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Nebraska Health Insurance Coverage: A Profile of the Characteristics of the Insured and Uninsured

**An Analysis of New Data from the Census Bureau's
American Community Survey**

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EXECUTIVE SUMMARY

The debate over expanding health insurance coverage has captivated the United States, especially during 2009. While much of the debate and many public forums have been driven by emotion, a new data source from the U.S. Census Bureau can add more factual information regarding the current state of U.S. health insurance coverage. While a limited amount of health insurance coverage data existed previously, new data from the Census Bureau's annual American Community Survey (ACS) greatly expands the level and detail of relevant information. Prior to this ACS information, health insurance coverage data were focused on the national level; state data were limited and typically combined multiple years of survey data in order to release reliable information.

The new ACS data are released on an annual basis for jurisdictions that have more than 65,000 persons. Thus, all states and congressional districts have information provided, as well as numerous counties, cities, and metropolitan areas. However, the information compiled by the Census Bureau in its initial release only pertained to persons with and without health insurance coverage, and whether those covered had "private" or "public" coverage based on Census definitions.

Each year the Census Bureau releases data files containing a sample of the responses to the ACS questions with appropriate measures for confidentiality protection in place. These "public use microdata samples" or PUMS allow researchers and policy makers to analyze the information in a customized fashion. In addition to being a large survey of about 2 million completions nationwide, the value of the ACS lies in the detailed social and economic topics covered. Thus, we can ascertain not only the level and detailed type of health insurance coverage, but also the characteristics of the insured and uninsured, such as education levels, marital status, employment status, citizenship status, income and poverty levels, and numerous others. Hence, along with typical demographic variables like age, gender, and race or ethnicity, a profile of those without health insurance coverage can be indentified, with its obvious implications for aiding political and policy-making discussions.

Based on information for the state of Nebraska, the analysis of the PUMS data identified the following key points:

1. About 190,000 Nebraskans are not covered by any form of health insurance, equating to an uninsured rate of 11 percent for the state.
2. Health insurance coverage through an employer or union provides the bulk of Nebraska's health insurance (1.1 million persons covered or 57 percent of all coverage plans). The next most numerous types of coverage are directly purchasing health insurance (328,000 or 17 percent), being enrolled in Medicare (238,000 or 12 percent), and Medicaid (164,000 or 9 percent). Coverage via the military or by Veterans Affairs each separately provides insurance to approximately 50,000 Nebraskans (about 3 percent each).
3. Those with coverage from an employer/union or through Medicaid are the most likely to have that form of insurance as their sole type of coverage. Persons with coverage through Medicare or Veterans Affairs are the most likely to have more than one type of coverage.

4. In Nebraska, more than 12 percent of men did not have health insurance, versus about 9 percent of women.
5. Uninsured rates are highest among those of college age (18-24 years, 22 percent) and those of early working age (25-34 years, 17 percent). Nearly universal coverage exists among those 65 and older due to eligibility for Medicare. Uninsured rates are relatively low among children under 18 and those aged 55-64 (7 and 8 percent respectively).
6. Nebraska uninsured rates are higher among minority population groups. Uninsured rates are highest among Hispanics and Blacks, at 28 and 22 percent respectively, compared to 8 percent for non-Hispanic Whites. Differentials in health insurance coverage rates by race and ethnicity are larger in Nebraska than those that exist nationally.
7. Uninsured rates are quite high among Nebraska's foreign born population (35 percent), especially those foreign born residents who, regardless of legal residence status, are not United States citizens (45 percent).
8. Those experiencing economic hardships have higher uninsured rates, as 42 percent of the unemployed, 28 percent of those in poverty, and 21 percent of those receiving food stamps did not have health insurance.
9. The uninsured rate declines for each successive increase among educational attainment categories, ranging from 26 percent among those aged 25 and older with no high school education, to only 2 percent of those with a graduate or professional degree.
10. In general, those groups that tended to have a relatively high uninsured rate also tended to have those with health insurance be covered by some form of public insurance (Medicare, Medicaid, Veterans Affairs).

While the profile of Nebraskans without health insurance identified here shows some expected results, such as those in economic hardship having higher uninsured rates, the new data provide a first look into some largely unknown differences. While much policy discussion and implemented programs like the State Child Health Insurance Program (SCHIP) have focused on providing coverage to children under age 18, the uninsured rate among this group is currently relatively low. Uninsured rates are much higher among Nebraska's 18-34 year old population. Additionally, differences in uninsured rates by race and ethnicity, place of birth, and citizenship status exist, with relative levels now more precisely known. It is important to note that while rates are higher among these various population groups, the overall number of Nebraska's uninsured is predominately comprised of native born non-Hispanic White citizens. While this analysis focuses on uninsured rates, both rates and overall numbers of the uninsured should be considered within policy-making discussions.

Whether or not health care reform is ultimately enacted directly, this analysis shows that indirect policies or actions can lead to higher levels of health insurance coverage. With most Nebraskans being covered by employer-based plans, job training and job creation or retention programs likely will have the additional benefit of reducing uninsured rates. Similarly, since uninsured rates decrease dramatically among those with higher levels of education, programs to aid high school and college graduation should help bring down uninsured rates. Policy makers and interested groups and individuals can utilize the data within this report to help creatively and effectively address the health insurance issue.

