

# SNAPSHOTS

of America's Families II



Stephen Zuckerman

Jennifer Haley

John Holahan



An Urban Institute Program  
to Assess Changing  
Social Policies



Urban Institute  
2100 M Street, NW  
Washington, DC 20037

Phone: 202-261-5709  
E-mail: [paffairs@ui.urban.org](mailto:paffairs@ui.urban.org)  
<http://www.urban.org>

## Health Insurance, Access, and Health Status of Nonelderly Adults

Findings from the National Survey of America's Families

**W**elfare reform, the nation's economic expansion, changes in employers' offers of health insurance and workers' acceptance of such offers have all contributed to recent shifts in health insurance coverage among nonelderly adults. Whatever the reasons, changes in coverage can affect access to care and health status. At present, policies designed to expand coverage are likely to target specific groups of individuals instead of aiming for universal coverage. It is therefore important to understand both how insurance coverage has been changing and how these changes have affected different subgroups, especially the poor, minorities, and people in poor health, who are at greater risk of being without coverage (Holahan and Brennan 2000).

This Snapshot uses data from the National Survey of America's Families (NSAF) to describe changes and variations in the health insurance coverage of nonelderly adults (ages 19 to 64) between 1997 and 1999. The NSAF asked questions about insurance coverage at the time of the survey. Responses allowed researchers to classify people as having employer-sponsored insurance (ESI, which includes coverage through the military), Medicaid or state program coverage (called Medicaid/State), other coverage (including private nongroup plans and Medicare), or as being uninsured.

This Snapshot also provides data on changes in access and health status indicators from 1997 to 1999. Presenting these data in the same Snapshot with coverage data does not imply that changes in insurance coverage were responsible for changes in access or health status. The determinants of access and health status go beyond health insurance and include factors related to individuals, their families and communities, and the health care system. This topic will be the subject of more in-depth future research.

## HIGHLIGHTS

- In 1999, 16 percent of all adults—26.5 million people—lacked health insurance at the time of the survey, a rate essentially unchanged from 1997.
- For low-income adults, rates of employer-sponsored coverage increased from 39 percent in 1997 to 42 percent in 1999.
- Low-income adults in Alabama, Colorado, and Massachusetts saw their uninsurance rates fall the most. In Massachusetts, this decline was driven by growth in Medicaid coverage, while in Alabama and Colorado there was greater growth in employer-sponsored and other coverage.
- Nationally, there were no dramatic changes in access to care or health status for adults overall or for higher-income adults. Low-income adults did, however, experience some gains in access-to-care measures, both nationally and within individual states.



## Major Findings

**Between 1997 and 1999, nonelderly adults' uninsurance rate remained about the same.** Nationally, 16 percent of adults (26.5 million) lacked health insurance in 1999 (figure 1), a slight but statistically insignificant decline from 1997. For low-income adults (those with incomes below 200 percent of poverty), ESI increased between 1997 and 1999, reducing their uninsurance rate from 37 percent to 35 percent (table 1). This 2 percentage point drop, though meaningful, was not quite statistically significant. By contrast, higher-income adults' uninsurance rate (9 percent) and the share with ESI remained steady in both years. Of the states highlighted by the NSAF, uninsurance rates for low-income adults fell only in Alabama, Colorado, and Massachusetts. Low-income adults enjoyed greater health care access in 1999 than in 1997, but were still less well-off than their higher-income counterparts.

## Changes in Health Insurance Coverage by Income Group

Between 1997 and 1999, nonelderly adults experienced a small but statistically significant increase in ESI—from 71 percent to 72 percent (table 1). ESI remained the most important source of insurance for both low-income and higher-income adults. Low-income adults were also significantly more likely to have ESI in 1999 (42 percent) than in 1997 (39 percent). Despite these gains, low-income adults were still much less likely to have ESI than higher-income adults; in 1999, 84 percent of higher-income adults had ESI.

The only significant change for higher-income adults was a small increase in Medicaid/State coverage.

