THE SURVEY OF INCOME AND
PROGRAM PARTICIPATION

EXAMINING THE DYNAMICS OF HEALTH INSURANCE LOSS: A TALE OF TWO COHORTS

No. 55

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National Center for Health Services
Research

U. S. Department of Commerce BUREAU OF THE CENSUS

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PREFACE

Past research has characterized the size and circumstances of the uninsured population in fairly static terms. In particular, survey data have provided both annual and point-in-time estimates of the number of uninsured persons, but little is known about the transition between insured and uninsured states. Data limitations have also precluded a full examination of the pattern of health insurance loss over an extended period of time, in terms of the duration of loss of coverage, the degree to which persons reacquire health insurance, and the frequency of multiple spells of health insurance loss. These dynamic aspects of the changes in health insurance status are examined for a cohort of privately insured persons over a 32 month period using the 1984 panel of the Survey of Income and Program Participation (SIPP). The experience of this group is compared to a cohort of persons uninsured at the beginning of the SIPP panel. Our analysis reveals that the uninsured population is quite heterogeneous, consisting of many persons who lose coverage for relatively short periods of time, others who experience periodic spells without insurance coverage, and many who are persistently uninsured.

EXAMINING THE DYNAMICS OF HEALTH INSURANCE LOSS: A TALE OF TWO COHORTS

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I. Introduction

The emergence of the problem of lack of health insurance coverage as a public policy issue has led to a variety of proposals to reduce the number of uninsured, estimated at about 31 million persons or over 13 percent of the population (U.S. Bureau of the Census, 1986). These proposals encompass a number of initiatives, including voluntary coalitions of employers, labor unions, insurers and providers, the formation of state risk pools for the medically uninsurable and indigent care populations, proposed expansion of Medicaid eligibility criteria, legislative proposals to mandate employer-provided health insurance and state insurance pools, and a federal mandate to continue lost employment-related coverage (Cohodes, 1986; Lewin and Lewin, 1984; Wilensky, 1987). All such proposals, however, are based upon a static picture of the uninsured population generally derived from household survey data. Although these data provide a useful snapshot of the size and characteristics of the uninsured population, they are unable to measure a number of factors which are crucial to establishing effective policy initiatives. Such factors, which include the length of time a person lacks coverage, reasons associated with the transitions between insured and uninsured states, and the existence of multiple spells of health insurance loss, would provide important information as to whether lack of coverage is largely a transitory phenomenon associated with specific, well-defined events

or a long-term, more deeply rooted condition. Consideration of these more dynamic aspects of the lack or loss of health insurance is essential for well-designed policy initiatives which would provide coverage for appropriate periods of time and target persons who truly have difficulty acquiring or retaining health insurance coverage.

Measurement issues associated with the duration and multiplicity of "uninsurance" spells are similar to those that have emerged from research on the persistence of spells of poverty and unemployment. Recent analyses of the poverty population which have used longitudinal data and statistical techniques to estimate the entire spell of poverty have found that while many persons may experience a spell of poverty, most do so for short periods of time. However, when the poverty population is observed at a given point in time, the majority of poor persons are found to be experiencing a fairly long spell of poverty (Corcoran et al., 1985; Bane and Ellwood, 1986). Research regarding AFDC recipients has also found that the majority of welfare spells are of short duration (a year or less) but that a nontrivial minority of spells are quite long (O'Neill, Bassi, and Wolf, 1987). These results suggest that persons experiencing a spell of poverty represent a very heterogeneous population with a high degree of turnover and that efforts to reduce poverty and end welfare dependency should be targeted to persons most likely to experience long-term poverty. Analyses of unemployment spells have distinguished between single and multiple spells, finding that the average length of a completed spell can seriously understate unemployment experience by ignoring multiple spells of shorter duration during a calendar year (Akerlof and Main, 1980). In each case, these analyses have helped clarify perceptions of the poor and unemployed populations by considering more dynamic

aspects of their poverty or unemployment experience. Such research also points to the fact that analyses based upon point-in-time population estimates, as are frequently used in describing the uninsured population, may mask a high degree of instability and turnover among population members. Characterizing the uninsured population in more dynamic terms, together with the reasons associated with the loss and retention of coverage, should contribute to an understanding of the composition of the uninsured population and the degree to which policy intervention on their behalf is required.

