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National Medical Expenditure Survey

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UNINSURED AMERICANS: A 1987 PROFILE

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ABSTRACT

This paper presents estimates of the size characteristics of the uninsured population from a new data source, the 1987 National Medical Expenditure Survey. Data from the first NMES interview indicate 37 million persons were uninsured in early 1987, a finding consistent with the Current Population Survey and somewhat higher than other recent national surveys would suggest. NMES confirms and updates a number of well-known facts about this population. Lack of insurance is observed at the highest rate among young adults and among blacks and Hispanics, as well as persons in families where no one is employed. However, workers and their families still account for more than three-quarters of the uninsured. Employees of small firms, low-wage earners, part-time employees and the self-employed, and employees in industries characterized by seasonal and temporary employment and by a less skilled and less unionized workforce are most likely among the working population to lack insurance for themselves and their families.

Uninsured Americans: A 1987 Profile

The number of persons without health insurance in the United States and their access to medical care have emerged as one of the most compelling health policy issues of the 1980s. While there is agreement that well over 10 percent of Americans are uninsured, with no sign of the problem disappearing, the available data sources do not closely agree on the size of the uninsured population. In particular, the estimates from the March Current Population Survey (CPS) conducted by the Census Bureau seem typically to exceed those from other national surveys, including the Survey of Income and Program Participation (SIPP) also conducted by the Census Bureau (1986) and the Health Interview Survey (HIS) conducted by the National Center for Health Statistics (1987). Although the CPS questionnaire is designed to identify persons who were uninsured throughout the preceding year, experts generally agree that the estimates reflect more closely the number of uninsured persons at the time the survey is fielded (Swartz, 1986; Monheit and Schur, 1987). According to this interpretation, there were 37 million uninsured persons in early 1986 according to the 1986 CPS, for example, amounting to about 17 percent of the population under 65 (U.S. Congress, 1988; Chollet, 1987). The comparable estimates published from the HIS (NCHS, 1987) and SIPP (U.S. Census Bureau, 1986) for 1986 and late 1985 respectively indicated about 31 million persons uninsured, or 15 percent of the population under 65.

While these differences are probably not enough to affect perceptions of the social importance that a significant proportion of the population lack health insurance, such differences do represent a problem in gauging the costs of alternative public policy interventions. In this paper we present preliminary estimates of the size of the uninsured population from a new source, the 1987 National Medical Expenditure Survey (NMES). Estimates of insurance coverage are derived from the Household Component of NMES, which was designed to produce national estimates for the civilian noninstitutionalized population of the United States. Blacks, Hispanics, the poor and near poor, the elderly, and the functionally impaired were oversampled in order to improve estimates of population groups of special policy interest. Because some of these groups include a greater-than-average proportion of the uninsured, the oversampling should improve the reliability of NMES estimates of the number and characteristics of uninsured persons. The estimates presented here are from the first NMES interview, which was conducted in early 1987 and involved approximately 15,000 households and 36,000 individuals. (See the Technical Notes for more information about the survey and procedures for estimating the uninsured.)

Different policy options to reduce the size of the uninsured population often target different subgroups within that population. For example, some proposals concentrate on uninsured children, while others are directed at uninsured workers and their families. Publicly sponsored high-risk pools have been proposed to deal with persons having particular health conditions or who are in generally poor health. In the following, we describe both the size of the uninsured population and their demographic and economic characteristics. Because most insurance in the United States is obtained privately and most private insurance is obtained as an employee benefit, we also concentrate on the relationship between insurance and the employment of family members. In addition, by showing the extent of employment-related insurance for each population subgroup, the extent of private insurance from all sources (including nongroup as well as group coverage), and the gaps filled by public programs,

we are able to attribute differences in the percent uninsured to differences in the availability of coverage from these sources.

