

ACA Implementation—Monitoring and Tracking

Uninsurance Is Not Just a Minority Issue: White Americans Are a Large Share of the Growth from 2000 to 2010

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INTRODUCTION

Health services researchers have long documented differences in health insurance coverage among racial and ethnic groups (Selden and Pylypchuk 2008; Smedley, Stith, and Nelson 2003). In 2010, uninsurance rates among nonelderly Hispanics (32.1%) and blacks (22.3%) were 2.3 and 1.6 times higher, respectively, than for non-Hispanic whites (13.8%). However, recent trends indicate that the difference in coverage between Hispanics and whites is shrinking: From 2007 to 2010, when nearly 10 million Americans lost employer-sponsored insurance (ESI) and the number of uninsured increased by 5.7 million, the uninsured rate did not change among nonelderly Hispanics but increased by approximately 2 percentage points among nonelderly whites and blacks (Holahan and Chen 2011).

Full implementation of the Patient Protection and Affordable Care Act (ACA) in 2014 is expected to substantially increase health insurance coverage across the United States, as individuals gain subsidized coverage through Medicaid and newly created health insurance exchanges. Medicaid eligibility can be expanded at state option to 138 percent of the federal poverty level (FPL) for all nonelderly citizens, with federal matching rates of 100 percent for 2014 through 2016. Low- and moderate-income individuals and families not eligible for Medicaid coverage with incomes up to 400 percent of FPL will also be eligible for federal subsidies to purchase coverage in the exchanges, if they do not have access to an affordable offer of ESI.¹

Microsimulation models project that the ACA could reduce the share of nonelderly uninsured whites and blacks by over 50 percent, but would only reduce the share of nonelderly uninsured Hispanics by 37 percent. The smaller relative gains in coverage for Hispanics are driven partly by the restriction of Medicaid to legal immigrants who have been in the country for more than five years and the exclusion of undocumented immigrants in the ACA's coverage provisions. Among the

26 million individuals projected to be uninsured under the full implementation of the ACA, more than 5 million are undocumented immigrants, 82 percent of whom are Hispanic (Clemans-Cope et al. 2012).

This brief compares changes in health insurance coverage from 2000 to 2010 across racial and ethnic groups in the United States. By focusing on these trends, this analysis expands on three prior briefs that documented declines in coverage among various subpopulations targeted by the ACA (Blavin et al. 2012a, b; Holahan and Chen 2012). We examine trends for whites, blacks, Hispanics, and a residual group comprising Asian/Pacific Islander, American Indian/Aleutian/Eskimo, and multiracial (referred to as Asian/other) individuals, using the “ACA-relevant” income measure—modified-adjusted gross income (MAGI)—to categorize individuals below 138 percent of the federal poverty level (FPL) who could become newly eligible for Medicaid, individuals with income between 138 and 400 percent of FPL who could become eligible for subsidies in the newly established health insurance exchanges, and individuals at or above 400 percent of FPL.

We find that ESI deteriorated among all racial and ethnic groups, with whites and blacks experiencing larger percentage point declines relative to Hispanics and the Asian/other group. We also find that the number of uninsured increased by 12.9 million from 2000 to 2010, nearly half of whom (6.3 million) are white. The uninsured rate increased by nearly four percentage points among nonelderly whites and blacks, with larger percentage increases occurring among whites. In contrast, the uninsured rate remained constant for the Hispanic and Asian/other populations, as Medicaid/CHIP enrollment gains were large enough to offset ESI declines for these groups. These general patterns across racial and ethnic groups were found across all income groups, with more pronounced deterioration in coverage among those with income below 400 percent of FPL.

DATA AND METHODS

This brief uses the 2001 and 2011 cross-sections of the Current Population Survey (CPS) Annual Social and Economic Supplement (ASEC).² The CPS collects monthly employment statistics as well as information on the demographic status of the population, including

health insurance coverage and race/ethnicity. The CPS is a large cross-sectional survey that samples the entire civilian noninstitutionalized population. The 2010 CPS has a sample size of 95,958 households (204,983 individuals) and is one of the most frequently cited national surveys

on Americans' health insurance. The strengths and weaknesses of this data source have been addressed elsewhere (Blavin et al. 2012a; DeNavas-Walt, Proctor and Smith 2007).

In this brief, we focus on three income groups: those under 138 percent of FPL ("ACA Medicaid eligibles"), those between 138 percent and 400 percent of FPL ("potential subsidy eligibles"), and those above 400 percent of FPL. These poverty thresholds adjust for family size and inflation and are based on eligibility cutoffs for the Medicaid expansion and exchange subsidies under the ACA. We also use income relative to poverty based on the MAGI concept to be consistent with provisions of the ACA, which will be used to determine Medicaid and exchange subsidy eligibility across the nation.³ To construct an adjusted version of MAGI on the CPS appropriate to the ACA, we deduct public assistance income, supplemental security income, child support, veteran benefits, workers' compensation, and child care expenses from total income. In contrast to the standard definition of MAGI, we do not deduct Social Security benefits from total income in order to be consistent with the most recent legislation (Centers for Medicare & Medicaid Services 2012).

