# Health Insurance Coverage of Workers Aged 18 to 64, by Work Experience: 2008 and 2010

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For many Americans, health insurance coverage is tied to their work. Specifically, a majority of U.S. residents have health insurance coverage through their own or a family member's employer or union.1 Yet, people may lose eligibility for employerbased health insurance after they (or a family member) lose a job or shift from full-time to part-time or temporary work. While individuals can always purchase insurance in the open market, this option is often not affordable due to preexisting conditions or the absence of employer subsidies. Consequently, employment is not only associated with employerbased health insurance coverage, but with overall health insurance coverage as well.

To help alleviate this dependency, Congress passed laws to increase the portability and affordability of private coverage options. COBRA allows individuals to purchase the same coverage they received while working, albeit for a limited period of time and without the employer subsidy.<sup>2</sup> More recently, the Affordable Care Act has mandated that states create health exchanges by 2014, through which people who lose full-time employment would be able to

(Table B27004, available at <a href="http://factfinder2">http://factfinder2</a>

### **DEFINITIONS**

**Work experience**: A summary of whether a person worked, the number of weeks worked, and the usual number of hours worked per week in the past 12 months.

**Workers**: People who worked in the past 12 months.

**Full-time, year-round worker**: Workers who usually worked 35 hours or more per week for 50 to 52 weeks in the past 12 months.

# Less than full-time, year-round worker:

Workers who usually worked fewer than 35 hours per week and/or fewer than 50 weeks in the past 12 months. This includes part-time workers, temporary or seasonal workers, and people who may have lost a job in the past 12 months.

**Nonworkers**: People who have not worked in the past 12 months.

## **Employer-based health insurance:**

Health insurance provided through a worker's own (or family member's) current, or former, employer or union.

## Non-employer-based health insurance:

Any other health insurance type, private or public. This includes: direct-purchase health insurance (purchased directly from an insurance company by an individual or an individual's relative), Medicaid or other means-tested public coverage, Medicare, TRICARE or other military health coverage, or VA Health Care.

**Uninsured**: Has no health insurance coverage (through an employer or otherwise).

By Matthew W. Brault and Laura F. Blumenthal



About 167.1 million people, or 54.9 percent of the civilian noninstitutionalized population, had employer-based health insurance coverage in 2010

<sup>.</sup>census.gov>).

<sup>2</sup> Consolidated Omnibus Budget Reconciliation
Act of 1985, P.L. 99–272, 100 Stat. 82.

Table 1. **Health Insurance Coverage by Work Experience: 2008 and 2010**(Workers aged 18 to 64 in the civilian noninstitutionalized population. Numbers in thousands)

	2008				2010				Difference	
Characteristic	Number	Margin of error (±)1		Margin of error (±)1	Number	Margin of error (±)1	Percent	Margin of error (±)1	Number	Percent
All workers	<b>152,355</b> 105,477	<b>122</b> 187	<b>100.0</b> 69.2	(X) 0.1	<b>147,483</b> 99,018	<b>135</b> 194	<b>100.0</b> 67.1	(X) 0.1	* <b>-4,871</b> * <b>-</b> 6,458	(X) *-2.1
insurance	18,808 28,070	76 149	12.3 18.4	_	19,219 29,246	87 139	13.0 19.8	0.1 0.1	*411 *1,176	*0.7 *1.4
Full-time, year-round workers  With employer-based health insurance With non-employer-based health	<b>99,989</b> 77,803	<b>112</b> 142	<b>100.0</b> 77.8	(X) 0.1	<b>92,518</b> 71,772	<b>118</b> 143	<b>100.0</b> 77.6	(X) 0.1	* <b>-7,472</b> * <b>-</b> 6,031	(X) *-0.2
insurance	8,214 13,973	47 99	8.2 14.0	0.1 0.1	7,877 12,869	53 89	8.5 13.9	0.1 0.1	*–337 *–1,104	*0.3 –0.1
Less than full-time, year- round workers	<b>52,365</b> 27,674	<b>115</b> 89	<b>100.0</b> 52.8	(X) 0.1	<b>54,966</b> 27,247	<b>122</b> 107	<b>100.0</b> 49.6	(X) 0.1	<b>2,600</b> *–427	(X) *-3.3
insurance	10,594 14,097	58 80	20.2 26.9	0.1 0.1	11,342 16,377	58 82	20.6 29.8	0.1 0.1	*747 *2,280	*0.4 *2.9

<sup>\*</sup> Statistically different from zero at the 90 percent confidence level.

