

medicaid
and the uninsured

June 2009

**Low-Income Adults Under Age 65 —
Many are Poor, Sick, and Uninsured**

Overview

Low-income adults under the age of 65 are more likely to have poor health, but are the least likely to have health insurance coverage, and in turn, have the poorest access to health care. This policy brief focuses specifically on the low-income adult population, a group of over 50 million who are at high risk of losing their health insurance coverage or are already uninsured.

- Nearly a third of adults under the age of 65 are from low-income families (<200% of the poverty level). Fifteen percent of nonelderly adults live in poverty.
- The chances of being healthy decline with income. One in five (19%) of poor adults describe their general health as being only fair or poor. One in seven poor adults have only fair or poor mental health.
- Compared to higher income adults, poor and near-poor adults are younger, not as well educated, less likely to have full-time workers in their family, and more likely to be a racial or ethnic minority—many factors that contribute to their greater risk of being uninsured.
- Almost half (45%) of poor adults are uninsured.
- Poor adults with Medicaid coverage are different from the poor who have private insurance, including their health. They have more chronic health problems, more work limitations because of their health, and have poorer health in general.
- Compared to low-income parents with dependents, childless adults as a group are older and more likely to be living with more than one chronic condition to manage.
- The uninsured have far less access to care than either the privately or publicly insured. Among the low-income, levels of access to care among adults covered by Medicaid and the privately insured are comparable.

Poor and near-poor adults are less likely to have health insurance coverage than others because they often work in low-wage jobs where health benefits are often not offered or are unaffordable. However, their need for health insurance may be even greater since they are also less healthy than others. The Medicaid program has limited coverage for adults, unless they are very poor parents with dependent children, pregnant or disabled—leaving large shares of poor and near-poor adults uninsured, while having greater needs for affordable care than others.

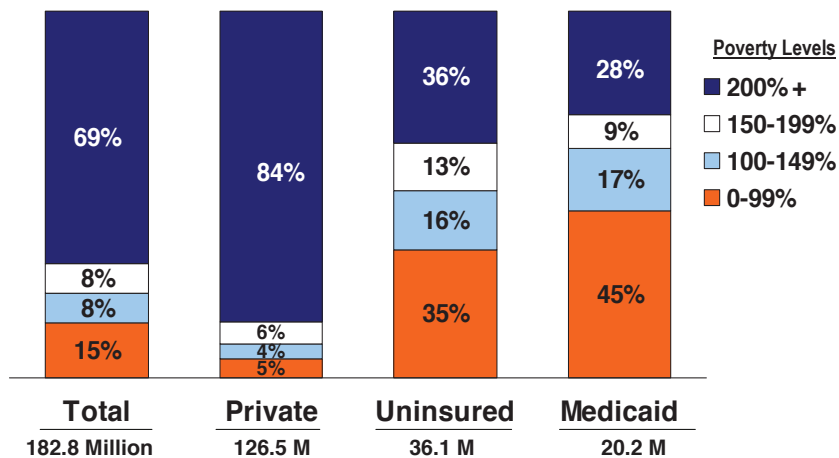
The full policy brief can be found at <http://www.kff.org/healthreform/7914.cfm>.

Nearly a Third of Nonelderly Adults Are in Low-Income Families

While the majority of adults between the ages of 19 and 64 have family incomes that might be considered middle class or higher*, almost a third (31%) come from families with incomes less than twice the poverty level.

Incomes vary widely across health insurance groups however. Only 16% of privately insured nonelderly adults have low incomes, compared to 64% of the uninsured and 72% of those with Medicaid coverage.

Family Income of Nonelderly Adults by Health Insurance Group



SOURCE: KCMU/Urban Institute analysis of 2008 ASEC Supplement to the CPS. See Table 1 for more data.

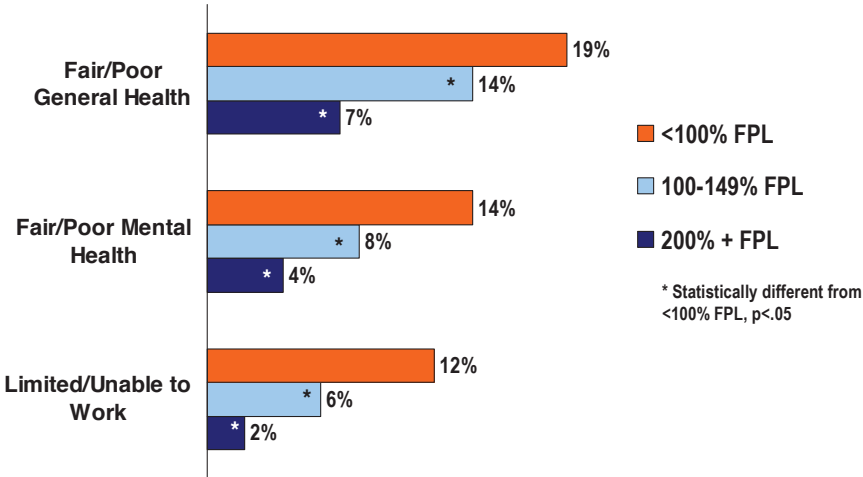
* Greater than 200% of the federal poverty level which was \$42,406 for a family of four in 2007. Federal poverty guidelines for 2009 place 200% of poverty at \$44,100 for a family of four.