Other key variables for this analysis are defined as follows. For racial and ethnic groups, white is defined

as non-Hispanic white, black is non-Hispanic black, and Asian/other includes non-Hispanic Asian/Pacific Islander, American Indian/Aleutian/Eskimo and multiracial individuals.^{4,5} The health insurance unit (HIU) is the unit of analysis for determining income group. An HIU includes members of the nuclear family who can be covered under one health insurance policy: the policyholder, the spouse, all children under age 19, and children under age 23 who are full-time students.⁶

We conduct three main statistical tests for this study. First, we test whether changes in coverage from 2000 to 2010 for each racial/ethnic group are statistically significant. These tests are displayed in all tables. We also test for cross-sectional differences across racial and ethnic groups and for differences in the change in coverage from 2000 to 2010 across racial and ethnic groups. For the comparisons in the results section, all 2000 to 2010 percentage point and percent differences, and cross-sectional differences across racial and ethnic groups are statistically significant at the 5 percent level unless otherwise noted. We calculate standard errors using generalized variance estimates created from generalized variance parameters. This method smoothes standard error estimates across time (U.S. Census Bureau 2010).

RESULTS

Population and Income Shifts over the Past Decade

Figure 1 highlights how the racial and ethnic composition of the nonelderly population changed significantly over the decade. From 2000 to 2010, three of the four racial and ethnic groups experienced substantial population growth. There was a 2.2 million increase in the black population, a 12.8 million increase in the Hispanic population, and a 5.6 million increase in the combined Asian/other group. In contrast to these sizeable increases, the nonelderly white population only experienced a net increase of 0.3 million individuals. As a consequence of these patterns, between 2000 and 2010, the share of whites among the nonelderly population had fallen from 67 to 62 percent, while the shares of Hispanics and those in the Asian/other race category rose by 4 and 1 percentage points, respectively.

Throughout the decade, a higher proportion of the nonelderly white population had HIU income above 400 percent of FPL and a lower proportion had HIU income below 138 percent of FPL compared to the three other racial and ethnic groups (Table 1). For instance, in 2010, 49 percent of blacks and Hispanics had incomes below 138 percent of the FPL, compared to 24.1 percent of whites and 31.2 percent of Asians/other. However, nonelderly whites experienced proportionally larger shifts toward the bottom of the income distribution relative to the other racial and ethnic groups. The share of nonelderly whites with income below 138 percent of FPL increased from 18.3 percent in 2000 to 24.1 percent in 2010, representing an increase of 31.8 percent (5.8 percentage points). In contrast, the share of nonelderly blacks, Hispanics, and Asians/other with income below 138 percent of FPL increased by 15.2 percent (6.4 percentage points), 11.1 percent (4.9 percentage points), and 16.3 percent (4.4 percentage points), respectively.

Changes in the Uninsured

From 2000 to 2010, the number of uninsured increased by 12.9 million (35.5%, data not shown) and the share of the nonelderly population without health insurance increased from 14.8 to 18.5 percent, with substantial variation across racial and ethnic groups (Figure 2). In 2000, 10.0 percent of the nonelderly white population did not have health insurance, compared to 18.4 of blacks, 32.9 of Hispanics, and 19.0 percent of the Asian/other group. Between 2000 and 2010, the uninsured rate increased by 37.6 percent (3.8 percentage points) among nonelderly whites and 20.9 percent (3.9 percentage points) among nonelderly blacks, while the uninsured rate did not significantly change among Hispanics and Asian/other race. As a result, over the decade, the coverage differential between whites and blacks (which was approximately 8.5 percentage points in both 2000 and 2010) did not change, while the coverage differential between whites and Hispanics (at 22.9 and 18.3 percentage points in 2000 and 2010, respectively) and whites and the Asian/other population (at 9.0 and 5.2 percentage points in 2000 and 2010, respectively) narrowed over the decade.

Figure 3 shows that whites accounted for nearly half of the increase in the number of uninsured (6.3 million) over the decade, while Hispanics (3.8 million), blacks (1.7 million), and Asians/other (1.1 million) accounted for 30 percent, 13 percent, and 8 percent of the increase, respectively. Whites accounted for 45 percent, 52 percent, and 66 percent of the increase in the uninsured among those with income below 138 percent, between 138 to 400 percent, and above 400 percent of FPL, respectively. Whites accounted for an increasing share of the change in the number of uninsured at higher income levels, primarily because whites are a larger share of the higher-income population.

Changes in Private and Public Coverage

Table 2 shows that between 2000 and 2010, the share of the nonelderly population covered by ESI across the four racial and ethnic groups declined substantially.⁷ Nonelderly blacks experienced the largest percentage point decline (12.2 percentage points) in ESI rates among all four racial/ethnic groups, from 57.6 percent in 2000 to 45.4 percent in 2010. ESI rates among nonelderly whites declined by 9.3 percentage points, the second largest decline, from 76.4 to 67.0 percent. These declines were significantly larger than those experienced by nonelderly Hispanics (8.1 percentage points) and the Asian/other population (7.6 percentage points). However, Hispanics

had the lowest rates of ESI—47.3 percent in 2000 and 39.2 percent in 2010—among all four racial and ethnic groups in both years.

Medicaid/CHIP coverage increased among all racial and ethnic groups between 2000 and 2010, but Hispanics (8.7 percentage points) and blacks (7.7 percentage points) had larger percentage point increases than those experienced by whites (4.1 percentage points) and by Asians/other (6.4 percentage points).⁸ The ESI losses by Hispanics and the Asian/other population were essentially offset by increases in Medicaid/CHIP enrollment, leaving the uninsured rate for these groups unchanged at the end of the period.⁹ In contrast, the gains in Medicaid/CHIP enrollment among whites and blacks did not completely offset the declines in ESI, resulting in 4 percentage point increases in the uninsured rate among both groups, as displayed in Figure 2. The relatively small increase in Medicaid/CHIP among whites is partly because whites have higher incomes, but may also be due to their lower rates of Medicaid/CHIP participation compared to minorities (Ham, Ozbeklik, and Shore-Sheppard 2010; Racine et al. 2001).¹⁰

Racial/Ethnic Coverage Changes by Income Group

Tables 3, 4 and 5 illustrate that in any given year and racial/ethnic group, higher-income individuals are more likely to have ESI, less likely to have Medicaid/CHIP, and less likely to be uninsured compared to those in lower income groups. The coverage distributions and trends across racial and ethnic groups are also consistent with the results in Table 2. For example, across all income groups, nonelderly whites are more likely to have ESI and in most instances, less likely to be uninsured relative to the all other racial and ethnic groups.