Sources: U.S. Census Bureau, 2008 and 2010 American Community Surveys.

individually purchase an affordable health insurance plan.<sup>3</sup>

Using data from the 2008 and 2010 American Community Surveys (ACS), this report explores work experience and health insurance coverage statuses of people aged 18 to 64 in the United States during the years surrounding the trough

# EMPLOYER-BASED HEALTH INSURANCE COVERAGE OF WORKERS IN THE UNITED STATES

From 2008 to 2010, the number of workers aged 18 to 64 decreased from 152.4 million (81.2 percent of all 18-to-64 year olds) to 147.5 million (77.2 percent), a proportional drop of 4.1 percentage points (Tables 1 and 2). This net decrease of 4.9 million fewer workers resulted from 7.5 million fewer full-time, year-round workers and 2.6 million more workers reporting having worked less than full time, year round.

During this period, among workers both the number and percentage with employer-based health insurance decreased. About 67.1

<sup>(</sup>X) Not applicable.

<sup>&</sup>lt;sup>1</sup> A margin of error is a measure of an estimate's variability. The larger the margin of error in relation to the size of the estimate, the less reliable the estimate. For further information on the accuracy of the estimates, including standard errors and margins of error, please see the ACS and PRCS "Accuracy of the Data" for 2008 and 2010 at <a href="https://www.census.gov/acs/www/data\_documentation/documentation\_main/">https://www.census.gov/acs/www/data\_documentation/documentation\_main/</a>.

of the recent recession.<sup>4</sup> The data presented are for the civilian non-institutionalized population. This universe excludes people living in prisons and nursing facilities and those in the armed forces.

<sup>&</sup>lt;sup>4</sup> Because the ACS collects information throughout the year, questions with 12-month retrospectives, like earnings and work experience, yield 1-year ACS estimates with time spans of 23 months. For example, respondents surveyed in January 2008 report their work experience for January 2007 through December 2007, while respondents surveyed in December 2008 report their work experience for December 2007 to November 2008. The comparisons made between 2008 and 2010 ACS estimates do not have overlapping reference periods. For more information, see Hogan, Howard, "Measuring Population Change Using the American Community Survey," Applied Demography in the 21st Century, eds., Steven H. Murdock and David A. Swanson, Springer Netherlands, 2008.

<sup>&</sup>lt;sup>3</sup> Department of Health and Human Services: Initial Guidance to States on Exchanges <www.hhs.gov/ociio/regulations /guidance\_to\_states\_on\_exchanges.html>.