Examining health insurance loss and the uninsured population in a more dynamic context is particularly relevant given the recent federal mandate for continued health insurance coverage contained in the Consolidated Omnibus Reconciliation Act of 1985 (COBRA P.L. 99-272). Under this mandate, employers with 20 or more employees are required to make previously held employment-related group health insurance available to workers who have been laid off, dependents of deceased workers, former spouses of a divorced worker, dependent children ceasing to be dependents, and covered employees who become eligible for Medicare. Unemployed workers can continue coverage up to 18 months and the other groups up to 3 years. The former employee or dependent can be required to pay up to 102 percent of the premium. Given the rather static perspective available in most survey data on the uninsured population, especially with regard to a health insurance loss, the targeted populations and time limits established by COBRA seem rather arbitrary. Since we have very little knowledge of how long persons go without health insurance and the circumstances (especially financial) associated with a loss of coverage, it is unclear whether the COBRA time limits, groups covered, and required out-of-pocket premium payments are appropriate. In addition, apart from any

legislative initiative, we have little evidence to suggest the degree to which market and social processes (e.g., new or alternative employment, presence of an insured spouse, new household formation, etc.) are successful in restoring health insurance to persons who lose coverage.

In this paper, we consider health insurance coverage in a more dynamic context by examining transitions in health insurance status among cohorts of privately insured and uninsured persons over a 32 month period. Our analysis indicates that persons with private insurance at the outset of our panel exhibit far less volatility in health insurance status than persons who are uninsured. We also find that the majority of persons losing private coverage are likely to experience completed spells of health insurance loss. Over half of all losers have a single completed spell and reacquire private or public health insurance in an average of five months. Most uninsured persons also acquire some form of insurance for at least part of this period, although acquisition of this coverage appears to be on a temporary basis and over a quarter of the uninsured cohort are persistently without coverage during 32 months of observations. By the end of our observation period, over 30 percent of the uninsured cohort who obtained coverage and half of the entire uninsured group remain uninsured. Data on the duration of spells without coverage again demonstrate the differences between the two cohorts; the majority of persons uninsured at a point in time are found to be without coverage for well over a year, while most persons observed to lose private insurance are able to obtain new insurance coverage within several months. These differences between cohorts in the number of transitions, the likelihood of reacquisition, and the duration of lack of coverage stem from the composition of the group of persons observed to be uninsured at a point in time. As suggested earlier, such a

snapshot captures a larger proportion of those with longer periods without insurance. These long-term uninsureds, compared to persons who lose coverage, are a much more economically disadvantaged group with far less labor market attachment and less access to employment-related insurance.

II. Data Considerations

If health insurance coverage is indeed dynamic in nature, then we need to try to observe an individual's health insurance status over an extended period of time as well as the concurrent life events as they lose insurance, regain their coverage, or remain uninsured over a long period of time. The 1984 panel of the Survey of Income and Program Participation (SIPP), a longitudinal household survey designed to provide detailed information on the economic circumstances of the noninstitutionalized civilian United States population, meets many of these criteria. SIPP will be used in this paper to explore the dynamic nature of health insurance coverage for the following reasons. First, SIPP collects information on whether an individual has health insurance coverage on a monthly basis, so that changes are discovered quickly and even temporary states are not likely to be missed. Secondly, SIPP follows individuals over a 36-month period so that coverage, lack of coverage, or changes in coverage can be observed over an extended period of time. In addition, the other data collected in SIPP allow one to trace employment status and income, marital status and household composition over this same time period, and thus enable establishment of linkages between changes in insurance status and in other related facets of an individual's life.

