

medicaid and the uninsured

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Reversing the Trend?

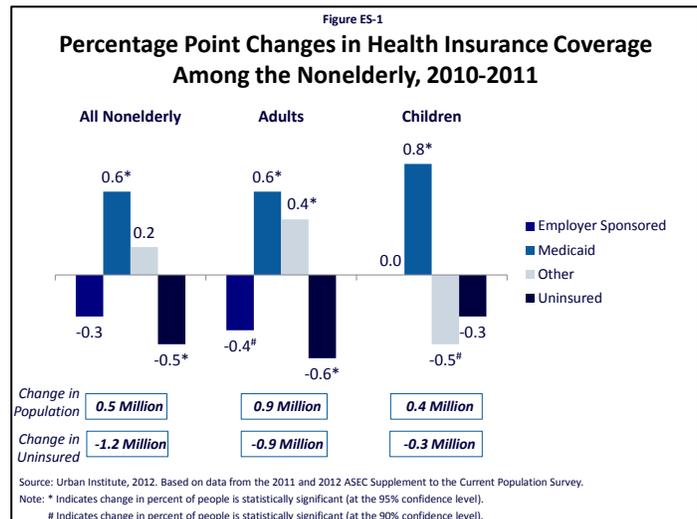
Understanding the Recent Increase in Health Insurance Coverage among the Nonelderly Population

John Holahan and Megan McGrath
The Urban Institute

Executive Summary

In the September 2012 release of the Current Population Survey (CPS), the Census Bureau announced that the number of nonelderly without health insurance fell by 1.2 million¹ in 2011 over the previous year.² This reversal of the trend of rising uninsurance was surprising given the continuing economic effects of the Great Recession that began in 2007. Although the unemployment rate fell and the decline in real incomes moderated in 2011, many effects of the recession continued.

Understanding changes in the uninsured requires understanding of broader changes in health coverage. Between 2010 and 2011, the rate of employer-sponsored insurance (ESI) was essentially unchanged, but there was an increase in Medicaid and the Children's Health Insurance Program (CHIP) coverage (see Figure ES-1). The increase in public coverage led to a decline in the uninsured rate from 18.5 percent in 2010 to 18.0 percent in 2011, and thus 1.2 million fewer uninsured nonelderly Americans. Most of the growth in public coverage and reduction in the number of nonelderly uninsured was concentrated among adults. Among children, coverage was largely unchanged between 2010 and 2011.



Understanding coverage changes also requires understanding of underlying population changes. Interestingly, the reduction in the number of uninsured adults in 2011 occurred despite the fact that the size of the low-income adult population grew during this period. Because of job loss and income declines, there were 1.6 million more adults with incomes below 200 percent of the federal poverty line (FPL) in 2011 compared to 2010, with a nearly corresponding decrease in the number with incomes

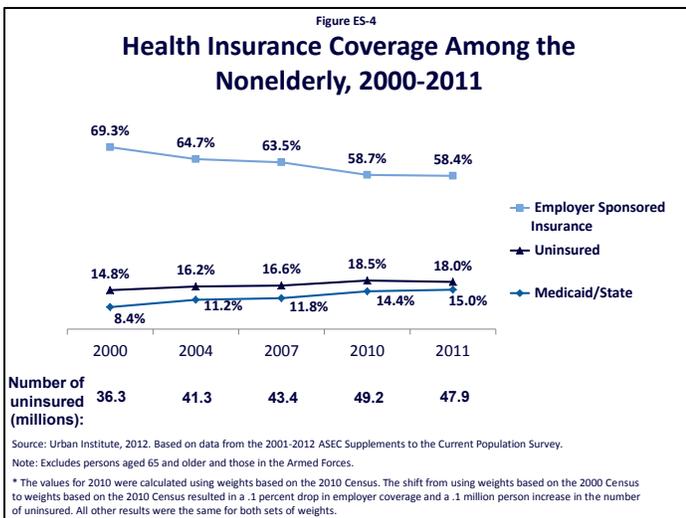
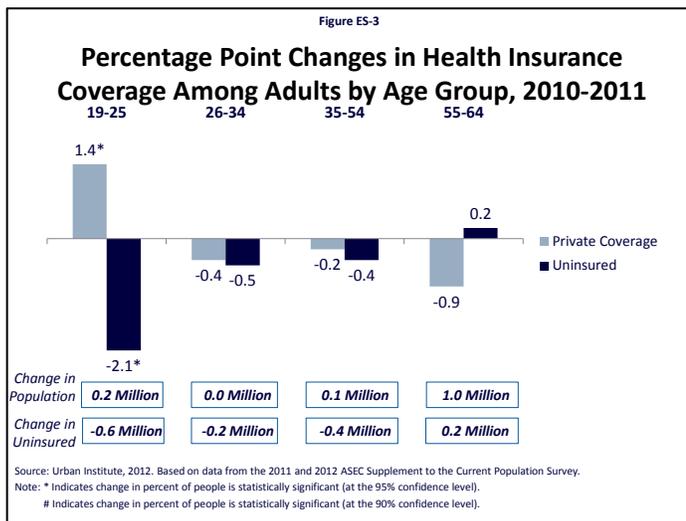
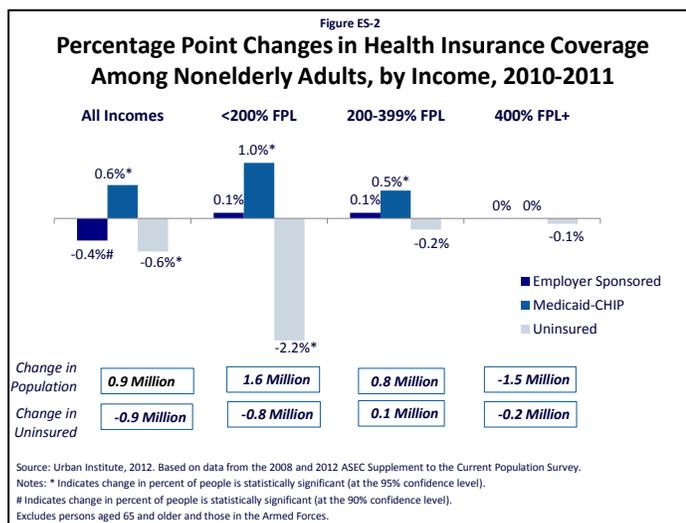
¹ Including the elderly, the drop in the uninsured was 1.3 million. This brief focuses on only the nonelderly population.

² DeNavas-Walt C, Proctor B, Smith J. Income, Poverty, and Health Insurance Coverage in the United States: 2011. U.S. Census Bureau: 2012.

above 400 percent of poverty. Because people with lower incomes are more likely to be uninsured than people with higher incomes, the shift in the income distribution of the population could have led to an increase in the number of uninsured. However, the uninsured rate among the lower income—while still higher than other groups—declined between 2010 and 2011, and the shares covered by public coverage or non-group coverage grew (see Figure ES-2). This shift may reflect declining incomes even within the low-income population, making adults more likely to hit relatively low Medicaid eligibility levels.

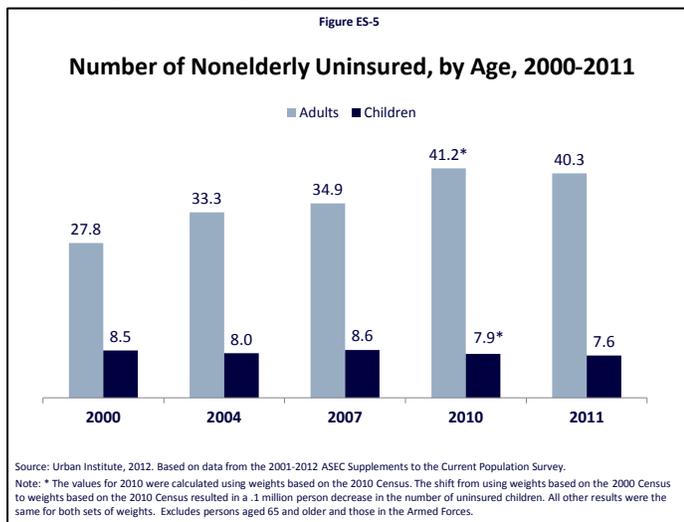
The changes in coverage between 2010 and 2011 also included a notable change in coverage among adults by age. Since September 2010, the Affordable Care Act has enabled young adults (ages 19-25) to be covered as dependents under their parents' private insurance coverage. As we also saw between 2009 and 2010, there was a sharp increase in private insurance coverage and decline in the uninsured rate for those age 19 to 25 between 2010 and 2011 (Figure ES-3). Similar changes in health insurance coverage did not occur for other age groups.

The patterns of coverage between 2010 and 2011 are in contrast to trends over the past decade and, in particular, during the 2007 to 2010 recessionary period (Figure ES-4). Over the past decade, the United States experienced an economic recession whose effects lasted from 2000 to 2004, a modest recovery between 2004 and 2007, and a severe decline known as the Great Recession beginning in 2007. In the first recession of this decade, the ESI rate fell sharply, the uninsured rate increased significantly, and the number of uninsured increased from 36.3 million to 41.3 million. Between 2004 and 2007, a period of modest recovery, the rate of ESI continued to decline but more slowly. Although some of this decline was offset by a small increase in public coverage, the uninsured rate still increased modestly and the



number of uninsured increased from 41.3 million to 43.4 million. During the most recent recession (2007-2010), ESI fell precipitously, and the uninsured rate increased significantly. The number of uninsured increased from 43.4 million to 49.2 million. As mentioned above, despite the poor performance of several economic indicators in 2011, the number of uninsured surprisingly fell. The rate of ESI was essentially unchanged but there was an increase in public coverage, causing the uninsured rate to fall.

The declines in ESI over the past decade occurred for both adults and children. However, the increases in public coverage were far greater for children than for adults. As a result, all of the increase between 2000 and 2011 in the number of uninsured was among adults (Figure ES-5). The number of uninsured adults was 27.8 million in 2000 and 40.3 million in 2011. In contrast, the number of uninsured children declined from 8.5 million to 7.6 million over the same period. All of the improvement of coverage of children can be attributed to expansions of Medicaid and CHIP. Provisions in the American Recovery and Reinvestment Act (ARRA) and the Affordable Care Act (ACA) no doubt contributed to the maintenance of public coverage for both adults and children. Without these provisions, the increases in the number of uninsured would have been greater.



As provisions of the ACA continue to be implemented, especially the major coverage provisions that go into effect in 2014, it is expected that the uninsured rate will drop dramatically and coverage will be more stable than in the past. While ESI will still be tied to work—and thus will continue to fluctuate with changing economic conditions—the availability of subsidies for coverage through Exchanges and, in states that implement the Medicaid expansion, Medicaid coverage for all low-income individuals, will provide significant new opportunities for individuals to obtain support when they lose ESI. Thus, the ACA will add to the nation’s automatic stabilizers, protecting individuals against the loss of health insurance during economic recessions.