Introduction

Health insurance coverage continues to be a widely and hotly debated topic in the United States. Realizing the need for accurate and timely data to help ground that debate in facts rather than emotion, the U.S. Census Bureau incorporated a series of questions relating to health insurance coverage on their “annual census”, the American Community Survey (ACS). This survey, completed by about 2 U.S. million households annually, represents a new, large survey source from which health insurance conclusions can be drawn. Consider that prior to the implementation of such questions into the ACS, national data on health insurance largely came from the Annual Social and Economic Supplement to the Current Population Survey (CPS), with a sample size of only approximately 100,000 households nationally¹.

In Nebraska alone, approximately 17,500 households provided responses to the 2008 ACS questionnaire, and other interviews with those living in group quarters (nursing homes, college dormitories) were also conducted². Compare that to typical public opinion polls often quoted in the media that usually have a sample size of only 1,000 households for the entire United States. Thus, the large ACS sample improves the reliability of state and local data derived from the ACS³. In the past, the CPS would have to combine multiple years of surveys together to release state-level data with a reasonably small margin of error⁴. Even so, those error levels are quite large when compared to the new ACS. Given how quickly economic and social landscapes can change, having the most current and easy to interpret data available is of prime importance.

Another benefit of utilizing ACS data is the rigorous non-response follow-up the Census Bureau employs in this survey. With phone surveys, or mail surveys without non-response follow-up, the characteristics of non-respondents or those unable to be contacted are largely unknown. With the ACS, large portions (1 in 3) of those who do not return the mailed form are interviewed by Census staff over the phone or in person to attain the information. On a topic like health insurance, where the characteristics of those who return and do not return the mailed form are vastly different, this non-response follow-up effort is crucial. Those less likely to return their questionnaire are often less educated, have lower incomes, are minority, and rent their residence rather than own it. As will be shown below, these groups also tend to have high uninsured rates.

Non-response follow-up greatly improves the overall accuracy of the numbers and is a strength of ACS data. While this analysis shows 10.8 percent of Nebraskans were uninsured, the rate was two times higher for those interviewed in non-response follow-up (16.1 percent) versus those who mailed back their forms (7.7 percent), illustrating how different the figures could be if no non-response follow-up had occurred. Private or smaller public surveys rarely can afford much if any non-response follow-up, making the ACS a unique and very reliable source of information.

¹ Description of Income and Poverty Sources (U.S. Census Bureau webpage) - <http://www.census.gov/hhes/www/poverty/description.html> accessed Feb 15, 2010

² 2008 American Community Survey, U.S. Census Bureau, American FactFinder Tables B98001 and B98002. More than 1,000 interviews with those living in group quarters were conducted in Nebraska in 2008.

³ Geographies containing more than 65,000 persons receive annual ACS data. For an analysis listing health insurance coverage information including uninsured rates for all Nebraska geographies (select cities, school districts, etc.) receiving data see http://www.unomaha.edu/~cpar/documents/acs_summary909.pdf. This analysis details the *characteristics* of the insured and uninsured for the state of Nebraska, not more local or smaller geographies.

⁴ No local data for geographies smaller than the state level is released by the CPS.

The ACS questionnaire asks if each person in the household currently is covered by seven various types of health insurance⁵. Types include:

- coverage through an employer or union
 - directly purchased from an insurance company
 - TRICARE or other military health care
 - Medicare
 - Medicaid (and related plans)
 - Veterans Affairs (VA)
 - Indian Health Service (also needs another type of coverage to be considered insured)
 - something else the respondent writes-in (later recoded into another category if possible)
- } “private” forms of health insurance
- } “public” forms of health insurance

Those answering “no” to each item or “yes” only to coverage by Indian Health Service are considered uninsured, as Indian Health Service coverage is not always comprehensive. Write-in responses are recoded if possible into other categories as appropriate. See http://www.census.gov/acs/www/SBasics/Information/health_ins.htm for the exact question wording and additional details.

Besides being able to calculate uninsured rates and knowing the exact types of coverage, general categories of “private” or “public” coverage also are defined by the Census Bureau. Coverage by an employer/union, directly purchased, or provided by TRICARE is considered private, with Medicare, Medicaid, VA, SCHIP, and other state health plans being considered public.

While the Census Bureau provided a limited number of tables on the health insurance topic, they were constrained to general types of coverage by age. This analysis will provide more in-depth figures for Nebraska, showing uninsured rates by various demographic, economic, and social characteristics. Since the ACS asks a multitude of questions on topics such as marital status, place of birth, receipt of food stamps, disabilities, and educational attainment, we can now look at differences in uninsured rates by these and numerous other factors. The Census Bureau releases a sample of all respondent records with confidentiality restraints in place called Public Use Microdata Samples (PUMS) from which such custom calculations can be made⁶.

The analysis also provides a look at the type of coverage among various demographic groups to identify if public or private coverage is more prevalent among those with certain social or economic characteristics. Together with detailing how rates of insurance vary, having these data can help public policy decision makers as the debate on health insurance coverage continues.

This analysis could be replicated for other states using the appropriate PUMS files for those states. Replicating data for the nation would be cumbersome, and this report will rely on prepared national data from the CPS for comparisons.

Key findings from the analysis are listed below, organized by topic area.

