

# A Profile of Uninsured Persons in the United States





# A profile of uninsured persons in the United States

**F**orty-seven million people living in the United States—16% of the estimated 300 million population—do not have health insurance; 10 million people—22% of the uninsured—are not US citizens. Lack of health insurance disproportionately affects Hispanics, who account for 33% of the uninsured population but only 15% of the US population. Being uninsured is largely a problem of the young, with 59% of uninsured persons under the age of 35. Most at risk are adults aged 18 to 34 years; almost 3 out of every 10 persons in this age group lack health insurance. In contrast, just over 1 out of every 10 children younger than 18 years of age lack health insurance. However, with children accounting for one fourth of the US population, they contribute nearly 9 million persons to the uninsured pool.

Employers are a major source of insurance for persons aged 18 to 64 years and their families. Seventy-three percent of persons in this age group work; 90% of working adults are employed by companies, organizations, or other persons. Eighteen percent of employees—24 million people—lack insurance; 60% of uninsured employees state that their employers do not offer insurance. Among the 40% who work at establishments that offer insurance, 15% decline coverage because of cost.

Overall, 5% of inpatient hospital stays are uninsured, generating an aggregate charge of \$42 billion in 2006. Among young adults aged 18 to 39 years, 10% of hospital stays are uninsured; yet 32% of stays for poisoning by medications and drugs (excluding psychotropic drugs) are uninsured. In this same age group, 29% of stays for alcohol-related mental disorders and 27% of stays for substance-related mental disorders are uninsured. A similar pattern is observed for middle-aged adults. Regarding outpatient health care resource utilization, the uninsured are less likely to visit doctors for illness or preventive care. Nevertheless, objectively measured health status indicators reveal that they are no more chronically ill than the insured with respect to the prevalence of diabetes, cardiovascular disease, respiratory illness, or cancer. The prevalence of depression, however, is more than 2 times higher in the uninsured.

This issue of Pfizer Facts presents new analyses of national census and health databases, describes the demographic characteristics of the uninsured population and explores their use of health care resources and their burden of illness. We compare the uninsured population with insured (private, military, and other work-related coverage) and Medicaid-insured populations. We present information to encourage discussion and provide a platform that can lead to the development of effective health care policies.

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## About the analyses

To avoid confusion in interpreting demographic statistics, it is important to keep in mind that percentages are used in this report to answer two related questions about a demographic group of interest:

- what proportion of the uninsured population is accounted for by that demographic group, and
- what is the uninsured rate in that group?

For example, consider the non-Hispanic white demographic. The proportion of the uninsured population accounted for by non-Hispanic whites is 45%—the number of uninsured whites divided by the total number of uninsured persons. On the other hand, the uninsured rate among non-Hispanic whites is 11%—the number of uninsured whites divided by the total number of whites. In similar cases the language and context should make it clear as to which of these two meanings of a percentage is intended. Additionally, when demographic proportions and rates are graphically depicted together in bar graphs, the bars representing demographic rates are distinctly patterned.

All analyses of insured populations included 2 categories of insured: insured and Medicaid, and are mutually exclusive. The insured includes persons with private health insurance, Medicare, government employee insurance and military health plans. The Medicaid category is restricted to persons who reported Medicaid as their only health insurance. Twenty-two percent of children 17 years of age or less and 6% of adults aged 18 to 64 have Medicaid as their only health insurance.

Numerous data sources were analyzed for this report and are listed below.

- Current Population Survey (CPS)
  - Annual Social and Economic Supplement (ASEC) 2005–2007
  - Contingent Worker Supplement (CWS) 2005
- National Health and Nutrition Examination Survey (NHANES) 2003–2006
- National Health Interview Survey (NHIS) 2005, 2007
- National Ambulatory Medical Care Survey (NAMCS) 2006
- The Health Care Cost and Utilization Project (HCUP) 2006
  - Nationwide Inpatient Sample (NIS)
  - Kids' Inpatient Database (KID)

# Highlights

## Demographic characteristics

### Age

- 47 million persons living in the United States—16% of the population—do not have health insurance.
- The uninsured population is disproportionately young, with 59% under 35 years of age; 47% of the US population is under 35 years of age.
- The uninsured rate among working-age adults 18 to 64 years declines steadily with age—from 29% in the youngest group (18 to 24 years), down to 13% in the oldest (55 to 64 years).
- Largely because of Medicare, virtually all persons aged 65 and older have health insurance (98%).
- 18% of the uninsured population are children under 18 years (children make up 25% of the US population).
- The uninsured rate of children is lower than that of adults; 12% of children lack coverage.

### Race/ethnicity

- Hispanic persons account for one third (33%) of the uninsured, more than twice the Hispanic share of the US population (15%).

### Citizenship

- Of the 47 million uninsured, 10 million (22%) are not US citizens.
- 9 million of the noncitizen uninsured are working-age adults.

## Household income

- Low income is a risk factor for not having insurance. Twenty-eight percent of those with household income less than \$25,000 are uninsured, compared with only 7% of those with household income over \$75,000.
- A significant proportion of the uninsured population is not poor—30% have household incomes exceeding \$50,000.

## Employment

- A large majority (75%) of employees who have health insurance get it through their current employer; 14% are covered by their spouse or other family member; and the remaining 11% get it from self-purchase; Medicaid; a previous employer; or a labor union, association, or club.
- 18% of employees—24 million out of 134 million employees—are uninsured.
- Among the 14 million self-employed persons, 27% lack insurance.
- The most common reason given by employees for not being insured is that their employer does not offer insurance—60% fall in this category. The other 40% of uninsured employees do not participate in their employer's plan, either because it is too expensive (15%), they haven't worked long enough to qualify (9%), they don't work enough hours (7%), or for other reasons (9%).

## Families with children

- 9 million children are uninsured. Their household incomes are evenly distributed over the categories: less than \$25,000, \$25,000-50,000, and \$50,000+.
- Minority children are more likely to be uninsured.

Hispanic children are 3 times as likely—and non-Hispanic black children twice as likely—as non-Hispanic white children to be uninsured, 22% and 14% vs 7%, respectively.

- The majority (59%) of uninsured children live in married-couple families.
- Children living in single-parent families are more likely to lack insurance than those in married-couple families—21% (father-only headed families) and 15% (mother-only headed families) vs 10% (married-couple families).
- 90% of uninsured children live in families with one or more working adults.

## State-specific uninsured rates

- The highest uninsured rates occur in states along or near the southern US border, all with rates greater than 18%.
- Texas has the highest (24%) uninsured rate.
- The lowest rates of less than 10% are found in Minnesota, Hawaii, Iowa, Wisconsin, and Maine.

## Health care resource utilization

### Hospitalization

- Overall, 5% of inpatient hospital stays are uninsured—these 2 million stays generate an aggregate charge of \$42 billion.
- Although only 10% (830,000) of hospital stays among young adults aged 18 to 39 years are uninsured, these uninsured stays account for 27% of the stays for substance-related mental disorders, 29% for alcohol-related mental disorders, and 32% for poisoning by medications and drugs (excluding psychotropic drugs).
- Similarly, 8% (917,000) of hospital stays among middle-aged adults aged 40 to 64 years are uninsured, but these stays disproportionately account for 21% of stays for alcohol-related mental disorders, 16% for substance-related mental disorders, and 17% for poisoning by medications and drugs (excluding psychotropic drugs).

## Outpatient health care resource utilization

### Access to care

- Uninsured children are about 10 times more likely than insured children (31% vs 3%) to have no usual place of care.
- Uninsured children are more likely than insured children to get usual health care at a clinic/health center (39% vs 16%) or at a hospital emergency room (3% vs <1%).
- Uninsured adults are more than 5 times as likely as insured adults (50% vs 9%) to have no usual place of care.
- For usual health care, uninsured adults make more use than insured adults of clinics/health centers (37% vs 15%) and emergency rooms (5% vs <1%).

## Preventive care

- Preventive care and screening are less common among the uninsured:
  - Among uninsured middle-aged women (40 to 64 years), 33% have never had a mammogram, compared with 11% of the insured.
  - Among uninsured young women (18 to 39 years), 55% have not had a Pap test in the last year, compared with 32% of the insured; for middle-aged women the disparity is 67% vs 34%.
  - Among uninsured women aged 50 to 64 years, 80% have never had a screening test for colon cancer, compared with 52% of the insured.
  - 64% of uninsured men aged 50 to 64 years have never had a PSA (prostate-specific antigen) test, compared with 38% of the insured.
  - Among uninsured men aged 50 to 64 years, 80% have never had a screening test for colon cancer, compared with 53% of the insured.

## Health status

### Medical conditions

- The uninsured are no more chronically ill than the insured. With respect to each condition examined (except depression), prevalence in the uninsured is similar to that in the insured:
  - Dyslipidemia, hypertension, asthma, diabetes, chronic obstructive pulmonary disease, cancer, myocardial infarction, and stroke are about equally prevalent in the two populations (among adults aged 18 to 64 years).
  - The prevalence of depression is more than 2 times greater in the uninsured compared with the insured population, 11% vs 5%.
- Awareness and treatment rates for dyslipidemia, hypertension, and diabetes are lower in the uninsured compared with the insured population (aged 18 to 64 years), however, goal attainment rates among those treated for these conditions are similar in both groups.
- The prevalence of obesity is slightly lower in the uninsured compared with the insured, 29% vs 34% (aged 18 to 64 years).

## Behavioral risk factors

- The uninsured are more likely than the insured to smoke and not exercise;
  - 33% of the uninsured smoke, compared with 18% of the insured.
  - 50% of the uninsured do not exercise, compared with 32% of the insured.
  - Among middle-aged persons (40 to 64 years), 7% of the uninsured are heavier drinkers compared with 5% of insured persons; there is no difference in alcohol consumption between the 2 groups for younger persons (18 to 39 years).

## Self-reported health status

- The uninsured are more likely than the insured to report their health as being only fair/poor:
  - 6% vs 3%, respectively, among the young (18 to 39 years).
  - 20% vs 11% respectively, among the middle-aged (40 to 64 years).



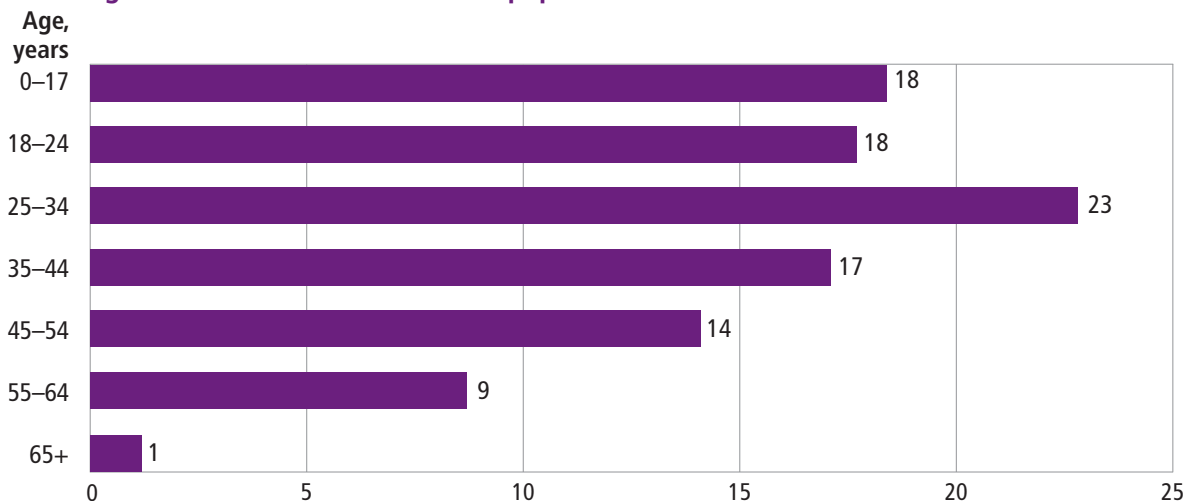
# Demographic characteristics

## Age

### Persons aged 18 to 34 years are least likely to have health insurance

Of the estimated 300 million persons living in the United States, 47 million (16%) do not have health insurance. The uninsured population is mostly male (54%), higher than the proportion of males in the US population (49%). The uninsured are relatively young, with more than one in three (36%) under 25, and a majority (59%) younger than 35. Children (younger than 18 years) account for 8.7 million (18%) of the 47 million uninsured. Adults aged 65 years and older comprise 1% of the total uninsured population.

#### Age distribution of the uninsured population



#### Percent of uninsured population

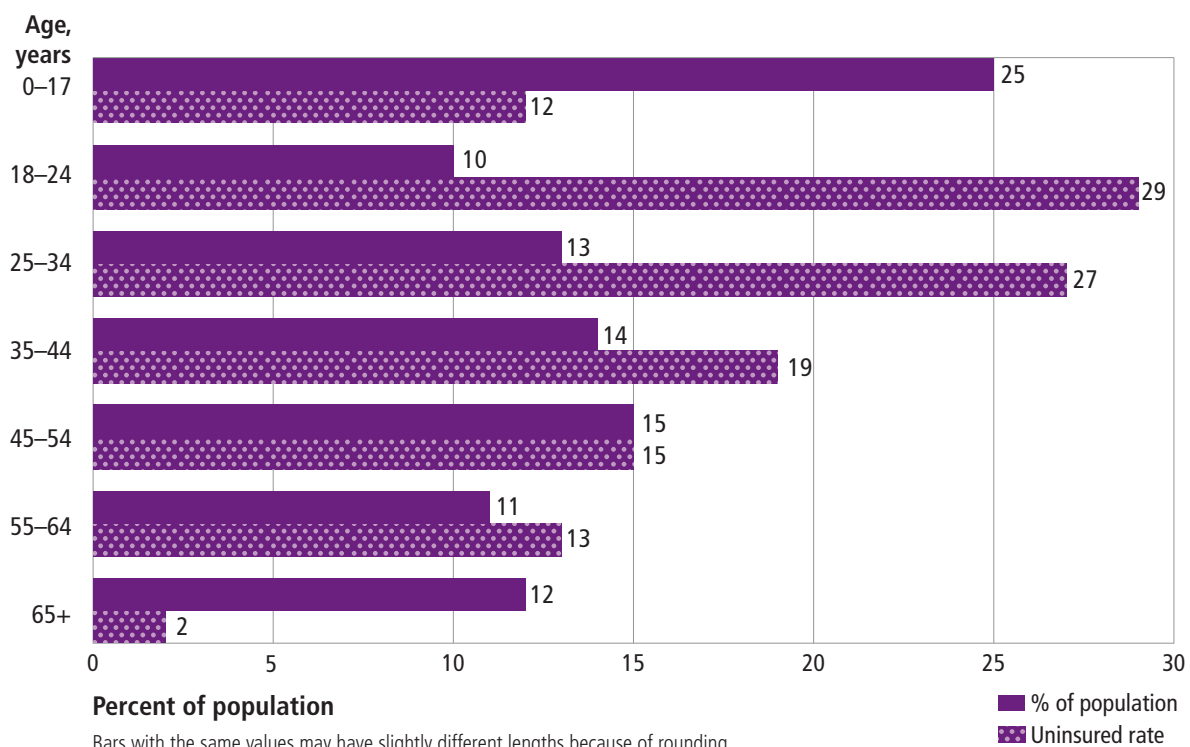
Bars with the same values may have slightly different lengths because of rounding.

Source: CPS, ASEC 2007.

Children represent 25% of the total US population; 12% of children lack health insurance. This 12% uninsured rate is comparable to that of persons aged 45 to 54 (15%) and 55 to 64 (13%). Twenty-nine percent of adults aged 18 to 24 years lack health insurance, yet this group accounts for only 10% of the total US population. Also at risk for not being insured are persons aged 25 to 34 years; they comprise 13% of the population and 27% of them lack insurance.

## A profile of uninsured persons in the United States

### Age distribution and uninsured rates in the US population

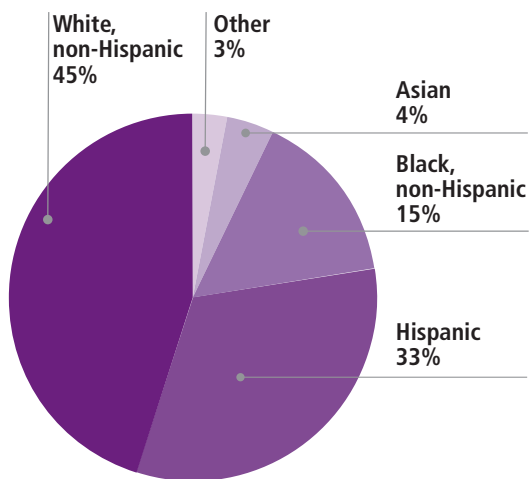


## Race/Ethnicity

### Minority populations are disproportionately uninsured; Hispanics have the highest uninsured rate

Among the 47 million persons who are uninsured, 45% are non-Hispanic white, 15% are non-Hispanic black, and 33% are Hispanic. A closer look reveals uninsured rates to be unevenly distributed among racial/ethnic groups. Although 66% of the US population is non-Hispanic white, only 11% of this group is uninsured. Conversely, while only 13% of the US population is non-Hispanic black and 15% is Hispanic, of these groups, their respective uninsured rates are 20% and 34%, indicating a substantial burden among Hispanics.

#### Racial/ethnic distribution of the uninsured population

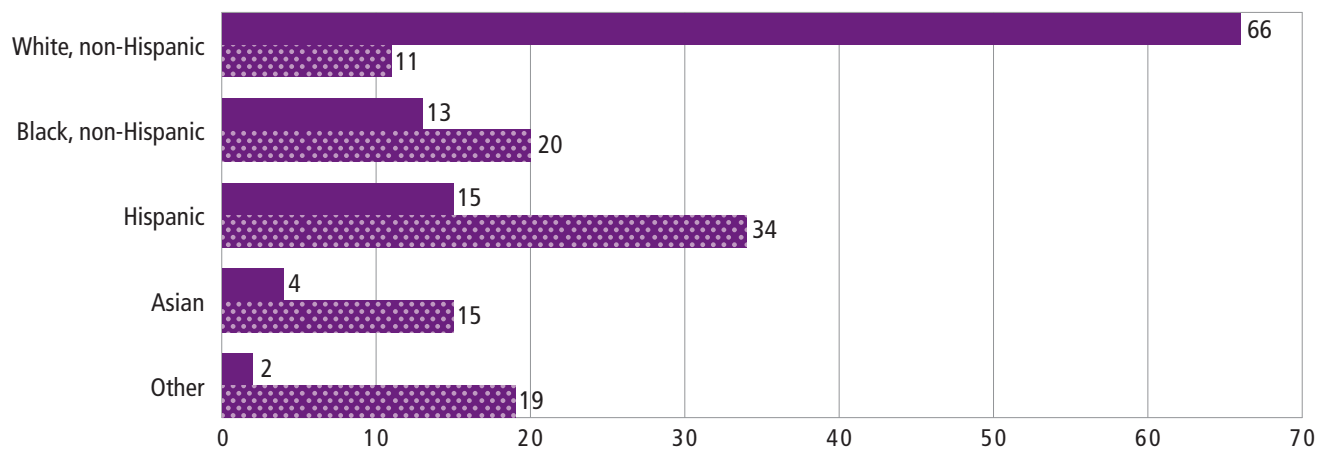


Total=47 million

Source: CPS, ASEC 2007.

## A profile of uninsured persons in the United States

Racial/ethnic distribution and uninsured rates in the US population



### Percent of population

Bars with the same values may have slightly different lengths because of rounding.

Source: CPS, ASEC 2007.

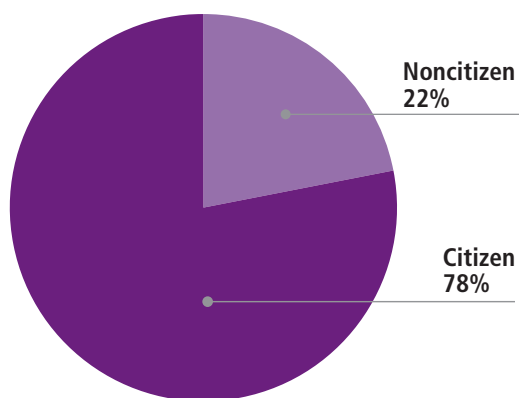
■ % of population  
■ Uninsured rate

## Citizenship

Noncitizens comprise only 7% of the total US population, but 45% of them lack health insurance

Twenty-two million noncitizens live in the United States, including both documented and undocumented immigrants. Over 10 million noncitizens lack health insurance; they account for 22% of the 47 million uninsured persons in the United States. The majority of uninsured noncitizens are working-age adults (18 to 64 years).

### US citizenship status of the uninsured population



**Total=47 million**

Source: CPS, ASEC 2007.

## A profile of uninsured persons in the United States

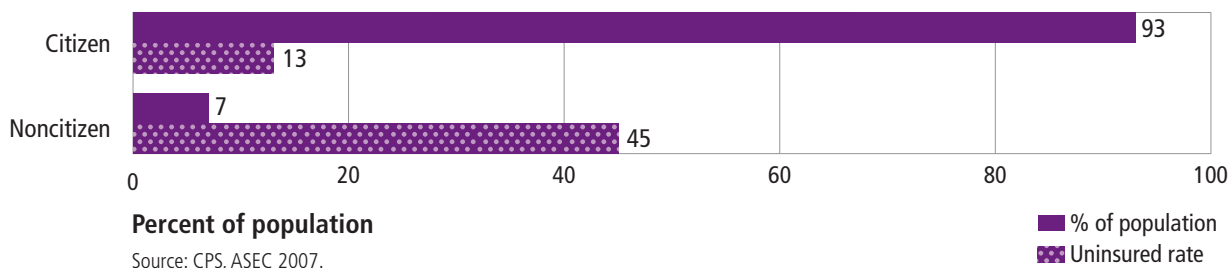
### US citizenship status of the uninsured population by age

Age group (Years)	Citizen		Noncitizen	
	Number (millions)	%	Number (millions)	%
0–17	7.7	21.0	0.9	9.2
18–64	28.7	78.1	9.1	88.8
65+	0.3	0.9	0.2	2.1
<b>Total</b>	<b>36.8</b>	<b>100</b>	<b>10.2</b>	<b>100</b>

Percentage columns may not total 100% because of rounding.

Source: CPS, ASEC 2007.

### US citizenship status and uninsured rates in the US population

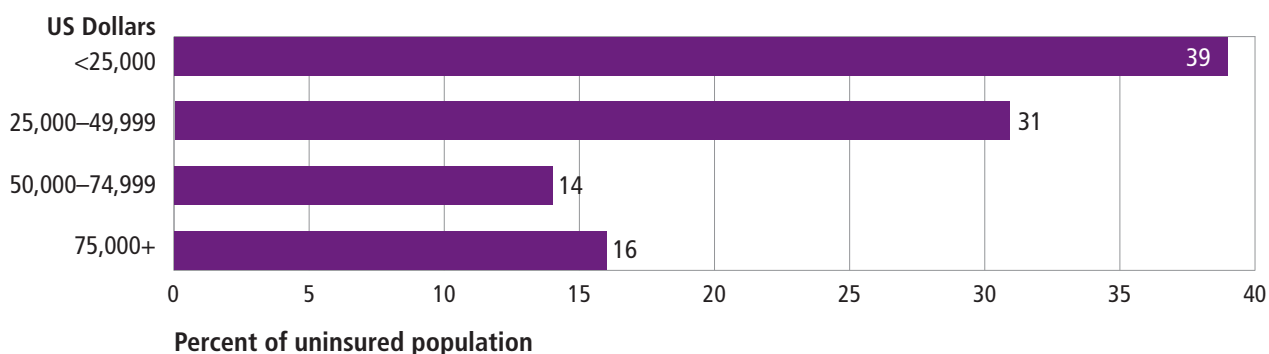


## Household Income

Thirty percent of the uninsured population has a family income of \$50,000 or more

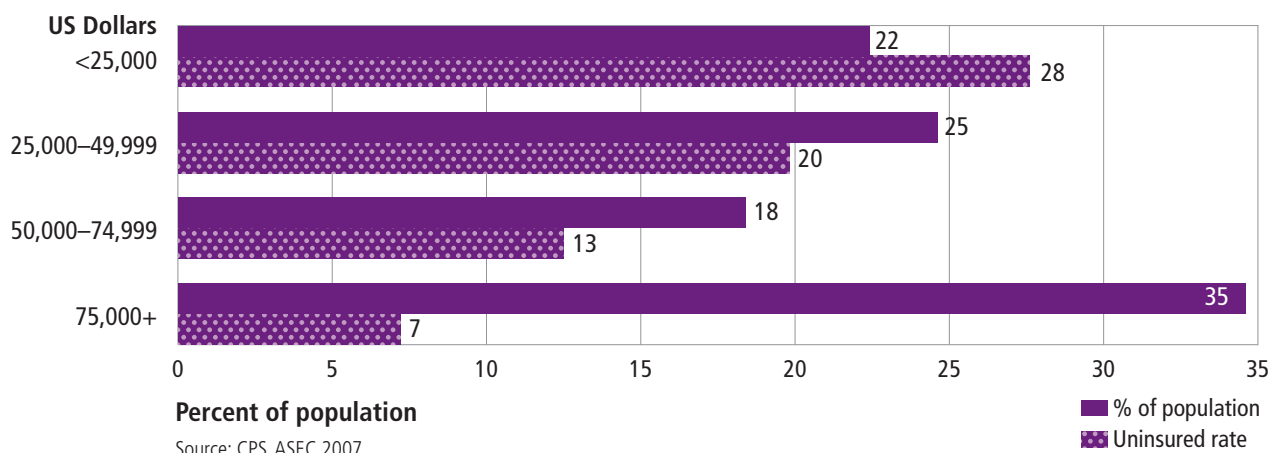
A majority (70%) of the 47 million people without health insurance have family incomes less than \$50,000. Twenty-eight percent of all people with family incomes less than \$25,000 are uninsured. However, higher income (\$75,000+) does not guarantee insurance coverage. One in 6 uninsured persons (16%) has a family income of \$75,000 or greater.

### Annual family income distribution of the uninsured population



Source: CPS, ASEC 2007.

### Annual family income distribution and uninsured rates in the US population



Source: CPS, ASEC 2007.

## Employment

### Nineteen percent of working adults lack health insurance

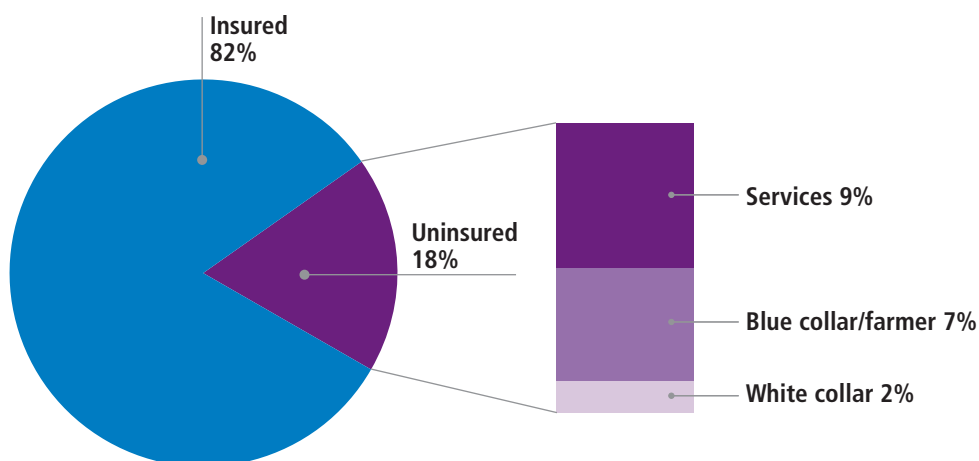
Seventy-three percent of persons aged 18 to 64 years—148 million persons—are employed. Ninety percent of these workers are employer-based; the remaining 10% are self-employed. Overall, employed persons have an uninsured rate of 19%; however, the rates are 27% and 18% for self-employed and employer-based workers, respectively. Service workers, along with blue-collar and farm workers, make up the bulk of the 24 million uninsured employer-based workers.