**As Income Declines,
So Do the Chances of Being in Good Health**

Nearly one in five poor adults (19%) describe their general state of health as being only fair or poor compared to 14% of the near-poor and 7% of those with incomes at least twice the poverty level. Similarly, the poor are over three times as likely as those with incomes of 200% or more of poverty to describe their level of mental health as fair or poor (14% vs. 4%).

Among the poor, more than one in ten is limited or unable to work because of their health—and 7% receive aid for people with disabilities through the Supplemental Security Income program.

**Health Status of Adults
By Poverty Levels (Age 19-64)**

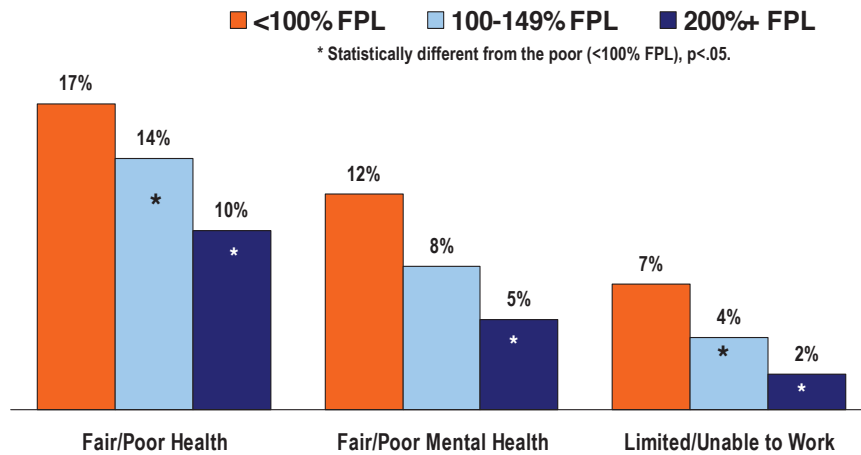


NOTE: Excludes those adults who changed coverage or had more than one type of coverage in a year.
SOURCE: KCMU analysis of MEPS (3 pooled years 2004-2006). See Table 2.

Double Health Jeopardy: Uninsured and Poor

The income gradient in health status exists within insurance groups as well. Among the uninsured shown here, the poorest are most likely to be in fair or poor health (both general and mental health status) and are also most likely to be limited or unable to work because of their health.

Health Status of Uninsured Adults (Age 19-64) By Poverty Levels



NOTE: Excludes those adults who changed coverage or had more than one type of coverage in a year.
SOURCE: KCMU analysis of MEPS (3 pooled years 2004-2006). See Table 2.

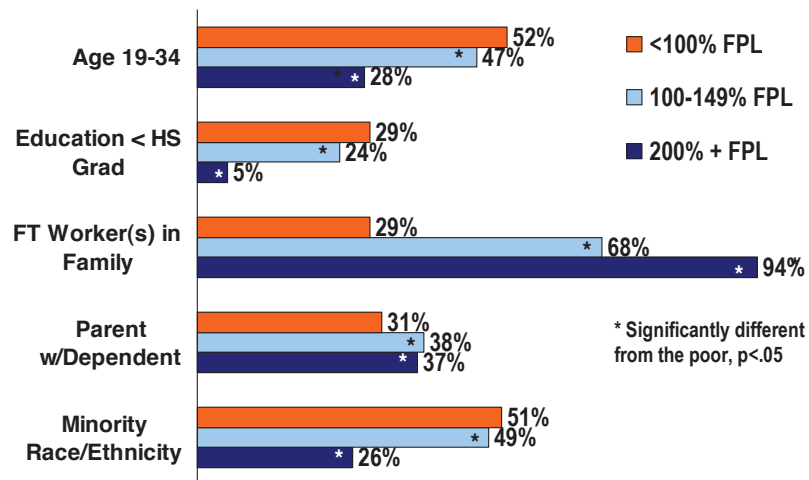
Who are the Poor and Near-Poor?

About half of poor and near-poor nonelderly adults are under the age of 35; and they are more likely than others not to have graduated from high school. Education plays a critical role in determining not only future income and social class, but also in making good health and health care decisions throughout life.

Poor adults are also less likely to have full-time workers in their family, which decreases their access to employer-sponsored health insurance. Just 29% of poor adults and 68% of near-poor adults have at least one full-time worker in their family compared to 94% of other adults. Poor adults are somewhat less likely to be parents than others.

About half of poor and near-poor adults are from minority racial or ethnic groups. About 20% of poor adults live in homes where English is not the spoken language, compared to only 8% of adults with incomes of at least 200% of poverty (not shown).

