

Changes in Insured Coverage and Access to Care for Middle-Class Americans, 1999–2002

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This brief examines how insurance coverage and access to health care of middleclass Americans changed between 1999 and 2002. We contrast the experience of the middle class with that of lower and higher income Americans over the period. These years were largely dominated by the downturn in the U.S. economy, although the first of the three years (1999) represented a continuation of the broad economic expansion of the 1990s.

How the middle class fared in the past few years is of interest for several reasons. First, through most of this period (2000–2002), there was a downturn in the U.S. economy which affected the economic well-being of the middle class. Unemployment increased and many Americans experienced reductions in income. Second, there was a continuing expansion in public insurance, particularly for children through the State Children’s Health Insurance Program (SCHIP). While this generally affected lower income families (e.g., below 200 percent of the federal poverty level, or FPL), there was some expansion of coverage above 200 percent of FPL. Third, these years encompassed a period in which insurance premiums increased considerably faster than wages, making it more difficult for employers to offer coverage. To the extent that employers increased employee contributions, middle class Americans may also have found it more difficult to accept employers’ offers of coverage (Holahan 2003).

There is also concern that along with the increasing number of uninsured Americans, an even larger number of middle- and higher income individuals and families feel vulnerable to the potential loss of coverage. A 2002 report by the Census showed that households with incomes of more than \$75,000 accounted for more than half of the increase in the uninsured (Census 2002). This figure was somewhat misleading because it reflected increases in the number of people living in households with more than \$75,000 of income (Holahan, Hoffman, and Wang 2003). Some of the increase in the “high-income” uninsured reflected people with low incomes moving into households with other people whose earnings lifted the household’s income above \$75,000. Nonetheless, the report fueled the belief that the large number of uninsured in the United States was no longer just a low-income problem, but was spreading to the middle class.

Another reason for concern is that public efforts to expand coverage have focused on low-income populations (particularly children) and more recently their parents. Thus, many of the poor have access to public coverage, though unfortunately many do not participate in programs they are eligible for and uninsurance rates remain high. At the same time, those with higher incomes have very high rates of offers of employer-sponsored insurance and low uninsured rates as a result. Those in the middle are more vulnerable because they are more likely to work in firms that do not offer coverage, yet their incomes are too high to be eligible for public coverage.

The key findings from this analysis are as follows:

- The uninsurance rate for low-income adults (< 200% of FPL) increased by 1.9 percentage points because of a large decline in employer-sponsored insurance that was only partially offset by an increase in Medicaid and state program coverage. For low-income children, there were even sharper declines in employer-sponsored insurance and larger increases in public coverage because of the introduction of the

SCHIP program and the related increase in Medicaid enrollment. As a result the uninsured rate for low-income children fell by 5.6 percentage points.

- Lower-middle-class adults (200–400% of FPL) fared better than lower income adults. Increases in Medicaid and private nongroup coverage offset declines in employer-sponsored insurance and there were no significant declines in the uninsurance rate. Similarly, for lower-middle-class children, the decline in employer-sponsored insurance of 3.7 percentage points was offset by a slightly larger expansion of Medicaid and again, there was no increase in the uninsurance rate.
- Upper-middle-class adults (400–600% of FPL) experienced increases in employer-sponsored insurance, public coverage, and private nongroup coverage and their uninsurance rate fell by 1.5 percentage points. Further analysis showed that this reduction occurred only among nonparents. In contrast, upper-middle-class children actually saw a reduction in coverage owing to the decline in both employer-sponsored insurance and private nongroup coverage. It appeared that premium increases for private dependent coverage (group and nongroup) may have led to a decline in coverage for children in this income bracket.
- Several changes in access mirrored changes in coverage. Low-income adults who experienced a decline in coverage also reported significant increases in the likelihood of unmet need for care, particularly prescription drugs and dental care. In contrast, lower-income children who experienced an increase in coverage reported a decline in unmet need for medical care or surgery and for dental care.
- Among lower-middle-class adults there was a large increase in unmet need for prescription drugs. There was a large increase in the number reporting any unmet need for care in general, and those reporting primarily because of unmet need for prescription drugs. It may be that the shift from employer-sponsored insurance to Medicaid and nongroup coverage led to reduced access to care. Among lower-middle-class children, there was an increase in the share of parents reporting confidence in their ability to obtain care for their family, possibly reflecting the substitution of Medicaid or SCHIP for employer-sponsored insurance.
- Individuals in virtually all income groups reported an increase in unmet need for prescription drugs. This may reflect the rising cost as well as reduced coverage for prescription drugs.

