Health Status, Health Insurance, and Medical Services Utilization: 2010

Household Economic Studies

Current Population Reports
By Brett O'Hara and Kyle Caswell
Issued July 2013
P70-133RV

INTRODUCTION

The national health spending for Americans has increased in recent years and is projected to continue on a rapid growth trajectory.[1] This phenomenon is subject to the interplay of many forces, both demographic and economic.[2] People are living longer, have declining health status for more years than in the past, and are consuming more medical services.[3] Regardless of demographic characteristics, health insurance coverage affects medical service utilization and cost. Uninsured people more often forgo or delay medical services compared with people who have health insurance coverage.[4] Further, uninsured people are more costly to the health care system than are insured people.[5]

This report examines the relationship between medical services utilization, health status, health insurance coverage, and other demographic and economic characteristics. Measurement of medical services utilization includes the frequency of visits to medical doctors, nurses, and other medical providers; visits to dentists and dental professionals; nights spent in a hospital; and use of prescription medication. Data about health status are self-reported, where respondents rate their health according to one of five possible response categories: "excellent," "very good," "good," "fair," or "poor." The demographic and economic characteristics studied in this report include sex, race and ethnicity,[6] age, family income,[7] and insurance status.[8] These demographic and economic characteristics may not have a causal relationship to health status and medical services utilization.

This report uses data from the Survey of Income and Program Participation (SIPP), a nationally representative

[1] Board of Trustees (2011), Truffer et al. (2010).
[2] Centers for Medicare and Medicaid Services (2011), Elmendorf (2011).
[3] Elmendorf (2011).
[4] Sabik and Dahman (2012).
[5] Chen et al. (2011).

[6] Federal surveys now give respondents the option of reporting more than one race. Therefore, two basic ways of defining a race group are possible. A group, such as Blacks, may be defined as those who reported Black and no other race (the race-alone or the single-race concept) or as those who reported Black regardless of whether they also reported another race (the race-alone-or-in-combination concept). Hispanics may be any race. The body of this report (text, figures, and tables) shows data for people who reported they were a single race. Use of the single-race concept does not imply that it is the preferred method of presenting or analyzing data. The Census Bureau uses a variety of approaches. In this report, the term "non-Hispanic White" refers to people who are not Hispanic and reported White and no other race. "Non-Hispanic Black" refers to people who are not Hispanic and reported Black and no other race. "Non-Hispanic Other" refers to people who are not Hispanic and reported Asian alone, Pacific Islander alone, American Indian alone, Alaskan Native alone, or multiple races. Race and ethnicity are defined throughout the report in terms of the four following mutually exclusive categories: (1) Hispanic, (2) non-Hispanic White, (3) non-Hispanic Black, and 4) non-Hispanic Other. Non-Hispanic Other is not analyzed in this report.

[7] An individual's total family income as a percentage of their poverty threshold is the primary measure of family income used in this study. A value less than 100 percent indicates that an individual is considered to be in poverty, as defined by the Federal Poverty Thresholds.

[8] Health insurance status in this report is examined in several ways, including both mutually exclusive categories and nonmutually exclusive categories. The mutually exclusive categories are (1) private health insurance coverage for at least 1 month of the reference period (private coverage, alone or in combination), (2) public health insurance coverage for at least 1 month of the reference period but no private coverage, and (3) uninsured for all 4 months in the reference period. Nonmutually exclusive categories include Medicare coverage and Medicaid coverage of the reference period.

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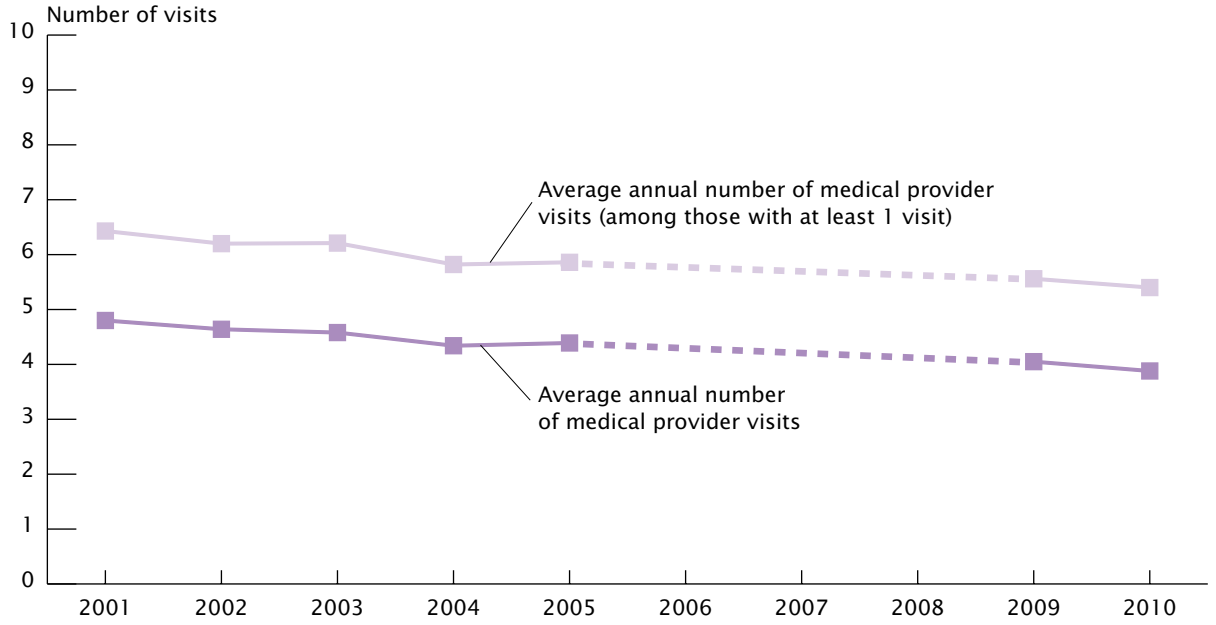
Figure 1.
Annual Medical Services Utilization Among People Aged 18 to 64: 2001 to 2010



Note: Data on medical services utilization are not available in the SIPP for 2006, 2007, and 2008.

Source: U.S. Census Bureau, Survey of Income and Program Participation, 2001 Panel, waves 3, 6, and 9; 2004 Panel, waves 3 and 6; and 2008 Panel, waves 4 and 7.

longitudinal survey of the civilian noninstitutionalized U.S. population. The SIPP includes a core set of questions and topical modules. In the core, respondents are asked a variety of questions on their health insurance coverage, income, and demographic characteristics. In addition to the core, this report focuses on a topical module on medical expenses and utilization of health care. The data come from the 2001, 2004, and 2008 SIPP panels, covering the years 2001, 2002, 2003, 2004, 2005, 2009, and 2010. Most of this report's data were collected from September through December 2010 during the seventh interview of the 2008 SIPP.[9] For more information on the SIPP, see the Source of the Data section at the end of this report.[10]

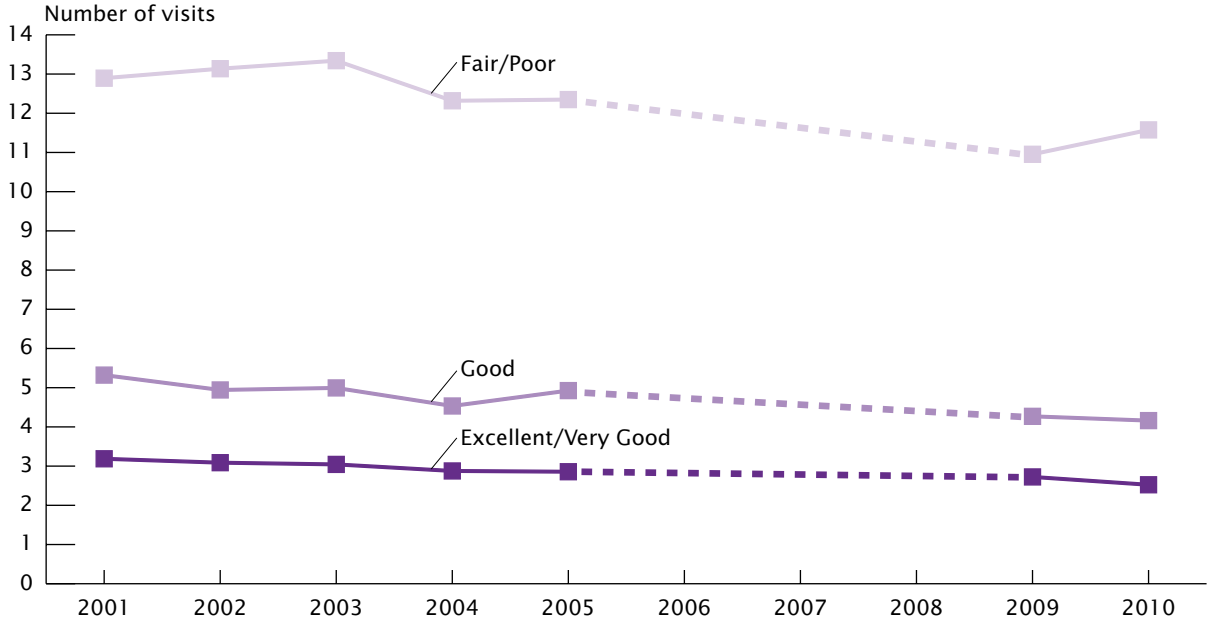
[9] To supplement the 2008 SIPP Panel data, estimates presented in the figures of this report are taken from the 2004 SIPP Panel (waves 3 and 6) and 2001 SIPP Panel (waves 3, 6, and 9).

