

# Uninsured Persons in Nevada 2003 and 2004 ~ Estimates and Trends ~

*By:*

Decision Analytics, Inc.

*Presented to:*

Great Basin Primary Care Association

**EXHIBIT M** Health Care

Document consists of 33 slides

☒ Entire document provided.

A copy of the complete document is available through the Research Library  
(775/684-6827 or e-mail [library@lcb.state.nv.us](mailto:library@lcb.state.nv.us)). Meeting Date: March 15, 2006

# Contents

- ◆ Definitions
- ◆ Section 1: 2003 and 2004 Estimates and Comments
- ◆ Section 2: Historical Trends and Comparisons with the U.S.
- ◆ Section 3: Indicators of Insurance Status and Trends That Are Worth Watching

# Health Insurance and Coverage Definitions

- ◆ A person is considered uninsured if he or she had *no* health care coverage for the entire year; if a person had coverage for *any part of the year*, they are considered insured.
- ◆ This definition is consistent with the U.S. Census Bureau's definition, which was mandated by Health and Human Services.
- ◆ Types of health insurance coverage include:
  - Employment-provided health insurance: 1) direct purchase plan, 2) Employer-provided plan, and 3) union-provided plan.
  - Government-provided health insurance: 1) Medicare, 2) Medicaid or SCHIP, 3) Military health care (TRICARE OR CHAMPUS OR CHAMPVA OR VA), 4) state-specific plan, and 5) Indian Health Service\*.

\*Note that IF a person indicates they ONLY have Indian Health Service AND NO OTHER SERVICE, they are considered uninsured. For reference see: <http://www.census.gov/hhes/www/hlthins/hlthinstypes.htm>.

# Poverty Definitions

- ◆ Poverty is defined as the official federal poverty level, which is determined solely by family size and income.
  - For a complete description of the basic poverty calculation we refer you to this web site supported by the U.S. Census Bureau.
  - <http://www.census.gov/hhes/poverty/povdef.html>
- ◆ The poverty levels we report here are indexed to the official federal poverty level.
  - A family is officially in poverty if their income is at or below 100 percent of the poverty level.
  - A family at 199 percent of poverty means that this family has 99 percent more income (almost twice as much) as a family at the 100 percent poverty level.

# Section I: 2003 and 2004 Estimates and Comments

- ◆ Estimates for 2003 and 2004 highlighted
- ◆ Estimates of the uninsured population for 2002, 2003 and 2004 by sex for Nevada
- ◆ Clark County and Washoe County as compared to Nevada
- ◆ Items of interest

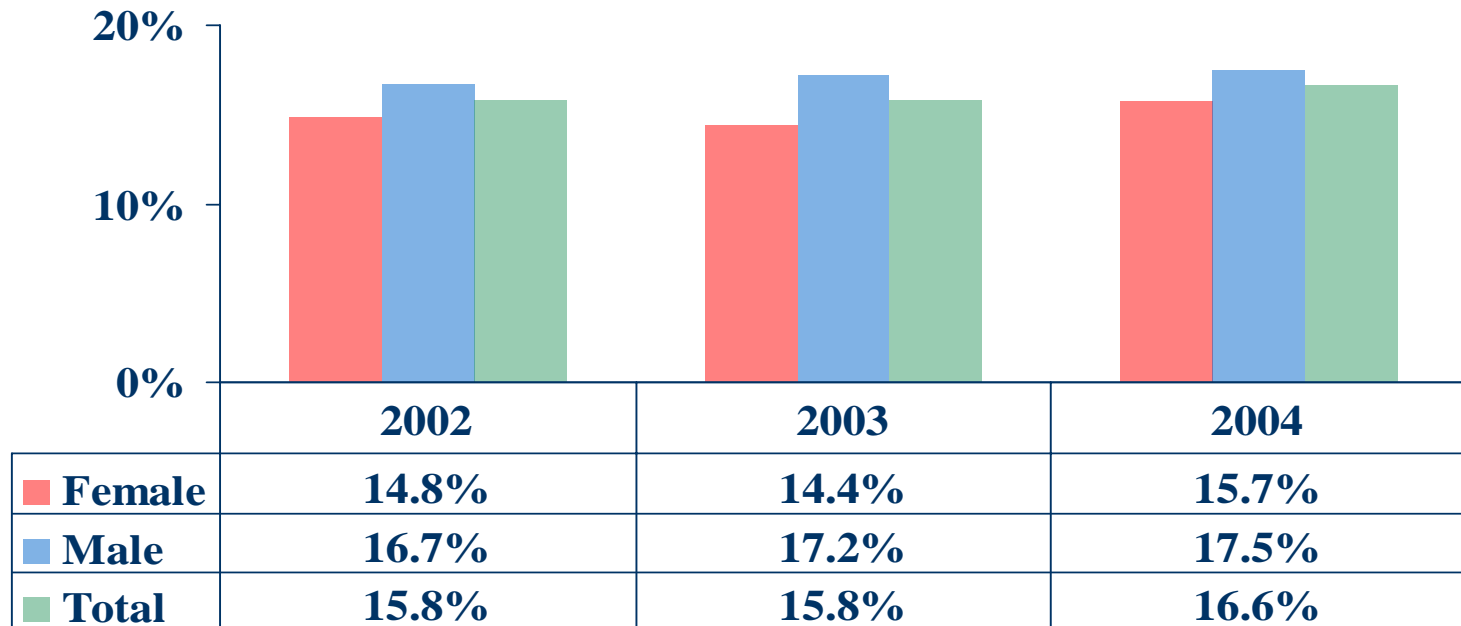
# Estimates of the Uninsured Population

*“More people are uninsured in 2004 compared to 2003.”*

- ◆ *For the total population -*
  - The total percent of the population without health insurance for the entire year **increased by 0.8 percentage points** from 15.8% in 2003 to 16.6% in 2004.
  - All counties in Nevada experienced similar trends.
  
- ◆ *For populations at 200% or below the federal poverty level (as a percent of the total population) -*
  - The percent of the population uninsured below 100% of poverty **increased 0.9** percentage points from 2.9% in 2003 to 3.8% in 2004.
  - The percent of the population uninsured between 100% and 199% of poverty **increased 0.6** percentage points from 4.9% in 2003 to 5.4% in 2004.
  - (Note: Percentage point changes are calculated by subtracting the 2004 percent from the 2003 percent.)

# Total Percent Uninsured in Nevada Includes All Income Levels

*~ the last three years ~*



Note: Estimates are not consistent with prior estimates due to benchmarking to 2000 Census numbers.

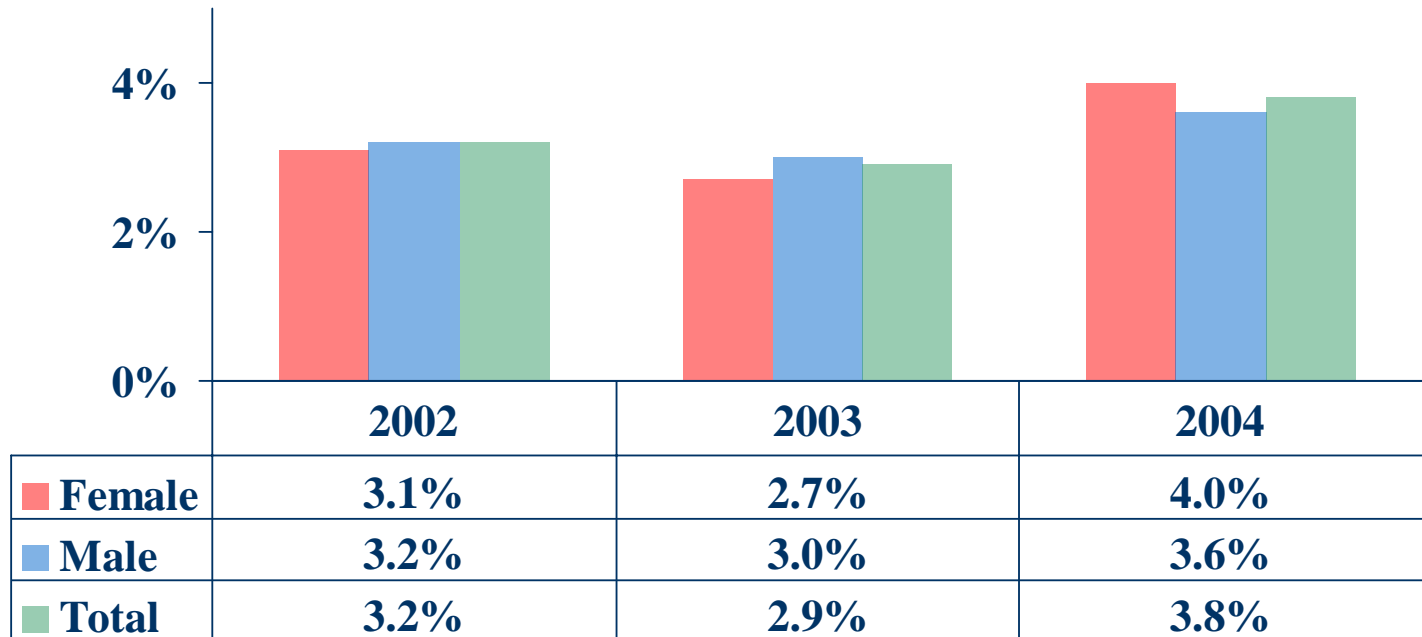
# Things to Note

- ◆ Women were less likely to be uninsured than men in all three years.
- ◆ More women were uninsured in 2004 than 2003 (14.4 percent in 2003 versus 15.7 percent in 2004).
- ◆ Men experienced the same trend (17.2 percent in 2003 versus 17.5 percent in 2004).
- ◆ **HOWEVER**, men's percent uninsured did not increase by nearly as much as women's in the same time period (women had a 1.3 percentage point increase; men had a 0.3 percentage point increase).



