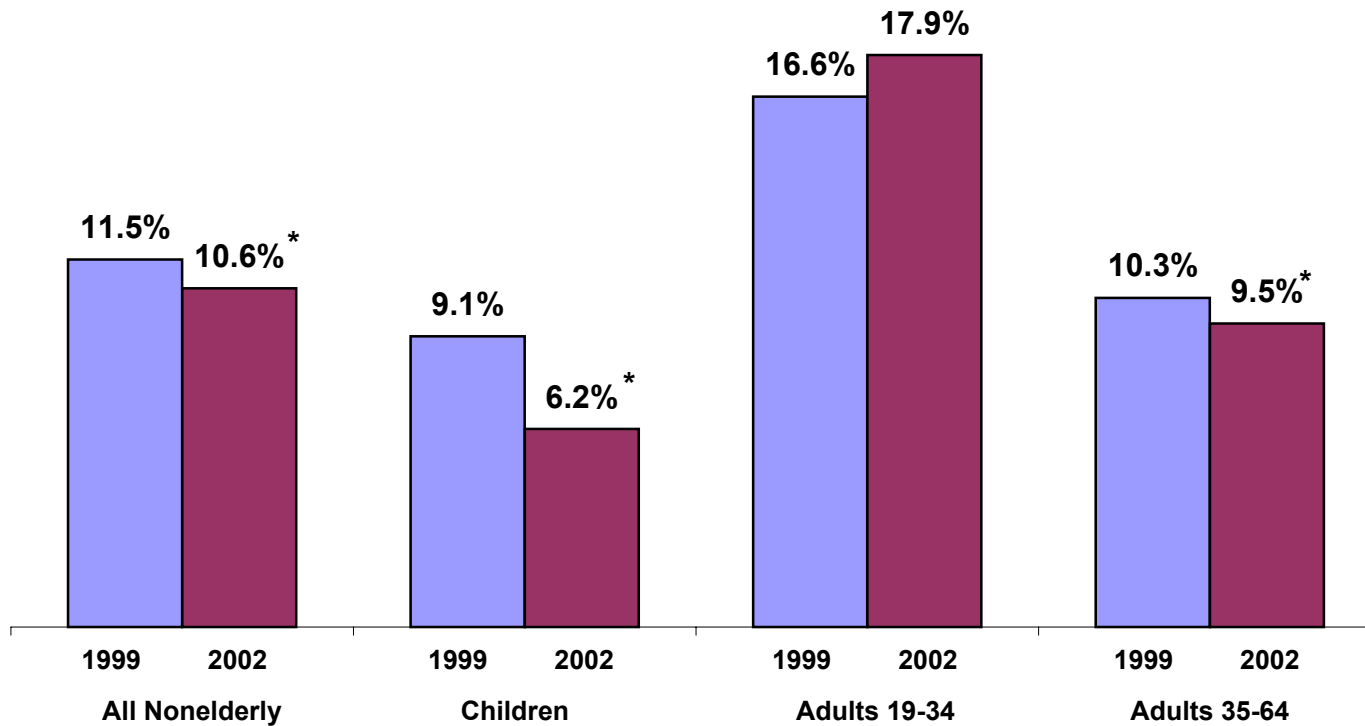
Notes:

^a The 12-month period is at the time of the survey or in the 12 months before the survey.

* Change between 1999 and 2002 is statistically significant at the 0.10 level.