#### US workforce distribution and uninsured rates among employed persons aged 18 to 64 years

Work Status	Workforce (millions)	Uninsured (millions)	Uninsured rate (%)
<b>All workers</b>	<b>147.8</b>	<b>27.6</b>	<b>18.7</b>
Full time	123.3	22.0	17.9
Part time	24.5	5.6	22.9
<b>Employer-based workers</b>	<b>133.6</b>	<b>23.8</b>	<b>17.8</b>
Full time	112.1	18.9	16.9
Part time	21.5	4.9	22.7
<b>Self-employed workers</b>	<b>14.2</b>	<b>3.8</b>	<b>26.8</b>

Source: CPS, ASEC 2007.

#### Insurance status of employer-based workers aged 18 to 64 years



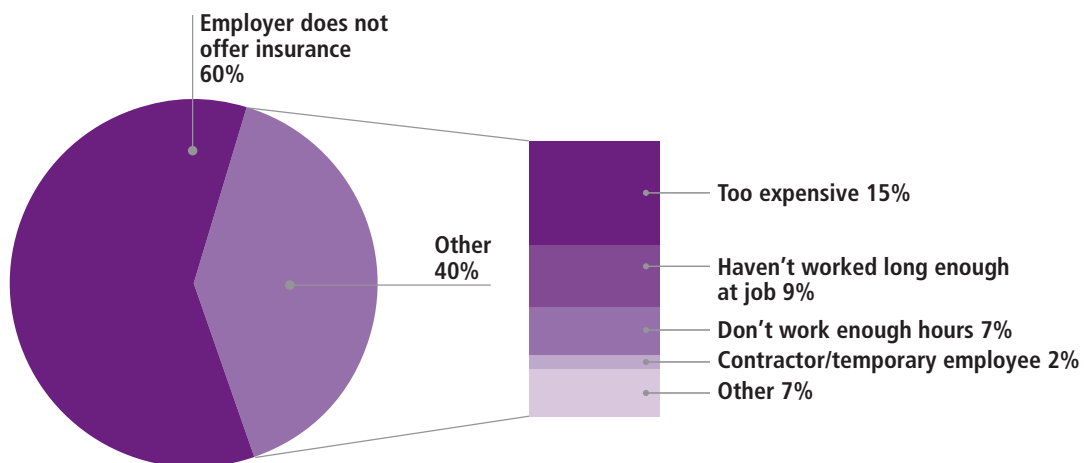
Total=133.6 million

Source: CPS, ASEC 2007.

## Of the 24 million uninsured employer-based workers, 60% work at establishments that do not offer health insurance

Fifteen percent report that the offered insurance is too expensive, 9% are ineligible for insurance because they haven't been working long enough, and 7% are ineligible because they don't work enough hours.

### Reasons uninsured employer-based workers do not participate in an employer plan



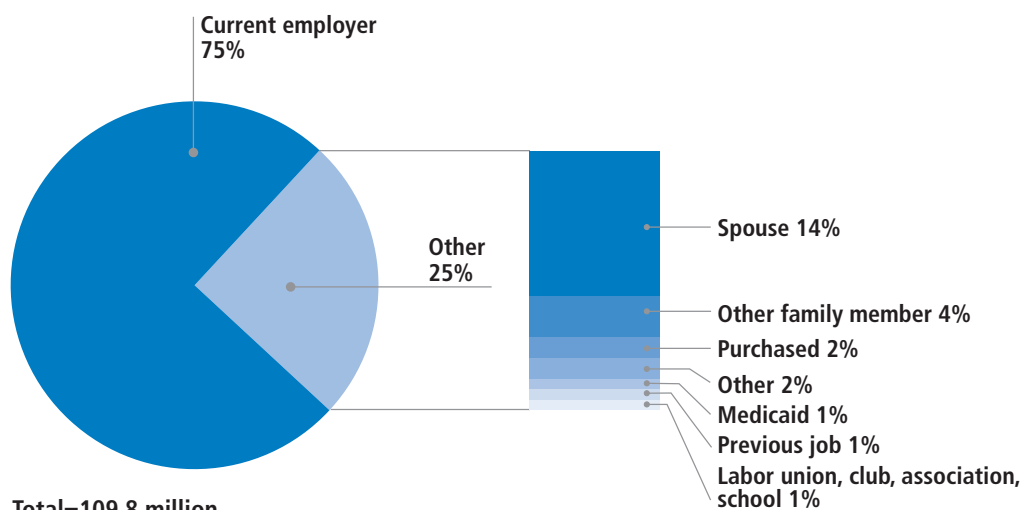
Total=23.8 million

Source: CPS, ASEC 2007, CWS 2005.

## The majority of insured employees are covered by an employer or spouse's plan

Seventy-five percent of insured employer-based workers are covered by their current employer's plan, 14% from a spouse's plan, 4% from another family member, and the remaining 7% from a variety of sources including Medicaid, labor unions, and self-purchase.

### Source of health insurance among insured employer-based workers



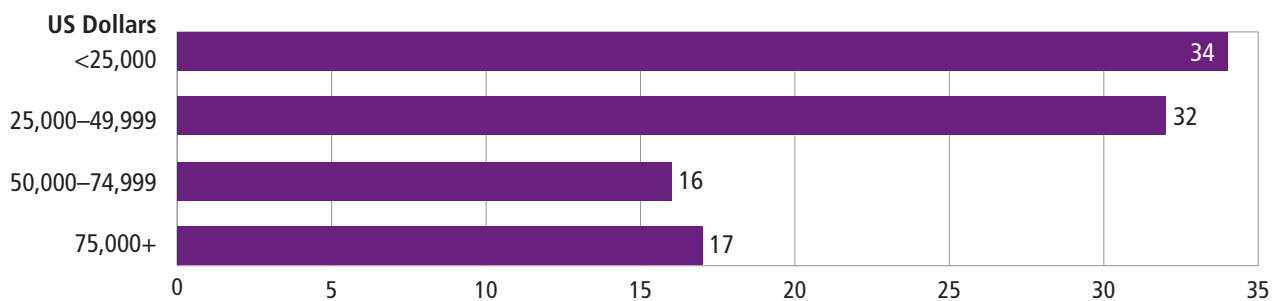
Source: CPS, ASEC 2007, CWS 2005.

## Families with children

One third of uninsured children live in families with annual household incomes below \$25,000; 19% of children living in such households are uninsured

Seventy-five million people younger than 18 years of age live in the United States. The 8.7 million uninsured children are approximately evenly distributed by age group: 32% are younger than 6 years old, 30% are 6 to 11 years old, and 38% are 12 to 17 years old. Thirty-eight percent of the uninsured children are Hispanic, 36% are non-Hispanic white, and 18% are non-Hispanic black. The corresponding uninsured rates are 22%, 7%, and 14% for these 3 groups, respectively. Among children who are not citizens, the uninsured rate is 37%; for citizen-children this rate is 11%. Uninsured children are most likely to live in families with annual household incomes below \$50,000; however, 17% of uninsured children live in households with annual incomes above or equal to \$75,000.

### Annual family income distribution of uninsured children

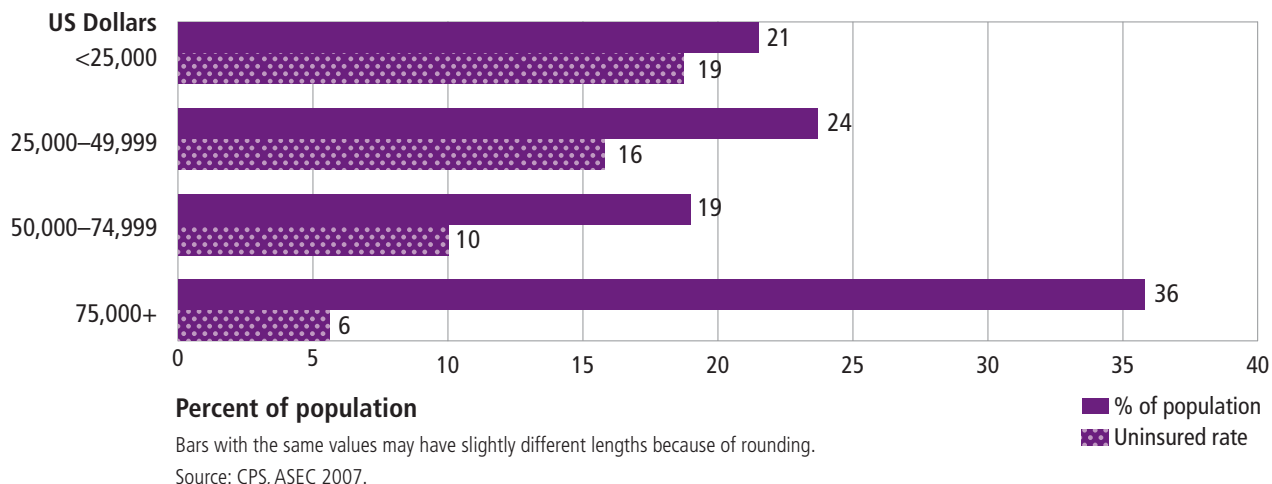


#### Percent of uninsured children

The percent of uninsured children may not total 100% because of rounding.

Source: CPS, ASEC 2007.

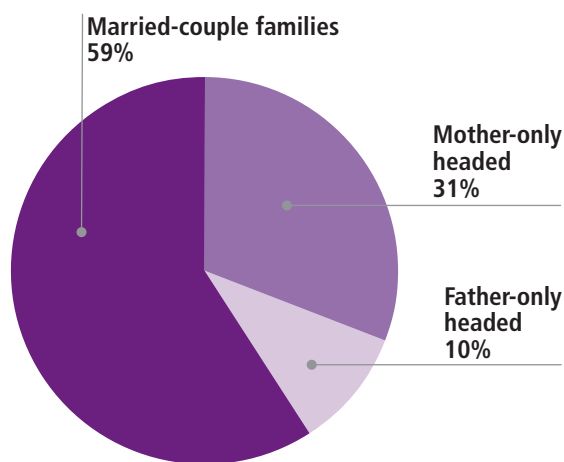
### Annual family income distribution of households with children and uninsured rates in the US population



### Fifty-nine percent of uninsured children live in married-couple families; father-only households have the highest uninsured child rate

Ten percent of all children living in married-couple families are uninsured, lower than the rates in either mother-only headed (15%) or father-only headed households (21%).

#### Distribution of uninsured children by family type



**Total=8.4 million**

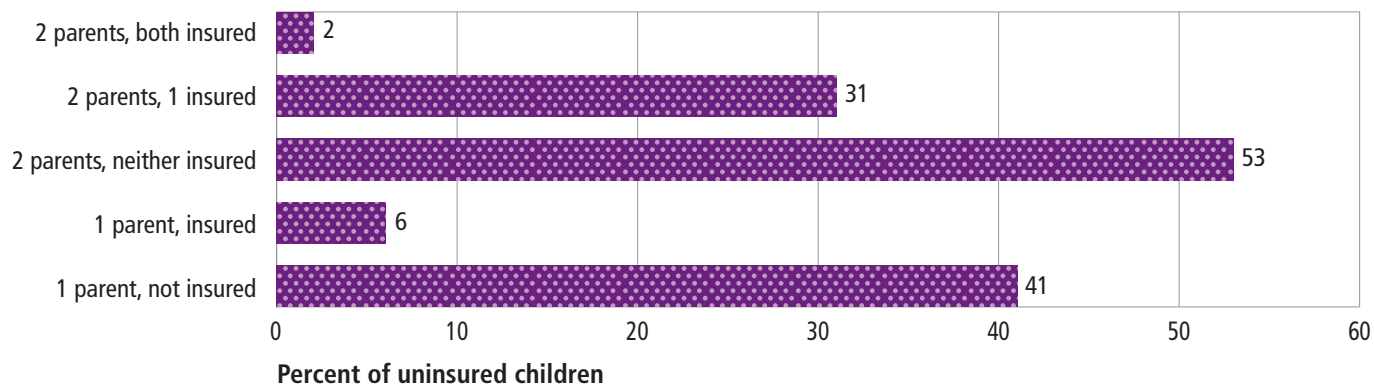
Excludes 0.3 million children living in unrelated subfamilies or with unrelated individuals.

Source: CPS, ASEC 2007.

## Children are most likely uninsured if both parents lack health insurance

In families where both parents are uninsured, 53% of the children also lack health insurance. In single-parent families, 41% of children lack health insurance when the parent is uninsured.

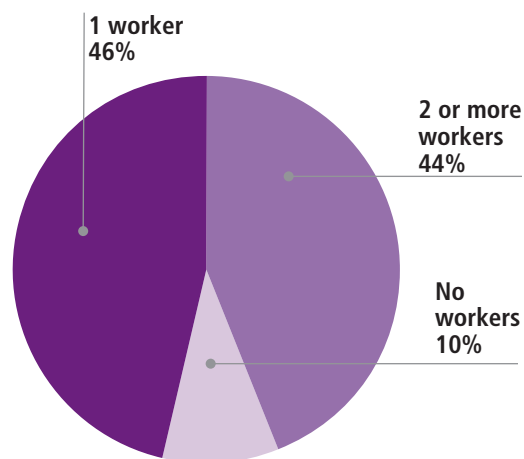
### Rate of uninsured children by parents' insurance status



Source: CPS, ASEC 2007.

## Ninety percent of uninsured children live in families in which there is 1 or more working adult

### Distribution of uninsured children by number of workers in the family



Total=8.4 million

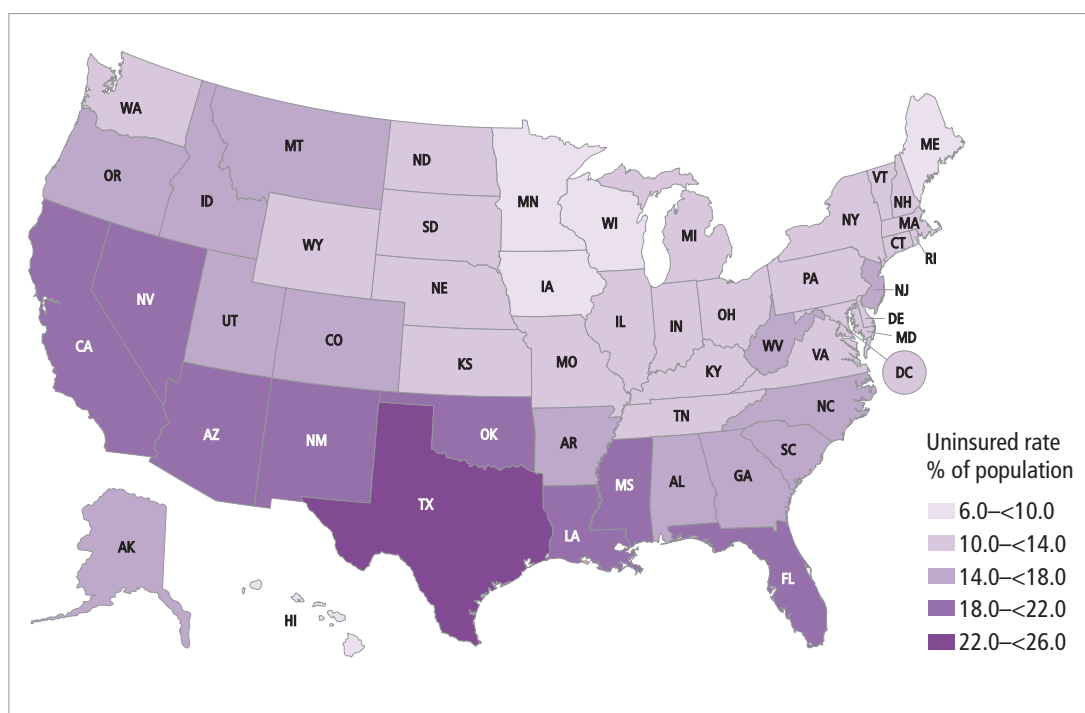
Excludes 0.3 million children living in unrelated subfamilies or with unrelated individuals.

Source: CPS, ASEC 2007.

## State-specific uninsured rates

Geographically, the highest uninsured rates are found in a number of states extending along or near the southern border of the country. At 24%, Texas has the highest uninsured rate, followed by New Mexico, Florida, Arizona, Oklahoma, Louisiana, California, Nevada, and Mississippi, all with rates of 18% or higher. At less than 10%, Minnesota, Hawaii, Iowa, Wisconsin, and Maine have the lowest uninsured rates.

### Uninsured rates by state

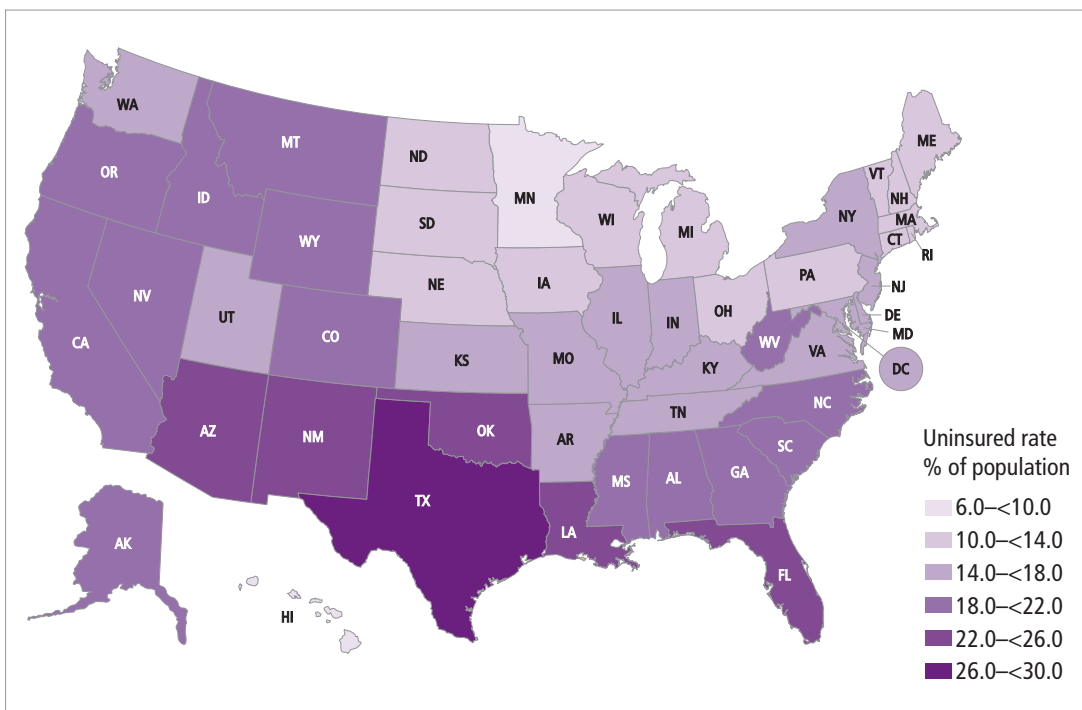


Source: CPS, ASEC 2005–2007.

## A profile of uninsured persons in the United States

Texas has the highest uninsured rate among employed persons, 27%, followed by New Mexico, Florida, Louisiana, Arkansas, Oklahoma, and Arizona, all with rates of 22% or higher.

### Uninsured rates among employed persons by state



Includes self-employed adults.

Source: CPS, ASEC 2005–2007.



# Health care resource utilization

## Hospitalization

Five percent of hospital stays are uninsured; these stays result in a national bill of \$41.8 billion. Ten percent of hospital stays among persons aged 18 to 39 years are uninsured

### Hospital stays and charges by insurance status

Insurance status	Number of stays (millions)	% of stays for the insurance status	Average charge billed to that insurance status (US Dollars)
<b>Uninsured</b>			
All ages	2.1	5.4	19,761
0 – 17	0.3	4.7	7,346
18 – 39	0.8	9.9	17,195
40 – 64	0.9	8.4	25,555
65+	0.1	0.4	30,179
<b>Insured</b>			
All ages	30.4	77.2	25,775
0 – 17	3.6	55.2	11,885
18 – 39	5.0	59.6	16,486
40 – 64	8.5	77.9	29,649
65+	13.3	98.5	30,437
<b>Medicaid</b>			
All ages	6.8	17.4	17,361
0 – 17	2.7	40.1	11,904
18 – 39	2.5	30.4	14,330
40 – 64	1.5	13.7	29,742
65+	0.2	1.1	40,818

Source: HCUP, NIS 2006.

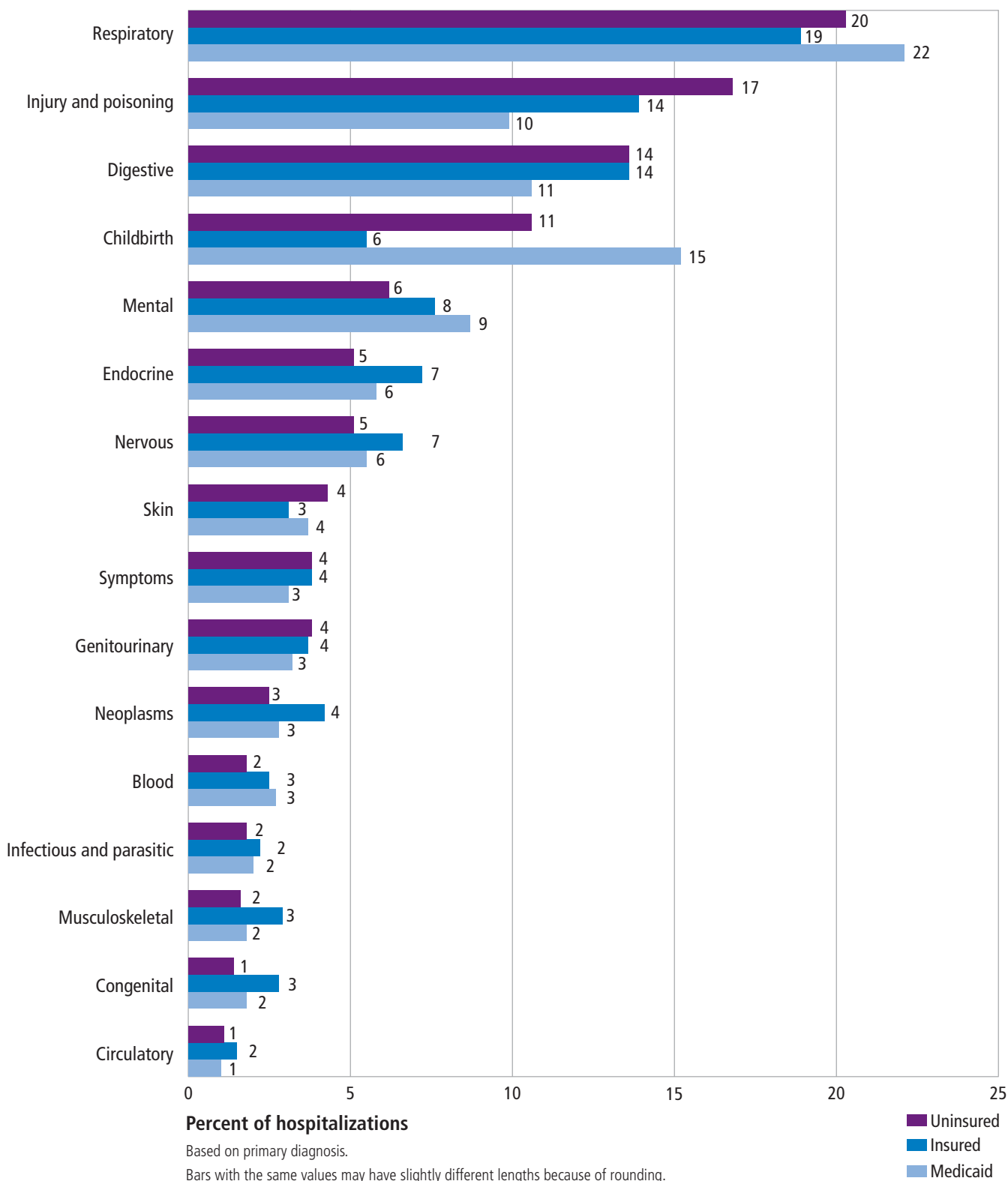
## Children

Respiratory illness is the most frequent reason for hospitalization among children aged 1 to 17 years, followed by injury and poisoning; pregnancy/childbirth is the most frequent reason for hospitalization among uninsured and Medicaid children aged 12 to 17 years

Twenty percent of hospitalizations among uninsured children aged 1 to 17 years are for respiratory illness, followed by injury and poisoning (17%), digestive system disease (14%), and pregnancy and childbirth (11%). Pregnancy and childbirth is the second leading reason for hospitalization among Medicaid children in this same broad age category (15%). Among children aged 12 to 17 years, 22% of uninsured and 36% of Medicaid hospital stays are due to pregnancy and childbirth. In contrast, 13% of hospital stays among insured adolescent children are for this reason. The leading category for hospitalization among insured children in this older age group is injury and poisoning, accounting for 17% of total hospital stays.

## A profile of uninsured persons in the United States

Major reasons for hospitalizations among children aged 1 to 17 years by insurance status



## Four percent of hospitalizations among children aged 1 to 17 years are uninsured

Uninsured hospital stays for fractures of the upper limb, intracranial injury, and appendicitis account for 6.8%, 6.3%, and 6.1% of stays, respectively, among children aged 1 to 17 years. Among younger children aged 1 to 11, 3.7% of stays are uninsured; uninsured stays account for 6.5% of stays for upper limb fractures and 6.0% of stays for lower limb fractures. Among older children aged 12 to 17 years, 4.5% of stays are uninsured; uninsured stays account for 7.4% of stays for crush or internal injuries, 7.3% of stays for upper limb fractures, 6.9% of stays for poisoning by non-psychotropic medications and drugs, and 6.8% of stays for intracranial injuries.