Introduction

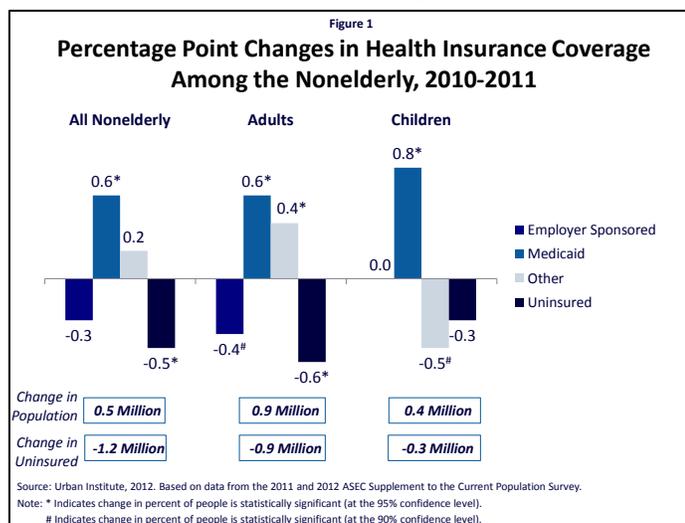
The number of uninsured nonelderly Americans fell by 1.2 million in 2011, dropping from 49.2 in 2010 to 47.9 in 2011.³ This decline was surprising given the continued economic strain affecting the nation: since most people obtain health insurance through their or a family member’s job, coverage tends to decline in periods when unemployment is high. While the Great Recession officially ended in June 2009, several economic indicators—including high unemployment and depressed real incomes— show continued economic stress. Thus, many continue to feel the impact of the recession.

In this paper, we analyze data from the Current Population Survey and discuss the reasons behind the decline in the uninsurance rate in 2011. We focus on the entire nonelderly population as well as subgroups of children and adults up to age 65. We do not include changes in coverage of the elderly, as this group is largely covered by Medicare. In addition to looking at changes in health insurance coverage over the past year, we review changes in coverage in the past decade. We focus in detail on changes in health insurance coverage that have occurred during the Great Recession, updating our previous work.⁴ Details on the methods and data underlying this analysis are available in the Methods Appendix at the end of this report.

Recent Changes: Changes in Health Insurance Coverage from 2010 to 2011

Between 2010 and 2011, the unemployment rate declined from 9.6 percent to 8.9 percent.⁵ Other economic indicators, such as declines in real median household income, suggest continued economic strain. Surprisingly, in the light of continued economic stagnation, the rate of employer-sponsored insurance (ESI) among the nonelderly population was essentially unchanged (Figure 1 and Table 1). At the same time, Medicaid and Children Health Insurance Program (CHIP) coverage increased by 0.6 percentage points. As a result, the uninsured rate declined by 0.5 percentage points. Overall, the number of nonelderly uninsured declined by 1.2 million.

Adults accounted for most of this decline. Among nonelderly adults, there was a small decline in ESI but Medicaid and CHIP coverage increased modestly. There also was an increase in “other” coverage, largely private nongroup insurance. As a result, the uninsured rate among adults declined by 0.6 percentage points and the number of uninsured adults declined by 900,000.



³ Throughout this report, we round figures for simplicity. In some cases, reported figures on changes between years may not equal the difference between the rounded annual figures. For example, the actual number of uninsured nonelderly was 49.15 million in 2010 and 47.92 million in 2011, a drop of 1.23 million. The rounded figures (49.2 million in 2010 and 47.9 million in 2011) would make it appear to be a difference of 1.3.

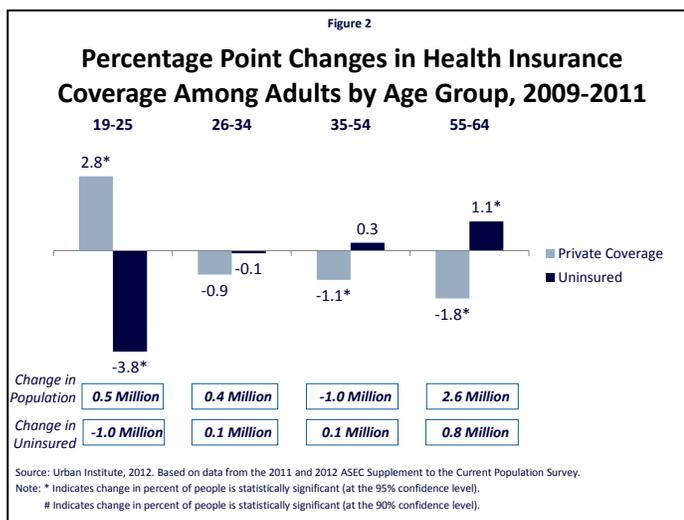
⁴ Holahan J and Chen V. Changes in Health Insurance Coverage in the Great Recession, 2007-2010. Washington, DC: Kaiser Commission on Medicaid and the Uninsured, December 2011.

⁵ Bureau of Labor Statistics: Current Populations Survey: Labor Force Statistics. U.S. Department of Labor.

In contrast, for children there was no change in ESI. Medicaid and CHIP coverage for children increased almost a full percentage point. Much of this increase in public coverage was offset by declines in other types of coverage, mostly private nongroup. The uninsured rate for children was unchanged, but the number of uninsured children fell by 300,000.

The increases in public coverage between 2010 and 2011 are remarkable given the condition of state budgets during this time, which were strained due to decreased revenue. Growth in public coverage may partially reflect the provisions of the American Reinvestment and Recovery Act (ARRA) and the Affordable Care Act (ACA) that have prohibited states from dropping eligibility levels. There have also been declines in personal incomes, making more people eligible for public assistance. How much of the increase in public coverage is due to declines in incomes, coverage expansions, or due to increased participation rates is impossible to determine from available data. Much of the increase among adults could be due to income declines and increased number of people meeting eligibility standards. For children, this seems to be less true, as the changes in incomes were less dramatic. Rather, it is more likely that the expansion of Medicaid and CHIP among children reflect either coverage expansions or increases in participation rates.

A major exception to the overall picture outlined above is the changes in coverage among young adults, those between 19 and 25 years of age. The ACA contained provisions that allow children up to age 26 to stay on their parents' employer plan or private nongroup coverage as of September 2010. Figure 2 shows the changes in coverage by age group for four groups of adults between 2009 and 2011. For those ages 19 to 25, there was an increase in private coverage of 2.8 percentage points. This contributed to a reduction in the uninsured rate of 3.8 percentage points and a drop in the number of uninsured young adults of 1.0 million. None of these changes occur for other age groups. In fact, for the two oldest age groups, there was a statistically significant decline in private coverage. Among those ages 55 to 64, there was a significant increase in the uninsured rate. This data strongly suggests that provisions of the ACA directed at young adults had their intended effects of increasing health coverage for this age group.



It is also worth noting the changes in coverage over the last two years for those ages 55 to 64. A sharp decline in private coverage which led to an increase in the uninsured rate resulted in an increase of 800,000 uninsured adults age 55 to 64. These individuals are entering a stage of life in which the onset of disability and chronic illness increases, thus the loss of coverage can be quite serious.

Changes in Health Insurance Coverage over the Past Decade (2000 to 2011)

The health insurance coverage trends over the past decade have been directly related to changes in economic conditions. In the past decade, the nation experienced an economic recession that lasted from 2000 to 2004, a modest recovery between 2004 and 2007, and then a deep recession that officially occurred between 2007 and 2009, but whose effects are still being felt.

Figure 3 shows that the unemployment rate increased from 4.0 percent in 2000 to 6.0 percent in 2003, then declined to 4.6 percent in 2007, and increased to 9.6 percent in 2010. The unemployment rate declined modestly to 8.9 percent in 2011.

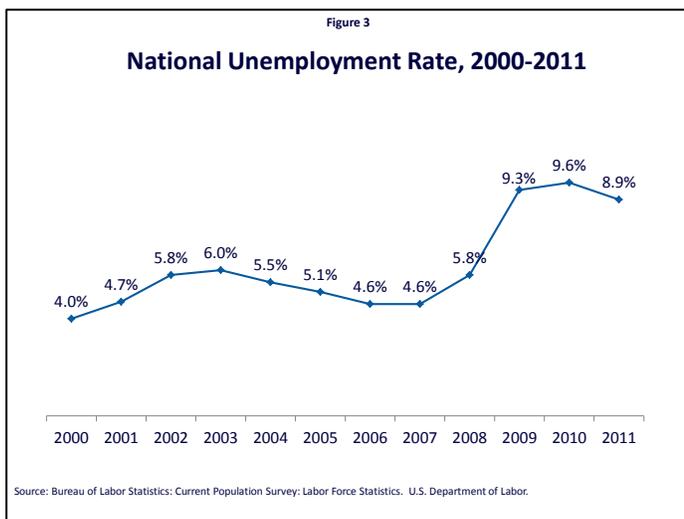


Figure 4 shows that there was a decline in real median household incomes of about 10 percent between 2000 and 2011. Real median household incomes declined slightly between 2010 and 2011. Real per capita incomes also declined over the period, though they seem to have stabilized in the past year.

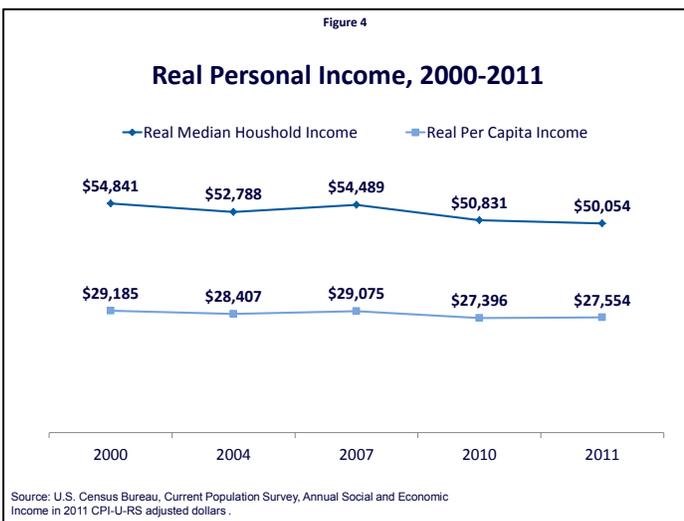
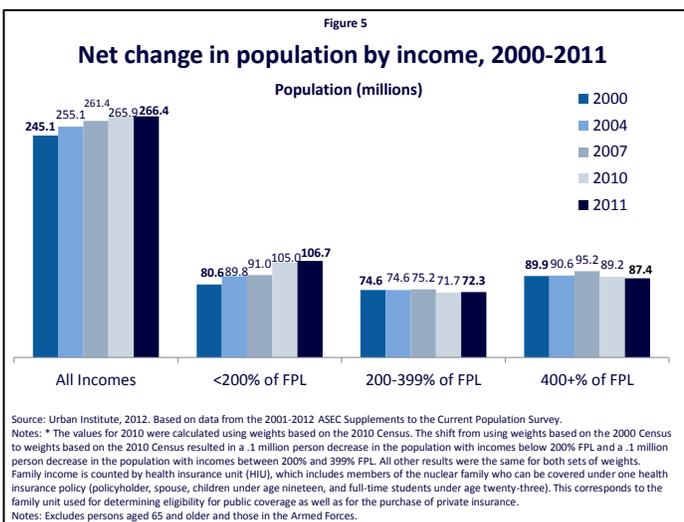
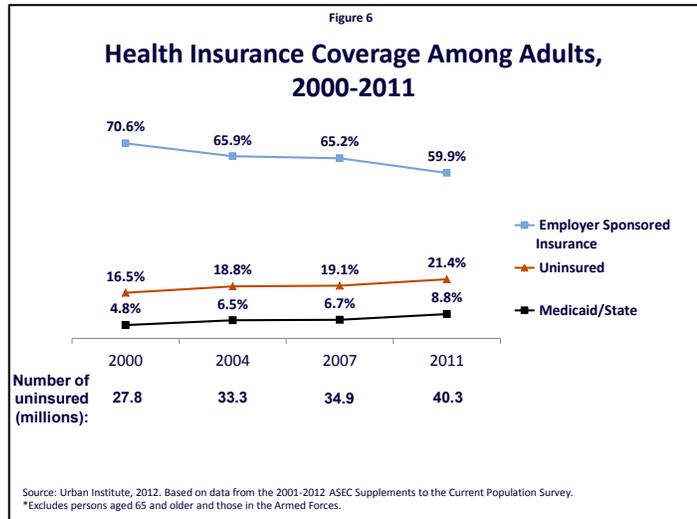