## Percent Uninsured Below 100% of the Federal Poverty Level

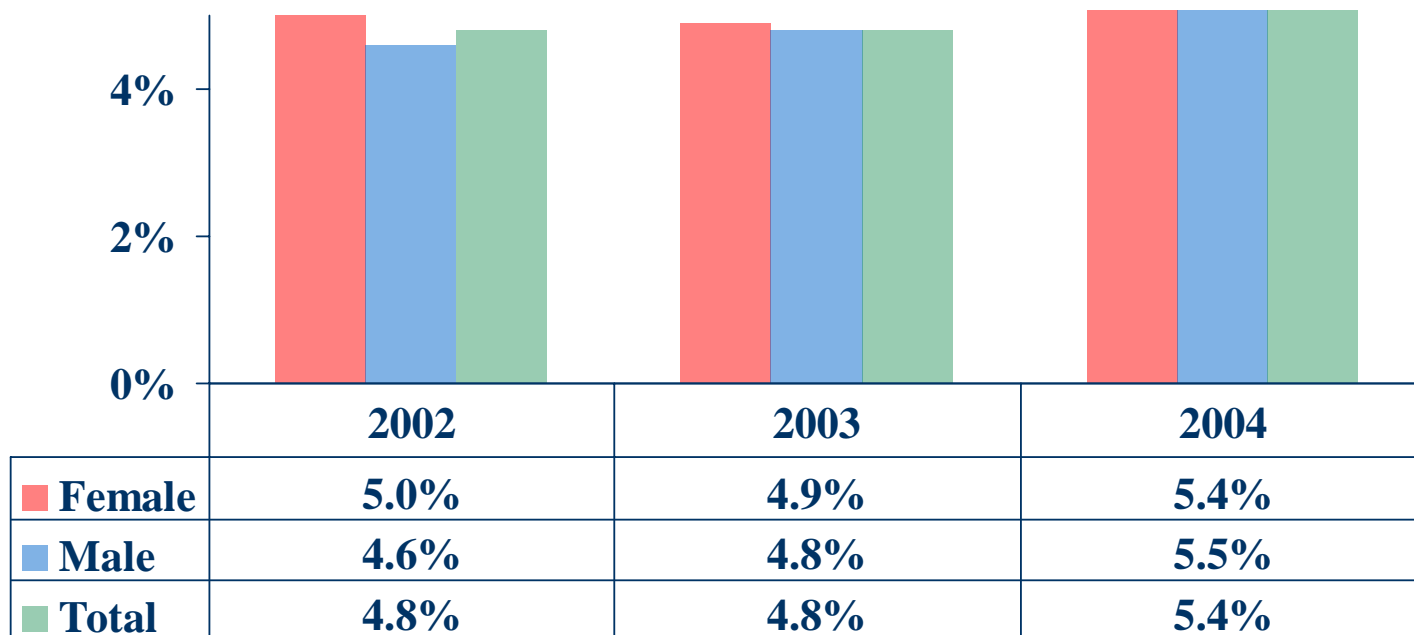
*~ the last three years ~*



Note: Estimates are not consistent with prior estimates due to benchmarking to 2000 Census numbers.

## Percent Uninsured Between 100% and 199% of the Federal Poverty Level

*~ the last three years ~*

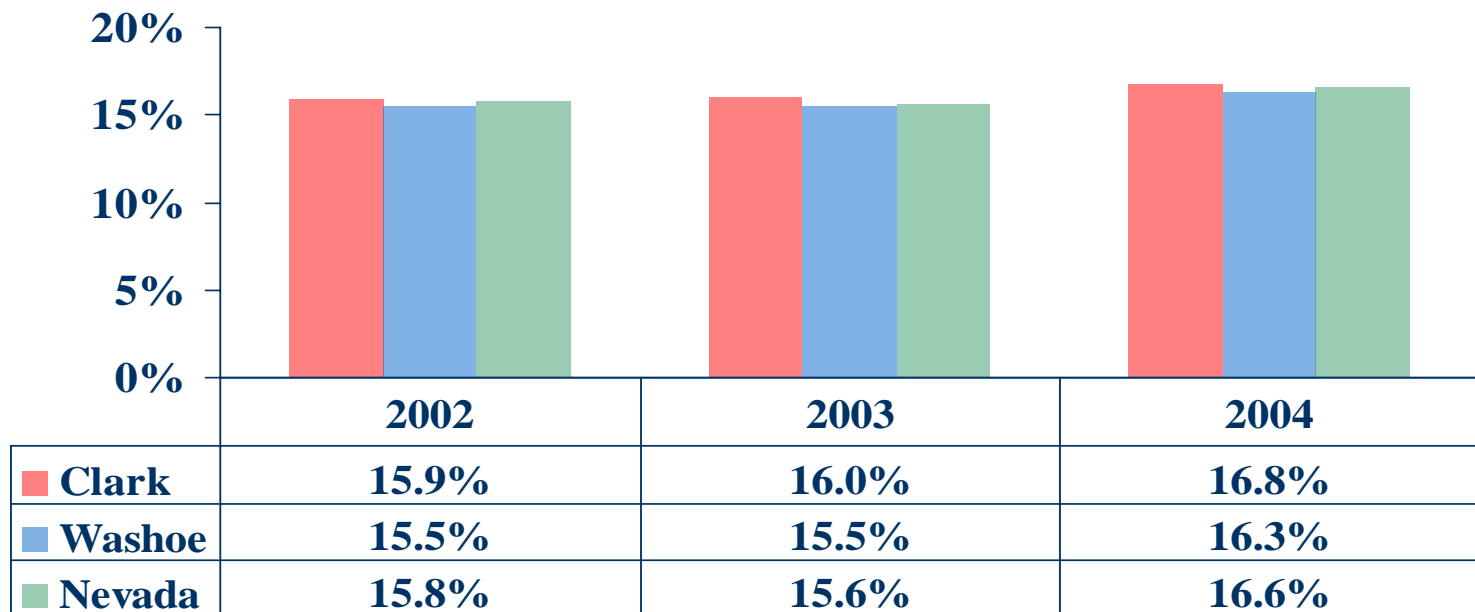


Note: Estimates are not consistent with prior estimates due to benchmarking to 2000 Census numbers.

# Things to Note

- ◆ People between 100-199 percent of poverty had *higher* uninsured rates than people below 100 percent of poverty. This may be due to Medicaid coverage of people in poverty.
- ◆ Women and men at 100-199 percent of poverty experienced almost *identical* uninsured rates. This differs from the pattern for the total uninsured population. For example, in 2004:
  - The difference between the uninsured rate for all men versus all women was 1.8 percentage points (17.5 versus 15.7 percent).
  - The difference between men and women between 100-200 percent of poverty was only 0.1 percentage points (5.5 versus 5.4 percent).

# Percent Uninsured in Clark and Washoe Counties Compared to Nevada *~ the last three years ~*



**Note:** Estimates are not consistent with prior estimates due to benchmarking to 2000 Census numbers.

# Things to Note

- ◆ Washoe County's percent uninsured was lower than Clark County in all three comparison years.
- ◆ HOWEVER, both Clark and Washoe County's percent uninsured rose from 2003 to 2004.
- ◆ Clark County represents about 70 percent of Nevada's total population, while Washoe County represents about 16.5 percent.
- ◆ Clark County's uninsured rate will drive the State's uninsured rate.