[10] The estimates in this report (shown in the text, figures, and tables) are based on responses from a sample of the population and may differ from the actual values due to sampling and nonsampling error. As a result, apparent differences between the estimates for two or more groups may not be statistically significant. All comparative statements in the text have undergone statistical testing and are significant at the 90 percent confidence interval unless otherwise noted.

HIGHLIGHTS

- Among all people aged 18 to 64, the average number of medical provider visits per year decreased from 4.8 in 2001 to 3.9 in 2010. Among those with at least one medical provider visit, the average number of visits also decreased, from 6.4 in 2001 to 5.4 in 2010 (Figure 1).
- Between 2001 and 2010, the number of annual medical provider visits among people aged 18 to 64 who reported fair or poor health decreased. While this group visited medical providers an average of 12.9 times in 2001, the average in 2010 was 11.6 visits (Figure 2).
- Yearly medical provider visits among the uninsured aged 18 to 64 declined from 28.4 percent in 2001 to 24.1 percent in 2010 (Figure 3).
- In 2010, non-Hispanic Blacks were more likely to report their health as fair or poor (12.8 percent) compared with Hispanics (8.5 percent) or non-Hispanic Whites (10.3 percent) (Table 1).

Figure 2.
Annual Medical Provider Visits Among People Aged 18 to 64 by Health Status: 2001 to 2010



Note: Data on medical services utilization are not available in the SIPP for 2006, 2007, and 2008.

Source: U.S. Census Bureau, Survey of Income and Program Participation, 2001 Panel, waves 3, 6, and 9; 2004 Panel, waves 3 and 6; and 2008 Panel, waves 4 and 7.

- In 2010, more than one-third (38.6 percent) of people in poverty did not visit a medical provider compared with 18.5 percent of higher-income individuals (Table 3).
- In 2010, 24.4 percent of uninsured adults in poor health received routine checkups, compared with 11.7 percent of all uninsured adults (Table 5).

TRENDS

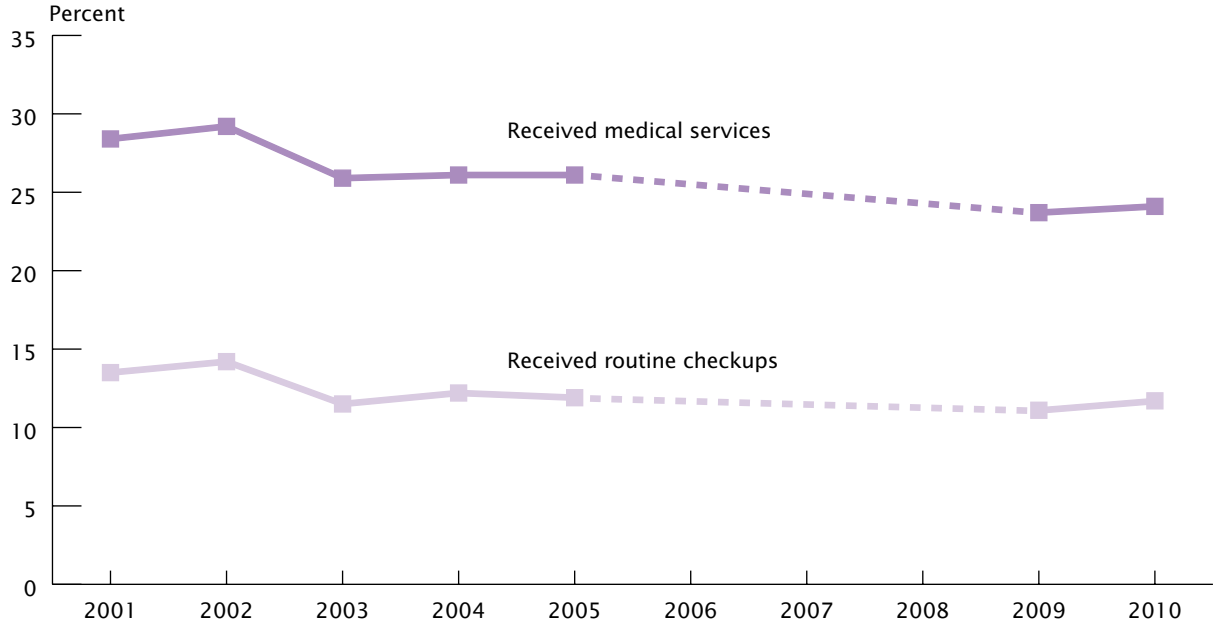
Figure 1 describes medical service utilization between 2001 and 2010 for adults aged 18 to 64, as measured by the average number of times a person visited or spoke with a doctor, nurse, or other medical provider ("medical provider visits") in the past 12 months. The average number of medical provider visits per year for this age group was 4.8 in 2001 (Figure 1). By 2010, the average number of visits decreased to 3.9 per year. Among those with at least one medical provider visit, the average number of visits also decreased, from 6.4 in 2001 to 5.4 in 2010.

The relationship between medical service utilization and health has also changed during the last decade. Figure 2 plots the average number of annual medical provider visits for people aged 18 to 64 by health status. Among those reporting either fair or poor health, the average number of annual visits decreased from 12.9 in 2001 to 11.6 in 2010. Average annual visits decreased for those reporting good health from 5.3 in 2001 to 4.2 in 2010. Finally, among those reporting excellent or very good health, average annual visits decreased from 3.2 in 2001 to 2.5 in 2010.

Between 2001 and 2010, the percentage of people aged 18 to 64 who visited a medical provider while uninsured decreased (Figure 3).[11] The proportion of all uninsured aged 18 to 64 who saw a medical provider at

[11] The questions in the SIPP which inquire specifically about medical service utilization while uninsured are restricted to respondents aged 15 years and older who were uninsured in at least one of the four months prior to the interview. Most uninsured respondents, however, are aged less than 65; the rate of the uninsured aged 65 and over was 0.7 percent in 2010 (Table 4).

Figure 3.
Medical Services Utilization While Uninsured Among People Aged 18 to 64: 2001 to 2010



Note: Data on medical services utilization are not available in the SIPP for 2006, 2007, and 2008. Health insurance is not available for 2008.

Source: U.S. Census Bureau, Survey of Income and Program Participation, 2001 Panel, waves 3, 6, and 9; 2004 Panel, waves 3 and 6; and 2008 Panel, waves 4 and 7.

least once during the year decreased from 28.4 percent in 2001 to 24.1 percent in 2010. Also, the percentage of the uninsured who received routine checkups decreased from 13.5 percent in 2001 to 11.7 percent in 2010.

HEALTH STATUS, 2010

Close to one-third of all people reported excellent health (32.7 percent) and an additional one-third of people (32.9 percent) reported very good health in 2010 (Table 1).[12] Almost one-quarter of all people (24.1 percent) reported good health, and the remaining population reported fair (7.9 percent) or poor (2.4 percent) health. A greater percentage of men reported excellent health than women (respectively, 33.9 percent and 31.6 percent). Non-Hispanic Blacks were the least likely to report excellent health (29.8 percent) compared with non-Hispanic Whites (32.7 percent) and Hispanics (33.8 percent).[13] Non-Hispanic Blacks were also the most likely to report fair (10.1 percent) or poor (2.7 percent) health compared with non-Hispanic Whites and Hispanics.

Health status is strongly associated with age. For example, excellent health was reported for over half of children (59.4 percent), while 9.2 percent of people aged 65 or older reported excellent health (Table 1). In general, health status declines with age. Members of younger age groups were more likely to report excellent health and less likely to report good, fair, or poor health than their older age counterparts.

Table 1 also illustrates the relationship between health status and poverty status. Among people below 200 percent of poverty, 29.7 percent reported excellent health. Among people whose incomes were at 200 percent of poverty or greater, 34.4 percent reported

[12] The percentage of people who reported excellent health was not statistically different from the percentage that reported very good health.

[13] The percentage of non-Hispanic Whites who reported excellent health was not statistically different from the percentage of Hispanics who reported excellent health.

Table 1.