Profile of Adults, By Poverty Levels (Age 19-64)



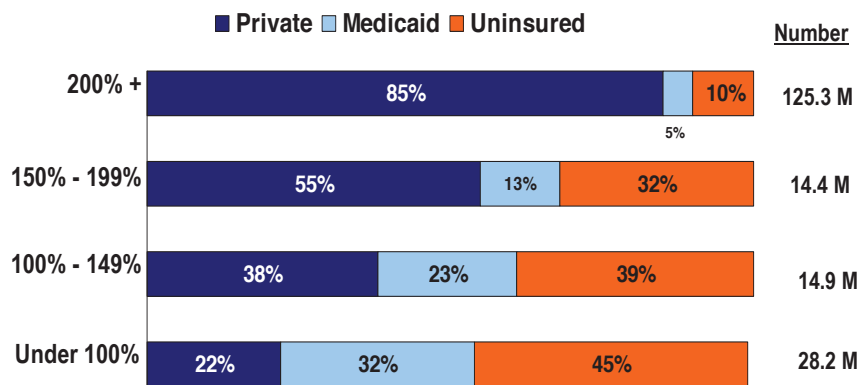
SOURCE: KCMU/Urban Institute analysis of 2008 ASEC Supplement to the CPS. See Table 1.

Almost Half of Poor Adults are Uninsured

While private health insurance (mostly employer-sponsored) covers the large majority of adults with family incomes of at least 200% of poverty, only a small share of the poor and near-poor have private insurance. Just 22% of poor adults have some form of private coverage, and 45% are uninsured. The near-poor (100-149% FPL) are more likely to have private coverage, but less likely to qualify for Medicaid than poor adults, leaving 39% uninsured.

Most all low-income children are eligible for Medicaid and the Children’s Health Insurance Program on the basis of their family’s income alone, however, low-income adults under age 65 qualify for Medicaid only if they fit certain categories: being disabled, pregnant, or parents of dependent children.

Nonelderly Adults’ Health Coverage, by Poverty Level



Source: KCMU/Urban Institute analysis of 2008 ASEC Supplement to the CPS. See Table 1.

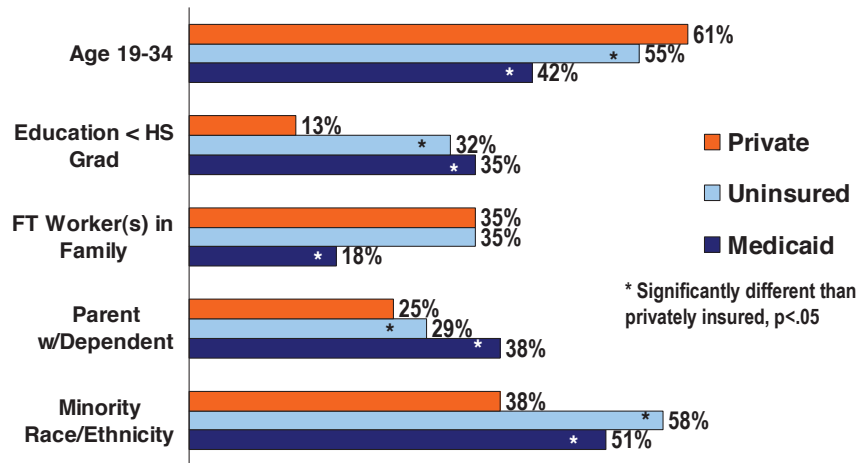
The Profile of Poor Adults Differs Across Health Insurance Groups

Poor adults who have private insurance are different from the poor who have Medicaid or are uninsured. Both uninsured and Medicaid poor adults are younger, more likely not to have graduated from high school, and more likely to be a racial or ethnic minority than the poor who have private coverage.

Among poor adults, the privately insured and uninsured are just as likely to have full-time workers in their families. However, because many poor adults qualify for Medicaid due to a disability that precludes substantial employment, fewer of them have full-time workers in their families than other poor adults. Poor adults with Medicaid coverage are also more likely to be parents with dependent children than other poor adults. Given that income eligibility levels for parents are generally much lower than what they are for children, Medicaid adult beneficiaries are among the poorest of the poor.

Profile of Poor Adults, By Health Insurance Group

(Age 19-64, <100% FPL)



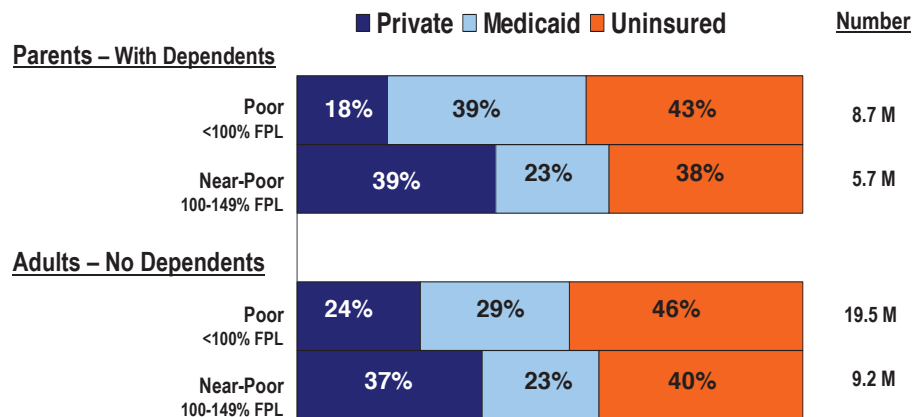
SOURCE: KCMU/Urban Institute analysis of 2008 ASEC Supplement to the CPS. See Table 1.

