

STATISTICAL BRIEF #44

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Health Insurance Status of Children in America, 1996–2003: Estimates for the U.S. Population under Age 18

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Introduction

This Statistical Brief presents estimates from the Household Component of the Medical Expenditure Panel Survey (MEPS-HC) concerning the health insurance status of the civilian noninstitutionalized child population, a key element related to their health care. MEPS-HC, an annual household survey sponsored by the Agency for Healthcare Research and Quality (AHRQ), provides critical information for evaluating trends in health insurance status. Estimates are presented from the first half of calendar years 1996 through 2003. All differences between estimates discussed in the text are statistically significant at the 0.05 level unless otherwise noted.

Findings

As shown in figure 1, the percentage of children (under age 18) who were uninsured declined from 1996 to 2003 by 3.8 percentage points, from 15.7 percent to 11.9 percent. Concurrently, the percentage of children covered by public only health insurance increased from 21.3 percent to 27.5 percent (figure 1) and the number of children covered by public only health insurance increased by 6.2 million, from 13.8 million to 20.0 million (figure 2).

The increase in public only health insurance over this period was shared by children in all age groups, as can be seen in figure 3. In addition, rates of public only coverage were higher each year for children under age 6 than for those aged 7–17. For example, in 2003, 34.0 percent of children aged 0–3 were covered by public only health insurance compared to 25.9 percent and 22.6 percent of children aged 7–12 and 13–17, respectively (figure 3).

Hispanic or Latino children were more likely than children of other racial and ethnic groups to be uninsured in each year from 1996 through 2003. In 2003, 20.8 percent of Hispanic or Latino children were uninsured. The percentage of children uninsured declined between 1996 and 2003 for all racial and ethnic groups, although not significantly for other races/multiple race non-Hispanic or Latino. For Hispanic or Latino children the decline went from 28.1 percent in 1996 to 20.8 percent in 2003 (figure 4).

Highlights

- From 1996 to 2003, the percentage of uninsured children declined from 15.7 percent to 11.9 percent.
- The percentage of children covered by public only health insurance increased between 1996 and 2003, from 21.3 percent to 27.5 percent. At the same time, the number of children covered by public only insurance increased by 6.2 million, from 13.8 million to 20.0 million.
- Younger children were more likely to rely on public only health insurance. In 2003, 34.0 percent of children aged 0–3 were covered by public only health insurance compared with 22.6 percent of children aged 13–17.
- Hispanic or Latino children were the most likely to be uninsured in each year from 1996 to 2003 (20.8 percent in 2003).
- In 2003, 47.3 percent of children with poor or fair health status were covered by public only health insurance.

As shown in figure 5, children with poor or fair health status were more likely to be covered by public only health insurance than children with excellent or very good health. In 2003, 47.3 percent of children with poor or fair health status were covered by public only health insurance. In contrast, 23.2 percent of children in excellent health and 27.0 percent of children in very good health had similar coverage in 2003.

Definitions

Uninsured

Children classified as uninsured throughout the first half of the year did not have public or private health insurance coverage during the period from January of the survey year through the time of their first interview in that year. Interviews were typically conducted from February to June. Children covered only by non-comprehensive State-specific programs (e.g., Maryland Kidney Disease Program) or private single-service plans (e.g., coverage for dental or vision care only, coverage for accidents or specific diseases) were considered to be uninsured.

Public only coverage

Children were considered to have public only health insurance coverage, if they were not covered by private insurance and they were covered by Medicare, Medicaid, TRICARE, or other public hospital and physician coverage.

Private coverage

Private health insurance coverage was defined as non-public insurance that provided coverage for hospital and physician care (including Medigap coverage).

Racial and ethnic classifications

New standards for racial and ethnic classifications were used by the Bureau of the Census in the 2000 decennial census. All other Federal programs are to adopt the new standards by 2003. These changes conform to the revisions of the standards for the classification of Federal data on race and ethnicity promulgated by the Office of Management and Budget (OMB) in October 1997.

