

Uninsurance in the District of Columbia

A Profile of the Uninsured, 2009

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Introduction to the survey

Between August and November 2009, the Urban Institute and Social Sciences Research Solutions conducted a survey of households in the District of Columbia for the DC Department of Health Care Finance. The 2009 DC Health Insurance Survey (DC-HIS) includes interviews with 4,717 households. The sample covered only non-institutionalized residents and did not include homeless residents. The survey used a combination of random digit dial (RDD) telephone and address-based sampling in order to contact households with and without landline telephones. The combined response rate was 34.1 percent. The survey data was analyzed by the Urban Institute.¹ In this brief, we present estimates of uninsurance among District residents and explore the characteristics of the uninsured and the reasons for their lack of insurance using data from the 2009 DC-HIS.

Who are the uninsured?

In the District, 6.2 percent of all residents reported that they were uninsured at the time of the survey, and 10.6 percent reported that they had been uninsured at some point in the last 12 months. Uninsurance rates were highest among nonelderly adults (ages 18 to 64), with 7.9 percent uninsured at the time of the survey and 13.4 percent uninsured at some point in the past 12 months. Uninsurance rates for both children (up to age 18) and the elderly (age 65 and above) were lower. Only 3.2 percent of children were reported as uninsured at the time of the survey and 5.6 percent at any point in the past 12 months. Uninsurance among the elderly was low at approximately 1 percent.

In this brief, we report details about nonelderly adult residents who reported that they were uninsured at the time of the survey. We look first at the demographic characteristics of uninsured residents as compared with insured residents, including gender, race/ethnicity, income, educational attainment, and citizenship. We then consider how long they have lived in the District and where they live within the city. Next, we examine differences in employment between uninsured and insured residents. Finally, we present the reasons that uninsured residents gave for why they did not have insurance. Unless otherwise stated, statistics refer to nonelderly adult residents and all differences that we report are statistically significant at the $p < 0.10$ level or better.

Demographic characteristics

Figure 1 presents survey results comparing demographic and socio-economic characteristics of insured and uninsured residents. Uninsured residents are more likely than insured residents to be male; about two thirds of the uninsured are male. The uninsured are also

¹ For a full description of the survey methodology, see Ormond et al, 2009 District of Columbia Health Insurance Survey, Methodology Report, February 2010. Available at www.urban.org.

are most frequently non-Hispanic black, rather than other races. Family income is strongly associated with insurance status. More than half of the uninsured live in families with incomes under twice the federal poverty level as compared with less than a third of insured residents. Insured residents are more likely to have completed some college than uninsured residents, and they are also only half as likely to be non-citizens.

Figure 2 shows insurance status based on how long residents have lived in DC and which ward they reside in. Length of residence is of interest due to the introduction of the DC Healthcare Alliance in 2001 and the possibility that it may have motivated people to move to DC to gain access to this program. The data shown here do not provide strong support for that hypothesis. The uninsured are more likely to be relative newcomers to the city; about twice as many uninsured as insured residents have lived in the District for less than a year. Further analysis of these data by employment status and age would provide a better test of the hypothesis.

One strength of the DC-HIS is that its large sample size allows analysis by ward. The uninsured are not evenly distributed geographically across the city. They are more likely to live in Wards 1, 4, and 7 and less likely to live in Wards 2, 3, 6, and 8.

Health and disability status

The survey did not find evidence that the uninsured have poorer general health status. As shown in figure 3, insured and uninsured residents are about equally likely to report that they are in good, very good, or excellent health. However, uninsured residents are somewhat more likely to report that they have a health problem that limits their activities.

Employment

Nearly two thirds (64.4 percent) of nonelderly District residents have employer-sponsored insurance. Sixty-one percent of insured adult residents work full-time. In contrast, nearly half (49.6 percent) of uninsured nonelderly adults are not working, and only about one third (34.9 percent) work full time (figure 4). In addition, insured workers are more likely to have been working at their current jobs for more than a year, 57.4 percent as compared with 31.4 percent of uninsured workers. This finding is of interest because some employers have a waiting period before offering insurance to their employees.