Figure 4

Percent Uninsured 12 Months or Longer, by Age Group, 1999 and 2002



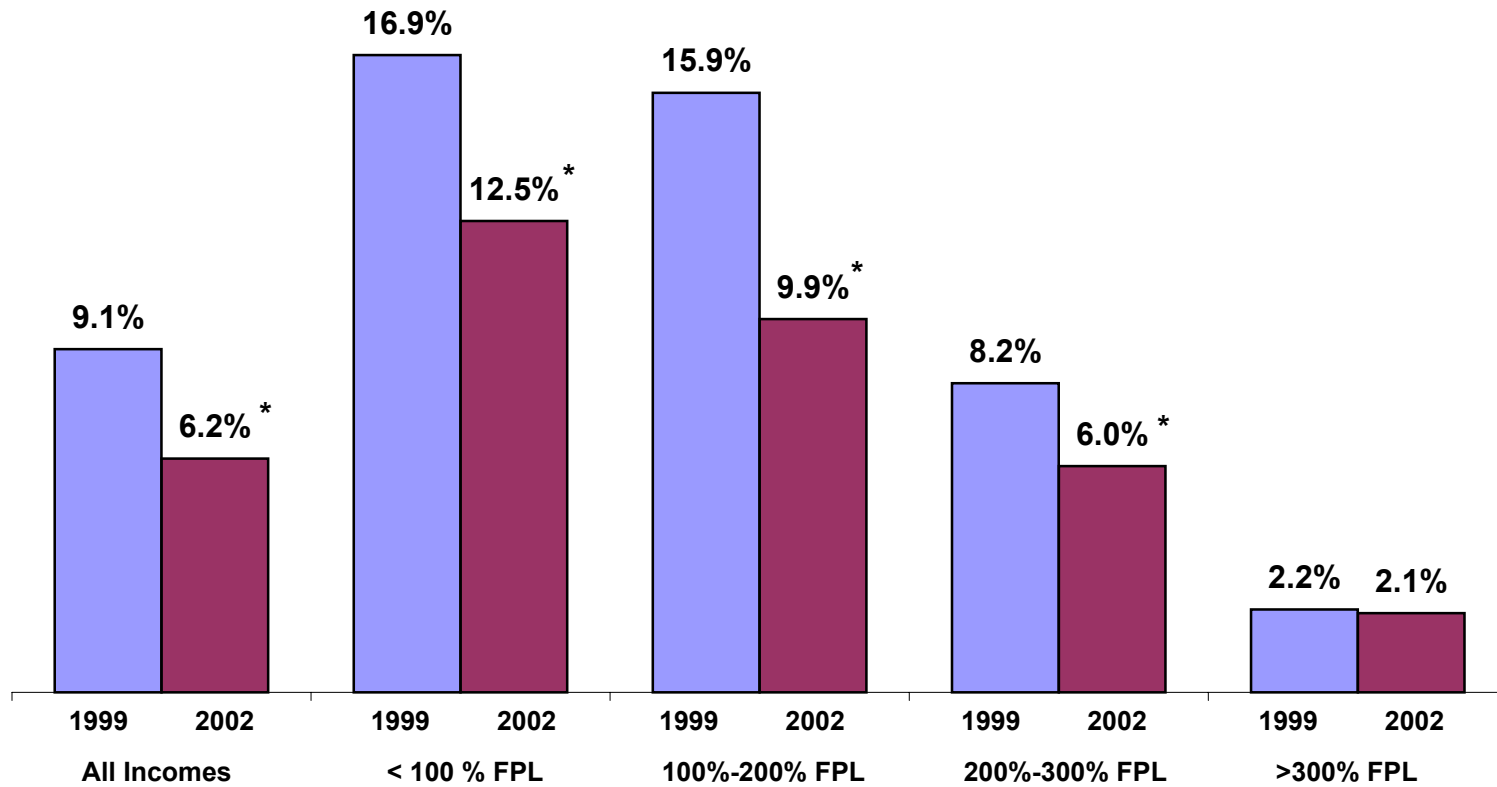
Sources: 1999 and 2002 National Survey of America's Families (nonelderly population).

Notes: The 12-month period is at the time of the survey or in the 12 months before the survey.

* Change between 1999 and 2002 is statistically significant at the 0.10 level.