Health Status by Selected Characteristics: 2010

(Numbers in thousands. Only people in the noninstitutionalized population)

Characteristic	Total number	Health status (percent)									
		Excellent		Very Good		Good		Fair		Poor	
		Estimate	Standard error[1]	Estimate	Standard error[1]	Estimate	Standard error[1]	Estimate	Standard error[1]	Estimate	Standard error[1]
All people	**304,814**	**32.7**	**0.32**	**32.9**	**0.30**	**24.1**	**0.24**	**7.9**	**0.10**	**2.4**	**0.06**
Sex											
Male	149,421	33.9	0.35	33.1	0.35	23.4	0.31	7.4	0.14	2.2	0.09
Female	155,393	31.6	0.35	32.7	0.33	24.7	0.26	8.4	0.15	2.5	0.09
Race and Hispanic origin[2]											
White, non-Hispanic	197,798	32.7	0.35	33.4	0.34	23.6	0.29	7.9	0.13	2.4	0.08
Black, non-Hispanic	36,154	29.8	0.67	32.1	0.62	25.3	0.66	10.1	0.34	2.7	0.18
Other, non-Hispanic	21,231	35.3	0.86	31.6	0.79	23.4	0.68	7.7	0.35	2.1	0.16
Hispanic	49,631	33.8	0.76	32.3	0.69	25.4	0.60	6.5	0.25	1.9	0.15
Age											
Under 18 years	74,802	59.4	0.62	27.3	0.56	11.7	0.34	1.4	0.09	0.3	0.05
18 years and older	230,012	24.0	0.29	34.8	0.28	28.1	0.28	10.0	0.13	3.0	0.08
Less than 65 years	265,947	36.2	0.36	33.9	0.33	22.1	0.26	6.1	0.11	1.7	0.06
18 to 24 years	29,543	42.0	0.74	35.6	0.62	18.2	0.55	3.6	0.27	0.5	0.10
25 to 44 years	81,068	30.6	0.47	38.6	0.44	24.0	0.40	5.5	0.19	1.3	0.09
45 to 64 years	80,534	18.1	0.36	34.8	0.42	31.4	0.41	11.9	0.25	3.8	0.15
65 years and over	38,867	9.2	0.29	26.3	0.49	37.4	0.50	20.3	0.43	6.8	0.24
Family income as a percentage of poverty threshold[3]											
Less than 200 percent	111,544	29.7	0.45	29.8	0.44	26.3	0.42	10.5	0.19	3.7	0.13
Less than 100 percent (in poverty)	49,508	31.5	0.63	29.8	0.59	25.2	0.56	9.8	0.29	3.7	0.19
100 percent to less than 200 percent	62,036	28.3	0.60	29.9	0.56	27.1	0.56	11.0	0.26	3.7	0.17
200 percent or higher	192,670	34.4	0.36	34.8	0.34	22.8	0.26	6.4	0.11	1.6	0.06
200 percent to less than 300 percent	52,197	30.5	0.60	32.5	0.60	25.8	0.50	8.9	0.25	2.4	0.14
300 percent to less than 400 percent	41,535	32.2	0.67	34.4	0.58	24.9	0.57	6.8	0.27	1.7	0.14
400 percent or higher	98,938	37.4	0.46	36.1	0.44	20.4	0.31	5.0	0.14	1.1	0.07

[1] Standard error estimates were calculated using replicate weights, Fay's Method.

[2] Federal surveys now give respondents the option of reporting more than one race. Therefore, two basic ways of defining a race group are possible. A group, such as Black, may be defined as those who reported Black and no other race (the race-alone or the single-race concept) or as those who reported Black regardless of whether they also reported another race (the race-alone-or-in-combination concept). Hispanics may be any race. The body of this report (text, figures, and tables) shows data for people who reported they were a single race. Use of the single-race concept does not imply that it is the preferred method of presenting or analyzing data. The Census Bureau uses a variety of approaches. In this report, the term "non-Hispanic White" refers to people who are not Hispanic and reported White and no other race. "Non-Hispanic Black" refers to people who are not Hispanic and reported Black and no other race. "Non-Hispanic Other" refers to people who are not Hispanic and reported Asian alone, Pacific Islander alone, American Indian alone, Alaskan Native alone, or multiple races.

[3] The poverty universe is slightly smaller than that reported under "All People" as it excludes people less than 15 years old with no cohabitating relatives, who are not asked income questions.

Source: U.S. Census Bureau, Survey of Income and Program Participation, 2008 Panel, wave 7 topical module and core survey data. For information on confidentiality protection and sampling and nonsampling error, see <www.census.gov/sipp/source.html>.

Table 2.

Health Status by Health Services Utilization Rates: 2010

(Numbers in thousands. Only people in the noninstitutionalized population)

Characteristic	Total number/ percent	Standard error[1]	Health status (percent)									
			Excellent		Very Good		Good		Fair		Poor	
			Estimate	Standard error[1]	Estimate	Standard error[1]	Estimate	Standard error[1]	Estimate	Standard error[1]	Estimate	Standard error[1]
Population 18 years old and older	**230,012**	*****	**55,297**	**670**	**80,029**	**650**	**64,678**	**646**	**23,059**	**303**	**6,949**	**189**
PERCENT OF DISTRIBUTION												
Medical provider visits												
No visit	24.7	0.27	31.9	0.53	27.3	0.43	22.2	0.43	11.3	0.48	5.7	0.53
Visited once	17.6	0.21	24.9	0.45	19.7	0.36	14.0	0.35	7.2	0.39	3.4	0.43
Visited twice	16.9	0.18	18.7	0.38	19.3	0.31	16.4	0.35	9.3	0.38	5.5	0.55
Three or more visits	40.8	0.29	24.5	0.40	33.8	0.42	47.4	0.51	72.2	0.70	85.4	0.79
Dentist visits												
No visit	40.5	0.29	32.6	0.54	37.1	0.42	44.7	0.49	53.5	0.69	62.0	1.09
Visited once	20.0	0.22	22.4	0.46	20.5	0.38	18.9	0.40	17.3	0.51	14.8	0.75
Visited twice	28.4	0.25	35.3	0.50	31.4	0.43	24.4	0.37	17.8	0.53	11.5	0.69
Three or more visits	11.0	0.17	9.7	0.28	11.0	0.26	12.0	0.29	11.4	0.43	11.6	0.77
Nights in hospital												
0 nights	91.2	0.13	96.4	0.18	94.9	0.17	90.7	0.24	77.4	0.53	59.5	1.15
1 to 7 nights	7.0	0.12	3.3	0.18	4.7	0.17	7.8	0.21	16.3	0.46	24.6	1.07
8 to 30 nights	1.4	0.04	0.2	0.04	0.3	0.05	1.2	0.08	5.1	0.26	12.0	0.79
31 nights or more	0.4	0.03	0.1	0.03	0.1	0.02	0.3	0.04	1.3	0.14	3.8	0.53
Prescription medicine use												
Never taken	50.1	0.25	70.1	0.38	56.6	0.44	40.7	0.41	18.1	0.63	8.5	0.61
Ever taken, not always	8.2	0.15	9.0	0.32	9.1	0.25	7.9	0.24	5.5	0.32	2.9	0.50
Taken whole year	41.8	0.23	20.9	0.35	34.3	0.38	51.4	0.43	76.5	0.61	88.6	0.77
Population less than 18 years old	**74,802**	*****	**44,454**	**464**	**20,390**	**417**	**8,725**	**253**	**1,018**	**69**	**215**	**35**
PERCENT OF DISTRIBUTION												
Medical provider visits												
No visit	35.4	0.58	35.2	0.74	37.2	0.96	33.8	1.44	20.8	2.95	19.7	7.41
Visited once	20.4	0.37	22.4	0.56	18.1	0.69	17.2	0.99	9.2	2.30	6.5	3.49
Visited twice	18.0	0.38	18.6	0.48	18.6	0.76	14.8	0.94	9.5	1.86	10.9	4.67
Three or more visits	26.2	0.47	23.7	0.58	26.2	0.83	34.2	1.21	60.4	3.63	62.9	8.01
Dentist visits												
No visit	43.5	0.51	43.1	0.65	44.7	0.98	42.9	1.37	43.1	3.33	54.4	7.87
Visited once	18.8	0.44	17.9	0.57	19.1	0.75	22.7	1.26	22.3	2.99	22.8	6.56
Visited twice	29.3	0.47	30.8	0.57	27.9	0.92	26.1	1.21	22.1	2.89	15.0	5.21
Three or more visits	8.3	0.26	8.2	0.35	8.3	0.53	8.3	0.72	12.5	2.09	7.8	6.69
Nights in hospital												
0 nights	95.9	0.15	96.4	0.18	96.6	0.27	94.3	0.54	78.8	2.82	68.7	7.12
1 to 7 nights	3.7	0.15	3.5	0.18	3.1	0.26	5.1	0.51	12.9	2.38	22.0	6.35
8 to 30 nights	0.3	0.04	0.1	0.03	0.3	0.07	0.4	0.13	5.5	1.52	4.6	3.57
31 nights or more	0.1	0.02	–	–	0.1	0.04	0.1	0.06	2.8	1.08	4.7	2.96
Prescription medicine use												
Never taken	78.1	0.46	82.1	0.52	76.0	0.76	67.5	1.25	41.3	3.56	35.9	8.94
Ever taken, not always	9.4	0.30	9.0	0.36	9.4	0.51	11.0	0.83	10.8	2.14	11.5	4.95
Taken whole year	12.5	0.30	8.8	0.35	14.6	0.56	21.5	0.98	47.9	3.43	52.5	9.06