The offer of health insurance by an employer is an important factor in residents' insurance status. Among insured residents, nearly ten times as many work in a firm that offers insurance (60.7 versus 6.8 percent); among the 42.1 percent of workers who report being uninsured, about half work in a firm that offers insurance. Large employers are more likely to offer insurance to their workers than small employers. Nearly half (49.0 percent) of insured residents work in a firm with more than 50 employees, as compared with only 17.6 percent of uninsured residents.

Among unemployed residents, half (50.9 percent) of uninsured residents have been unemployed for less than one year and a large majority (87.3 percent) are currently looking for work. In contrast, 29.1 percent of unemployed residents with insurance have been unemployed for less than a year and only 44.5 percent are currently looking for work.

Why are they uninsured?

Cost of coverage is the reason residents gave most frequently for being uninsured, with 69.7% of uninsured people stating that they were uninsured because the cost of insurance was too high (figure 5). Lack of access to employer-sponsored coverage plays a role in many of the other reasons. Twenty-eight percent said that they were not offered coverage at work, 32.7 percent had changed jobs, and 4.0 percent did not have employer-sponsored insurance because the person who had access to such coverage was no longer part of the family due to divorce, separation, or death. Only 8.1 percent said they did not need insurance, and 19.1 percent did not know how to get insurance.

Many of the uninsured were likely eligible for public programs offered by the District such as Medicaid and the Alliance. However, many uninsured adults indicated that they either were not aware of public insurance programs or did not know how to enroll- 55.1 percent and 32.4 percent, respectively (data not shown). Only 5 percent of uninsured adults indicated that they would not be inclined to enroll in a public insurance plan, even if eligible.

Figure 1: Demographic and Socioeconomic Characteristics of Insured and Uninsured Nonelderly Adults in DC, 2009

	All residents	Insured	Uninsured	
Gender				
Male	46.8	45.0	67.0	***
Female	53.2	55.0	33.0	***
Race/Ethnicity				
White, non-Hispanic	37.1	38.5	20.4	***
Black, non-Hispanic	46.6	45.6	57.8	***
Other/multiple races, non-Hispanic	5.7	5.7	5.3	
Hispanic	10.6	10.1	16.5	*
U.S. citizenship status				
Citizen	90.4	91.0	83.2	*
Non-citizen	8.3	7.6	15.7	*
Unknown	1.4	1.4	1.2	
Highest educational attainment				
Less than high school	5.7	5.2	11.4	*
High school graduate or GED	36.8	36.1	45.5	**
4 year college degree or more	57.0	58.2	43.1	***
Unknown	0.5	0.6	0	***
Family Income relative to the Federal Poverty Level (FPL)				
Up to 200% of FPL	32.6	30.6	55.6	***
201 to 300% of FPL	9.3	8.8	14.2	*
301 to 400% of FPL	10.3	10.2	10.7	
More than 400% of FPL	47.9	50.3	19.5	***
<i>Sample size</i>	<i>3,717</i>	<i>2,986</i>	<i>185</i>	

Source: Urban Institute tabulations on the 2009 DC Health Insurance Survey (DC-HIS)

Note: In some cases, what appear to be relatively large differences in estimates are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

* (**) (***) Difference is significantly different from zero at the .10 (.05) (.01) level, two-tailed test.

Figure 2: Residential Characteristics of Insured and Uninsured Nonelderly Adults in DC, 2009

	All residents	Insured	Uninsured	
Place of residence				
Ward 1	16.1	15.5	22.7	**
Ward 2	15.6	16.1	9.7	***
Ward 3	12.3	12.7	7.4	**
Ward 4	12.3	11.7	18.7	*
Ward 5	10.9	10.7	12.2	
Ward 6	11.7	12.3	5.4	***
Ward 7	11.1	10.5	18.1	**
Ward 8	10.1	10.5	5.7	**
Years residing in DC				
Less than one year	6.1	5.6	12.7	*
1 to 5 years	26.3	26.6	21.9	
5-9 years	10.5	10.7	8.9	
More than 9 years	54.4	54.4	54.0	
Unknown	2.7	2.7	2.4	
<i>Sample size</i>	<i>3,171</i>	<i>2,986</i>	<i>185</i>	

Source: Urban Institute tabulations on the 2009 DC Health Insurance Survey (DC-HIS)

Note: In some cases, what appear to be relatively large differences in estimates are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