Figure 5

Share of Children Uninsured 12 Months or Longer, by Income Group, 1999 and 2002



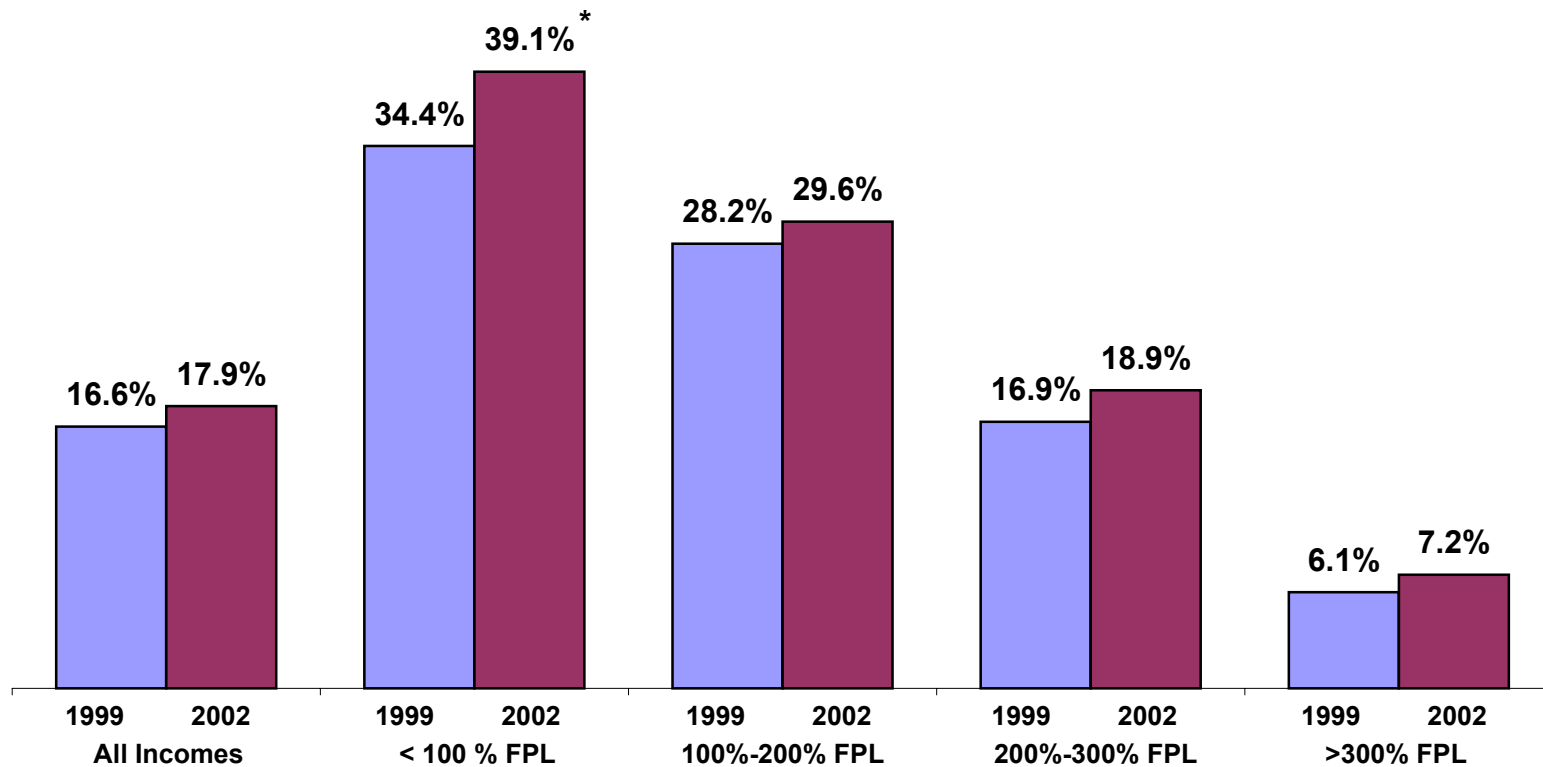
Sources: 1999 and 2002 National Survey of America's Families (nonelderly population).

Notes: The 12-month period is at the time of the survey or in the 12 months before the survey.

* Indicates change between 1999 and 2002 is statistically significant at the 0.10 level.

Figure 6

Share of Adults 19-34 Uninsured 12 Months or Longer, by Income Group, 1999 and 2002



Sources: 1999 and 2002 National Survey of America's Families (nonelderly population).

Notes: The 12-month period is at the time of the survey or in the 12 months before the survey.

* Change between 1999 and 2002 is statistically significant at the 0.10 level.

Appendix: Rate and Length of Uninsurance Spells, by Age and Family Income, 1998-99 and 2001-02

