Going Bare: Trends In Health Insurance Coverage, 1989 Through 1996

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ABSTRACT

Objectives. This study analyzed trends in health insurance coverage in the United States from 1989 through 1996.

Methods. Data from annual cross-sectional surveys by the US Census Bureau were analyzed.

Results. Between 1989 and 1996, the number of uninsured persons increased by 8.3 million (90% confidence interval [CI] = 7.7, 8.9 million). In 1996, 41.7 million (90% CI = 40.9, 42.5 million) lacked insurance. From 1989 to 1993, the proportion with Medicaid increased by 3.6 percentage points (90% CI = 3.1, 4.0), while the proportion with private insurance declined by 4.2 percentage points (90% CI = 3.7, 4.7). From 1993 to 1996 private coverage rates stabilized but did not reverse earlier declines. Consequently, the number uninsured continued to increase.

The greatest increase in the population of insured was among young adults aged 18 to 39 years; rates among children also rose steeply after 1992. While Blacks had the largest percentage increase, Hispanics accounted for 36.4% (90% CI = 32.3%, 40.5%) of the increase in the number uninsured. From 1989 to 1993, the majority of the increase was among poor families. Since then, middle-income families have incurred the largest increase. Northcentral and northeastern states had the largest increases in percent uninsured.

Conclusions. Despite economic prosperity, the numbers and rates of the uninsured continued to rise. Principally affected were children and young adults, poor and middle income families, blacks, and Hispanics. (*Am J Public Health.* 1999;89:36–42)

Unlike other developed nations, the United States does not ensure that every resident has health insurance.[1,2] During the 1980s, the number of people in the United States lacking health insurance rose by nearly 30%, to 33.4 million in 1989, with lower- and middle-income families accounting for most of the increase.[3] Two recessions at the beginning of that decade resulted in a sharp rise in the number and proportion of people who were poor[4] and in the ranks of those without health insurance.[3] The increase in the uninsured resulted from declines in employer-sponsored coverage, particularly among low-wage workers, and a shift of employment to service industries that less frequently provide insurance.[3,5]

After a brief recession at the start of this decade, the 1990s have been a time of economic growth. Unemployment and inflation rates have been relatively low. Between 1989 and 1996, the Dow Jones industrial average doubled and the Gross National Product increased by more than 25%.[6] Rising numbers of uninsured during this period of prosperity, reaching 41.7 million in 1996 (15.6% of the population),[7] may portend even steeper increases should the economic climate cool.[8] Although the US Census Bureau has annually released a report on the number of uninsured,[7,9,10] and some authors have discussed trends in uninsurance during the first few years of the 1990s,[7,11–14] no recent comprehensive studies of the demographics of the uninsured over the past several years are available. In this article we analyze data on the uninsured for 1989 through 1996.

Methods

We analyzed annual data for March 1990 through March 1997 from the Current Population Survey, the standard national source of health insurance data. This annual Census Bureau survey of the noninstitutionalized population of the United States covers approximately 60 000 households, with 160 000 persons, to produce both state and national estimates.[15]

Each March, respondents to the survey are asked about health insurance coverage during the previous calendar year. In the presentation of our data, the year given refers to the year of health insurance coverage. We considered persons insured if they reported either public or private health insurance coverage. Population estimates were derived with weights provided by the Census Bureau that account for the complex sample design and nonresponse rate (15.7% in March 1997)[15] and that allow extrapolation to the entire US population. Weights for Current Population Survey data for 1993 and thereafter were derived from an updated sample framework based on the 1990 decennial census. Weights for data prior to 1993 were based on the 1980 census. The change in the sampling framework caused a discontinuity in the absolute numbers but not in the percentage estimates.[15] For example, with 1990 weights, the number uninsured in 1992 would have been 1.2 million higher than estimated with 1980 weights. However, the percentage estimate of the uninsured does not change significantly when one or the other weight is used.