Medicaid Fills More of the Insurance Gap for Poor Parents

Parents with dependent children qualify for Medicaid, but only if their income and assets are below the thresholds set by their state, which in most states is below the eligibility level for children. The income threshold for working parents averages 68% of the poverty level across all states—which explains why more poor parents are covered by Medicaid than parents who are near-poor (39% vs. 23%).

Low-income adults who have no dependent children are generally eligible for Medicaid coverage only if they are disabled or pregnant. To be covered by Medicaid for a disability, individuals must meet both income and asset requirements and have a condition determined to be permanently disabling. Some states have also covered more childless adults through a waiver of federal program rules. Limited eligibility pathways put low-income childless adults at somewhat greater risk of being uninsured than parents.

Nonelderly Adults' Health Coverage, Parents with Dependent Children vs. Adults without Dependents, by Poverty Level



Source: KCMU/Urban Institute analysis of 2008 ASEC Supplement to the CPS. See Table 3.

The Poor with Medicaid Are Much Sicker Than Other Poor Adults

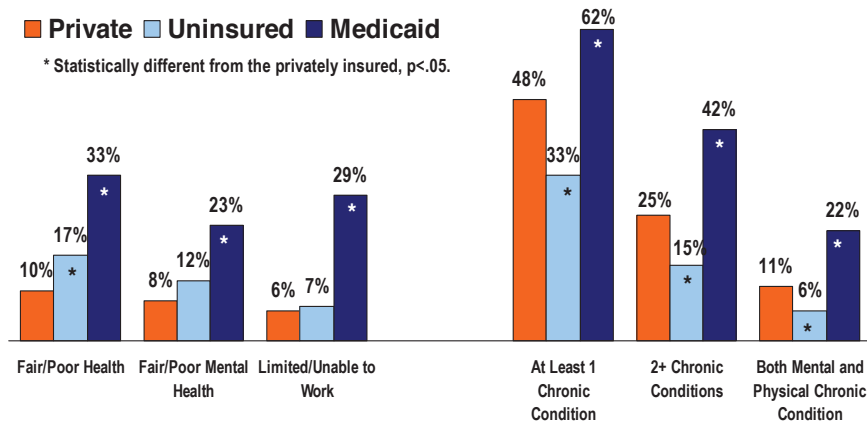
Poor adults covered by Medicaid are far more likely than either the privately insured or the uninsured poor to be in fair or poor health (general and mental health). They are also more likely to be limited in or unable to work—largely because Medicaid covers certain groups of nonelderly adults, including the disabled and only the poorest of parents. Chronic condition prevalence is the highest among the Medicaid population.

In contrast, poor adults who are privately insured are the least likely to describe their general or mental health as being fair or poor.

Even though one in six poor adults who are uninsured describe their general health as only fair or poor, their chances of being diagnosed with or treated for a chronic condition is less than poor adults who have health coverage—in large part because they have less access to health care. While nearly half of all privately insured poor adults and over 60% of poor adults covered by Medicaid have been diagnosed or treated for a chronic condition, only a third of uninsured poor adults have.

Health Status of Poor Adults By Health Insurance Group

(<100% FPL, Age 19-64)



NOTE: Excludes those adults who changed coverage or had more than one type of coverage in a year.
SOURCE: KCMU analysis of MEPS (3 pooled years 2004-2006). See Table 2.

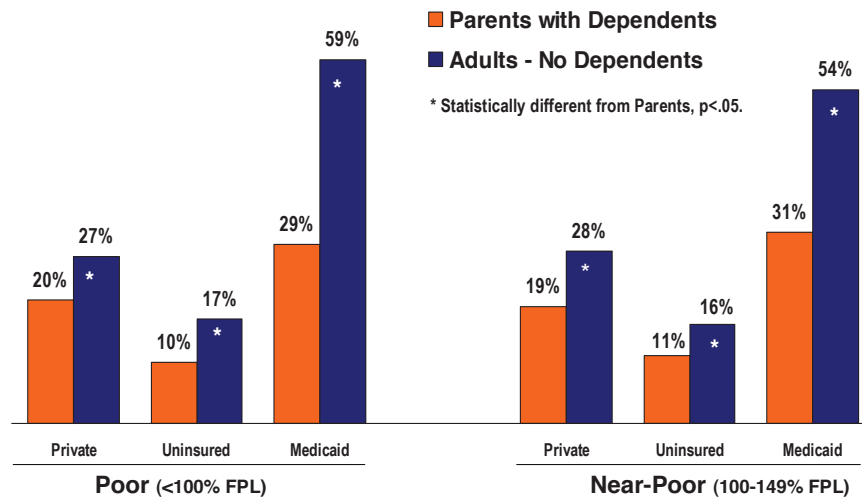
Childless Adults Are More Likely to Have Multiple Chronic Conditions Compared to Other Adults

Regardless of health insurance coverage, childless adults (adults with no dependent children) are more likely to have multiple chronic conditions compared to parents (i.e., adults with dependent children) who are equally poor.