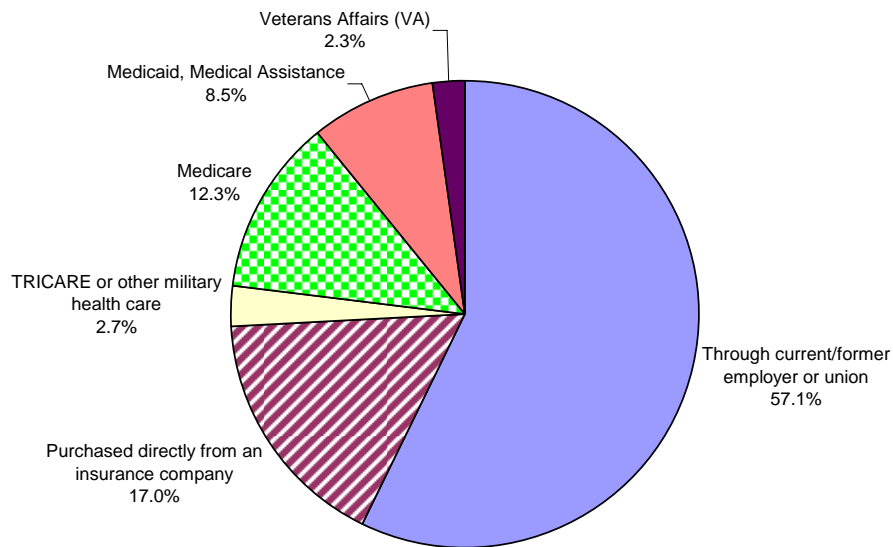
⁵ The ACS methodology utilizes a continuous sampling, where surveys are sent to a sample of households each month. Thus, responses are based on current conditions when questionnaires are received/filled out or at the time of non-response follow-up. The ACS monthly sampling reduces timing effects of economic or other changes versus single “point in time” surveys.

⁶ The 2008 Nebraska PUMS file has 7,835 housing unit records, with 17,951 records for residents of those units.

Overall Coverage Rates and Type of Coverage

1. In this analysis nearly 190,000 Nebraskans or 10.8 percent of the population had no health insurance coverage in 2008⁷. Tabulations by the Census Bureau based on all survey records (versus the sub-sample of records in the PUMS file used in this analysis) showed about 5,000 more Nebraskans did not have coverage, or 11.1 percent of the population, ranking the state as having the 16th lowest uninsured rate. The Census Bureau’s tabulation is considered a better measure of the overall uninsured rate, and is mentioned here for comparison⁸.
2. This analysis shows that for the 1.56 million Nebraskans with coverage, 75 percent had only some form of private coverage, 12 percent had only public types of coverage, with the remaining 13 percent having multiple coverages that included both a private and a public form of insurance (Table 1). While about 190,000 Nebraskans had only public coverage, when combined with those who had both a public and a private coverage, nearly 390,000 Nebraskans had some form of public health insurance.
3. When all forms of coverage are combined, the coverage most often carried by Nebraskans is through their employer or a union (1.1 million). Directly purchasing insurance is the next most prevalent type of coverage (328,000), followed by Medicare (238,000) and Medicaid (164,000). Roughly 50,000 Nebraskans are covered by either TRICARE/military health care or Veterans Affairs (VA). See Figure 1 and Table 1.

Figure 1: Percentage of All Nebraska Health Insurance Plans by Type, 2008



Source: 2008 American Community Survey (PUMS file), U.S. Census Bureau

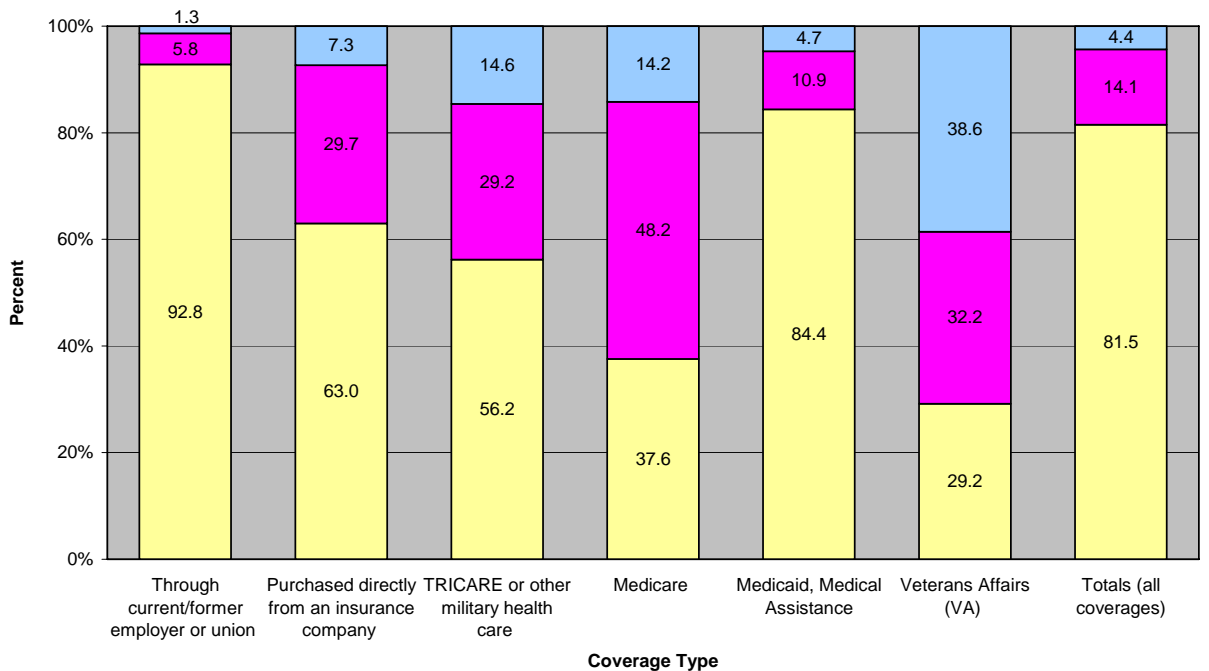
Note: Some individuals have more than one type of insurance coverage. On this graph, all types of coverage are included.