In addition, in 1993 the Census Bureau began using computer-assisted interviewing, and in 1994 extensive changes were made to health insurance questions to minimize

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underreporting of coverage.[10,15,16] In particular, new questions and sequencing changes were introduced to improve reporting of private health insurance. For example, information about private employer–provided coverage and private self-purchased insurance is now divided into 2 separate questions, follow-up questions about the policyholder of each insurance are now included, and the employer insurance questions now precede the questions about government coverage.[16] Thus, estimates of the uninsured after 1994 are lower than if the older questionnaire had been used, mostly because of higher estimates of private coverage.[16]

We calculated confidence intervals (CIs) for percentage data using the formula

$$SE = \sqrt{b/x \times p(100-p)},$$

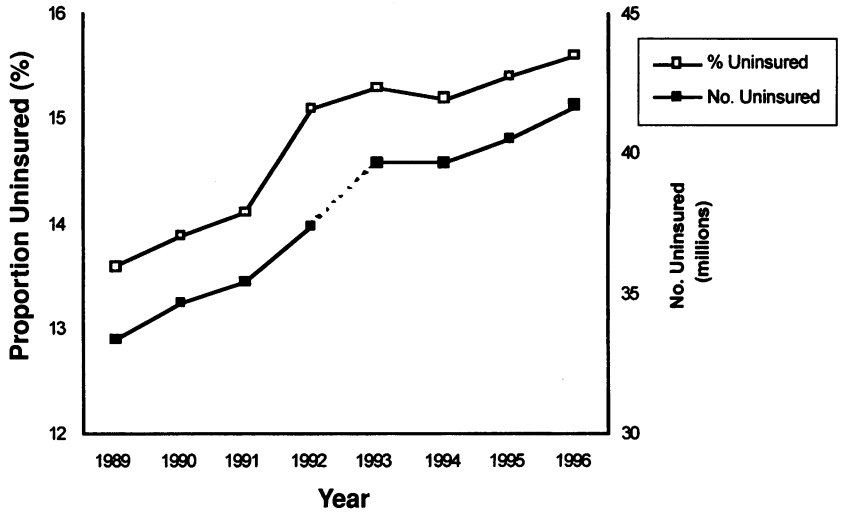
where SE is the standard error, x is the number of people in the base percentage, p is the percentage, and b is a parameter estimate provided by the Census Bureau.[15] For absolute numbers, we used the formula

$$SE = \sqrt{ax^2 + bx},$$

where a is another parameter estimate from the Census Bureau. Standard errors for state data were further adjusted with state-specific parameters. We calculated standard errors of differences between 1989 and 1996 using the formula

$$SE = \sqrt{(SE_1^2 + SE_2^2)},$$

where SE_1 is the standard error in 1989 and SE_2 is the standard error in 1996.[15] Unlike clinical data, in which statistical significance is usually set at $P = .05$, in keeping with Census Bureau conventions for demographic data we considered a difference significant if the 90% CI for that difference did not include zero. Analyses were performed with SAS, Version 6.12 (SAS Institute, Cary, NC).



Note. The dashed line from 1992 to 1993 indicates a change in sampling weights to reflect the 1990 census estimates. In 1994, health insurance questions were redesigned. Data from analysis of Current Population Survey, US Bureau of the Census.

FIGURE 1—Trends in the number and proportion of uninsured in the United States, 1989–1996.