For 1996 through 2002, racial and ethnic classifications were Hispanic; white non-Hispanic; black non-Hispanic; and other non-Hispanic. As of 2003, the racial and ethnic classifications are Hispanic or Latino; white non-Hispanic or Latino, single race; black non-Hispanic or Latino, single race; and other races/multiple race non-Hispanic or Latino.

Data Source

The estimates shown in this Statistical Brief are drawn from analyses conducted by the MEPS staff from the following 1996 to 2003 point-in-time public use files: HC-001, HC-005, HC-009, HC-013, HC-022, HC-034, HC-053, and HC-064 (July, 2004).

About MEPS-HC

MEPS-HC is a nationally representative longitudinal survey that collects detailed information on health care utilization and expenditures, health insurance, and health status, as well as a wide variety of social, demographic, and economic characteristics for the civilian noninstitutionalized population. It is cosponsored by the Agency for Healthcare Research and Quality and the National Center for Health Statistics.

For more information about MEPS, call the MEPS information coordinator at AHRQ (301-427-1406) or visit the MEPS Web site: <http://www.MEPS.ahrq.gov/>.

References

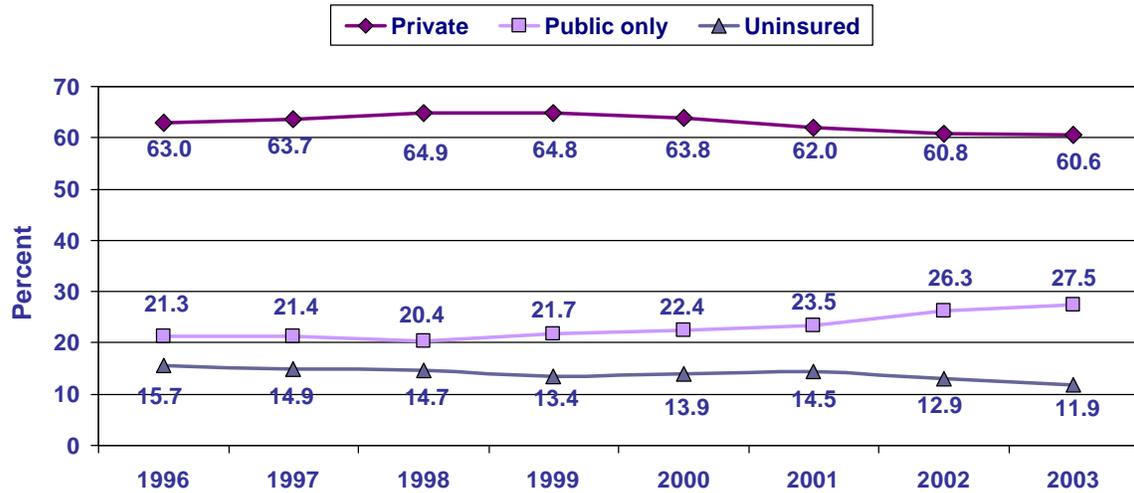
Cohen, J. *Design and Methods of the Medical Expenditure Panel Survey Household Component*. MEPS Methodology Report No. 1. AHCPR Pub. No. 97-0026. Rockville, Md.: Agency for Health Care Policy and Research, 1997.

Cohen, S. *Sample Design of the 1996 Medical Expenditure Panel Survey Household Component*. MEPS Methodology Report No. 2. AHCPR Pub. No. 97-0027. Rockville, Md.: Agency for Health Care Policy and Research, 1997.