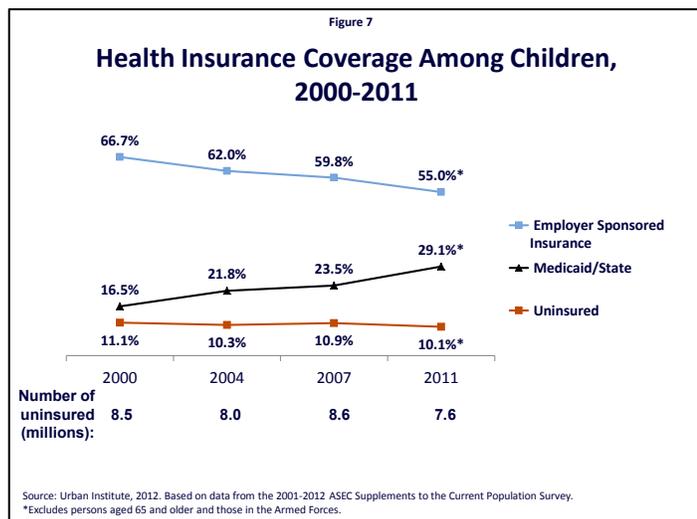
Figure 5 and Table 2 show changes in income distribution among the nonelderly. The data shows the net effect of births and deaths (and turning 65), increases and decreases in incomes, and in and out migration. All of the net growth in the U.S. population between 2000 and 2011 is among those with incomes below 200 percent of the federal poverty line (FPL). There were declines in the number of people in both middle and higher income groups. The changes between 2007 and 2011 are particularly striking. The number of people in families with incomes of 400 percent of the FPL and above fell from 95.2 million to 87.4 million. The number of people living in families with incomes below 200 percent of the FPL increased from 91.0 million to 106.7 million during the same period.



As shown in Figures 6 and 7 (and Table 3), changes in insurance coverage follow trends in the economic conditions. During the recession at the beginning of the decade, from 2000 to 2004, the rate of ESI fell by 4.7 percentage points for both adults and children. This decline was offset by the expansion of Medicaid and CHIP, but much more so for children than for adults. Because of the expansion of public coverage, the uninsured rate and the number of uninsured among children actually fell by 500,000. In contrast, the uninsured rate among adults increased, with the number of uninsured adults increasing from 27.8 million to 33.3 million.



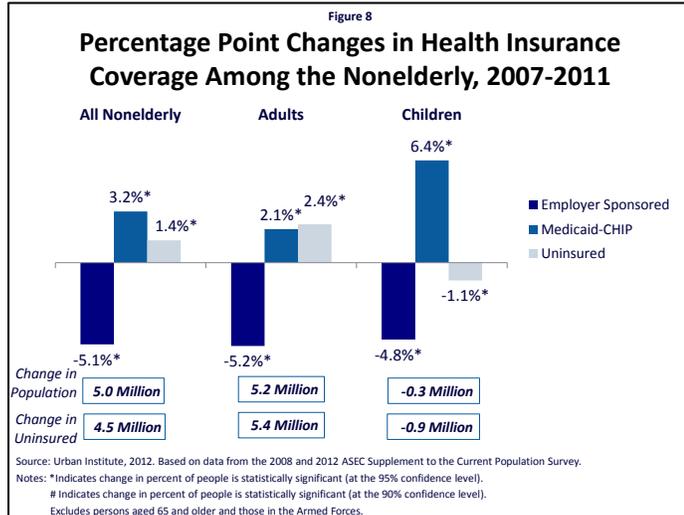
During the middle period of the decade in which there was a modest recovery (2004 to 2007), declines in ESI continued for both children and adults. Medicaid and CHIP participation was essentially unchanged for adults. As a result, the uninsured rate among adults increased slightly and the number of uninsured adults increased by 1.6 million. For children, the decline in ESI was greater than for adults; however there was an increase in Medicaid and CHIP coverage that was also greater than that for adults. Still the rise in public coverage among children was not enough to offset the ESI decline, and the number of uninsured children increased by 600,000.



During the Great Recession and its aftermath, roughly the period between 2007 and 2011, there was substantial decline in ESI for both adults and children. There was also a modest increase in public coverage for adults, which offset some of the decline in ESI. Nonetheless, the uninsured rate increased from 19.1 percent to 21.4 percent, and the number of uninsured adults increased from 34.9 to 40.3 million. In contrast, among children there was a large increase in public coverage, from 23.5 percent to 29.9 percent. The sharp increase in public coverage offset the decline in ESI, and the uninsured rate for children fell from 10.9 percent to 9.7 percent. Between 2007 and 2011, the number of uninsured children fell from 8.6 million to 7.6 million.

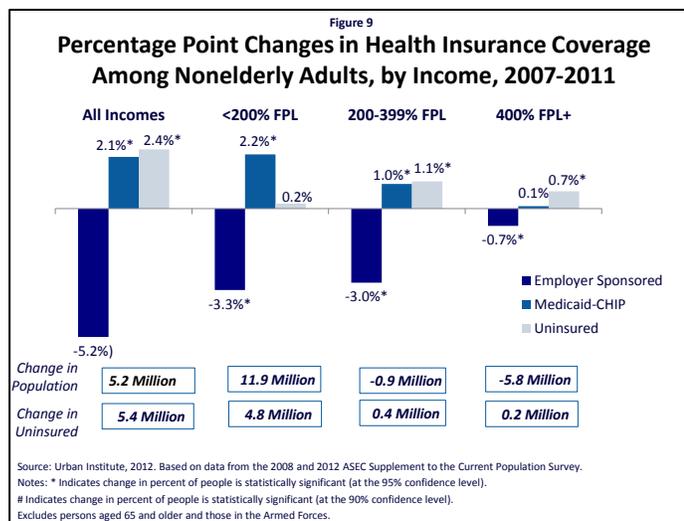
The Great Recession: Changes in Health Insurance Coverage from 2007 to 2011

The rest of the paper focuses in more detail on the Great Recession and its aftermath. The number of uninsured in the U.S. has increased by 4.5 million between 2007 and 2011, despite the decline in the past year (Figure 8 and Table 4). The number of uninsured adults rose by 5.4 million while the number of uninsured children fell by 0.9 million. Overall among the nonelderly, the rate of ESI fell from 63.5 to 58.4 percent. Medicaid and CHIP coverage increased from 11.8 to 15.0 percent, partially offsetting the drop in ESI. The uninsured rate increased from 16.6 percent to 18.0 percent.



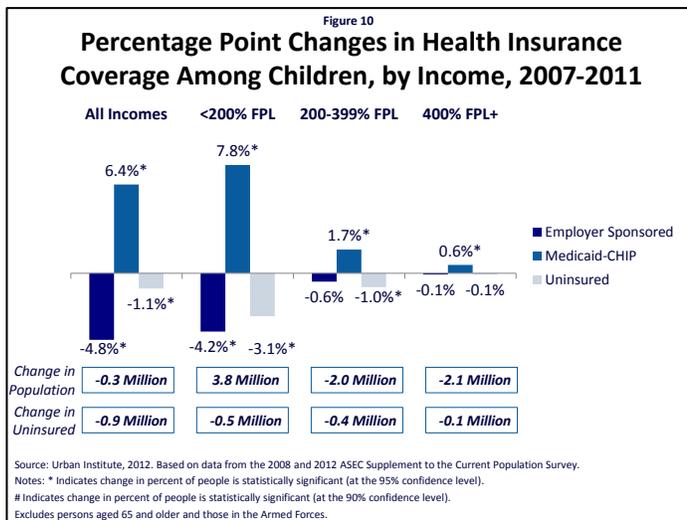
As indicated above, all of the increase in the uninsured was among adults. The rate of ESI for adults declined by 5.2 percentage points. The share of the adult population on Medicaid increased by 2.1 percentage points. The increase in public coverage did not offset the decline in ESI, and the share of the adult population that was uninsured increased from 19.1 percent to 21.4 percent, an increase of 5.4 million.

Almost all of the increase in the number of uninsured adults was among those with incomes below 200 percent of the FPL (Figure 9), reflecting both declining coverage rates and underlying changes in the distribution of the population by income described above. The total number of adults with incomes below 200 percent of the FPL increased by 11.9 million. Within this income group, the ESI rate declined and was partially offset by the increase in public coverage. The uninsured rate among low-income adults was essentially unchanged, but because of the large increase in the size of the low-income population, the number of uninsured low-income adults still increased by 4.8 million.



Among middle- and higher-income adults, there also were declines in ESI and increases in the uninsured rate. Because both groups lost population on balance, the increase in number of uninsured middle- and higher-income Americans was relatively modest, 400,000 and 200,000 respectively. Thus, the number of uninsured adults increased both because of the decline in the rate of ESI within income groups and because of the shift towards a lower-income population in which the likelihood of ESI was smaller and the likelihood of being uninsured was greater.