Results

From 1989 through 1996, the number of people without health insurance living in the United States increased by 8.3 million (90% CI = 7.7, 8.9 million), to 41.7 million (90% CI = 40.9, 42.5 million) (Figure 1). In these 7 years, the proportion of the population without health insurance increased by 14.8% (90% CI = 11.8%, 17.6%) (Figure 1). From 1989 through 1993, the proportion of people covered by private health insurance declined from 74.6% (90% CI = 74.3%, 74.9%) to 70.2% (90% CI = 69.9%, 70.5%). The absolute number covered by private insurance also decreased from 1989 through 1992. From 1993 through 1996, coinciding with the Census Bureau's use of a new sampling framework in 1993 and changes to improve reporting of private health insurance in 1994, the estimates of persons covered by private insurance increased by 7.1 million (90% CI = 6.5, 7.7 million) (Table 1). However, the increase only matched population growth, so that the proportion covered by private insurance did not change significantly after 1993. Meanwhile, the proportion of the population covered by Medicaid increased dramatically, from 8.6% (90% CI = 8.4%, 8.8%) in 1989 to 12.2% (90% CI = 11.8%, 12.6%) in 1993, and leveled off in the subsequent 3 years. During this period of Medicaid expansion, enrollment grew from 21.2 million (90% CI = 20.6, 21.7 million) in 1989 to 31.9 million (90% CI = 31.2, 32.6 million] in 1996. Rates of Medicare coverage changed little.

The rates of uninsurance continue to be higher for males than females (17.1% [90% CI = 16.7%, 17.5%] vs 14.2% [90% CI = 13.8%, 14.6%] in 1996), and the percent-

TABLE 1—Trends in Number (in Millions) and Proportion of Individuals in the United States Covered by Each Type of Insurance: 1989 Through 1996

	Number (Proportion) of Individuals With Insurance Coverage							
Insurance	1989	1990	1991	1992	1993[a]	1994[b]	1995	1996
Private	183.6 (74.6%)	182.1 (73.2%)	181.4 (72.1%)	180.8 (71.1%)	182.4 (70.2%)	184.3 (70.3%)	185.9 (70.3%)	187.9 (70.4%)[c]
Medicaid	21.2 (8.6%)	24.3 (9.7%)	26.9 (10.7%)	28.6 (11.5%)	31.7 (12.2%)	31.7 (12.2%)	31.9 (12.1%)	31.9 (11.8%)[c]
Medicare	31.5 (12.8%)	32.3 (13.0%)	32.9 (13.1%)	33.2 (12.9%)	33.1 (12.7%)	33.9 (12.9%)	34.7 (13.1%)	34.7 (13.2%)

Note. Based on analysis of data from the Current Population Survey, US Bureau of the Census.
[a]Implementation of 1990 census weights.
[b]Health insurance questions were redesigned to reduce underreporting of private health insurance.
[c]Statistically significant percentage change from 1989 through 1996 at $P < .10$.

TABLE 2—Trends in Proportion of Uninsured Individuals in the United States, by Age, Gender, Race/Ethnicity, and Family Income: 1989 Through 1996

	Percentage Uninsured								Percentage Point Change in Proportion Uninsured, 1989–1996
	1989	1990	1991	1992	1993	1994[a]	1995	1996	
Age, y									
<18	13.3	13.0	12.7	12.4	13.7	14.2	13.8	14.8	1.5[b]
18–39	19.0	20.0	20.9	22.0	22.1	22.0	22.9	22.7	3.7[b]
40–64	12.1	12.7	12.6	13.8	14.4	13.8	14.0	14.4	2.3[b]
>64	1.0	0.9	0.9	1.2	1.2	0.9	1.0	1.1	0.1
Gender									
Male	14.8	15.4	15.8	16.5	17.1	16.6	16.8	17.1	2.3[b]
Female	12.4	12.5	12.5	13.1	13.6	13.7	14.0	14.2	1.8[b]
Race/ethnicity									
Non-Hispanic Whites	10.3	10.7	10.8	11.5	11.9	11.5	11.5	11.5	1.2[b]
Blacks	19.2	19.7	20.7	20.1	20.5	19.7	21.0	21.6	2.4[b]
Hispanics	33.5	32.8	31.9	32.5	31.9	33.7	33.3	33.6	0.1
Family income[c]									
<$25,000	23.1	23.1	22.8	23.5	23.6	23.3	24.1	24.5	1.4[b]
$25,000–$49,999	8.6	8.8	9.1	9.5	10.2	9.6	10.6	11.1	2.5[b]
>$49,999	4.6	4.9	4.4	5.0	5.5	5.8	6.1	6.2	1.6[b]