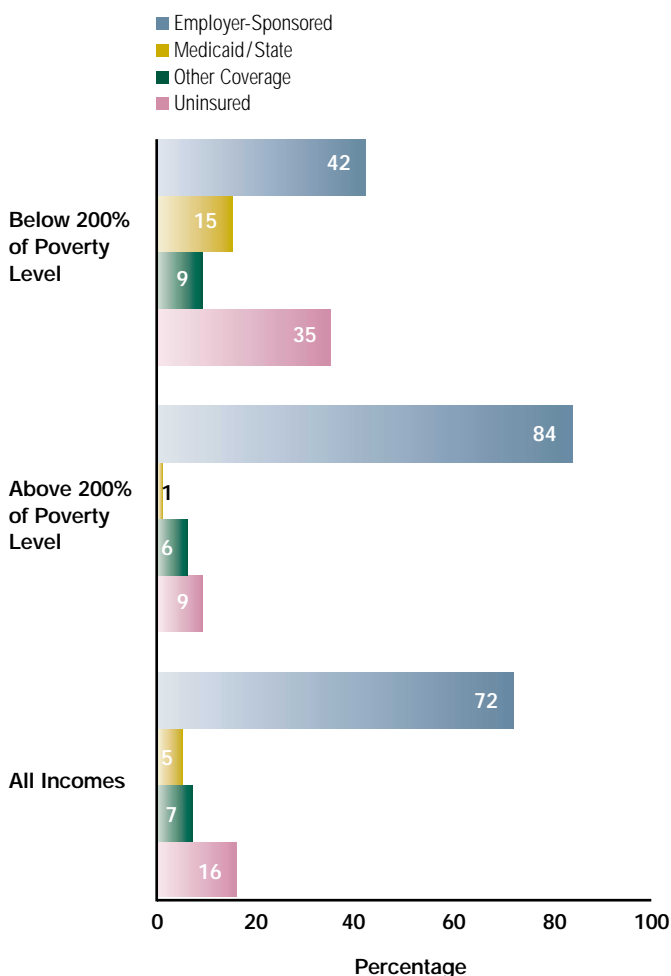
The increase in ESI among all adults was due in part to the gain among low-income adults. But much more important was income growth during this period. The nation's economic expansion has increased employment among adults, and many moved up the income distribution. The number of higher-income adults increased by about 5 million while the number of low-income adults declined by about 2 million. Because of the large differences in ESI rates across income groups, changes in income affect the distribution of insurance coverage. In fact, almost all of the estimated increase in the overall ESI rate would have occurred even if each income group's ESI rate had not changed between 1997 and 1999 and only the income distribution had shifted (Holahan and Kim 2000).

## Insurance Coverage among Subgroups of Low-Income Adults

Despite the economic expansion, there were still many low-income adults in 1999. Although low-income adults were not significantly better off in terms of their overall health insurance coverage in 1999 than in 1997, certain groups experienced significant changes in coverage and, in some instances, reductions in uninsurance rates. Table 2 presents data on changes in insurance coverage for selected subgroups of low-income adults.

**Poor and Near Poor.** For poor adults (those below 100 percent of poverty), the rate of ESI increased from 23 to 27 percent between 1997 and 1999. However, some of these gains were offset by a reduction in Medicaid/State coverage among poor adults (although not statistically significant) and, as a result, the drop in the uninsurance rate for poor adults

**Figure 1: Health Insurance Coverage of Nonelderly Adults, by Income, 1999**



Source: Urban Institute

was not significant. In 1999, poor adults were still much less likely to have ESI than were near-poor adults (those between 100 and 200 percent of poverty); 52 percent of near-poor adults had ESI in 1999. There was no change in the uninsurance rate for the near poor.

**TABLE 1** Health Insurance Coverage of Nonelderly Adults, by Income, 1997–1999

	Employer-Sponsored (%)		Medicaid/State (%)		Other Coverage (%)		Uninsured (%)		Number of Adults in Income Group (millions)	
	97	99	97	99	97	99	97	99	97	99
<b>Below 200% of poverty level</b>	38.5	41.7 ▲	15.3	14.7	9.7	8.8	36.5	34.9	46	44
<b>Above 200% of poverty level</b>	84.5	83.7	0.9	1.1 ▲	5.7	5.8	8.9	9.4	113	118
<b>All incomes</b>	71.1	72.3 ▲	5.1	4.8	6.9	6.6	16.9	16.3	159	162

Note: The symbols "▲" and "▼" represent statistically significant increases and decreases, respectively, between 1997 and 1999 at the 0.10 confidence level.