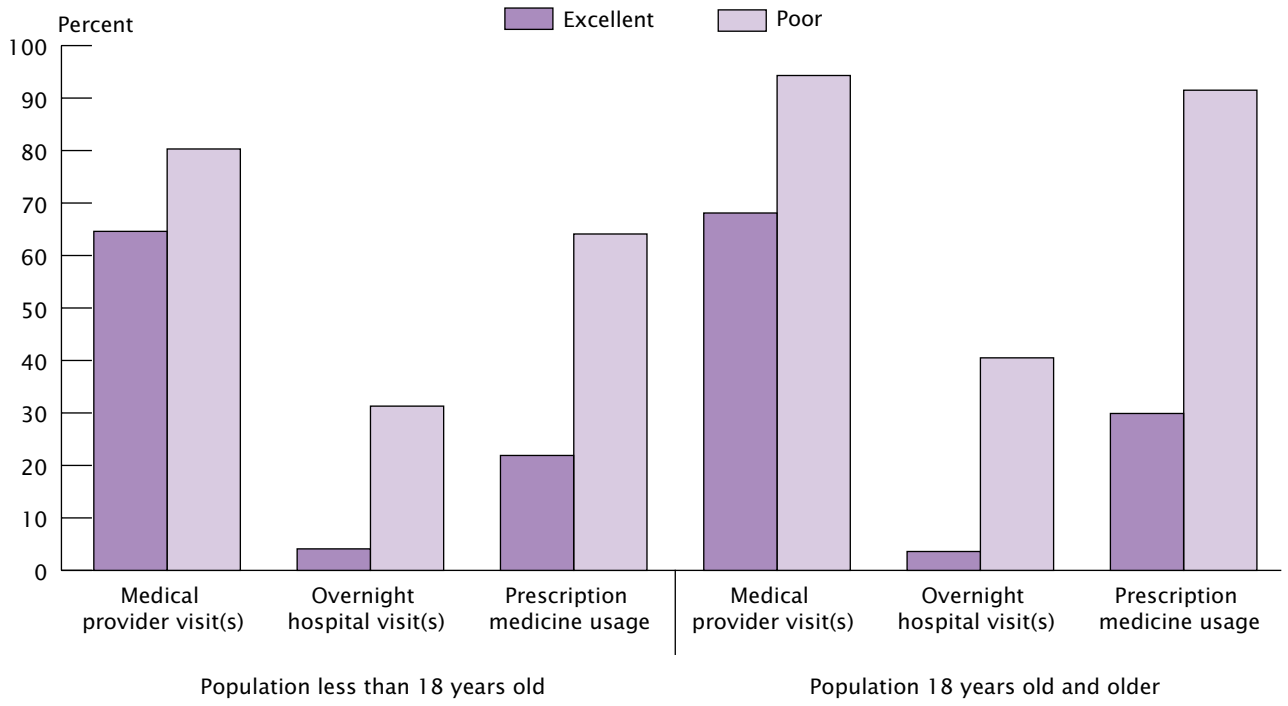
***** Indicates that the estimate is controlled to independent population estimates. A statistical test for sampling variability is not appropriate.

– Rounds to zero.

[1] Standard error estimates were calculated using replicate weights, Fay's Method.

Source: U.S. Census Bureau, Survey of Income and Program Participation, 2008 Panel, wave 7 topical module and core survey data. For information on confidentiality protection and sampling and nonsampling error, see <www.census.gov/sipp/source.html>.

Figure 4.
At Least One Health Services Utilization by Age and Health Status: 2010



Source: U.S. Census Bureau, Survey of Income and Program Participation, 2008 Panel, wave 7.

excellent health. Among individuals in the top family income category (i.e., family income of 400 percent of their poverty threshold or greater), 37.4 percent reported excellent health. The relationship between reporting poor health and family income mirrors the relationship between excellent health and income: 3.7 percent of people below 200 percent of poverty reported poor health, compared with 1.1 percent of people in the top family-income category.

HEALTH STATUS AND MEDICAL SERVICE UTILIZATION, 2010

Health and medical utilization are linked. As health improves, there is less need for medical services. Estimates in Table 2 illustrate the relationship between health status and the following measures of medical services utilization: (1) medical provider visits, (2) the number of dentist visits, (3) the number of nights spent in a hospital, and (4) the frequency of prescription medicine use. In general, the relationship between health status and the frequency of medical provider visits, nights spent in the hospital, and prescription medication use were negative, indicating that those with worse health use medical services more often.

Adults Aged 18 and Older

Among adults aged 18 and older with excellent health, 68.1 percent visited a medical provider at least once, 3.6 percent reported one or more overnight stays in a hospital, and 29.9 percent took prescription medication in the previous 12 months (Figure 4). Among those who reported poor health, 94.3 percent visited a medical provider at least once; 40.5 percent reported at least one overnight stay in a hospital; and 91.5 percent took prescription medication.[14]

On the other hand, the relationship between health status and dentist visits was positive—people with better health were more likely to visit the dentist than were people reporting poor health. For example, 35.3 percent of people in excellent health visited the dentist two times, compared with 31.4 percent with very good health, 24.4 percent with good health, 17.8 percent with fair health, and 11.5 percent with poor health

[14] For adults, all statistical comparisons across health categories are statistically significant for medical provider visits, nights in a hospital, and prescription medication use with the following exceptions: (1) two medical provider visits, excellent health (18.7 percent) compared with very good health (19.3 percent), and (2) ever taken prescription medication, excellent health (9.0 percent) compared with very good health (9.4 percent).

Table 3.

Medical Services Utilization Rates by Selected Characteristics: 2010

(Numbers in thousands. Only people in the noninstitutionalized population)

Characteristic	Total Number	Medical provider visits (percent)				Dentist visits (percent)				Nights in hospital (percent)				Prescription medicine use (percent)			
		Zero		Three or more		Zero		Three or more		Zero		Eight or more		Never		Regularly	
		Estimate	Standard error[1]	Estimate	Standard error[1]	Estimate	Standard error[1]	Estimate	Standard error[1]	Estimate	Standard error[1]	Estimate	Standard error[1]	Estimate	Standard error[1]	Estimate	Standard error[1]
All people	**304,814**	**27.3**	**0.28**	**37.2**	**0.28**	**41.3**	**0.28**	**10.4**	**0.15**	**92.4**	**0.11**	**1.4**	**0.04**	**56.9**	**0.26**	**34.6**	**0.20**
Sex																	
Male	149,421	32.9	0.35	31.8	0.30	44.5	0.35	9.4	0.18	93.7	0.13	1.3	0.05	61.3	0.29	30.6	0.23
Female	155,393	22.0	0.31	42.4	0.37	38.2	0.30	11.3	0.19	91.1	0.15	1.5	0.06	52.8	0.31	38.4	0.25
Race and Hispanic origin[2]																	
White, non-Hispanic	197,798	22.8	0.29	41.2	0.35	36.3	0.32	11.6	0.19	91.7	0.13	1.5	0.05	51.1	0.30	40.1	0.24
Black, non-Hispanic	36,154	29.7	0.72	33.7	0.70	48.9	0.68	7.8	0.34	92.5	0.32	1.5	0.12	61.6	0.69	30.4	0.56
Other, non-Hispanic	21,231	30.9	0.75	33.8	0.80	43.0	0.75	9.9	0.43	94.0	0.32	1.2	0.14	65.0	0.71	26.9	0.63
Hispanic	49,631	42.3	0.79	25.5	0.57	54.8	0.68	7.5	0.34	94.1	0.27	1.0	0.11	73.2	0.57	19.1	0.42
Age																	
Under 18 years	74,802	35.4	0.58	26.2	0.47	43.5	0.51	8.3	0.26	95.9	0.15	0.4	0.05	78.1	0.46	12.5	0.30
18 years and older	230,012	24.7	0.27	40.8	0.29	40.5	0.29	11.0	0.17	91.2	0.13	1.7	0.05	50.1	0.25	41.8	0.23
Less than 65 years	265,947	30.2	0.31	32.9	0.29	41.4	0.31	9.6	0.16	93.7	0.11	0.9	0.04	62.8	0.27	28.0	0.21
18 to 24 years	29,543	37.2	0.72	25.8	0.64	43.9	0.72	7.2	0.38	94.6	0.29	0.5	0.10	74.7	0.57	15.7	0.48
25 to 44 years	81,068	32.7	0.43	30.5	0.38	43.1	0.47	8.0	0.25	93.5	0.17	0.8	0.06	64.8	0.41	24.1	0.38
45 to 64 years	80,534	20.4	0.32	44.2	0.41	36.7	0.44	13.2	0.26	91.7	0.21	1.8	0.09	42.2	0.37	50.7	0.39
65 years and over	38,867	7.5	0.28	66.5	0.54	40.5	0.52	15.6	0.39	83.1	0.36	4.6	0.22	16.9	0.41	80.0	0.42
Family income as a percentage of poverty threshold[3]																	
Less than 200 percent	111,544	35.5	0.48	33.8	0.44	55.3	0.45	7.3	0.20	91.4	0.19	1.8	0.07	62.5	0.42	30.1	0.34
Less than 100 percent (in poverty)	49,508	38.6	0.67	32.3	0.59	57.4	0.61	6.9	0.27	91.6	0.25	1.8	0.11	65.8	0.57	26.9	0.49
100 percent to less than 200 percent	62,036	33.1	0.57	35.1	0.57	53.7	0.55	7.6	0.26	91.2	0.24	1.8	0.10	59.8	0.58	32.6	0.49
200 percent or higher	192,670	22.5	0.30	39.2	0.32	33.1	0.31	12.1	0.20	93.0	0.12	1.2	0.05	53.7	0.28	37.3	0.26
200 percent to less than 300 percent	52,197	27.7	0.58	35.7	0.57	43.5	0.59	9.8	0.34	92.4	0.25	1.6	0.11	56.1	0.56	35.6	0.54
300 percent to less than 400 percent	41,535	24.2	0.59	39.3	0.72	36.6	0.71	11.3	0.40	92.4	0.30	1.3	0.12	54.1	0.70	36.8	0.62
400 percent or higher	98,938	19.1	0.35	40.9	0.43	26.1	0.38	13.7	0.29	93.5	0.17	0.9	0.06	52.2	0.37	38.4	0.35