Note. Based on analysis of data from the Current Population Survey, US Bureau of the Census.
[a]Health insurance questions were redesigned to reduce underreporting of private health insurance.
[b]Statistically significant increase from 1989 through 1996, $P<.10$.
[c]In 1989 dollars.

age of increase in the uninsured was slightly higher for males than for females (Table 2). Among different age groups, young adults aged 18 to 39 years had the highest rates of uninsurance throughout the study period and accounted for almost half the total increase in the uninsured (22.7% [90% CI = 22.1%, 23.3%] were without coverage in 1996). Adults aged 40 to 64 years also showed a steady increase in the number uninsured and rates of uninsurance, with 14.4% (90% CI = 13.9%, 14.9%) lacking coverage in 1996. Most of the increase in uninsurance rates among adults occurred from 1989 through 1993. In contrast, uninsurance rates for children initially declined slightly because of Medicaid expansions and then rose dramatically after 1992 (14.8% [90% CI = 14.3%, 15.4%] lacked coverage in 1996).

From 1989 through 1996, Blacks had the largest increase in the proportion uninsured, with 21.6% (90% CI = 20.4%, 22.8%) lacking health insurance in 1996 (Table 2). However, Hispanics had the highest rates of

TABLE 3—Trends in the Number of Uninsured Individuals (in Thousands) in the United States, by Age, Gender, Race/Ethnicity, and Family Income: 1989 Through 1996

	Number Uninsured, Thousands								Change in No. Uninsured, 1989–1996, Thousands
	1989	1990	1991	1992	1993[a]	1994[b]	1995	1996	
Age, y									
<18	8550	8500	8380	8340	9570	10000	9800	10550	2000
18–39	16780	17640	18400	19290	19740	19520	20220	19940	3160
40–64	7740	8300	8380	9440	10040	9900	10270	10880	3140
>64	310	280	290	360	360	290	300	340	30
Gender									
Male	17680	18710	19400	20400	21650	21310	21650	22330	4650
Female	15710	16010	16050	17020	18060	18410	18930	19390	3680
Race/ethnicity									
Non-Hispanic Whites	19190	20020	20410	21810	22780	22230	22000	22090	2900
Blacks	5840	6090	6510	6570	6760	6600	7110	7180	1340
Hispanics	6930	6960	6970	8440	8410	9280	9470	9970	3040
Family income[c]									
<$25,000	23400	24540	25450	26710	28220	28000	27660	28060	4660
$25,000–$49,999	7080	7260	7500	7830	7970	8340	8930	9470	2390
>$49,999	2900	2920	2500	2890	3530	3380	3990	4170	1270

Note. Based on analysis of data from the Current Population Survey, US Bureau of the Census.
[a]Implementation of 1990 census weights.
[b]Health insurance questions were redesigned to reduce underreporting of private health insurance.
[c]In 1989 dollars.

TABLE 4—Proportion of Americans Without Health Insurance, by State[a]: 1989 Through 1996