⁷ The Census Bureau tabulates health insurance data for the “civilian noninstitutionalized population”, which excludes those in prisons, most nursing homes, and in the military. This analysis follows that definition.

⁸ For additional details on the Census Bureau tabulations and state rankings, see CPAR’s report at http://www.unomaha.edu/~cpar/documents/acs_summary909.pdf

- Having only one form of coverage versus two or more coverage plans varied by specific coverage type. Among those on Medicare, about 38 percent rely on Medicare coverage alone (Figure 2). Conversely, for those on Medicaid, nearly 85 percent utilize it as their sole form of coverage. Those with coverage through their employer typically rely on it as their sole coverage plan (93 percent) while those on insurance through Veterans Affairs have additional health insurance most often, with nearly 40 percent having VA coverage plus two or more additional types of coverage (Figure 2).

Figure 2: Percent Distribution of the Total Number of Health Coverage Plans Held by Coverage Type: Nebraska, 2008

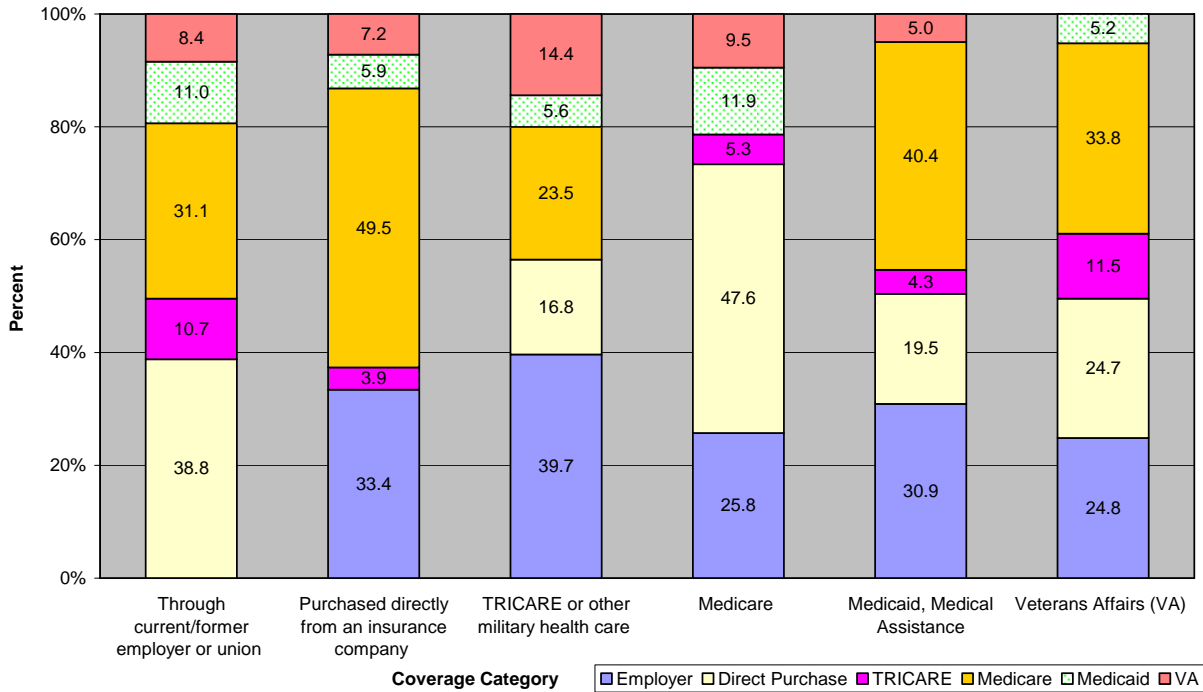


Source: 2008 American Community Survey PUMS files, U.S. Census Bureau

■ That coverage alone
 ■ That coverage and 1 other plan
 ■ That coverage and 2 or more other plans

- When looking at the types of coverage those with multiple plans have, interesting patterns emerge. About 60 percent of those on Medicare have additional coverage plans – for those 60 percent, Figure 3 shows nearly half directly purchase an additional plan (47.6 percent), followed by 25.8 percent having additional coverage provided through an employer/union, and only 11.9 percent have Medicaid. Conversely, for those on Medicaid with more than one type of coverage, a plurality has Medicare (40.4 percent). Of the limited number of those with insurance through an employer or union who have additional coverage, a plurality (38.8 percent) directly purchase their other coverage. A logical correlation also is apparent in the data, as those on TRICARE or other military health care have a relatively high amount of other coverage through Veterans Affairs (14.4 percent, more than for any other specific coverage type).