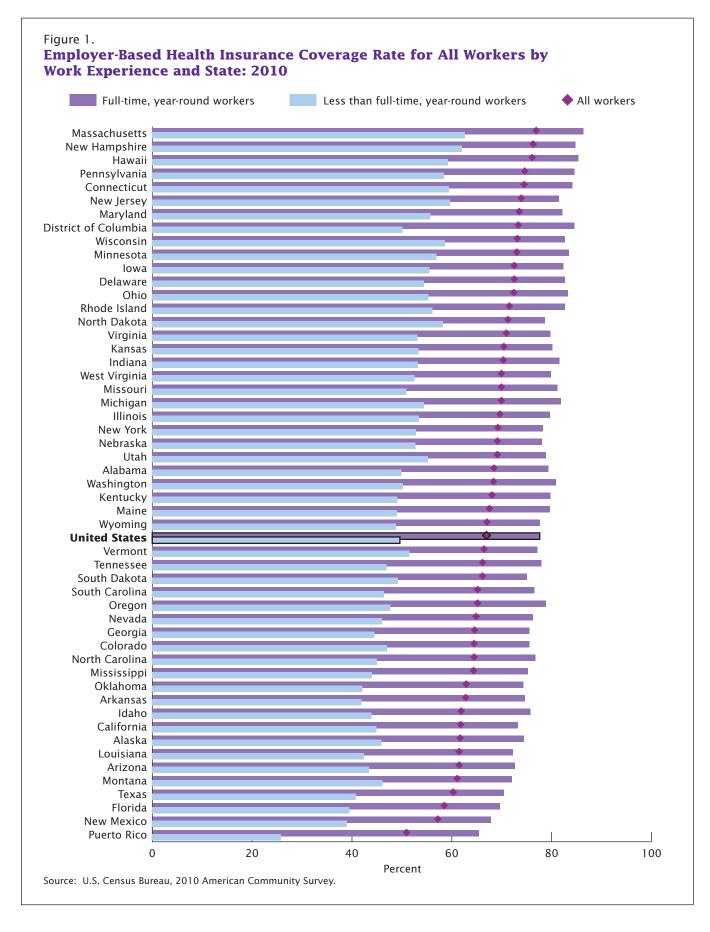


Table 2.

Change in the Percentage of the Population Who Worked in the Past 12 Months, Work Experience and Health Insurance Coverage of Workers for the United States, States, and Puerto Rico: 2008 to 2010

(Civilian noninstitutionalized population 18 to 64 years)