### Top 20 specific reasons for hospitalization among uninsured children aged 1 to 17 years

Principal diagnosis	Number of uninsured hospitalizations	% of stays for this condition that are uninsured
<b>All conditions</b>	<b>74,135</b>	<b>4.1</b>
Asthma	5,851	4.6
Appendicitis and other appendiceal conditions	5,042	6.1
Pneumonia	4,703	3.9
Skin and subcutaneous tissue infections	3,045	5.3
Fluid and electrolyte disorders	1,989	2.9
Affective disorders	1,937	2.6
Epilepsy; convulsions	1,918	3.2
Fracture of upper limb	1,787	6.8
Fracture of lower limb	1,576	5.9
Obstetrical-related trauma to perineum and vulva	1,542	4.9
Intracranial injury	1,428	6.3
Other complications of birth; puerperium affecting management of mother	1,393	4.0
Acute bronchitis	1,386	4.0
Other mental conditions	1,342	4.5
Urinary tract infections	1,297	4.6
Intestinal infection	1,255	3.4
Other complications of pregnancy	1,225	5.5
Noninfectious gastroenteritis	1,165	3.9
Diabetes mellitus with complications	1,049	4.1
Other upper respiratory infections	1,045	4.0
<b>Total uninsured for the top 20 conditions</b>	<b>25,328 (56.9%)</b>	

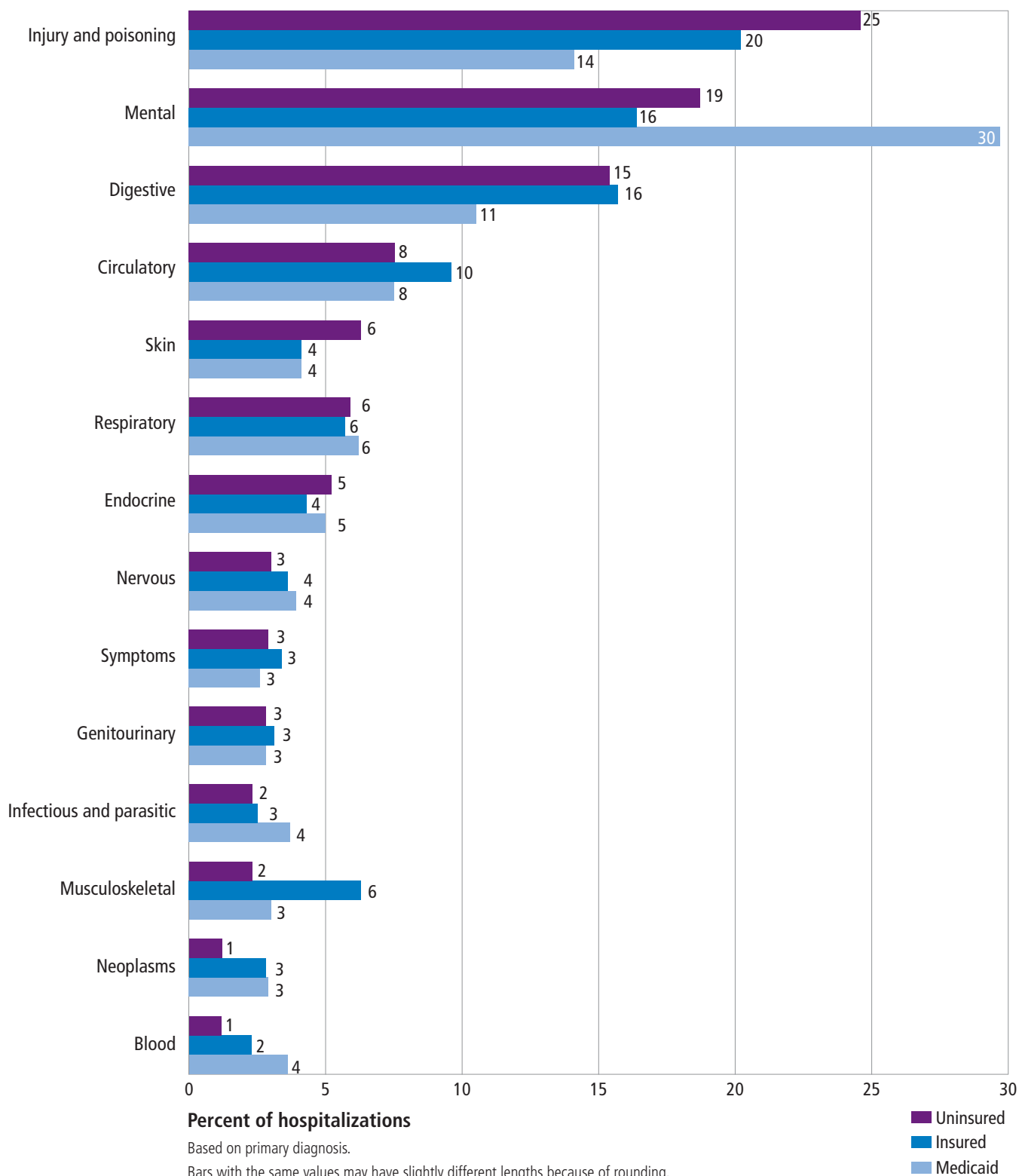
Source: HCUP, KID 2006.

## Adults aged 18 to 39 years

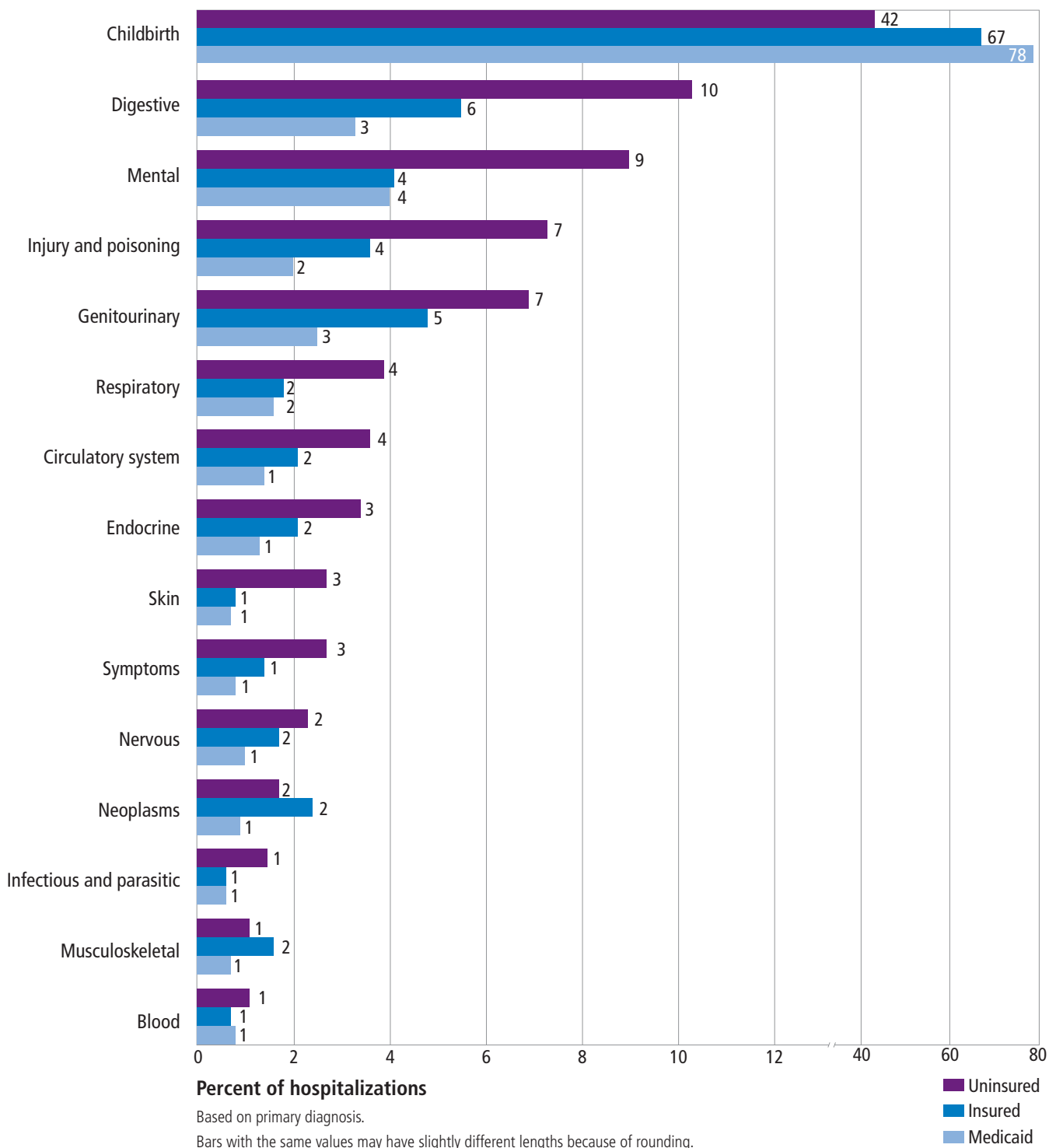
Injury and poisoning is the most frequent reason for hospitalization among both insured and uninsured young adult men aged 18 to 39 years; mental disorders rank highest among young adult men on Medicaid. Among women in this age group, the uninsured are more than twice as likely to be hospitalized for a mental disorder compared with insured and Medicaid groups

Injury and poisoning account for 25% of uninsured and 20% of insured total hospital stays among young adult men. Mental disorders account for 30% of hospital stays among young men on Medicaid; these disorders rank second among hospitalizations for younger uninsured and insured men, 19% and 16% of stays, respectively. Childbirth and pregnancy complications are the most common hospitalizations among younger adult women, accounting for 42% of uninsured stays, 67% of insured stays, and 78% of Medicaid stays. Mental disorders comprise 9% of total hospital stays for uninsured women in this age group, and 4% of stays for both insured and Medicaid groups.

### Major reasons for hospitalizations among men aged 18 to 39 years by insurance status



### Major reasons for hospitalizations among women aged 18 to 39 years by insurance status



Ten percent of all hospital stays among adults aged 18 to 39 years are uninsured, yet uninsured patients in this age group account for 27% of stays for substance-related mental disorders, 29% of stays for alcohol-related mental disorders, 28% of stays for skin infections, and 22% of stays for diabetes

The top 20 specific reasons for hospitalization among uninsured adults aged 18 to 39 years account for 50% of their hospital stays. Four of the top 20 conditions are related to injury and poisoning (poisoning by non-psychotropic medications and drugs, fracture of lower limb, crushing injury or internal injury, intracranial injury), and another 4 are associated with mental disorders (affective disorders, substance-related mental disorders, alcohol-related mental disorders, other mental conditions). Although 10% of all hospital stays in this age group are uninsured, some conditions are over-represented by the uninsured including poisonings by non-psychotropic medications and drugs (32% of stays), crushing injury or internal injury (29% of stays), and lower limb fractures (22% of stays). Skin and subcutaneous tissue infections are the second leading reason for hospitalization in this age group; 28% of these stays are uninsured.

Top 20 specific reasons for hospitalization among uninsured adults aged 18 to 39 years

Principal diagnosis	Number of uninsured hospitalizations	% of stays for this condition that are uninsured
<b>All uninsured</b>	<b>829,793</b>	<b>9.9</b>
Affective disorders	36,222	14
Skin and subcutaneous tissue infections	35,073	28
Obstetrical-related trauma to perineum and vulva	32,559	4
Substance-related mental disorders	27,671	27
Other complications of pregnancy	24,689	5
Other maternal complications of birth, puerperium affecting management of mother	23,686	3
Diabetes mellitus with complications	22,975	22
Appendicitis	22,817	20
Poisoning by non-psychotropic medications and drugs	20,046	32
Biliary tract disease	19,277	17
Alcohol-related mental disorders	18,678	29
Previous cesarean delivery	17,455	4
Nonspecific chest pain	15,800	20
Normal pregnancy and/or delivery	15,113	5
Pancreatic disorders (not diabetes)	15,008	22
Fracture of lower limb	14,876	22
Other mental conditions	14,384	25
Crushing injury or internal injury	13,954	29
Intracranial injury	12,661	25
Pneumonia	11,967	17
<b>Total uninsured for the top 20 conditions</b>	<b>414,910 (50%)</b>	

Source: HCUP, NIS 2006.

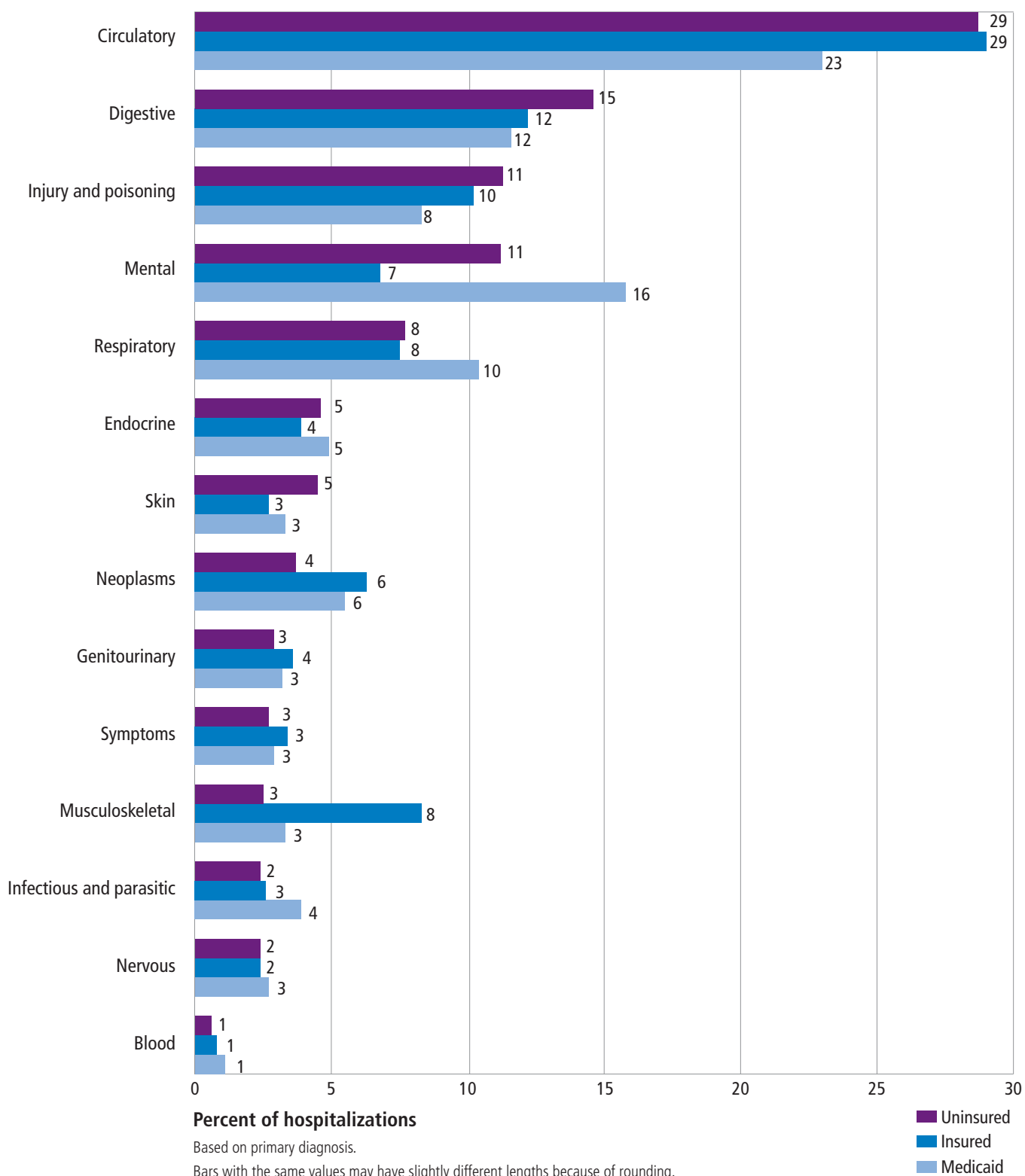
## Adults aged 40 to 64 years

### Circulatory system disease is the most frequent reason for hospitalization among men and women aged 40 to 64 years

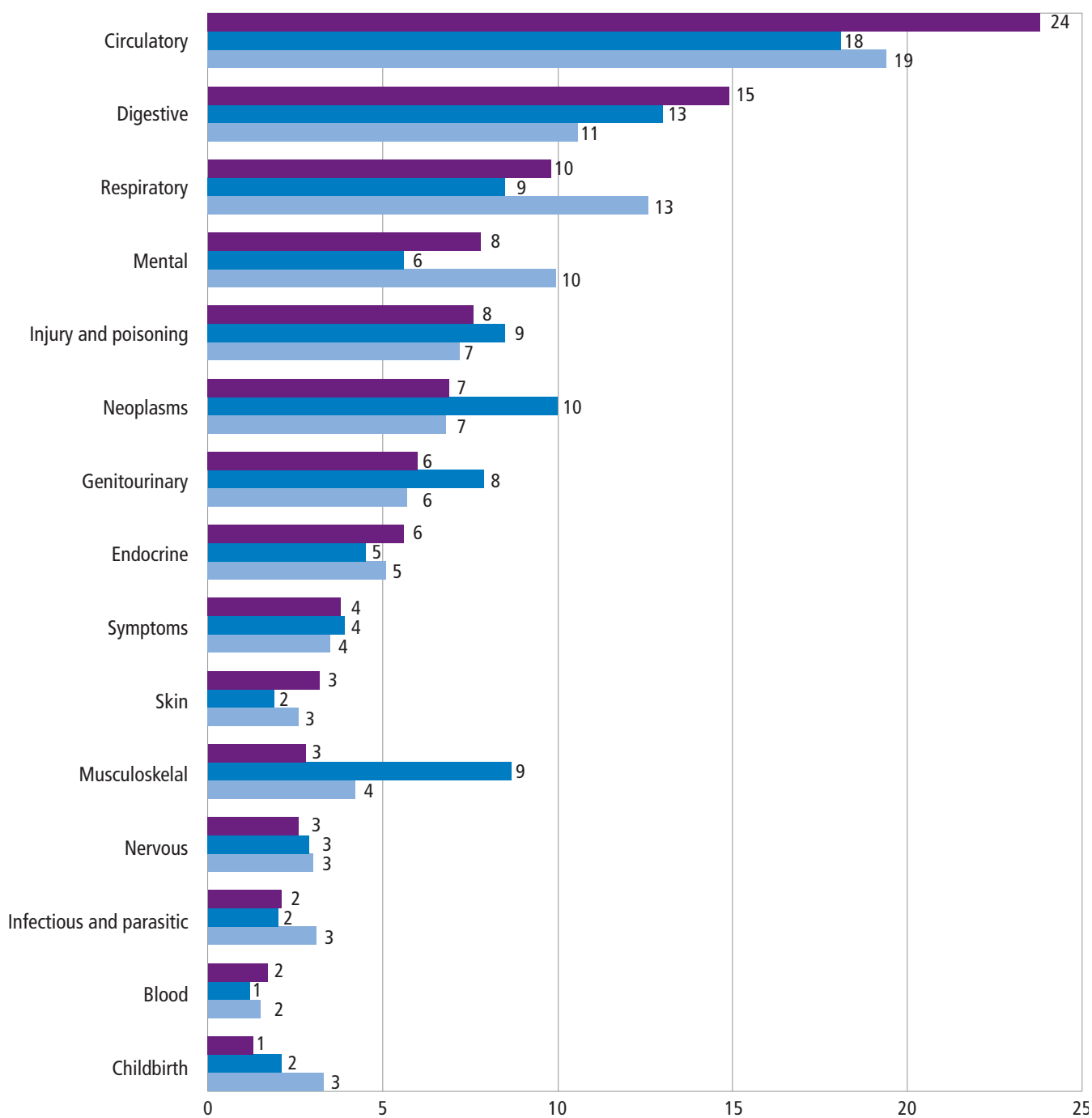
Among men, circulatory system disease accounts for 29% of both uninsured and insured hospital stays, and 23% of Medicaid stays. Among women, circulatory system disease accounts for 24% of uninsured stays, 18% of insured stays, and 19% of Medicaid stays.

## A profile of uninsured persons in the United States

### Major reasons for hospitalizations among men aged 40 to 64 years by insurance status



### Major reasons for hospitalizations among women aged 40 to 64 years by insurance status



#### Percent of hospitalizations

Based on primary diagnosis.

Bars with the same values may have slightly different lengths because of rounding.

Source: HCUP, NIS 2006.

■ Uninsured  
■ Insured  
■ Medicaid

## Over 8% of all hospital stays among adults aged 40 to 64 years are uninsured, but middle-aged uninsured patients account for 21% of stays for alcohol-related mental disorders

The top 20 specific reasons for hospitalization among uninsured adults aged 40 to 64 years account for 50% of their stays. The top 20 stays are dominated by cardiovascular system conditions and mental disorders. Only 8.4% of all hospital stays in this age group are uninsured, yet this uninsured group accounts for 17% of stays for poisoning by non-psychotropic medications and drugs, 13% of stays for stroke, 16% of stays for substance-related mental disorders, and 14% of stays for both skin and pancreatic disorders (excluding diabetes).

### Top 20 specific reasons for hospitalization among uninsured adults aged 40 to 64 years

Principal diagnosis	Number of uninsured hospitalizations	% of stays for this condition that are uninsured
<b>All uninsured</b>	<b>917,681</b>	<b>8.4</b>
Nonspecific chest pain	59,515	12
Coronary atherosclerosis	36,978	7
Acute myocardial infarction	33,390	12
Alcohol-related mental disorders	32,661	21
Skin and subcutaneous tissue infections	32,518	14
Congestive heart failure, nonhypertensive	26,805	10
Pneumonia	26,707	9
Diabetes mellitus with complications	24,785	11
Affective disorders	23,446	8
Pancreatic disorders (not diabetes)	20,756	14
Stroke	20,674	13
Biliary tract disease	16,870	10
Substance-related mental disorders	15,491	16
Chronic obstructive pulmonary disease and bronchiectasis	15,272	8
Cardiac dysrhythmias	14,770	7
Asthma	14,112	10
Gastrointestinal hemorrhage	13,229	12
Poisoning by non-psychotropic medications and drugs	11,370	17
Fracture of lower limb	11,151	12
Hypertension with complications and secondary hypertension	10,572	11
<b>Total uninsured for the top 20 conditions</b>	<b>461,072 (50%)</b>	

Source: HCUP, NIS 2006.



## Outpatient health care resource utilization

### Children

#### Access to Care

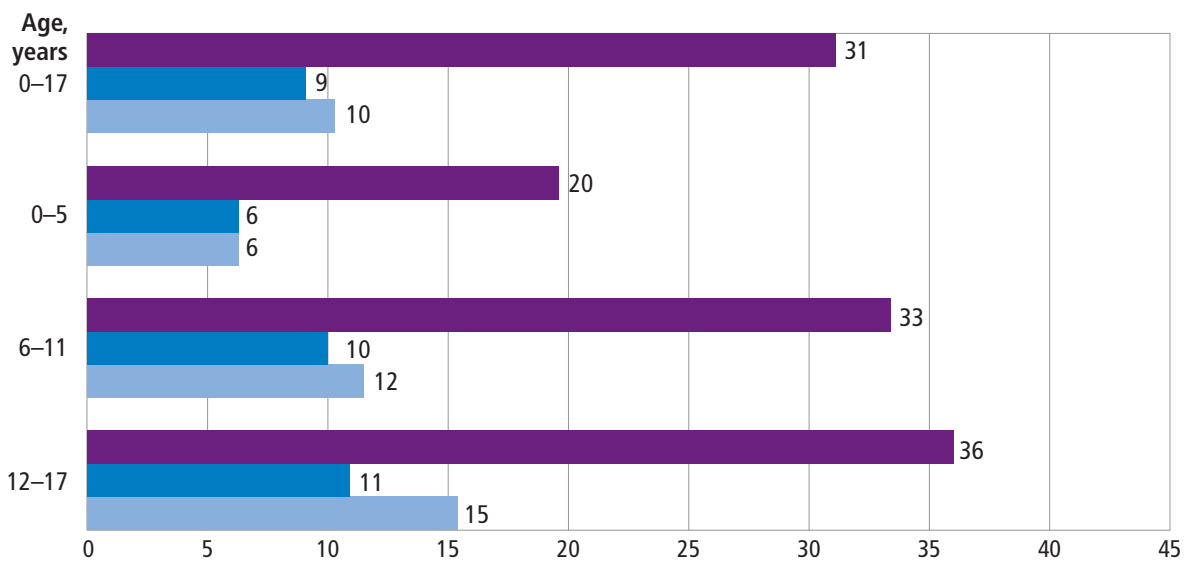
Thirty-one percent of uninsured children have not seen a doctor in the past year compared with 9% of insured children and 10% of Medicaid-insured children. Uninsured children are 6 times as likely as insured children to have an unmet dental need, the most frequent unmet health care need among all children

Nearly one third of uninsured children have not seen a doctor in the past year. Thirty-six percent of uninsured older children (aged 12 to 17) and 38% of uninsured Hispanic children have not seen a doctor in the past year. While virtually all insured children (97%) have a usual place of health care, only 69% of uninsured children have a usual place of care and uninsured Hispanic children are least likely to have a usual place of care (60%). The majority of uninsured and insured children go to a doctor's office/HMO (Health Maintenance Organization) for their usual health care (57% and 83%, respectively). However, children without health insurance are more than twice as likely as those with health insurance to use a clinic/health center for usual health care needs (39% vs 16%). Three percent of uninsured children and less than 1% each of insured and Medicaid-insured children use the hospital emergency room as a usual place of care.

Uninsured children are 5 times as likely as insured children (30% vs 6%) and nearly 4 times as likely as children on Medicaid (8%) to have at least 1 unmet health care need (i.e., dental, vision, prescription, or mental health unmet need) because of cost. Dental care ranks as the number 1 unmet need among all children, affecting 24% of uninsured, 4% of insured and 5% of Medicaid children. Uninsured Hispanic and white non-Hispanic children are most likely to have at least 1 unmet health care need because of cost (32% and 33%, respectively).

## A profile of uninsured persons in the United States

### Percent of children who have not seen a doctor in the past year by insurance status and age



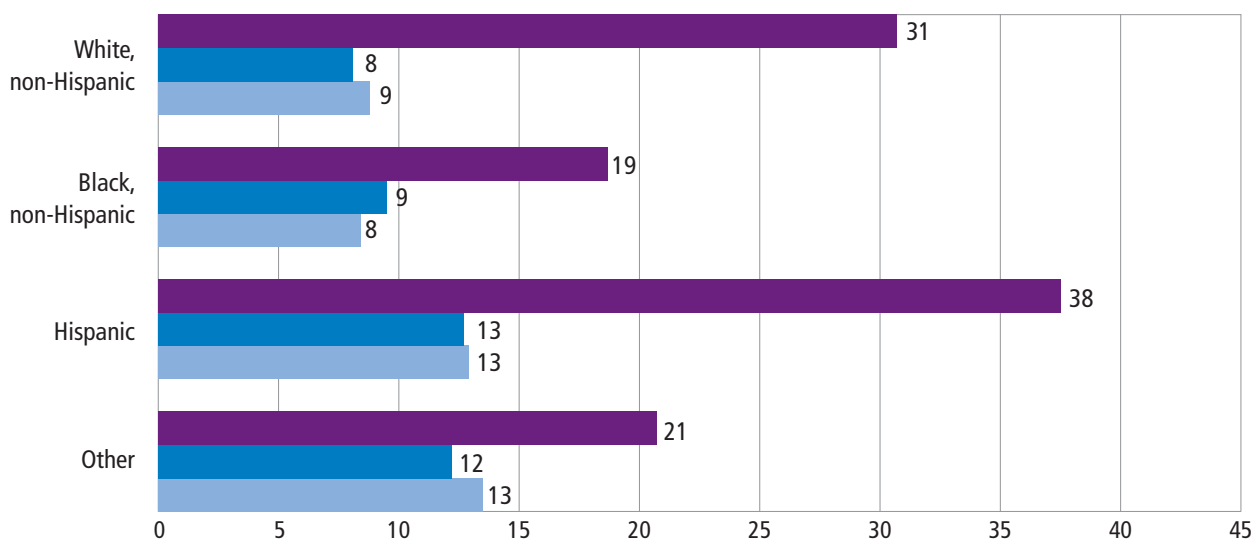
#### Percent of children

Bars with the same values may have slightly different lengths because of rounding.

Source: NHIS 2007.