Survey Design and Methodology

The 1987 National Medical Expenditure Survey continues a series of national health care expenditure surveys supported by the U.S. Department of Health and Human Services, most recently the 1980 National Medical Care Utilization and Expenditure Survey and the 1977 National Medical Care Expenditure Survey. Like these earlier surveys, NMES collected data for a national probability sample of the civilian, noninstitutionalized population in a household survey. Given the prospect of continuing increases in public and private expenditure for long-term and institutional care, NMES included as well a survey of the population residing in or admitted to nursing homes and facilities for the mentally retarded over the course of the survey year. Together, the Household and Institutional Population Components of NMES cover most of the civilian population of the United States and will provide estimates of insurance coverage, use of services, expenditures, and sources of payment for the period from January 1 to December 31, 1987.

The field period for Round 1 of the Household Survey was February-April 1987. Each household was asked if anyone in the family was covered by Medicare or by CHAMPUS/CHAMPVA at the time of the interview. If so, the persons with and without coverage were identified. Each household was also asked if anyone was covered at any time since the beginning of the year by Medicaid, any other public assistance program that pays for medical care, or a "health insurance plan (including an HMO) that pays hospital bills, doctor bills, or surgeon bills." Respondents were specifically told to exclude health insurance that pays only for accidents, only for specific dread diseases, or only provides extra cash during a hospitalization.

If a household reported private insurance as defined above, then all of the family's plans were enumerated. The source of each plan (whether employer or business, union, other group, or insurance company) was specifically identified, as was the policyholder. In some instances, as when children are insured by a divorced parent, the policyholder was not a household member. Finally, the interviewer ascertained which members of the household were covered by each plan. The privately insured and the source(s) of their private coverage are defined in NMES from the plans (if any) reported as covering each person.

The uninsured are defined by default as persons not covered by Medicare, CHAMPUS/CHAMPVA, Medicaid, other public assistance, or private insurance during the Round One reference period. The estimates of the uninsured presented in this paper are preliminary and are subject to revision and further editing. (See the Technical Notes for a discussion of the edits already reflected in the estimates.) As more information from other parts of the Round One interview and from other rounds becomes available, it will be used to correct missing or inconsistent information. In particular, the designation of persons as privately insured will be edited against the reporting of private insurance as a source of payment for their medical expenses. Also, in Rounds 2 and 4 of the survey, respondents were presented with a summary of their responses from previous interviews and were asked to correct errors and supply missing information. As the data presented here are

from Round 1 only, they do not reflect any corrections in the reporting of health insurance status subsequently made by respondents.

The Size and Characteristics of the Uninsured Population

The NMES estimate of the uninsured population in early 1987 is 15.5 percent of the civilian noninstitutionalized population or 36.8 million persons (Table 1). Because almost all persons 65 or older are covered by Medicare, less than 1 percent of the elderly were uninsured. Considering only the population under age 65, 17.4 percent of the population or 36.5 million persons were uninsured (Table 2). Thus, NMES yields estimates similar to the Current Population Survey conducted in March 1987 (U.S. Congress, 1988), if the CPS is interpreted as referring to when the survey was fielded and not to the preceding reference year.

Private health insurance covered 74.5 percent of the population, most of it obtained from employers or unions (64.3 percent). Another 10 percent of the population relied exclusively on public programs for their coverage. Employment-related insurance varied substantially by population characteristics and, along with it, private insurance more generally. Combined with the targeting of public programs to certain specific population groups, this left a wide variation in the percent uninsured.

As Table 1 demonstrates, employed persons and their dependents were far more likely to have access to private health insurance than families where no one was employed. Well over three-quarters of working adults and their nonworking spouses and children were privately insured, compared with only half of the remainder with no employed family member. However, the absence of private coverage for the latter group was compensated by enrollment in public programs, if Medicare and the population 65 and older are included, leaving a similar percentage of families with workers and without workers uninsured. In contrast, when the elderly are excluded (Table 2), nonworkers and their families were twice as often uninsured.

Except for the elderly, persons between the ages of 19 and 24 were the least likely to have employment-related insurance and were the most often uninsured (30.2 percent). Young adults of this age who are not full-time students are typically excluded from the employment-related insurance of their parents and may not have jobs that offer coverage of their own. Although few of the elderly were uninsured, nearly a quarter relied solely on Medicare (or Medicare in combination with Medicaid) to finance their health care, and only 35 percent (half the rate for persons 25-54) had employment-related coverage through either current or pre-retirement jobs.