Almost 60% of poor childless adults who are covered by Medicaid have two or more chronic conditions compared to 29% of poor parents with Medicaid, in large part because of the different Medicaid eligibility criteria for parents and childless adults. In general, low-income childless adults only qualify for Medicaid if they are pregnant or disabled, with the latter being far more likely to have chronic conditions.

However, even among the uninsured, who are the least likely to be diagnosed or treated for chronic conditions, childless parents are more likely than parents to have multiple chronic health problems. Part of the explanation for this and differences in other insurance groups as well, is that the prevalence of chronic conditions increases with age and parents tend to be younger than childless adults. About half of childless adults are middle-aged (45-64 years old) compared to a little over a quarter of parents. Uninsured poor and near-poor childless adults are also more likely to be limited or unable to work than uninsured low-income parents.

Low-Income Adults with Two or More Chronic Conditions Parents vs. Adults with No Dependents, by Insurance Group and Poverty Level



NOTE: Excludes those adults who changed coverage or had more than one type of coverage in a year.
SOURCE: KCMU analysis of MEPS (3 pooled years 2004-2006). See Table 3.

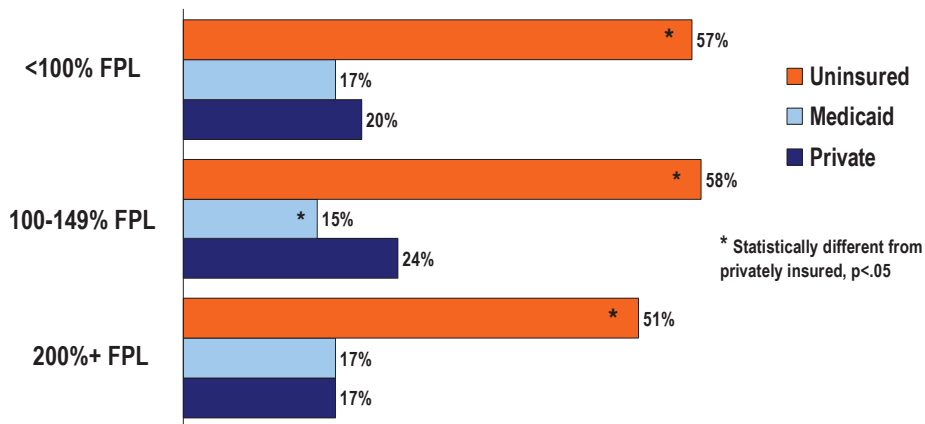
Both Private and Medicaid Coverage Improve Chances of Having a Usual Source of Care

An important measure of access to care is whether a person has a usual source of care for preventive, diagnostic, or therapeutic services. Regardless of an adult's income, those who have Medicaid are just as likely, if not more likely, than the privately insured to have a usual source for their medical care.

Not having a usual source of care is a problem for over half of uninsured adults—being more than twice as likely as either Medicaid or privately insured adults to have this access barrier. For example, among near-poor adults, 58% of uninsured adults do not have a usual source of care compared to 24% of the privately insured and even fewer of those covered by Medicaid, just 15%.

Nearly 70% of uninsured adults who are poor say they have not seen a doctor in the past year compared to 36% of the poor who have private coverage and 26% of the poor with Medicaid (not shown in figure).

Share of Adults with No Usual Source of Care By Health Insurance and Poverty Levels



NOTE: Excludes those adults who changed coverage or had more than one type of coverage in a year.
SOURCE: KCMU analysis of MEPS (3 pooled years 2004-2006). See Table 4.

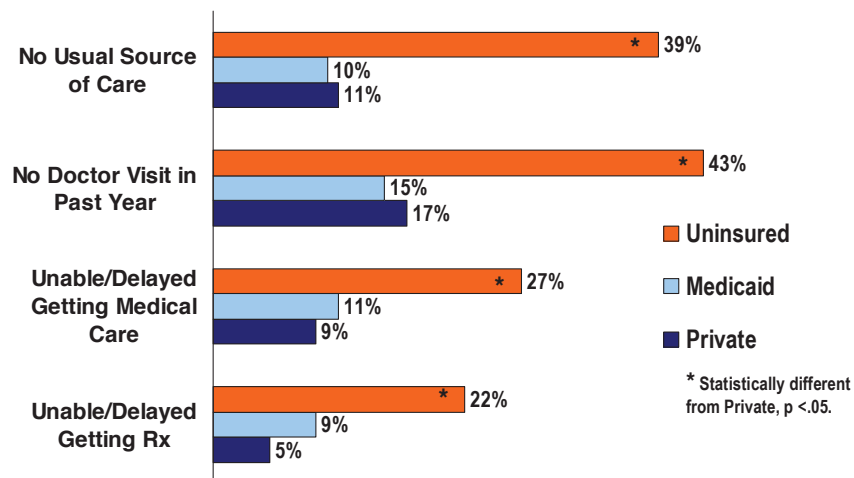
Many of the Neediest, the Chronically Ill Who Are Poor, Fail to Get Needed Care Without Health Insurance

Problems with access to care exist even among those who have been diagnosed with chronic conditions, where consistent and regular health care is fundamental for managing symptoms and preventing complications and co-morbidity. As shown here, access to health care among poor adults who have chronic conditions is seriously compromised by not having health insurance.