■ Uninsured  
■ Insured  
■ Medicaid

### Percent of children who have not seen a doctor in the past year by insurance status and race/ethnicity



#### Percent of children

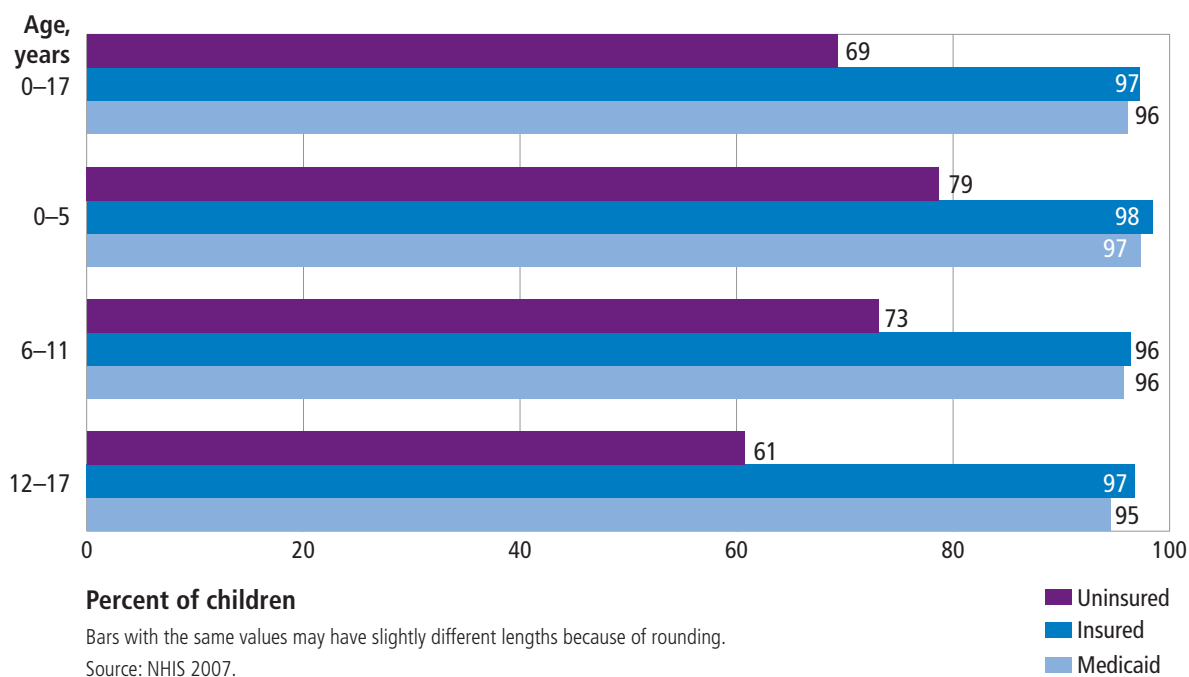
Bars with the same values may have slightly different lengths because of rounding.

Source: NHIS 2007.

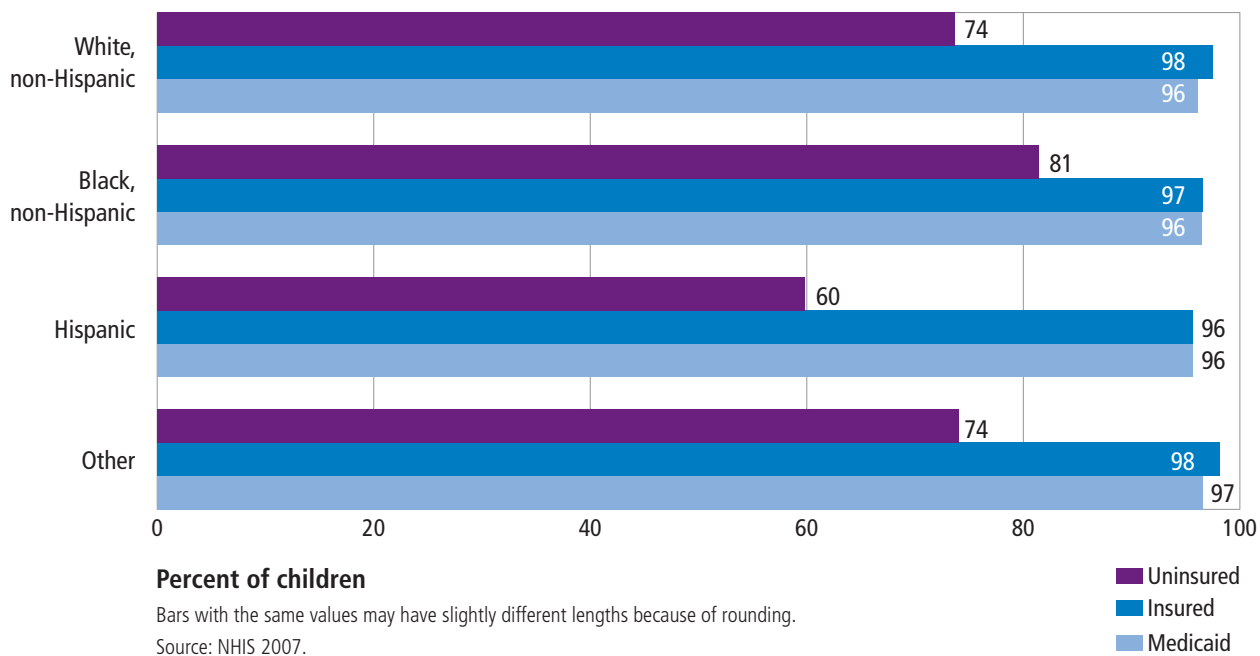
■ Uninsured  
■ Insured  
■ Medicaid

## A profile of uninsured persons in the United States

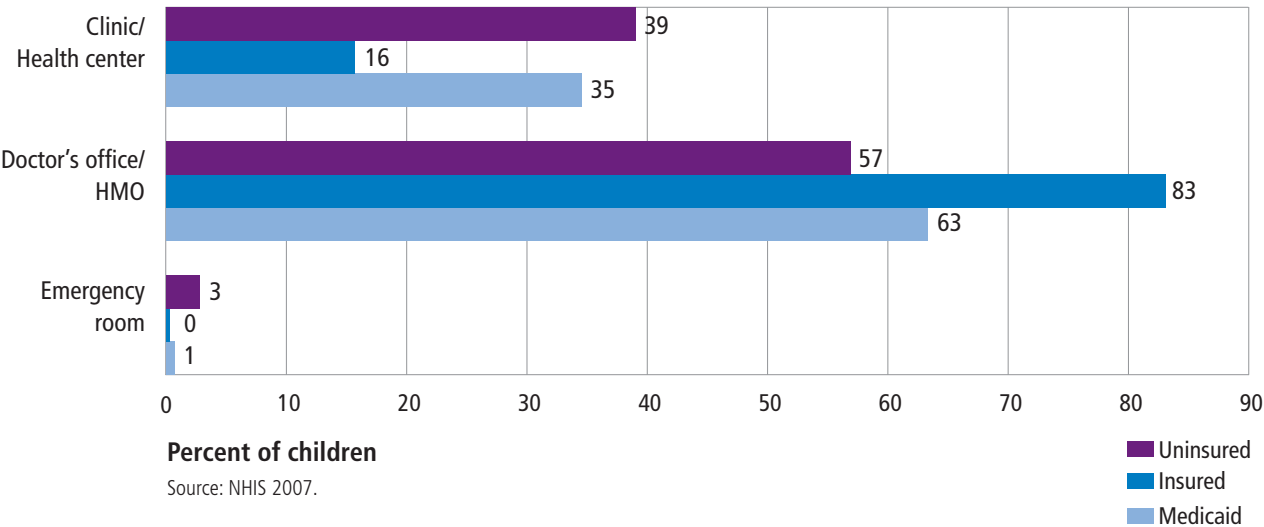
### Percent of children who have a usual place of care by insurance status and age



### Percent of children who have a usual place of care by insurance status and race/ethnicity

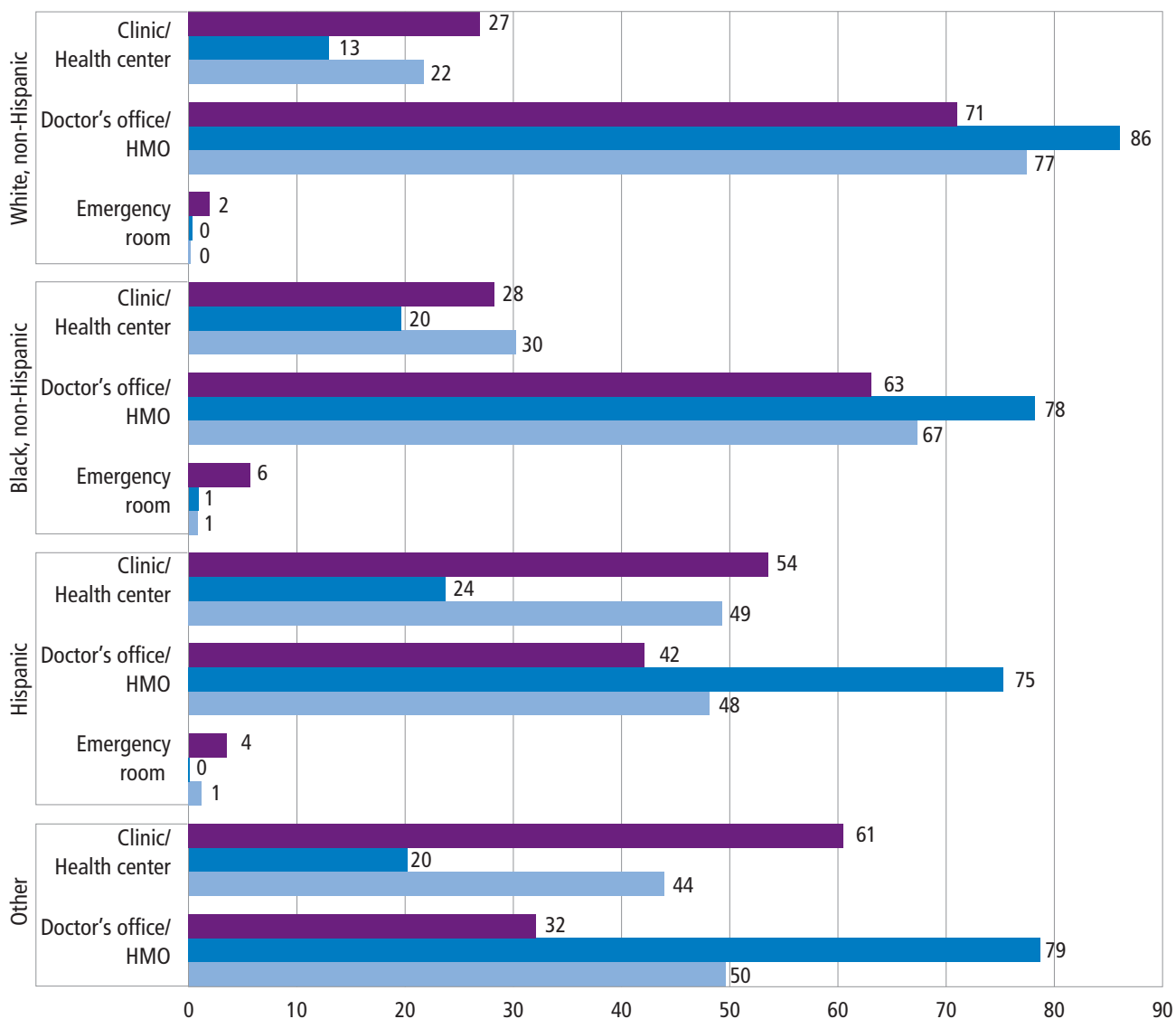


Usual place of care for children by insurance status and age



## A profile of uninsured persons in the United States

### Usual place of care for children by insurance status and race/ethnicity



#### Percent of children

Bars with the same values may have slightly different lengths because of rounding.

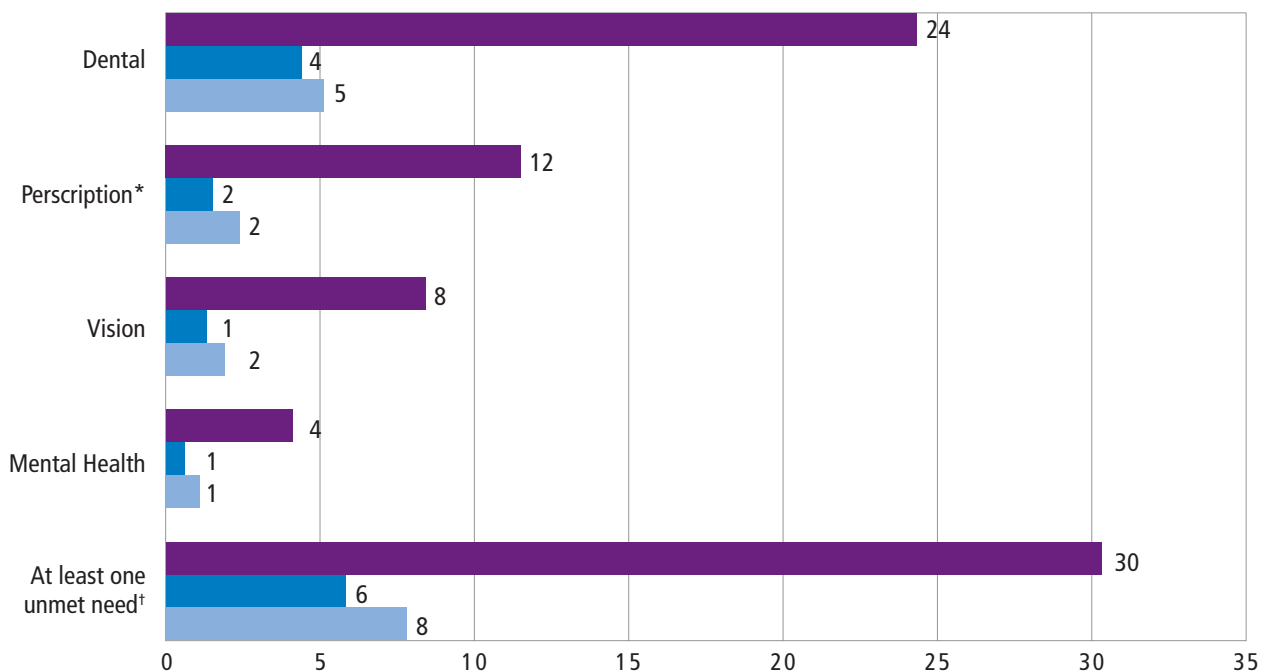
Estimates of emergency room care among the group "Other" are unreliable because of small sample size and are not shown.

Source: NHIS 2007.

Uninsured  
Insured  
Medicaid

## A profile of uninsured persons in the United States

### Percent of children with unmet health care needs in the past year due to cost by insurance status



#### Percent of children

\* All children included in analysis of unmet prescription needs. Other categories include children aged 2 to 17 years.

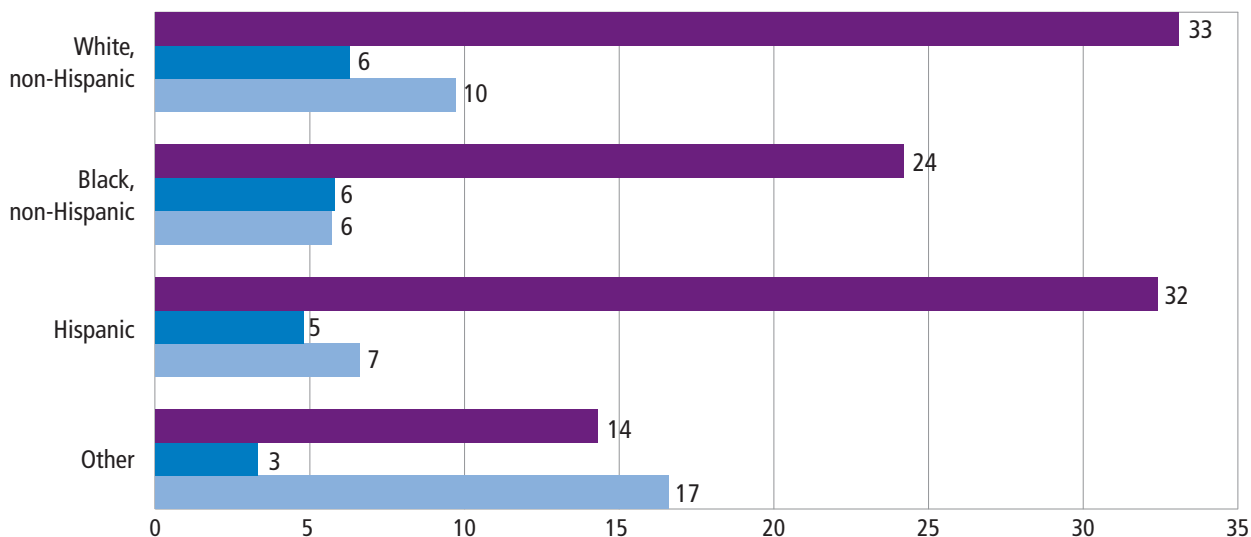
† Includes dental, prescription, vision and mental health need.

Bars with the same values may have slightly different lengths because of rounding.

Source: NHIS 2007.

■ Uninsured  
■ Insured  
■ Medicaid

### Percent of children with at least 1 unmet health care need in the past year due to cost by insurance status and race/ethnicity



#### Percent of children

Includes dental, prescription, vision, and mental health need.

Bars with the same values may have slightly different lengths because of rounding.

Source: NHIS 2007.

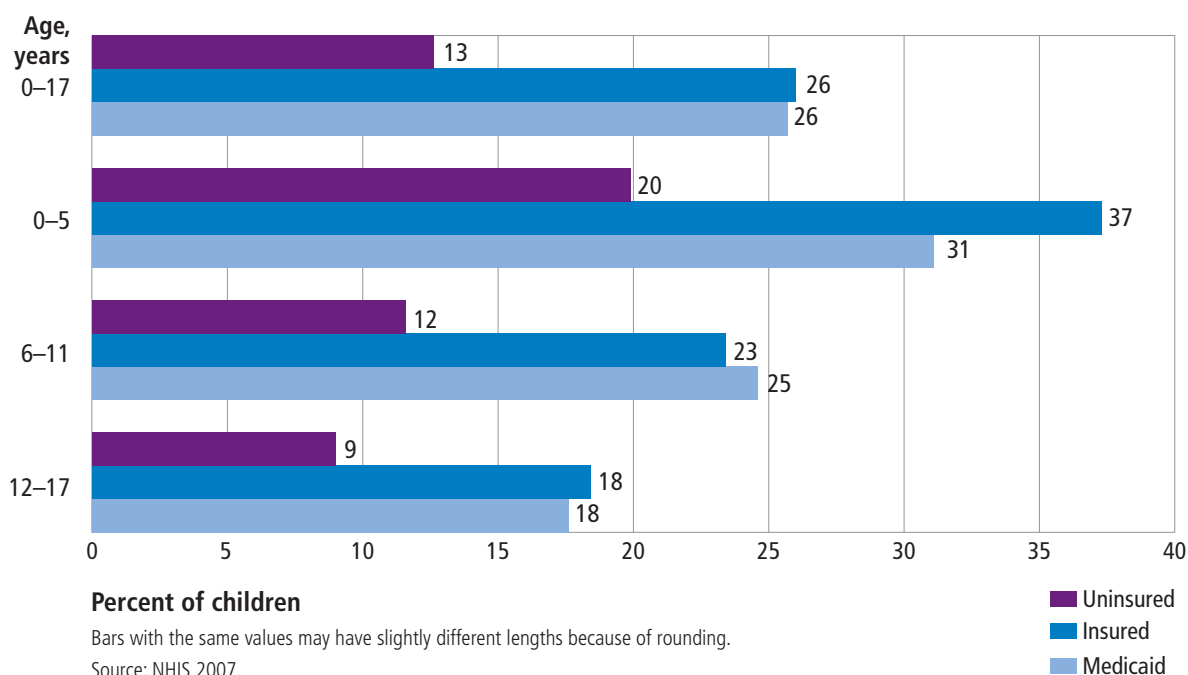
■ Uninsured  
■ Insured  
■ Medicaid

## Preventive Care

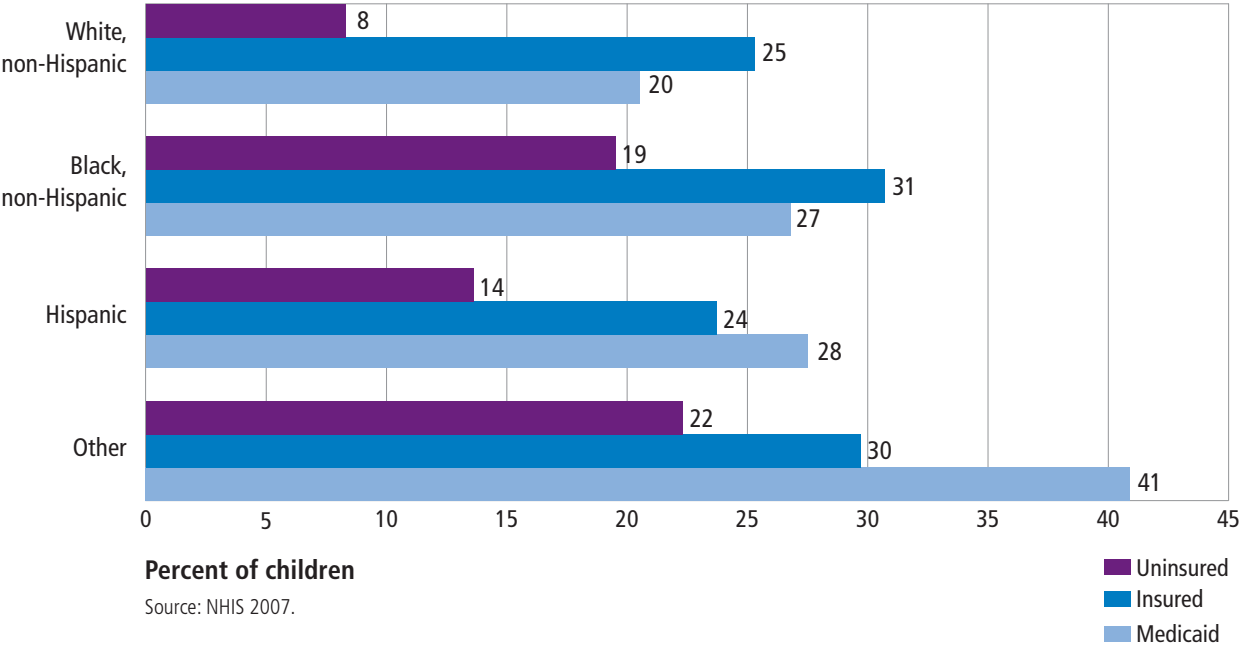
### Uninsured non-Hispanic white children are least likely to receive a flu vaccine

Uninsured children are less likely than insured children (13% vs 26%), to have received a flu vaccine in the past year. At 8%, uninsured non-Hispanic white children are least likely to have received a flu vaccine.

#### Percent of children who received a flu vaccine in the past year by insurance status and age



Percent of children who received a flu vaccine in the past year by insurance status and race/ethnicity





## Adults

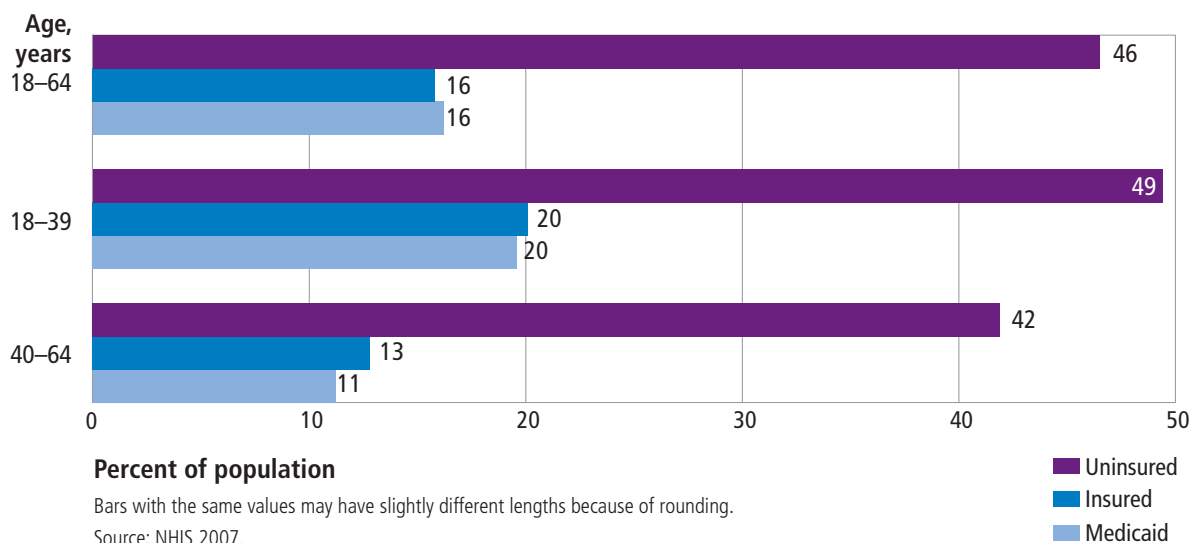
### Access to Care

**Uninsured adults are almost 3 times more likely than insured adults to have not seen a doctor in the past year**

Forty-six percent of uninsured adults aged 18 to 64 years have not seen a doctor in the past year compared with 16% each of insured and Medicaid-insured adults. This disparity is seen for younger and older adults, for men and women, and among race/ethnicities. Uninsured men and uninsured Hispanics are most likely to have not seen a doctor in the past year (57% for each).

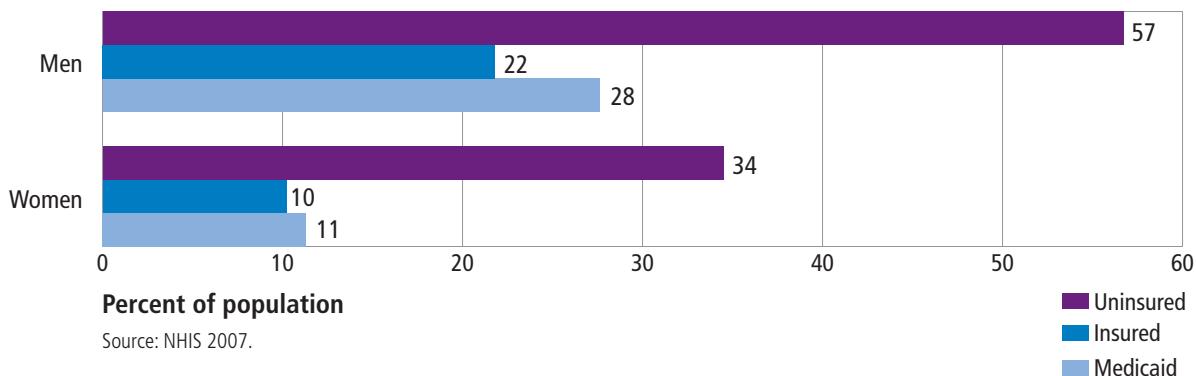
Uninsured adults are less likely than insured adults to have a usual place of care; 50% of the uninsured compared with 91% of insured adults have a usual place of care. To receive care, uninsured adults are more likely than insured adults to use clinics/health centers (37% vs 15%) and the emergency room (5% vs <1%). Hispanics are most likely to use clinics/health centers (61% of uninsured, 50% of Medicaid), and non-Hispanic blacks are most likely to use hospital emergency rooms (15%).