Data and Variable Definition

This analysis uses the 1999 and 2002 rounds of the National Survey of America's Families (NSAF). The NSAF is a household survey that provides information on over 100,000 children and nonelderly adults representing the noninstitutionalized United States population under age 65. Low-income populations in 13 states are oversampled. Detailed information is collected for adults and up to two children in each family. The survey includes information on employment status, health insurance coverage, employer sponsorship of health insurance plans, and income. Detailed information on demographic characteristics, access to health care services, and family well-being are also collected.

Issues Related to Variable Definition

Three issues related to defining variables deserve discussion in some detail. The first is the nature of the NSAF variable indicating the presence of an employer offer, which is different from offer variables in other nationally representative data sets. The second is the computation of the income variable used to determine income relative to poverty. Because the NSAF provides total income for the year before the survey (1998 and 2001), but the offer information relates to the job held at the time of the interview (1999 or 2002), we imputed survey year income to each individual in the analysis. Third is the definition of middle class.

Employer Offer. The NSAF question related to the existence of an employer offer reads “Does your current employer offer health insurance to workers in the same position as yours?” It does not ask whether the respondents themselves are directly offered employer insurance. The question was worded in a way to elicit information about the type of job that the person held, not about the person’s own particular experience. Consequently, individuals can answer “yes” to the question even if they are not eligible to enroll in an employer plan. It is important to keep this in mind, because offer rates produced using the NSAF will be higher than those based on other data sets that focus on whether a particular individual received an offer. Most important for these purposes, however, the offer question was asked consistently in the 1999 and 2002 surveys. Consequently, the question should accurately reflect the change in offer probabilities over time. Decomposing the source of the change in employer-based coverage over this period is precisely the goal of this analysis, making the use of the NSAF offer variable in this context appropriate.

Income. Ideally, the measure of income used in this analysis would correspond to the period referenced in the employer offer and coverage questions. Respondents are asked about current offer and coverage status; however, total income is computed based on the previous calendar year. The NSAF does include information on current (i.e., time of survey) earnings and current number of hours a week worked. We use this data, along with that on unearned income in the year before the survey, to impute survey-year total income for each individual. This imputed income variable is then used to categorize individuals by income relative to poverty.

We use the current earnings information to construct earnings per hour, and multiply this value by the number of hours worked per week. For those individuals who have not changed jobs in the last 12 months, we assume that their current weeks worked per year is the same as that reported for the previous year. For those who have changed jobs, we impute number of weeks worked per year based on those individuals who did not change jobs. We use a regression-based statistical matching approach for this imputation. Number of weeks per year is estimated on the sample of individuals who have not changed jobs in the last 12 months (“donors”), using independent variables for self-employment status, gender, hourly earnings, occupation, industry, and an interaction between occupation and industry. The results of this regression are used to predict weeks per year for those with recent job changes or those starting employment after a period without work (“imputees”) and for the donors. The predicted values of the imputees are compared to the predicted values for the donors. Each imputee is assigned the *actual* number of weeks worked in the last year from the donor whose predicted value is closest to the imputee’s own predicted value.

Current earnings per week are then multiplied by the number of weeks per year for each worker to compute current-year annual earnings. Unearned income for the current year is assumed to be largely consistent with past-year unearned income. The exceptions are that we do not carry forward those components of unearned income that were either unlikely to be available in the following year because of time limits or are by their nature unstable (unemployment compensation, emergency/one-time cash payments from a welfare program, vouchers or coupons to help pay for special expenses, financial support from friends/relatives outside household) or are associated with having extremely low income (general assistance, TANF/AFDC, food stamps).

In addition, to take into account the volatility of the rate of return on investments during this period, we adjusted interest from sources such as bank accounts, money markets or certificates of deposits, dividends from stocks, or mutual funds for average changes between 1998 and 1999 and between 2001 and 2002. We computed the average value of unearned income from these sources for those with some income using the 1999, 2000, 2002, and 2003 files of the March Current Population Survey (CPS). These survey years represent data years 1998, 1999, 2001, and 2002, respectively. We applied the percentage change in the means between the 1999 and 2000 CPS surveys (9.35 percent) to the unearned income of this type for individuals in the 1999 NSAF, and the change between the 2002 and 2003 CPS surveys (-23.30 percent) to the unearned income of this type for individuals in the 2002 NSAF.

Total income in the survey year for each individual was then computed by adding the imputed values of survey year earned and unearned income. Family income was computed by summing total survey-year income over members of the same family.