Roughly 40% of uninsured poor adults do not have a usual source of care or have not seen a doctor in the past year, even though they have a chronic health problem. Over a quarter (27%) report they have been unable to get or have delayed needed medical care in the past year compared to 9% of poor adults with chronic conditions who have private coverage. Nearly as many of the uninsured with a chronic condition report delaying or being unable to fill a prescription for medicine.

Medicaid coverage markedly decreases problems getting care among poor adults living with chronic conditions. Access to care for poor adults with chronic conditions covered by Medicaid is not significantly different from that of the privately insured by these key measures.

Problems with Access to Care Among Poor Adults with Chronic Conditions By Health Insurance Groups (<100% FPL, Age 19-64)



NOTE: Excludes those adults who changed coverage or had more than one type of coverage in a year.
SOURCE: KCMU analysis of MEPS (3 pooled years 2004-2006). See Table 4.

Summary

Poor and near-poor adults are less likely to have health insurance coverage than those with higher incomes because they often work in low-wage jobs making it less likely they would have access to employer-based coverage or be able to afford their share of any health benefit. However, their need for health insurance may be even greater since low-income adults are also less healthy than others.

Poor and near-poor adults are faced with other health care challenges as well. They tend to have less education and English is a second language to more of the low-income population than others. Both factors make it more difficult to manage one's health and health care, even with the benefit of insurance, and underscore the importance of supplemental services to help arrange and coordinate care.

Medicaid currently covers low-income children in large part, but has limited coverage for their parents, as well as low-income childless adults, unless they are disabled. In addition, Medicaid's exclusion of most childless adults—who are more likely to be older and have chronic health problems than others—leaves large shares of low-income adults uninsured. For those adults Medicaid does cover, including the severely disabled, the program improves access to care substantially and levels are comparable to those with private insurance, especially notable for those with chronic conditions.

This issue brief was prepared by Catherine Hoffman and Anthony Damico of the Kaiser Commission on Medicaid and the Uninsured, The Kaiser Family Foundation.

Table 1
Adults, Age 19-64: Demographic Profile
by Poverty Levels and Health Insurance Groups

	<100% FPL			100-149% FPL			200%+ FPL					
	Total	Pri	Un	Total	Pri	Un	Total	Pri	Un			
Population (Millions)	28.2	6.3	12.7	9.2	14.9	5.6	5.9	3.4	125.3	106.7	12.9	5.7
	100%	22%	45%	32%	100%	38%	39%	23%	100%	85%	10%	5%
Age												
19-24	27%	41%	26%	19%	21%	25%	21%	13%	8%	8%	14%	11%
25-34	25%	20%	30%	22%	26%	27%	31%	18%	20%	20%	26%	13%
34-44	18%	14%	19%	19%	21%	19%	21%	21%	24%	25%	23%	18%
45-54	17%	13%	16%	21%	18%	16%	16%	23%	27%	28%	24%	23%
55-64	13%	12%	10%	18%	14%	13%	10%	25%	20%	20%	13%	35%
Education												
Less than HS	29%	13%	32%	35%	24%	14%	32%	27%	5%	4%	16%	11%
HS or GED	36%	30%	38%	39%	37%	36%	38%	39%	27%	25%	37%	33%
Some College/AD	25%	37%	22%	20%	28%	34%	22%	27%	31%	31%	28%	34%
College Grad (Bachelors or higher)	10%	19%	9%	6%	11%	16%	7%	7%	37%	40%	19%	22%
Family Work Status												
2+ FT	1%	2%	1%	1%	6%	5%	7%	5%	38%	41%	23%	21%
1 FT	28%	33%	33%	17%	62%	69%	71%	36%	56%	55%	69%	52%
PT Only	20%	27%	20%	14%	17%	18%	16%	15%	3%	3%	6%	8%
No Workers	51%	38%	45%	68%	16%	8%	6%	45%	3%	2%	2%	19%
Parent Status*												
Adult w/ Dependents	31%	25%	29%	38%	38%	40%	37%	38%	37%	38%	27%	27%
Adult w/o Dependents	69%	75%	71%	62%	62%	60%	63%	62%	63%	62%	73%	73%
Race/Ethnicity												
White, NH	49%	62%	42%	49%	51%	58%	40%	57%	74%	76%	56%	69%
Black, NH	21%	16%	20%	25%	15%	16%	12%	17%	9%	9%	12%	13%
Hispanic	23%	14%	30%	20%	28%	19%	42%	19%	10%	9%	24%	12%
Am. Indian/Alaskan Native	1%	1%	1%	1%	1%	1%	1%	1%	0%	0%	1%	1%
Asian/Pacific Islander	5%	6%	5%	4%	4%	5%	4%	5%	5%	5%	6%	5%
Multiple Races	2%	2%	1%	2%	1%	1%	1%	2%	1%	1%	1%	1%