For this analysis, we have used the 1984 SIPP panel to construct a

longitudinal data base consisting of 32 months of observations between June 1983 and March 1986. Our data base includes all persons less than 65 years of age at the first SIPP reference month and who are present throughout the 1984 panel. Our analytical strategy is to begin with a cohort of persons privately insured in their first SIPP reference month (June to September 1983) and to examine their subsequent health insurance experience over the entire 32 month period. This provides a maximum opportunity to observe both completed spells of lack of coverage and the events associated with the loss and retention of coverage. We further observe the experience of a cohort of persons uninsured at the first SIPP reference month; this cohort serves as a benchmark and represents, in essence, the usual snapshot of the uninsured developed from most survey data. Within this cohort, we are able to observe the extent of the chronically uninsured among persons lacking coverage at a particular point of time. Since we cannot observe the onset of lack of coverage for this group (i.e., their insurance experience prior to SIPP) or the end of spells for some members of both cohorts, we are at a disadvantage in assessing the true distribution of duration without coverage. Approximation of this distribution requires the application of statistical techniques to determine the beginning and end of health insurance spells that are, respectively, prior to and after our period of SIPP observations.

There are three reasons why the estimates of the insured and uninsured populations in this paper may differ somewhat from SIPP published estimates. First of all, we have developed longitudinal weights, post-stratified to yield population totals for the noninstitutionalized civilian U.S. population for the first reference month of SIPP (June-September 1983, where a quarter of the population is present each month). Since our data base includes persons who

are present throughout the SIPP panel (i.e., those who have continuous data) our predictions may be viewed as national estimates from a longitudinal survey of the U.S. population whose members are present throughout this 32 month period. Second, since the nature of the question used to ascertain insurance coverage allows dependent coverage to be attributed to other than immediate family members, we have developed our own algorithm to assign family coverage to dependent spouses and children.[1] The third difference is a result of an additional algorithm to account for CHAMPUS/CHAMPVA coverage. Since the SIPP core questionnaire fails to include questions regarding CHAMPUS, we have applied a methodology used by the Bureau of the Census to designate such coverage.[2] In doing so, we have also used a revised SIPP variable to measure the number of persons in the military. This variable corrects an earlier overestimate of this population and has the effect of reducing the number of persons with CHAMPUS coverage below that reported in initial SIPP estimates of the insured population. With these changes, our estimates of privately insured and uninsured persons for September 1983 remain quite close to published SIPP estimates for the fourth quarter 1983. Both sets of estimates yielded 15.2 percent of the population uninsured. Our estimate of the percent of persons with private insurance was 74 percent compared to the published estimate of 74.7 percent, and we predicted that 60.3 percent of the population

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1. The algorithm checks relationships between household members and the primary insured person and also examines the age and educational status of dependent children. Spouses of primary insured persons reporting family coverage and dependent children less than age 20 or students between 20 and 23 years of age were included as covered by family health insurance. This check resulted in the invalidation of the private insurance assigned in SIPP for 383 persons in the entire Wave 1 file and 233 from Wave 1 of our restricted eight wave analysis file.
2. A person was assigned CHAMPUS if he/she was a dependent of a person on active military duty, the recipient or dependent of a person receiving military retirement benefits, or the dependent of a person receiving more than $1000 per month in veterans benefits.

held employment-related coverage compared to the Census Bureau estimate of 60.7 percent. National estimates for persons in our longitudinal panel for September 1983 are 14.1 percent uninsured, 75 percent with private coverage and 62 percent with employment-related coverage.