Table 3 highlights varying coverage patterns across racial and ethnic groups in the lowest income category. ESI rates declined by 8.9 percentage points among nonelderly blacks with income below 138 percent of FPL, compared to smaller declines, ranging from 7.0 to 7.6 percentage points, among the other three racial and ethnic groups. Medicaid/CHIP rates for Hispanics and the Asian/other population in the lowest income group increased by over 10 percentage points, compared to smaller increases for whites (6.3 percentage points) and blacks (7.9 percentage points). These Medicaid/CHIP enrollment gains offset ESI losses for all racial and ethnic groups in the lowest income category, except for whites; the uninsured rate increased by 3.6 percentage points

(13 percent) among whites, decreased by 3.2 percentage points among Hispanics (7%), and remained statistically unchanged for blacks and the Asian/other population. Despite these trends, the uninsured rate for Hispanics with income below 138 percent of FPL (41.2%) remained significantly higher in 2010 relative to the uninsured rates for all other low-income racial and ethnic groups.

Table 4 shows that blacks and whites with HIU income between 139 and 400 percent of FPL experienced larger declines in ESI rates (approximately 10 percentage points) compared to Hispanics (5.7 percentage points) and Asians/other (7.7 percentage points). Over the same period, nonelderly blacks and whites in this income group had smaller increases in Medicaid/CHIP rates compared to the other two racial/ethnic groups. As a result, among those with HIU income between 139 and 400 percent of FPL, the share of nonelderly whites (3.8 percentage points) and blacks (4.5 percentage points) without health insurance substantially increased over the decade, whereas the uninsured rate among Hispanics and other race/ethnic groups remained unchanged. As displayed in

Figure 3, whites accounted for over half (1.8 million) of the total increase in the number of uninsured with HIU income between 139 and 400 percent of FPL (3.5 million).

Those above 400 percent of the FPL also experienced declines in ESI and overall coverage (Table 5). ESI rates declined by 3.3, 4.3, and 2.6 percentage points among higher-income whites, blacks, and Hispanics, respectively, but did not significantly change among the Asian/other population. The uninsured rate among whites in this income group increased by 1.2 percentage points but did not significantly change among the other three racial and ethnic groups. Given this increase, whites accounted for two-thirds (0.7 million) of the increase in the number of uninsured with HIU income above 400 percent of FPL (1.1 million). Compared to the other income groups, the coverage distribution among those with incomes above 400 percent of FPL remained relatively stable, though the overall pattern of coverage changes for the higher-income population echoed what was found among the lower-income groups.

DISCUSSION

This brief highlights differences in coverage rates across racial and ethnic groups and shows that the largest percentage point declines in coverage were among whites and blacks. From 2000 to 2010, while ESI declined notably across the four different racial and ethnic groups, the uninsured rate increased 38 percent (by 3.8 percentage points) among nonelderly whites and 21 percent (by 3.8 percentage points) among nonelderly blacks, while remaining constant for Hispanics and the Asian/other population. White Americans (6.3 million) were also nearly half the increase in the total number of uninsured (12.9 million) during this period. While considerable policy attention has been given the lack of health insurance among minority groups (Lillie-Blanton and Hoffman 2005; Smedley et al. 2003), the coverage and income declines among whites are also significant.

Medicaid and CHIP appear effective at preventing coverage declines among nonelderly Hispanics and Asians/other races, a result likely concentrated among children within these groups.¹¹ We find that nonelderly whites experienced smaller increases in Medicaid/CHIP enrollment compared to the other racial and ethnic groups, a pattern which persists across all income categories. The uninsured rate among blacks increased by nearly