[1] Standard error estimates were calculated using replicate weights, Fay's Method.

[2] Federal surveys now give respondents the option of reporting more than one race. Therefore, two basic ways of defining a race group are possible. A group, such as Black, may be defined as those who reported Black and no other race (the race-alone or the single-race concept) or as those who reported Black regardless of whether they also reported another race (the race-alone-or-in-combination concept). Hispanics may be any race. The body of this report (text, figures, and tables) shows data for people who reported they were a single race. Use of the single-race concept does not imply that it is the preferred method of presenting or analyzing data. The Census Bureau uses a variety of approaches. In this report, the term "non-Hispanic White" refers to people who are not Hispanic and reported White and no other race. "Non-Hispanic Black" refers to people who are not Hispanic and reported Black and no other race. "Non-Hispanic Other" refers to people who are not Hispanic and reported Asian alone, Pacific Islander alone, American Indian alone, Alaskan Native alone, or multiple races.

[3] The poverty universe is slightly smaller than that reported under "All People." The population estimate for the poverty universe is 301,592 thousand individuals. The reason for this difference is that individuals aged less than 15, with no cohabitating relatives, have no associated family income informaiton. This is because only individuals aged 15 and older are asked income questions.

Source: U.S. Census Bureau, Survey of Income and Program Participation, 2008 Panel, wave 7 topical module and core survey data. For information on confidentiality protection and sampling and nonsampling error, see <www.census.gov/sipp/source.html>.

(Table 2).[15] Similarly, adults with better health visited the dentist more frequently than did people with worse health.

Children Under 18 Years Old

Children with excellent health had less medical utilization than those with poor health. About two-thirds (64.6 percent) of children with excellent health had at least one medical provider visit compared with four-fifths of those with poor health (80.3 percent) (Figure 4). Further, among children with excellent health, 3.6 percent had at least one overnight stay in a hospital and 17.9 percent took prescription medication. Among children with poor health, 31.3 percent had at least one overnight stay in a hospital, and 64.1 percent had taken prescription medication.

Independent of health status, 43.5 percent did not have a dentist visit; 18.8 percent visited a dentist once; 29.3 percent visited twice; and 8.3 percent of children visited a dentist three or more times. About one-third of children with excellent health visited the dentist twice a year whereas less than one-sixth of children in poor health did.

MEDICAL SERVICES UTILIZATION BY CHARACTERISTIC, 2010

Medical Provider Visits

Medical services utilization varies by a number of demographic and economic characteristics, as reported in Table 3. For example, women had higher medical services utilization than men. Women were both more likely to have ever visited a medical provider (78.0 percent compared with 67.1 percent for men[16]) and visited providers more frequently (42.4 percent of women visited a medical provider three or more times, compared with 31.8 percent of men).

Race and ethnicity are also related to the number of medical provider visits. Non-Hispanic Whites were the least likely to have never visited a medical provider (22.8 percent) compared with non-Hispanic Blacks (29.7 percent) and Hispanics (42.3 percent). Non-Hispanic Whites were most likely to have visited a medical provider three or more times (41.2 percent) compared with non-Hispanic Blacks and Hispanics. In other words, Hispanics were the least likely racial and ethnic group to use a medical provider.

Medical provider visits also vary with age. For adults over the age of 18, the percentage who never visited a medical provider decreased as people age. Young adults aged 18 to 24 had a higher percent of zero visits (37.2 percent) compared with adults aged 25 to 44 (32.7 percent), aged 45 to 64 (20.4 percent), and aged 65 and older (7.5 percent). Similarly, the percent of adults who had three or more medical provider visits increased across age categories.

An individual's family income is positively related to the number of medical provider visits. Among people in poverty, 38.6 percent went without seeing a medical provider over the previous 12 months, compared with 19.1 percent of individuals whose family income was greater than or equal to 400 percent of the poverty threshold.[17] On the other hand, among those in poverty, 32.3 percent visited a medical provider three or more times, compared with 40.9 percent for those in the highest income category.[18]

Dentist Visits

Overall, respondents were much less likely to visit a dentist than a medical provider. For example, 58.7 percent of the population reported at least one dentist visit in the previous 12 months, compared with 72.7 percent of the population who reported at least one medical provider visit (Table 3).[19] A smaller percentage of the population visited a dentist three or more times (10.4 percent) compared with the percentage of individuals who visited a medical provider three or more times (37.2 percent).

Demographic and socioeconomic characteristics are similarly associated with the frequency of dentist and medical provider visits. Women had more dentist visits than men. Men were more likely than women to never visit the dentist (44.5 percent and 38.2 percent, respectively), and women were more likely than men to visit the dentist three or more times (11.3 percent compared with 9.4 percent). Among the race and ethnicity groups, Hispanics were the least likely to visit a dentist (54.8 percent reported zero visits) compared with

[15] Among adults, all comparisons in dentist visit categories across health status in Table 2 are statistically significant except for the "three or more visits" category: very good compared with fair, very good compared with poor, good compared with fair, good compared with poor, and fair compared with poor.

[16] For males, the percent of people who had visited a medical provider at least once was 100 minus the percent of zero visits (67.1 percent). The same calculation was done for females.

[17] All comparisons of family income categories for those reporting zero medical provider visits are statistically significant.

[18] The percentage of people with three or more medical provider visits in the near-poor group (35.1 percent) was not statistically different from the percentage of people in the next (third) family income group (35.7 percent). All other comparisons are statistically significant.

[19] For the population, the percent of people who had visited a medical provider at least once was 100 minus the percent of zero visits (72.7 percent). A similar calculation was done for dentist visits (100–41.3=58.7 percent).

non-Hispanic Whites (36.3 percent) and non-Hispanic Blacks (48.9 percent). Similarly, non-Hispanic Whites were the most likely to visit a dentist three or more times (11.6 percent) compared with Hispanics (7.5 percent) or non-Hispanic Blacks (7.8 percent).[20]

In terms of age, while there was no age difference in the percent of people who never visited the dentist, older individuals reported more frequent dentist visits than younger people did. Among people aged 65 and older, 15.6 percent visited a dentist three or more times, compared with 8.3 percent of children, 7.2 percent of young adults aged 18 to 24, 8.0 percent for those aged 25 to 44, and 13.2 percent of those aged 45 to 64.[21]

The number of annual dentist visits increases with family income. While 57.4 percent of those in poverty did not visit a dentist in the previous year, 26.1 percent of the highest income group never visited the dentist. Similarly, 6.9 percent of people in poverty visited a dentist three or more times compared with 13.7 percent of people whose family income as a percent of their poverty threshold was 400 percent or higher.[22]

Nights Spent in a Hospital

Spending a night in a hospital is a rare event. For the entire population, 92.4 percent never spent a night in a hospital, compared with 1.4 percent who spent eight or more nights in a hospital during the past year. Like medical provider and dentist visits, men were more likely to spend zero nights in the hospital (93.7 percent) than women (91.1 percent) were. Hispanics were more likely to report zero nights spent in a hospital (94.1 percent) and were more likely to report spending eight or more nights in a hospital (1.0 percent) compared with non-Hispanic Whites (respectively, 91.7 and 1.5 percent) and non-Hispanic Blacks (respectively, 92.5 and 1.5 percent).[23]

Age is strongly related to the likelihood of spending at least one night in the hospital. Among people aged 65 and older, 83.1 percent reported spending zero nights in a hospital as opposed to 95.9 percent of children. Similarly, 4.6 percent of people aged 65 and older reported spending eight or more nights in a hospital, compared with 0.4 percent of children.[24]

Individuals with a relatively higher family income are less likely to spend a night in a hospital, and when they do, they spend fewer nights. For example, 91.6 percent of individuals in poverty spent zero nights in the hospital compared with 93.5 percent of people with family income that was 400 percent of their poverty threshold or greater.[25] Likewise, 1.8 percent of people in poverty reported spending eight or more nights in a hospital compared with 0.9 percent of people with family income that was 400 percent of their poverty threshold or higher.[26]

Prescription Medication Use

Over half of the population (56.9 percent) did not take prescription medication at any point during the previous year, while 34.6 percent reported taking medication regularly (Table 3). Men were more likely than women to report never taking prescription medication (61.3 percent compared with 52.8 percent). Women were more likely to report regular usage than men (38.4 percent compared with 30.6 percent). Hispanics were the most likely racial and ethnic group never to take prescription medication (73.2 percent), followed by non-Hispanic Blacks (61.6 percent) and non-Hispanic Whites (51.1 percent).