Source: Urban Institute

**Race and Ethnicity.**<sup>1</sup> Low-income adults' gain in ESI between 1997 and 1999 seems concentrated among whites. Almost half (48 percent) of all low-income adults in this group had ESI in 1999, up from 43 percent in 1997. These gains alone reduced the white uninsurance rate from 31 to 29 percent. Whites started out with a higher rate of ESI coverage in 1997 than either blacks or Hispanics, and the gap relative to Hispanics expanded by 1999. That year, blacks' ESI rate was 36 percent, while Hispanics' rate was 30 percent. There were no significant changes in Medicaid/State or other coverage for any of the racial or ethnic groups.

**Age.** The increase in ESI experienced by low-income adults between 1997 and 1999 accrued to younger adults (ages 19 to 34) but not to older adults (ages 35 to 64). Younger low-income adults' ESI gains were large enough to reduce their uninsurance rate, which declined from 42 percent in 1997 to 39 percent in 1999.

**Health Status.** ESI increased for those low-income adults in fair or poor health as well as those in better health. For the first group, the ESI rate increased from 23 to 28 percent between 1997 and 1999, lowering their uninsurance rate from 41 to 35 percent. The gains in ESI among healthier low-income adults were offset by small reductions in Medicaid/State and other coverage and, as a result, did not reduce their uninsurance rate.

**TABLE 2** Health Insurance Coverage of Nonelderly Low-Income Adults (%), by Selected Characteristics, 1997–1999

	Employer-Sponsored		Medicaid/State		Other Coverage		Uninsured	
	97	99	97	99	97	99	97	99
<b>All Adults Below 200% of Poverty Level</b>	38.5	41.7 ▲	15.3	14.7	9.7	8.8	36.5	34.9
<b>Income Subgroups</b>								
Below 100% of poverty level	22.8	26.8 ▲	26.3	24.4	9.8	9.8	41.1	39.0
Between 100–200% of poverty level	50.2	51.9	7.1	8.0	9.7	8.1 ▼	33.0	32.0
<b>Race/Ethnicity</b>								
White Non-Hispanic	43.3	48.2 ▲	13.3	12.4	12.1	10.7	31.3	28.7 ▼
Black Non-Hispanic	34.8	36.0	24.5	24.1	7.5	6.8	33.3	33.2
Hispanic	29.9	29.5	13.7	13.2	4.1	3.2	52.3	54.1
<b>Age</b>								
19–34 Years	36.2	40.2 ▲	15.5	14.7	6.9	6.5	41.5	38.6 ▼
35–54 Years	40.7	42.3	15.0	14.7	9.4	8.9	34.9	34.2
55–64 Years	40.4	45.4	15.5	14.4	20.7	16.1 ▼	23.4	24.2
<b>Health Status</b>								
Fair / Poor	22.5	28.1 ▲	25.6	25.8	11.5	10.8	40.5	35.3 ▼
Excellent / Very Good / Good	43.5	46.0 ▲	12.1	11.2	9.2	8.1 ▼	35.2	34.7
<b>Parental Status</b>								
Parent	41.2	43.2	19.2	15.8 ▼	4.8	5.0	34.9	36.1
Childless Adult	36.2	40.4 ▲	11.8	13.6	14.2	12.2 ▼	37.8	33.8 ▼

Note: The symbols "▲" and "▼" represent statistically significant increases and decreases, respectively, between 1997 and 1999 at the 0.10 confidence level.

Source: Urban Institute



The expansion in ESI among low-income adults in fair or poor health helped individuals for whom non-group coverage might be expensive or unavailable. Despite these gains in ESI, however, low-income adults in fair or poor health remained much more dependent than healthier low-income adults on coverage through Medicaid or a state program.

**Parents and Childless Adults.**<sup>2</sup> The patterns of change in insurance coverage are quite different for low-income parents and other low-income adults. For low-income parents, the reductions in coverage through Medicaid or other state insurance programs were statistically significant, but gains in ESI were not. This was the only low-income subgroup whose rates of coverage from these public programs declined, falling from 19 to 16 percent. Data not shown indicate that most of this loss in Medicaid/State coverage was concentrated among parents with incomes below the poverty level. Despite this loss in Medicaid/State coverage, which is consistent with other studies that have shown that adults leaving welfare have lost Medicaid coverage (Garrett and Holahan 2000, Families USA 2000), the uninsurance rate for low-income parents (36 percent) was not above the 1997 rate.