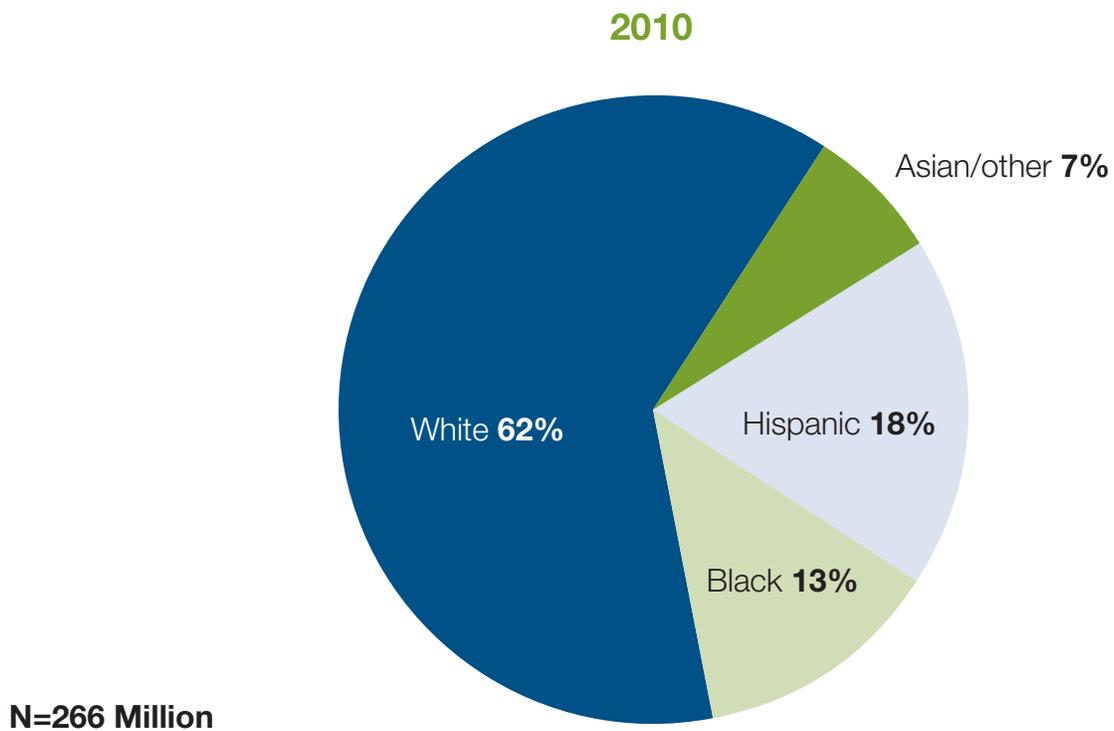
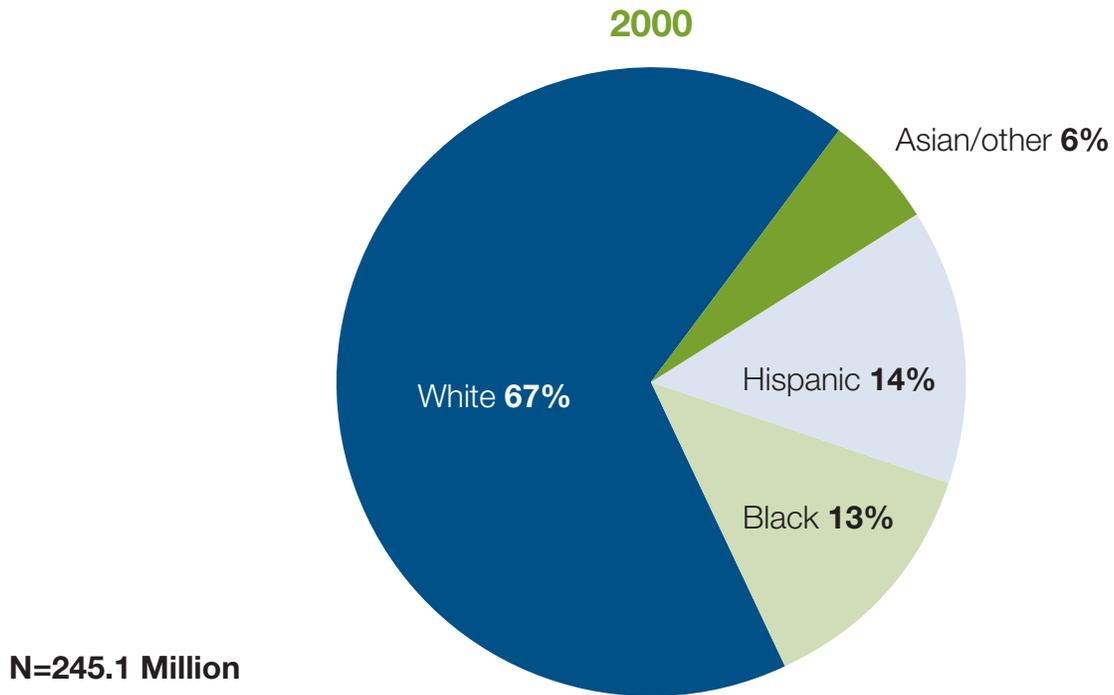
4 percentage points—comparable to the rise in the uninsured rate among whites—as increases in Medicaid/CHIP coverage did not completely offset the 12 percentage point decline in ESI coverage experienced by blacks, the largest decline among all racial and ethnic groups.

Full implementation of the ACA is projected to reduce the uninsured rate for all racial and ethnic groups, to 6.5 percent among nonelderly whites, 9.8 percent among nonelderly blacks, 21.1 percent among nonelderly Hispanics, and 10.4 percent of nonelderly Asians/other. This same model also projects that that 6.5 percent of whites, 5.3 percent of Asians/other, 3.6 percent of blacks, and 4.6 of Hispanics could enroll in the private nongroup health insurance exchange (Clemans-Cope et al. 2012). However, with the recent Supreme Court ruling, the Medicaid expansion to those with incomes below 138 percent of FPL is essentially optional for states. Several states, primarily those in the South with large and racially diverse uninsured populations (e.g., Texas and Florida), have suggested that they will not implement the Medicaid expansion despite the very high federal contributions. In fact, more than half of individuals projected to be newly eligible for Medicaid are white in 37 states. In other states, the racial and ethnic distributions are

different, with either Hispanics (e.g., in California, Florida, New Jersey, New Mexico and Texas) or blacks (e.g., in Georgia, Louisiana and Maryland) being more prominent (Kenney et al. 2012). Thus, reducing these coverage gaps across racial and ethnic groups will depend on which states implement the Medicaid expansions, the size of

the black and Hispanic (documented and undocumented) uninsured populations within these states, and the extent to which state policies and targeted outreach efforts can achieve high rates of participation in Medicaid/CHIP and the health insurance exchanges.