III. Transitions in Health Insurance Status: Privately Insured and Uninsured SIPP Cohorts.

To discern the relative stability or volatility of an individual's health insurance coverage over time, pairwise comparisons of monthly health insurance status over 31 months of SIPP data were made and the results are presented in Table 1. These data are used to describe the total number of transitions or changes among private health insurance coverage, public coverage and no health insurance coverage. As the table reveals, persons possessing private health insurance at the outset of the SIPP panel exhibit a relatively stable pattern of coverage, with over three-quarters retaining private coverage for the entire 32-month period. However, there is evidence of a fair degree of change in health insurance status within the privately insured cohort, with 17.2 percent or 26 million persons expected to change insurance status more than once. Thus when persons possessing private health insurance at a specific time are observed over an extended period, a sizeable proportion experience some turnover in their health insurance coverage.

In contrast, persons uninsured at the first SIPP reference month exhibit much more instability in their health insurance status. However, these changes should not necessarily be viewed pejoratively for some of these changes indicate contact with the private or public health insurance system. Almost three-quarters of such persons will acquire some form of health insurance within the 32 months of observations although almost forty-five

percent will experience additional changes in their health insurance status. Overall, more than a quarter of those in the uninsured cohort (about 8.4 million persons) appear to be persistently without coverage during the entire period.

Table 2 extends the analysis of health insurance transitions by examining two kinds of changes in health insurance status: (1) movements by our privately insured cohort from private insurance to no coverage and (2) changes by our uninsured cohort from no coverage to any health insurance. Almost a fifth of our privately insured cohort (Panel A of Table 2) become uninsured within the 32 month period and about five percent of the cohort, representing about a quarter of the losers, experience multiple transitions from private to no insurance coverage. With regard to our uninsured cohort (Panel B), almost three-quarters will acquire some form of health insurance coverage, with the majority of gainers (64 percent) obtaining insurance once over the 32 month period. However, over a third of the gainers experience additional periods without insurance coverage and will reacquire insurance several times over this period.

Since the transitions described in Tables 1 and 2 are unidirectional- - from privately insured to uninsured for the privately insured cohort and from no coverage to any coverage by our uninsured cohort- - they do not provide a full picture of the health insurance experience of either group. Table 3 provides a more detailed description of this experience by examining the type of coverage obtained as well as health insurance status at the last month of the panel. The data are presented for each cohort and broken down by number of health insurance transitions. As the table reveals, almost two-thirds of

persons with a single loss of private insurance subsequently reacquire this coverage and remain insured. Public insurance plays a far less important role for this group, with just over 7 percent acquiring this form of insurance. Finally, it is disturbing to note that over a quarter of all persons with a single loss of private coverage (6.2 million persons) remain uninsured. However, this estmate must be interpreted cautiously. Since a portion of this group may have lost coverage late in the panel, some are likely to reacquire coverage at a date beyond our period of observations.

Persons losing private insurance more than once do not fare as well as persons experiencing a single loss. Over half of persons with multiple losses fail to reacquire private or public coverage and remain uninsured at the completion of 32 month period. Public coverage again plays a very small role in protecting such persons against medical expenses. The relatively high proportion of multiple losers who remain uninsured suggests that many adult members of this group may be marginally attached to the private health insurance system. As a result, they can be expected to exhibit continued volatility in health insurance status throughout their life cycle.

Panel B of Table 3 indicates that a large proportion of persons uninsured at a point in time will obtain private health insurance at a future date. Over half of all persons with one transition from no coverage to some health insurance, and about 60 percent of persons with multiple transitions, are observed to acquire private insurance and remain insured. An additional 30 percent of the former and 18 percent of the latter will also acquire but subsequently lose private coverage. Public health insurance plays a much greater role as a "safety net" for the uninsured cohort than for the privately

insured cohort, with 14.5 percent of persons with single transitions and 23 percent with multiple transitions acquiring some public coverage.