For childless low-income adults, ESI increased from 36 to 40 percent between 1997 and 1999. As a result, uninsurance rates for childless low-income adults fell from 38 to 34 percent. Thus, childless low-income adults were slightly less likely than low-income parents to have insurance in 1997 but slightly more likely to have it in 1999.

### State Variation in Insurance Coverage

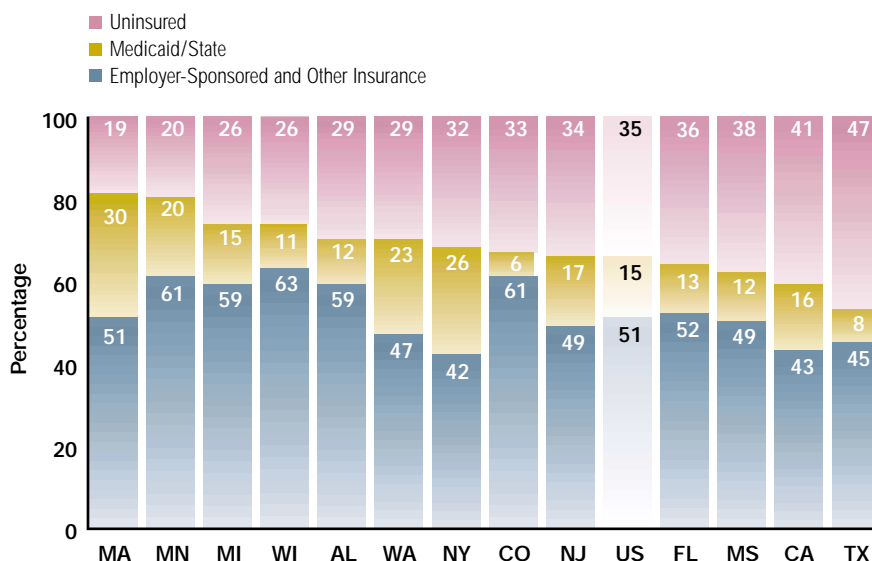
Although changes in patterns of insurance coverage between 1997 and 1999 varied across the 13 states highlighted in the NSAF, states' relative positions did not change dramatically (table 3 on page 6). For all adults, the states that had high rates of ESI and low rates of uninsurance remained the same. While most states made gains in ESI, none of the states with low rates of ESI in 1997 improved enough to move their adult uninsurance rate to significantly below the national average in 1999.

Figure 2 shows the distribution of insurance coverage for low-income adults in 1999 in each of the 13 states. (For ease of presentation, ESI and other coverage have been combined in figures 2 and 3.) Uninsurance rates varied from 19 percent in Massachusetts and 20 percent in Minnesota to 47 percent in Texas. Rates of ESI and other coverage varied from 63 percent in Wisconsin and 61 percent in Colorado

and Minnesota to 42 percent in New York and 43 percent in California. Although the inverse relationship between rates of ESI/Other coverage and rates of uninsurance holds (Zuckerman et al. 1999; Spillman 2000), data for Massachusetts, New York, and Washington show that broad public coverage can compensate for moderate or below-average ESI rates, reducing uninsurance rates.

Several states had statistically significant changes in insurance coverage among low-income adults. Alabama, Colorado, Massachusetts, and Minnesota had declines in the uninsurance rates for all adults (table 3 on page 6); Alabama, Colorado, and Massachusetts had declines for low-income adults (figure 3). The uninsurance rate for low-income adults in Alabama fell from 35 percent in 1997 to 29 percent in 1999; in Colorado, it went from 38 to 33 percent. In both states, these improvements in coverage appear to be caused by gains in ESI