Age is strongly associated with prescription medication use. While over three-quarters of children never took prescription medication (78.1 percent), 16.9 percent of those aged 65 and older never used prescription medication during the previous year. Similarly, 80.0 percent of older adults reported regular prescription medication use, compared with 12.5 percent of children.

Family income is positively related to prescription drug use. Among people who were in poverty, 65.8 percent reported never having taken medication in the previous year, compared with 52.2 percent of people whose family income was at least 400 percent of the poverty threshold. This positive association between family income and prescription drug use was also observed for regular prescription drug use. Among people who were in poverty, 26.9 percent reported regular prescription

[20] Non-Hispanic Blacks and Hispanics were not statistically different in reporting visiting a dentist three or more times.

[21] Statistics on three or more dentist visits for children and adults aged 25 to 44 are not statistically different. All other comparisons are statistically different.

[22] The percentage of poor respondents with three or more visits was not statistically significant from the percentage of people with family income greater than or equal to 100 percent and less than 150 percent of their poverty threshold.

[23] Non-Hispanic Whites were not statistically different from non-Hispanic Blacks for the estimate of spending eight or more nights in a hospital.

[24] The percentage of young adults aged 18 to 24 who spent eight or more nights in a hospital was not statistically different from the percentage of children in this category.

[25] The percentage of people in poverty with zero visits was not statistically different from those with family income greater than 100 percent of their poverty threshold, yet less than 150 percent.

[26] The percentage of people reporting eight or more nights was not statistically different among the bottom three family income categories.

medication use, compared with 38.4 percent of individuals in the highest income category.

HEALTH STATUS AND HEALTH INSURANCE COVERAGE, 2010

Table 4 illustrates the relationship between self-reported health status and type of health insurance coverage. Insurance status is determined by the person's coverage during the previous 4 months. The broadest categories of insurance status include insured (any type) and uninsured. Health insurance status for the insured is further categorized in the following ways: having private insurance (alone or in combination of other types of health insurance), Medicare, or Medicaid at any point during the previous 4 months; finally, there is a category for only having had public insurance (no private coverage).[27] There is a U-shaped relationship between health status and having any type of health insurance coverage. Among all people who reported excellent health, 85.0 percent were insured. For those who reported good health, 80.2 percent had health insurance coverage. Finally, 85.1 percent of people who reported poor health also had health insurance coverage.[28]

This U-shaped relationship for the overall insurance rate is partially attributable to trends in the type of health insurance coverage. For example, 15.7 percent of people with excellent health reported having only public insurance, compared with 44.7 percent of people with poor health. On the other hand, the percentage of people with excellent health who had private health insurance was 69.3 percent, compared with 40.4 percent of people in poor health.[29]

Age is also related to type of health insurance coverage. Among people aged 65 and older, 99.3 percent had insurance and 97.2 percent had Medicare.[30] This population increasingly tended to rely on public coverage exclusively as health status became worse. Among those in excellent health, 18.2 percent had public coverage exclusively, compared with 19.6 percent of those with very good health, 28.3 percent with good health, 38.7 percent with fair health, and 44.4 percent with poor health.

Among the population under the age of 65, there was a negative relationship between lack of insurance and health status. People with poor, fair, or good health were more likely to be uninsured (23.4 percent, 25.2 percent, and 24.4 percent, respectively) than those with very good or excellent health (20.1 percent and 15.6 percent, respectively).[31] Almost no one under the age of 65 who reported excellent or very good health also reported Medicare coverage (0.4 percent and 0.9 percent, respectively). However, people with good, fair, or poor health were more likely to have Medicare (3.6 percent, 14.9 percent, and 24.7 percent, respectively). The relationship between health status and Medicaid coverage of people under the age of 65 looks different from other health insurance types. Medicaid coverage rates were higher for people with fair health (26.1 percent) or poor health (39.2 percent) than for the healthier groups (17.2 percent for good health, 13.4 percent for very good health, and 17.1 percent for excellent health).

In addition to age, family income is associated with both insurance type and health status, which explains some of the relationship between health status and health insurance status. Compared with other income groups, individuals whose family income was less than 200 percent of their poverty threshold had lower levels of private insurance coverage (Table 4). However, the percentage of people with private insurance also varies by health status. Among the lower income group, those with excellent or very good health had higher levels of private insurance coverage (35.9 percent and 37.4 percent, respectively) than those with good health (32.8 percent), fair health (28.0 percent), or poor health (23.7 percent).[32] Also among the lower income group, Medicare coverage rates are greater among those with worse health (2.3 percent of those with excellent health had Medicare, compared with 8.1 percent of those with very good health, 19.4 percent with good health, 39.2

[27] Health insurance status is derived from the 4-month recall during the seventh interview of the 2008 SIPP. Private coverage means coverage by private insurance at least once in the past 4 months. Medicare and Medicaid are also measured as coverage at least once in the past 4 months. Public coverage (no private) is being covered by public coverage at least once in the past 4 months and not covered by private insurance during all 4 of the months. Private insurance is an "alone or in combination" concept. Uninsured is not having private or public insurance.

[28] The percentage of the insured that reported excellent health was not statistically different from the percentage of people that reported poor health. The percentage of the insured that reported very good health was not statistically different from the percentage of people that reported fair health.

[29] The percentage of the privately insured that reported excellent health was not statistically different from the percentage of privately insured that reported very good health.

[30] The percentage of Medicare beneficiaries aged 65 and older with excellent health (96.4 percent) is statistically different from those with poor health (99.0 percent), as is the percentage reporting very good health (96.6 percent) compared with fair health (97.3 percent). Nonetheless, these percentage point differences are very small.

[31] The percentage of the uninsured that reported good health was not statistically different from the percentage of uninsured that reported fair or poor health. The percentage of the uninsured that reported fair health was not statistically different from the percentage of uninsured that reported poor health.

[32] The percentage of the privately insured that reported excellent health was not statistically different from the percentage of privately insured that reported very good health.

Table 4.

Health Status by Selected Characteristics and Health Insurance Status: 2010

(Numbers in thousands. Only people in the noninstitutionalized population)