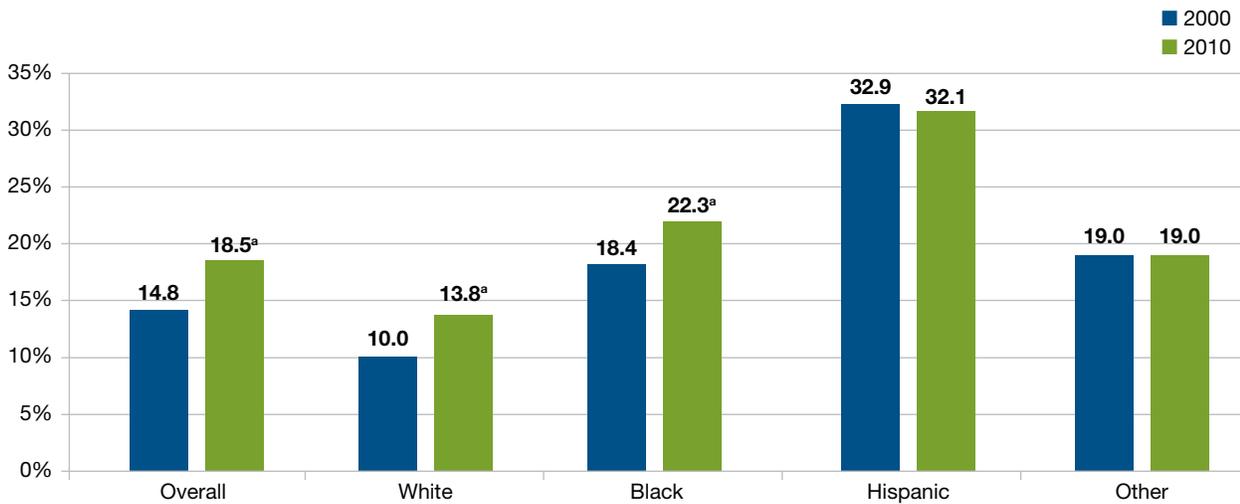
FIGURE 1: Nonelderly Population Distribution by Race/Ethnicity, 2000 and 2010



Source: Urban Institute (2012). Based on data from the 2001-2011 ASEC Supplement to the Current Population Surveys.

Notes: The data exclude persons aged 65 and older and those in the Armed Forces; it also does not make any corrections for any Medicaid/CHIP under-reporting. Income relative to poverty is calculated using modified adjusted gross income.

FIGURE 2: Share of Nonelderly Population without Health Insurance, Overall and by Race/Ethnicity, 2000 and 2010

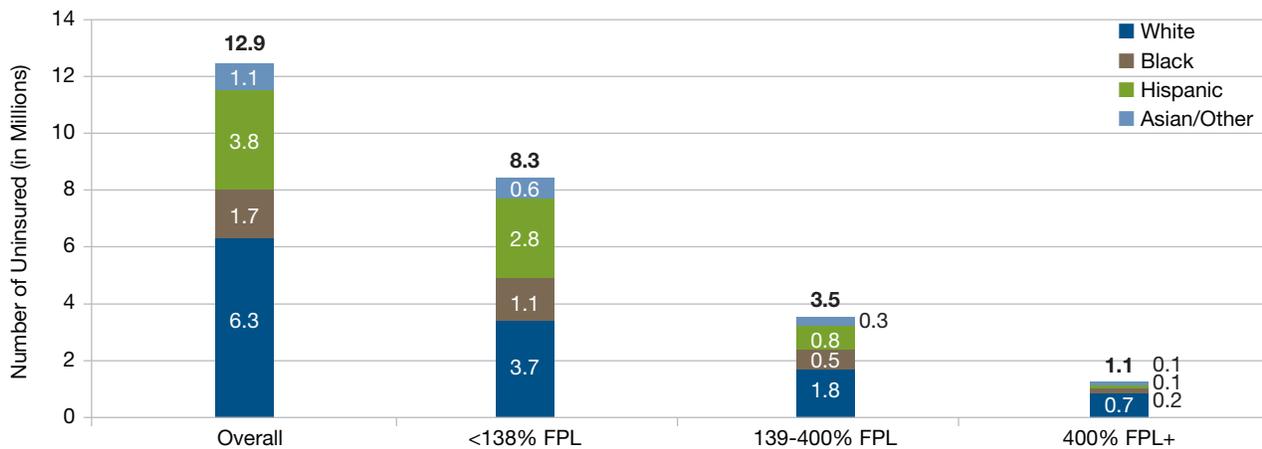


Source: Urban Institute (2012). Based on data from the 2001-2011 ASEC Supplement to the Current Population Surveys.

Notes: The data exclude persons aged 65 and older and those in the Armed Forces; the figure also does not make any corrections for any Medicaid/CHIP under-reporting. Income relative to poverty is calculated using modified adjusted gross income.

^aChange in percentage of people is statistically significant at the 95 percent confidence level.

FIGURE 3: Racial and Ethnic Group Composition of the Change in Uninsured from 2000 to 2010, Overall and by Income Category



Source: Urban Institute (2012). Based on data from the 2001-2011 ASEC Supplement to the Current Population Surveys.

Notes: The data exclude persons aged 65 and older and those in the Armed Forces; the figure also does not make any corrections for any Medicaid/CHIP under-reporting. Income relative to poverty is calculated using modified adjusted gross income.