State	Proportion Uninsured, %								No. Uninsured, 1996, Thousands
	1989	1990	1991	1992	1993	1994	1995	1996	
Alabama	16.3	17.4	17.9	16.8	17.3	9.2	13.5	12.9[b]	550
Alaska	18.3	15.4	13.2	16.2	13.3	13.4	12.5	13.5[b]	89
Arizona	16.3	15.5	16.9	14.9	20.2	20.2	20.4	24.1[b]	1159
Arkansas	17.0	17.4	15.7	19.9	19.7	17.4	18.0	21.7[b]	566
California	19.0	19.1	18.7	19.2	19.7	21.2	20.6	20.1	6514
Colorado	13.6	14.7	10.1	12.4	12.6	12.4	14.8	16.6	644
Connecticut	8.3	6.9	7.5	8.2	10.0	10.4	8.8	11.0	368
Delaware	15.4	14.0	13.2	11.2	13.4	13.6	15.8	13.4	98
District of Columbia	21.0	19.2	25.7	21.7	20.7	16.5	17.4	14.8[b]	80
Florida	17.0	18.0	18.6	19.8	19.6	17.2	18.3	18.9[b]	2722
Georgia	15.6	15.3	14.1	19.1	18.4	16.2	17.9	17.8	1319
Hawaii	7.3	7.3	7.0	6.0	11.1	9.1	8.9	8.6	101
Idaho	15.5	15.2	17.8	16.3	14.8	13.9	14.0	16.5	196
Illinois	10.1	10.9	11.5	13.2	12.6	11.4	11.0	11.3	1337
Indiana	12.3	10.7	13.0	11.0	11.9	10.5	12.6	10.6	600
Iowa	7.3	8.1	8.8	10.3	9.2	9.6	11.3	11.6[b]	335
Kansas	9.4	10.8	11.4	10.9	12.7	12.9	12.4	11.4	292
Kentucky	13.3	13.2	13.1	14.6	12.5	15.2	14.6	15.4	601
Louisiana	17.9	19.7	20.7	22.3	23.9	19.2	20.5	20.9	890
Maine	9.2	11.2	11.1	11.1	11.1	13.1	13.5	12.1	146
Maryland	10.2	12.7	13.1	11.3	13.5	12.6	15.3	11.4	581
Massachusetts	8.5	9.1	10.9	10.6	11.7	12.5	11.1	12.4[b]	766
Michigan	8.3	9.4	9.0	10.0	11.2	10.8	9.7	8.9	857
Minnesota	8.6	8.9	9.3	8.1	10.1	9.5	8.0	10.2	480
Mississippi	16.9	19.9	18.9	19.4	17.9	17.8	19.7	18.5	518
Missouri	11.8	12.7	12.2	14.4	12.2	12.3	14.6	13.2	700
Montana	14.6	14.1	12.7	9.3	15.3	13.7	12.7	13.6	124
Nebraska	10.1	8.5	8.3	9.4	11.9	10.7	9.0	11.4	190
Nevada	15.6	16.5	18.7	22.6	18.1	15.7	18.7	15.6	255
New Hampshire	12.8	9.9	10.1	12.6	12.5	11.9	10.0	9.5[b]	109
New Jersey	10.3	10.0	10.8	13.3	13.7	13.0	14.2	16.7[b]	1317
New Mexico	21.1	22.2	21.5	19.3	22.0	23.0	25.6	22.3	412
New York	11.8	12.1	12.3	13.9	13.9	16.0	15.2	17.0[b]	3132
North Carolina	14.1	13.8	14.9	13.9	14.0	13.3	14.3	16.0	1160
North Dakota	8.7	6.3	7.6	8.2	13.3	8.4	8.2	9.8	62
Ohio	8.5	10.3	10.3	11.0	11.1	11.0	11.9	11.5[b]	1292
Oklahoma	20.1	18.6	18.2	22.0	23.6	17.8	19.2	17.0	570
Oregon	13.7	12.5	14.2	13.2	14.7	13.1	12.5	15.3	496
Pennsylvania	9.0	10.1	7.8	8.7	10.8	10.6	9.9	9.5	1133
Rhode Island	9.2	11.1	10.2	9.5	10.3	11.5	12.8	9.9	93
South Carolina	14.2	16.2	13.2	17.2	16.9	14.3	14.6	17.1	634
South Dakota	11.0	11.6	9.9	15.1	13.0	10.0	9.3	9.5	67
Tennessee	12.8	13.7	13.4	13.6	13.2	10.2	14.9	15.2	841
Texas	22.3	21.1	22.1	23.1	21.8	24.2	24.5	24.3[b]	4680
Utah	9.0	9.0	13.8	11.7	11.3	11.5	11.8	12.0[b]	240
Vermont	8.8	9.5	12.7	9.5	11.9	8.6	13.1	11.1	65
Virginia	11.3	15.7	16.3	14.6	13.1	12.0	13.5	12.5	811
Washington	11.8	11.4	10.4	10.2	12.6	12.7	12.4	13.5	761
West Virginia	13.9	13.8	15.7	15.4	18.3	16.2	15.4	14.9	261
Wisconsin	8.8	6.7	8.0	9.1	8.7	8.9	7.3	8.4	438
Wyoming	12.5	12.5	11.3	11.8	15.0	15.4	15.9	13.5	66