**Percent of adults who have not seen a doctor in the past year by insurance status and age**

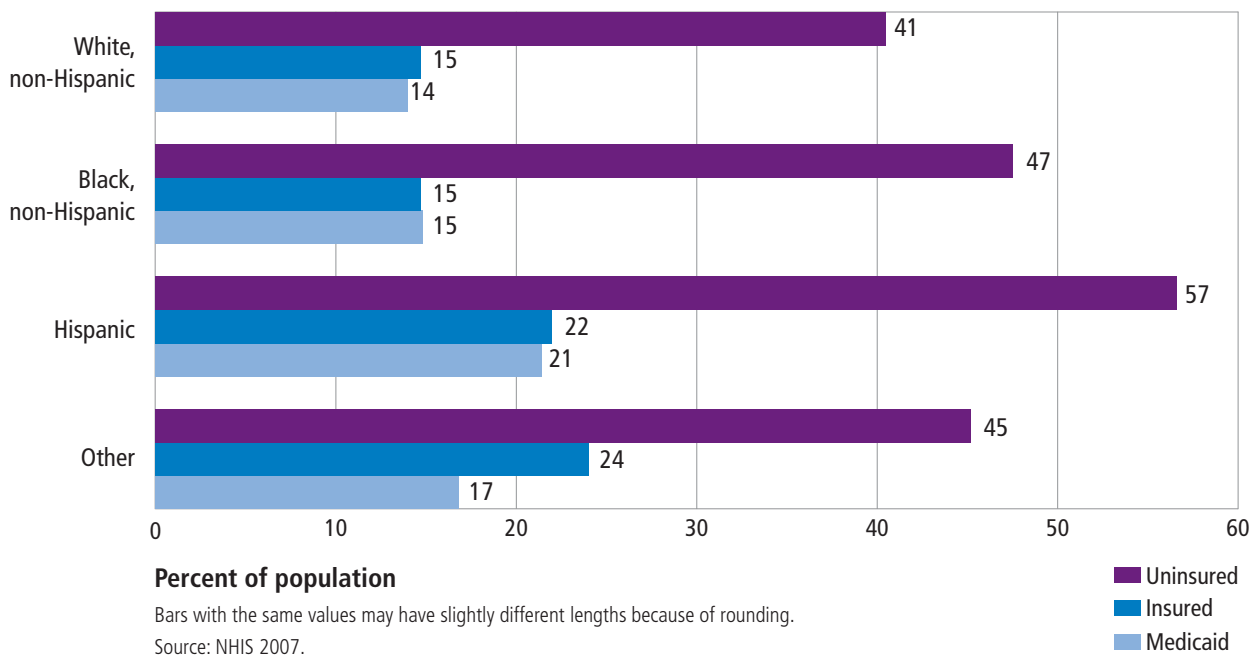


## A profile of uninsured persons in the United States

Percent of adults who have not seen a doctor in the past year by insurance status and gender

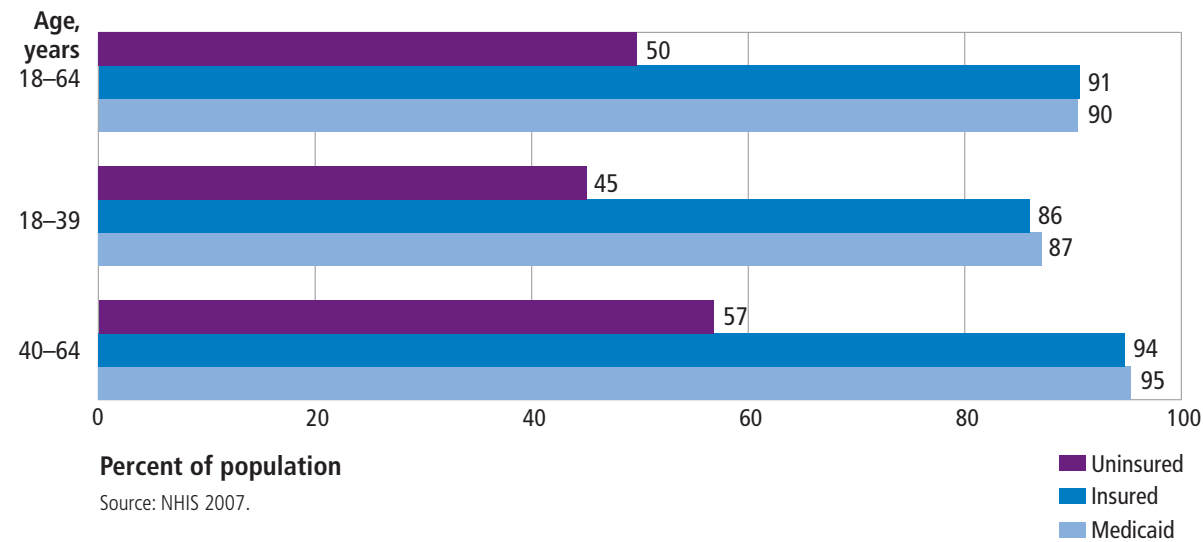


Percent of adults who have not seen a doctor in the past year by insurance status and race/ethnicity

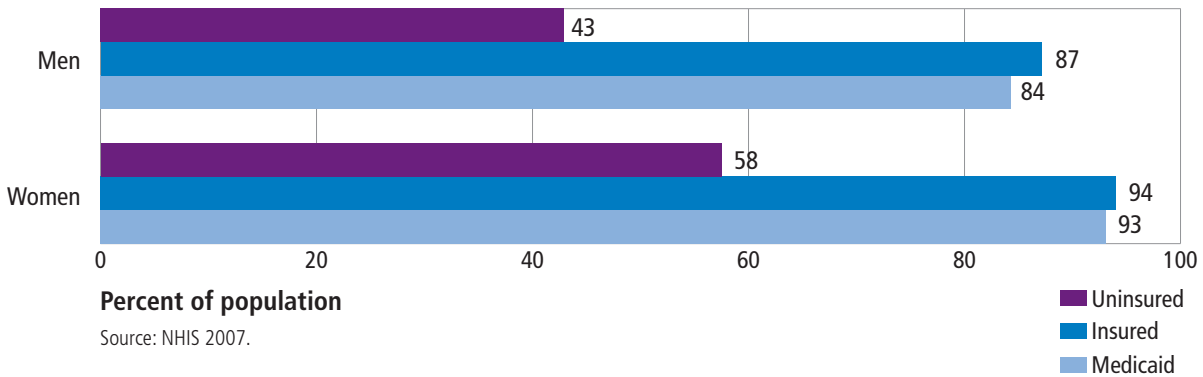


A profile of uninsured persons in the United States

Percent of adults who have a usual place of care by insurance status and age

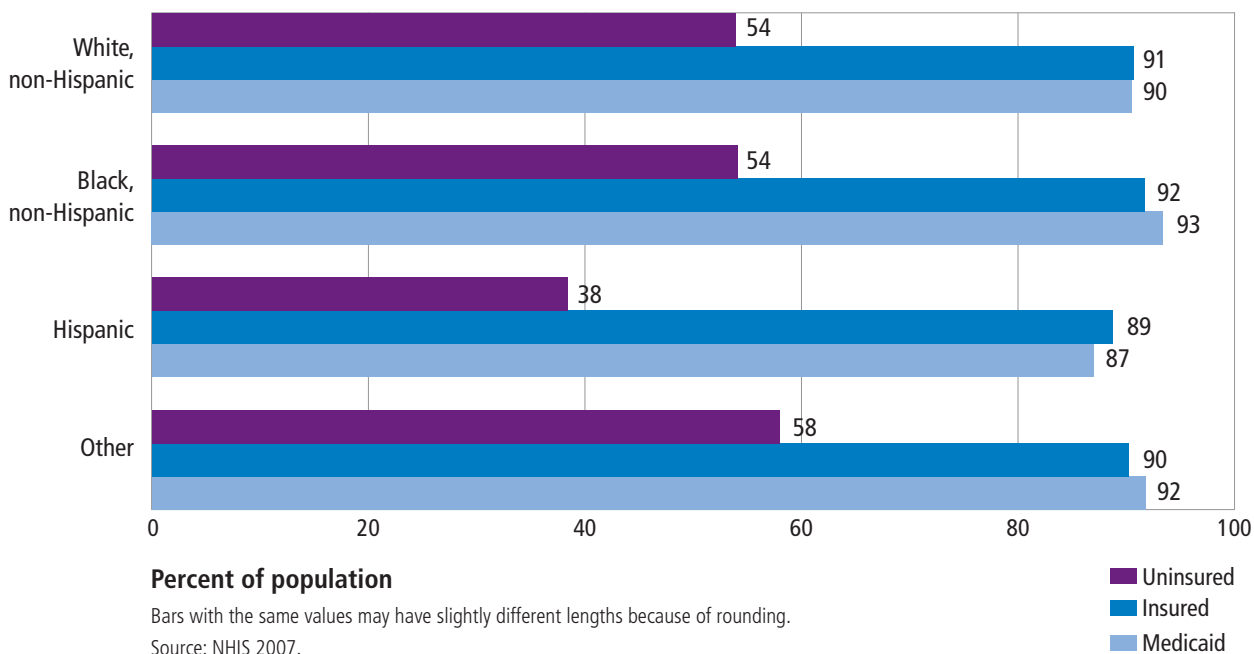


Percent of adults who have a usual place of care by insurance status and gender

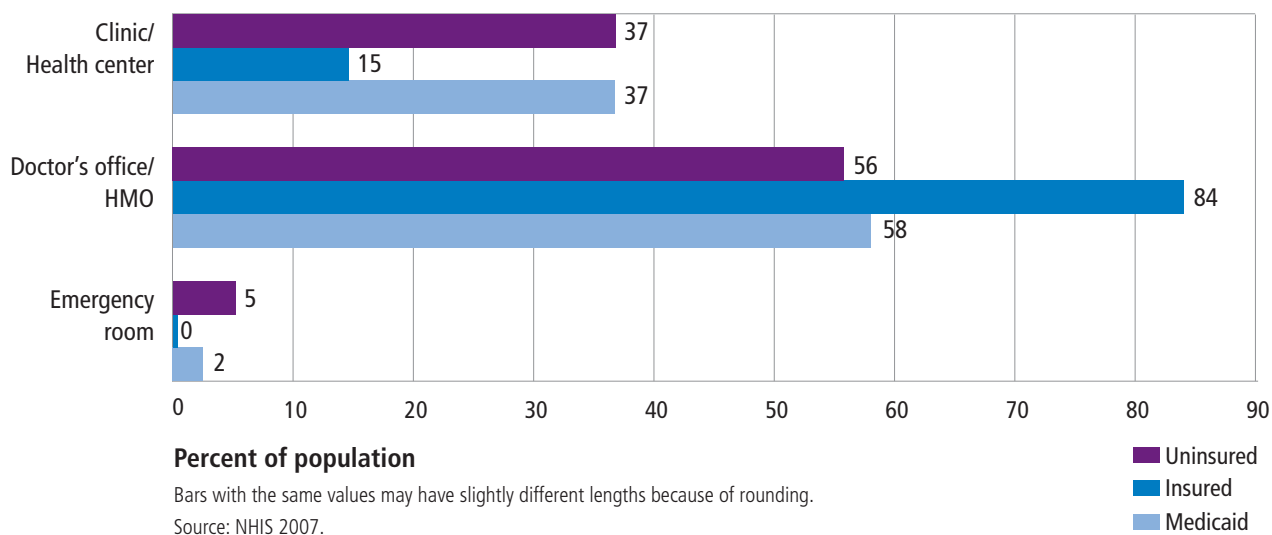


## A profile of uninsured persons in the United States

### Percent of adults who have a usual place of care by insurance status and race/ethnicity

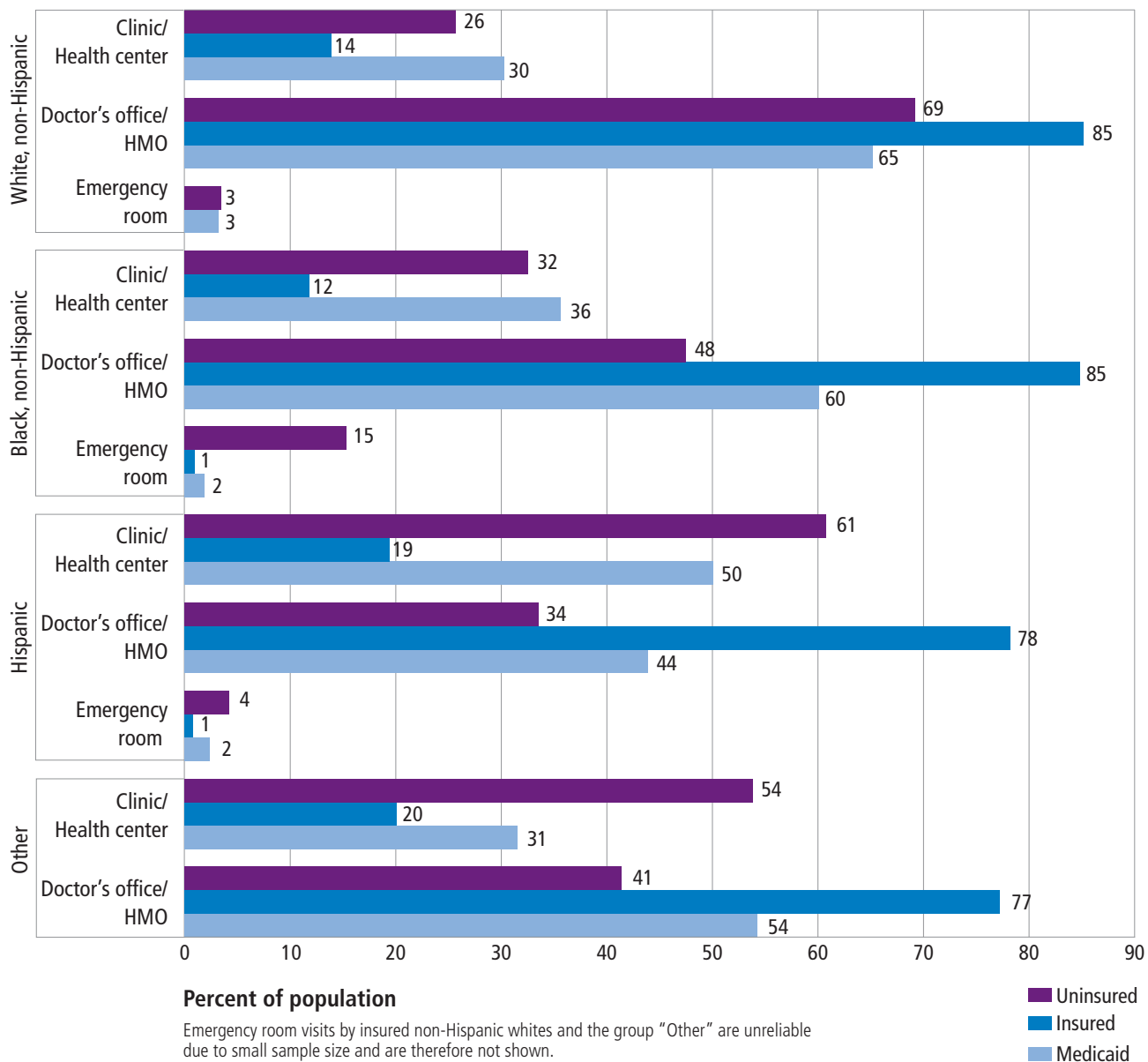


### Usual place of care for adults aged 18 to 64 years by insurance status and age



## A profile of uninsured persons in the United States

### Usual place of care for adults aged 18 to 64 years by insurance status and race/ethnicity



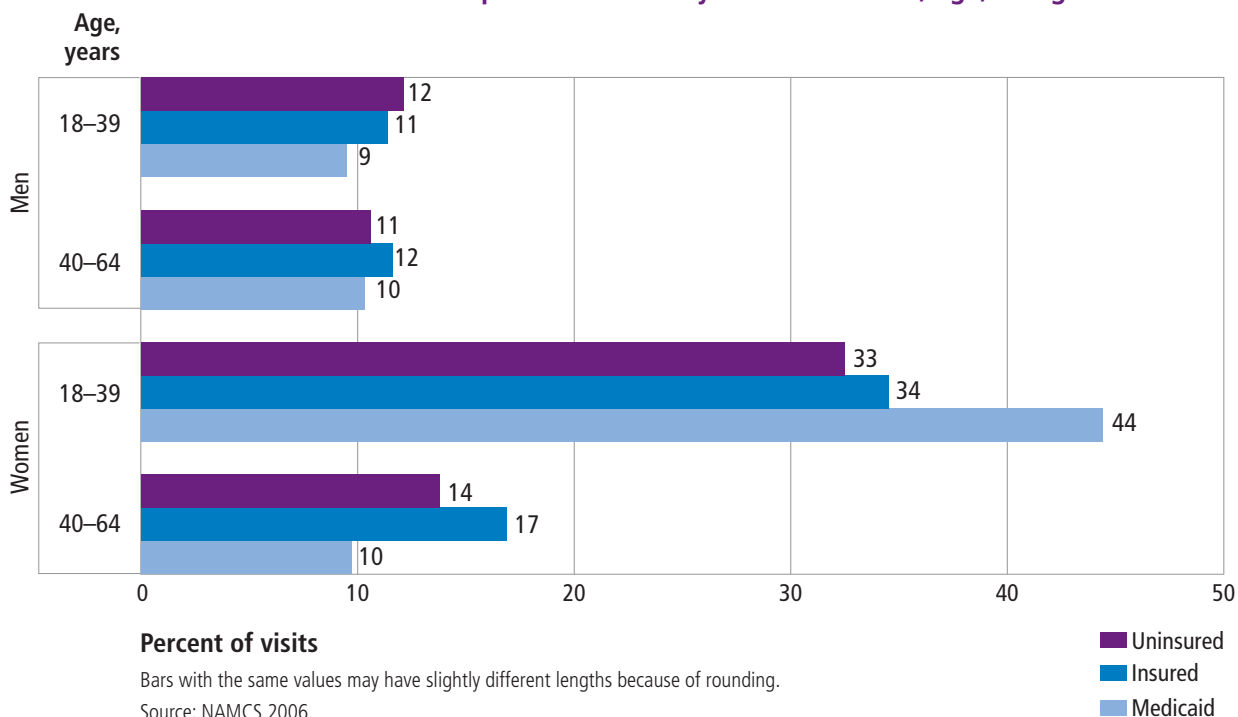


## Preventive Care

### Preventive care visits are uncommon except among women aged 18 to 39 years

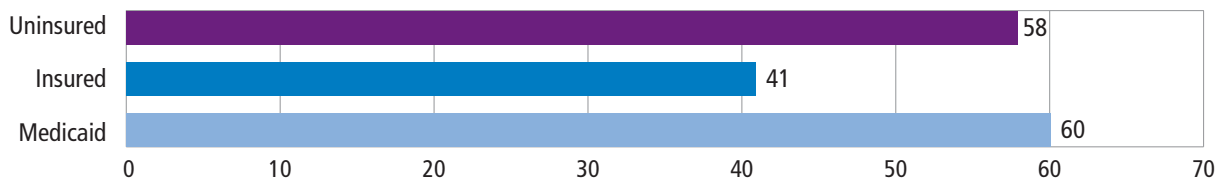
Twelve percent of physician visits among uninsured men aged 18 to 39 years, and 11% of visits among same-age insured men are for preventive services. A similar pattern is seen among men aged 40 to 64 years. Among younger uninsured and insured women, 33% and 34% of physician visits, respectively, are for preventive care. Forty-four percent of physician visits among Medicaid-insured women in this younger age group are for preventive services. Forty-four percent of physician visits among Medicaid-insured women in this younger age group are for preventive services. The higher rate of preventive care among younger women is associated with prenatal care.

Percent of doctor visits for preventive care by insurance status, age, and gender



## A profile of uninsured persons in the United States

### Percent of preventive care visits among women aged 18 to 39 years classified as a routine prenatal exam as the primary reason for the visit



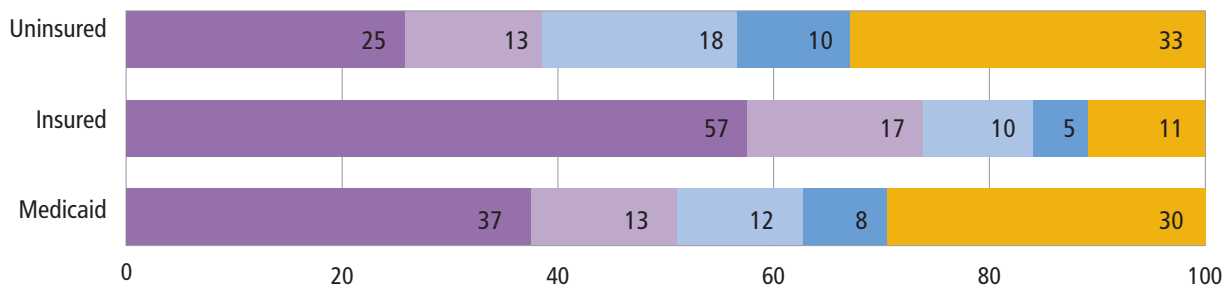
Percent of visits

Source: NAMCS 2006.

### Uninsured women are less likely than insured women to have a recommended mammogram, Pap test, flu shot or screening for colon cancer

One third of uninsured, 11% of insured, and 30% of Medicaid-insured women aged 40 to 64 years have never had a mammogram. In this age group, 57% of insured women had a mammogram in the past year.

### Most recent mammogram screening among women aged 40 to 64 years by insurance status



Percent of population

Subgroups may not total 100% because of rounding.

Bars with the same values may have slightly different lengths because of rounding.

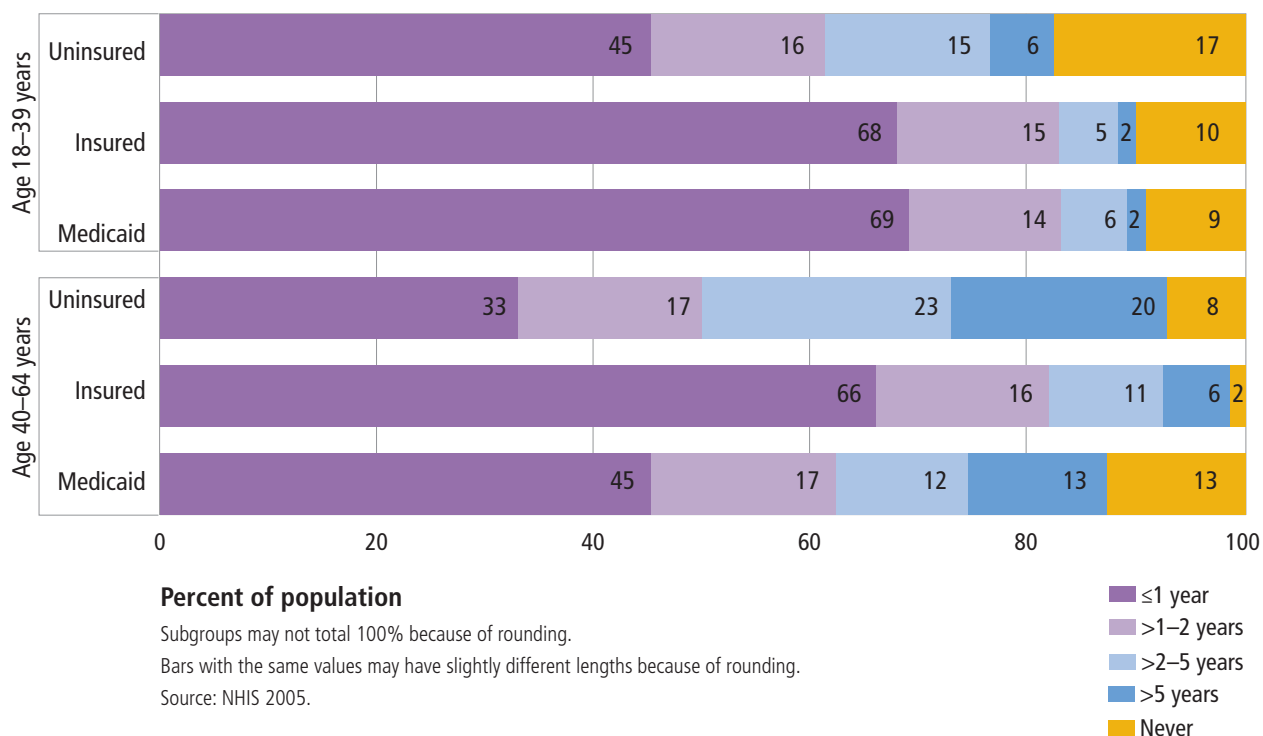
Source: NHIS 2005.

■ ≤1 year  
■ >1–2 years  
■ >2–5 years  
■ >5 years  
■ Never

## A profile of uninsured persons in the United States

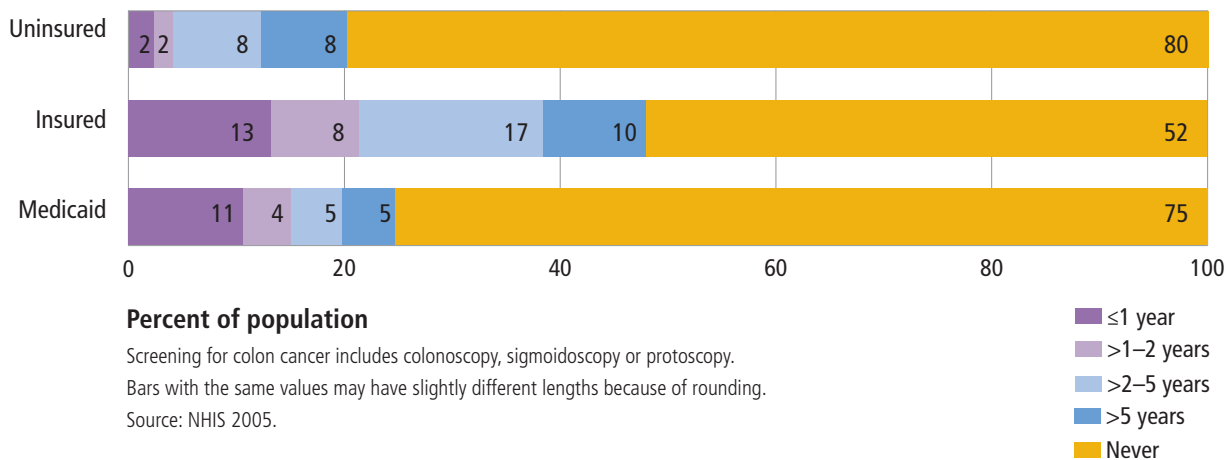
Forty-five percent of younger and 33% of middle-aged uninsured women had a Pap test within the past year. In comparison, 68% and 66% of insured women in these age groups had Pap tests.

### Most recent Pap test among women by insurance status and age

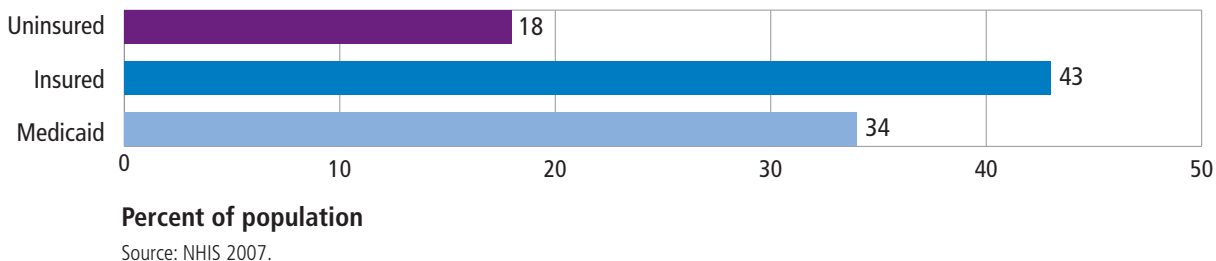


Insured women aged 50 to 64 are twice as likely to have been screened for colon cancer as either uninsured or Medicaid-insured women of the same age. However, with a screening rate of 48% among insured women, there is room for improvement. Insured women in this age group are also more likely than uninsured women to have had a flu shot in the past year, 43% vs 18%. Thirty-four percent of Medicaid-insured women in this age group had a flu shot in the past year.