**Figure 2: Health Insurance Coverage of Low-Income Nonelderly Adults, by State, 1999**



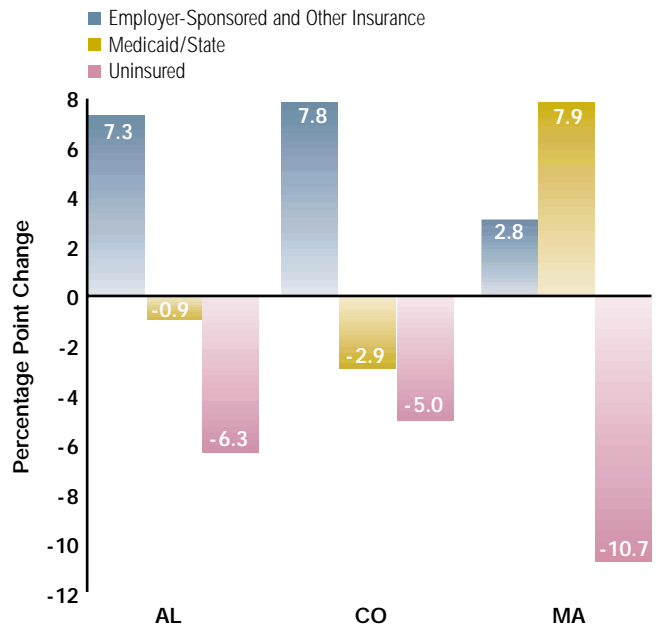
Source: Urban Institute

and gains in other coverage, but the increases in these types of coverage were not significant on their own.

Massachusetts's low-income adult uninsurance rate was 30 percent in 1997—below the national average—and declined to 19 percent in 1999. This reduction may be largely due to a dramatic expansion in Medicaid coverage of low-income adults. In 1997, Massachusetts had one of the country's most generous Medicaid programs, covering 22 percent of low-income adults (compared with the national average of 15 percent). By 1999, the state had implemented its Medicaid waiver program, MassHealth, and Medicaid covered 30 percent of Massachusetts's low-income adults. The MassHealth program allowed an expansion of Medicaid enrollment for both parents and non-parents and permitted the use of Medicaid funds to subsidize the purchase of ESI for some low-income adults.

Several other states had changes in ESI, other coverage, or Medicaid/State coverage, but in no other state did the rate of uninsurance fall. The Texas increase in ESI (4.9 percentage points) was partially offset by a decline (2.7 percentage points) in Medicaid/State coverage. Michigan's ESI and other coverage increased by 5.7 percentage points, but Medicaid/State coverage declined. Mississippi had a 4.3 percentage point reduction in Medicaid/State coverage, but its ESI increase was not significant. Finally, Washington's Medicaid/State coverage expanded—but not by enough to lower uninsurance rates in the face of a decline in other coverage.