TABLE 1: Income Distribution of Nonelderly Population by Race/Ethnicity, 2000 versus 2010

	N (Millions)			Percentage of Population		
	2000	2010	Change	2000	2010	Change
Overall	245.1	266.0	20.9^b			
≤ 138% FPL	62.4	85.5	23.1 ^b	25.5%	32.2%	6.7% ^a
139-400% FPL	96.4	95.6	-0.8	39.4%	35.9%	-3.4% ^a
400%+ FPL	86.2	84.8	-1.4 ^b	35.2%	31.9%	-3.3% ^a
White	165.4	165.7	0.3			
≤ 138% FPL	30.2	39.9	9.7 ^b	18.3%	24.1%	5.8% ^a
139-400% FPL	64.4	59.1	-5.3 ^b	38.9%	35.7%	-3.3% ^a
400%+ FPL	70.8	66.7	-4.1 ^b	42.8%	40.2%	-2.6% ^a
Black	31.5	33.7	2.2^b			
≤ 138% FPL	13.4	16.5	3.1 ^b	42.4%	48.8%	6.4% ^a
139-400% FPL	12.3	12.0	-0.3	39.1%	35.6%	-3.5% ^a
400%+ FPL	5.8	5.2	-0.6 ^b	18.5%	15.5%	-2.9% ^a
Hispanic	34.2	47.0	12.8^b			
≤ 138% FPL	15.1	23.1	8.0 ^b	44.2%	49.1%	4.9% ^a
139-400% FPL	14.6	17.7	3.2 ^b	42.7%	37.7%	-4.9% ^a
400%+ FPL	4.5	6.2	1.7 ^b	13.2%	13.2%	0.0%
Other	14.0	19.5	5.6^b			
≤ 138% FPL	3.8	6.1	2.3 ^b	26.8%	31.2%	4.4% ^a
139-400% FPL	5.1	6.8	1.6 ^b	36.7%	34.6%	-2.2% ^a
400%+ FPL	5.1	6.7	1.6 ^b	36.4%	34.2%	-2.2% ^a

Source: Urban Institute (2012). Based on data from the 2001-2011 ASEC Supplement to the Current Population Surveys.

Notes: The data exclude persons age 65 and older and those in the Armed Forces; the table also does not make any corrections for any Medicaid/CHIP under-reporting. Income relative to poverty is calculated using modified adjusted gross income.

^aChange in percentage of people is statistically significant (at the 95 percent confidence level).

^bChange in numbers of people is statistically significant (at the 95 percent confidence level).

TABLE 2: Health Insurance Distribution of Nonelderly Population by Race/Ethnicity, 2000 versus 2010

	N (Millions)			Percentage of Population		
	2000	2010	Change	2000	2010	Change
Overall	245.1	266.0	20.9^a			
Employer	169.8	156.2	-13.6 ^a	69.3%	58.7%	-10.6% ^b
Medicaid/CHIP	20.7	38.3	17.6 ^a	8.4%	14.4%	6.0% ^b
CHAMPUS/Medicare	5.5	7.6	2.2 ^a	2.2%	2.9%	0.6% ^b
Private nongroup	12.9	14.8	1.9 ^a	5.3%	5.6%	0.3% ^b
Uninsured	36.3	49.1	12.9 ^a	14.8%	18.5%	3.7% ^b
White	165.4	165.7	0.3			
Employer	126.3	111.1	-15.2 ^a	76.4%	67.0%	-9.3% ^b
Medicaid/CHIP	8.8	15.7	6.9 ^a	5.3%	9.5%	4.1% ^b
CHAMPUS/Medicare	3.7	5.0	1.4 ^a	2.2%	3.0%	0.8% ^b
Private nongroup	10.1	11.1	1.0 ^a	6.1%	6.7%	0.6% ^b
Uninsured	16.5	22.8	6.3 ^a	10.0%	13.8%	3.8% ^b
Black	31.5	33.7	2.2^a			
Employer	18.2	15.3	-2.9 ^a	57.6%	45.4%	-12.2% ^b
Medicaid/CHIP	5.5	8.5	3.0 ^a	17.5%	25.3%	7.7% ^b
CHAMPUS/Medicare	1.1	1.3	0.2 ^a	3.4%	3.7%	0.3%
Private nongroup	1.0	1.1	0.2	3.0%	3.3%	0.3%
Uninsured	5.8	7.5	1.7 ^a	18.4%	22.3%	3.9% ^b
Hispanic	34.2	47.0	12.8^a			
Employer	16.2	18.4	2.3 ^a	47.3%	39.2%	-8.1% ^b
Medicaid/CHIP	5.2	11.3	6.1 ^a	15.2%	23.9%	8.7% ^b
CHAMPUS/Medicare	0.5	0.9	0.4 ^a	1.4%	1.9%	0.5% ^b
Private nongroup	1.1	1.3	0.2 ^a	3.2%	2.9%	-0.3%
Uninsured	11.2	15.1	3.8 ^a	32.9%	32.1%	-0.8%
Other	14.0	19.5	5.6^a			
Employer	9.2	11.4	2.2 ^a	65.9%	58.3%	-7.6% ^b
Medicaid/CHIP	1.1	2.8	1.7 ^a	8.0%	14.4%	6.4% ^b
CHAMPUS/Medicare	0.3	0.4	0.2 ^a	1.8%	2.2%	0.4%
Private nongroup	0.7	1.2	0.4 ^a	5.3%	6.1%	0.8%
Uninsured	2.7	3.7	1.1 ^a	19.0%	19.0%	0.0%

Source: Urban Institute (2012). Based on data from the 2001-2011 ASEC Supplement to the Current Population Surveys.

Note: The data exclude persons aged 65 and older and those in the Armed Forces; the table also does not make any corrections for any Medicaid/CHIP under-reporting. Income relative to poverty is calculated using modified adjusted gross income.