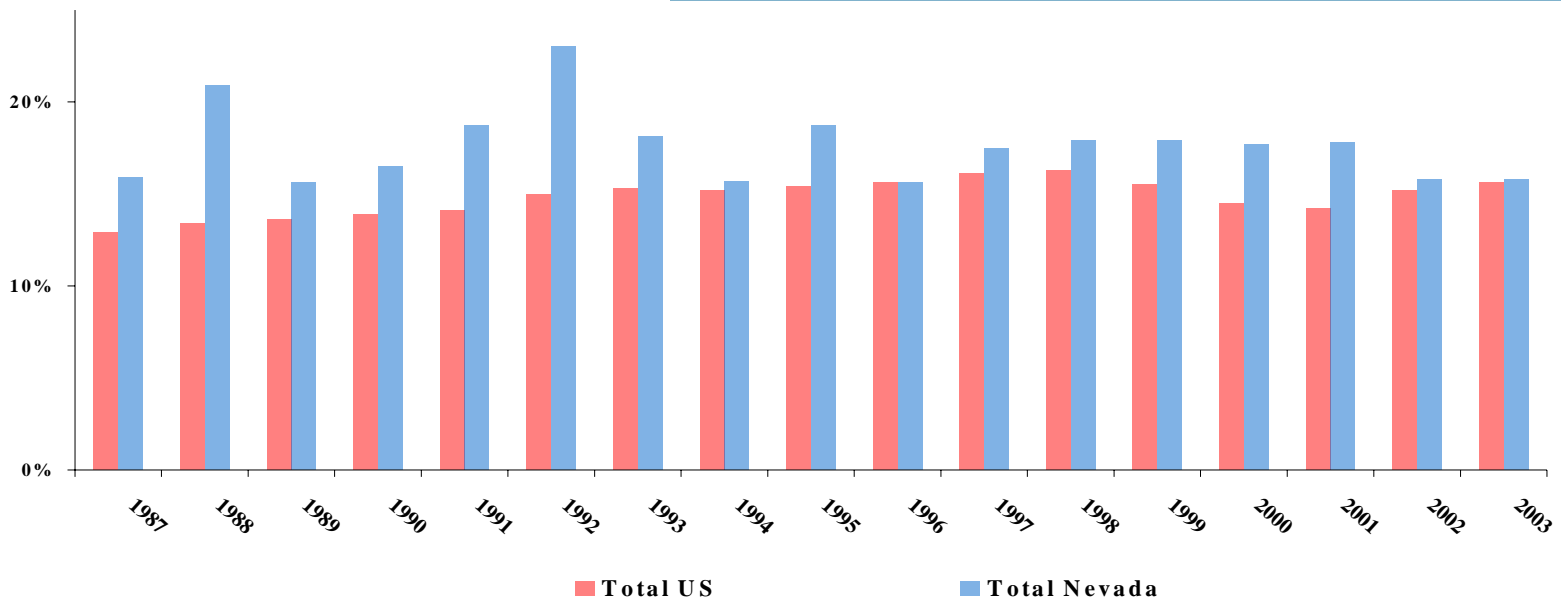
## Section 2: Historical Trends in Insurance Status Nevada Compared to the U.S.

- ◆ Total uninsured comparisons
- ◆ Medicaid comparisons
- ◆ Medicare comparisons
- ◆ Private insurance comparisons
- ◆ Children's insurance coverage

# Percent Uninsured

## *Nevada compared to the U.S. from 1987 to 2003*

While Nevada's uninsured rate has been consistently higher than the U.S., the rates are almost the same for 2003 at 15.6% for the U.S. and 15.8% for Nevada.

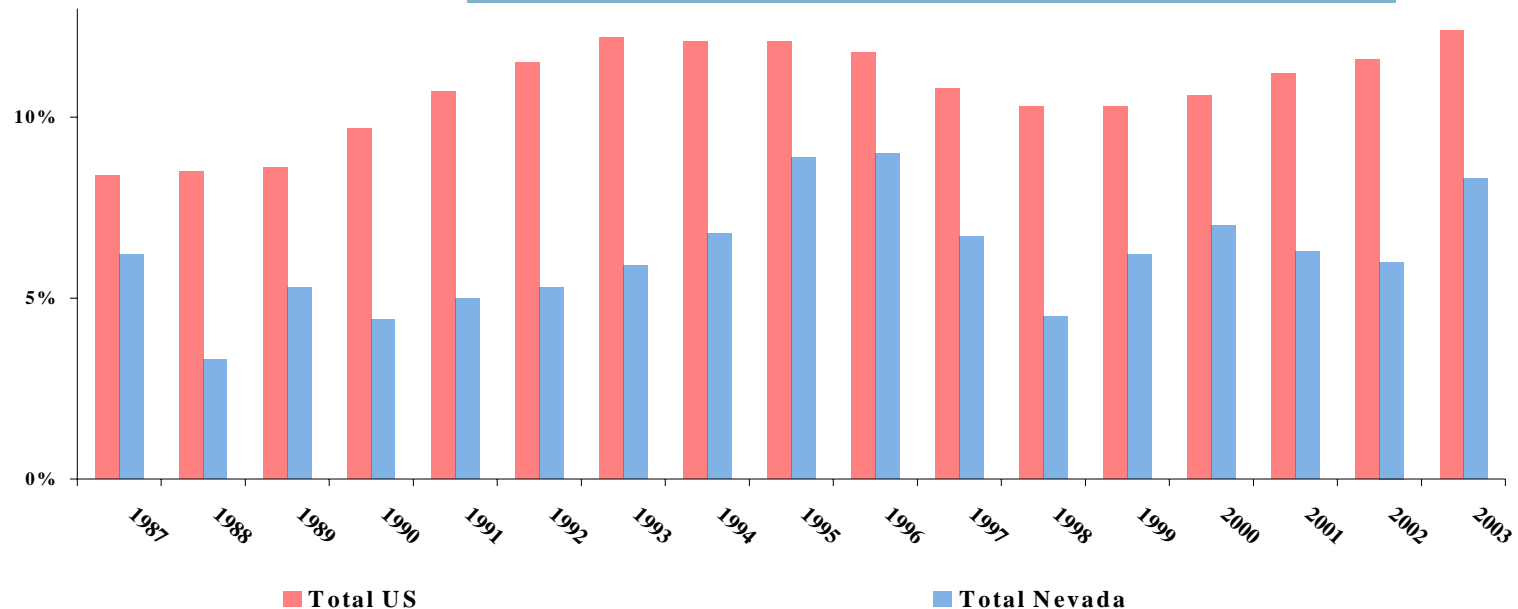


Source: Current Population Survey, U.S. Census Bureau; Decision Analytics, Inc.  
for Nevada estimates for the years 1998 through 2003.

# Medicaid Coverage

## *Nevada versus U.S. from 1987 to 2003*

A lower percent of people in Nevada have been covered by Medicaid compared to the U.S. for the entire time period displayed.



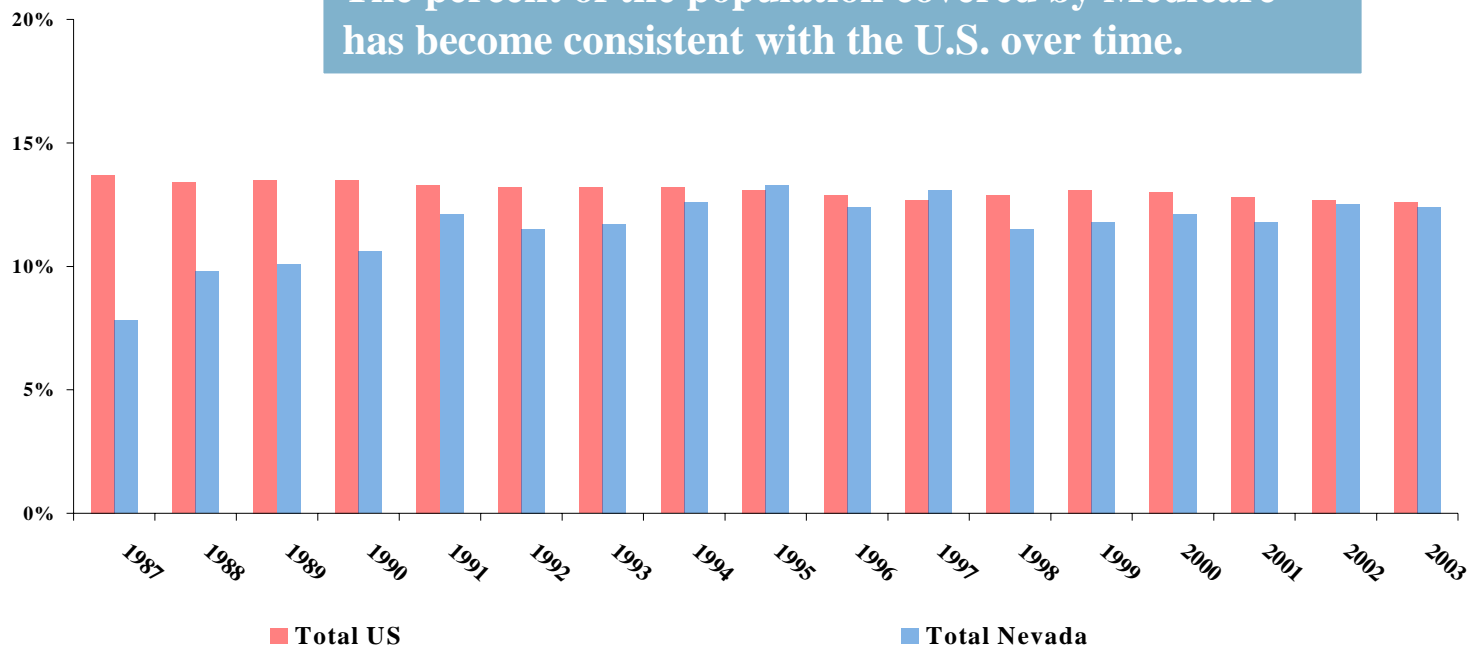
Source: Current Population Survey, U.S. Census Bureau.