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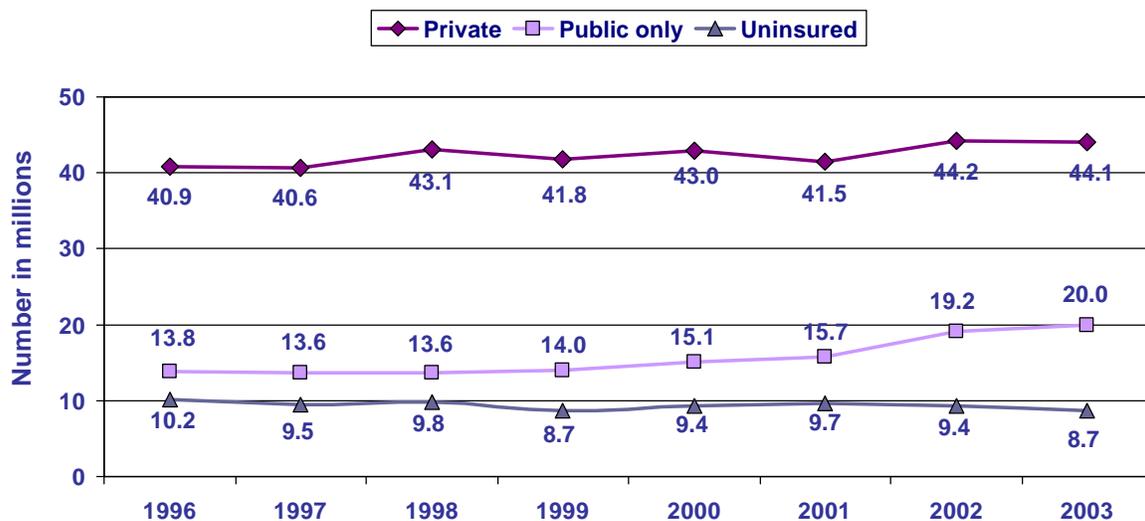
Figure 1. Percentage of children under 18 years by health insurance status, 1996–2003



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 1996–2003 Point-in-Time Files



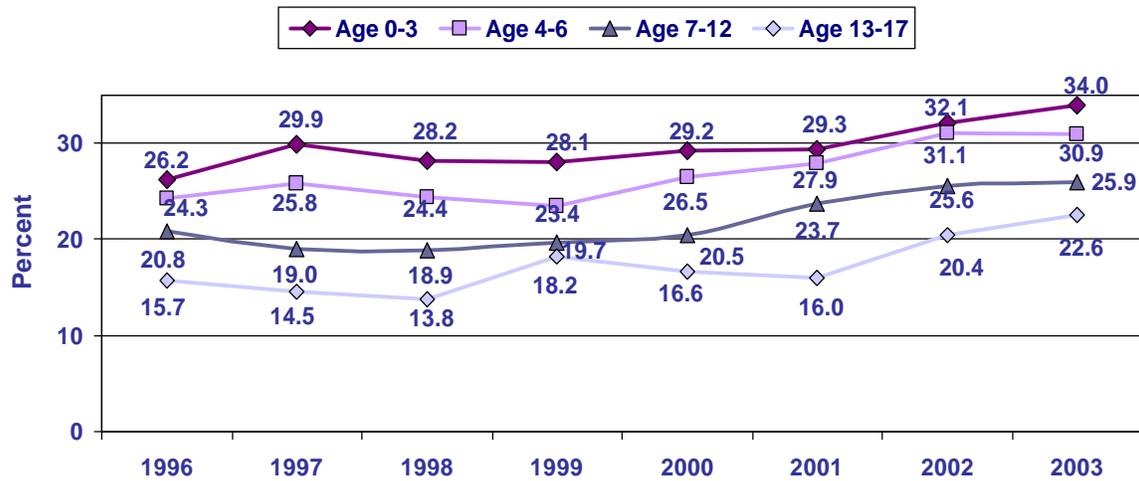
Figure 2. Number of children under 18 years by health insurance status, 1996–2003



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 1996–2003 Point-in-Time Files