Note. Based on analysis of data from the Current Population Survey, US Bureau of the Census.
[a]While state data indicate patterns and trends, any ranking of states is approximate as confidence intervals vary. For example, Arizona's uninsurance rate in 1996, 24.1% (±2.5%), is not statistically different from that for New Mexico, 22.3% (±2.5%) or Arkansas, 21.7% (±2.6%).
[b]Statistically significant change in percentage uninsured from 1989 through 1996, at $P<.10$. (Statistical significance varies by state. For example, whereas a 1.6 percentage point difference in the uninsured from 1989 through 1996 in California would have been significant at $P<.10$, in Louisiana a 3.6 percentage point difference would have been needed for statistical significance.)

uninsurance, with 33.6% (90% CI = 32.1%, 35.1%) uninsured in 1996 (a rate 3 times that for non-Hispanic Whites [11.5%; 90% CI = 11.1%, 11.9%]). Because Hispanics are the fastest growing segment of the population, they accounted for 36.4% (90% CI = 32.3%, 40.5%) of the increase in the number uninsured (Tables 2 and 3).

Families with incomes below $25 000 (in 1989 dollars) had the highest rates of uninsurance, with 24.5% (90% CI = 24.0%, 25.0%) lacking coverage in 1996, vs 11.1% (90% CI = 10.7%, 11.5%) in middle-income families ($25 000–$49 999) and 6.2% (90% CI = 5.8%, 6.6%) in families with incomes of $50 000 or more (Table 2). While all income groups had significant increases in their rates of uninsurance, from 1994 through 1996 the largest increase in the uninsured both in absolute numbers and in percentage uninsured was among middle-income families (Tables 2 and 3).

In general, in 1996, higher rates of uninsurance were found in southern and

western states, including Texas (24.3%; 90% CI = 22.8%, 25.8%), Arizona (24.1%; 90% CI = 21.6%, 26.6%), New Mexico (22.3%; 90% CI = 19.8%, 24.8%), and California (20.1%; CI = 19.1%, 21.1%) (Table 4). However, aside from Arizona, some of the largest increases in uninsurance rates from 1989 through 1996 occurred in northeastern states, including New Jersey, New York, and Massachusetts, and north central states such as Iowa and Ohio; all of these states showed increases of 3 percentage points or greater in their uninsured population (Table 4).

Discussion

In 1991, the United States government issued *Healthy People 2000: National Health Promotion and Disease Prevention Objectives for the Year 2000,*[17] a national prevention strategy for significantly improving the health of the American people. As an acknowledgment of the importance of health insurance in achieving these objectives, one of the goals for the year 2000 was to "improve the financing and delivery of clinical preventive services so that virtually no American has a financial barrier to receiving at a minimum screening, counseling and immunization services,"[17(p536)] and a target of 0% uninsurance by the year 2000 was established. Unfortunately, as our data show, rather than improving, our uninsurance problem has worsened dramatically. By the year 2002, the number uninsured is expected to reach 44 million.[18]

Increasing rates of uninsurance occurred primarily from 1989 through 1993, a period that included the brief recession of 1990/91. Much as in the 1980s, this recession and the following year were accompanied by sharp rises in the number uninsured and the rates of uninsurance. While most of the rise in the number uninsured prior to 1994 was seen among the poor, during the economic recovery of 1994 to 1996 middle-class families have had the largest increase in the uninsured.