Pri = Privately Insured **Un** = Uninsured **M** = Medicaid includes other public coverage

Kaiser Commission on Medicaid and the Uninsured/Urban Institute analysis of 2008 ASEC Supplement to the CPS

Table 2
Adults, Age 19-64: Health Status
by Poverty Levels and Health Insurance Groups

	<100% FPL			100-149% FPL			200%+ FPL			
	Total	Pri	Un	Total	Pri	Un	Total	Pri	Un	
Population in Millions	18.5	4.0	9.8	4.8	4.0	5.1	1.3	109.7	97.4	11.4
General Health: % in Fair/Poor Health	19%	10%	17%	33%	14%	10%	14%	7%	6%	10%
Mental Health: % in Fair/Poor Health	14%	8%	12%	23%	8%	5%	8%	4%	3%	5%
% with at least 1 Chronic Condition (CC)	44%	48%	33%	62%	42%	48%	33%	54%	56%	36%
% with 2+ CCs	24%	25%	15%	42%	21%	24%	14%	28%	29%	16%
% with Mental Chronic Condition only	8%	6%	7%	9%	5%	5%	5%	5%	4%	5%
% with both Mental & Physical CC	11%	11%	6%	22%	9%	10%	6%	9%	9%	5%
% Limited or Unable to Work	12%	6%	7%	29%	6%	3%	4%	2%	2%	19%
SSI -- Disabled	7%	1%	0%	26%	4%	1%	0%	0%	0%	18%

Notes:

Totals and HI groups contain only those who have had the same type of coverage for the full year

Pri = Privately Insured **Un** = Uninsured **M** = Medicaid includes other public coverage, but excludes those who also are covered by Medicare (Duals)

Percentages in **Bold** print are statistically different from the Privately Insured

Kaiser Commission on Medicaid and the Uninsured analysis of Medical Expenditure Panel Survey -- 3 years pooled data 2004-2006

Table 3

**Parents with Dependent Children vs. Adults Without Dependent Children
Demographics, Health Insurance Coverage, and Health Status
by Poverty Levels and Health Insurance Groups
Adults Age 19-64**

	Parents with Dependent Children						Adults Without Dependent Children					
	<100% FPL		100-149% FPL		200%+ FPL		<100% FPL		100-149% FPL		200%+ FPL	
	Total	PH	Un	M	Total	PH	Un	M	Total	PH	Un	M
Population (Millions)	8.7	1.6	3.7	3.4	5.7	2.2	2.2	1.3	45.9	9.0	5.7	2.1
Percent	100%	17.8%	42.8%	39.4%	100%	39.3%	38.2%	22.5%	100%	24.4%	46.1%	29.4%

Column Distributions

Age	<100% FPL		100-149% FPL		200%+ FPL		<100% FPL		100-149% FPL		200%+ FPL	
	Total	PH	Un	M	Total	PH	Un	M	Total	PH	Un	M
19-24	17%	14%	16%	20%	9%	7%	9%	11%	2%	1%	5%	6%
25-34	37%	31%	40%	37%	38%	38%	42%	32%	23%	23%	28%	24%
34-44	29%	33%	30%	27%	34%	35%	33%	33%	43%	43%	39%	38%
45-54	13%	18%	12%	13%	16%	17%	13%	18%	28%	29%	24%	26%
55-64	3%	4%	2%	3%	4%	4%	2%	6%	4%	4%	4%	6%
Education	20%	20%	41%	35%	17%	17%	41%	27%	4%	4%	19%	9%
Less than HS	36%	36%	37%	39%	39%	39%	34%	38%	23%	23%	35%	33%
HS or GED	30%	30%	17%	21%	31%	31%	20%	29%	29%	29%	28%	35%
Other Degree	14%	14%	5%	5%	12%	12%	4%	7%	45%	45%	18%	23%
College Grad	2%	7%	3%	2%	10%	12%	15%	10%	33%	51%	39%	33%
1 FT	32%	56%	53%	32%	60%	78%	75%	60%	58%	47%	56%	58%
PT Only	21%	18%	18%	21%	15%	8%	8%	15%	5%	1%	5%	5%
No Workers	46%	20%	26%	46%	15%	2%	2%	15%	4%	0%	1%	4%

Source: Kaiser Commission on Medicaid and the Uninsured/Urban Institute analysis of 2008 ASEC Supplement to the CPS

Percent of Each Subgroup

Health Status	Fair or Poor Health		At Least 1 CC		2+ CCs		Limited/Unable to Work	
	Total	PH	Un	M	Total	PH	Un	M
Fair or Poor Health	17%	11%	14%	23%	13%	10%	12%	22%
At Least 1 CC	40%	46%	29%	51%	38%	44%	27%	52%
2+ CCs	19%	20%	10%	29%	18%	19%	11%	31%
Limited/Unable to Work	8%	5%	4%	14%	4%	2%	2%	11%

Source: Kaiser Commission on Medicaid and the Uninsured analysis of Medical Expenditure Panel Survey -- 3 years pooled data 2004-2006