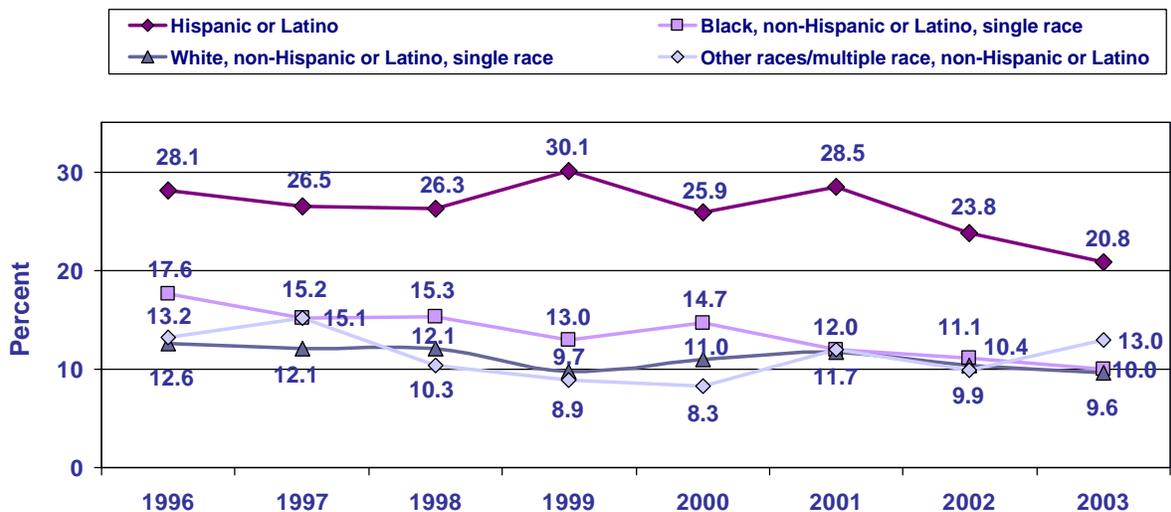
Figure 3. Percentage of children under 18 years with public only health insurance by age, 1996–2003



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 1996–2003 Point-in-Time Files



Figure 4. Percentage of children under 18 years uninsured by race/ethnicity,* 1996–2003

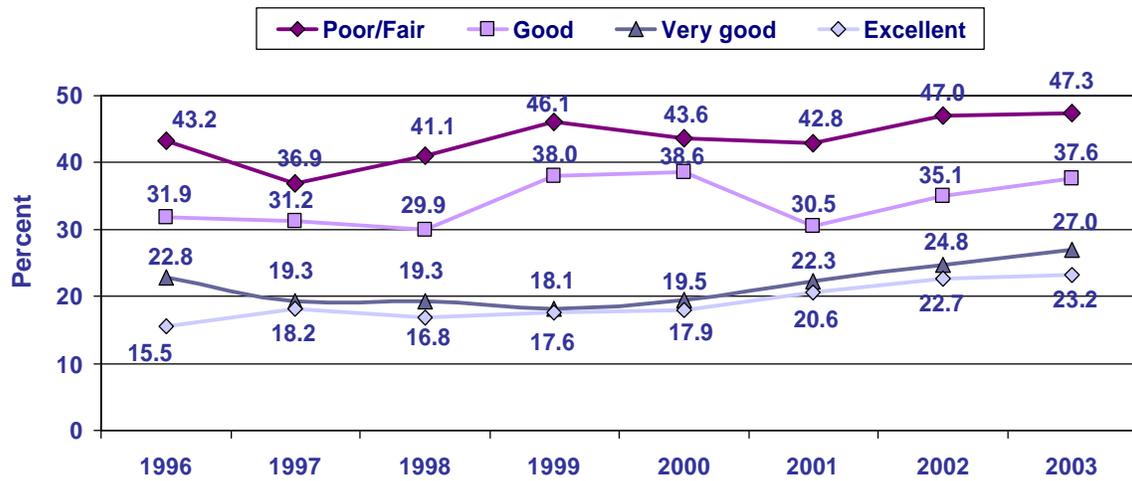


*Please see Definitions section for additional information on racial and ethnic classifications.

Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 1996–2003 Point-in-Time Files



Figure 5. Percentage of children under 18 years with public only health insurance by health status, 1996–2003



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 1996–2003 Point-in-Time Files