Although the data in Tables 2 and 3 indicate that the majority of privately insured losers and persons uninsured at a point-in-time will subsequently obtain health insurance, it is important to observe that the experience of the two cohorts differs. In particular, members of our uninsured cohort are much more likely to remain uninsured at the conclusion of our panel than are losers of private coverage. Despite contacts with health insurance by roughly three-quarters of persons uninsured at the first SIPP reference month, 30 percent of those subsequently acquiring coverage and half of the entire cohort (about 15 million persons) remain uninsured at the last observation month. In contrast, just over a third of all privately insured losers (some 10 million persons) are without coverage at the last month. Thus two-thirds of all losers of private coverage reacquire and retain health insurance by the end of the SIPP panel compared to only half of the uninsured cohort. These data indicate that private and public coverage play more of a transitory role for the uninsured cohort and that such persons are somewhat more predisposed to periodically lack coverage.

IV. Demographic and Economic Characteristics

Our examination of transitions in health insurance status has revealed that members of our insured cohort observed to lose private coverage are far more likely to reacquire insurance and remain insured than persons in the uninsured cohort. To gain an understanding of this difference, we compare the two groups in terms of selected demographic and economic characteristics, as

measured at the first SIPP reference month. In addition, a subset of the uninsured cohort -- persons who remain uninsured throughout the entire 32-month period -- is highlighted alongside the other two groups. Our findings reveal that the cohorts differ rather dramatically in terms of their economic status and labor force attachment.

To begin our characterization of each group, it is instructive to examine the type of health insurance coverage held by persons losing coverage as well as their status as policyholder or dependent. Overall, almost a fifth of persons with private health insurance in their first SIPP reference month lost that coverage at some point over the next thirty-one months. In focusing on those persons losing their private coverage, two points stand out. First, those with nonemployment-related plans tended to lose their coverage disproportionately relative to persons with employment-related coverage (33.9% versus 17.5%). Although employment-related coverage is far more widespread in absolute numbers than other private insurance, 87 percent of our privately insured cohort was covered under an employment-related plan but they constituted only 78 percent of those who lost coverage. For those without access to employment-related insurance, not only is the initial acquisition of insurance more difficult and costly but maintaining coverage seems to be less certain.

The second aspect of the data which is particularly interesting relates to dependents versus primary insureds. Within each type of coverage (employment-related and nonemployment-related), dependents were proportionally bigger losers of coverage. Clearly, this is because more than one dependent may be affected by each primary insured that loses coverage. Of all those who

lost coverage, sixty-three percent had dependent coverage while only fifty-three percent of all the privately insured were dependents. Again, we see persons without independent access to insurance coverage comprising the largest segment of losers.

It is in Table 5 where the underlying differences between the two cohorts become apparent. As described above, this table lays out selected characteristics of persons in the privately insured cohort who lose coverage as well as persons in the uninsured cohort. Characteristics of primary insured "losers" and the long-term uninsured are also shown. The preponderance of limited access to insurance coverage among the young is demonstrated in the age distribution across all three groups which include dependents. Over thirty-five percent of those who lose coverage and those uninsured in the first month are 18 years of age or younger, and another twenty percent are between the ages of 19 and 24.

In terms of the other characteristics shown, the variation across groups is striking. It is clear that members of the privately insured cohort who lose coverage are, in general, better off than those who are observed to be uninsured at a point in time. The comparison to persons uninsured throughout the entire period is even more dramatic. The proportion of persons classified as poor is three times as high in the uninsured cohort as in the cohort of persons losing coverage (12 percent compared to 37 percent). Similarly, while almost sixty percent of those who lost coverage were middle or high income, only thirty percent of those uninsured in the first month were in the upper income classes. These results are even more extreme for the subset of the uninsured cohort -- those uninsured throughout the entire period. For these

persons, forty-five percent were poor, and less than a quarter were classified as middle or high income.

The direction and extent of the differences are similar for employment status. Persons who held private coverage in the first month of the panel were more likely to exhibit some labor force attachment, with fifty percent employed on a full-time basis, compared to thirty-six percent of the uninsured cohort and thirty-two percent of the chronically uninsured. While the latter two groups had similar proportions unemployed (18.3 and 15.5 percent, respectively), the long-term uninsured were somewhat more likely to have no labor force attachment at all (almost forty percent). As might be expected from the descriptions above, persons in the uninsured cohort were slightly less likely to be white than those who were initially insured, and were not as highly educated. Again, the group of persons who remained uninsured for at least 32 months seems to represent an extreme and more disadvantaged subset of the uninsured cohort.