Pri = Privately Insured **Un** = Uninsured **M** = Medicaid includes other public coverage
CC = Chronic Condition, either Physical or Mental Condition

Table 4
Adults, Age 19-64: Problems with Access to Care
by Health Insurance Groups and Poverty Levels

	Total		Private		Uninsured		Medicaid					
	P	NP 200%+	P	NP 200%+	P	NP 200%+	P	NP 200%+				
Population in Millions	18.5	10.4	109.7	4.0	4.0	97.4	9.8	5.1	11.4	4.8	1.3	0.8
Access Problems Among All Adults, age 19-64												
No Usual Source of Care	39%	39%	20%	24%	17%	57%	58%	51%	17%	15%	17%	
In Past Year:												
No Doctor Visit	51%	51%	32%	36%	39%	29%	69%	67%	62%	26%	25%	32%
Unable/Delayed Getting Medical Care	11%	9%	4%	5%	5%	4%	14%	14%	10%	7%	7%	6%
Unable/Delayed Getting Rx	7%	6%	3%	3%	4%	3%	9%	7%	5%	6%	5%	7%
Access Problems Among Adults with Chronic Conditions, age 19-64												
No Usual Source of Care	22%	21%	11%	11%	14%	9%	39%	36%	30%	10%	8%	14%
In Past Year:												
No Doctor Visit	26%	25%	15%	17%	20%	13%	43%	38%	34%	15%	10%	18%
Unable/Delayed Getting Medical Care	17%	14%	6%	9%	7%	5%	27%	25%	16%	11%	8%	10%
Unable/Delayed Getting Rx	13%	10%	5%	5%	7%	4%	22%	15%	11%	9%	8%	12%

Notes:

Medicaid includes CHIP, but excludes those who also are covered by Medicare (Duals)

Totals and HI groups contain only those who have had the same type of coverage for the full year

P = Poor (<100% FPL) **NP** = Near-Poor (100-149% FPL)

Percentage in **bold** indicates it is statistically different compared to the Privately Insured at same Poverty Level, p<.05

Kaiser Commission on Medicaid and the Uninsured analysis of Medical Expenditure Panel Survey -- 3 years pooled data 2004-2006

Methods

The nonelderly poor and near-poor adult populations are profiled in this issue brief—the poor having family incomes less than the federal poverty level (FPL) and the near-poor are defined as having incomes between 100%-149% of the FPL in this analysis. The broader term low-income refers to adults with family incomes less than 200% of the federal poverty level. Comparisons to nonelderly adults with family incomes of at least 200% of the poverty level are made throughout. For simplicity, when the text refers to adults it means adults under the age of 65 in all cases.

Data Sources and Health Insurance Categories. Two data sources were used for this issue brief. The ASEC Supplement to the March 2008 Current Population Survey was used to analyze the health insurance coverage and demographic profile of all nonelderly adults, age 19 to 64. In order to have mutually exclusive health insurance groups, the analysis sorted people with mixed coverage in the course of the year using this insurance hierarchy:

- Medicaid – including the State Children’s Health Insurance Program and other public programs (Medicare and military-related coverage)
- Private – including employer-sponsored insurance and private individual coverage
- Uninsured – including those who reported only having Indian Health Service access.

The Medical Expenditure Panel Survey (MEPS) was also used to produce the data on health status and access to health care. Three years of data, 2004, 2005, and 2006, were pooled together to ensure reliable estimates of smaller subgroups.

To clearly distinguish the difference that health insurance has on access to care, as well as the relationship between health insurance and health status, the MEPS analysis examined only those nonelderly adults whose type of health insurance coverage stayed the same throughout the course of a full year. Adults who shifted between private and public coverage for example, were not included, nor were those who had insurance for part of the year, but were uninsured the remainder. Those who reported having two types of coverage simultaneously were also excluded for this part of the analysis. The insurance categories used in the MEPS analysis were as follows:

- Private Full Year – including employer-sponsored insurance and individual private insurance
- Medicaid Full Year – including only Medicaid and the State Children’s Health Insurance Program; excluding those who also had Medicare coverage, referred to as the dual eligibles. Military coverage was not included in the analysis.
- Uninsured Full Year – no health insurance coverage throughout the year

Out of the MEPS pooled average of 180 million adults age 19-64, 150.2 million (83%) were consistently insured by private insurance, Medicaid or the Children’s Health Insurance Program or uninsured throughout the year. As a group, those with partial or mixed coverage over a year are more likely to have low incomes than those consistently insured or uninsured.

Family Income and Family Work Status. All income data (in poverty levels), as well as family work status, were created based on “health insurance units” rather than family units. The health insurance unit includes members of the nuclear family who can be covered under one insurance policy: the policy holder, spouse, children under age 19 and full-time students under age 23. Other family members (e.g., grandparents) who may be living in the same household are not included, therefore their incomes are not part of the income used to calculate poverty levels in this analysis. The health insurance unit more accurately reflects the income actually available to people to buy health insurance, as well as the income that would be counted if they were to apply for a public insurance program.

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