**Figure 3: States with Falling Uninsurance Rates among Low-Income Nonelderly Adults, 1997–1999**



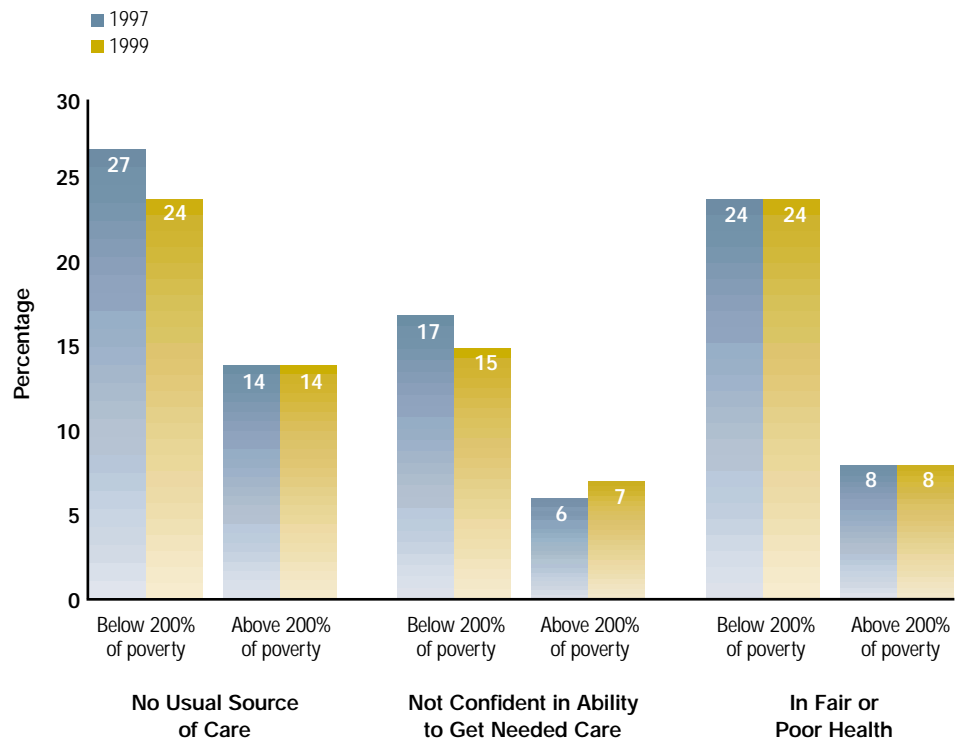
Source: Urban Institute

### Access and Health Status

Figure 4 presents 1997 and 1999 data on the percentage of nonelderly adults without a usual source of health care (including those whose usual source was a hospital emergency room), the percentage of adults in families who were not confident that they could get medical care when they needed it, and the percentage in fair or poor health. As the data in table 3 (on page 6) for the nation and for each of the 13 NSAF states show, low-income adults were worse off in 1999 than higher-income adults for each of these access and health status indicators, as was the case in 1997.

Nationally, there were no dramatic changes in access to care or health status for adults overall or for higher-income adults. Low-income adults did, however, make some gains in access to care measures, both nationally and within individual states. In 1999, low-income adults were more likely to have a usual source of care and to be in a family that was confident of their ability to get needed care than they were in 1997. California, Massachusetts, and New York showed statistically significant improvement in at least one of these access indicators.

**Figure 4: Nonelderly Adults' Access to Care and Health Status, 1997–1999**



Source: Urban Institute



## Discussion

Changes in insurance coverage, even in just two years, are the result of several forces that can affect adults in different ways. Reduced insurance coverage (which may have resulted from welfare reform) and the decline in Medicaid enrollment seem to be concentrated among poor parents, as would be expected since they have historically received assistance.

The economic expansion also seems to have expanded ESI coverage. In the last two years, many adults moved into higher-paying jobs that offered insurance coverage. In addition, coverage has expanded even among those adults who remain in jobs with low wages. For this group of adults, it appears that the gains in ESI were more prominent among those living in poverty, childless adults, adults in fair or poor health, and whites. The gains could reflect increases in employment among these groups, increases in employer offers, higher rates of take-up by employees, or some combination of these factors.

It is important not to lose sight of the large differences in insurance coverage that remain among income groups. Adults living below poverty are still only half as likely to have ESI as adults with incomes between 100 and 200 percent of poverty and, despite much higher rates of Medicaid/State coverage, are still more likely to lack health insurance. Although there are uninsured adults at all income levels, low-income adults