The differences by sex were quite narrow. Although adult males are more likely to be employed and to obtain employment-related insurance than adult females, their nonworking wives and children of both sexes are typically covered as well. Females were slightly more likely to have only public insurance, as a result of Medicaid eligibility criteria that focus on mothers and children as well as the heavier representation of women among the elderly covered by Medicare. Males were somewhat more likely to have employment-related insurance. Overall, males were slightly more often uninsured (16.6 percent compared with 14.3 percent).

By contrast, the variations in insurance by race and ethnicity were substantial, reflecting differences in employment that affected entire families. Whites were the least likely to lack health insurance by far, where only 12.4 percent were uninsured. Only about half of blacks and a slightly smaller proportion of Hispanics were covered by employment-related coverage, compared with 69.1 percent of whites. The percent of nonwhites with private insurance of any sort was only slightly higher, leaving a gap in private coverage compared with whites that was partially but not entirely filled by public programs. Moreover, public programs covered relatively more blacks than Hispanics, leaving more Hispanics than blacks uninsured (31.5 compared to 22.0 percent). One-quarter of the black population was insured only by public programs, nearly three times the rate for whites and almost twice the rate for Hispanics.

Having a spouse is another factor in obtaining health insurance. Only 11.0 percent of married persons were uninsured, compared with 25.4 of never married, 21.2 percent of divorced, and 25.4 percent of separated adults. Excluding the elderly (Table 2), the proportion of widows who were uninsured was comparable to other unmarried persons; when the large proportion of elderly widows covered by Medicare is included, however, this figure drops to 6.6 percent.

Geographic differences in insurance coverage were related more to region of the country than population density. In areas outside SMSAs, 57.4 percent of the population was covered by employment-related insurance and 17.4 percent was uninsured. Within SMSAs, over 65 percent was covered by employment-related insurance and closer to 15 percent was uninsured. A considerably higher percentage of persons in the South (18.9 percent) and in the West (19.3 percent) were uninsured than in the Northeast or North Central regions, reflecting high rates of employment-related coverage in the latter two areas.

Except as noted above, the exclusion of the elderly population increases the percentage uninsured without changing the relative differences between population subgroups (Table 2). The composition of the uninsured population depends, however, on the size of each subgroup as well as the proportion uninsured. Some very large subgroups, although rather unlikely to be uninsured, consequently accounted for large numbers of the uninsured (second column, Table 2).

Most notably, although workers and their families were half as likely to be uninsured as persons in families where no one worked, they accounted for all but 21.7 percent of the population under 65 that was uninsured. This finding repeats a similar finding of Monheit and others (1985) for 1977 from the National Medical Care Expenditure Survey, demonstrating that the employed uninsured and their dependents still comprise the largest component of the uninsured population.

By the same token, 61.6 percent of the uninsured population under 65 was white, and nearly one-third were married adults. Young adults between the ages of 19 and 24 accounted for only 1 out of 5 of the uninsured. A third of the uninsured were children 18 or younger. Nearly three-quarters were found in urban areas, 41.4 percent in the South, and 25.2 percent in the West.

Health Insurance Status of Working Adults and Their Families

Working adults, their spouses, and dependent children accounted for 182 million of the 210 million people under age 65 in 1987. Within this group, there were substantial variations in health insurance coverage associated with differences in the employment of the working adult (Table 3). Full-time workers and their families were far more likely to have employment-related coverage (81.7 percent) than either part-time (62.0 percent) or self-employed (54.3 percent) workers and their dependents. Although families with a part-time worker were somewhat more likely to have employment-related coverage than the self-employed, comparable percentages of both groups were uninsured (about 23 percent). This was almost twice the rate for full-time workers and their families, reflecting the exclusion of some part-time workers from fringe benefits and the fact that the self-employed less often have access to group insurance and, until recently, have been denied the favorable tax incentives for employment-related health insurance extended to hired employees.¹

Workers employed in industries characterized by seasonal employment, self-employment or a less skilled, less technical workforce (including agriculture, construction, and sales, as well as repair, entertainment and personal services) were far less likely to have employment-related insurance and were more likely to be uninsured.² In contrast, workers in industries providing permanent employment to a skilled and more unionized workforce (including manufacturing, for example, as well as transportation, communication and utilities) were more likely to have health insurance through their workplace.