### Most recent screening for colon cancer among women aged 50 to 64 years by insurance status



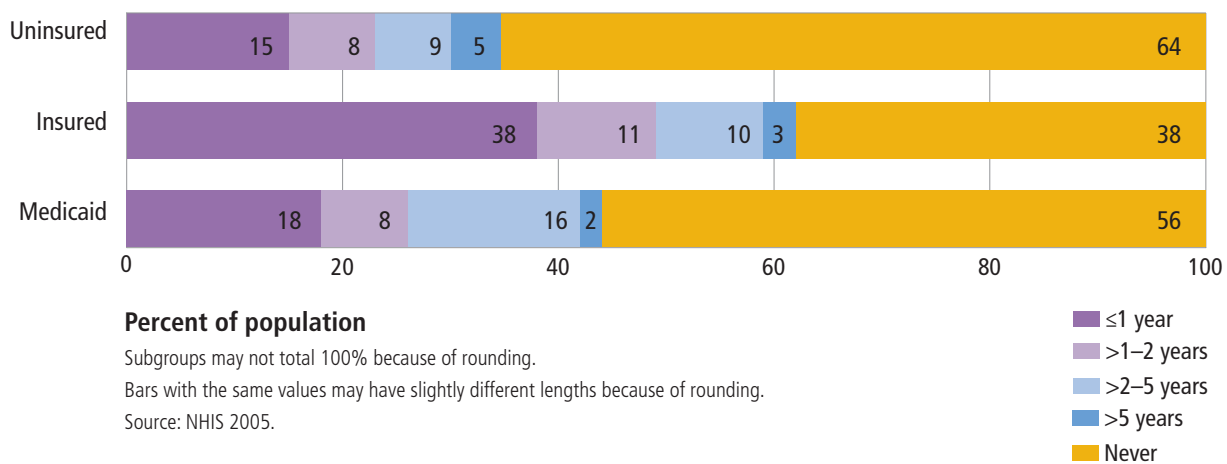
### Percent of women aged 50 to 64 years who received a flu shot in the past 12 months by insurance status



## Uninsured men are less likely than insured men to be screened for prostate or colon cancer or to receive a flu shot

Sixty-four percent of uninsured men aged 50 to 64 years have never had a prostate-specific antigen test compared with 38% of insured men and 56% of men receiving Medicaid.

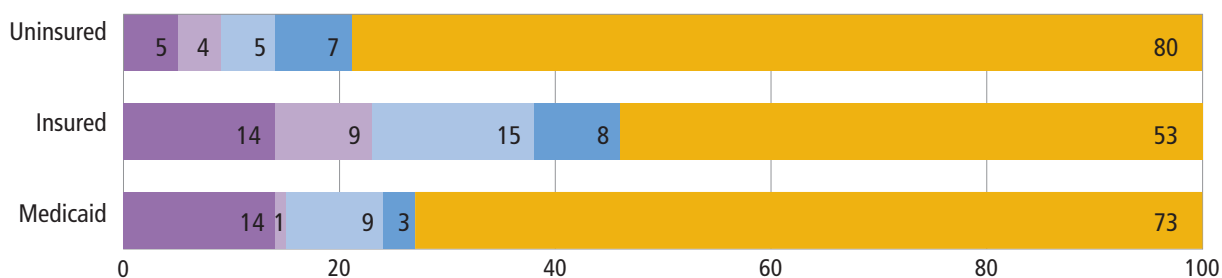
### Most recent prostate-specific antigen test among men aged 50 to 64 years by insurance status



## A profile of uninsured persons in the United States

Although insured men aged 50 to 64 years are more than twice as likely as uninsured men to have been screened for colon cancer within the past 5 years, screening rates are low regardless of insurance status. Insured and Medicaid-insured men in this age group are more likely to have received a flu shot in the past year (36% each) compared with uninsured men (13%).

### Most recent screening for colon cancer among men aged 50 to 64 years by insurance status



#### Percent of population

Screening for colon cancer includes colonoscopy, sigmoidoscopy or proctoscopy.

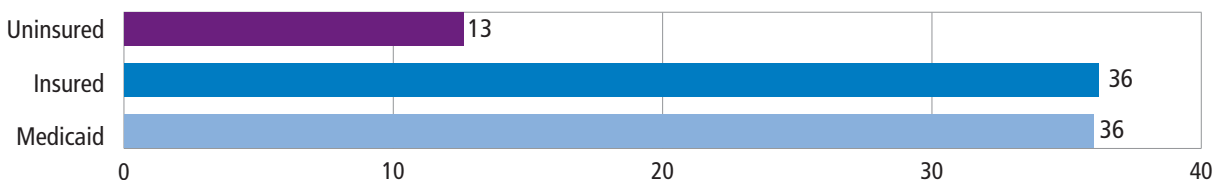
Subgroups may not add up to 100% because of rounding.

Bars with the same values may have slightly different lengths because of rounding.

Source: NHIS 2005.



### Percent of men aged 50 to 64 years who had a flu shot in the past 12 months by insurance status



#### Percent of population

Bars with the same values may have slightly different lengths because of rounding.

Source: NHIS 2007.



# Health status

## Children

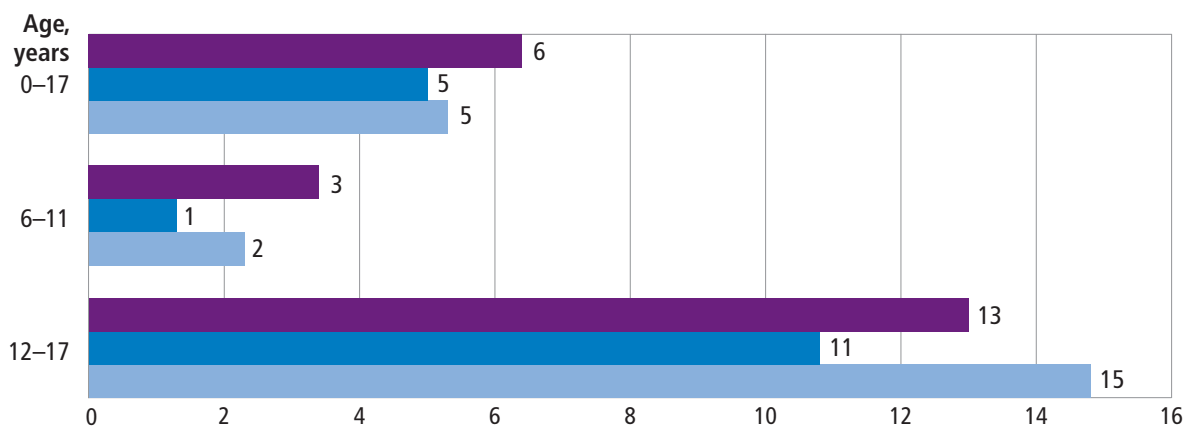
### Obesity

Obesity is a national problem among children and particularly so for non-Hispanic black children

Obesity is prevalent among children aged 12 to 17 years, with rates of 13% and 11% among the uninsured and insured, and 15% among those on Medicaid.

Obesity is particularly problematic for uninsured non-Hispanic black children (13%).

#### Prevalence of obesity among children by insurance status and age



#### Percent of children

Obesity is defined as Body Mass Index (BMI)  $\geq 30$  and is based on measured height and weight.

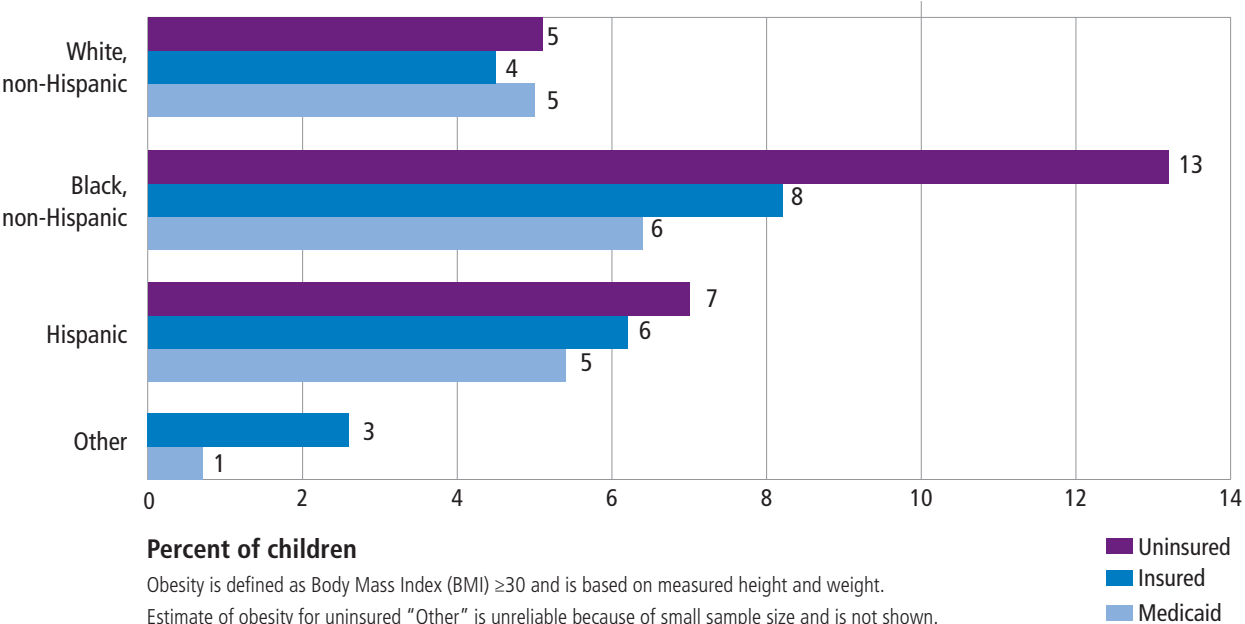
Prevalence of obesity among children aged 0–5 years is unreliable because of small sample size and is not shown.

Bars with the same values may have slightly different lengths because of rounding.

Source: NHANES 2003–2006.

■ Uninsured  
■ Insured  
■ Medicaid

Prevalence of obesity among children by insurance status and race/ethnicity

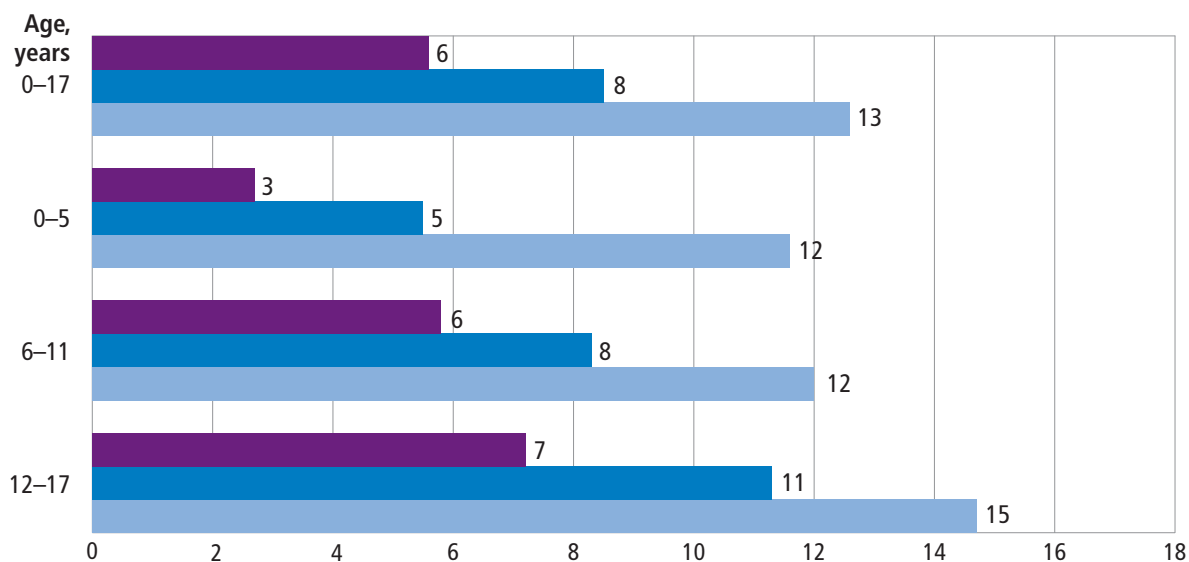


## Asthma

### Asthma is most prevalent in children on Medicaid

Thirteen percent of children on Medicaid have asthma compared with 6% of uninsured children and 8% of insured children. Uninsured and insured non-Hispanic black children have a higher prevalence of asthma (15% each) than uninsured and insured children of other racial/ethnic groups.

#### Prevalence of asthma among children by insurance status and age



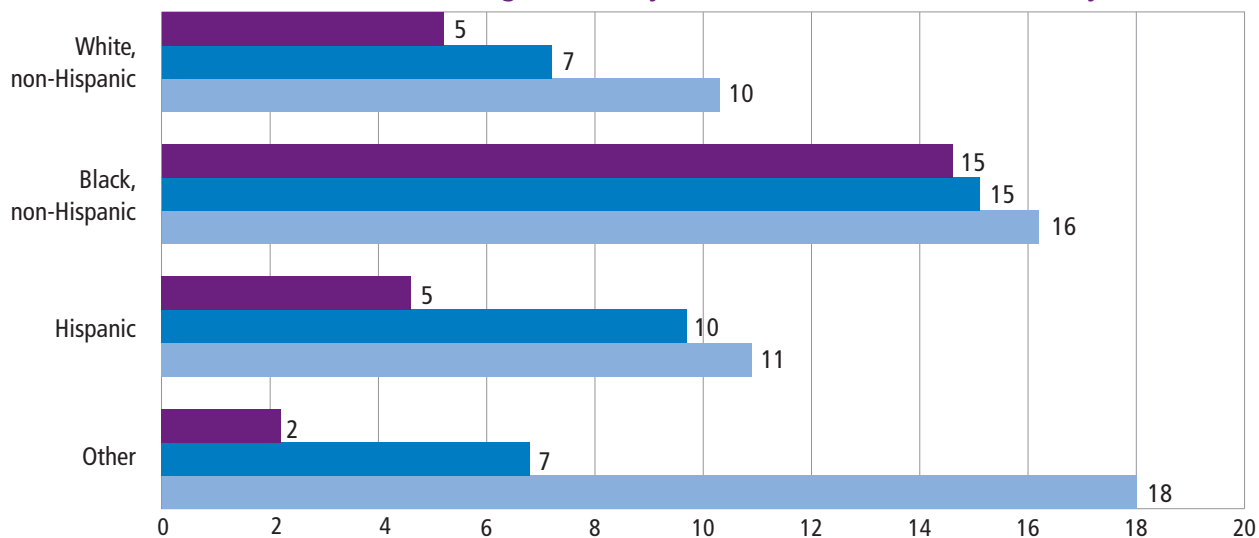
#### Percent of children

Bars with the same values may have slightly different lengths because of rounding.

Source: NHIS 2007.

Uninsured  
Insured  
Medicaid

#### Prevalence of asthma among children by insurance status and race/ethnicity



#### Percent of children

Bars with the same values may have slightly different lengths because of rounding.

Source: NHIS 2007.

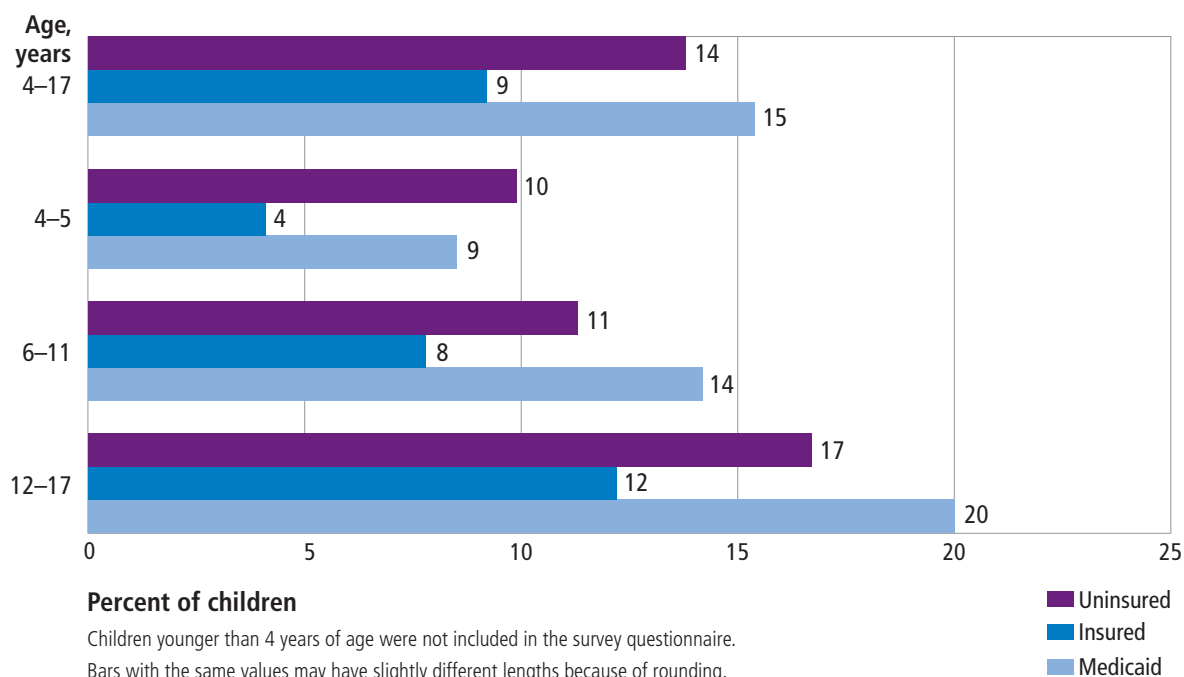
Uninsured  
Insured  
Medicaid

## Sadness and depression

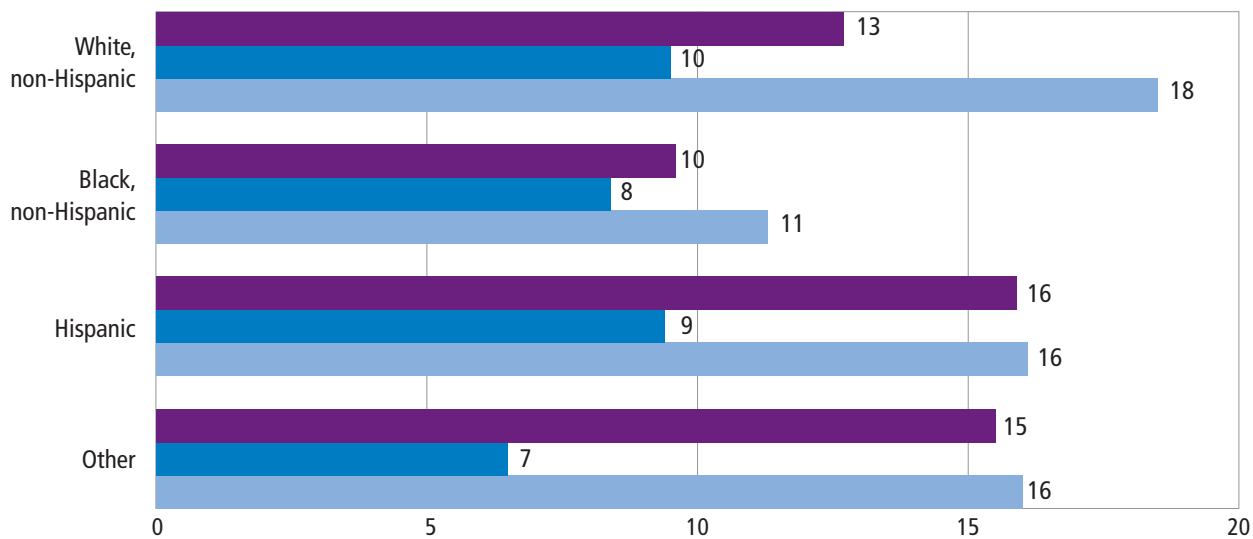
### Uninsured children are more likely than insured children to be sad or depressed

Uninsured children are more likely than insured children to have been sad or depressed in the last six months (14% vs 9%). This pattern holds for all age groups and race/ethnicities. Children on Medicaid aged 12 to 17 years are most likely to have been sad or depressed in the past 6 months (20%).

#### Percent of children aged 4 to 17 years who have been unhappy/sad/depressed/tearful in the past 6 months by insurance status and age



Percent of children aged 4 to 17 years who have been unhappy/sad/depressed/tearful in the past 6 months by insurance status and race/ethnicity



Percent of children

Children younger than 4 years of age were not included in the survey questionnaire.

Bars with the same values may have slightly different lengths because of rounding.

Source: NHIS 2007.

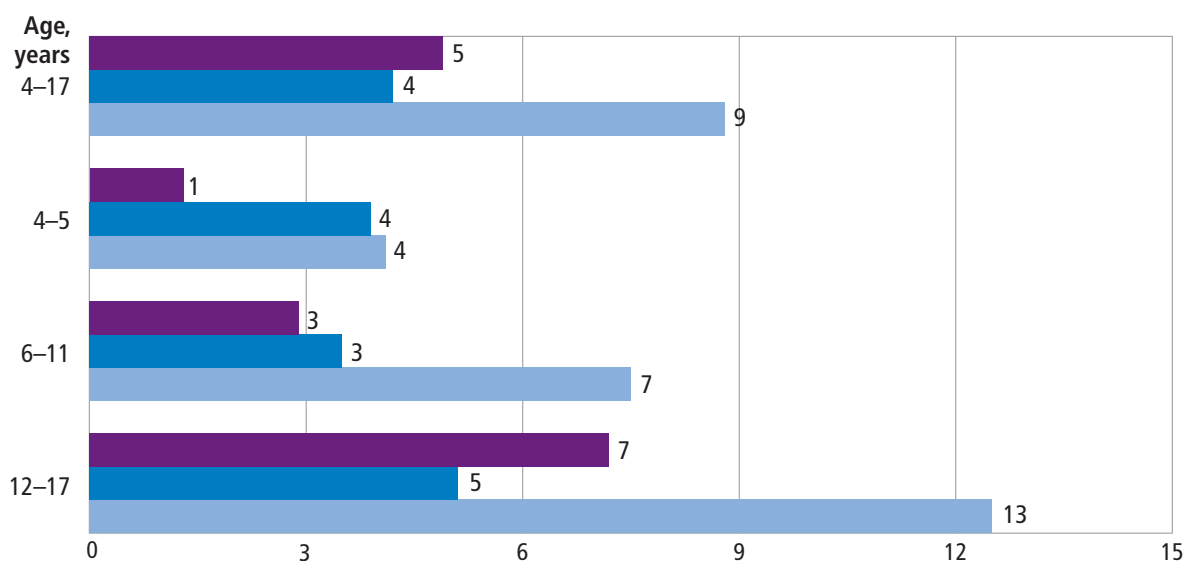
Uninsured  
Insured  
Medicaid

## Emotional or behavioral difficulties

### Children on Medicaid are most likely to have emotional or behavioral difficulties

Children on Medicaid are nearly twice as likely as uninsured children (9% vs 5%) to have difficulties with emotions, concentration, behavior, or being able to get along with others. Four percent of insured children have emotional or behavioral difficulties. Twelve percent each of non-Hispanic white children on Medicaid and other children on Medicaid have emotional or behavioral difficulties.

#### Percent of children aged 4 to 17 years who have difficulties with emotions/concentration/behavior/getting along by insurance status and age



#### Percent of children

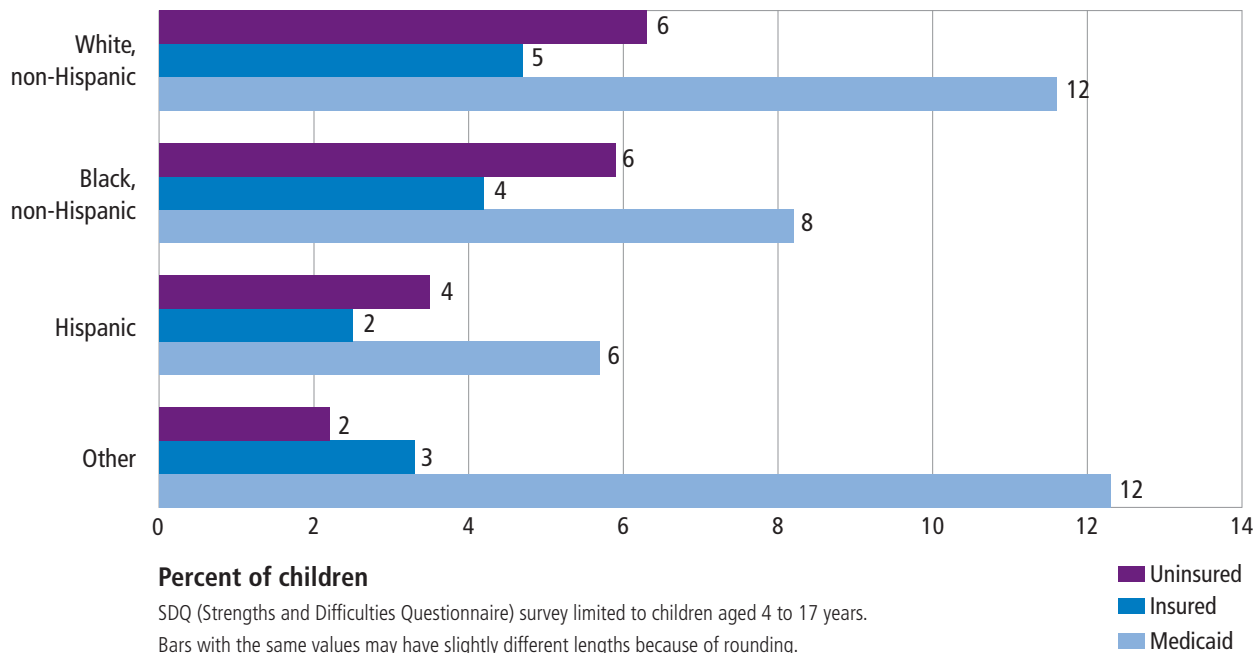
SDQ (Strengths and Difficulties Questionnaire) survey limited to children aged 4 to 17 years.

Bars with the same values may have slightly different lengths because of rounding.

Source: NHIS 2007.