# Medicare Coverage

## *Nevada versus U.S. from 1987 to 2003*

The percent of the population covered by Medicare has become consistent with the U.S. over time.

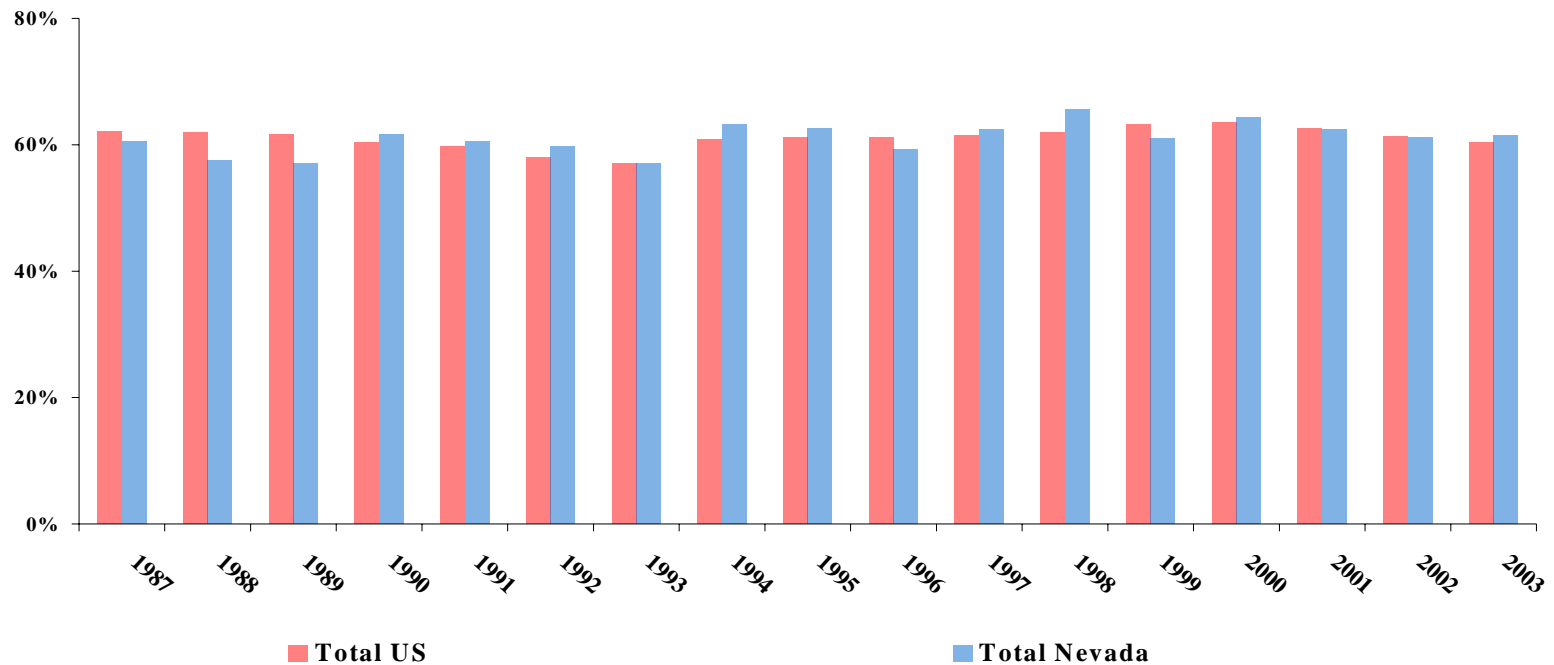


Source: Current Population Survey, U.S. Census Bureau.

# Private Coverage

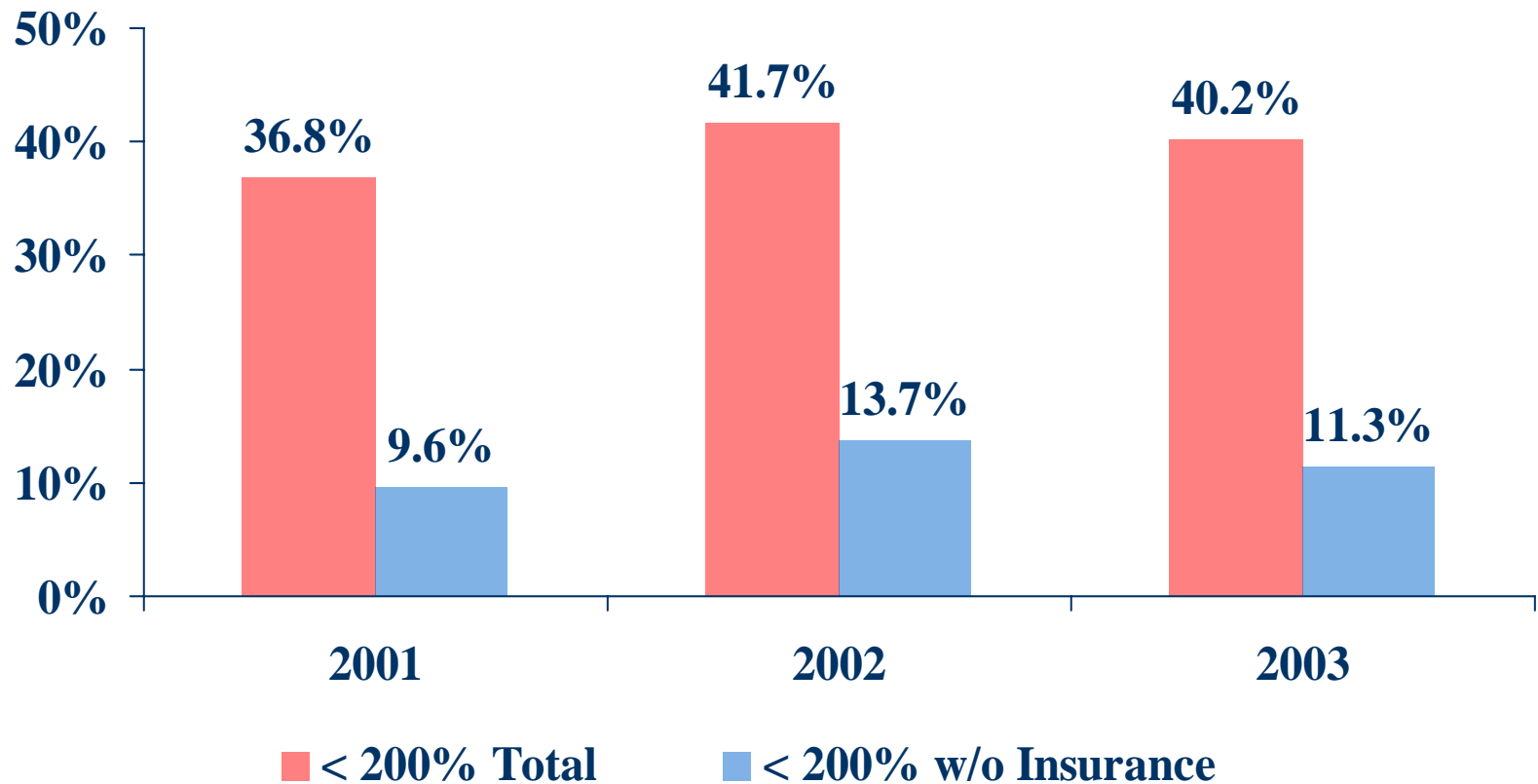
## *Nevada versus U.S. from 1987 to 2003*

The percent of people that have private health insurance coverage has been about the same as the U.S. over time.