Employees of small firms and their dependents were far less likely to have employment-related coverage and were at greater risk of being uninsured than employees of large establishments. Over a quarter of employees of firms with less than 10 workers were without health insurance and represented about a third of the uninsured population. Almost 90 percent of workers and dependents associated with firms having more than 100 employees had employment-related coverage and accounted for only a tenth of the uninsured population.

Also far less likely to have employment-related coverage were low wage workers earning \$5.00 or less per hour (roughly \$10,000 per year). Yet, because of these earnings, most of these individuals and their families are not eligible for public insurance such as Medicaid. Consequently, they were almost twice as likely to be uninsured than higher paid workers and their families. Over 85 percent of adult workers with hourly earnings exceeding \$10.00 per hour received employment-related health insurance, and less than 10 percent were uninsured.

Summary and Conclusions

New data from the first household interview of the 1987 National Medical Expenditure Survey indicate that 37 million Americans were uninsured at the beginning of 1987. These findings are consistent with estimates of the uninsured population reported from the Current Population Survey and are somewhat higher than estimates for preceding years from the Survey of Income and Program Participation or the Health Interview Survey would suggest for 1987. The uninsured represented about 15.5 percent of the population in 1987, up from 12.3 percent of the population uninsured at the first interview of the National Medical Care Expenditure Survey a decade ago (NCHSR, 1985).

NMES confirms and updates a number of well-known facts about this population. The lack of insurance is observed at the highest rate among young adults, blacks, Hispanics, the unmarried, and among those with no connection to employers, who provide most of the private insurance in the United States. Nonetheless, employed persons and their dependents still represent the largest component of the uninsured, consistent with findings from a decade ago; low-wage workers, the self-employed, and employees of small firms remain particularly vulnerable. The working uninsured are most likely to be employed in industries characterized by seasonal or temporary employment and by a lower skilled and less unionized workforce.

Proposals requiring firms to offer health benefits to their employees have gained momentum from the realization that most of the uninsured have at least some connection to employers, either through their own jobs or the jobs of family members. However, exclusive reliance on this approach will not cover the other 20 percent of the uninsured who are in families where no one is employed. For this reason and because the uninsured are also in other respects a heterogeneous group, a variety of other legislative approaches have been put forward to reduce the numbers of uninsured.

As noted, some of these are directed specifically at children, who comprise about one-third of the uninsured. Others are designed to extend coverage to groups that we could not identify from NMES Round One data--the poor or near poor, high risks who are uninsurable, or those with out-of-pocket expenditures exceeding a specified threshold or percentage of family income. As additional data from the survey become available, the variety of proposals and their effect on the numbers of uninsured will be analyzed in detail.

It is also important to recognize that the data presented here characterize the uninsured population at a specific point in time and do not capture the dynamics of changing health insurance status, a consideration that should also be taken into account in formulating policy approaches (Monheit and Schur, 1987; Short, Cantor and Monheit (forthcoming); NCHSR, 1985). A substantial proportion of those observed without insurance at the beginning of the year acquired coverage during the year, while others insured at the beginning of the year became uninsured. Thus, the population uninsured at any point in time includes many people who lose their coverage for a relatively short period as well as the long-term uninsured. Short-term loss of coverage is another aspect of the heterogeneity of the uninsured population that has been targeted in certain policy approaches, such as the right to continued employment-related coverage under the 1985 Consolidated Omnibus Budget Reconciliation Act (COBRA), or the longer continuation of Medicaid eligibility for newly employed beneficiaries under the recently enacted welfare reform bill. With 12 months of data on insurance coverage from NMES, we will be able to distinguish the short-term and long-term uninsured and evaluate the policy proposals most relevant to each.