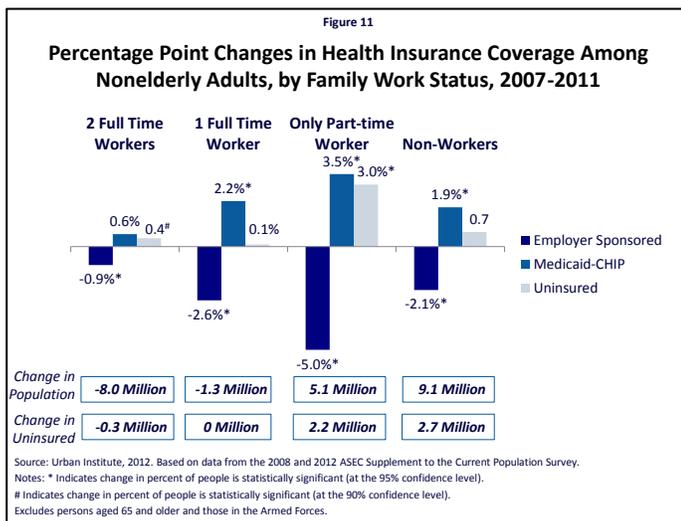
Children across all income groups generally fared better (Figure 10). Overall, there was a sharp decline in ESI coverage rates among children. As with adults, this change reflected both a decline in ESI rates among low-income Americans and underlying shifts in income distribution. During the 2007 to 2011 period, the number of children living in families with incomes below 200 percent of the FPL increased by 3.8 million, while the number of children living in families with incomes above 200 percent of the FPL declined by 4.1 million. On balance, children, unlike adults, saw substantial increases in public coverage, with the public coverage rate increasing by nearly 8 percentage points (from 47.7 to 55.5 percent) among low-income children. This increase, together with growth in the size of the low-income population, added 4.7 million children to public coverage. Because of the large increase in public coverage, the uninsured rate among low-income children declined from 17.9 percent to 14.8 percent. The rate of ESI and the uninsured rate for higher-income children were essentially unchanged.



Work Status

Between 2007 and 2011, the number of people living in families with one or two full-time workers fell by 1.3 and 8.0 million, respectively. Meanwhile, the number of people living in families with only a part-time worker or with no worker increased by 5.1 and 9.1 million respectively (Figure 11 and Table 5). The rate of ESI was extremely high, about 85 percent, for those living in families with two full-time workers, but fell during the recession by about 1 percentage point in these families. This decline in ESI coverage resulted in a small increase in the uninsured rate. There was a larger decline in the ESI rate for people living in families with one full-time worker, and this decline was largely offset by increases in public coverage. The uninsured rate among people with one full-time worker in the family was unchanged.

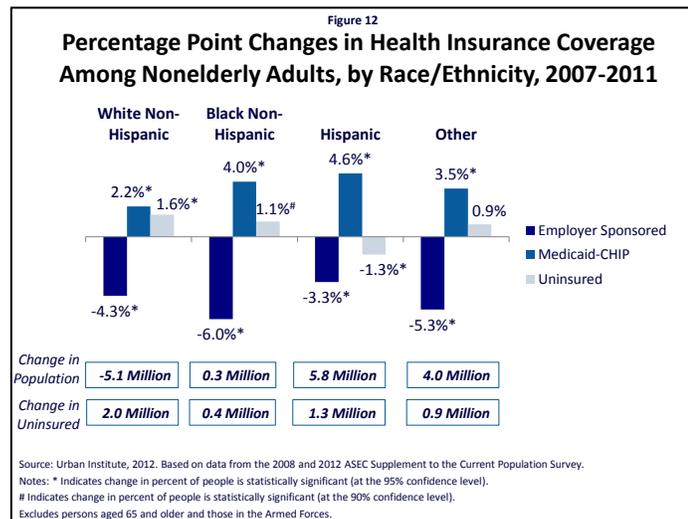
All of the increases in the uninsured were among individuals living in a family with only a part-time worker or with no worker. The ESI rate declined for those in a family with just a part-time worker, from 33.7 to 28.7 percent. In other words, already low rates of ESI fell further. Because of the decline in ESI, which was only partially offset by an increase in public coverage, the uninsured rate for those in a family with only a part-time worker increased from 28.4 percent to 31.4 percent. Together with the increase in the number of people in such families, the number of uninsured increased by 2.2 million.



A similar pattern is true for individuals living in households with no worker. The ESI rate fell from 19.6 to 17.5 percent. This decline was largely offset by increase in public coverage. As a result, the uninsured rate did not increase. However, because the number of people living in a household with no worker increased by 9.1 million, the number of uninsured in such families increased by 2.7 million despite no increase in the likelihood of becoming uninsured.

Race and Ethnicity

A large share of the increase in the uninsured occurred among the white population (Figure 12 and Table 6). The white population decreased by 5.1 million (note that this change also reflects changes in Census weights; see Appendix for more details). Whites also saw a significant decline in income. The number of white Americans living in the middle- and high-income households fell by 2.8 million and 7.6 million respectively, while the number families with incomes below 200 percent of FPL increased 5.3 million. There was a sharp decline among the white population in the likelihood of having ESI which fell from 71.3 percent to 66.9 percent. Some of this decline was offset by an increase in public coverage, but over the four-year period, the uninsured rate among Whites increased from 11.7 percent to 13.2 percent, the highest percentage point increase of any racial or ethnic group. Again, the patterns of coverage among White Americans reflect both declines in ESI rates and job loss and associated declines in incomes, which increased the likelihood of them becoming uninsured.



Black Americans saw sharp income declines as well as an increase in their likelihood of becoming uninsured, from 19.9 percent to 21.0 percent. They also saw a sharp decline in ESI, from 52.7 percent to 46.7 percent, but also experienced a large increase in public coverage. Overall, the number of uninsured black Americans increased by 400,000.

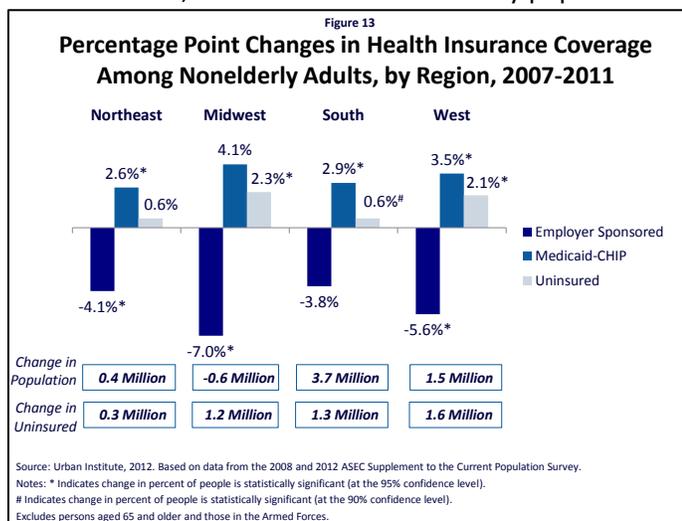
The Hispanic population increased by 5.8 million over the period, mostly among those with incomes below 200 percent of the FPL (this change also reflects changes in Census weights). As did other racial/ethnic groups, Hispanics experienced a decline in ESI, but it was more than offset by the increase in public coverage. Hispanic Americans actually saw a small decline in their uninsured rate, from 32.9 percent to 31.6 percent. Still, because of the increase in the overall size of the Hispanic population, the number of uninsured Hispanics increased by 1.3 million.

The “other” race/ethnicity population, which includes Asian Americans and Native Americans as well as people of mixed race/ethnicity, experienced reductions in the rate of ESI and increases in public coverage, but the change in their uninsured rate is not statistically significant. Because of population growth, 4.0 million, there was an increase in the number of uninsured “other” Americans of 900,000.

Region

All geographic regions saw population declines in their highest income group and population increases in the lowest income group (Figure 13 and Table 7). All experienced declines in the rate of ESI coverage, with the largest declines in the Midwest and West. These two regions also had the largest increases in uninsured rates. The South was affected by the same trends, which were exacerbated by population growth. The Northeast appeared to be the least affected by coverage changes and retained the lowest uninsured rate.

Specifically, the Northeast experienced a decline in the rate of ESI of 4.1 percentage points. This decline was somewhat offset by increases in public and private nongroup coverage. The change in the uninsured rate was not statistically significantly different. The number of uninsured individuals living the Northeast increased by 300,000, mostly because of modest population growth.



The decline in the rate of ESI in the Midwest was substantially greater than other regions, from 69.1 percent to 62.1 percent. There was a relatively large increase in public coverage, but this increase was not sufficient to offset the decline in ESI. The uninsured rate in the Midwest increased from 12.4 percent to 14.7 percent, and the number of uninsured Midwesterners increased by 1.2 million.

The South saw the largest increase in population over the period, 3.7 million. Like other regions, there was a decline in the rate of ESI in the South from 59.7 percent to 55.8 percent. Public coverage expanded but did not offset the loss of ESI, and the uninsured rate increased slightly. Largely because of the increase in the size of the population in the South, the number of uninsured increased by 1.3 million.

The population in the West increased by 1.5 million. Like other regions, there was a sharp decline in the rate of ESI from 60.6 to 54.9 percent. Public coverage expanded significantly but not enough to offset the decline in ESI. The uninsured rate increased from 18.1 percent to 20.2 percent. The number of uninsured in the West increased by 1.6 million due to both population growth and the increase in the uninsured rate.

Conclusion

The number of nonelderly uninsured dropped by 1.2 million between 2010 and 2011. Most of the decline was among adults – 900,000 – because of the increase in both public and private nongroup coverage. The number of uninsured children fell as well, almost entirely because of an increase in public coverage. The increase in public coverage is surprising given the continued economic strain faced by states and may reflect the provisions of the American Recovery and Reinvestment Act and the Affordable Care Act that required states to maintain eligibility levels. Rising rates of public coverage may also reflect the fact that incomes continued to decline in 2011, which made more people eligible for coverage.

Over the last decade, the share of the nonelderly population with employer sponsored insurance has declined by more than 10 percentage points. The decline was 10.7 percentage points among adults and 11.8 percentage points among children. Declining rates of ESI reflects increasing health care costs that contribute to the inability of employers, particularly small firms, to continue providing coverage for employees, particularly low-wage workers. It also reflects the large increase in people living in low-income families where ESI rates are historically much lower. The decline in ESI is a long-term phenomenon that seems unlikely to change.

Public coverage increased dramatically over the decade, particularly for children. The increase in Medicaid and CHIP coverage among children, from 16.5 percent of children to 29.9 percent, more than offset the decline in ESI and led to reduction in the number of uninsured children from 8.5 to 7.6 million. The increase in public coverage from 4.8 percent to 8.8 percent among adults did not offset the sharp decline in ESI for adults, and the number of uninsured adults increased from 27.8 million in 2000 to 40.3 million in 2011.