The sharp increase in the uninsured from 1989 through 1993 was the result of a 4.4 percentage point drop in the proportion of the population covered by private health insurance. However, as our data show, during the subsequent economic boom the rate of private health insurance coverage leveled off but did not reverse the declines of the early 1990s. As a result, the number uninsured continued to rise, albeit at a slower pace, with 2 million more uninsured in 1996 compared with 1994.

The falling rates of private insurance coverage in the earlier part of this decade were the result of decreases in employer-sponsored health insurance. Traditional explanations for such a decline have included decreasing union membership, greater use of part-time workers, and employment shifts from manufacturing to service industries, which are less likely to provide health insurance.[13,19] In addition, rising costs of health insurance may have forced some employers either to drop coverage altogether or to discourage coverage.[20,21] A recent analysis showed that decreasing rates of employer-provided coverage were the result of a growing percentage of employees' declining coverage rather than fewer employers' offering it,[22] suggesting that rising premium costs and increasing employee contributions may have played an important role in this decline. Finally, some have proposed that part of the decline in private health insurance may be the result of the working poor who are eligible for both private insurance and Medicaid but choose Medicaid. However, analysts estimate that this Medicaid "crowd out" phenomenon would, at most, have involved fewer than 2 million people between 1987 and 1992.[23]

Our study also showed that without the Medicaid expansions from 1989 to 1993, another 11 million low-income Americans would have been uninsured. The leveling off of Medicaid levels after 1993 has likely also contributed to the rising number of uninsured. For example, although young adults had the largest increases in uninsurance, since the end of Medicaid expansion, rates of uninsurance for children have also risen sharply. Among minorities, we found that both Blacks and Hispanics were vulnerable; these 2 groups accounted for more than 50% of the increase in the number uninsured.

State-specific variations in health insurance coverage have been attributed to demographic differences such as age, race and ethnicity, and socioeconomic characteristics such as income, education, and unemployment.[24] Much as did other studies,[3,25] our study showed that states in the South and Southwest continue to have the highest rates of uninsurance and also had significant increases in the percentage uninsured from 1989 through 1996. The high uninsurance rates in these states may be the result of restrictive Medicaid eligibility, lack of strong unions, and predominance of employment in agriculture, construction, service, and other industries that offer few benefits or in small firms.[3,26] However, during our study period, some of the states with the greatest increases in the uninsured were in the north central and northeastern portions of the country. These increases may reflect changes in industry and employment characteristics in those states. As the federal government continues to devolve more responsibilities to the states, and as the number uninsured continues to rise, these states will be faced with growing demands to intervene.

Not having health insurance has been associated with difficulties accessing the health care system, unmet medical needs, and lack of a regular source of care.[27–30] Compared with the insured, the uninsured are less likely to obtain preventive services such as mammograms and Pap smears[31] and have higher preventable hospitalization rates[32] and adjusted mortality rates.[33,34] Without a reverse in the trends of uninsurance, many of the goals set forth in *Healthy People 2000* will not be achieved, particularly those goals set for special populations. In fact, in the midcourse review in 1996, minorities were more likely than the general population to be moving in the opposite direction of specified targets.[35]

Several caveats to our study should be noted. The Current Population Survey methodology for estimating the uninsured underwent major changes in 1988, so comparison with data from previous years is problematic.[3] However, based on older Current Population Survey methods that were believed to have overestimated the uninsured, only 30.5 million were reported to be without health insurance in 1979.[3] Given the extensive revisions in health insurance questions and procedures introduced in 1994, caution should be used in interpreting changes between 1993 and 1994.[16] For example, these changes may partially explain why the proportion uninsured decreased slightly from 1993 to 1994 and why rates of private insurance coverage did not continue declining in 1994. However, our data for 1995 and 1996 show that the number uninsured continued to rise, while the proportion with private coverage indeed leveled off.