Defining the Middle Class. In this paper, we define the middle class as those with family incomes between 200 and 600 percent of FPL. Table 1 shows poverty thresholds for families of different sizes at 200 percent, 400 percent, and 600 percent of FPL for 1999 and 2002. For example, for a family of four, 200 percent of FPL in 2002 would be \$36,784, 400 percent would be \$73,568, and 600 percent would be \$110,352. In our analysis we divide the middle class into lower-middle class (200–400 percent of FPL) and upper-middle-class (400–600 percent of FPL). Those below 200 percent of FPL are considered low-income and those above 600 percent are considered high-income.

Results

Work Status and ESI Coverage Offers. The results are presented in tables 2 through 4. Table 2 examines changes in work as well as changes in offers of coverage. For adults below 200 percent of FPL there was a decline of 2.9 percentage points in those who reported working for an establishment and a 3.3 percentage point increase in the number of nonworkers. Of those who reported working, there was a 3.3 percentage point reduction in those working full-time and an offsetting increase in the share working part-time. There was also a decline in the number of married couples with two workers and an increase in the number of couples with no workers (1.9 percent and 2.5 percent, respectively). Most important for our analysis, there was a decline in the number of couples with an offer of coverage and a 5.0 percentage point increase in the number of couples with no offer.

In the lower middle class, there was a 1.2 percentage point decline in the share working for an establishment and a 1.4 percentage point increase in the share of nonworkers (not significant). Changes in the share working full- or part-time were in the expected direction, but were not statistically significant. There was a decline in the number of married couples with two workers and increases in the number with one or no worker. There were no statistically significant changes in the number of offers for married couples in this income group.

Among the upper middle class, there were no statistically significant changes in work status. There was a reduction in the share working full-time and an increase in part-time work, but these changes were not statistically significant. Most important for our analysis, there was an increase in the number of married couples with a single offer of coverage.

Coverage. Table 3 provides data on changes in insurance coverage. For the nonelderly as a whole (adults and children combined) the results show that there was a sharp drop in employer-sponsored insurance (ESI) for those below 200 percent of FPL as well as for the lower-middle-class. These declines in ESI were offset by increases in Medicaid, state programs, and SCHIP, and, as a result, the overall effect was no change in the share uninsured.

It is particularly interesting to look at adults and children separately. For adults below 200 percent of FPL there was a 4.0 percentage point decline in employer-sponsored insurance. Some of this was offset by a 2.7 percentage point increase in Medicaid and state program coverage. But this increase was not sufficient to offset the decline in employer-sponsored insurance, and the uninsurance rate for low-income adults increased by 1.9 percentage points.

The lower middle class did experience a reduction in employer-sponsored insurance of 2.2 percentage points. This group also saw an increase in Medicaid and state program coverage of 0.6 percentage points. There was also an increase in nongroup coverage of 0.8 percentage points (not statistically significant). Together,

these changes in Medicaid and nongroup coverage were significant. As a result of the expansion of Medicaid and private nongroup coverage, there was no statistically significant change in the uninsurance rate.

The upper middle class fared fairly well. There was a small but significant increase in employer-sponsored insurance, Medicaid, and SCHIP coverage and a larger increase in private nongroup coverage. As a result the uninsured rate declined by 1.5 percentage points. For the higher-income population there was no change in the distribution of coverage over this time period.

In summary, the low-income population experienced a sharp drop in employer-sponsored insurance that was not fully offset by expansions of public coverage, and as a result their uninsurance rate increased. The lower middle class was able to offset the drop in employer-sponsored insurance by expansions of public coverage and purchases of private nongroup coverage, and so did not see an increase in their uninsurance rate. The upper middle class actually saw a reduction in the likelihood of being uninsured.

Among children there were sharper declines in employer-sponsored insurance and larger increases in public coverage, primarily because of the introduction of the SCHIP program and related increases in Medicaid enrollment. Low-income children saw a sharp reduction in ESI (5.6 percentage points, or almost 15 percent). But they saw a very large increase (11.3 percentage points) in the share with Medicaid or SCHIP coverage. As a result, the uninsurance rate for low-income children declined by 5.6 percentage points, from 22.6 percent to 17.1 percent. This is in contrast to a 1.9 percentage point increase in the uninsurance rate for low-income adults.

For lower-middle-class children, employer-sponsored insurance declined by 3.7 percentage points. The expansion of Medicaid by 4.3 percentage points more than offset this decline. The share of lower-middle-class children with no insurance declined, but the change was not statistically significant.