As provisions of the ACA continue to be implemented, especially the major coverage provisions that go into effect in 2014, it is expected that the uninsured rate will drop considerably and coverage will be more stable than in the past. ESI will still be tied to work—and thus will continue to fluctuate with changing economic conditions—and may continue to decline due to the long-term secular trends driving its decline over the past decade. However, estimates of the impact of the ACA suggest that it will have small but generally positive effects on ESI.⁶⁷

The ACA also expanded public coverage both through the Medicaid expansion and through subsidies in the exchange. These provisions will provide significant new opportunities for individuals to obtain public support when they lose ESI. The uninsurance rate is expected to fall roughly by half because of the ACA and will also be more stable than it has been in the recent past. Thus, the ACA will add to the nation's automatic stabilizers, protecting individuals against the loss of health insurance during economic recessions.

⁶ Blumberg L, Buettgens M, Feder J, Holahan J. Implications of the Affordable Care Act for American Business. Washington, DC: The Urban Institute, 2012.

⁷ Long S, Stockley K, Dahlen H. Massachusetts Health Reforms: Uninsurance Remains Low, Self-Reported Health Status Improves As State Prepares To Tackle Costs. *Health Affairs* 2011; 31(2): 444-451.

Appendix: Methods Notes

The data for this report is based on Urban Institute analysis of the Census Bureau's March Supplement to the Current Population Survey (the CPS Annual Social and Economic Supplement or ASEC). The CPS supplement is the primary source of annual health insurance coverage information in the United States.

There is debate over whether the CPS is measuring the number of uninsured for an entire year (as intended) or whether responses more closely reflect the number of uninsured at a point-in-time. In this paper, we assume that the CPS is essentially a measurement of point-in-time coverage, primarily because the number of uninsured in the CPS has historically been significantly closer to point-in-time estimates and well above the full year estimates of other surveys. While there is also a concern that the CPS understates Medicaid/CHIP enrollment and thus, possibly overstates the number of uninsured,* none of the estimates presented here have been adjusted to take into account possible underreporting of Medicaid/CHIP coverage. However, it is unlikely that the size of the Medicaid undercount varies substantially over time.

We use the health insurance unit (HIU) as the unit of analysis for determining family-level income. A HIU includes members of the nuclear family who can be covered under one health insurance policy (i.e., policyholder, spouse, children who are under age 19 and full-time students under age 23). Use of HIUs in determining family-level income leads to results that differ from those obtained when household income is used because the latter includes the income of all relatives and unrelated individuals living together. The income of the HIU more accurately reflects the income available to individuals when purchasing private insurance or determining eligibility for public programs. We look at changes in coverage dividing the population into three income groups based on percent of the federal poverty level (FPL). The FPL's are useful because they adjust for both inflation and family size.

In 2011, the Census Bureau revised its health coverage imputation methodology for those who did not respond to health insurance questions. The revisions address the differences between the way that health insurance coverage is collected in the CPS ASEC and the way it is imputed. Previously, dependent coverage assignments were limited only to the policyholder's spouse and/or children. The revisions now allow all members in the household to be assigned dependent coverage, and the increase in the imputed number of dependents with coverage more accurately reflects individual reporting. These revisions were reflected in the calendar year 2010 CPS ASEC data, and revised extracts were released for 1999 to 2009 data years allowing a methodologically consistent trend to be examined from 1999 to 2010. Overall, the new editing process led to a 0.6 percentage point decrease in the number of uninsured in 2009.

The release of the 2010 Census has impacted our use of the 2010 CPS dataset and our ability to create time trends spanning the last decade. Every year, the CPS survey is weighted according to the most recent Census so that the results of the survey sample may be generalized to reflect the composition of the entire population. Since 2000, the CPS datasets have been created using weights based on the demographic information from the 2000 Decennial Census. With the release of the 2010 Decennial Census, the Census Bureau updated the previously published 2010 CPS data using weights based on the newly gathered information from the 2010 Census. While this update enables the 2010 CPS dataset to more accurately reflect the current demographics of the population, it leads to two different sets of estimates for 2010: those based on the 2000 weights and those based on the 2010 weights. It is important to take note that CPS data for previous years in the decade continues to use weights based on the 2000 Census.

Through rigorous testing, we found that the changes resulting from the updates were too small to be considered statistically significant, with a few minor exceptions. The most important is in race/ethnicity, where the change in weights resulted in a statistically significant decrease in the total number of whites and a statistically significant increase in the total number of Hispanics and people from other races. There were no changes in the rates of ESI, Medicaid, or other forms of insurance. However, the changes in the numbers of whites, Hispanics, and "other race/ethnicity" meant that some of the reported decline in the number of whites without insurance and increase in the number of Hispanics and "other" were due to the change in weights. For example, 600,000 of the 1.4 million person decline in the number of white uninsured that we report in this paper was due to the change in weights (reflecting a greater decline in the white population). Similarly, there were 300,000 more Hispanic uninsured and 400,000 more "other" uninsured because of the larger estimated size of these populations.

* Davern M, Klerman JA, Ziegenfuss J, Lynch V, Baugh D, Greenberg G. A partially corrected estimate of Medicaid enrollment and uninsurance: results from an imputational model developed off linked survey and administrative data. *J Econ Soc Meas.* 2009; 34(4):219-40; Call KT, Davidson G, Sommers AS, Feldman R, Farseth P, Rockwood T. Uncovering the missing Medicaid cases and assessing their bias for estimates of the uninsured. *Inquiry* Winter 2001/2002;38(4): 396-408.

Table 1: Health Insurance Coverage of Nonelderly by Age and Poverty Levels, 2010 vs. 2011

	NONELDERLY					ADULTS, 19-64					CHILDREN, 0-18				
			Coverage Distribution within Income Category		Change in Millions of People			Coverage Distribution within Income Category		Change in Millions of People			Coverage Distribution within Income Category		Change in Millions of People
	2010	2011	2010	2011	2010-11	2010	2011	2010	2011	2010-11	2010	2011	2010	2011	2010-11
	(millions)					(millions)					(millions)				
All Incomes (millions of people)	265.9	265.9	266.4	266.4	0.5	187.1	187.1	188.0	188.0	0.9	78.8	78.8	78.4	78.4	-0.4
Employer	156.1	58.7%	155.6	58.4%	-0.5	112.8	60.3%	112.6	59.9% #	-0.3	43.3	55.0%	43.0	54.9%	-0.3
Medicaid/SCHIP	38.2	14.4%	40.0	15.0% *	1.8 ^a	15.3	8.2%	16.5	8.8% *	1.3 ^a	22.9	29.1%	23.4	29.9% *	0.5
Medicare/TRICARE/Other federal	7.6	2.9%	7.7	2.9%	0.1	6.3	3.4%	6.5	3.5%	0.2	1.3	1.6%	1.1	1.4% #	-0.2 ^b
Private Nongroup	14.8	5.6%	15.2	5.7%	0.4	11.4	6.1%	12.1	6.4% *	0.7 ^a	3.3	4.2%	3.1	4.0%	-0.2 ^b
Uninsured	49.2	18.5%	47.9	18.0% *	-1.2 ^a	41.2	22.0%	40.3	21.4% *	-0.9 ^a	7.9	10.1%	7.6	9.7%	-0.3
Less than 200% of FPL	105.0	105.0	106.7	106.7	1.7^a	67.7	67.7	69.3	69.3	1.6^a	37.3	37.3	37.3	37.3	0.1
Employer	27.8	26.4%	28.1	26.3%	0.3	18.1	26.7%	18.6	26.8%	0.5 ^b	9.7	26.0%	9.5	25.4%	-0.2
Medicaid/SCHIP	33.2	31.7%	35.0	32.8% *	1.8 ^a	13.3	19.6%	14.3	20.6% *	1.0 ^a	20.0	53.6%	20.7	55.5% *	0.7 ^a
Medicare/TRICARE/Other federal	3.9	3.7%	4.2	3.9%	0.3 ^b	3.3	4.9%	3.7	5.3% *	0.4 ^a	0.6	1.7%	0.5	1.3% *	-0.1 ^a
Private Nongroup	6.1	5.8%	6.6	6.2% *	0.5 ^a	5.0	7.3%	5.5	7.9% *	0.5 ^a	1.2	3.2%	1.1	3.0%	-0.1
Uninsured	33.9	32.3%	32.8	30.7% *	-1.1 ^a	28.1	41.5%	27.2	39.3% *	-0.8 ^a	5.8	15.6%	5.5	14.8% #	-0.3
200 to 399% of FPL	71.7	71.7	72.3	72.3	0.6	50.6	50.6	51.5	51.5	0.8^b	21.1	21.1	20.9	20.9	-0.2
Employer	50.7	70.7%	51.3	70.9%	0.6	35.1	69.2%	35.7	69.3%	0.6	15.6	74.0%	15.6	75.0%	0.0
Medicaid/SCHIP	4.0	5.6%	4.1	5.6%	0.1	1.5	3.0%	1.8	3.5% *	0.2 ^a	2.5	11.8%	2.3	11.1%	-0.2
Medicare/TRICARE/Other federal	2.2	3.0%	2.0	2.8% #	-0.2	1.8	3.5%	1.6	3.1% #	-0.1	0.4	1.9%	0.4	1.8%	0.0
Private Nongroup	4.2	5.9%	4.3	6.0%	0.1	3.2	6.3%	3.3	6.3%	0.1	1.1	5.0%	1.1	5.1%	0.0
Uninsured	10.6	14.8%	10.6	14.7%	0.0	9.1	18.0%	9.2	17.8%	0.1	1.5	7.2%	1.5	7.0%	-0.1
400% of FPL and above	89.2	89.2	87.4	87.4	-1.8^a	68.8	68.8	67.2	67.2	-1.5^a	20.4	20.4	20.2	20.2	-0.3
Employer	77.7	87.1%	76.2	87.3%	-1.5 ^a	59.7	86.8%	58.3	86.8%	-1.4 ^a	18.0	88.2%	17.9	88.9%	-0.1
Medicaid/SCHIP	0.9	1.0%	0.9	1.0%	0.0	0.5	0.7%	0.5	0.7%	0.0	0.5	2.2%	0.4	2.1%	0.0
Medicare/TRICARE/Other federal	1.5	1.7%	1.5	1.7%	0.0	1.3	1.8%	1.2	1.8%	0.0	0.3	1.3%	0.2	1.2%	0.0
Private Nongroup	4.4	4.9%	4.3	4.9%	-0.1	3.3	4.8%	3.3	5.0%	0.0	1.1	5.4%	0.9	4.7% *	-0.2 ^a
Uninsured	4.6	5.2%	4.5	5.2%	-0.1	4.0	5.9%	3.9	5.8%	-0.2	0.6	2.9%	0.6	3.1%	0.0

Source: Urban Institute, 2012. Based on data from the 2011 and 2012 ASEC Supplement to the Current Population Survey.

Note: Excludes persons aged 65 and older and those in the Armed Forces.

* Indicates change in percent of people is statistically significant (at the 95% confidence level).

Indicates change in percent of people is statistically significant (at the 90% confidence level).

^a Indicates change in numbers of people is statistically significant (at the 95% confidence level).

^b Indicates change in numbers of people is statistically significant (at the 90% confidence level).