Characteristic and health insurance status	Total number/ percent	Standard error[1]	Health status (percent)									
			Excellent		Very Good		Good		Fair		Poor	
			Estimate	Standard error[1]	Estimate	Standard error[1]	Estimate	Standard error[1]	Estimate	Standard error[1]	Estimate	Standard error[1]
All people	**304,814**	*****	**99,751**	**985**	**100,420**	**904**	**73,403**	**745**	**24,076**	**305**	**7,164**	**194**
Insured (any type)	82.6	0.20	85.0	0.35	81.9	0.36	80.2	0.38	82.8	0.55	85.1	0.87
Privately insured (alone or in combination)	65.0	0.28	69.3	0.44	68.9	0.45	61.2	0.48	50.2	0.74	40.4	1.17
Medicare	14.6	0.06	3.8	0.11	10.7	0.20	22.1	0.31	41.9	0.61	52.1	1.19
Medicaid	15.7	0.21	16.6	0.36	12.4	0.28	15.4	0.34	22.0	0.57	32.0	1.16
Publically insured (no private)	17.6	0.21	15.7	0.36	13.0	0.29	19.1	0.38	32.7	0.63	44.7	1.27
Uninsured	17.4	0.20	15.0	0.35	18.1	0.36	19.8	0.38	17.2	0.55	14.9	0.87
People aged 0–64	**265,947**	*****	**96,176**	**958**	**90,192**	**887**	**58,879**	**692**	**16,183**	**284**	**4,517**	**155**
Insured (any type)	80.2	0.22	84.4	0.36	79.9	0.40	75.6	0.45	74.8	0.77	76.6	1.32
Privately insured (alone or in combination)	64.1	0.30	68.8	0.45	67.6	0.48	58.8	0.54	45.0	0.96	31.7	1.39
Medicare	2.6	0.07	0.4	0.04	0.9	0.06	3.6	0.16	14.9	0.51	24.7	1.34
Medicaid	16.8	0.23	17.1	0.37	13.4	0.31	17.2	0.40	26.1	0.78	39.2	1.51
Publically insured (no private)	16.1	0.23	15.6	0.36	12.3	0.31	16.8	0.40	29.7	0.81	44.9	1.64
Uninsured	19.8	0.22	15.6	0.36	20.1	0.40	24.4	0.45	25.2	0.77	23.4	1.32
People aged 65 and older	**38,867**	*****	**3,575**	**114**	**10,227**	**191**	**14,524**	**195**	**7,893**	**168**	**2,647**	**93**
Insured (any type)	99.3	0.11	99.5	0.21	99.4	0.15	99.2	0.22	99.3	0.13	99.6	0.19
Privately insured (alone or in combination)	71.0	0.50	81.3	1.27	79.8	0.83	70.8	0.82	60.7	1.11	55.2	2.21
Medicare	97.2	0.21	96.4	0.61	96.6	0.39	97.4	0.36	97.3	0.42	99.0	0.37
Medicaid	8.4	0.28	2.8	0.51	4.0	0.46	8.1	0.42	13.7	0.76	19.7	1.74
Publically insured (no private)	28.3	0.48	18.2	1.27	19.6	0.81	28.3	0.79	38.7	1.10	44.4	2.22
Uninsured	0.7	0.11	0.5	0.21	0.6	0.15	0.8	0.22	0.7	0.13	0.4	0.19
Family income less than 200 percent of poverty threshold[2]	**111,544**	**1,003**	**33,147**	**587**	**33,294**	**561**	**29,292**	**571**	**11,692**	**218**	**4,119**	**148**
Insured (any type)	70.4	0.39	73.4	0.72	66.8	0.68	67.2	0.70	76.2	0.86	80.9	1.32
Privately insured (alone or in combination)	34.2	0.46	35.9	0.73	37.4	0.71	32.8	0.73	28.0	0.97	23.7	1.39
Medicare	14.1	0.22	2.3	0.16	8.1	0.35	19.4	0.49	39.2	0.92	47.1	1.63
Medicaid	33.6	0.43	39.3	0.76	29.2	0.67	30.0	0.71	35.1	0.94	43.5	1.52
Publically insured (no private)	36.1	0.43	37.5	0.75	29.4	0.67	34.4	0.72	48.2	1.04	57.1	1.58
Uninsured	29.6	0.39	26.6	0.72	33.2	0.68	32.8	0.70	23.8	0.86	19.1	1.32
Family income greater than or equal to 200 percent of poverty threshold[2]	**192,670**	**996**	**66,247**	**860**	**66,997**	**728**	**44,020**	**493**	**12,364**	**209**	**3,041**	**111**
Insured (any type)	89.8	0.21	90.8	0.31	89.4	0.37	88.9	0.37	89.1	0.60	91.0	1.11
Privately insured (alone or in combination)	82.9	0.25	86.2	0.35	84.6	0.41	80.2	0.46	71.2	0.88	63.0	1.86
Medicare	15.0	0.12	4.6	0.16	11.9	0.26	24.0	0.40	44.6	0.89	59.1	1.84
Medicaid	5.3	0.14	5.1	0.22	4.1	0.20	5.6	0.28	9.6	0.53	16.4	1.32
Publically insured (no private)	6.9	0.14	4.6	0.21	4.8	0.21	8.8	0.32	17.9	0.68	28.0	1.66
Uninsured	10.2	0.21	9.2	0.31	10.6	0.37	11.1	0.37	10.9	0.60	9.0	1.11

***** Indicates that the estimate is controlled to independent population estimates. A statistical test for sampling variability is not appropriate.

[1] Standard error estimates were calculated using replicate weights, Fay's Method.

[2] The poverty universe is slightly smaller than that reported under "All People." The population estimate for the poverty universe is 301,592 thousand individuals. The reason for this difference is that individuals aged less than 15, with no cohabitating relatives, have no associated family income information. This is because only individuals aged 15 and older are asked income questions.

Source: U.S. Census Bureau, Survey of Income and Program Participation, 2008 Panel, wave 7 topical module and core survey data. For information on confidentiality protection and sampling and nonsampling error, see <www.census.gov/sipp/source.html>.

Types of Public Health Insurance

The three major types of public health insurance programs are Medicare, Medicaid, and Children's Health Insurance Program (CHIP). Medicare is a health insurance program for people who are aged 65 or older and certain younger people with disabilities. Medicaid and CHIP provide health insurance for low-income people that meet certain criteria such as being a child, elderly, or certain younger people with disabilities. For the purposes of this report, Medicaid and CHIP are collapsed into the category of "Medicaid."

percent with fair health, and 47.1 percent with poor health). Finally, the relationship between Medicaid coverage and health status among those whose family income was less than 200 percent of the poverty threshold followed the same U-shaped relationship as it did for all individuals. The percentage of people with excellent heath on Medicaid was 39.3 percent, compared with 29.2 percent of those with very good health, 30.0 percent with good health, 35.1 percent with fair health, and 43.5 percent with poor health.[33]

Among those whose family income was greater than or equal to 200 percent of their poverty threshold, insurance coverage, and particularly private coverage, was prevalent regardless of health status. About 90 percent of all people in this category were insured, and 82.9 percent had private health insurance coverage. The relationship between health status and private insurance coverage was negative, shown by the greater percentage of individuals with excellent health who had private insurance (86.2 percent) compared with those with poor health (63.0 percent). Public insurance, conversely, was more common among those with worse health: 28.0 percent of those with poor health had only public insurance, compared with only 4.6 percent of those with excellent health.[34]

[33] The percentage with Medicaid coverage that reported very good health was not statistically different from the percentage with Medicaid coverage that reported good health.

[34] The percentage with public coverage that reported excellent health was not statistically different from the percentage with public coverage that reported very good health.

MEDICAL SERVICES UTILIZATION WHILE UNINSURED, 2010

Table 5 shows health service utilization for adults that were uninsured for at least 1 month.[35] Among uninsured adults 18 years and above, 24.1 percent visited a medical provider at least once, while 11.7 percent obtained routine checkups. Among uninsured adults that visited a medical provider, it was common to receive treatment (67.6 percent).[36] More than a quarter of uninsured adults visited a medical provider or a dentist while uninsured (29.3 percent). Among those that visited a medical provider or a dentist, 12.9 percent visited an emergency room, 10.4 percent visited a hospital (excluding the emergency room), 19.7 percent received free services, and 29.8 percent received a discount on services.

Health status was related to medical service utilization among uninsured adults. A small percentage of uninsured adults in excellent health visited a medical provider (15.2 percent), compared with about two-thirds of those who were in poor health (67.7 percent). Generally, similar patterns were observed for adults who received treatment,[37] obtained routine checkups,[38] visited a medical provider or a dentist,[39] visited the emergency room,[40] and visited a hospital (excluding the emergency room),[41] while uninsured.

The trends in utilization, type of utilization, and payment for services among uninsured adults by health status were similar for those in poverty and those who were not in poverty but whose family income was less than 200 percent of their poverty threshold (referred to in this section as "near-poor").[42] Putting health status

[35] The definition of uninsured is different for this section because of the questionnaire's design.

[36] In other words, 16.3 percent of the uninsured aged 18 and older visited a medical provider and received treatment (24.1 percent times 67.6 percent equals 16.3 percent).

[37] The percentage of those in very good health who visited a medical provider and received treatment was not statistically different from the percentage who reported good health.

[38] The percentage of people that reported routine checkups was not statistically different across the following health categories: excellent compared with very good health, and fair compared with poor health.

[39] The percentage of people who reported excellent health and visited a medical provider or a dentist was not statistically different from those who reported very good health.

[40] The percentage of people that reported an emergency room visit was not statistically different over the following health groups: very good compared with good health, and fair compared with poor health.

[41] The uninsured who reported a hospital visit and excellent health was not statistically significant from those who reported very good health and a hospital visit.

[42] Note that the uninsured in poverty and the uninsured near-poor with family income less than 200 percent of their poverty threshold together compose more than 60 percent of the uninsured (aged 18 and older): [(14,009 million + 13,592 million)/44,696 million]*100 = 61.8 percent.

Table 5.