V. Spells without Health Insurance

Perhaps the most crucial element in understanding the problem of lack of health insurance coverage and in framing appropriate policy responses is the amount of time persons are without coverage. In an attempt to address this question, we have computed two measures of the duration of time without insurance.[3] For persons observed to lose private coverage, we compute the

3. As mentioned previously, our inability to observe the onset of spells for the uninsured cohort and the termination of some spells for both groups precludes an assessment of the actual distribution of spells. Thus, the durations noted here tend to underestimate actual times spent uninsured.

average number of months per spell without insurance (where a spell is defined as the number of months between the loss of private coverage and the reacquisition of any kind of coverage) and examine the mean and distribution of this measure. Since we cannot observe the beginning of an initial spell without coverage for our uninsured cohort, we examine the mean and distribution of total months uninsured throughout the SIPP panel. For comparision, we also compute a similar measure for privately insured losers. In general, we find that most persons losing private insurance have a spell without coverage which lasts about five months and on average spend about eight total months uninsured. In contrast, members of our uninsured cohort spend a considerably longer period without health insurance coverage, with most persons uninsured for well over a year.

These measures of length of time without health insurance are displayed in Table 6. Persons with a single completed spell of health insurance loss, representing the majority of privately insured losers, reacquire health insurance in just under 5 months on average with only a quarter of this group experiencing spells of 5 or more months. Only a relatively small proportion of this group (6.6 percent) experience spells which last in excess of a year. Persons with completed multiple spells (who have completed each spell) reacquire coverage in just over 4 months on average, but are more likely than persons with a single completed spell to have spells lasting between five months and a year. The data indicate that the majority of persons with completed spells are likely to obtain insurance within four months.

To obtain some indication of the experience of persons with incomplete spells (spells which do not end in our period of observation), we have also

computed spell lengths which include the months of the incomplete spells. These data yield a much different picture of the experience of private insurance losers, especially for persons with single incomplete spells. Such persons are uninsured on average just over a year, and the distribution of months without coverage is heavily skewed to spell lengths of more than a year (over 40 percent of this group). Consequently, it appears that many persons in this group are likely to resemble the chronically uninsured and will experience long periods without coverage.

Among persons with spells in progress, those with multiple spells (all but the last spell completed) more closely resemble persons with completed spells. This reflects the fact that members of both groups are able to reacquire coverage one or more times within the 32-month period. Persons with multiple incomplete spells do, however, remain uninsured longer than those with completed spells, and this may reflect an increased difficulty of obtaining coverage as the number of spells increase.

In Panel B of Table 6, we compare total months without coverage by losers of private coverage to that of our uninsured cohort. It is apparent that persons observed to be uninsured at a point in time display much more difficulty in obtaining coverage than persons who have lost coverage. The latter are without coverage an average of 8 out of 32 months compared to 20 months for persons in the uninsured cohort. Moreover, the distribution of total months without coverage for the privately insured losers is much more heavily skewed toward a period of less than a year without coverage. In contrast, persons in the uninsured cohort are much more likely to be uninsured for well over a year, reflecting the experience of the large number of

chronically uninsured.

VI. Conclusions and Policy Implications

In this paper, we have examined transitions in health insurance status among cohorts of privately insured and uninsured persons over a 32 month period between 1983 and 1986. Our analysis has revealed that the uninsured population is quite heterogeneous, consisting of many persons who lose coverage for relatively short periods of time, others who experience periodic spells without insurance coverage, and many who are persistently uninsured. We also find that most persons observed to lack or lose insurance coverage will reacquire health insurance at some point within our 32 month observation period. However, we do find that losers of private coverage more quickly resolve their uninsured spells than do members of the uninsured population in general. Consequently, when observing the uninsured population at a point in time, there will be a segment who will quickly reacquire coverage and another component that remain uninsured for a relatively long period. In this regard, our findings resemble research on the turnover among members of the poverty population and demonstrate the usefulness of data that can follow a population at risk over an extended period of time.