Figure 3: Percent Distribution of Other Health Coverage Plans Held by Multiple Coverage Holders per Specific Coverage Type: Nebraska 2008



Source: 2008 American Community Survey PUMS files, U.S. Census Bureau

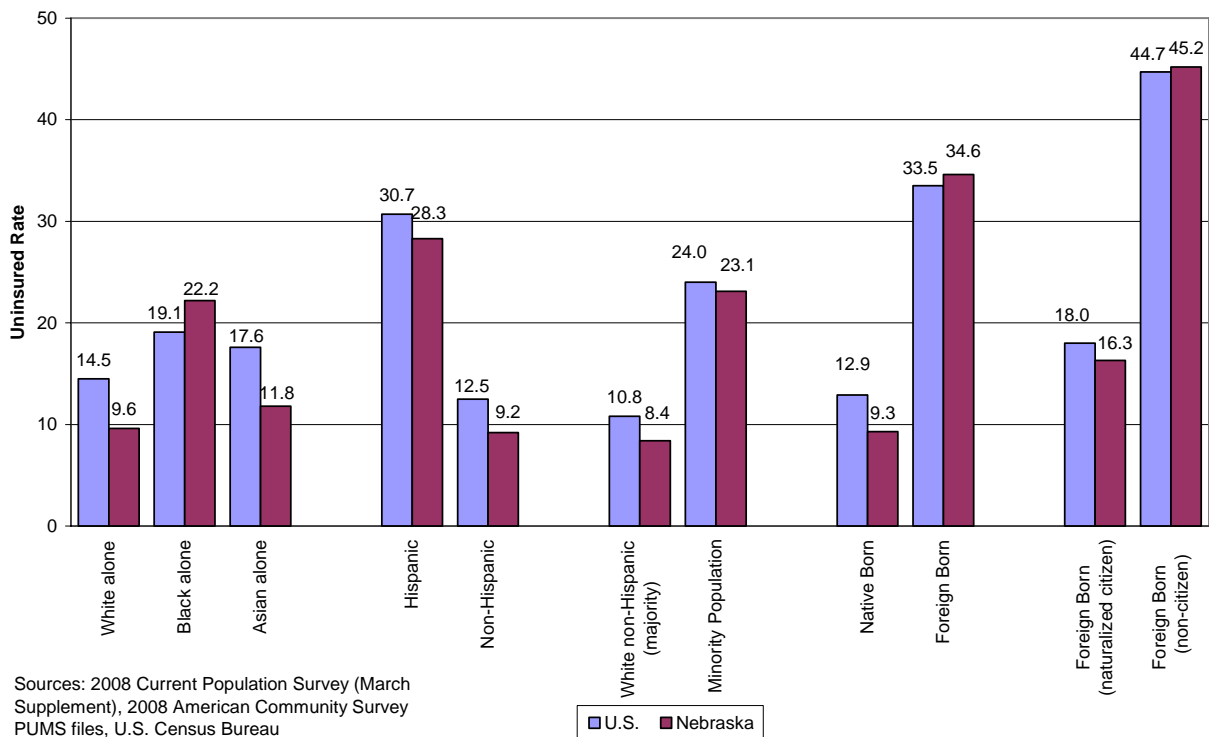
Note: Interpret this graph as the types of coverage multiple plan holders have (e.g. of those on TRICARE who have 2 or more plans, 23.5 percent of other plans were through Medicare)

Demographic Characteristics

1. More than 106,000 Nebraska men are uninsured, compared to about 83,000 Nebraska women. Uninsured rates are 12.3 percent for men and 9.4 percent for women (Table 2). Women are more likely to receive public coverage; while women represent 51.4 percent of all insured persons, they represent 54.1 percent of those only with public coverage and 53.6 percent of those with both public and private coverage (Table 1).
2. Patterns of uninsured rates by age are similar in Nebraska to national figures, although rates in Nebraska are lower. (See Table 7 of the following document for national uninsured rates from the separate Current Population Survey: <http://www.census.gov/prod/2009pubs/p60-236.pdf>) In Nebraska as well as nationally, the highest uninsured rates are for those aged 18-24 (22 percent) and decline among older age groups in a stair-step pattern (each successive age group has a lower uninsured rate). Uninsured rates are relatively high for those aged 25-34 (17 percent). See Table 2. Rates are also above 10 percent for those 35-44 (16 percent) and 45-54 (11 percent). Uninsured rates are lowest for those aged 65 or older (1 percent) due to Medicare eligibility and for children under age 18 (7 percent) due in part to State Children’s Health Insurance Programs (SCHIP). Thus, uninsured rates are not as high at the age extremes, but health insurance coverage rates are quite low for those just getting their careers started, who might believe they are relatively healthy and do not need coverage, forgoing the added expense of insurance premiums while incomes are relatively low. That is just one possible reason among many for why uninsured rates vary by age.

- Given the nearly universal coverage of those aged 65 or over through Medicare, it is not surprising that those aged 65 or over have more public coverage. While those 65 or over represent 14.1 percent of the insured, they represent 27.9 and 77.8 percent of those with only public as well as both private and public coverage respectively (Table 1). Thus, many of those on Medicare also have supplementary private coverage. Conversely, children under 18, while having a relatively large amount of public coverage, rarely have both private and public coverage. Those under 18 represent 27.0 percent of the insured, but a larger 42.5 percent of those with only public coverage, compared to a much smaller 6.5 percent of those with both private and public coverage. Other age groups rely on private forms of coverage.
- By race and ethnicity, uninsured rates are highest among Hispanics (28.3 percent) followed by Blacks (22.2 percent). Rates are lower for Asians (11.8 percent) and non-Hispanic Whites (8.4 percent). This follows the national pattern for these groups (rates of 30.7, 19.1, 17.6, and 10.8 percent respectively). See Figure 4. Nebraska's rates are lower than nationally for each group except Blacks. Nebraska's differentials in uninsured rates by race are larger than nationally, as also has been found with poverty, as reported by the Omaha World Herald⁹. In Nebraska the uninsured rate among Hispanics is 3.37 times higher than White non-Hispanics, compared to 2.84 times higher nationally. For Blacks, the Nebraska uninsured rate is 2.64 times higher versus 1.77 times higher nationally. Overall, about 123,000 White non-Hispanics and 66,000 persons of a minority race have no health insurance coverage.