Upper-middle-class children also saw a drop in employer-sponsored insurance. Some of this was offset by an increase in Medicaid or state coverage (1.8 percentage points). Private nongroup coverage also fell by .6 percentage points. The result of these changes is that the share of upper-middle-class children without insurance actually increased. Upper-middle-class children appear to have been affected by the decline in employer-sponsored insurance, the lower level of access to Medicaid or SCHIP coverage, and the increasing costs of purchasing health insurance in the nongroup market. Further analysis of upper-middle-class adults showed that all of the decline in their uninsurance during this period was attributable to nonparents (data not shown). The share of parents uninsured stayed very stable over this period. So, while insurance coverage improved for upper-middle-class nonparents, it worsened for upper-middle-class children and stayed steady for their parents. These results suggest that premium increases for private dependent coverage over this time period may have been relatively more burdensome than increases for single coverage.

Table 4 looks at changes in access and use of the middle class, again contrasting them with lower-income and higher-income Americans. We focus only on adults and children and suggest correlations with the changes in coverage. Lower-income adults, who experienced a 1.9 percentage point increase in the likelihood of being uninsured, also reported being more likely to postpone or not obtain care when they needed it. The share reporting any unmet need increased by 2.6 percentage points, from 24.9 percent to 27.5 percent. The share reporting postponing or being unable to obtain prescription drugs increased by 2.7 percentage points, from 8.9 percent to 11.6 percent. The share reporting being unable to obtain dental care increased by 1.8 percentage points, from 16.8 percent to 18.5 percent. These are fairly large percentage changes and are consistent with the sharp increase in the likelihood of being uninsured.

Among children there was a decline in several measures of unmet need consistent with the 5.6 percentage point decline in the uninsurance rate. For example, there was a drop in any unmet need of 1.4 percentage points, a decline of .8 percentage points in the share reporting unmet need for medical care or surgery and a decline of 1.1 percentage points in the share reporting unmet need for dental care. These improvements seem to reflect improved access with the expansion of Medicaid and SCHIP and the decline in

uninsurance rates. The changes were particularly striking given the changes in the opposite direction for low-income adults.

Among lower-middle-class adults who had no change in uninsurance, there was an increase in unmet need for prescription drugs of 1.1 percentage points, a relative increase of about 20 percent, and an increase of 1.6 percentage points in any unmet need. There was no change in the likelihood of a doctor visit and the share reporting confidence in their ability to obtain care for their family, and in the share of women obtaining a breast exam and a pap smear. The share of lower-middle-income children reporting any unmet need was unchanged, though the share reporting unmet need for prescription drugs increased (0.6 percentage points). The share of parents reporting confidence in their ability to obtain care for their family when needed increased by 1.1 percentage points, consistent with the increase in coverage for this population.

For upper-middle-class adults there was also an increase in the share reporting an unmet need for prescription drugs, despite increases in coverage. No other changes in the access and use measures were significant. Among upper-middle-class children where there was a decline in coverage, the percent reporting unmet need increased, particularly for dental care, though these changes were not statistically significant. However, the share reporting confidence in ability to obtain care for their families did decline by 1.3 percentage points. The upper income group (those above 600 percent of FPL), which had no change in insurance coverage, reported increases in doctor visits. Children in this income group also experienced an increase in unmet need for prescription drugs.

Conclusion

On balance, the lower middle class seems to have been adversely affected by the economic downturn in the past two years. The share with employer-sponsored insurance declined and was offset by Medicaid and private nongroup coverage. These forms of coverage may not have provided the same level of access as did previous policies, and the share of families reporting postponing or not obtaining care increased. But the lower middle class fared better than the low-income Americans, who experienced both a decline in coverage and greater problems with access. The public program expansions for children seems to have had important effects, reducing both the likelihood of children being uninsured and unmet need among low-income children. The increase in unmet need for prescription drugs across a wide swath of the income distribution is particularly striking.