Rather than yield a resolution to the public policy debate on the uninsured population, our findings raise a troublesome set of questions regarding the equity and efficiency of efforts to redress the problem of lack of health insurance coverage. For example, should public policy deal with short-term losers of health insurance, many of whom will reacquire coverage in a few months? How should the dilemma of the persistently uninsured be

resolved, given their weak labor force attachment and poor access to both employment-related and public coverage? Since existing public insurance programs play a relatively small role in reducing periods without insurance, should such programs expand their safety net to accomodate more of the long term losers and chronically uninsured? Finally, how will legislation such as COBRA which mandates rather generous periods of insurance coverage (although at some expense to the recipient) affect incentives to seek coverage independently, especially by the majority of losers of private coverage?

In sum, our findings indicate that point-in-time estimates of both the insured and uninsured populations can mask many important aspects of the dynamics of health insurance status. While this paper has made an initial attempt to portray this process, a complete understanding will require an examination of the events which precipitate such transitions as well as an assessment of the economic well-being of persons who experience changes in health insurance coverage.

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Table 1. Transitions in Health Insurance Status over 32 months: Number of Changes Among Private, Public and No Insurance Coverage.

	Persons with Private Insurance, First SIPP Reference Month	Persons Uninsured, First SIPP Reference Month
Numbers in Thousands	151,649	30,755
	Percent Distribution	
Number of Transitions		
0	78.0	27.4
1	4.8	28.1
2	10.4	17.2
3	2.8	15.2
More than 3	4.0	12.1

Source: 1984 Panel of Survey of Income and Program Participation: NCHSR Longitudinal 32 Month File.

Table 2. Transitions in Health Insurance Status over 32 Months: Persons with Private Coverage and Persons Uninsured at the First SIPP Reference Month.

A. Transitions from Private Insurance to No Coverage.

	Percent of All Privately Insured	Percent of All Privately Insured Persons Losing Coverage
Population in Thousands:	151,649	29,778
Number of Transitions:		
0	80.4	-
1	14.5	73.6
2	4.2	21.2
3 or more	1.0	5.2

B. Transitions from Uninsured to Insured Status.

	Percent of all Uninsured	Percent of Uninsured Obtaining Private or Public Coverage
Population in Thousands	30,755	22,342
Number of Transitions		
0	27.3	-
1	46.6	64.1
2	20.5	28.3
3 or more	5.6	7.6

Source: 1984 Panel of Survey of Income and Program Participation: NCHSR Longitudinal 32 Month File.

Table 3. Type of Coverage Obtained After Transition in Health Insurance Status.

A. Transitions from Private Insurance to No Coverage

Number of Transitions	1	2 or more*
Population in Thousands	21,912	7,866
	Percent Distribution	
Coverage Status:		
Remain Uninsured	28.1	50.6
Reaquire Private Coverage Only, Remain Insured	64.4	46.9
Acquire Public Coverage Only, Remain Insured	3.5	2.5
Acquire Private and Public Coverage, Remain Insured	2.3	-
Acquire Private and Public Coverage, Remain Uninsured	1.7	-

B. Transitions from No Coverage to Any Health Insurance Coverage

Number of Transitions	1	2 or more
Population in Thousands	14,323	8,019
	Percent Distribution	
Coverage Status:		
Gain Private Insurance, Remain Insured	51.4	59.6
Gain Private Insurance, Become Uninsured	29.7	17.6
Gain Public Coverage, Remain Insured	8.9	5.4
Gain Public Coverage, Remain Uninsured	5.0	2.4
Gain Private and Public Coverage Remain Insured	4.3	11.6
Gain Private and Public Coverage, Become Uninsured	0.6	3.5

*Status after last transition.