Source: Current Population Survey, U.S. Census Bureau.

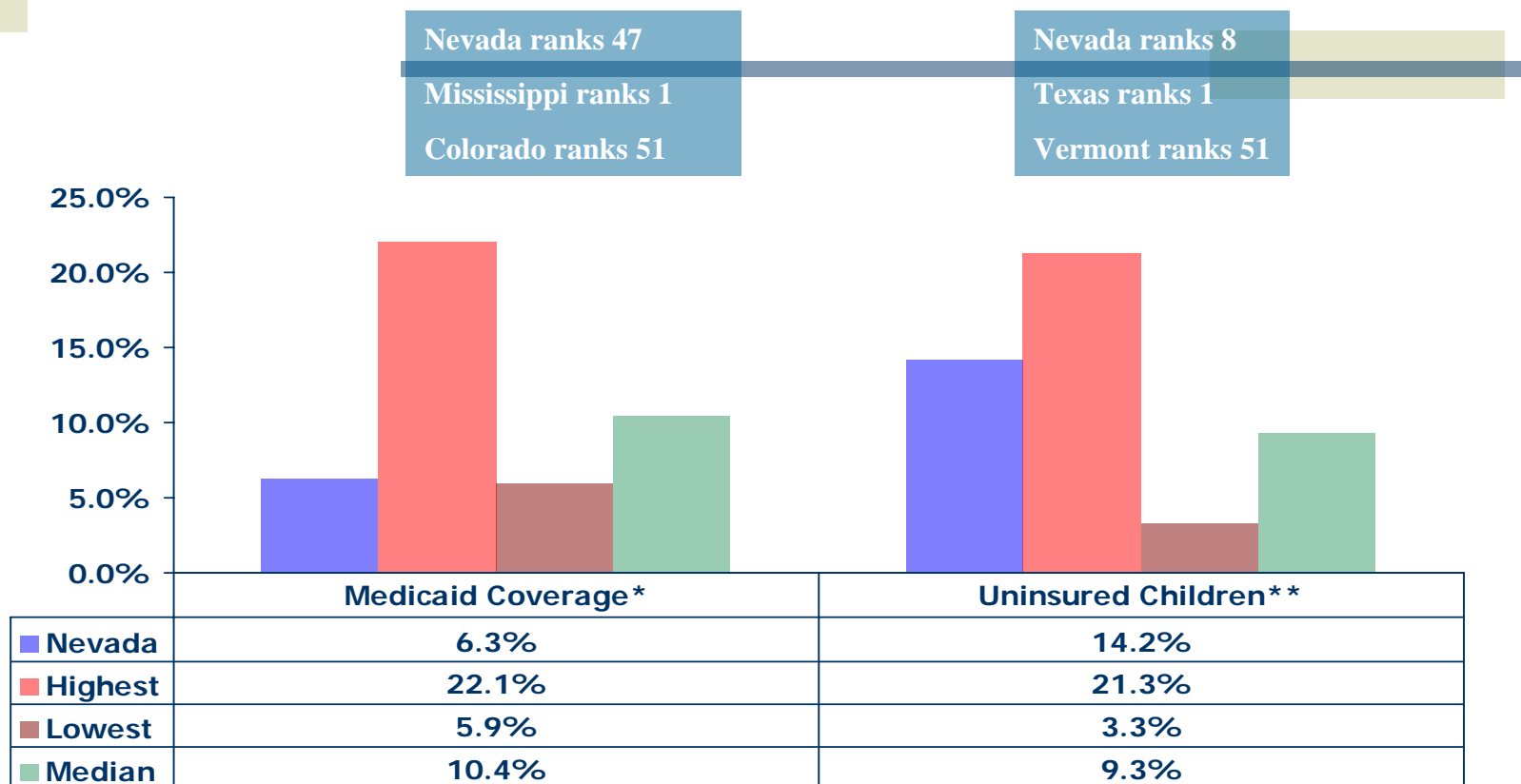
Total Percent of Children in Nevada Under 19 at or Below 200% of Poverty Compared to Total Percent **Without** Health Insurance Coverage for 2001, 2002 and 2003



Source: Current Population Survey, U.S. Census Bureau.

# Medicaid Coverage and Total Uninsured Children - How Nevada Ranks in 2001 Compared to All States

*(Rankings are from high to low)*



\*Includes all persons covered by Medicaid.

\*\* Includes all uninsured children under 18 regardless of family income.

Source: Current Population Survey, U.S. Census Bureau.

# Things to Note

- ◆ Compared to the U.S., Nevada's uninsured as a percent of the total population has been consistently higher; however, this gap narrowed in 2002 and 2003.
- ◆ Medicaid coverage as a percent of the total population has been consistently lower in Nevada than in the U.S. as a whole.
  - This may account for some of the difference between Nevada's uninsured rate versus the U.S.
- ◆ Medicare coverage as a percent of the total population has been lower than the U.S. in the past but has been about the same in the last three or four years.
- ◆ Private insurance coverage as a percent of the total population has been consistently about the same as the U.S. over time.
- ◆ The percent of children in less than 200 percent of poverty who are uninsured increased from 9.3 in 2001 to 13.7 in 2002, but dropped again to 11.3 in 2003.

## Section III: Indicators of Insurance Status and Trends That Are Worth Watching

- ◆ Some demographic indicators
- ◆ Some labor market indicators

## Some Demographic Indicators of Changes in Insurance Coverage Currently and in the Future

- ◆ **Population growth or decline**
  - migration
  - births
- ◆ **Changes in the composition of the population**
  - Race/ethnicity
  - age
- ◆ **Changes in the number or percent in poverty**
- ◆ **Changes in participation and access to government-sponsored insurance programs**

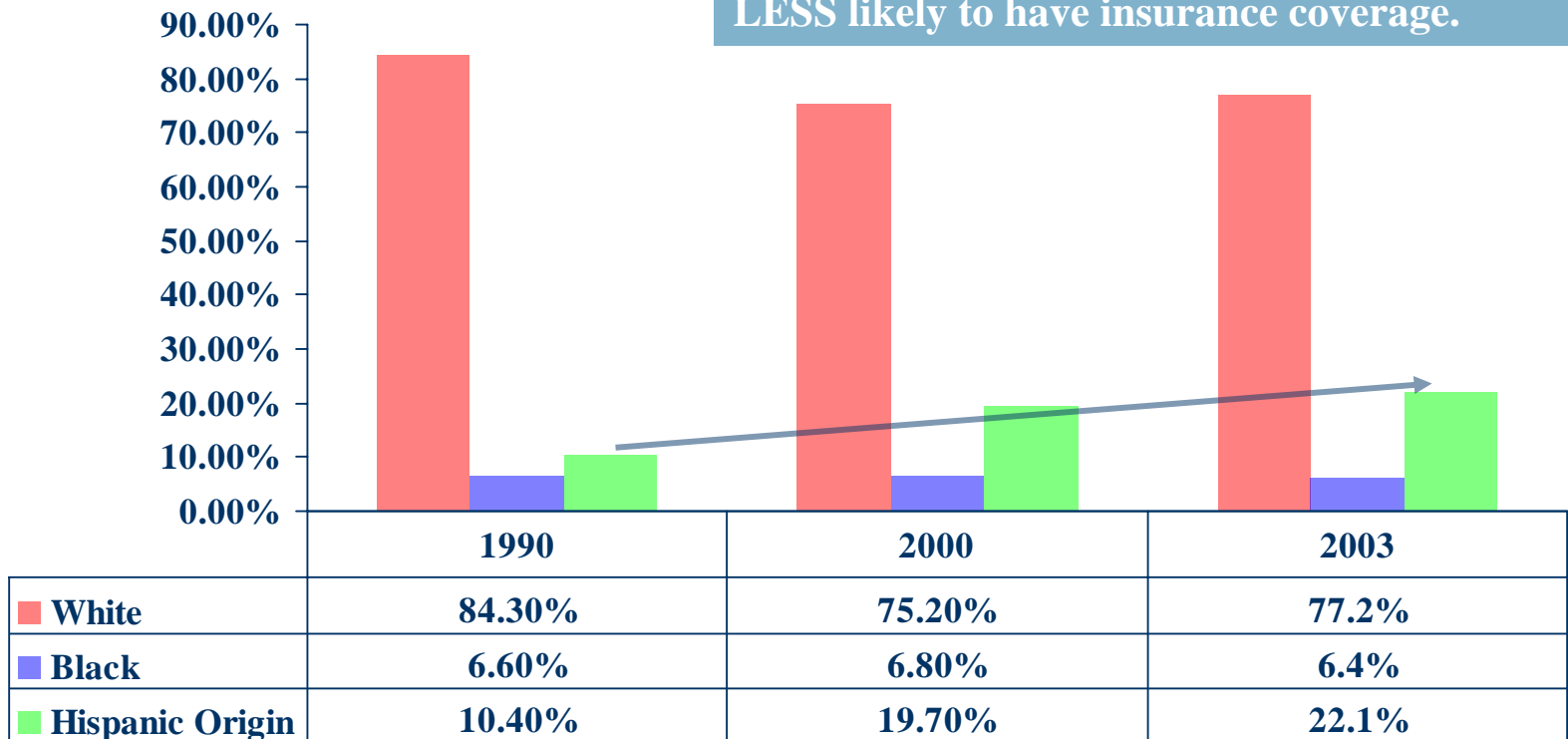
# Labor Market Indicators of Changes in Insurance Coverage Currently and in the Future