			Workers							
Area	Change in per- worked in the pa		Change in per worked full tim		Change in per employer-ba insura	ased health	Change in percentage who were uninsured			
	Estimate	Margin of error (±)1	Estimate	Margin of error (±)1	Estimate	Margin of error (±)1	Estimate	Margin of error (±)1		
United States	*-4.1	0.1	*-2.9	0.1	*-2.1	0.1	*1.4	0.1		
Alabama	*-4.6	0.7	*-3.7	0.7	*-2.4	0.8	*1.5	0.7		
Alaska	*-2.9	1.2	0.9	1.8	-0.8	2.4	0.9	2.0		
Arizona	*-5.2	0.7	*-4.4	0.8	*-0.9	0.9	-0.8	0.8		
Arkansas	*-3.0	0.8	*-1.9	1.1	0.2	1.2	0.8	1.1		
California	*-4.6 *-3.3	0.2	*-3.3	0.3	*-2.0 *-1.8	0.4	*1.7	0.3		
Colorado	*-2.7	0.5 0.7	*–3.9 *–2.7	0.7 0.8	* <u>-</u> 3.1	0.9 0.9	-0.1 0.5	0.8 0.7		
Delaware	*-5.2	1.4	*-2.7	1.5	-3.1 -1.3	1.6	-0.3	1.3		
District of Columbia	*-5.2	1.9	-0.4	2.1	1.5	1.9	0.3	1.3		
Florida	*-5.9	0.3	*-3.6	0.5	*-3.2	0.5	*2.0	0.5		
Georgia	*-5.8	0.5	*-3.2	0.5	*-1.6	0.6	*1.9	0.6		
Hawaii	*-3.8	1.0	*–2.2	1.4	*-3.4	1.5	*1.2	0.9		
Idaho	*-3.8	0.8	*-5.5	1.4	*-2.1	1.3	*2.0	1.2		
Illinois	*-3.9	0.3	*-3.2	0.4	*-2.4	0.5	*1.8	0.4		
Indiana	*-4.9	0.4	*-3.2	0.6	*-2.5	0.7	*1.9	0.6		
lowa	*-2.4 *-3.9	0.5	*-2.3 *-3.3	0.7	*–1.7 *–3.2	0.8	*1.1 *2.9	0.6		
Kansas	*-3.0	0.6 0.6	*-3.0	0.9 0.9	*-2.4	0.9 0.8	*3.1	0.8 0.8		
Louisiana	*-2.0	0.0	*-2.9	0.9	*-2.2	0.8	*1.9	0.8		
Maine	*-2.4	1.0	-1.0	1.1	-0.7	1.2	0.2	1.0		
Maryland	*-3.6	0.5	*-2.0	0.6	*-2.9	0.8	0.6	0.6		
Massachusetts	*-3.4	0.5	*-2.2	0.6	*-2.0	0.6	*0.8	0.4		
Michigan	*-4.9	0.4	*-2.8	0.4	*-2.8	0.5	*1.9	0.4		
Minnesota	*-3.2	0.4	*-3.3	0.4	*–2.3	0.6	*0.6	0.4		
Mississippi	*-4.8	0.8	*–1.6	1.0	*–1.6	1.2	*2.5	1.2		
Missouri	*-3.5	0.4	*-2.9	0.6	*-1.3	0.7	0.5	0.6		
Montana	*-2.1	1.2	*-3.4	1.5	-0.3	1.7	*1.4	1.5		
Nebraska	*-2.2 *-5.5	0.6 0.7	*–3.5 *–5.9	0.9 0.9	*–2.9 *–3.4	1.2 1.1	*1.4 *1.9	1.0 1.1		
New Hampshire	*-2.9	0.7	*-1.9	1.3	-0.4	1.6	0.5	1.3		
New Jersey	*-4.3	0.4	*-1.8	0.5	*-2.6	0.6	*1.5	0.5		
New Mexico	*-4.4	1.0	*-1.5	1.3	*-1.8	1.3	-0.8	1.2		
New York	*-3.4	0.3	*-1.1	0.4	*-1.6	0.4	*0.5	0.4		
North Carolina	*-5.1	0.5	*-4.3	0.5	*-2.3	0.6	*1.9	0.6		
North Dakota	*-1.2	0.9	-1.3	1.5	0.4	1.7	-	1.4		
Ohio	*-4.4	0.4	*-2.7	0.4	*-2.4	0.5	*1.3	0.4		
Oklahoma	*-2.6	0.6	*-3.1	0.8	*-1.2	0.9	*0.9	0.9		
Oregon	*-5.1	0.7	*-4.1	0.9	*-2.3	0.9	*2.4	0.9		
Pennsylvania	*-3.4 *-3.8	0.4 1.3	*–2.6 *–3.6	0.4 1.5	*–1.8 *–3.9	0.5 1.7	*1.4 *2.7	0.4 1.5		
South Carolina	*-3.7	0.6	*–4.5	0.9	*–1.6	0.8	*1.6	0.7		
South Dakota	*-2.6	1.0	*-3.3	1.5	*-2.6	1.8	1.4	1.4		
Tennessee	*-4.7	0.5	*-3.4	0.8	*-2.3	0.8	*1.8	0.8		
Texas	*-2.9	0.3	*–2.8	0.3	*-1.5	0.4	*1.5	0.3		
Utah	*-3.8	0.7	*–3.3	0.9	*-1.6	1.1	0.9	0.9		
Vermont	*-3.0	1.1	*-2.7	1.6	*-2.7	1.5	-0.5	1.2		
Virginia	*-3.5	0.4	*-1.4	0.6	*-2.7	0.6	*1.8	0.5		
Washington	*-4.0	0.4	*-3.1	0.5	*-1.8	0.6	*2.3	0.6		
West Virginia	*-4.0 * 2.5	1.0	*-1.2 * 4.0	1.2	0.4	1.7	-0.6	1.4		
Wyoming	*-3.5 *-2.1	0.4 1.3	*-4.0 *-4.0	0.5 1.8	*-2.6 -0.8	0.7 2.4	0.5 1.3	0.5 2.1		
Puerto Rico	*-1.8	0.7			*–2.2		*0.9	0.4		
ruei lo nico	-1.8	0.7	-0.1	1.1	-2.2	1.2	0.9	0.4		

<sup>-</sup> Represents or rounds to zero.

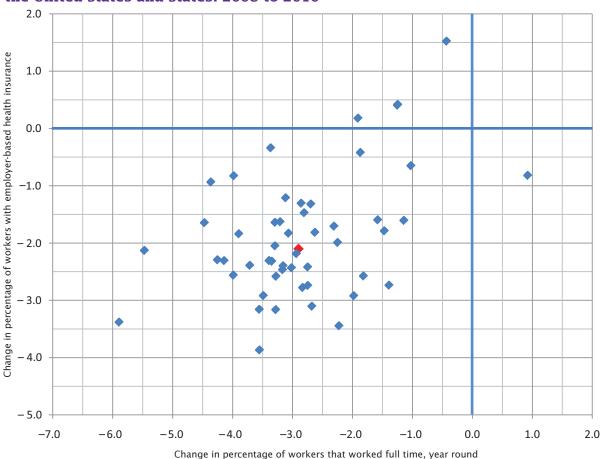
<sup>\*</sup> Statistically different from zero at the 90 percent confidence level.