References

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Table 1. Weighted Average Poverty Thresholds, by Family Unit Size

| Size of family unit | 200% of FPL | 400% of FPL | 600% of FPL |
|----------------------------|--------------------|--------------------|--------------------|
| 1999 | | | |
| One person | \$17,334 | \$34,668 | \$52,002 |
| Two people | \$22,428 | \$44,856 | \$67,284 |
| Three people | \$26,580 | \$53,160 | \$79,740 |
| Four people | \$34,058 | \$68,116 | \$102,174 |
| Five people | \$40,254 | \$80,508 | \$120,762 |
| Six people | \$45,454 | \$90,908 | \$136,362 |
| Seven people | \$51,824 | \$103,648 | \$155,472 |
| Eight people | \$57,934 | \$115,868 | \$173,802 |
| Nine people or more | \$68,834 | \$137,668 | \$206,502 |
| 2002 | | | |
| One person | \$18,718 | \$37,436 | \$56,154 |
| Two people | \$24,220 | \$48,440 | \$72,660 |
| Three people | \$28,696 | \$57,392 | \$86,088 |
| Four people | \$36,784 | \$73,568 | \$110,352 |
| Five people | \$43,488 | \$86,976 | \$130,464 |
| Six people | \$49,152 | \$98,304 | \$147,456 |
| Seven people | \$56,002 | \$112,004 | \$168,006 |
| Eight people | \$61,814 | \$123,628 | \$185,442 |
| Nine people or more | \$74,124 | \$148,248 | \$222,372 |

Sources: U.S. Census Bureau, Current Population Survey, 2000 and 2003 Annual Social and Economic Supplement

Table 2. Work Status of Adults, 1999 and 2002 (percent)

| | 0-200% of FPL | | | 200-600% of FPL | | | 200-400% of FPL | | | 400-600% of FPL | | | > 600% FPL | | |
|------------------------|---------------|-------|--------|-----------------|-------|--------|-----------------|-------|--------|-----------------|-------|--------|------------|-------|--------|
| | 1999 | 2002 | ? | 1999 | 2002 | ? | 1999 | 2002 | ? | 1999 | 2002 | ? | 1999 | 2002 | ? |
| Work status | | | | | | | | | | | | | | | |
| Nonworker | 45.1% | 48.4% | 3.3 * | 14.7% | 16.1% | 1.4 * | 17.2% | 18.6% | 1.4 | 10.9% | 12.4% | 1.5 | 8.3% | 9.7% | 1.4 * |
| Self-employed | 8.5% | 8.3% | -0.3 | 8.8% | 8.7% | -0.1 | 8.5% | 8.7% | 0.2 | 9.1% | 8.7% | -0.5 | 14.4% | 12.5% | -1.9 * |
| Work for establishment | 45.6% | 42.8% | -2.9 * | 76.3% | 75.0% | -1.2 * | 74.1% | 72.5% | -1.7 * | 79.5% | 78.9% | -0.6 | 77.2% | 77.8% | 0.6 |
| Othera | 0.7% | 0.6% | -0.1 | 0.3% | 0.2% | -0.1 | 0.2% | 0.3% | 0.1 | 0.4% | 0.1% | -0.3 * | 0.1% | 0.0% | -0.1 |
| Workers | | | | | | | | | | | | | | | |
| Full time | 76.3% | 73.0% | -3.3 * | 89.1% | 88.4% | -0.7 | 88.2% | 87.5% | -0.7 | 90.4% | 89.6% | -0.9 | 92.5% | 91.3% | -1.2 * |
| Part time | 23.7% | 27.0% | 3.3 * | 10.9% | 11.6% | 0.7 | 11.8% | 12.5% | 0.7 | 9.6% | 10.4% | 0.9 | 7.5% | 8.7% | 1.2 * |
| Married couples | | | | | | | | | | | | | | | |
| 0 workers in couple | 32.8% | 35.3% | 2.5 * | 9.5% | 9.8% | 0.3 | 10.3% | 11.9% | 1.6 | 8.2% | 7.0% | -1.2 | 10.8% | 9.8% | -1.0 |
| 1 worker in couple | 53.0% | 52.4% | -0.6 | 39.1% | 41.5% | 2.3 * | 44.1% | 46.0% | 1.9 | 31.9% | 35.4% | 3.6 * | 27.9% | 28.7% | 0.8 |
| 2 workers in couple | 14.3% | 12.4% | -1.9 * | 51.4% | 48.7% | -2.7 * | 45.6% | 42.1% | -3.4 * | 59.9% | 57.6% | -2.4 | 61.3% | 61.5% | 0.2 |
| 0 offers in couple | 52.3% | 57.3% | 5.0 * | 15.9% | 15.3% | -0.5 | 17.9% | 19.2% | 1.3 | 12.9% | 10.1% | -2.8 * | 13.6% | 13.3% | -0.3 |
| 1 offer in couple | 42.9% | 38.7% | -4.2 * | 51.5% | 52.7% | 1.2 | 56.7% | 55.7% | -1.1 | 43.9% | 48.8% | 5.0 * | 38.2% | 37.3% | -1.0 |
| 2 offers in couple | 4.8% | 4.0% | -0.8 | 32.6% | 32.0% | -0.7 | 25.4% | 25.1% | -0.3 | 43.3% | 41.1% | -2.1 | 48.2% | 49.5% | 1.3 |

Sources: 1999 and 2002 National Survey of America's Families (NSAF).