- ◆ **Unemployment rates and number unemployed**
- ◆ **Other labor market indicators such as:**
  - Changes in the number or percent of jobs that offer no insurance benefits
    - ◆ Part-time jobs and seasonal jobs are less likely to offer health insurance.
    - ◆ Certain industries; e.g. retail trade, that hire mainly part-time workers may not offer health insurance.
  - Changes in the number or percent of jobs that offer less affordable benefits to certain workers
    - ◆ Small firms of less than 100 workers are less likely to provide health insurance. For example:
      - Over 95% of all firms in Nevada have between 1 and 99 workers and employ about 50% of all workers (County Business Patterns, U.S. Census Bureau).
      - Over 50% of Nevada firms have only 1 to 5 workers.
      - They are less likely to offer health insurance and workers are less likely to take the coverage, if offered.



## Population Trends - Composition of the Population, Census 1990 and 2000, Census Estimates for 2003

Note the dramatic increase in the Hispanic population (more than double!). Hispanics are LESS likely to have insurance coverage.



White

Black

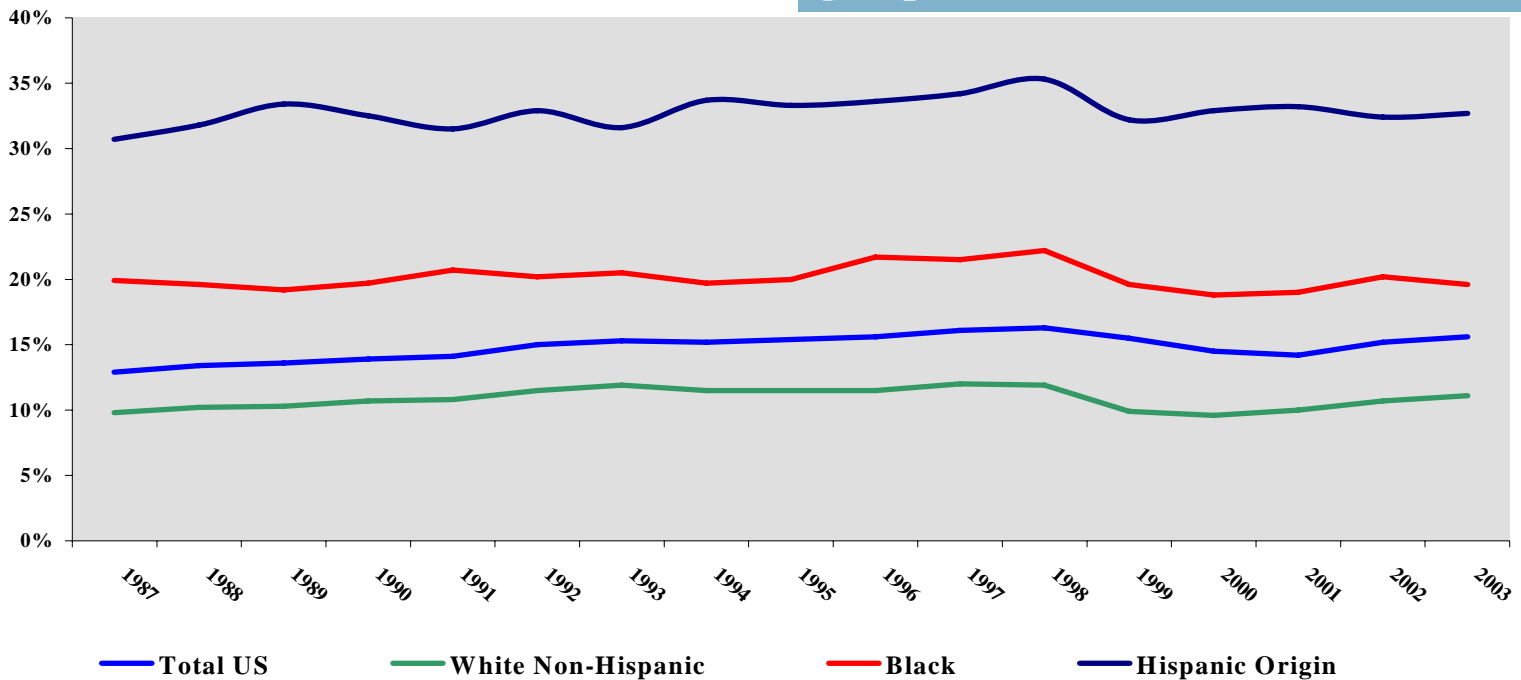
Hispanic Origin

Source: 1990 and 2000 Census, 2003 estimates, U.S. Census Bureau.

# Population Trends

## *U.S. Composition of Uninsured by Race and Hispanic Origin*

Hispanics are STILL three times LESS likely to have health insurance coverage; higher than any other race or ethnic group.

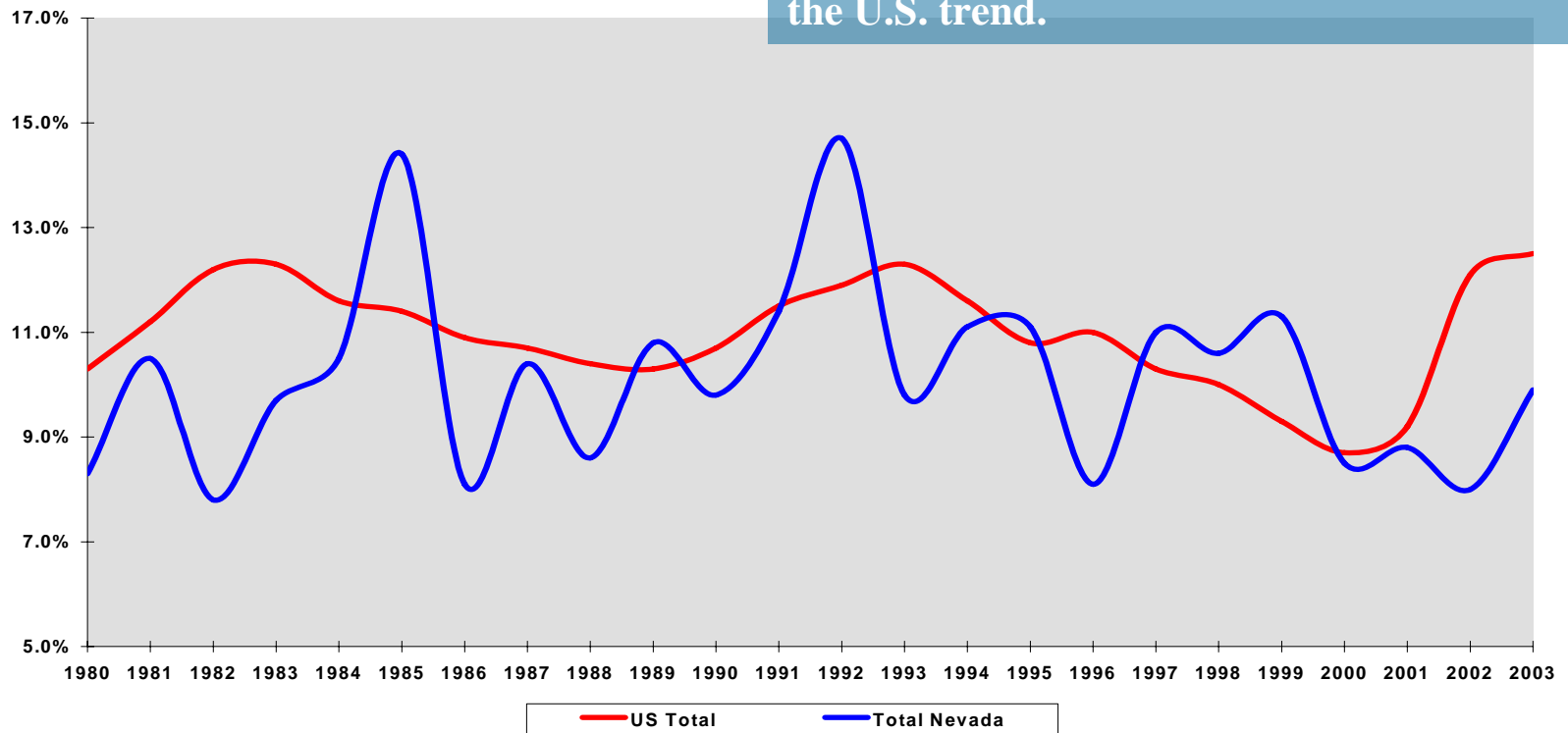


Source: Health Insurance Coverage, Historical Tables, Current Population Survey, U.S. Census Bureau.  
Data have been smoothed.