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Sources: U.S. Census Bureau, 2008 and 2010 American Community Surveys, 2008 and 2010 Puerto Rico Community Surveys.

Figure 2.

Change in Percentage of Workers Who Worked Full Time, Year Round by the Change in Percentage of Workers With Employer-Based Health Insurance for the United States and States: 2008 to 2010



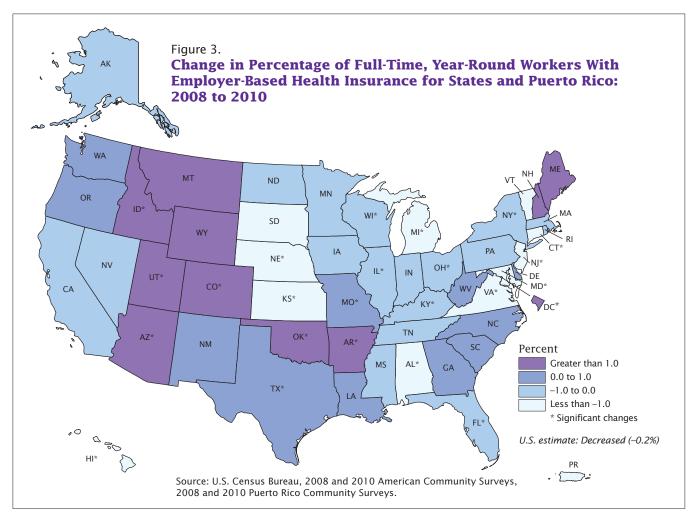
Note: Each blue data point represents a state; the United States is represented by a red data point. Sources: U.S. Census Bureau, 2008 and 2010 American Community Surveys.

percent of workers had employerbased health insurance in 2010, down from 69.2 percent in 2008 (Table 1). The drop in employerbased health insurance was mitigated, in part, by a 0.7 percentage point increase in the proportion of workers with non-employer-based health insurance coverage. About 12.3 percent of workers had nonemployer-based coverage in 2008, compared with 13.0 percent in 2010. Consequently, the uninsured rate for workers increased 1.4 percentage points over this time period.

Details concerning the decline in employer-based health insurance emerge when work experience (the summary of usual hours and weeks worked in the past year) is taken into account. Among full-time, year-round workers, 77.6 percent had employer-based insurance in 2010, down from 77.8 percent in 2008. The incidence of employerbased health insurance coverage fell by 0.2 percentage points, offset by a 0.3 percentage point increase in non-employer-based health insurance coverage; there was no statistically significant difference

in the uninsured rate for full-time, year-round workers between the two periods.

For workers who reported working less than full time, year round, the incidence of employer-based health insurance coverage declined 3.3 percentage points from 52.8 percent to 49.6 percent. Unlike full-time, year-round workers, the increase in non-employer-based health insurance coverage was not enough to compensate for the decline in employer-based health insurance. Instead, the uninsured rate for less than full-time,



year-round workers increased 2.9 percentage points.

The relative stability of employer-based health insurance coverage among full-time, year-round workers suggests that the reduction in the coverage rate for all workers was driven by changes in the relative size and coverage rate of less than full-time, year-round workers. Changes in employer-based health insurance coverage were likely associated with full-time job loss and the transitions of employees into part-time or temporary work, for whom employers typically do