Figure 4: U.S. and Nebraska Health Uninsured Rates by Race/Ethnicity and Place of Birth, 2008



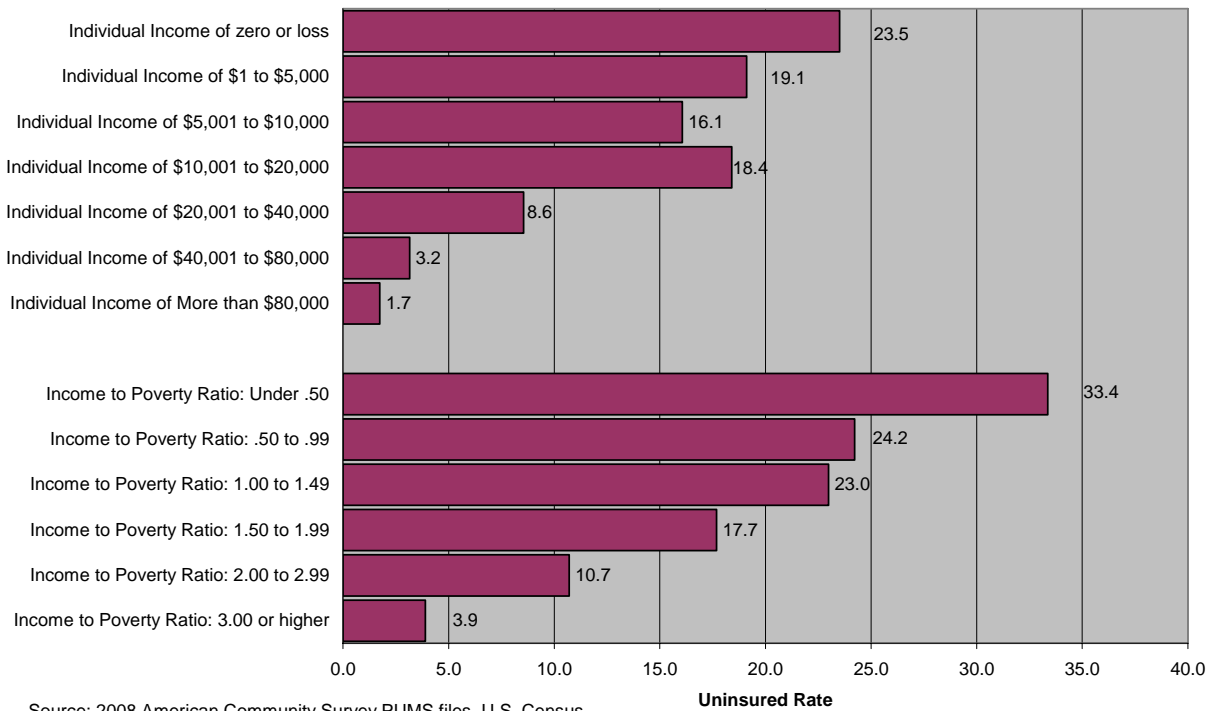
⁹ "Poverty amid prosperity" Henry Cordes, Cindy Gonzalez, Erin Grace, Omaha World Herald, April 15, 2007. "Improvement in Omaha's Black poverty rate seen as just a start" Henry Cordes, Cindy Gonzalez, Omaha World Herald, August 29, 2007

5. Minority groups tend to have relatively more public coverage. While minorities represent 14.1 percent of Nebraska's insured, their percentage of those with only public coverage is twice as high at 31.3 percent (Table 1). Public coverage is relatively higher for Hispanics, Blacks, and Asians but these groups do not tend to have both public and private coverages.
6. Uninsured rates vary greatly by place of birth. Those born in the U.S. have a 9.3 percent uninsured rate, versus being 34.6 percent among those born in foreign places (Table 2). This differential is larger than nationally, where native born residents have a 12.9 percent rate in contrast to 33.5 percent for the foreign born (Figure 4). Breaking the foreign born into citizens by naturalization and non-citizens (regardless of legal residence status), uninsured rates are much higher among non-citizens (45.2 percent) versus naturalized citizens (16.3 percent). These differentials are again larger than nationally (44.7 versus 18.0 percent). About 30,000 residents of Nebraska are foreign born non-citizens who do not have health insurance coverage. Among those with coverage, both non-citizens and all foreign born are more likely to have public coverage, but less likely to have both public and private coverage.
7. Table 2 shows that for persons aged 15 or older, those who are widowed have the lowest uninsured rate (4.4 percent). This is not surprising given that widowed persons tend to be older, and older persons have the lowest uninsured rates. Like those aged 65 and older, widowed persons have relatively large amounts of public only as well as both public and private insurance (Table 1). The uninsured rate for married persons is 7.6 percent, well below the average for those aged 15 or older of 12.0 percent. Married persons are less likely to be on public coverage, as married persons make up 58 percent of the insured but only 35 percent of those with only public coverage (Table 1). Those divorced or separated and those single/never married have similar uninsured rates of around 19 percent (Table 2) and both are more likely to have public coverage and less likely to have both a public and a private coverage (Table 1). Single persons do have relatively more private only coverage, while those divorced or separated have relatively less.