■ Uninsured  
■ Insured  
■ Medicaid

Percent of children aged 4 to 17 years who have difficulties with emotions/concentration/behavior/getting along by insurance status and race/ethnicity





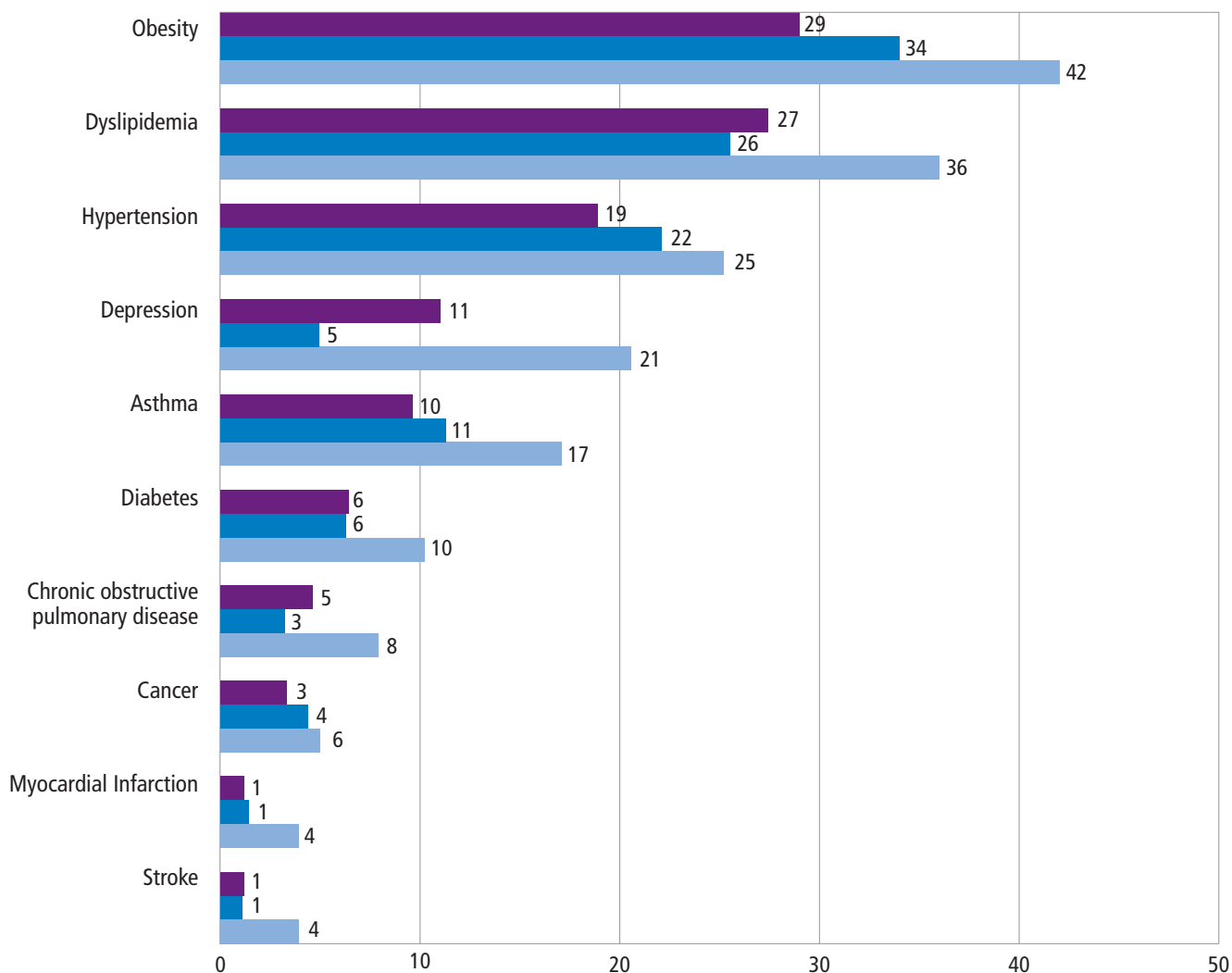
## Adults

### *Medical conditions*

Obesity and dyslipidemia affect 29% and 27% of uninsured adults, respectively; depression rates among the uninsured are more than twice that of the insured

Obesity, dyslipidemia, hypertension, and asthma are prevalent chronic conditions among adults, regardless of insurance status. With the exception of depression (11% uninsured, 5% insured), uninsured and insured adults have similar prevalence rates of all conditions shown, ranging from 29% and 34%, respectively, for obesity, to 1% each for stroke. Compared with these 2 populations, Medicaid insured adults have higher prevalence rates of obesity (42%), dyslipidemia (36%), depression (21%), and diabetes (10%) and nearly twice the prevalence of asthma (17%) and chronic obstructive pulmonary disease (8%).

### Prevalence of selected conditions among adults aged 18 to 64 years by insurance status



#### Percent of population

All conditions except obesity are age- and sex-adjusted to the 2000 US standard population.

Dyslipidemia is limited to adults aged 20 to 64 years to match the age threshold (20 years) for the Framingham risk level determination of LDL.

Dyslipidemia, hypertension, and diabetes include diagnosed and undiagnosed cases.

Persons were classified as having undiagnosed dyslipidemia, hypertension, or diabetes if they tested positive but reported no previous diagnosis. Obesity is defined as Body Mass Index (BMI)  $\geq 30.0$  and is based on measured height and weight. Depression (major/other) is based on the Patient Health Questionnaire (PHQ-9). All other conditions are based on self-reported diagnosis. Chronic obstructive pulmonary disease is defined as emphysema or chronic bronchitis.

Bars with the same values may have slightly different lengths because of rounding.

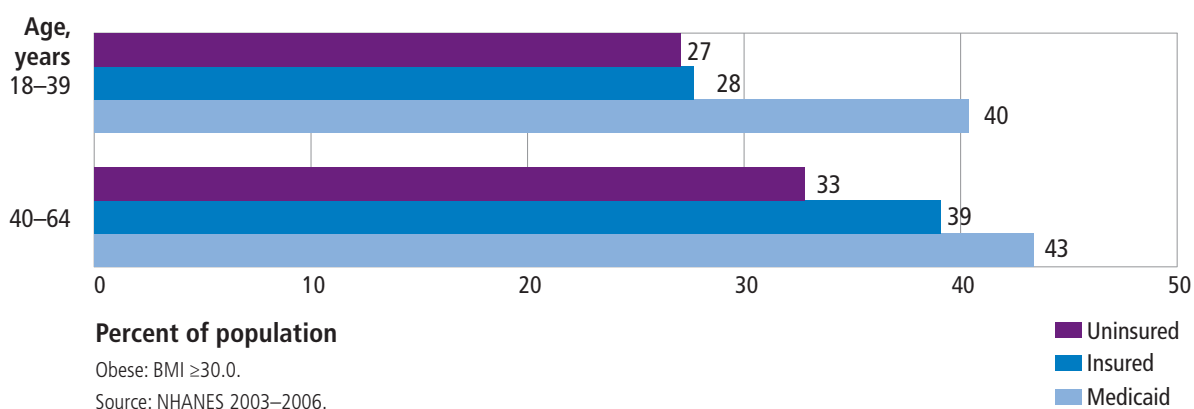
Sources: NHANES 2003–2006 (Dyslipidemia, hypertension, diabetes, obesity), NHANES 2005–2006 (Depression), NHIS 2007 (all other conditions).

## Obesity

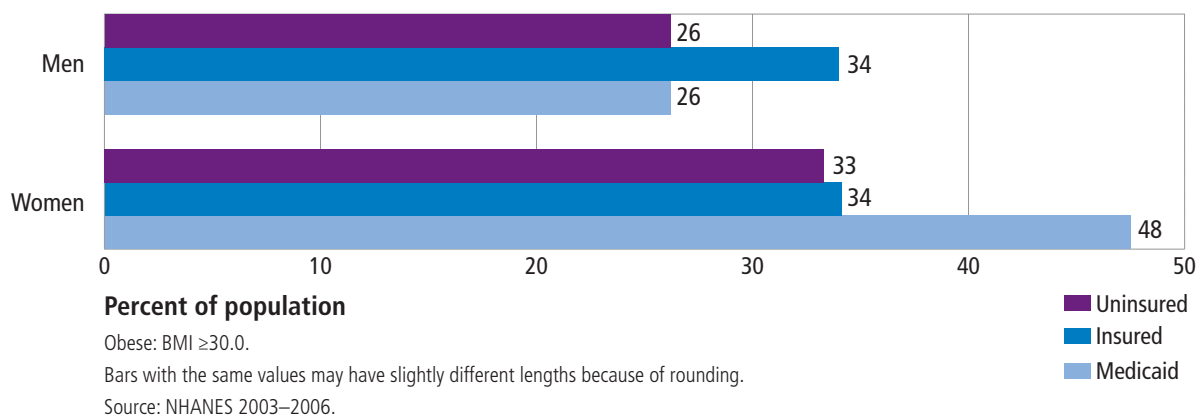
### Obesity is epidemic in adults and particularly problematic among women and insured men

Among adults aged 18 to 64 years, the prevalence rate of obesity increases from 29% in the uninsured, to 34% in the insured, to 42% in the Medicaid population. At 48%, women on Medicaid have the highest rate of obesity. At 34%, there is no disparity between insured men and women.

#### Prevalence of obesity among adults by insurance status and age



#### Prevalence of obesity among adults by insurance status and gender

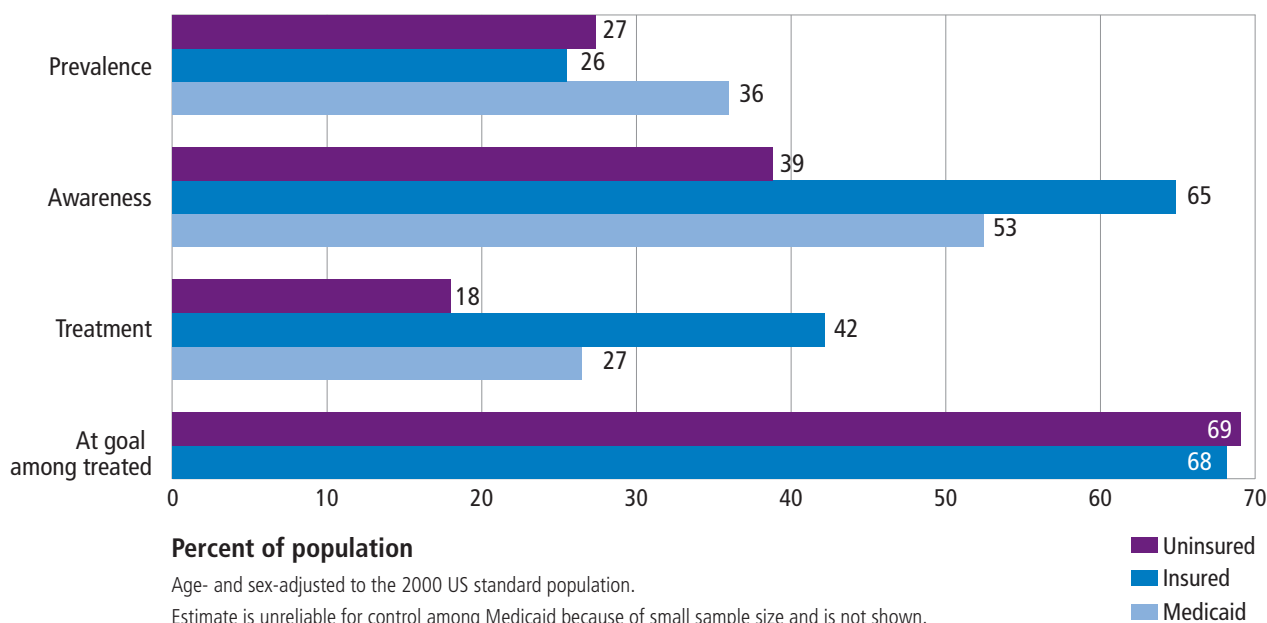


## Dyslipidemia

Awareness and treatment rates for dyslipidemia are lower among the uninsured compared with the insured, but if treated, goal attainment rates are similar in both groups

Approximately one quarter of uninsured and insured adults have dyslipidemia, which includes both diagnosed and undiagnosed cases. Persons were classified as having undiagnosed dyslipidemia if they tested positive but reported no previous diagnosis. The awareness rate—the percentage of prevalent cases that are diagnosed—is lower in the uninsured than their insured counterparts, as is the treatment rate. However, the goal attainment rate among those pharmacologically treated is similar for the uninsured and insured (69% and 68%). Awareness and treatment rates for Medicaid recipients lie intermediate to the rates for uninsured and insured adults.

### Dyslipidemia prevalence, awareness, treatment, and goal attainment among adults aged 20 to 64 years by insurance status

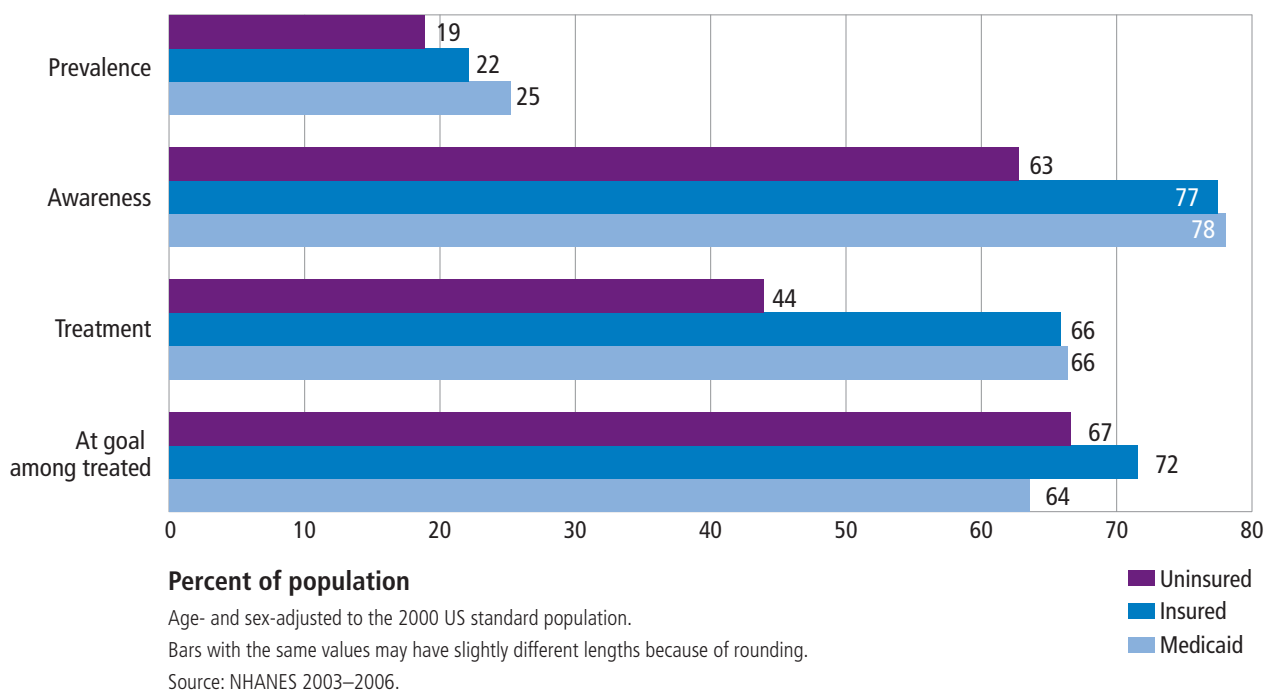


## Hypertension

### Uninsured adults with hypertension are least likely to be aware of their condition

The prevalence of hypertension, which includes diagnosed and undiagnosed cases, is similar between uninsured and insured adults (19% and 22%). Uninsured adults with hypertension are much less likely to be aware of and pharmacologically treated for their condition than insured adults. Among treated adults, 67% of the uninsured and 72% of the insured reach blood pressure goal. Sixty-four percent of Medicaid-insured adults on pharmacotherapy for hypertension reach goal.

#### Hypertension prevalence, awareness, treatment, and goal attainment among adults aged 18 to 64 years by insurance status

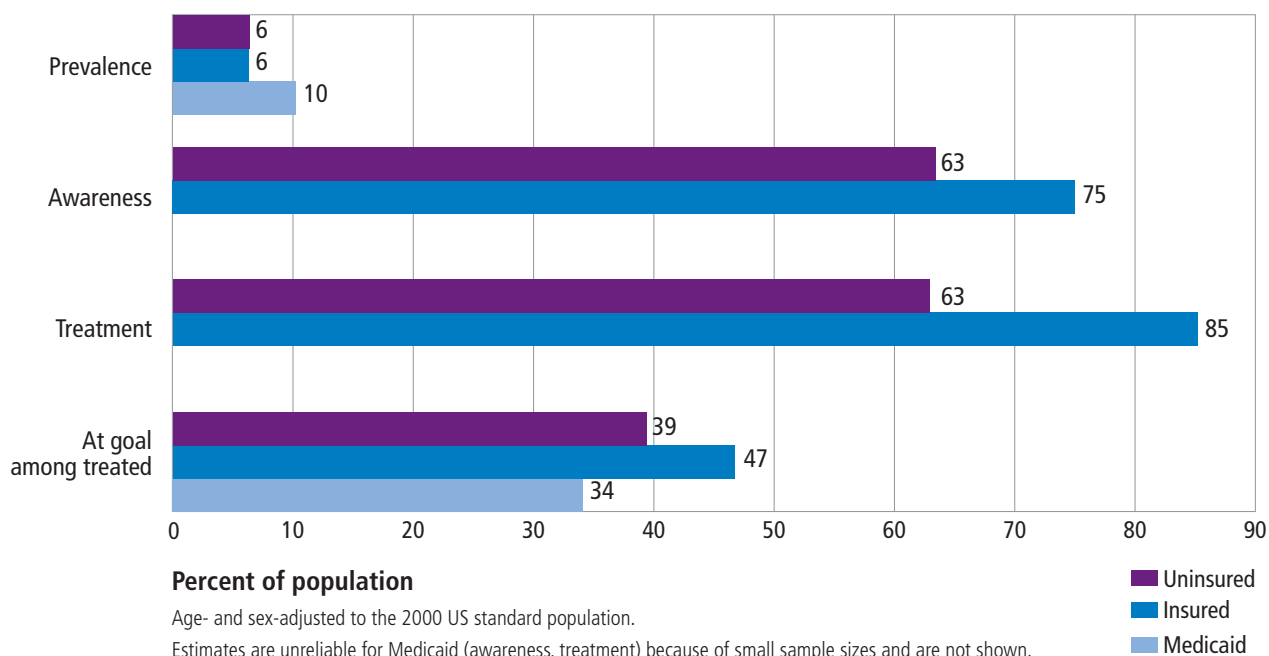


## Diabetes

Diabetes prevalence is equal among uninsured and insured adults, and higher among those on Medicaid

Although diabetes prevalence (includes diagnosed and undiagnosed cases) is 6% each for uninsured and insured adults, uninsured adults with diabetes are less likely to be aware of and treated for their condition with insulin or oral agents. Goal attainment rates are suboptimal for all groups: 39% for the uninsured, 47% for the insured, and 34% for adults receiving Medicaid.

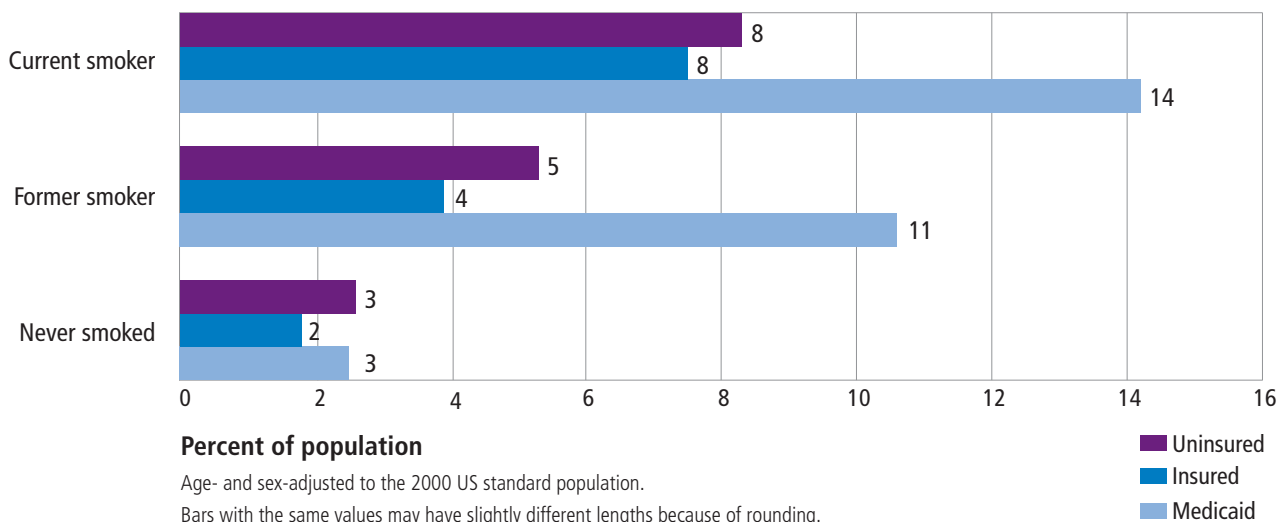
### Diabetes prevalence, awareness, treatment, and goal attainment among adults aged 18 to 64 years by insurance status



## Chronic obstructive pulmonary disease (COPD)

The prevalence of COPD is highest among current smokers, with rates similar between uninsured and insured adults (8% each), and higher among Medicaid recipients (14%).

### Prevalence of chronic obstructive pulmonary disease among adults aged 18 to 64 years by insurance and smoking status

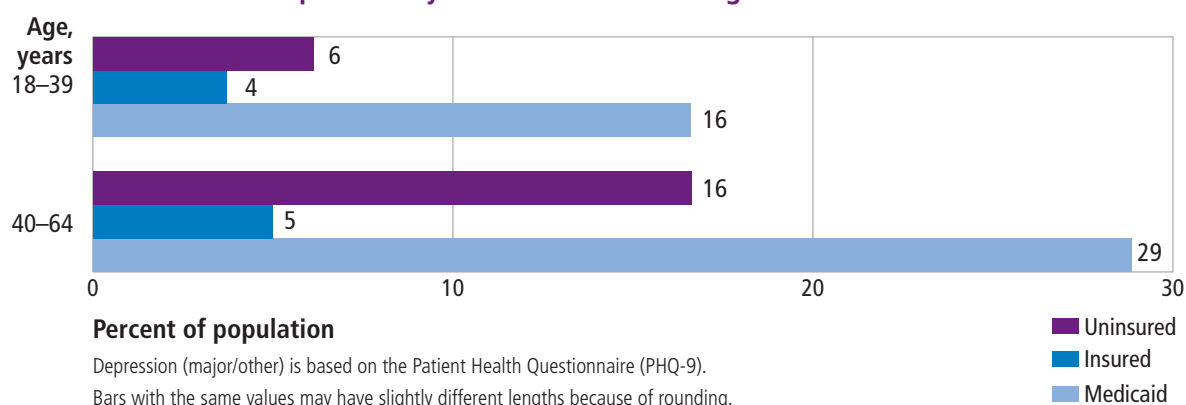


## Depression

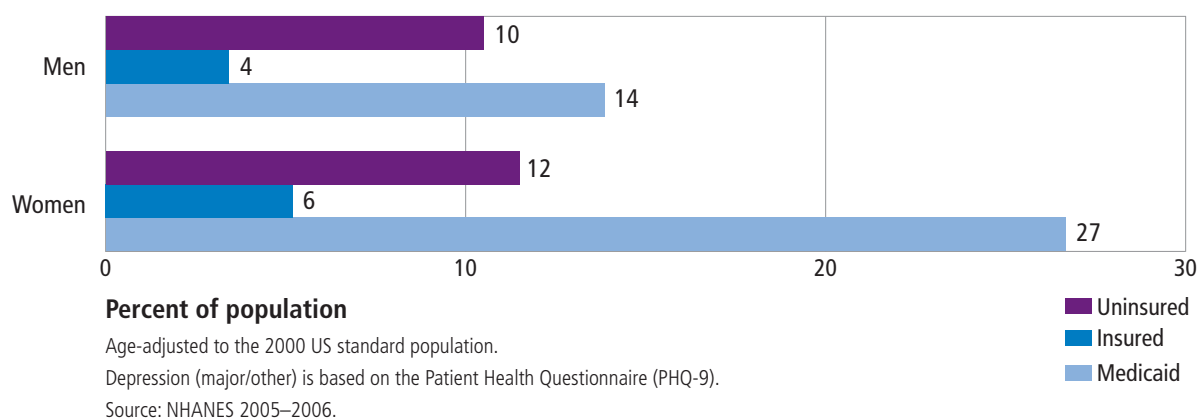
### Depression rates are 3 times higher in middle-aged uninsured adults than middle-aged insured adults

Sixteen percent of middle-aged uninsured adults and 5% of middle-aged insured adults screen positive for depression. Uninsured men and women have similar rates of depression (10% and 12%), and they are twice as likely to screen positive for depression compared with insured men and women (4% and 6%), respectively. Twenty-seven percent of women on Medicaid screen positive for depression.

#### Prevalence of depression by insurance status and age



#### Prevalence of depression among adults aged 18 to 64 years by insurance status and gender



## Behavioral risk factors

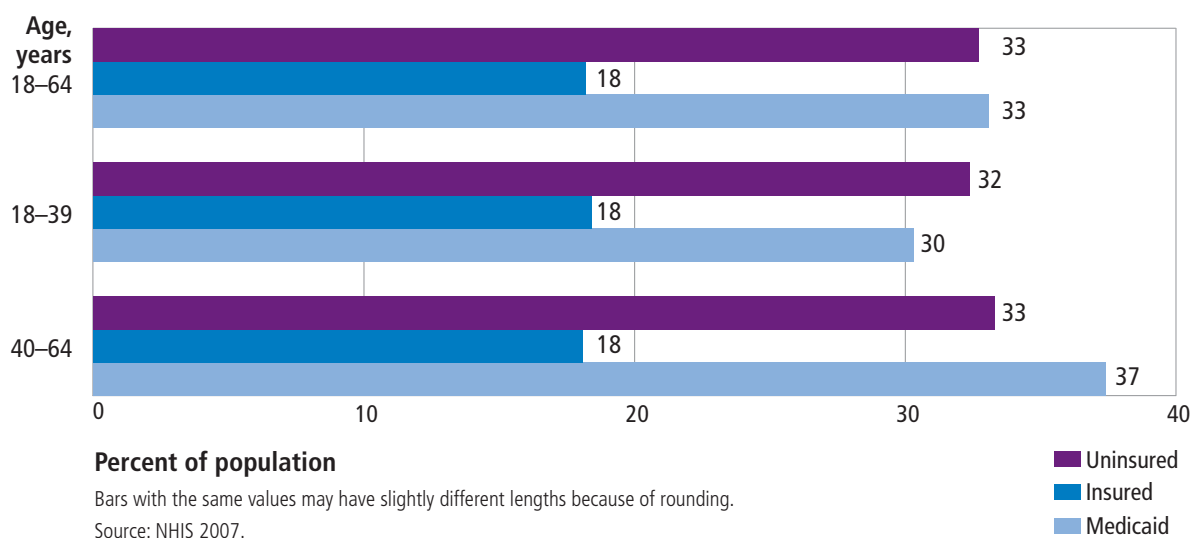
The uninsured are more likely than the insured to smoke and less likely to exercise; middle-aged uninsured adults have the highest prevalence of heavier drinking

### Smoking

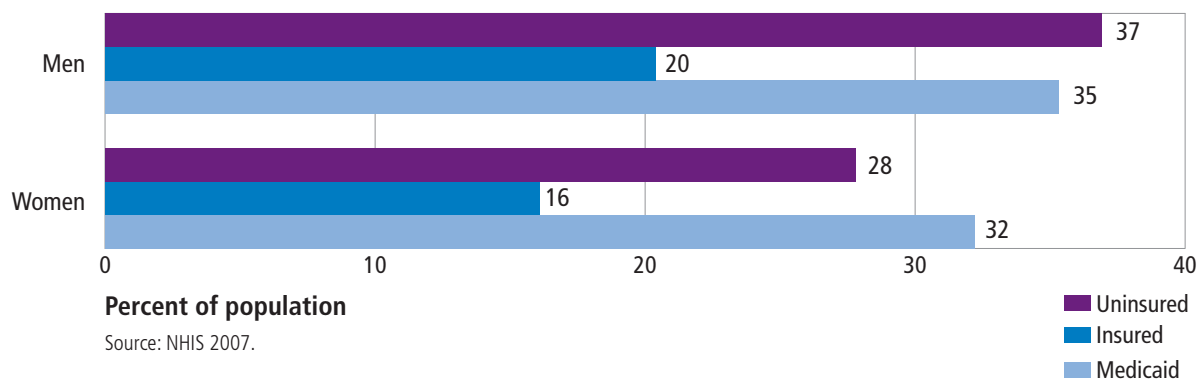
One third of uninsured and Medicaid-insured adults are current smokers

The overall prevalence of current smoking is 33% among uninsured adults, 18% among insured adults, and 33% among Medicaid-insured adults. Uninsured men are more likely than uninsured women to be current smokers (37% vs 28%).