Notes: Poverty thresholds reflect income in calendar years 1999 and 2002. Percentage point changes are calculated from unrounded estimates for each year and may therefore differ slightly from calculations based on the rounded estimates given here.

a. Includes occasional workers, unpaid workers in family's own business, and cases where employer type is unknown.

* Change between 1999 and 2002 is statistically significant at the 0.10 level.

Table 3. Health Insurance Coverage, 1999 and 2002 (percent, except where noted)

| | Employer-sponsored | | | Medicaid/State/SCHIP | | | Private nongroup/Other | | | Uninsured | | | Number in group (millions) | |
|---------------------------|--------------------|--------------|---------------|----------------------|--------------|--------------|------------------------|-------------|-------------|--------------|--------------|---------------|-------------------------------|--------------|
| | 1999 | 2002 | ? | 1999 | 2002 | ? | 1999 | 2002 | ? | 1999 | 2002 | ? | 1999 | 2002 |
| All Nonelderly | 70.4% | 68.3% | -2.2 * | 8.5% | 11.0% | 2.5 * | 5.8% | 6.0% | 0.2 | 15.3% | 14.8% | -0.5 | 238.8 | 246.2 |
| 0-200% of FPL | 41.4% | 36.8% | -4.6 * | 22.1% | 27.9% | 5.8 * | 7.0% | 6.7% | -0.4 * | 29.5% | 28.6% | -0.9 | 78.4 | 79.9 |
| 200-600% of FPL | 83.4% | 81.7% | -1.7 * | 2.2% | 3.5% | 1.3 * | 4.6% | 5.2% | 0.6 | 9.8% | 9.6% | -0.2 | 122.4 | 125.9 |
| 200-400% of FPL | 80.1% | 77.4% | -2.7 * | 3.1% | 4.8% | 1.8 * | 4.8% | 5.5% | 0.7 | 12.0% | 12.2% | 0.2 | 77.3 | 78.2 |
| 400-600% of FPL | 89.1% | 88.8% | -0.3 | 0.6% | 1.2% | 0.6 * | 4.3% | 4.7% | 0.5 | 6.0% | 5.2% | -0.8 | 45.1 | 47.7 |
| > 600% of FPL | 88.6% | 88.6% | 0.0 | 0.7% | 0.7% | 0.0 | 7.1% | 6.9% | -0.3 | 3.6% | 3.8% | 0.2 | 37.9 | 40.4 |
| Adults | 72.4% | 70.7% | -1.7 * | 4.7% | 5.7% | 1.0 * | 6.4% | 6.7% | 0.2 | 16.5% | 17.0% | 0.5 | 162.3 | 168.5 |
| 0-200% of FPL | 43.0% | 38.9% | -4.0 * | 13.7% | 16.4% | 2.7 * | 9.2% | 8.6% | -0.6 | 34.1% | 36.1% | 1.9 * | 46.6 | 48.6 |
| 200-600% of FPL | 82.6% | 81.6% | -1.0 | 1.3% | 1.7% | 0.4 * | 4.8% | 5.6% | 0.8 * | 11.3% | 11.1% | -0.2 | 85.2 | 87.8 |
| 200-400% of FPL | 78.9% | 76.7% | -2.2 * | 1.9% | 2.5% | 0.6 * | 5.2% | 6.0% | 0.8 | 14.0% | 14.7% | 0.7 | 51.6 | 52.7 |
| 400-600% of FPL | 88.4% | 88.9% | 0.5 * | 0.4% | 0.5% | 0.1 * | 4.1% | 4.9% | 0.8 * | 7.1% | 5.7% | -1.5 * | 33.6 | 35.2 |
| > 600% of FPL | 88.8% | 88.7% | 0.0 | 0.5% | 0.4% | -0.2 | 6.7% | 6.6% | -0.2 | 4.0% | 4.3% | 0.4 | 30.5 | 32.2 |
| Dependent Children | 66.2% | 63.1% | -3.1 * | 16.5% | 22.4% | 5.9 * | 4.6% | 4.5% | -0.1 | 12.8% | 10.1% | -2.7 * | 76.4 | 77.7 |
| 0-200% of FPL | 39.1% | 33.5% | -5.6 * | 34.5% | 45.8% | 11.3 * | 3.9% | 3.7% | -0.2 | 22.6% | 17.1% | -5.6 * | 31.8 | 31.3 |
| 200-600% of FPL | 85.2% | 82.0% | -3.2 * | 4.1% | 7.5% | 3.4 * | 4.3% | 4.4% | 0.1 | 6.4% | 6.1% | -0.3 | 40.6 | 41.8 |
| 200-400% of FPL | 82.4% | 78.8% | -3.7 * | 5.3% | 9.6% | 4.3 * | 4.1% | 4.5% | 0.4 | 8.2% | 7.1% | -1.1 | 25.7 | 25.6 |
| 400-600% of FPL | 91.3% | 88.7% | -2.6 * | 1.3% | 3.1% | 1.8 * | 4.8% | 4.1% | -0.6 * | 2.6% | 4.0% | 1.4 * | 11.5 | 12.5 |
| > 600% of FPL | 87.6% | 88.1% | 0.4 | 1.4% | 2.1% | 0.7 | 8.7% | 8.0% | -0.8 | 2.3% | 1.9% | -0.4 | 7.4 | 8.3 |