not offer equally comprehensive benefits.<sup>5</sup>

# EMPLOYER-BASED HEALTH INSURANCE COVERAGE AMONG STATES

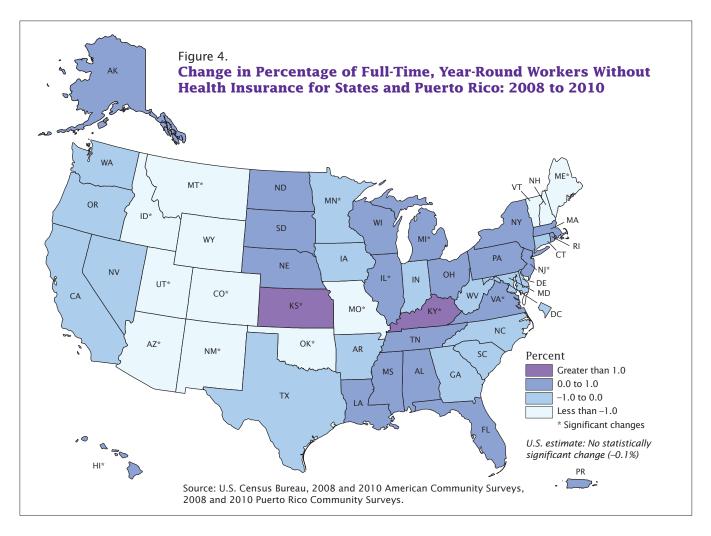
In addition to implementing and enforcing federal rules relating to work and health insurance coverage, state governments also direct the manner under which the states' labor markets operate. These regulations on topics such as licensure, unionization, and

employee benefits can and often differ between states. The resulting population and labor market characteristics may explain some of the variation in employer-based health insurance coverage as well as the change in health insurance coverage over time.<sup>6</sup>

As shown in Figure 1, Massachusetts had among the highest rates of employerbased health insurance coverage for both people who worked full time, year round and those who worked less than full time, year round in 2010 (86.4 and 62.6

<sup>&</sup>lt;sup>5</sup> According to the Kaiser Family Foundation (2010), 25 percent of employers offered health benefits to part-time employees, and 2 percent offered health benefits to temporary employees. About 69 percent of employers offered health benefits overall (Exhibits 2.3, 2.5, and 2.6, Employer Health Benefits Survey 2010, Kaiser Family Foundation, <a href="http://ehbs.kff.org/pdf/2010/8085.pdf">http://ehbs.kff.org/pdf/2010/8085.pdf</a>).

<sup>&</sup>lt;sup>6</sup> Shen, Yu-Chu and Stephen Zuckerman, "Why is There State Variation in Employer-Sponsored Insurance," *Health Affairs*, 22, No. 1 (2003): 241–251.



percent, respectively).<sup>7</sup> New Mexico, on the other hand, had among the lowest rates for both groups (67.8 and 39.0 percent, respectively).<sup>8</sup> Twenty-seven states and the District of Columbia had employer-based coverage rates for full-time, year-round workers that were above the national average

of 77.6 percent.<sup>9</sup> The association between coverage for full-time, year-round and less than full-time, year-round workers is not necessarily reflective of the differences in the level of benefits offered to part-time or temporary workers, but rather may be indicative of coverage through a full-time, year-round parent or spouse.

As shown in Table 2, the percentage of the population who reported working in the past 12 months decreased for all 50 states and the District of Columbia between 2008 and 2010, while the percentage of

Among all workers, states with greater declines in the percentage of full-time, year-round workers were typically associated with

workers who worked full time, year round decreased for 47 states. 10 The percentage of workers with employer-based health insurance coverage decreased for 41 states. The magnitude of these decreases ranged from 0.9 to 3.9 percentage points. Nine states and the District of Columbia experienced no statistical change in the rate of employer-based health insurance coverage among workers.

<sup>&</sup>lt;sup>7</sup> The employer-based health insurance coverage rates for full-time, year-round workers in Massachusetts was not statistically different from the rate in Hawaii. The employer-based health insurance coverage rates for less than full-time, year-round workers in Massachusetts was not statistically different from the rate in New Hampshire.

<sup>8</sup> The employer-based health insurance coverage rates for less than full-time, yearround workers in New Mexico was not statistically different from the rate in Florida.

<sup>&</sup>lt;sup>9</sup>The employer-based health insurance coverage rates among full-time, year-round workers in Nebraska, North Dakota, Tennessee, Vermont, and Wyoming were not statistically different from the U.S. estimate.