**Table 2: Changes in Family Income, 2000-2011
(Nonelderly)**

	2000		2004		2007		2010*		2011	
	(millions)		(millions)		(millions)		(millions)		(millions)	
Nonelderly	245.1		255.1		261.4		265.9		266.4	
<200% of FPL	80.6	32.9%	89.8	35.2%	91.0	34.8%	105.0	39.5%	106.7	40.0%
200-399% of FPL	74.6	30.4%	74.6	29.3%	75.2	28.8%	71.7	27.0%	72.3	27.2%
400+% of FPL	89.9	36.7%	90.6	35.5%	95.2	36.4%	89.2	33.5%	87.4	32.8%

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

Notes: Excludes persons aged 65 and older and those in the Armed Forces.

Table 3: Health Insurance Coverage of Nonelderly by Age and Year, 2000-2011

	2000	2004	CHANGE 2000-04		2007	CHANGE 2004-07		2011	CHANGE 2007-11	
			(millions)			(millions)			(millions)	
Nonelderly										
Millions of people	245.1	255.1	10.0 ^a		261.4	6.3 ^a		266.4	5.0 ^a	
Employer	69.3%	64.7%	-4.3% [*]	-5.0 ^a	63.5%	-1.1% [*]	1.2 ^b	58.4%	-5.1% [*]	-10.3 ^a
Medicaid/SCHIP	8.4%	11.2%	2.4% [*]	7.8 ^a	11.8%	0.6% [*]	2.2 ^a	15.0%	3.2% [*]	9.2 ^a
Uninsured	14.8%	16.2%	1.3% [*]	5.0 ^a	16.6%	0.3% [*]	2.1 ^a	18.0%	1.4% [*]	4.5 ^a
Adults, 19-64										
Millions of people	168.8	177.3	8.5 ^a		182.8	5.5 ^a		188.0	5.2 ^a	
Employer	70.6%	65.9%	-4.7% [*]	-2.3 ^a	65.2%	-0.7% [*]	2.3 ^a	59.9%	-5.2% [*]	-6.4 ^a
Medicaid/SCHIP	4.8%	6.5%	1.7% [*]	3.5 ^a	6.7%	0.2%	0.7 ^a	8.8%	2.1% [*]	4.3 ^a
Uninsured	16.5%	18.8%	2.3% [*]	5.5 ^a	19.1%	0.3%	1.6 ^a	21.4%	2.4% [*]	5.4 ^a
Children, 0-18										
Millions of people	76.3	77.8	1.4 ^a		78.6	0.9		78.4	-0.3	
Employer	66.7%	62.0%	-4.7% [*]	-2.7 ^a	59.8%	-2.2% [*]	-1.2 ^a	54.9%	-4.8% [*]	-3.9 ^a
Medicaid/SCHIP	16.5%	21.8%	5.3% [*]	4.3 ^a	23.5%	1.7% [*]	1.5 ^a	29.9%	6.4% [*]	5.0 ^a
Uninsured	11.1%	10.3%	-0.8% [*]	-0.5 ^a	10.9%	0.6% [*]	0.6 ^a	9.7%	-1.1% [*]	-0.9 ^a

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

Notes: Excludes persons aged 65 and older and those in the Armed Forces.

Family income is counted by health insurance unit (HIU), which includes members of the nuclear family who can be covered under one health insurance policy (policyholder, spouse, children under age nineteen, and full-time students under age twenty-three). This corresponds to the family unit used for determining eligibility for public coverage as well as for the purchase of private insurance. Numbers do not add to the total and percentages may not add to 100% as private non-group and other federal coverages are not listed.

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Indicates change in percent of people is statistically significant (at the 90% confidence level).

^a Indicates change in numbers of people is statistically significant (at the 95% confidence level).

^b Indicates change in numbers of people is statistically significant (at the 90% confidence level).

Table 4: Health Insurance Coverage of Nonelderly by Age and Poverty Levels, 2007 vs. 2011

	NONELDERLY					ADULTS, 19-64					CHILDREN, 0-18				
	Coverage Distribution within Income Category				Change in Millions of People 2007-11	Coverage Distribution within Income Category				Change in Millions of People 2007-11	Coverage Distribution within Income Category				Change in Millions of People 2007-11
	2007		2011			2007		2011			2007		2011		
(millions)					(millions)					(millions)					
All Incomes (millions of people)	261.4	261.4	266.4	266.4	5.0^a	182.8	182.8	188.0	188.0	5.2^a	78.6	78.6	78.4	78.4	-0.3
Employer	166.0	63.5%	155.6	58.4% *	-10.3 ^a	119.0	65.1%	112.6	59.9% *	-6.4 ^a	47.0	59.7%	43.0	54.9% *	-3.9 ^a
Medicaid/SCHIP	30.7	11.8%	40.0	15.0% *	9.2 ^a	12.3	6.7%	16.5	8.8% *	4.3 ^a	18.5	23.5%	23.4	29.9% *	5.0 ^a
Medicare/TRICARE/Other federal	6.6	2.5%	7.7	2.9% *	1.0 ^a	5.5	3.0%	6.5	3.5% *	1.0 ^a	1.1	1.4%	1.1	1.4%	0.0
Private Nongroup	14.7	5.6%	15.2	5.7%	0.5 ^b	11.2	6.1%	12.1	6.4% *	0.9 ^a	3.5	4.5%	3.1	4.0% *	-0.4 ^a
Uninsured	43.4	16.6%	47.9	18.0% *	4.5 ^a	34.9	19.1%	40.3	21.4% *	5.4 ^a	8.6	10.9%	7.6	9.7% *	-0.9 ^a
Less than 200% of FPL	91.0	91.0	106.7	106.7	15.6^a	57.5	57.5	69.3	69.3	11.9^a	33.6	33.6	37.3	37.3	3.8^a
Employer	27.2	29.9%	28.1	26.3% *	0.8 ^a	17.3	30.1%	18.6	26.8% *	1.3 ^a	9.9	29.6%	9.5	25.4% *	-0.4 ^a
Medicaid/SCHIP	26.6	29.2%	35.0	32.8% *	8.4 ^a	10.6	18.4%	14.3	20.6% *	3.7 ^a	16.0	47.7%	20.7	55.5% *	4.7 ^a
Medicare/TRICARE/Other federal	3.4	3.7%	4.2	3.9% #	0.8 ^a	2.9	5.0%	3.7	5.3%	0.8 ^a	0.5	1.4%	0.5	1.3%	0.0
Private Nongroup	5.4	6.0%	6.6	6.2%	1.2 ^a	4.3	7.4%	5.5	7.9% *	1.2 ^a	1.2	3.5%	1.1	3.0% *	-0.1
Uninsured	28.5	31.2%	32.8	30.7%	4.3 ^a	22.4	39.0%	27.2	39.3%	4.8 ^a	6.0	17.9%	5.5	14.8% *	-0.5 ^a
200 to 399% of FPL	75.2	75.2	72.3	72.3	-2.8^a	52.3	52.3	51.5	51.5	-0.9^b	22.8	22.8	20.9	20.9	-2.0^a
Employer	55.1	73.3%	51.3	70.9% *	-3.8 ^a	37.8	72.3%	35.7	69.3% *	-2.2 ^a	17.3	75.6%	15.6	75.0%	-1.6 ^a
Medicaid/SCHIP	3.4	4.5%	4.1	5.6% *	0.7 ^a	1.3	2.4%	1.8	3.5% *	0.5 ^a	2.1	9.4%	2.3	11.1% *	0.2
Medicare/TRICARE/Other federal	1.8	2.4%	2.0	2.8% *	0.2 ^b	1.4	2.7%	1.6	3.1% *	0.2 ^a	0.4	1.7%	0.4	1.8%	0.0
Private Nongroup	4.3	5.7%	4.3	6.0%	0.0	3.1	5.9%	3.3	6.3% #	0.2	1.2	5.3%	1.1	5.1%	-0.2 ^b
Uninsured	10.6	14.0%	10.6	14.7% *	0.1	8.7	16.7%	9.2	17.8% *	0.4 ^a	1.8	8.0%	1.5	7.0% *	-0.4 ^a
400% of FPL and above	95.2	95.2	87.4	87.4	-7.8^a	73.0	73.0	67.2	67.2	-5.8^a	22.2	22.2	20.2	20.2	-2.1^a
Employer	83.6	87.8%	76.2	87.3% *	-7.4 ^a	63.8	87.5%	58.3	86.8% *	-5.5 ^a	19.8	89.0%	17.9	88.9%	-1.9 ^a
Medicaid/SCHIP	0.8	0.8%	0.9	1.0% *	0.1 ^b	0.4	0.6%	0.5	0.7%	0.0	0.3	1.5%	0.4	2.1% *	0.1 ^a
Medicare/TRICARE/Other federal	1.5	1.5%	1.5	1.7%	0.0	1.2	1.6%	1.2	1.8%	0.0	0.3	1.2%	0.2	1.2%	0.0
Private Nongroup	4.9	5.2%	4.3	4.9% #	-0.7 ^a	3.8	5.2%	3.3	5.0%	-0.5 ^a	1.1	5.1%	0.9	4.7%	-0.2 ^a
Uninsured	4.4	4.6%	4.5	5.2% *	0.1	3.7	5.1%	3.9	5.8% *	0.2	0.7	3.2%	0.6	3.1%	-0.1

Source: Urban Institute, 2012. Based on data from the 2008 and 2012 ASEC Supplement to the Current Population Survey.
 Note: Excludes persons aged 65 and older and those in the Armed Forces.