Health Status by Health Services Obtained Among the Uninsured: 2010

(Numbers in thousands. Only people in the noninstitutionalized population)

Characteristic and health insurance status	Total number/ percent	Standard error[1]	Health status (percent)									
			Excellent		Very Good		Good		Fair		Poor	
			Estimate	Standard error[1]	Estimate	Standard error[1]	Estimate	Standard error[1]	Estimate	Standard error[1]	Estimate	Standard error[1]
People 18 years old and older	**230,012**	*****	**55,297**	**670**	**80,029**	**650**	**64,678**	**646**	**23,059**	**303**	**6,949**	**189**
Uninsured at least 1 of previous 4 months	44,696	465	10,128	276	15,714	346	13,638	302	4,143	146	1,072	69
Visited medical provider while uninsured	24.1	0.48	15.2	0.80	18.3	0.72	27.1	0.78	47.1	1.63	67.7	2.97
Received treatment	67.6	1.07	48.2	2.68	62.4	2.18	69.1	1.81	80.5	1.81	87.8	2.68
Obtained routine checkups	11.7	0.34	9.0	0.65	8.9	0.47	13.3	0.61	19.8	1.17	24.4	2.86
Visited medical provider or dentist while uninsured	29.3	0.54	21.4	0.99	23.3	0.82	32.4	0.86	50.2	1.61	70.1	2.92
Visited emergency room	12.9	0.72	9.3	1.39	10.2	1.05	11.6	1.10	20.6	1.95	22.9	3.25
Visited hospital (excluding emergency room)	10.4	0.60	7.0	1.20	7.8	0.99	10.1	1.00	14.1	1.55	24.8	3.30
Received free service	19.7	0.78	19.2	1.88	17.1	1.37	19.9	1.28	23.1	2.02	24.3	3.22
Received discount	29.8	0.89	25.4	2.22	28.2	1.61	31.5	1.54	31.3	1.86	36.3	3.79
People in poverty 18 years old and older	**31,949**	**483**	**6,107**	**217**	**9,715**	**259**	**9,900**	**234**	**4,501**	**145**	**1,726**	**93**
Uninsured at least 1 of previous 4 months	14,009	310	2,639	138	4,856	186	4,575	174	1,509	83	430	47
Visited medical provider while uninsured	24.7	0.87	14.7	1.57	17.8	1.24	26.4	1.42	47.4	2.61	64.4	4.33
Received treatment	69.3	1.62	39.8	5.79	59.5	3.47	73.6	2.75	81.7	2.94	91.0	3.90
Obtained routine checkups	12.0	0.63	10.1	1.39	8.7	0.84	13.1	1.10	20.0	2.02	21.1	4.09
Visited medical provider or dentist while uninsured	28.7	0.94	19.3	1.83	21.5	1.42	31.5	1.55	49.7	2.67	65.4	4.27
Visited emergency room	17.1	1.35	11.4	3.91	12.0	1.96	15.3	2.13	26.6	3.41	30.2	5.74
Visited hospital (excluding emergency room)	13.2	1.04	10.0	2.54	12.4	2.18	11.0	1.71	15.6	2.77	26.3	4.49
Received free service	25.1	1.55	34.5	4.58	23.6	2.87	22.0	2.53	26.0	3.31	27.5	5.14
Received discount	30.2	1.55	23.5	4.37	23.9	2.54	34.5	3.06	31.8	3.02	39.3	5.50
Near-poor with family income <200 percent of poverty threshold, 18 years old and older	**44,222**	**548**	**8,167**	**267**	**13,308**	**289**	**13,983**	**365**	**6,532**	**161**	**2,232**	**104**
Uninsured at least 1 of previous 4 months	13,592	331	3,094	160	4,543	168	4,301	196	1,294	74	360	44
Visited medical provider while uninsured	23.5	0.82	16.6	1.66	18.7	1.31	23.9	1.55	42.8	2.88	69.6	4.55
Received treatment	66.6	2.04	53.3	4.72	62.2	4.04	64.1	3.75	79.6	3.30	89.8	3.47
Obtained routine check-ups	10.8	0.58	8.9	1.21	8.7	0.89	11.5	1.01	16.9	1.87	21.2	4.14
Visited medical provider or dentist while uninsured	28.5	0.85	22.3	1.83	23.3	1.40	29.3	1.52	46.3	2.84	73.1	4.48
Visited emergency room	12.9	1.14	10.5	2.28	11.8	1.97	10.0	1.89	20.1	3.33	21.8	5.42
Visited hospital (excluding emergency room)	8.6	1.04	6.7	2.07	3.8	1.16	8.0	1.77	11.0	2.18	30.1	5.95
Received free service	19.1	1.42	15.7	2.89	14.3	2.35	22.6	2.70	23.4	3.35	20.5	5.01
Received discount	32.7	1.72	31.0	4.47	33.9	3.04	32.2	2.63	35.5	3.80	28.8	5.13

***** Indicates that the estimate is controlled to independent population estimates. A statistical test for sampling variability is not appropriate.

[1] Standard error estimates were calculated using replicate weights, Fay's Method.

Source: U.S. Census Bureau, Survey of Income and Program Participation, 2008 Panel, wave 7 topical module and core survey data. For information on confidentiality protection and sampling and nonsampling error, see <www.census.gov/sipp/source.html>.

aside, there were a few differences in utilization by income level. For example, among uninsured adults who visited a medical provider or dentist, 17.1 percent of those in poverty went to an emergency room compared with 12.9 percent of the near-poor. Yet, 19.1 percent of near-poor adults who went to a medical provider or dentist while uninsured received free services, compared with 25.1 percent of adults in poverty.

SOURCE OF THE DATA

The population represented (the population universe) in the 2008, 2004, and 2001 Survey of Income and Program Participation (SIPP) Panels is the civilian noninstitutionalized population living in the United States. The SIPP is longitudinal, and each respondent is interviewed at 4-month intervals. In addition to the core module, which contains information on demographic characteristics and health insurance, this report analyzes the topical modules on medical expenses and healthcare utilization. The 2001 SIPP Panel data analyzed in this report include waves 3 (fielded between June and December 2001), 6 (fielded between June 2002 and December 2002), and 9 (fielded between June 2003 and December 2003). The data from the 2004 SIPP panel analyzed here include waves 3 (fielded between June 2004 and December 2004) and 6 (June 2005 through December 2005). Finally, the data from the 2008 SIPP panel include waves 4 (May 2009 through November 2009) and 7 (May 2010 through November 2010). The reference period for the core module refers to the previous 4 months, and the reference period for the topical modules covers the previous 12 months. Therefore, the 2001 SIPP Panel covers the period of July 2000 through December 2003; the 2004 SIPP Panel covers the period of July 2003 through December 2005; and the 2008 SIPP Panel covers the period of April 2008 through November 2010. These periods correspond to the following years as discussed in this report: 2001, 2002, 2003, 2004, 2005, 2009 and 2010.

For the 2008 SIPP Panel, approximately 65,500 housing units were in sample for the first wave. Of the 52,000 eligible housing units, 42,000 household units were interviewed. For the 2004 SIPP Panel, approximately 62,700 housing units were in sample for the first wave. Of the 51,400 eligible housing units, 43,700 household units were interviewed. For the 2001 SIPP Panel, approximately 50,500 housing units were in the sample for the first wave. Of the 40,500 eligible units, 35,000 were interviewed. The institutionalized population, which is excluded from the population universe, is composed primarily of the population in correctional institutions and nursing homes (91.0 percent of the 4.1 million institutionalized people in Census 2000).

ACCURACY OF THE ESTIMATES

Statistics from surveys are subject to sampling and nonsampling error. All comparisons presented in this report have taken sampling error into account and are significant at the 90 percent confidence level unless otherwise noted. This means that the 90 percent confidence interval for the difference between the estimates being compared does not include zero. Nonsampling errors in surveys may be attributed to a variety of sources, such as how the survey is designed, how respondents interpret questions, how able and willing respondents are to provide correct answers, and how accurately the answers are coded and classified. The U.S. Census Bureau employs quality control procedures throughout the production process including the overall design of surveys, the wording of questions, review of the work of interviewers and coders, and the statistical review of reports to minimize these errors. The SIPP weighting procedure uses ratio estimation, whereby sample estimates are adjusted to independent estimates of the national population by age, race, sex, and Hispanic origin. This weighting partially corrects for bias due to undercoverage, but biases may still be present when people who are missed by the survey differ from those interviewed in ways other than age, race, sex, and Hispanic origin. How this weighting procedure affects other variables in the survey is not precisely known.

All of these considerations affect comparisons across different surveys or data sources.

For further information on statistical standards and the computation and use of standard errors, go to <www.census.gov/sipp/sourceac/S&A08_W1toW6(S&A-13).pdf> (2008 Panel); <www.census.gov/sipp/sourceac/S&A04_W1toW12(S&A-9).pdf> (2004 Panel); and <www.census.gov/sipp/sourceac/S&A-2_SIPP2001_w1tow9_20050214.pdf> (2001 Panel); or contact Evan Wong of the Census Bureau's Demographic Statistical Methods Division at <evan.wong@census.gov> or 301-763-8610. Additional information on the SIPP can be found at <www.census.gov/sipp/> (main SIPP Web site), <www.census.gov/sipp/workpapr/wp230.pdf> (SIPP Quality Profile), and <www.census.gov/sipp/usrguide.html> (SIPP Users' Guide).

CONTACT

For more information about the content of this report, contact Brett J. O'Hara, Health and Disability Statistics Branch, at <brian.j.ohara@census.gov> or 301-763-3196.

SUGGESTED CITATION

O'Hara, Brett and Kyle Caswell, P70-133, "Health Status, Health Insurance, and Medical Services Utilization: 2010," *Current Population Reports*, U.S. Census Bureau, Washington, DC, 2012.

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