^aChange in numbers of people is statistically significant (at the 95 percent confidence level).

^bChange in percentage of people is statistically significant (at the 95 percent confidence level).

TABLE 3: Health Insurance Distribution of Nonelderly Population with Family Income ≤138 Percent of FPL, by Race/Ethnicity, 2000 versus 2010

	N (Millions)			Percentage of Population		
	2000	2010	Change	2000	2010	Change
White	25.0	34.1	9.1^a			
Employer	8.0	8.3	0.3	31.8%	24.2%	-7.6% ^b
Medicaid/CHIP	6.3	10.7	4.4 ^a	25.0%	31.3%	6.3% ^b
CHAMPUS/Medicare	1.3	1.6	0.3 ^a	5.2%	4.7%	-0.5%
Private nongroup	2.6	2.9	0.3	10.3%	8.5%	-1.8% ^b
Uninsured	6.9	10.7	3.7 ^a	27.7%	31.3%	3.6% ^b
Black	12.3	15.5	3.1^a			
Employer	3.2	2.7	-0.6 ^a	26.3%	17.4%	-8.9% ^b
Medicaid/CHIP	4.6	7.0	2.4 ^a	37.2%	45.1%	7.9% ^b
CHAMPUS/Medicare	0.6	0.6	0.0	4.9%	3.9%	-0.9% ^b
Private nongroup	0.4	0.6	0.2 ^a	3.5%	3.8%	0.3%
Uninsured	3.5	4.6	1.1 ^a	28.1%	29.8%	1.7%
Hispanic	14.2	22.2	8.0^a			
Employer	3.2	3.4	0.2	22.7%	15.3%	-7.4% ^b
Medicaid/CHIP	4.1	8.7	4.6 ^a	28.7%	39.2%	10.5% ^b
CHAMPUS/Medicare	0.2	0.4	0.2 ^a	1.4%	2.0%	0.6% ^b
Private nongroup	0.4	0.5	0.1 ^a	2.7%	2.3%	-0.3%
Uninsured	6.3	9.2	2.8 ^a	44.5%	41.2%	-3.2% ^b
Other	3.4	5.6	2.3^a			
Employer	1.0	1.3	0.3 ^a	29.3%	22.3%	-7.0% ^b
Medicaid/CHIP	0.8	2.0	1.2 ^a	25.0%	35.6%	10.6% ^b
CHAMPUS/Medicare	0.1	0.1	0.1	2.6%	2.5%	-0.1%
Private nongroup	0.2	0.4	0.2 ^a	6.8%	7.2%	0.4%
Uninsured	1.2	1.8	0.6 ^a	36.3%	32.4%	-4.0%

Source: Urban Institute (2012). Based on data from the 2001-2011 ASEC Supplement to the Current Population Surveys.

Notes: The data exclude persons aged 65 and older and those in the Armed Forces; the table also does not make any corrections for any Medicaid/CHIP under-reporting. Income relative to poverty is calculated using modified adjusted gross income.

^aChange in numbers of people is statistically significant (at the 95 percent confidence level).

^bChange in percentage of people is statistically significant (at the 95 percent confidence level).

TABLE 4: Health Insurance Distribution of Nonelderly Population with Family Income between 139 and 400 Percent of FPL, by Race/Ethnicity, 2000 versus 2010

	N (Millions)			Percentage of Population		
	2000	2010	Change	2000	2010	Change
White	66.8	61.7	-5.0^a			
Employer	51.3	41.5	-9.8 ^a	76.8%	67.2%	-9.6% ^b
Medicaid/CHIP	2.3	4.4	2.1 ^a	3.4%	7.0%	3.6% ^b
CHAMPUS/Medicare	1.6	2.3	0.7 ^a	2.4%	3.8%	1.3% ^b
Private nongroup	4.3	4.5	0.2	6.5%	7.3%	0.8% ^b
Uninsured	7.3	9.1	1.8 ^a	10.9%	14.7%	3.8% ^b
Black	13.0	12.6	-0.4			
Employer	9.4	7.8	-1.6 ^a	72.5%	62.2%	-10.3% ^b
Medicaid/CHIP	0.9	1.4	0.6 ^a	6.8%	11.5%	4.7% ^b
CHAMPUS/Medicare	0.4	0.4	0.1	2.8%	3.5%	0.7%
Private nongroup	0.4	0.4	0.0	2.7%	3.2%	0.4%
Uninsured	2.0	2.5	0.5 ^a	15.1%	19.6%	4.5% ^b
Hispanic	15.3	18.4	3.1^a			
Employer	8.9	9.7	0.8 ^a	58.3%	52.7%	-5.7% ^b
Medicaid/CHIP	1.1	2.4	1.3 ^a	6.9%	13.1%	6.2% ^b
CHAMPUS/Medicare	0.2	0.4	0.1 ^a	1.6%	1.9%	0.3%
Private nongroup	0.6	0.6	0.0	3.7%	3.4%	-0.4%
Uninsured	4.5	5.3	0.8 ^a	29.4%	28.9%	-0.5%
Other	5.4	7.0	1.6^a			
Employer	3.7	4.2	0.6 ^a	67.8%	60.1%	-7.7% ^b
Medicaid/CHIP	0.2	0.8	0.5 ^a	4.5%	10.7%	6.2% ^b
CHAMPUS/Medicare	0.1	0.2	0.1 ^a	2.1%	2.8%	0.8%
Private nongroup	0.3	0.4	0.1 ^a	5.7%	6.3%	0.5%
Uninsured	1.1	1.4	0.3 ^a	19.8%	20.0%	0.2%

Source: Urban Institute (2012). Based on data from the 2001-2011 ASEC Supplement to the Current Population Surveys.