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Table 5: Health Insurance Coverage of Nonelderly by Family Work Status and Poverty Level, 2007 vs. 2011

	2 Full Time Workers					1 Full Time Worker					Only Part-time Workers					Non-workers							
	Coverage Distribution within Income Category				Change in Millions of People	Coverage Distribution within Income Category				Change in Millions of People	Coverage Distribution within Income Category				Change in Millions of People	Coverage Distribution within Income Category				Change in Millions of People			
	2007	2011	2007-11			2007	2011	2007-11			2007	2011	2007-11			2007	2011	2007-11					
(millions)	(millions)	(millions)	(millions)		(millions)	(millions)	(millions)	(millions)	(millions)	(millions)	(millions)	(millions)	(millions)	(millions)	(millions)	(millions)	(millions)						
All Incomes (millions of people)	72.9	72.9	65.0	65.0	-8.0^a	139.6	139.6	138.4	138.4	-1.3^a	18.6	18.6	23.7	23.7	5.1^a	30.2	30.2	39.3	39.3	9.1^a			
Employer	62.0	85.0%	54.6	84.1% *	-7.4 *	91.8	65.7%	87.3	63.1%	-2.6% *	-4.5 ^a	6.3	33.7%	6.8	28.7%	-5.0% *	0.5 ^a	5.9	19.6%	6.9	17.5%	-2.1% *	1.0 ^a
Medicaid and State	2.2	3.1%	2.4	3.7% *	0.2	12.9	9.3%	15.9	11.5%	2.2% *	2.9 ^a	4.3	23.2%	6.3	26.7%	3.5% *	2.0 ^a	11.2	37.2%	15.4	39.1%	1.9% *	4.1 ^a
CHAMPUS/Medicare	0.8	1.1%	0.7	1.1%	-0.1 ^b	2.2	1.5%	2.5	1.8%	0.3% *	0.4 ^a	0.6	3.0%	0.6	2.6%	-0.4%	0.1	3.1	10.2%	3.8	9.7%	-0.5%	0.7 ^a
Private Nongroup	2.5	3.5%	2.2	3.4%	-0.3 ^a	8.0	5.7%	7.9	5.7%	0.0%	-0.1	2.2	11.7%	2.5	10.6%	-1.1% *	0.3 ^a	2.0	6.6%	2.6	6.6%	0.0%	0.6 ^a
Uninsured	5.4	7.4%	5.1	7.8% #	-0.3 ^b	24.8	17.8%	24.8	17.9%	0.1%	0.0	5.3	28.4%	7.5	31.4%	3.0% *	2.2 ^a	8.0	26.4%	10.6	27.1%	0.7%	2.7 ^a
Less than 200% of FPL (millions of people)	5.3	5.3	4.8	4.8	-0.5^a	45.6	45.6	48.2	48.2	2.6^a	13.5	13.5	18.3	18.3	4.9^a	26.6	26.6	35.3	35.3	8.7^a			
Employer	2.3	44.0%	1.9	39.9% *	-0.4 ^a	17.4	38.1%	17.0	35.2%	-2.9% *	-0.4	3.4	25.4%	4.1	22.1%	-3.3% *	0.6 ^a	4.1	15.4%	5.1	14.6%	-0.8% #	1.1 ^a
Medicaid and State	1.2	23.1%	1.3	27.2% *	0.1	10.5	23.0%	13.0	26.9%	3.9% *	2.5 ^a	4.0	29.4%	5.9	32.1%	2.7% *	1.9 ^a	10.9	40.9%	14.9	42.1%	1.1% #	4.0 ^a
CHAMPUS/Medicare	0.1	1.0%	0.1	1.1%	0.0	0.6	1.4%	0.8	1.8%	0.4% *	0.2 ^a	0.3	2.3%	0.3	1.8%	-0.6% *	0.0	2.4	8.9%	3.0	8.4%	-0.4%	0.6 ^a
Private Nongroup	0.2	2.9%	0.1	3.1%	0.0	2.3	5.0%	2.5	5.1%	0.1%	0.2	1.3	10.0%	1.8	9.6%	-0.3%	0.4 ^a	1.6	6.1%	2.2	6.3%	0.2%	0.6 ^a
Uninsured	1.5	29.1%	1.4	28.7%	-0.2 ^a	14.8	32.5%	15.0	31.1%	-1.4% *	0.1	4.4	32.9%	6.3	34.4%	1.5% #	1.9 ^a	7.6	28.7%	10.1	28.6%	-0.1%	2.5 ^a
200 to 399% of FPL (millions of people)	20.4	20.4	18.4	18.4	-2.0^a	49.3	49.3	47.7	47.7	-1.6^a	3.2	3.2	3.6	3.6	0.4^a	2.3	2.3	2.7	2.7	0.4^a			
Employer	16.3	80.1%	14.4	78.5% *	-1.9 ^a	36.1	73.3%	34.2	71.8%	-1.5% *	-1.9 ^a	1.6	49.8%	1.6	44.4%	-5.3% *	0.0	1.1	46.0%	1.0	38.8%	-7.2% *	0.0
Medicaid and State	0.8	3.8%	0.9	4.6% *	0.1	2.1	4.2%	2.4	5.1%	0.9% *	0.3 ^a	0.3	9.5%	0.4	10.7%	1.2%	0.1 ^b	0.3	11.1%	0.4	16.3%	5.3% *	0.2 ^a
CHAMPUS/Medicare	0.2	1.2%	0.2	1.1%	0.0	0.9	1.8%	1.0	2.1%	0.3% #	0.1	0.2	5.1%	0.2	6.1%	1.0%	0.1 ^b	0.5	22.7%	0.6	22.2%	-0.5%	0.1
Private Nongroup	0.8	3.9%	0.7	4.0%	-0.1	2.8	5.7%	2.9	6.1%	0.4%	0.1	0.5	14.8%	0.5	13.0%	-1.7%	0.0	0.2	9.9%	0.2	8.8%	-1.1%	0.0
Uninsured	2.2	11.0%	2.2	11.8%	-0.1	7.4	15.0%	7.2	15.0%	0.0%	-0.3	0.7	20.9%	0.9	25.8%	4.9% *	0.3 ^a	0.2	10.4%	0.4	13.9%	3.5% *	0.1 ^a
400%+ of FPL (millions of people)	47.2	47.2	41.8	41.8	-5.4^a	44.7	44.7	42.5	42.5	-2.3^a	2.0	2.0	1.8	1.8	-0.2^b	1.3	1.3	1.3	1.3	0.0			
Employer	43.3	91.7%	38.3	91.5%	-5.0 ^a	38.3	85.6%	36.1	85.0%	-0.6%	-2.2 ^a	1.3	65.2%	1.2	64.6%	-0.6%	-0.1	0.8	59.8%	0.7	54.4%	-5.5% #	-0.1
Medicaid and State	0.2	0.5%	0.2	0.6%	0.0	0.4	0.9%	0.5	1.2%	0.3% *	0.1 ^a	0.1	2.9%	0.1	3.7%	0.8%	0.0	0.1	6.6%	0.1	5.2%	-1.3%	0.0
CHAMPUS/Medicare	0.5	1.1%	0.5	1.1%	-0.1	0.6	1.4%	0.7	1.7%	0.2%	0.1	0.1	4.0%	0.1	4.2%	0.2%	0.0	0.2	15.8%	0.2	18.3%	2.6%	0.0
Private Nongroup	1.6	3.4%	1.3	3.1%	-0.3 ^a	2.9	6.4%	2.5	6.0%	-0.4%	-0.3 ^a	0.4	18.1%	0.3	15.2%	-3.0%	-0.1 ^a	0.1	11.0%	0.1	10.8%	-0.2%	0.0
Uninsured	1.6	3.3%	1.5	3.6%	-0.1	2.5	5.7%	2.6	6.2%	0.5% *	0.1	0.2	9.7%	0.2	12.4%	2.6%	0.0	0.1	6.8%	0.1	11.2%	4.4% *	0.1 ^a

Source: Urban Institute, 2012. Based on data from the 2008 and 2012 ASEC Supplements to the CPS.

Note: Excludes persons aged 65 and older and those in the Armed Forces.

* Indicates change in percent of people is statistically significant (at the 95% confidence level).

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^a Indicates change in numbers of people is statistically significant (at the 95% confidence level).

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Table 6: Health Insurance Coverage of Nonelderly by Race and Ethnicity and Poverty Level, 2007 vs. 2011

	WHITE ONLY (NON-HISPANIC)					BLACK ONLY (NON-HISPANIC)					HISPANIC					OTHER				
	2007		2011		Change in Millions of People 2007-11	2007		2011		Change in Millions of People 2007-11	2007		2011		Change in Millions of People 2007-11	2007		2011		Change in Millions of People 2007-11
	(millions)	Coverage Distribution within Income Category	(millions)	Coverage Distribution within Income Category		(millions)	Coverage Distribution within Income Category	(millions)	Coverage Distribution within Income Category		(millions)	Coverage Distribution within Income Category	(millions)	Coverage Distribution within Income Category		(millions)	Coverage Distribution within Income Category	(millions)	Coverage Distribution within Income Category	
All Incomes (millions of people)	166.7	166.7	161.6	161.6	-5.1 ^a	33.2	33.2	33.5	33.5	0.3	43.4	43.4	49.2	49.2	5.8 ^a	18.2	18.2	22.2	22.2	4.0 ^a
Employer	118.8	71.3%	108.1	66.9% *	-10.7 ^a	17.5	52.7%	15.6	46.7% *	-1.9 ^a	18.3	42.1%	19.1	38.8% *	0.8 ^a	11.4	62.8%	12.7	57.5% *	1.3 ^a
Medicaid and State	12.7	7.6%	15.8	9.8% *	3.1 ^a	7.0	21.0%	8.4	25.0% *	1.4 ^a	8.8	20.3%	12.3	25.0% *	3.5 ^a	2.2	12.2%	3.5	15.8% *	1.3 ^a
CHAMPUS/Medicare	4.5	2.7%	5.1	3.1% *	0.6 ^a	1.1	3.4%	1.2	3.7% *	0.1	0.6	1.5%	0.8	1.6% *	0.1 ^a	0.4	2.3%	0.6	2.6% *	0.2 ^a
Private Nongroup	11.3	6.8%	11.1	6.9% *	-0.1	1.0	3.0%	1.2	3.6% *	0.2 ^a	1.4	3.1%	1.5	3.0% *	0.1	1.0	5.7%	1.4	6.3% *	0.4 ^a
Uninsured	19.4	11.7%	21.4	13.2% *	2.0 ^a	6.6	19.9%	7.0	21.0% #	0.4 ^b	14.3	32.9%	15.5	31.6% *	1.3 ^a	3.1	17.0%	4.0	17.9% *	0.9 ^a
Less than 200% of FPL	42.4	42.4	47.7	47.7	5.3 ^a	17.7	17.7	19.3	19.3	1.7 ^a	24.6	24.6	30.6	30.6	5.9 ^a	6.3	6.3	9.1	9.1	2.8 ^a
Employer	14.8	35.0%	14.8	31.1% *	0.0	5.2	29.6%	4.6	24.0% *	-0.6 ^a	5.3	21.4%	6.1	20.1% #	0.9 ^a	1.9	30.0%	2.5	27.2% #	0.6 ^a
Medicaid and State	10.5	24.8%	13.2	27.6% *	2.7 ^a	6.4	36.3%	7.7	39.6% *	1.3 ^a	7.8	31.7%	11.1	36.5% *	3.3 ^a	1.8	29.2%	3.0	33.1% *	1.2 ^a
CHAMPUS/Medicare	2.1	4.9%	2.5	5.3% #	0.5 ^a	0.7	3.8%	0.9	4.5% #	0.2 ^a	0.4	1.6%	0.5	1.7% *	0.1 ^a	0.2	3.1%	0.3	2.8% *	0.1
Private Nongroup	3.8	8.9%	4.3	8.9% *	0.5 ^a	0.5	3.1%	0.7	3.8% *	0.2 ^a	0.7	2.8%	0.9	2.8% *	0.2 ^a	0.4	6.9%	0.8	8.3% #	0.3 ^a
Uninsured	11.2	26.4%	12.9	27.0% *	1.7 ^a	4.8	27.4%	5.4	28.0% *	0.6 ^a	10.5	42.5%	11.9	38.9% *	1.4 ^a	1.9	30.8%	2.6	28.5% *	0.7 ^a
200 to 399% of FPL	49.6	49.6	46.8	46.8	-2.8 ^a	8.7	8.7	8.2	8.2	-0.6 ^a	12.0	12.0	11.7	11.7	-0.3	4.9	4.9	5.7	5.7	0.8 ^a
Employer	37.7	76.0%	34.4	73.5% *	-3.3 ^a	6.5	73.9%	5.8	71.3% #	-0.6 ^a	7.5	62.3%	7.3	62.0%	-0.2	3.5	71.2%	3.8	67.1% *	0.3 ^a
Medicaid and State	1.7	3.5%	2.1	4.5% *	0.3 ^a	0.5	5.7%	0.6	7.6% *	0.1 ^b	0.9	7.5%	1.0	8.4% *	0.1	0.3	5.5%	0.4	7.0% #	0.1 ^a
CHAMPUS/Medicare	1.3	2.5%	1.4	3.0% *	0.2 ^a	0.3	3.1%	0.2	2.7% *	-0.1	0.2	1.4%	0.2	1.5% *	0.0	0.1	2.7%	0.2	3.4% *	0.1 ^b
Private Nongroup	3.4	6.8%	3.3	7.1% *	0.0	0.2	2.7%	0.3	3.5% *	0.1	0.4	3.4%	0.4	3.3% *	0.0	0.3	6.0%	0.3	6.0% *	0.0
Uninsured	5.5	11.1%	5.6	11.9% *	0.0	1.3	14.6%	1.2	14.9% *	-0.1	3.1	25.5%	2.9	24.8% *	-0.2	0.7	14.6%	0.9	16.5% *	0.2 ^a
400%+ of FPL and above	74.7	74.7	67.1	67.1	-7.6 ^a	6.8	6.8	6.0	6.0	-0.8 ^a	6.7	6.7	6.9	6.9	0.2	7.0	7.0	7.4	7.4	0.4 ^a
Employer	66.3	88.7%	58.9	87.8% *	-7.4 ^a	5.8	85.6%	5.2	86.4% *	-0.6 ^a	5.5	81.9%	5.7	82.2% *	0.2	6.0	86.5%	6.5	87.3% *	0.4 ^a
Medicaid and State	0.5	0.6%	0.6	0.8% *	0.1 ^b	0.1	1.0%	0.1	1.2% *	0.0	0.1	1.8%	0.2	2.3% *	0.0	0.1	1.6%	0.1	1.2% *	0.0
CHAMPUS/Medicare	1.1	1.5%	1.1	1.6% *	0.0	0.2	2.7%	0.2	2.6% *	0.0	0.1	1.2%	0.1	1.3% *	0.0	0.1	1.3%	0.1	1.8% *	0.0
Private Nongroup	4.1	5.5%	3.5	5.3% *	-0.6 ^a	0.2	3.4%	0.2	3.3% *	0.0	0.3	3.9%	0.2	3.2% *	0.0	0.3	4.5%	0.3	4.1% *	0.0
Uninsured	2.7	3.7%	2.9	4.4% *	0.2 ^b	0.5	7.2%	0.4	6.5% *	-0.1 ^b	0.7	11.1%	0.8	11.0% *	0.0	0.4	6.1%	0.4	5.8% *	0.0