NOTES

¹Prior to the Tax Reform Act of 1986, self-employed owner/operators of unincorporated small business received no tax subsidy for health insurance and could only purchase coverage with after-tax dollars. The Tax Reform Act of 1986 permits such businessmen to deduct 25 percent of premiums from taxable income but is only in force through 1989. Most recently, Senators Kennedy and Weicker have introduced the Access to Health Insurance for Self-Employed Individuals Act (S.1368) which would amend the Tax Reform Act of 1986. Under the Kennedy-Weicker proposal, self-employed individuals with no employees could deduct all premium costs from income. Self-employed owners of unincorporated small businesses would also be allowed to deduct from income whatever share of premiums they pay on behalf of their employees.

²See, for example, A.C. Monheit, M.M. Hagan, M.L. Berk, and P.J. Farley, "The Employed Uninsured and the Role of Public Policy," Inquiry, Vol. 22 (Winter 1985):348-364.

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TECHNICAL NOTES

The National Medical Expenditure Survey was sponsored by the National Center for Health Services Research and Health Care Technology Assessment, an agency of the U.S. Public Health Service. The data were collected and are being edited and published in accordance with the confidentiality provisions of the Public Health Service Act. A series of public use tapes is in preparation to ensure access to these data by the research and policy community.

The Household Component of the National Medical Expenditure Survey (NMES) was designed to provide statistically unbiased national estimates that are representative of the U. S. civilian noninstitutionalized population. The sample can be characterized as a stratified multistage area probability design, which combined two independently selected national samples from two distinct data collection organizations, Westat, Inc., and NORC. The household sample includes an oversample of population groups of particular policy interest: blacks, Hispanics, the poor and near poor, the elderly, and persons with functional limitations. A separate screening interview was conducted in the fall of 1986 for a sample of approximately 35,000 addresses, to obtain the information required for the oversampling of the targeted population subgroups.

Sampling specifications required the selection of approximately 16,000 dwelling units for the first core round of data collection. Field operations for the NMES household component consisted of four core interviews conducted with the selected households at 3- to 4-month intervals over a fifteen month period to obtain data for calendar year 1987. This report presents preliminary results from NMES Round One data. The response rate achieved for the combined screener-Round One data collection effort was 85.6 percent. Overall, 14,838 reporting units responded to the Round One interview, consisting of 36,259 responding individuals who were members of the U.S. civilian noninstitutionalized population.

The estimation strategy for the NMES household survey included weight adjustments for nonresponse at the dwelling unit level, the reporting unit level and the person level. In addition, poststratification adjustments were made at each of these sampling unit levels, using data from the March 1987 Current Population Survey. Due to the complexity of the survey design, which includes stratification, clustering and disproportionate sampling, special consideration is needed with regard to variance estimation and analysis. Consequently, all standard errors for survey estimates are estimated using the Taylor series linearization method, which adjusts for survey design complexities.

The Round One health insurance data have been edited for missing or inconsistent survey responses, as described below.

Medicaid. The Medicaid status of approximately 150 persons with missing data was inferred from family relationships, receipt of Supplemental Security Income (SSI) and Aid to Families with Dependent Children (AFDC), whether or not Medicaid was reported as a source of payment for a person's medical expenses, employment information, and poverty status of the persons residing in the dwelling unit at the screening interview. Approximately 100 persons who were not identified as having Medicaid, but reported having AFDC or SSI and reported elsewhere in the interview that Medicaid paid for their care were assigned coverage. Conversely, approximately 50 persons were assumed not to

have coverage who did not present a valid Medicaid card, did not report AFDC or SSI, and did not identify Medicaid as a payer for care that they reported.

Medicare. The Medicare status of approximately 175 persons was missing. The 20 or so who were 65 or older were assigned Medicare according to whether or not they reported Social Security or Railroad Retirement income. The remaining persons under age 65 were not assigned Medicare unless they reported Social Security Disability or Medicare as a source of payment for their care. An additional 150 people were assigned Medicare coverage who had not reported it, in light of their age (65 or older) and their receiving Social Security or Railroad Retirement or their reporting Medicare as paying for their care.