Source: 1999 and 2002 National Survey of America's Families (NSAF).

Notes: Poverty thresholds reflect income in calendar years 1999 and 2002. Percentage point changes are calculated from unrounded estimates for each year and may therefore differ slightly from calculations based on the rounded estimates given here.

* Change between 1999 and 2002 is statistically significant at the 0.10 level.

Table 4. Access and Use, 1999 and 2002 (percent)

| | All Nonelderly | | | Adults | | | Dependent Children | | |
|---|----------------|---------|--------|--------|-------|--------|--------------------|-------|---------|
| | 1999 | 2002 | ? | 1999 | 2002 | ? | 1999 | 2002 | ? |
| 0-200% of FPL | | | | | | | | | |
| Postponed care | | | | | | | | | |
| Medical/Surgery | 7.7% | 8.0% | 0.3 | 10.1% | 11.0% | 0.9% | 4.2% | 3.4% | -0.8% * |
| Dental | 13.8% | 14.5% | 0.7 | 16.8% | 18.5% | 1.8% * | 9.3% | 8.2% | -1.1% * |
| Prescription drug | 6.5% | 8.3% | 1.9 * | 8.9% | 11.6% | 2.7% * | 2.9% | 3.2% | 0.4% |
| Any | 20.2% | 21.4% | 1.2 * | 24.9% | 27.5% | 2.6% * | 13.3% | 12.0% | -1.4% * |
| Confident in ability to obtain care | 85.7% | 86.1% | 0.4 | 84.3% | 85.0% | 0.7% | 87.9% | 87.9% | 0.0% |
| Had doctor/health professional visit | 72.1% | 74.4% | 2.3 * | 69.1% | 70.2% | 1.1% | 76.5% | 80.9% | 4.5% * |
| Breast exam/Pap smear (females) | | | | | | | | | |
| Breast exam in past 12 months | -- | -- | -- | 47.7% | 48.4% | 0.7% | -- | -- | -- |
| Pap smear in past 12 months | -- | -- | -- | 57.4% | 58.1% | 0.7% | -- | -- | -- |
| 200-600% of FPL | | | | | | | | | |
| Postponed care | | | | | | | | | |
| Medical/Surgery | 5.6% | 5.8% | 0.2% | 7.0% | 7.1% | 0.1% | 2.4% | 2.7% | 0.3% |
| Dental | 11.0% | 10.9% | -0.1% | 13.3% | 13.2% | -0.1% | 5.6% | 5.6% | 0.0% |
| Prescription drug | 3.7% | 4.7% * | 1.0% | 4.7% | 5.8% | 1.1% * | 1.5% | 2.1% | 0.6% |
| Any | 15.5% | 16.4% | 0.9% | 18.7% | 19.7% | 1.0% | 8.1% | 8.7% | 0.6% |
| Confident in ability to obtain care | 93.5% | 93.6% | 0.1% | 92.6% | 92.6% | -0.1% | 95.6% | 96.0% | 0.4% |
| Had doctor/health professional visit | 80.4% | 81.3% * | 0.9% | 77.8% | 78.8% | 1.0% | 86.3% | 87.0% | 0.8% |
| Breast exam/Pap smear (females) | | | | | | | | | |
| Breast exam in past 12 months | -- | -- | -- | 61.1% | 62.8% | 1.8% | -- | -- | -- |
| Pap smear in past 12 months | -- | -- | -- | 67.4% | 68.5% | 1.1% | -- | -- | -- |
| 200-400% of FPL | | | | | | | | | |
| Postponed care | | | | | | | | | |
| Medical/Surgery | 5.9% | 6.1% | 0.2% | 7.6% | 7.7% | 0.2% | 2.6% | 2.7% | 0.1% |
| Dental | 11.7% | 11.8% | 0.1% | 14.3% | 14.7% | 0.4% | 6.4% | 5.7% | -0.7% |