Notes: The data exclude persons aged 65 and older and those in the Armed Forces; the table also does not make any corrections for any Medicaid/CHIP under-reporting. Income relative to poverty is calculated using modified adjusted gross income.

^aChange in numbers of people is statistically significant (at the 95 percent confidence level).

^bChange in percentage of people is statistically significant (at the 95 percent confidence level).

TABLE 5: Health Insurance Distribution of Nonelderly Population with Family Income \geq 400 Percent of FPL, by Race/Ethnicity, 2000 versus 2010

	N (Millions)			Percentage of Population		
	2000	2010	Change	2000	2010	Change
White	73.6	69.9	-3.7^a			
Employer	67.0	61.4	-5.7 ^a	91.1%	87.9%	-3.3% ^b
Medicaid/CHIP	0.3	0.6	0.4 ^a	0.4%	0.9%	0.5% ^b
CHAMPUS/Medicare	0.7	1.1	0.3 ^a	1.0%	1.6%	0.6% ^b
Private nongroup	3.2	3.7	0.5 ^a	4.3%	5.3%	1.0% ^b
Uninsured	2.3	3.1	0.7 ^a	3.2%	4.4%	1.2% ^b
Black	6.2	5.7	-0.5^a			
Employer	5.5	4.8	-0.7 ^a	88.8%	84.4%	-4.3% ^b
Medicaid/CHIP	0.0	0.1	0.1 ^a	0.7%	1.8%	1.0% ^b
CHAMPUS/Medicare	0.1	0.2	0.1 ^a	1.6%	3.7%	2.0% ^b
Private nongroup	0.2	0.1	0.0	2.6%	2.4%	-0.2%
Uninsured	0.4	0.4	0.0	6.3%	7.7%	1.4%
Hispanic	4.7	6.4	1.8^a			
Employer	4.0	5.4	1.3 ^a	86.2%	83.6%	-2.6% ^b
Medicaid/CHIP	0.0	0.1	0.1 ^a	0.9%	1.9%	1.0% ^b
CHAMPUS/Medicare	0.0	0.1	0.1 ^a	0.6%	1.6%	1.0% ^b
Private nongroup	0.1	0.2	0.1	3.1%	3.2%	0.1%
Uninsured	0.4	0.6	0.2 ^a	9.1%	9.6%	0.5%
Other	5.2	6.9	1.7^a			
Employer	4.6	5.9	1.4 ^a	87.3%	85.6%	-1.7%
Medicaid/CHIP	0.0	0.1	0.0	0.6%	1.0%	0.3%
CHAMPUS/Medicare	0.1	0.1	0.0	1.1%	1.4%	0.4%
Private nongroup	0.2	0.3	0.1 ^a	4.0%	5.0%	1.0%
Uninsured	0.4	0.5	0.1 ^a	7.0%	7.0%	0.0%

Source: Urban Institute (2012). Based on data from the 2001-2011 ASEC Supplement to the Current Population Surveys.

Notes: The data exclude persons aged 65 and older and those in the Armed Forces; the table also does not make any corrections for any Medicaid/CHIP under-reporting. Income relative to poverty is calculated using modified adjusted gross income.

^aChange in numbers of people is statistically significant (at the 95 percent confidence level).

^bChange in percentage of people is statistically significant (at the 95 percent confidence level).

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ENDNOTES

- 1 Additional details related to the coverage components of the ACA are discussed in Blavin et al. (2012a, b).
- 2 All estimates are based on the Census's revised 2011 imputation methodology. In 2011, the Census Bureau revised the health coverage imputation methodology for those who did not respond to health insurance questions. The revisions address the differences between the way that health insurance coverage is collected in the CPS and the way it is imputed. For example, previously, dependent coverage assignments were limited only to the policyholder's spouse and/or children. The revisions now allow all members in the household to be assigned dependent coverage, thus the increase in the imputed number of dependents with coverage more accurately reflects individual reporting.
- 3 For the current Medicaid-eligible population, rules for counting income and resources vary from state to state and from group to group.
- 4 Asians and Pacific Islanders are approximately two-thirds of the Asian/other group and have higher incomes relative to the American Indian/Aleutian/Eskimo and multiracial groups (author tabulations of 2011 CPS).
- 5 Beginning in survey year 2003, respondents were allowed to choose more than one race. This was done to align population controls to Census 2000, when respondents were also allowed to choose more than one race.
- 6 The ACA expanded dependent coverage to individuals up to age 26 and therefore changed the definition of a private HIU. However, we did not use this new definition because it was not implemented until September 2010 and a comparable definition was not in place during the beginning of the decade. Children are defined as any person 18 years of age or younger. Parents are identified as those over 18 who have their own children in their HIU. Adults without dependent children are everyone else.
- 7 Private nongroup coverage rates modestly increased among whites and those in the Asian/other group, and did not significantly change for blacks and Hispanics.
- 8 CHAMPUS/Medicare coverage remained constant or modestly increased among all four racial/ethnic groups.
- 9 Those in the Asian/other group had smaller gains in Medicaid/CHIP coverage relative to Hispanics, but also had smaller declines in ESI coverage during the period.
- 10 In contrast, using the 2008 American Community Survey, Kenney et al. (2010) find that white children had lower Medicaid/CHIP participation rates compared to black children but higher take-up rates compared to Hispanic children.
- 11 Prior studies found that Medicaid and CHIP have been particularly effective at reducing the number of uninsured children as opposed to adults (Blavin et al. 2012a).