CHAMPUS/CHAMPVA. Approximately 100 persons were missing data on coverage. It was assigned according to the military service and military retirement income of family members.

Other public assistance. The description of "other public assistance" programs was reviewed, and persons who reported coverage (Medicare, Medicaid, private insurance, CHAMPUS/CHAMPVA) identified elsewhere in NMES were assigned to the appropriate category. Approximately 75 persons were missing data with respect to this question, and are assumed in estimates of the uninsured not to have public assistance.

Private insurance. Approximately 50 families were missing information about whether or not they had a private health insurance plan. Their private health insurance status was assigned on the basis of their other health insurance coverage (if any), the sources of payment for medical expenses incurred by family members, and employment information. Among families reporting private insurance, valid responses with respect to the coverage of each family member under each plan were obtained for 93 percent of the roughly 37,000 person-plan pairs. Coverage was assigned for the remaining pairs, based on family relationships and the coverage of other family members, student status, the interviewer's indication that the person had private insurance, and whether the plan was Medigap coverage purchased directly from the insurer.

Table 1. Health insurance coverage by selected characteristics: Percent with public, private, employment-related, and no coverage. (NMES Household Survey, Round 1: United States, 1987)

Population characteristics	Population	Type of health insurance			
		All with private coverage	Employment-related private coverage ^a	Only public coverage	None
	Thousands	Percent			
Total ^b	237,890	74.5	64.3	10.0	15.5
<u>Age in years</u>					
Less than 5	18,130	67.1	61.8	16.3	16.6
5 to 18	48,976	71.6	67.6	11.4	17.0
19 to 24	22,675	63.3	55.2	6.5	30.2
25 to 54	98,155	78.8	73.2	5.5	15.7
55 to 64	22,046	79.0	65.2	7.6	13.4
65 and older	27,909	74.7	35.4	24.4	0.9
<u>Sex</u>					
Male	115,148	75.1	65.9	8.3	16.6
Female	122,743	74.0	62.8	11.7	14.3
<u>Racial/ethnic background</u>					
White	182,794	80.8	69.1	6.8	12.4
Black	28,356	52.9	48.5	25.1	22.0
Hispanic	18,752	50.1	45.9	18.3	31.5
<u>Marital status (adults)</u>					
Married	105,024	83.5	72.5	5.5	11.0
Single/Never married	40,532	66.1	57.0	8.5	25.4
Widowed	13,551	66.9	30.9	26.6	6.6
Divorced	14,465	65.0	55.5	13.9	21.1
Separated	4,019	49.6	43.7	25.0	25.4
<u>Relation to employee</u>					
Working adult	116,545	82.4	75.2	2.3	15.3
Nonworking spouse	16,068	77.2	68.1	7.1	15.6
Child of working adult	54,836	79.2	74.6	5.5	15.3
All others	50,442	50.3	26.7	33.7	16.0
<u>Place of residence</u>					
20 largest SMSAs	67,616	74.7	65.0	10.2	15.1
Other SMSA	112,998	76.3	67.4	9.0	14.7
Other	57,276	70.8	57.4	11.8	17.4
<u>U. S. Census region</u>					
North East	49,902	78.5	68.9	10.3	11.3
North Central	59,442	79.7	68.1	9.2	11.2
South	80,709	69.7	59.4	11.4	18.9
West	47,837	72.2	63.0	8.5	19.3

^aFrom current or prior employment of self or other family member. ^bIncludes persons with other race/ethnicity not shown below.
Source: National Center for Health Services Research and Health Care Technology Assessment: National Medical Expenditure Survey.