Source: 1984 Panel of Survey of Income and Program Participation: NCHSR longitudinal 32 Month File.

Table 4: Persons with Private Health Insurance, First SIPP Reference Month: Percent Losing Private Health Insurance over Next 31 Months. By Type of Coverage and Relationship to Primary Insured.

Privately Insured Persons	Number	Percent Lost Coverage
Total	151,649	19.7
A. Employment-related	131,783	17.5
Primary Insured	51,712	15.4
Dependents	69,152	20.3
Primary Insured/Dependent	10,919	10.0
B. Other Private Insurance	19,866	33.9
Primary Insured	7,734	26.2
Dependents	11,525	39.6
Primary Insured/Dependent	607	23.3

Source: NCHSR Longitudinal File of 1984 Panel of Survey of Income and Program Participation.

Table 5. Selected Characteristics of the Uninsured. Comparisons of Persons Losing Private Coverage after First SIPP Reference Month, Persons Uninsured during First SIPP Reference Month, and Persons Uninsured throughout Panel.

	Persons Losing Private Coverage		Persons Uninsured in First Month	Persons Uninsured Throughout
	All Persons	Primary Insured		
Population in Thousands	29,778	11,197	30,755	8,412
Characteristics[a]				
Age 18 or younger	37.7	0.7	35.3	35.6
19-24	20.6	23.9	19.9	15.7
25-44	29.6	52.6	30.1	27.3
45-54	6.5	11.9	6.9	10.7
55-64	5.6	10.9	7.7	10.7
Race/Ethnicity				
White	76.5	76.9	69.0	67.0
Black	14.8	14.4	16.6	16.5
Hispanic	6.2	5.6	10.9	14.1
Other	2.5	3.1	3.5	2.4
Education[b]				
Elementary	7.2	8.2	15.1	22.9
High School	59.4	55.1	61.0	60.0
Some College	22.2	21.7	15.2	12.1
College Graduate	11.3	15.0	8.7	5.0
Relationship to Poverty Level				
Poor	12.2	10.0	37.0	44.7
Near Poor	13.3	11.7	17.4	19.1
Other Low	14.5	13.3	13.7	12.7
Middle Income	40.4	40.4	23.8	18.1
High Income	19.6	24.6	8.2	5.3
Employment Status[c]				
Full-time	50.1	77.9	36.3	31.6
Part-time	17.5	10.2	14.9	15.7
Unemployed	8.3	4.6	18.3	15.5
Not in labor force	24.1	7.4	30.5	37.2

[a]Based on first SIPP reference month.
[b]Does not include persons who did not attend elementary school.
[c]Does not include persons 15 years of age and under.
Source: 1984 Panel of Survey of Income and Program Participation: NCHSR Longitudinal 32 Month File.

Table 6. Duration of Health Insurance Loss: Spells without Insurance and Total Months Uninsured.

A. Type of Health Insurance Loss	Population in Thousands	Average Months Per Spell	Distribution of Months Per Spell			
			1-3	4	5-12	>1 yr
Completed Spells						
Single Spell	15,633	4.9	41.4	33.2	18.8	6.6
Multiple Spells	3,833	4.3	41.5	18.2	40.3	-
Spell in Progress						
Single Spell	6,294	12.3	10.3	20.6	27.7	41.4
Multiple Spells	4,018	6.7	14.4	16.3	65.3	3.9

B. Total Months Without Coverage	Number in Thousands	Average Total Months	Distribution of Total Months Without Coverage					
			1-4	5-8	9-12	13-24	25-31	32
Losers of Private Insurance	29,778	8.3	48.6	17.7	10.9	19.1	3.7	-
Uninsured Cohort	30,755	20.2	12.2	10.5	9.6	24.3	16.1	27.4

Source: 1984 Panel of Survey of Income and Program Participation: NCHSR Longitudinal 32 Month File.