#### Prevalence of current smoking among adults by insurance status and age



#### Prevalence of current smoking among adults by insurance status and gender

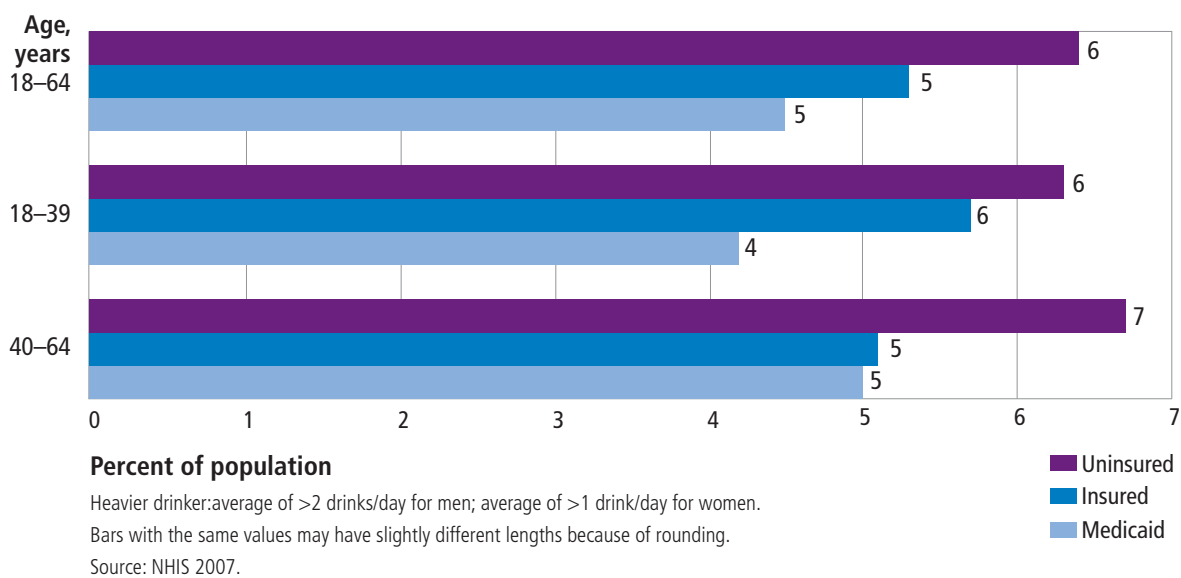


## Alcohol consumption

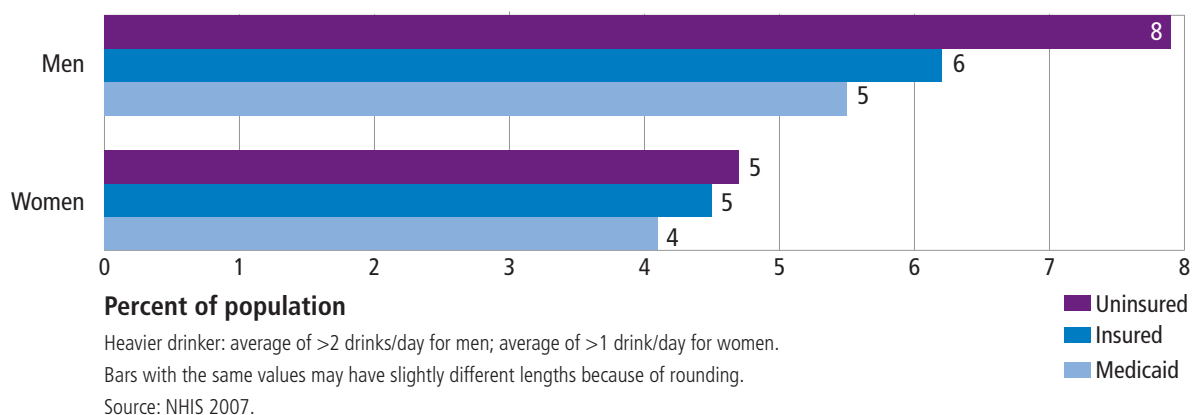
### Uninsured adults are more likely to be heavier drinkers

Seven percent of middle-aged uninsured adults are heavier drinkers, compared with 5% of middle-aged insured adults. Uninsured men are more likely than uninsured women to be heavier drinkers (8% vs 5%).

#### Prevalence of heavier alcohol consumption among adults by insurance status and age



#### Prevalence of heavier alcohol consumption among adults by insurance status and gender

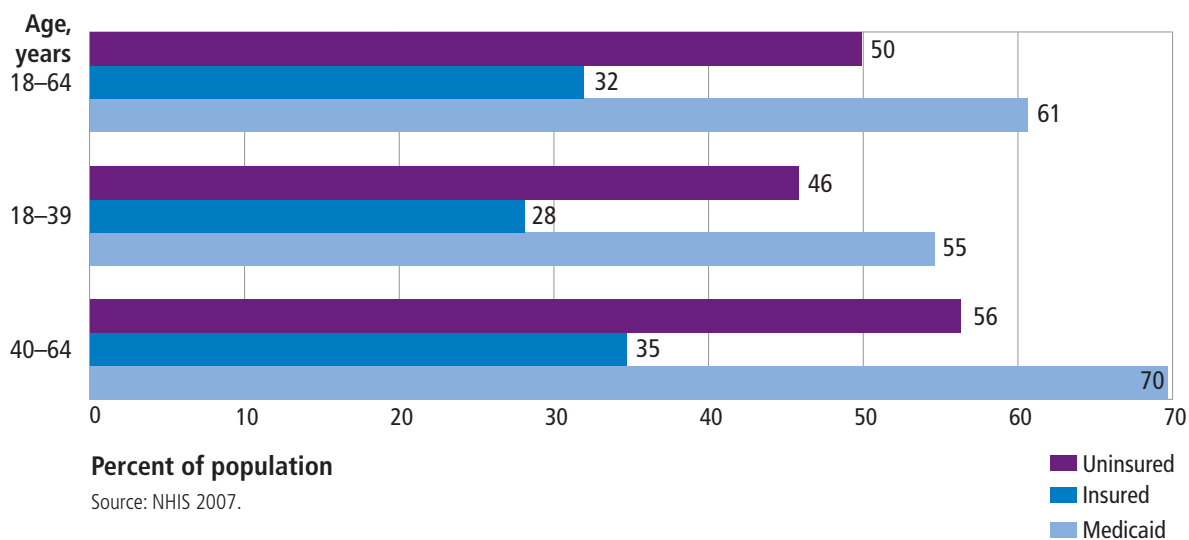


## Lack of exercise

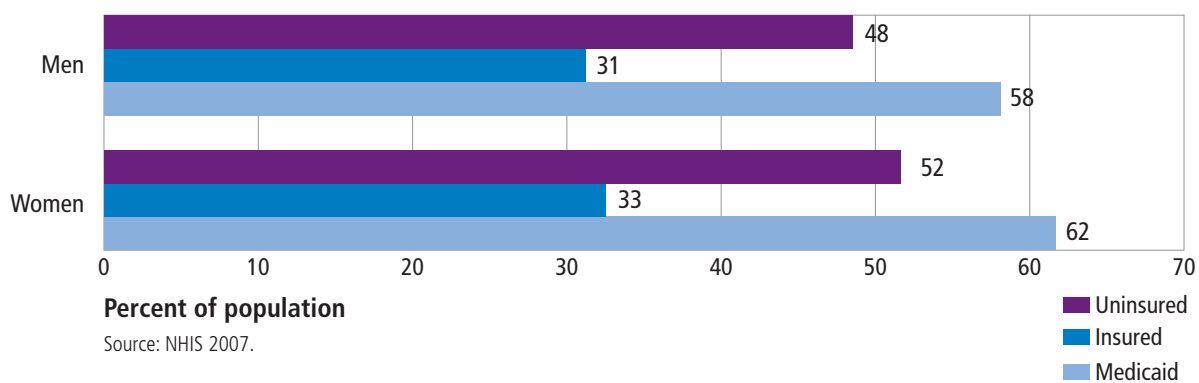
### Over half of uninsured and Medicaid-insured adults report lack of exercise

Overall, 50% of uninsured adults, 32% of insured adults, and 61% of those on Medicaid do not exercise. Men and women have similar habits by insurance status.

#### Prevalence of lack of exercise among adults by insurance status and age



#### Prevalence of lack of exercise among adults by insurance status and gender

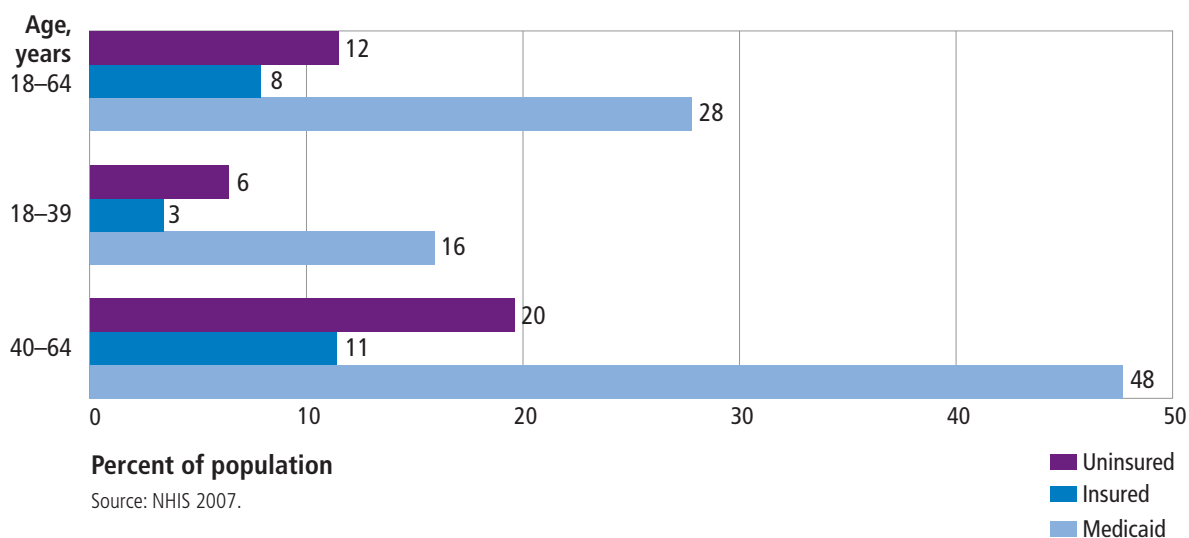


## Self-reported health status

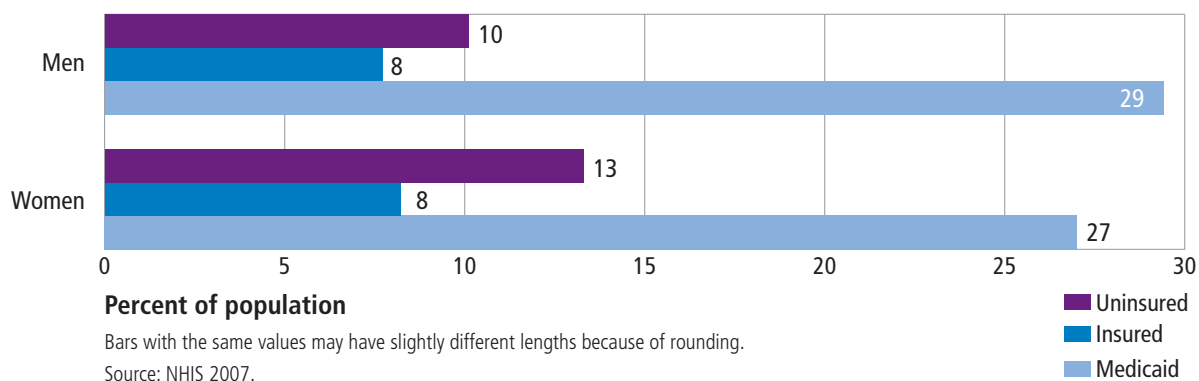
Medicaid recipients are most likely, and insured persons are least likely, to report being in fair/poor health

Overall, 12% and 8% of uninsured and insured adults perceive their health status to be fair/poor, while 28% of adults on Medicaid report this same health status. Forty-eight percent of middle-aged Medicaid recipients report being in fair/poor health, compared with 20% and 11% of middle-aged uninsured and insured adults, respectively.

### Self-reported fair/poor health among adults by insurance status and age



### Self-reported fair/poor health among adults by insurance status and gender







## Appendix

### Data Sources

#### **Current Population Survey (CPS) Annual Social and Economic Supplement (ASEC), 2005–2007 Contingent Worker Supplement (CWS), February 2005**

US Department of Commerce

Bureau of the Census

US Department of Labor

Bureau of Labor Statistics

The CPS is a monthly survey of approximately 56,000 households across the United States. It provides data on the labor force, employment, unemployment, and persons not in the labor force. The Annual Social and Economic Supplement (ASEC) collects supplemental information on work experience, income, noncash benefits, and migration. Comprehensive work experience information is given on the employment status, occupation, and industry of persons 15 years old and over. Additional data for persons 15 years old and older are available concerning weeks worked and hours per week worked, reason not working full time, total income and income components.

The 2005 ASEC survey includes 210,648 persons of all ages, including 181,151 with insurance and 29,497 without insurance. There are 64,130 persons under the age of 18 (57,843 with insurance and 6,287 without); 125,957 persons age 18–64 (103,056 with insurance and 22,901 without); and 20,561 persons age 65 and older (20,252 with insurance and 309 without).

The 2006 ASEC survey includes 208,562 persons of all ages, including 178,236 with insurance and 30,326 without insurance. There are 62,810 persons under the age of 18 (56,319 with insurance and 6,491 without); 125,339 persons age 18–64 (101,815 with insurance and 23,524 without); and 20,413 persons age 65 and older (20,102 with insurance and 311 without).

The 2007 ASEC survey includes 206,639 persons of all ages, including 175,724 with insurance and 30,915 without insurance. There are 61,721 persons under the age of 18 (54,932 with insurance and 6,789 without); 124,426 persons age 18–64 (100,650 with insurance and 23,776 without); and 20,492 persons age 65 and older (20,142 with insurance and 350 without).

The February 2005 Contingent Worker Supplement (CWS) is a supplement to that month's CPS labor force survey in which interviews are conducted in approximately 56,000 households across the country. The CWS asks all employees a series of questions on health insurance coverage, including whether their employer offers insurance, and whether they are eligible. Those who are eligible but have not enrolled are asked follow-up questions on the reasons for not taking up employer-offered insurance. Also included is information about each worker's expectation of continuing employment, satisfaction with their current employment arrangement, current job history, transition into the current employment arrangement, search for other employment, employee benefits, and earnings.

### **National Health and Nutrition Examination Survey (NHANES), 2003–2006**

US Department of Health and Human Services

Centers for Disease Control and Prevention

National Center for Health Statistics

The National Health and Nutrition Examination Survey (NHANES) is a sample survey designed to obtain nationally representative information on the health and nutrition of the civilian, non-institutionalized population of the United States. It is conducted by the National Center for Health Statistics (NCHS), a part of the Centers for Disease Control and Prevention (CDC).

NHANES 2003–2006 is an aggregation of the two most recent releases of NHANES (2003–2004 and 2005–2006). The total population sampled across the three cycles is 19,593, including 8,956 persons under the age of 18; 8,140 persons aged 18–64 and 2,497 persons aged 65 and older.

### **National Health Interview Survey (NHIS), 2005, 2007**

US Department of Health and Human Services

Centers for Disease Control and Prevention

National Center for Health Statistics

NHIS is a nationally representative interview survey based on a sample of the non-institutionalized US population, including approximately 30,000 persons over the age of 20. Surveys in the series have been conducted annually since 1957, with the last major restructuring occurring in 1997.

The survey consists of personal interviews in a population-based national sample. The 2005 sample consists of 31,428 adults aged 18 and older, with 25,350 between the ages of 18 to 64, and 6,078 aged 65 and older. The sample size for 2007 is 32,810, including 9,417 children aged 17 and younger, 18,810 adults aged 18 to 64 and 4,583 aged 65 and older.

### **National Ambulatory Medical Care Survey (NAMCS), 2006**

US Department of Health and Human Services  
Centers for Disease Control and Prevention  
National Center for Health Statistics

The National Ambulatory Medical Care Survey (NAMCS) is a national survey of physicians designed to meet the need for objective, reliable information about the provision and use of ambulatory medical care services in the United States. Findings are based on a sample of visits to non-federally employed office-based physicians who are primarily engaged in direct patient care. Physicians in the specialties of anesthesiology, pathology, and radiology are excluded from the survey. The survey was conducted annually from 1973 to 1981, in 1985, and annually since 1989. The sample size for 2006 contains 29,392 visits, including 5,110 visits by children under the age of 18; 16,831 visits by adults age 18–64; and 7,451 visits by adults age 65 and older.

### **Healthcare Cost and Utilization Project (HCUP), 2006**

US Department of Health and Human Services  
Agency for Health care Research and Quality

The Health care Cost and Utilization Project (HCUP) is a family of health care databases and related software tools developed through a Federal-State-Industry partnership to build a multi-state health data system for health care research and decision making. HCUP is sponsored by the Agency for Health care Research and Quality (AHRQ) as part of its mission to improve the quality, safety, efficiency, and effectiveness of the nation's health care system. Two survey components used here are:

#### **Nationwide Inpatient Sample (NIS), 2006**

The largest all-payer inpatient care database in the United States, the 2006 NIS contains data from 8.1 million hospital stays from 1,045 hospitals in 38 states, sampled to approximate a 20% stratified sample of US community hospitals.

#### **Kids' Inpatient Database (KID), 2006**

The KID is the only all-payer inpatient care database for children in the United States. The 2006 KID contains a sample of 3.1 million discharges for children age 20 and younger from 3,739 US community hospitals in 38 states.



## Definitions

### Insurance categories

**Uninsured:** Persons who reported having no health insurance coverage from any source at the time of the interview.

**Insured (excludes Medicaid-only health insurance coverage):** Persons who reported having health insurance at the time of the interview under private health insurance, Medicare, State Children's Health Insurance Program (SCHIP), a state-sponsored health plan, other government programs, or military health plan (includes TRICARE, VA, and CHAMP-VA).

**Medicaid:** Persons who reported Medicaid as their only health insurance at the time of the interview. Medicaid is a jointly funded federal and state program that pays for medical and health related services for eligible individuals and families with low incomes.

### Employment

**Employed persons:** Persons employed at the time of the survey interview.

**Full-Time Worker:** Persons on full-time schedules include persons working 35 hours or more, persons who worked 1–34 hours for noneconomic reasons (e.g., illness) and usually work full-time, and persons “with a job but not at work” who usually work full-time.

**Part-Time Worker:** Persons who work between 1 and 34 hours are designated as working “part-time” in the current job held during the reference week. For the March supplement of the CPS, a person is classified as having worked part-time during the preceding calendar year if he/she worked less than 35 hours per week in a majority of the weeks in which he/she worked during the year.

**Self-Employed:** Self-employed persons are those who work for profit or fees in their own business, profession or trade, or operate a farm.

### Nativity

**Citizenship** status was defined as either: (1) Native, born in the United States, Puerto Rico or US outlying area, or born abroad of American parent or parents; Foreign born, US citizen by naturalization; or (2) Foreign born, not a citizen of the United States.

### Cardiovascular and metabolic risk factors (measured during NHANES examination)

**Diabetes:** Persons were classified as having diabetes if they reported in the NHANES interview having been told by a physician they have diabetes, or if their fasting plasma glucose was greater than or equal to 126 mg/dL. The morning examination subset of the NHANES sample was used to ensure the validity of the fasting plasma glucose test data.

Persons were classified as having undiagnosed diabetes if they tested positive but reported no previous diagnosis.

**Dyslipidemia:** NHANES respondents were classified as having dyslipidemia if they were taking an antilipidemic drug, or if their LDL cholesterol exceeded the appropriate risk-based threshold established in the ATP III guidelines—for persons with coronary heart disease (CHD) or diabetes, or two or more risk factors plus a 10 year CHD risk of greater than 20%, the LDL cholesterol threshold is 100; for persons without CHD but with 2 or more risk factors, it is 130; and for persons without CHD and fewer than 2 risk factors it is 160.

Persons were classified as having undiagnosed dyslipidemia if they tested positive but reported no previous diagnosis.

**Hypertension:** Persons were classified as having hypertension if their average of multiple measurements of blood pressure at the time of the NHANES examination was elevated (greater than or equal to 140 mmHg systolic, or greater than or equal to 90 mmHg diastolic), or they were taking antihypertensive medication. Persons were classified as having undiagnosed hypertension if they tested positive but reported no previous diagnosis.

**Obesity:** A person was classified as obese if his/her body mass index (BMI) (weight in kilograms divided by height in meters squared), was greater than or equal to 30, based on height and weight measurement.

### Medical conditions and general health status (from NHANES and NHIS)

**Medical conditions** are self-reported in response to the questions, “Have you ever been told by a doctor or other health professional that you have X?” with these exceptions:

**Chronic obstructive pulmonary disease (COPD):** Persons self-reporting either emphysema or chronic bronchitis in the past 12 months were classified as having COPD.

**Cancer:** Persons responding “yes” to the question “Have you ever been told by a doctor or other health professional that you had cancer or a malignancy of any kind?”

**Depression:** Classification was based on the Patient Health Questionnaire (PHQ-9), a nine-item screening instrument used in NHANES that asks questions about the frequency of symptoms of depression over the past 2 weeks. Response categories are “not at all”, “several days”, “more than half the days”, and “nearly every day”. The scoring method for diagnosis is as follows:

Major Depressive Disorder is suggested if:

- The respondent checks at least 5 items as either “More than half the days” or “nearly every day”, one of which is question #1 (little interest or pleasure in doing things) or #2 (feeling down, depressed, or hopeless).

Other Depressive Disorder is suggested if:

- The respondent checks 2 to 4 items as either “More than half the days” or “nearly every day”, one of which is question #1 or #2.

The survey and scoring method is found at: <http://www.phqscreeners.com>

**Mental Health:** The Strengths and Difficulties Questionnaire (SDQ) is used in the NHIS survey as a mental health supplement for children ages 4–17 as a part of a collaborative agreement between NCHS and the National Institute of Mental Health (NIMH). The SDQ consists of five subscales measuring the existence, duration, and impact of emotional symptoms; conduct problems; hyperactive behavior; peer relationships; and prosocial behavior. Children are classified as having difficulties if the parent reported either definite or severe difficulties.

**General health status:** Persons rated their health in response to the question, “Would you say your health in general is excellent, very good, good, fair, or poor?”

### Screening (from NHIS)

**Flu shot:** Positive response to the question, “During the past 12 months, have you had a flu shot? A flu shot is usually given in the fall and protects against influenza for the flu season.”

**Mammogram:** Positive response to the question, “Have you ever had a mammogram? A mammogram is an x-ray taken only of the breast by a machine that presses against the breast.”

**Pap test:** Positive response to the question, “Have you ever had a Pap smear test? A Pap smear is a routine test for women in which the doctor examines the cervix, takes a cell sample from the cervix with a small stick or brush, and sends it to the lab.” Women with a hysterectomy were excluded.

**PSA test:** Positive response to question, “Have you ever had a PSA test? A PSA test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.”

**Sigmoidoscopy, colonoscopy, or proctoscopy:** Positive response to the question, “Have you ever had a sigmoidoscopy, colonoscopy, or proctoscopy? These are exams in which a professional inserts a tube into the rectum to look for signs of cancer or other problems?”

**Time since test:** Based on categorized response to question, “Most recent \_\_\_\_ exam, was it”

1. A year ago or less
2. More than 1 year but not more than 2 years
3. More than 2 years but not more than 3 years
4. More than 3 years but not more than 5 years
5. Over 5 years ago

### Behavioral risk factors (from NHIS)

**Alcohol Consumption:** Heavier consumption (an average of more than 2 drinks per day for men, 1 drink per day for women); infrequent to moderate (2 or fewer drinks per day for men, 1 or fewer drinks per day for women); former drinker (no drinks in the past year, but 12 or more in lifetime); lifetime abstainer (less than 12 drinks in lifetime).

**Exercise:** Exercise behavior was captured by questions asking the frequency of moderate or vigorous exercise. Responses were categorized into three groups: none, 1 to 2 times per week, and 3 or more times per week.

**Smoking:** A current smoker is defined as someone who smokes “every day” or “some days” and who has smoked at least 100 cigarettes in his or her lifetime. A former smoker is defined as someone who is not a current smoker, but has smoked at least 100 cigarettes in his or her lifetime. A never smoker is defined as someone who has not smoked more than 100 cigarettes in his or her lifetime.

### Disease and condition rates

**Prevalence percentage:** Persons with the disease or condition (diagnosed plus undiagnosed) as a percentage of a population.

**Awareness percentage:** Persons diagnosed with the disease or condition as a percentage of prevalent cases.

**Treatment percentage:** Persons being treated for the disease or condition (i.e., taking prescription medicine), as a percentage of prevalent cases.

**Control among treated percentage:** Persons with the disease or condition who are controlled at or below the appropriate treatment goal, as a percentage of treated cases.

**Diabetes:** Goal attainment for treatment of diabetes is based on the American Diabetes Association (ADA) recommendations. The percentage at goal are persons with diabetes who are controlled at or below the ADA recommended target goal of HbA1c of <7.0%, as a percentage of treated cases.

**Dyslipidemia:** Goal attainment for treatment of dyslipidemia follows the National Cholesterol Education Program (NCEP) Adult Treatment Panel (ATP) III guidelines and is based on LDL. The percentage at goal are persons with dyslipidemia who are controlled at or below the appropriate ATP-III treatment goal, as a percentage of treated cases. For persons with coronary heart disease (CHD) or diabetes, or two or

more risk factors plus a 10 year CHD risk of greater than 20%, the LDL cholesterol threshold is 100; for persons without CHD but with 2 or more risk factors, it is 130; and for persons without CHD and fewer than 2 risk factors it is 160.

**Hypertension:** Goal attainment for treatment of hypertension is based on the Seventh Report of the Joint National Committee (JNC) on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7). The percentage at goal are persons with hypertension who are controlled at or below the JNC 7 treatment goal of systolic blood pressure less than 140 mmHg, and diastolic blood pressure less than 90 mmHg, as a percentage of treated cases.

### International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes used in analysis of hospital stays based from HCUP

ICD-9-CM Code	Disease Category
001-139	Infectious and parasitic diseases
140-239	Neoplasms
240-279	Endocrine, nutritional, metabolic immunity disorders
280-289	Diseases of the blood and blood-forming organs
290-319	Mental disorders
320-389	Diseases of the nervous system and sense organs
90-459	Diseases of the circulatory system
460-519	Diseases of the respiratory system
520-579	Diseases of the digestive system
580-629	Diseases of the genitourinary system
630-677	Complications of pregnancy, childbirth, and the puerperium
680-709	Diseases of the skin and subcutaneous tissue
710-739	Musculoskeletal system and connective tissue diseases
740-759	Congenital anomalies
760-779	Certain conditions originating in the perinatal period
780-799	Symptoms, signs, and ill-defined conditions
800-999	Injury and poisoning
V01-V82	Factors influencing health status and contact with health service





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