**TABLE 3** Indicators of Health Insurance, Access, and Health Status of Nonelderly Adults, by State

	AL		CA		CO		FL		MA		MI		MN	
	97	99	97	99	97	99	97	99	97	99	97	99	97	99
<b>Health Insurance Coverage of Nonelderly Adults (%), by Income and Type of Insurance, 1997–1999</b>														
<b>Below 200% of poverty level</b>														
Employer-sponsored	41.4	45.9	30.3	35.1	41.6	46.4	37.3	41.6	36.7	40.1	45.6	51.2 ▲	45.1	47.1
Medicaid/State	13.0	12.1	18.0	16.3	9.3	6.4 ▼	10.9	12.6	21.7	29.6 ▲	18.5	15.3	22.5	19.9
Other coverage	10.2	13.0	8.2	7.5	11.5	14.5	13.3	10.1	11.5	11.0	7.4	7.5	11.7	13.4
Uninsured	35.4	29.1 ▼	43.6	41.1	37.6	32.6 ▼	38.5	35.8	30.1	19.4 ▼	28.6	26.0	20.7	19.7
<b>Above 200% of poverty level</b>														
Employer-sponsored	87.4	87.6	80.7	79.0	81.4	81.0	79.6	77.7	86.7	87.5	89.9	88.1	87.4	87.5
Medicaid/State	0.5	0.7	1.4	2.3 ▲	1.0	0.7	0.9	0.8	0.5	2.0 ▲	1.0	0.9	1.7	1.7
Other coverage	4.2	4.2	8.3	6.6	9.1	9.2	7.8	9.5	6.1	4.6	3.3	4.4	5.3	6.1
Uninsured	7.9	7.5	9.6	12.1	8.6	9.2	11.7	12.0	6.7	5.9	5.8	6.6	5.6	4.8
<b>All incomes</b>														
Employer-sponsored	71.3	74.2	63.0	65.3	71.1	73.7	65.2	67.4	76.8	79.1 ▲	79.4	79.5	78.5	80.1
Medicaid/State	4.9	4.4	7.2	6.7	3.1	1.9 ▼	4.3	4.2	4.7	6.9 ▲	5.1	4.3	6.1	5.0 ▼
Other coverage	6.3	7.0	8.3	6.9	9.7	10.3	9.7	9.7	7.2	5.7	4.3	5.1	6.6	7.4
Uninsured	17.5	14.4 ▼	21.5	21.2	16.1	14.1 ▼	20.8	18.8	11.3	8.3 ▼	11.2	11.1	8.8	7.5 ▼
<b>Nonelderly Adults' Access to Health Care (%), by Income, 1997–1999</b>														
<b>Below 200% of poverty level</b>														
No usual source of care	26.3	25.6	34.8	29.7 ▼	26.3	23.2	28.6	26.9	23.6	17.7 ▼	21.0	18.2	17.3	14.4
Not confident in ability to get needed care	14.4	12.7	23.3	17.1	16.4	15.6	17.0	18.9	11.7	12.3	11.7	13.5	10.0	8.6
<b>Above 200% of poverty level</b>														
No usual source of care	13.8	14.1	15.5	14.5	12.7	13.8	18.0	18.5	11.1	12.5	12.1	13.1	8.2	7.5
Not confident in ability to get needed care	5.6	5.0	7.8	7.3	7.2	6.0	8.7	9.6	5.5	5.7	4.3	5.0	3.8	4.0
<b>All incomes</b>														
No usual source of care	18.2	17.8	22.3	19.2 ▼	16.2	15.8	21.6	20.9	13.5	13.4	14.2	14.3	10.1	8.7
Not confident in ability to get needed care	8.7	7.5	13.2	10.4	9.5	8.0	11.5	12.3	6.7	6.9	6.1	7.0	5.1	4.9
<b>Nonelderly Adults (%) in Fair or Poor Health, by Income, 1997–1999</b>														
Below 200% of poverty level	30.0	28.0	27.6	26.7	18.5	16.1	23.1	26.7 ▲	21.6	21.4	21.8	23.4	15.4	12.9
Above 200% of poverty level	9.5	10.2	8.4	10.2	6.1	7.5 ▲	6.8	9.1	5.1	6.0	6.7	7.1	5.9	5.4
All incomes	16.7	15.9	15.1	15.3	9.2	9.3	12.4	14.2	8.3	8.7	10.2	10.9	7.9	6.8

Note: Figures in color represent values that are statistically significantly different from the 1999 national average at the 0.10 confidence level. The symbols "▲" and "▼" represent statistically significant increases and decreases, respectively, between 1997 and 1999 at the 0.10 confidence level.

are most likely to lack coverage. Low-income adults comprised 27 percent of the adult population in 1999, but they accounted for 58 percent of the country's adult uninsured.

These data highlight the importance of recent policy proposals to extend coverage to the parents of children already eligible for Medicaid or the State Children's Health Insurance Program. Historically, among low-income adults, parents have been more likely than childless adults to be covered under a public program (Holahan and Brennan 2000). Under welfare reform, public coverage of parents appears to have eroded. In this light, proposals to cover parents of eligible children under Medicaid would simply restore coverage parents have lost. However, it is important to recognize that childless low-income adults are just as likely to be uninsured as low-income parents.

Taken together, the changes in insurance coverage and access suggest that circumstances for the health care of low-income adults as a group are improving. However, these improvements are not uniform across all subgroups or states, and the current economic expansion has been responsible for much of this good news.