Source: Urban Institute, 2012. Based on data from the 2008 and 2012 ASEC Supplement to the Current Population Survey.
 Note: Excludes persons aged 65 and older and those in the Armed Forces.

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Table 7: Health Insurance Coverage of Nonelderly by Region and Poverty Level, 2007 vs. 2011

	NORTHEAST					MIDWEST					SOUTH					WEST				
	2007		2011		Change in Millions of People 2007-11	2007		2011		Change in Millions of People 2007-11	2007		2011		Change in Millions of People 2007-11	2007		2011		Change in Millions of People 2007-11
	(millions)	Coverage Distribution within Income Category	(millions)	Coverage Distribution within Income Category		(millions)	Coverage Distribution within Income Category	(millions)	Coverage Distribution within Income Category		(millions)	Coverage Distribution within Income Category	(millions)	Coverage Distribution within Income Category		(millions)	Coverage Distribution within Income Category	(millions)	Coverage Distribution within Income Category	
All Incomes (millions of people)	46.6	46.6	47.0	47.0	0.4^a	57.4	57.4	56.7	56.7	-0.6^a	95.5	95.5	99.2	99.2	3.7^a	61.9	61.9	63.4	63.4	1.5^a
Employer	31.8	68.2%	30.1	64.1% *	-1.6 ^a	39.7	69.1%	35.2	62.1% *	-4.4 ^a	57.0	59.7%	55.4	55.8% *	-1.6 ^a	37.5	60.6%	34.8	54.9% *	-2.7 ^a
Medicaid and State	6.1	13.2%	7.4	15.7% *	1.3 ^a	6.1	10.7%	8.4	14.9% *	2.3 ^a	10.9	11.4%	14.2	14.3% *	3.3 ^a	7.6	12.2%	10.0	15.7% *	2.4 ^a
CHAMPUS/Medicare	0.7	1.5%	0.8	1.8% *	0.2 ^a	1.3	2.3%	1.4	2.4%	0.1	3.4	3.5%	3.8	3.8% *	0.5 ^a	1.3	2.1%	1.7	2.6% *	0.4 ^a
Private Nongroup	2.4	5.1%	2.7	5.7% *	0.3 ^a	3.2	5.5%	3.4	5.9% #	0.2	4.8	5.0%	5.0	5.1%	0.2	4.3	7.0%	4.1	6.5% *	-0.2
Uninsured	5.6	12.1%	6.0	12.7%	0.3 ^b	7.1	12.4%	8.3	14.7% *	1.2 ^a	19.5	20.4%	20.8	21.0% #	1.3 ^a	11.2	18.1%	12.8	20.2% *	1.6 ^a
Less than 200% of FPL (millions of people)	14.7	14.7	16.8	16.8	2.1^a	18.3	18.3	21.2	21.2	3.0^a	36.0	36.0	41.5	41.5	5.5^a	22.0	22.0	27.1	27.1	5.1^a
Employer	4.7	32.1%	5.0	30.0% *	0.3 ^a	6.2	34.1%	5.9	28.0% *	-0.3 ^b	10.2	28.4%	10.5	25.3% *	0.3	6.1	27.5%	6.6	24.3% *	0.5 ^a
Medicaid and State	5.2	35.0%	6.2	37.0% *	1.1 ^a	5.5	29.9%	7.5	35.3% *	2.0 ^a	9.5	26.5%	12.5	30.1% *	2.9 ^a	6.4	29.1%	8.8	32.4% *	2.4 ^a
CHAMPUS/Medicare	0.4	2.9%	0.5	2.8%	0.0	0.7	3.9%	0.8	3.9%	0.1	1.6	4.4%	2.0	4.9% #	0.4 ^a	0.6	2.8%	0.9	3.3% #	0.3 ^a
Private Nongroup	1.0	6.7%	1.2	7.2%	0.2 ^a	1.2	6.4%	1.4	6.5%	0.2 ^a	1.7	4.8%	2.1	5.2%	0.4 ^a	1.5	7.0%	1.9	6.9%	0.3 ^a
Uninsured	3.4	23.3%	3.9	23.0%	0.4 ^a	4.7	25.7%	5.6	26.4%	0.9 ^a	12.9	35.9%	14.3	34.5% *	1.4 ^a	7.4	33.5%	9.0	33.1%	1.6 ^a
200 to 399% of FPL (millions of people)	12.6	12.6	12.3	12.3	-0.3	17.5	17.5	16.2	16.2	-1.3^a	27.4	27.4	27.6	27.6	0.2	17.7	17.7	16.3	16.3	-1.4^a
Employer	9.6	75.6%	8.9	72.5% *	-0.6 ^a	13.9	79.2%	12.1	74.8% *	-1.8 ^a	19.2	70.3%	19.1	69.5%	-0.1	12.4	70.3%	11.1	68.4% *	-1.3 ^a
Medicaid and State	0.8	6.0%	0.9	7.6% *	0.2 ^a	0.5	3.1%	0.8	4.8% *	0.2 ^a	1.1	4.2%	1.4	5.1% *	0.3 ^a	1.0	5.4%	1.0	5.9%	0.0
CHAMPUS/Medicare	0.2	1.2%	0.2	2.0% *	0.1 ^a	0.3	2.0%	0.4	2.3%	0.0	1.0	3.6%	1.0	3.6%	0.0	0.3	2.0%	0.4	2.5% #	0.1
Private Nongroup	0.7	5.3%	0.8	6.2% #	0.1	1.1	6.2%	1.0	6.4%	-0.1	1.3	4.7%	1.4	5.2%	0.1	1.2	7.0%	1.1	6.8%	-0.1
Uninsured	1.5	11.8%	1.4	11.7%	-0.1	1.7	9.5%	1.9	11.8% *	0.2 ^a	4.7	17.2%	4.6	16.7%	-0.1	2.7	15.3%	2.7	16.4% #	0.0
400%+ of FPL (millions of people)	19.3	19.3	17.9	17.9	-1.3^a	21.6	21.6	19.3	19.3	-2.3^a	32.1	32.1	30.1	30.1	-2.0^a	22.2	22.2	20.0	20.0	-2.2^a
Employer	17.5	90.9%	16.2	90.3%	-1.3 ^a	19.5	90.6%	17.2	89.0% *	-2.4 ^a	27.5	85.7%	25.7	85.4%	-1.8 ^a	19.0	85.6%	17.1	85.6%	-1.9 ^a
Medicaid and State	0.2	1.1%	0.2	1.4%	0.0	0.1	0.7%	0.2	0.8%	0.0	0.2	0.6%	0.3	0.9% *	0.1	0.2	0.9%	0.2	1.1%	0.0
CHAMPUS/Medicare	0.1	0.6%	0.1	0.7%	0.0	0.2	1.1%	0.2	1.0%	0.0	0.8	2.5%	0.8	2.7%	0.0	0.3	1.5%	0.4	1.8%	0.0
Private Nongroup	0.7	3.7%	0.7	3.9%	0.0	0.9	4.2%	0.9	4.9% *	0.0	1.8	5.5%	1.5	4.9% *	-0.3 ^a	1.6	7.0%	1.1	5.7% *	-0.4 ^a
Uninsured	0.7	3.7%	0.7	3.7%	0.0	0.7	3.4%	0.8	4.3% *	0.1	1.8	5.7%	1.9	6.2%	0.0	1.1	5.1%	1.2	5.9% *	0.0

Source: Urban Institute, 2012. Based on data from the 2008 and 2012 ASEC Supplement to the Current Population Survey.

Note: Excludes persons aged 65 and older and those in the Armed Forces.

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1330 G STREET NW, WASHINGTON, DC 20005
PHONE: (202) 347-5270, FAX: (202) 347-5274
WEBSITE: WWW.KFF.ORG/KCMU

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