Economic Characteristics

1. Since economic characteristics tend to be related to each other (e.g. income and poverty), a profile of the uninsured comes into focus. Table 2 shows those with higher uninsured rates tended to be unemployed (42.3 percent) versus employed (12.1 percent), in poverty (27.7 percent) versus not in poverty (8.7 percent), living in a household that received food stamps (21.0 percent) compared to not receiving food stamps (9.9 percent), and renting their residence (21.3 percent) in contrast to owning their residence (7.1 percent). Additionally, those in more extreme poverty and with the lowest individual incomes had the highest uninsured rates, and rates declined in a near stair-step style pattern as levels increased (Figure 5). A breakpoint emerged around a personal income of \$20,000 with those earning less than \$20,000 having an uninsured rate well above the average for all persons aged 15 or older of 12.0 percent, while those having an income above \$20,000 all had an uninsured rate below 10 percent. (A similar breakpoint exists at being below/above twice the poverty level or 200% of poverty.) About 54,000 persons in poverty did not have health insurance, but not having coverage was not limited to those in poverty, as a larger 133,000 persons not in poverty also did not have coverage (Table 2). Each of the groups with relatively high uninsured rates tended to have those with coverage utilizing a public type of health plan.

Figure 5: Nebraska Health Uninsured Rates by Personal Income and Income to Poverty Ratio, 2008



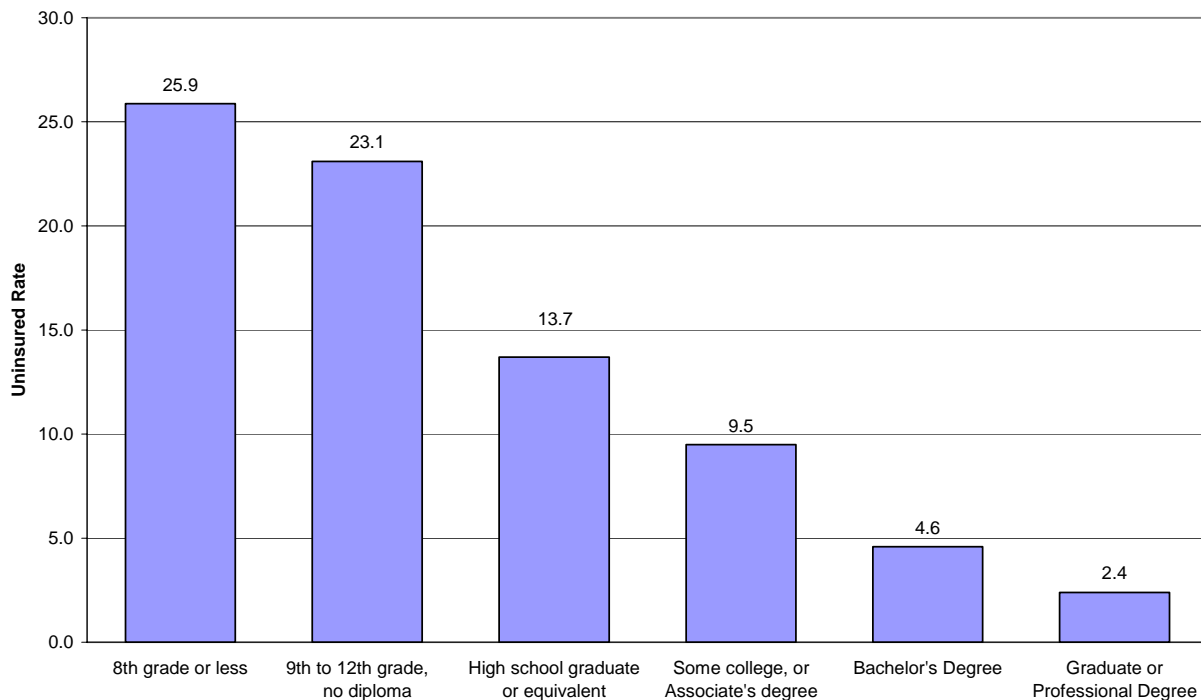
2. Those with relatively high levels of insurance tended to be retired and have social security income. Both of these items are consistent with being relatively older, where relatively higher rates of insurance exist. Those aged 16 or older not in the labor force (predominantly retirees but also including full time students and stay at home parents) had an uninsured rate of 8.4 percent versus 13.3 percent among those in the labor force (both employed and unemployed). Those aged 15 or older receiving social security income were uninsured only 2.0 percent of the time, versus 14.2 percent among those not receiving such social security income (Table 2). Both those not in the labor force and those with social security income had relatively more public coverage, as well as both private and public types of coverage, which is not surprising given Medicare coverage being prevalent among those aged 65 or older who are more likely to be retired and earning social security income.
3. Perhaps surprising given how uninsured rates were higher among those with less income and more extreme levels of poverty, was that uninsured rates did not differ much between those receiving public assistance and those not having public assistance income. Both rates were between 12 and 13 percent (Table 2). Those with health coverage who received public assistance were more likely to have a public form of insurance – public assistance recipients represented only 1.3 percent of the insured, but 9.9 percent of those with only public coverage, a seven-fold differential (Table 1).

Social Characteristics

1. Uninsured rates were highest among those with the least amount of education. Among those aged 25 or older, uninsured rates stood at greater than 25 percent for those with only an

eighth grade or less education, and rates declined in a stair-step pattern among more educated groups (see Figure 6). Uninsured rates were 2.6 times higher among those without a high school diploma (24.3 percent) versus having a high school diploma or equivalent (9.2 percent). See Table 2. The differential was even greater regarding higher education – uninsured rates were 3.4 times higher among those without a Bachelor’s Degree (13.2 percent) compared to those with a Bachelor’s Degree or more education (3.9 percent). Those with less education were more likely to rely on public insurance, and had higher percentages of both private and public coverage as well.