MS		NJ		NY		TX		WA		WI		US	
97	99	97	99	97	99	97	99	97	99	97	99	97	99
38.0	40.0	41.3	40.1	32.5	<b>35.6</b>	34.3	39.2 ▲	39.7	38.7	52.1	<b>53.2</b>	38.5	41.7 ▲
16.7	<b>12.4</b> ▼	15.7	16.8	23.7	<b>26.1</b>	11.1	<b>8.4</b> ▼	19.4	<b>23.3</b> ▲	10.6	<b>10.5</b>	15.3	14.7
9.5	9.4	8.2	9.0	9.5	<b>6.2</b> ▼	5.2	<b>5.8</b>	11.4	8.7	9.9	10.2	9.7	8.8
35.9	<b>38.2</b>	34.8	34.1	34.3	32.1	49.4	<b>46.6</b>	29.6	<b>29.3</b>	27.5	<b>26.1</b>	36.5	34.9
83.5	81.3	86.5	<b>86.4</b>	84.9	84.6	79.7	<b>80.8</b>	82.0	82.0	88.2	<b>89.1</b>	84.5	83.7
1.2	1.4	0.8	0.9	1.5	1.5	0.4	<b>0.6</b>	1.5	<b>2.1</b>	0.6	<b>0.5</b>	0.9	1.1 ▲
6.8	<b>8.2</b>	4.8	<b>3.2</b> ▼	5.2	4.8	5.6	5.0	8.4	<b>7.5</b>	6.4	5.0	5.7	5.8
8.6	9.2	7.9	9.5	8.4	9.1	14.3	<b>13.6</b>	8.1	8.4	4.8	<b>5.4</b>	8.9	9.4
65.1	<b>65.9</b>	77.8	<b>78.1</b>	69.6	70.9	63.8	<b>65.1</b>	70.5	72.6	80.1	<b>81.7</b>	71.1	72.3 ▲
7.5	<b>5.5</b> ▼	3.7	<b>3.8</b>	8.0	<b>8.4</b>	4.2	<b>3.6</b>	6.4	<b>6.7</b>	2.9	<b>2.6</b>	5.1	4.8
7.9	<b>8.6</b>	5.4	<b>4.3</b> ▼	6.4	<b>5.2</b>	5.4	<b>5.3</b>	9.2	<b>7.8</b> ▼	7.2	6.1	6.9	6.6
19.6	<b>20.0</b>	13.1	<b>13.9</b>	16.0	15.5	26.6	<b>26.0</b>	13.9	<b>12.9</b>	9.9	<b>9.7</b>	16.9	16.3
22.8	23.4	28.0	26.4	24.9	<b>20.6</b> ▼	34.5	<b>33.2</b>	20.5	24.0	18.9	<b>19.4</b>	26.9	24.4
15.2	16.0	17.3	18.6	19.3	17.9	19.4	17.0	14.7	14.6	12.0	11.3	17.2	14.5
14.5	16.2	14.2	13.1	13.9	<b>12.1</b>	16.4	15.0	10.9	<b>11.5</b>	8.0	<b>9.0</b>	13.9	14.0
7.6	5.9	7.2	7.9	6.7	8.5	8.0	6.6	5.5	6.4	3.8	4.7	5.9	6.5
17.9	<b>18.9</b>	16.9	15.5	17.1	<b>14.5</b> ▼	22.7	<b>21.8</b>	13.5	<b>14.2</b>	10.5	<b>11.1</b>	17.7	16.8
10.7	9.7	9.1	9.9	10.4	11.1	12.0	10.5	8.0	8.2	5.6	6.0	9.2	8.7
30.7	<b>28.8</b>	24.5	27.1	23.4	<b>27.4</b>	27.8	<b>27.1</b>	18.3	<b>20.4</b>	18.4	<b>15.9</b>	23.6	23.8
9.8	9.5	6.9	7.2	8.9	7.5	8.7	9.2	7.4	<b>6.2</b>	7.3	7.2	7.8	8.0
18.2	<b>16.7</b>	10.3	<b>10.8</b>	13.2	13.0	15.4	<b>15.9</b>	10.3	<b>9.3</b>	9.8	<b>8.9</b>	12.4	12.3

Source: Urban Institute



This Snapshot presents findings from the 1997 and 1999 rounds of the National Survey of America's Families (NSAF). Information on more than 100,000 people was gathered in each round from more than 42,000 households with and without telephones that are representative of the nation as a whole and of 13 selected states. As in all surveys, the data are subject to sampling variability and other sources of error. Additional information on NSAF methods can be obtained at <http://newfederalism.urban.org/nsaf/methodology.html>.

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## Endnotes

- 1 Data are grouped into three racial and ethnic categories: white non-Hispanics, black non-Hispanics, and Hispanics of all races (referred to as white, black, and Hispanic, respectively). Data for Asian and Native American populations are not shown separately due to their small sample sizes.
- 2 Parents are defined as adults who are the biological, step-, or adoptive parents of a child or children 17 or under who live in the household. All other adults are classified as childless adults.