There is also ambiguity as to whether responses to insurance questions in the Current Population Survey reflect insurance status during the entire previous year, as requested, or point-in-time estimates.[36,37] To help clarify this issue, in addition to providing questions about health insurance coverage during the preceding year, in March 1994 the Current Population Survey began asking an experimental question about coverage at the time of the survey. However, the finding that 61.2 million nonelderly reported having no health insurance coverage during March 1994[38] was so inconsistent with prior data that Census Bureau officials and other experts believe respondents misunderstood this question.[16,37] Therefore, we did not include this data set in our analyses. Longitudinal surveys by the Census Bureau have shown that in 1993, when the Current Popu-

lation Survey found that 39.7 million were without health insurance, 53.6 million had at least 1 month without insurance but only 19.4 million people did not have insurance for all 12 months.[39] These surveys have also shown that about half of these uninsured periods were longer than 6 months.[40]

The Current Population Survey also does not account for the underinsured, those at risk for large out-of-pocket expenditures for an expensive acute illness (estimated at 29 million in 1994[41]), and even more who lack coverage for long-term care. Finally, as with all surveys, sampling and nonsampling errors occurred in the Current Population Survey. The standard errors for Current Population Survey estimates primarily indicate the magnitude of the sampling error and some recognizable nonsampling errors such as in responses and enumeration; yet most nonsampling errors—for example, respondents' inability to recall accurate information, definitional difficulties, and errors in data collection and processing—are harder to estimate.[15]

Conclusions

The rise in the number of uninsured Americans has most adversely affected children, young adults, Blacks, Hispanics, and low- and middle-income families. Since the number of Americans without insurance has continued to increase during this period of economic expansion, it is doubtful that the US economy will "outgrow" our health insurance problem or that recent market-based health care reforms can attenuate the problem,[8] particularly among vulnerable subgroups. Well-intentioned initiatives to decrease the uninsured through incremental reforms[18,42] are unlikely to greatly alter the upward trajectory of the number uninsured.[43] Indeed, the shortcomings of the Health Insurance and Portability Act of 1996 have already become apparent.[44] Furthermore, the state grant program to increase coverage among children will newly insure about 2.5 million,[45] enough only to match the number who became uninsured after the end of Medicaid expansions in 1992.

Our health care system needs comprehensive changes rather than the piecemeal approaches that policymakers continue to advocate.[46,47] The Universal Declaration of Human Rights, adopted with the assent of the United States, states that "everyone has the right to . . . health and well being of his family, including . . . medical care . . . and the right to security in the event of . . . sickness [or] disability."[48] Accordingly, we believe, as do more than 80% of Americans,[49] that health care, like education and social security, is a right and not a privilege.

Addendum

Health insurance data for 1997, released by the Census Bureau in September 1998, confirms the results of the present study, namely, that the number and percentage of people without health insurance continues to rise. Specifically, the Census Bureau found that "an estimated 43.4 million people in the United States or 16.1% of the population were without health insurance coverage during the entire calendar year of 1997. This number was up 1.7 million from the previous year."[50] □

Contributors

Dr Carrasquillo codeveloped the idea for the paper, wrote the final draft, and discussed the ideas at various scientific meetings. Dr Himmelstein coconceived and codeveloped the idea for the paper and contributed articles and editorial expertise. Dr Woolhandler coconceived and codeveloped the idea for the paper and discussed the ideas at various scientific meetings. Dr Bor codeveloped and corefined the intellectual content and contributed editorial and health administrative expertise. All authors collected and analyzed the data and/or contributed to the drafts of the article.

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