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Figure 3: Health and Disability Status of Insured and Uninsured Nonelderly Adults in DC, 2009

	All residents	Insured	Uninsured	
Health Status				
Good, very good or excellent	87.4	87.6	85.1	
Fair or poor	12.6	12.4	14.9	
Disability Status				
Activities are not limited by health problem	82.8	82.4	87.1	*
Activities are limited by health problem	17.2	17.6	12.9	*
Total				
<i>Sample Size</i>	<i>3,171</i>	<i>2,986</i>	<i>185</i>	

Source: Urban Institute tabulations on the 2009 DC Health Insurance Survey (DC-HIS)

Note: In some cases, what appear to be relatively large differences in estimates are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

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Figure 4: Employment Characteristics of Insured and Uninsured Nonelderly Adults in DC, 2009

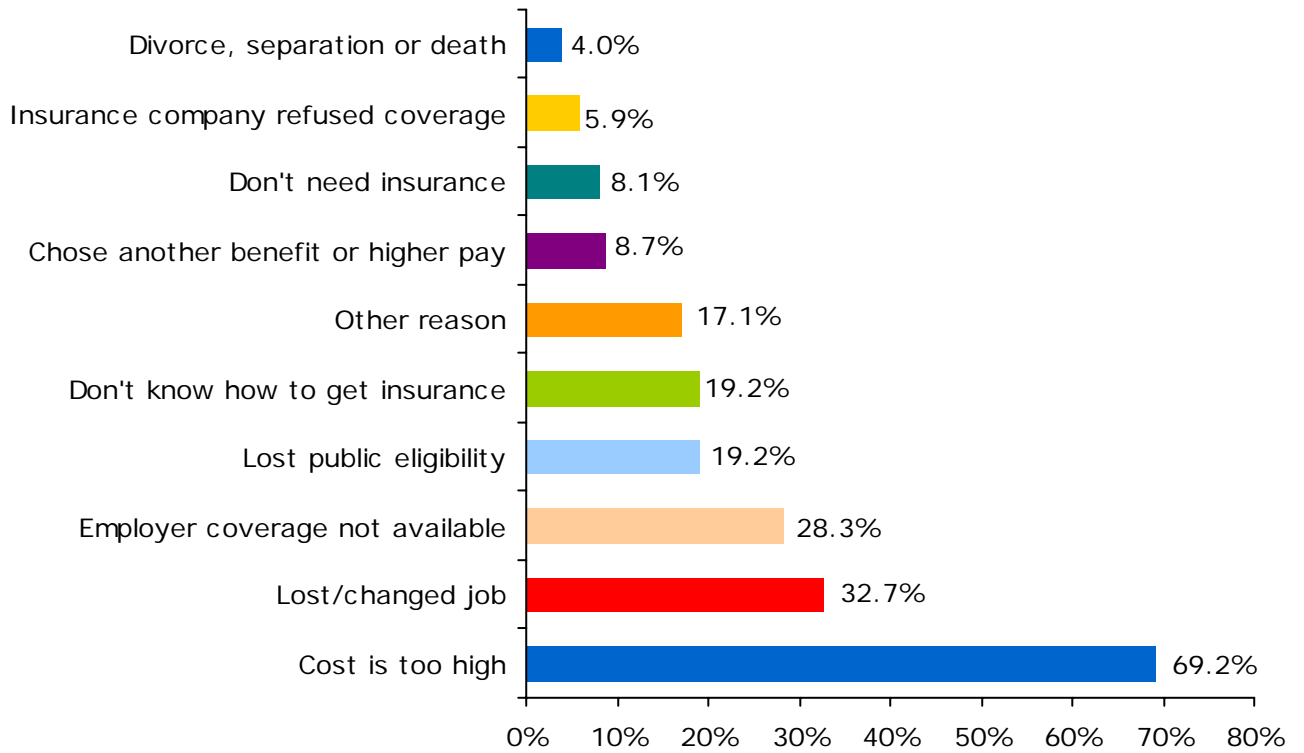
	All residents	Insured	Uninsured	
Work status				
Not working	30.1	28.4	49.6	***
Part-time work	7.6	7.0	13.9	**
Full-time work	58.5	60.6	34.9	***
Unknown	3.8	4.0	1.6	***
Firm size				
Not working	30.1	28.4	49.6	***
Less than 51 employees	10.5	10.1	14.2	
51 employees or more	46.5	49.0	17.6	***
Unknown	13.0	12.5	18.6	
Availability of ESI offer				
Working at firm that offers ESI to at least some of its employees				
No	7.8	6.8	20.0	***
Yes	6.8	60.7	22.1	***
Not working	30.1	28.4	49.6	***
Unknown work or offer status	4.4	4.1	8.3	
<i>Sample Size</i>	<i>3,171</i>	<i>2,986</i>	<i>185</i>	
Among those Unemployed				
Looking for work				
Yes	50.1	44.5	87.3	***
No	34.4	38.0	10.8	***
Retired/ Unpaid family business	15.5	17.5	1.9	***
Length of unemployment				
Less than 12 months	32.0	29.1	50.9	***
12 months or more	45.5	45.8	43.5	
Retired/ Unpaid family business/Unknown	22.6	25.1	5.6	***
<i>Sample Size</i>	<i>851</i>	<i>757</i>	<i>94</i>	