# Population Trends

## *Poverty in Nevada compared to the U.S.*

The increase in poverty has slowed somewhat from the dramatic rise after the effect of 9/11/2001– Nevada has followed the U.S. trend.

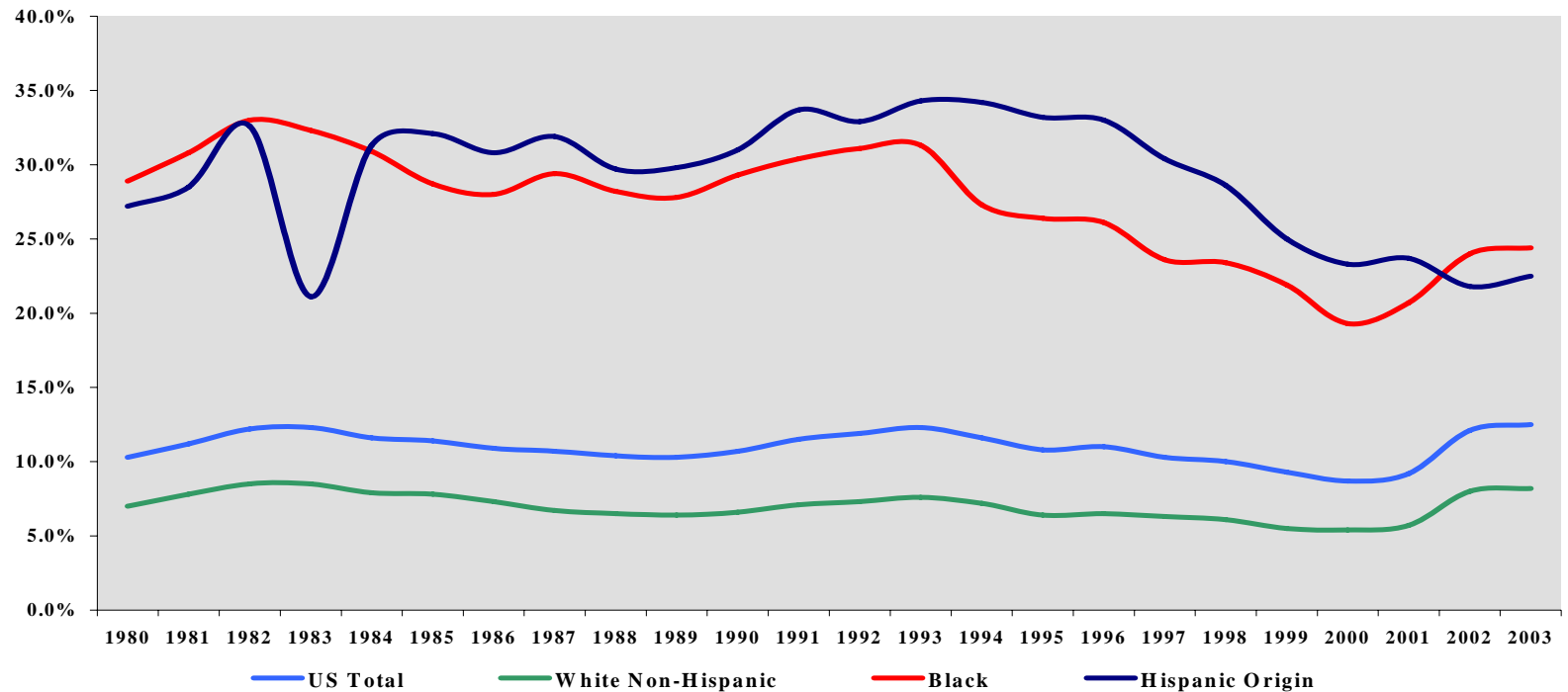


Source: Official Poverty Estimates, Current Population Survey, U.S. Census Bureau. Data have been smoothed.

# Population Trends - Poverty in the U.S.

## *Composition by Race and Hispanic Origin*

Note that Hispanics and Blacks have higher poverty rates which corresponds with their lack of insurance coverage.

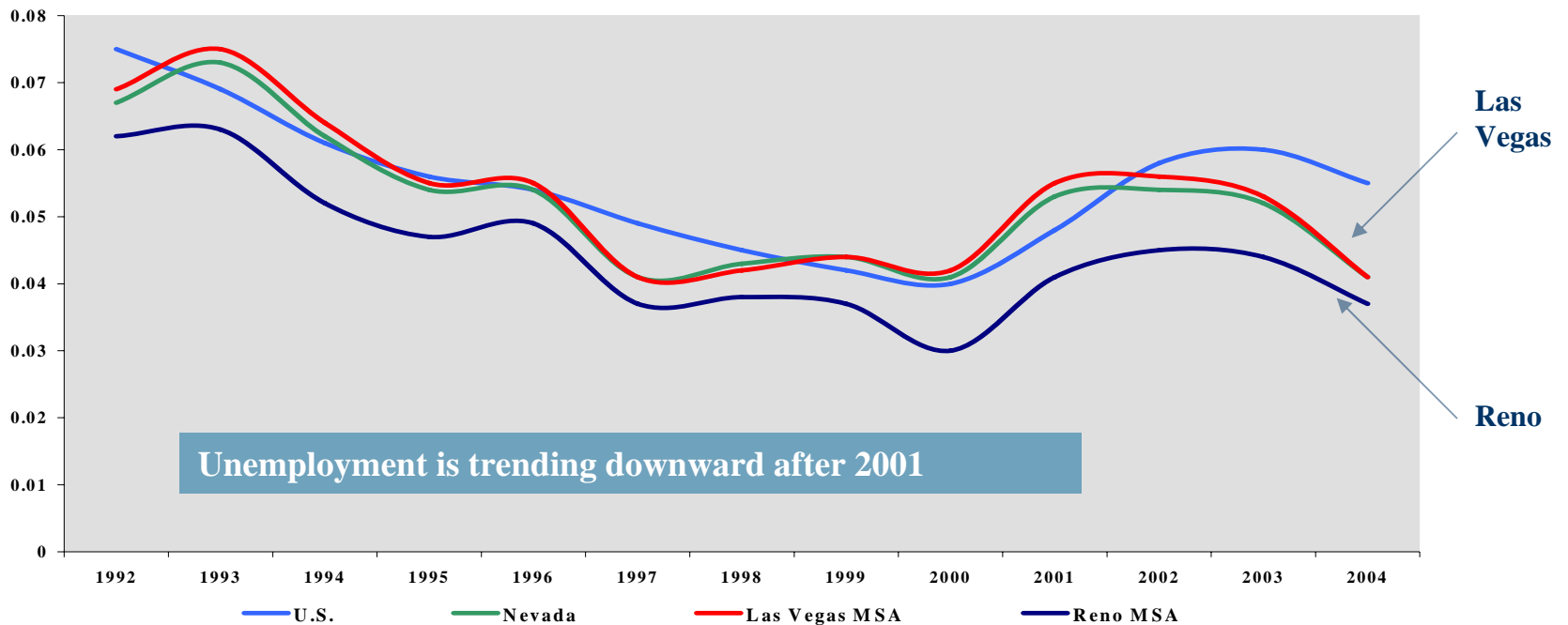


Source: Official Poverty Estimates, Current Population Survey, U.S. Census Bureau.

# Labor Market Trends

## *Unemployment in Nevada, Las Vegas MSA and Reno MSA versus Total U.S. Unemployment*

Note that unemployment in Reno is much lower than Las Vegas in general.