Table 2. Percent distribution of uninsured under age 65 by selected population characteristics. (NMES Household Survey, Round 1: United States, 1987)

Population characteristics	Population in thousands	Percent without insurance	Percent distribution of all uninsured under age 65
All persons under 65 ^a	209,981	17.4	100.0
<u>Age in years</u>			
Less than 5	18,130	16.6	8.2
5 to 18	48,976	17.0	22.7
19 to 24	22,675	30.2	18.8
25 to 54	98,155	15.7	42.2
55 to 64	22,046	13.4	8.1
<u>Sex</u>			
Male	103,607	18.4	52.1
Female	106,374	16.4	47.9
<u>Racial/Ethnic Background</u>			
White	158,656	14.2	61.6
Black	26,028	23.8	17.0
Hispanic	17,868	32.9	16.1
<u>Marital status (adults)</u>			
Married	89,502	12.8	31.4
Single/Never married	39,336	26.1	28.1
Widowed	3,972	21.2	2.3
Divorced	13,170	23.1	8.3
Separated	3,710	27.2	2.8
<u>Relation to employee</u>			
Working adult	113,154	15.6	48.5
Nonworking spouse	14,449	17.2	6.8
Child of working adult	54,836	15.3	23.0
All others	27,542	28.8	21.7
<u>Place of residence</u>			
20 largest SMSAs	60,165	16.9	27.8
Other SMSA	99,874	16.5	45.1
Other	49,942	19.8	27.1
<u>U.S. Census region</u>			
North East	43,637	12.8	15.3
North Central	52,461	12.6	18.1
South	71,163	21.3	41.4
West	42,720	21.5	25.2

^aIncludes persons with other race/ethnicity not shown below.

Source: National Center for Health Services Research and Health Care Technology Assessment: National Medical Expenditure Survey.

Table 3. Health insurance status of working adults and their spouses and children. Total percent uninsured by selected employment characteristics. (NMES Household Survey, Round 1: United States, 1987)

Persons under 65 in families with at least one employed adult ^a	Population in Thousands	Percent employment-related private insurance	Percent uninsured	Percent of all uninsured under age 65
All ^b	182,440	75.2	15.7	78.3
<u>Employment status of working adult</u>				
Full time	131,919	81.7	12.8	46.3
Part time	25,316	62.0	23.0	15.9
Self employed	23,311	54.3	23.1	14.8
<u>Type of industry of working adult</u>				
Agriculture, forestry, fishery	4,692	40.6	30.1	3.9
Mining	1,730	86.1	10.7*	0.5*
Construction	12,400	60.3	30.4	10.3
Manufacturing	36,291	85.7	10.3	10.3
Transportation, communication	14,967	85.2	10.5	4.3
Sales	33,131	68.8	21.1	19.1
Financial services, insurance	10,861	83.7	8.7	2.6
Repair service	10,508	66.7	21.8	6.3
Personal services	5,605	53.4	30.9	4.7
Entertainment	1,922	61.9	29.1	1.5
Professional services	34,444	80.0	10.6	10.0
Public administration, military	11,286	76.7	7.3	2.3
<u>Size of establishment employing adult</u>				
Less than 10 workers	47,579	56.7	26.1	34.1
10 to 25 workers	28,050	73.9	17.7	13.6
26 to 100 workers	35,022	82.0	12.6	12.1
101 to 500 workers	30,804	88.1	7.3	6.1
More than 500 workers	28,030	89.3	6.1	4.7
<u>Hourly Wage of Working Adult</u>				
\$3.50 or less	11,858	55.4	28.1	9.1
\$3.51 to \$5.00	27,826	57.8	28.6	21.8
\$5.01 to \$10.00	69,801	74.9	15.9	30.5
\$10.01 to \$12.00	41,172	86.3	8.3	9.4
Over \$15.00	30,247	85.9	7.8	6.4

^aWorking adults are classified according to their own employment characteristic. Nonworking spouses and children are classified according to the characteristics of the worker. Children of two working parents are classified according to the characteristics of their father. ^bIncludes unknown employment status, industry, establishment size, or wage not shown below. *Relative standard error is greater than or equal to 30 percent.

Source: National Center for Health Service Research and Health Care Technology Assessment: National Medical Expenditure Survey.

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