| | Number in Group (millions) | | Percent Ever Uninsured during Previous 12 Months | | Length of Uninsured Spells | | | | | | Ratio of Full-Year Uninsured to Ever Uninsured | |
|----------------------------------|-------------------------------|--------------|--|-------------|----------------------------|-------------|-------------|-------------|-------------|-------------|--|------|
| | | | | | ≤ 5 Months | | 6-11 Months | | ≥ 12 Months | | | |
| | | | | | 1999 | 2002 | 1999 | 2002 | 1999 | 2002 | | |
| Age | | | | | | | | | | | | |
| 0-18 | 76.2 | 77.2 | 18.1 | 14.8 * | 4.3 | 4.2 | 4.8 | 4.4 | 9.1 | 6.2 * | 0.50 | 0.42 |
| 19-34 | 60.8 | 61.0 | 32.1 | 33.3 | 6.8 | 7.1 | 8.8 | 8.3 | 16.6 | 17.9 | 0.52 | 0.54 |
| 35-64 | 103.3 | 110.1 | 15.8 | 16.0 | 2.5 | 3.0 | 3.0 | 3.5 | 10.3 | 9.5 * | 0.65 | 0.60 |
| All | | | 20.7 | 19.9 | 4.1 | 4.4 | 5.0 | 5.0 | 11.5 | 10.6 * | 0.56 | 0.53 |
| Total N (Millions) | 240.2 | 248.2 | 49.7 | 49.3 | 9.9 | 10.8 | 12.1 | 12.3 | 27.7 | 26.2 | | |
| Ages 0-18, Family Income | | | | | | | | | | | | |
| < 100% of FPL | 13.8 | 12.8 | 32.4 | 25.4 * | 6.5 | 5.7 | 8.9 | 7.1 | 16.9 | 12.5 * | 0.52 | 0.49 |
| 100-200% of FPL | 17.2 | 16.1 | 30.4 | 24.2 * | 6.8 | 6.6 | 7.6 | 7.7 | 15.9 | 9.9 * | 0.52 | 0.41 |
| 200-300% of FPL | 14.6 | 14.6 | 16.7 | 14.3 * | 4.2 | 4.3 | 4.3 | 4.0 | 8.2 | 6.0 * | 0.49 | 0.42 |
| > 300% of FPL | 30.7 | 33.7 | 5.6 | 6.4 | 1.9 | 2.3 | 1.6 | 2.0 | 2.2 | 2.1 | 0.38 | 0.33 |
| Ages 19-34, Family Income | | | | | | | | | | | | |
| < 100% of FPL | 8.8 | 8.3 | 55.3 | 60.6 * | 8.3 | 10.2 | 12.7 | 11.3 | 34.4 | 39.1 * | 0.62 | 0.65 |
| 100-200% of FPL | 12.1 | 11.5 | 46.0 | 50.3 * | 7.1 | 8.5 | 10.6 | 12.1 | 28.2 | 29.6 | 0.61 | 0.59 |
| 200-300% of FPL | 11.2 | 11.2 | 34.1 | 36.6 | 7.7 | 7.5 | 9.5 | 10.2 | 16.9 | 18.9 | 0.50 | 0.52 |
| > 300% of FPL | 28.6 | 30.0 | 18.3 | 18.0 | 5.8 | 5.4 | 6.5 | 5.4 | 6.1 | 7.2 | 0.33 | 0.40 |
| Ages 35-64, Family Income | | | | | | | | | | | | |
| < 100% of FPL | 9.5 | 9.5 | 41.4 | 42.7 | 4.0 | 3.8 | 7.6 | 6.9 | 29.7 | 32.0 | 0.72 | 0.75 |
| 100-200% of FPL | 14.4 | 14.2 | 34.7 | 34.9 | 4.0 | 5.1 | 5.7 | 6.8 | 25.0 | 23.0 | 0.72 | 0.66 |
| 200-300% of FPL | 16.4 | 16.8 | 18.6 | 21.6 * | 3.4 | 4.5 | 3.8 | 4.9 | 11.5 | 12.3 | 0.61 | 0.57 |
| > 300% of FPL | 63.0 | 69.6 | 7.0 | 7.1 | 1.7 | 2.1 | 1.5 | 2.0 | 3.8 | 3.1 * | 0.54 | 0.43 |
| All Ages, Family Income | | | | | | | | | | | | |
| < 100% of FPL | 32.1 | 30.6 | 41.3 | 40.3 | 6.3 | 6.3 | 9.6 | 8.2 * | 25.5 | 25.8 | 0.62 | 0.64 |
| 100-200% of FPL | 43.7 | 41.8 | 36.1 | 35.0 | 6.0 | 6.6 | 7.8 | 8.6 | 22.3 | 19.8 * | 0.62 | 0.56 |
| 200-300% of FPL | 42.1 | 42.6 | 22.1 | 23.0 | 4.8 | 5.2 | 5.5 | 5.9 | 11.8 | 11.9 | 0.53 | 0.52 |
| > 300% of FPL | 122.4 | 133.3 | 9.3 | 9.4 | 2.7 | 2.9 | 2.7 | 2.7 | 3.9 | 3.7 | 0.42 | 0.40 |

Source: 2002 National Survey of America's Families (NSAF).

* Change between 1999 and 2002 is statistically significant at 0.10 level