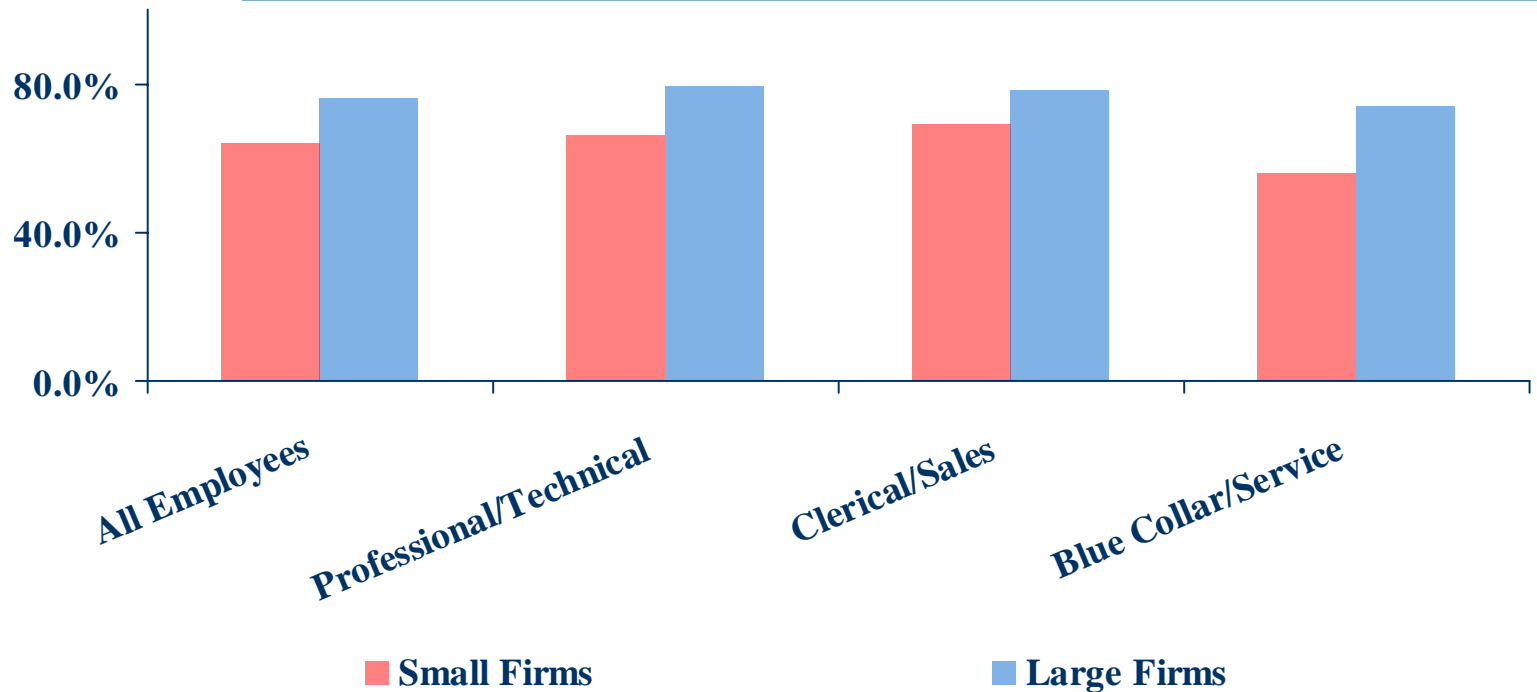
Source: Annual Average: U.S. Bureau of Labor Statistics (BLS), 2002.

# Labor Market Trends

## Full-Time Employees' Participation in Medical Benefits Plans

*Small (< 100 employees) versus Large Firms (> 100 employees)*

For every occupation category, fewer workers in small firms have insurance. About 95% of Nevada's firms are in the small category.



Source: Employee Benefits Survey, Bureau of Labor Statistics.

# Some Thoughts and Speculations from the Trends

- Poverty is still rising in Nevada and nationwide and until the economic recovery reaches the working poor, we might see continued high rates of uninsured.
- The Hispanic population in Nevada **continues to rise in Nevada** AND Hispanics are less likely to have health coverage. The Hispanic population is expected to continue to grow because of higher birth rates and continuing immigration – and Nevada (along with other western states) will continue to gain a disproportionate share.
- Unemployment rates have declined some which might decrease the percent uninsured, BUT only if employers offer benefits or affordable benefits. In general, the trend is toward fewer workers participating in private health insurance plans due to co-pay and other considerations. Thus, more people above poverty may be without coverage (Bureau of Labor Statistics - BLS, 2000).
- Employees in small firms are less likely to have health insurance benefits (because fewer firms offer it and, when they do, fewer employees take it) (BLS, 2000). Over 95% of Nevada's firms are "small" and employ about 50% of Nevada's workers (County Business Patterns, U.S. Census Bureau). It will be important to watch whether future business formation will be in small or large firms.
- Part-time and seasonal workers are less likely to be offered employer-sponsored health insurance → a special population that persists in Nevada's rural counties (U.S. Department of Agriculture).
- Fewer persons than the national average **STILL** appear to participate in Medicaid programs in Nevada. (Medicaid totals include persons enrolled in Nevada Checkup programs.) While not all eligible persons participate, outreach efforts may reduce the uninsured population.

# What Can We Expect in the Future?

## *Implications for Nevada*

- ◆ While the population eligible for government-sponsored assistance may be growing, indicators suggest they are not participating at the rate of U.S. participation. This may suggest the need for “outreach” programs such as Nevada Checkup.
- ◆ There are more uninsured in 100-200% poverty – the working poor – which calls for different remedies and seems to remain a persistent problem.
- ◆ The number and percent of persons of Hispanic origin has grown dramatically since 1990 *AND* all indicators are that this group will continue to grow at unusually high rates.
  - Hispanics are less likely to have private health insurance.
- ◆ There is still uncertainty in the economy.
  - Poverty continues to be a persistent problem.
  - Unemployment is showing some recovery, but it will take time.
- ◆ Participation in employment-sponsored health insurance is likely to decline (higher co-payments, or not offered).
- ◆ **Conclusion: The uninsured will remain a persistent problem in the future without intervention.**



## *For Further Reading . . .*

- ♦ Bhandari, S. (December, 2002). “Employment-Based Health Insurance: 1997.” U.S. Census Bureau, Household Economic Studies, P70-81.
- ♦ Bureau of Labor Statistics. (2002) Labor Force Statistics from the Current Population Survey. U.S. Department of Labor.
- ♦ Bureau of Labor Statistics. (2000, 2002) Employee Benefits Survey. U.S. Department of Labor.
- ♦ Dubay, L. Hill, I. and Kenney, M. (October 1, 2002). “Five Things Everyone Should Know About SCHIP.” Urban Institute.
- ♦ Judson, D., Popoff, C. and Fadali, B. (2001) “Measuring the Number of People Without Health Insurance: A Test of the Synthetic Methods Approach Using SIPP Microdata.” Presented at the 2001 meeting of the Federal Committee of Statistical Methodology in November, 2001, Washington, D.C.,
- ♦ Judson, D., Popoff, C., Fadali, B. and McArthur, K. (2000). “Methodology Explanation and Documentation for Nevada-Specific Estimates of the Uninsured.” Presented to Great Basin Primary Care Association, April 18, 2000, Carson City, Nevada.
- ♦ Loomis, L. (July 25, 2000). “Report on Cognitive Interview Research Results for Questions on Welfare Reform Benefits and Government Health Insurance For the March 2001 Income Supplement to the CPS.” U.S. Census Bureau, Center for Survey Methods Research, Statistical Research Division.
- ♦ Mills, R. (September, 2002). “Health Insurance Coverage: 2001.” U.S. Census Bureau, Current Population Reports, P60-220.
- ♦ Nelson, C. and Mills, R. (August, 2001). The March 2001 Health Insurance Verification Question and Its Effects on Estimates of the Uninsured.” U.S. Bureau of the Census, Housing and Household Economic Statistics Division.
- ♦ O’Hara, Brett, and Popoff, Carole L. (2003). “Do regions have an impact on a person’s health insurance status? A hierarchical modeling approach for small area estimates.” Journal of Economic and Social Measurement, 26: 1-14.
- ♦ Pascale, J. (June 27, 2002). “A Quantitative and Qualitative Assessment of the Data Quality of Health Insurance Measurement Methodologies.” U.S. Census Bureau, Unpublished report.
- ♦ Proctor, B. and Dalaker, J. (September, 2002) “Poverty in the United States: 2001.” U.S. Census Bureau, Current Population Reports, P60-219.
- ♦ Sigmund, C., Popoff, C. and Judson, D. (1999). “A system for Synthetic Estimates of Health-Related Characteristics: Linking a Population Survey with Local Data.” Presented at the annual Population Association Meeting, New York, March, 1999.