Source: Urban Institute tabulations on the 2009 DC Health Insurance Survey (DC-HIS)

Note: In some cases, what appear to be relatively large differences in estimates are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

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Figure 5. Reasons for Being Uninsured (nonelderly adults)



Source: Urban Institute tabulations on the 2009 DC Health Insurance Survey (DC-HIS)

About the survey

One measure of a survey’s validity is how its estimates compare to other surveys. The DC-HIS has much broader range of information about DC households and residents than other surveys, so comparisons of all data elements is not possible. In figure A.1, there is a comparison of estimates from the 2009 DC-HIS with estimates from the 2007-2008 Current Population Survey March supplement (CPS) and the 2008 American Community Survey (ACS) on the data of most interest—insurance coverage by type and age group.

The estimates of public coverage are higher and the estimates of uninsurance are lower in the DC-HIS than in the CPS and the ACS. This difference is due in part to the fact that neither the CPS nor the ACS survey instruments include the Alliance as an insurance choice, and Alliance members may report themselves as either uninsured or publicly insured. The DC-HIS sample also included non-landline households. In addition, the DC-HIS estimates reported in figure A.1 represent a point-in-time estimate of uninsurance, while the CPS estimates are designed to represent the rate for people who report being uninsured for a full year. It is, however, often thought that the CPS estimates likely reflect as point-in-time estimates; further, CPS estimates of public coverage are frequently adjusted to account for under-reporting.² Other sources of difference include different survey instruments, different survey methodology, and the different years of the surveys.

Figure A.1: A comparison of estimates of insurance coverage across surveys											
	All residents				Children				Non-elderly adults		
	CPS (2007-08)	ACS (2008)	DC-HIS (2009)		CPS (2007-08)	ACS (2008)	DC-HIS (2009)		CPS (2007-08)	ACS (2008)	DC-HIS (2009)
Employer-sponsored insurance	53.5%	55.8%	55.0%		48.0%	49.4%	47.3%		62.8%	65.1%	64.4%
Public coverage	30.7%	28.9%	32.8%		41.8%	40.9%	44.6%		17.5%	16.5%	20.6%
Other/ individual	6.0%	7.4%	6.0%		**	6.0%	4.9%		7.7%	8.5%	7.0%
Uninsured	9.8%	7.9%	6.2%		6.4%	3.7%	3.2%		12.0%	9.9%	7.9%
Total	100.0%	100%	100.0%		100.0%	100%	100.0%		100.0%	100%	100.0%

Sources: CPS estimates taken from Kaiser State Health Facts Online. ACS estimates are Urban Institute tabulations of ACS 2008 data from the Integrated Public Use Microdata Series (IPUMS). DC-HIS estimates are Urban Institute tabulations.

Individuals are assigned to a single type of coverage based on the following hierarchy: 1. Medicare, 2. ESI, 3. Medicaid, 4. the Alliance, and 5. other coverage. The combined public coverage category includes Medicare, Medicaid, and the Alliance.

** Denotes insufficient data to produce estimates.

² Lewis, Kimball, Marilyn Ellwood and John Czajka. “Counting the Uninsured: A Review of the Literature.” Assessing the New Federalism: Occasional Paper Number 8. July 1998.