| Prescription drug | 4.2% | 5.2% | 1.0% * | 5.5% | 6.6% | 1.1% * | 1.5% | 2.2% | 0.6% * |
| Any | 16.3% | 17.5% | 1.2% * | 20.0% | 21.6% | 1.6% * | 9.0% | 9.2% | 0.2% |
| Confident in ability to obtain care | 92.3% | 92.7% | 0.4% | 91.2% | 91.3% | 0.2% | 94.5% | 95.7% | 1.1% * |
| Had doctor/health professional visit | 78.9% | 79.5% | 0.6% | 75.9% | 76.3% | 0.4% | 84.9% | 86.0% | 1.1% |
| Breast exam/Pap smear (females) | | | | | | | | | |
| Breast exam in past 12 months | -- | -- | -- | 58.3% | 59.7% | 1.5% | -- | -- | -- |
| Pap smear in past 12 months | -- | -- | -- | 65.4% | 66.4% | 1.0% | -- | -- | -- |
| 400-600% of FPL | | | | | | | | | |
| Postponed care | | | | | | | | | |
| Medical/Surgery | 5.1% | 5.2% | 0.2% | 6.1% | 6.1% | 0.0% | 2.1% | 2.8% | 0.7% |
| Dental | 9.7% | 9.4% | -0.4% | 11.7% | 10.8% | -0.9% | 3.9% | 5.3% | 1.4% |
| Prescription drug | 3.0% | 3.9% | 0.9% * | 3.6% | 4.6% | 1.1% * | 1.5% | 1.9% | 0.5% |
| Any | 14.1% | 14.5% | 0.4% | 16.9% | 16.9% | 0.0% | 6.0% | 7.8% | 1.7% |
| Confident in ability to obtain care | 95.7% | 95.1% | -0.6% | 94.9% | 94.5% | -0.4% | 98.0% | 96.8% | -1.3% * |
| Had doctor/health professional visit | 83.0% | 84.3% | 1.4% | 80.8% | 82.6% | 1.8% | 89.3% | 89.1% | -0.2% |
| Breast exam/Pap smear (females) | | | | | | | | | |
| Breast exam in past 12 months | -- | -- | -- | 65.5% | 67.6% | 2.1% | -- | -- | -- |
| Pap smear in past 12 months | -- | -- | -- | 70.5% | 71.7% | 1.2% | -- | -- | -- |
| >600% of FPL | | | | | | | | | |
| Postponed care | | | | | | | | | |
| Medical/Surgery | 4.5% | 4.7% | 0.2% | 5.0% | 5.4% | 0.5% | 2.7% | 2.0% | -0.7% |
| Dental | 8.0% | 8.5% | 0.5% | 9.4% | 9.9% | 0.5% | 2.2% | 3.0% | 0.8% |
| Prescription drug | 2.7% | 3.2% | 0.5% | 3.2% | 3.6% | 0.4% | 0.5% | 1.5% | 1.0% * |
| Any | 12.3% | 13.3% | 1.1% | 14.0% | 15.3% | 1.2% | 5.0% | 5.9% | 1.0% |
| Confident in ability to obtain care | 96.1% | 95.8% | -0.3% | 95.8% | 95.6% | -0.3% | 97.2% | 96.9% | -0.3% |
| Had doctor/health professional visit | 84.1% | 85.8% | 1.7% * | 82.7% | 84.6% | 1.9% * | 89.6% | 90.3% | 0.7% |
| Breast exam/Pap smear (females) | | | | | | | | | |
| Breast exam in past 12 months | -- | -- | -- | 69.9% | 73.3% | 3.3% | -- | -- | -- |
| Pap smear in past 12 months | -- | -- | -- | 74.2% | 75.9% | 1.7% | -- | -- | -- |

Source: 1999 and 2002 National Survey of America's Families (NSAF).

Notes: Poverty thresholds reflect income in calendar years 1999 and 2002. Percentage point changes are calculated from unrounded estimates for each year and may therefore differ slightly.

* Change between 1999 and 2002 is statistically significant at the 0.10 level.