<sup>&</sup>lt;sup>10</sup> There was no statistically significant difference in the percentage working full time, year round between the 2 years for Alaska, Maine, North Dakota, and the District of Columbia.

greater declines in employer-based health insurance coverage (Figure 2 and Table 2). For example, in Nevada, the percentage of workers working full time, year round decreased by 5.9 percentage points, while the percentage of workers with employer-based health insurance coverage fell by 3.4 percentage points. Conversely, in New York, where the percentage of workers working full time, year round fell by 1.1 percentage points, the percentage with employerbased health insurance coverage decreased 1.6 percentage points. This evidence is consistent with the understanding that employer-based health insurance coverage is often tied to full-time employment.

Employer-based health insurance coverage for full-time, year-round workers decreased modestly for the nation (0.2 percentage points), but among states, changes in the percentage with employer-based health insurance varied, ranging from decreases of 2.0 percentage points to increases of 3.2 percentage points. As shown in Figure 3, states with increases in employer-based health insurance coverage were typically west of the Mississippi river, while states with decreases in coverage were typically in the eastern part of the United States.

At the state-level, the role that non-employer-based coverage contributed to overall coverage varied from counterbalancing the declines in employer-based health insurance coverage to contributing to further increases in the percentage without health insurance (Table 2). The uninsured rate among workers increased in 31 states between 2008 and 2010. There was no statistically significant difference in the uninsured rate for workers in 19 states and the District of Columbia.

## WHAT IS THE AMERICAN COMMUNITY SURVEY?

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely demographic, social, economic and housing data for the nation, states, congressional districts, counties, places, and other localities every year. It has an annual sample size of about 3 million addresses across the United States and Puerto Rico and includes both housing units and group quarters (e.g., nursing facilities and prisons). The ACS is conducted in every county throughout the nation, and every municipio in Puerto Rico, where it is called the Puerto Rico Community Survey. Beginning in 2006, ACS data for 2005 were released for geographic areas with populations of 65,000 and greater. For information on the ACS sample design and other topics, visit <www.census.gov/acs/www>.

The change in the uninsured rate for full-time, year-round workers also varied across states (Figure 4). While there was no statistically significant change in the uninsured rate at the national level, the rate decreased for 10 states: Arizona, Colorado, Idaho, Maine, Minnesota, Missouri, Montana, New Mexico, Oklahoma, and Utah. At the same time, the uninsured rate for fulltime, year-round workers increased in 6 states: Illinois, Kansas, Kentucky, Michigan, New Jersey and Virginia. As shown in Figure 4, states with decreases in the uninsured rate among full-time, yearround workers were typically in the west while those with increases were typically in the eastern half of the country. In fact, all six states with increases in the uninsured rate for full-time, year-round workers also experienced decreases in employer-based health insurance. Five of the ten states with decreases in the uninsured rate had increases in their rates of employerbased health insurance coverage.11

## **MORE INFORMATION**

For more information about health insurance coverage in the United States, go to the U.S. Census Bureau Web site on Health Insurance at <www.census.gov/hhes/www/hlthins/hlthins.html> or contact the Health and Disability Statistics Branch of the U.S. Census Bureau at 301-763-9112 or e-mail <matthew.w.brault@census.gov>.

## **SOURCE AND ACCURACY**

Data presented in this report are based on people and households that responded to the ACS in 2008 and 2010. The resulting estimates are representative of the civilian noninstitutionalized population. All comparisons presented in this report have taken sampling error into account and are significant at the 90 percent confidence level unless otherwise noted. Due to rounding, some details may not sum to totals. For information on sampling and estimation methods, confidentiality protection, and sampling and nonsampling errors, please see the "ACS Accuracy of the Data" documents for 2008 and 2010 located at <www.census.gov /acs/www/data\_documentation /documentation\_main/>.

<sup>&</sup>lt;sup>11</sup> Arizona, Colorado, Idaho, Missouri, and Utah experienced statistically significant increases in the rate of employer-based health insurance coverage and decreases in the uninsured rate among full-time, year-round workers.