Figure 6: Nebraska Health Uninsured Rates by Educational Attainment, 2008



Source: 2008 American Community Survey PUMS files, U.S. Census Bureau

2. While the uninsured rate is higher among those aged 3 or older not attending school (12.0 percent), uninsured rates were greater among those attending a public school (9.7 percent) versus a private school (5.6 percent – Table 2). The general association between private school attendees having higher income levels would hold or make sense in this analysis as both had relatively lower uninsured rates. The type of coverage varied by public versus private school attendance. Public school attendees had relatively more public coverage while private school attendees relied more on private coverage (Table 1). Those not attending school were much more likely to have both a private and a public plan, likely due to older retirees, who also had each type of coverage, not being very likely to be attending school.
3. Uninsured rates were not too different among women aged 15-50 who had a birth in the last year (19.4 percent) versus those that did not (13.1 percent). The type of coverage did differ – while those having a birth represented 5.8 percent of the insured, they represented 15.5 percent of those with only public coverage and 7.8 percent of those with both public and private coverage (Table 1). State Medicaid programs provide some maternity coverage.

4. Uninsured rates were similar between those aged 5 or older with a disability (10.4 percent) versus those not having a disability (11.4 percent). The type of coverage did differ however. Those with a disability (per Census Bureau definitions) represented 11.2 percent of the insured but slightly more than 30 percent of both those with only public coverage as well as both public and private coverage (Table 1).

Conclusions

This profile of how health insurance coverage rates vary by demographic, economic, and social characteristics shows large differentials in coverage between various groups, and that the type of coverage (public versus private) often differs as well. In general, those with higher rates of not having health insurance coverage tended to be:

- male
- aged 18-34
- a minority, especially Hispanic or Black
- foreign born, especially those who have not become United States citizens
- unemployed
- lower income and/or in poverty
- renting their residence
- receiving food stamps (but not receiving social security income)
- less educated
- attending a public school rather than a private school (if enrolled in school)

Knowing these factors or others such as that those aged 65 or older nearly have universal coverage, or that uninsured rates do not differ much between those receiving and not receiving public assistance income, can help focus the overall health care debate and how any changes to the system should be structured and/or implemented. Knowing the current types of coverage by various personal characteristics helps to show how certain types of coverage are being utilized and/or underutilized for reaching those individuals or families who may need coverage.

With these data we can better understand which groups may benefit from health care reform or resist such reform due to concerns over a possible decline in coverage quality or the cost implications of helping to pay for a different system when few or no benefits may be directly received. These data can help inform the public and policy makers about more of the facts in the debate so that decisions can be made on current, accurate information, a strength of this Census Bureau American Community Survey data, possibly helping to better the outcomes of the debate on this hotly-contested topic.

Whether or not health care reform is ultimately enacted directly, this analysis shows that indirect policies or actions can lead to higher levels of health insurance coverage. With most Nebraskans being covered via employer-based plans, job training and job creation or retention programs likely will have the additional benefit of reducing uninsured rates. Similarly, since uninsured rates decrease dramatically among those with higher levels of education, programs to aid high school, 2-year, and 4-year college graduation should help bring down uninsured rates. Programs tailored to reducing high uninsured rates among the 18-34 year old population might prove efficient in addressing health insurance coverage concerns. Policy makers and interested groups and individuals can utilize the data within this report to help creatively and effectively address the health insurance issue.

Table 1: Comparison of Characteristics of Nebraskans with and without Health Insurance Coverage Including by Type of Coverage: 2008

Source: 2008 American Community Survey, Public Use Microdata Sample (PUMS), U.S. Census Bureau
 Compiled and Prepared by: David Drozd, Center for Public Affairs Research, UNO, December 2009

Characteristic	Percent (unless stated) ¹					
	Total Persons for whom insurance measured	Uninsured (No health insurance)	Had some type of health insurance	Private coverage only (from employer, direct purchase, military)	Public coverage only (Medicare, Medicaid, VA, SCHIP)	Both a private and a public coverage
Total Persons (Civilian Noninstitutionalized ²)	1,748,819	189,435	1,559,384	1,169,429	188,516	201,439
Percent of Total Persons	100.0	10.8	89.2	66.9	10.8	11.5
Percent of Total Persons with health insurance			100.0	75.0	12.1	12.9
Specific Type of Coverage ³ (Civ. Noninstit. persons)						
Through current/former employer or union	n/a	n/a	1,102,033	1,008,581	0	93,452
Purchased directly from an insurance company	n/a	n/a	328,034	197,617	0	130,417
TRICARE or other military health care	n/a	n/a	52,847	33,910	0	18,937
Medicare	n/a	n/a	237,981	0	68,058	169,923
Medicaid, Medical Assistance	n/a	n/a	164,263	0	128,763	35,500
Veterans Affairs (VA)	n/a	n/a	45,060	0	10,956	34,104
Gender	<i>Figures in the columns below will sum to 100 percent for each category.</i>					
Male	49.4	56.2	48.6	49.4	45.9	46.4
Female	50.6	43.8	51.4	50.6	54.1	53.6
Age						
Under 18	25.9	17.2	27.0	28.0	42.5	6.5
18-24	9.9	20.0	8.7	10.6	5.1	.9
25-34	13.2	21.1	12.3	15.0	6.8	1.6
35-44	12.8	19.1	12.0	14.8	5.7	2.1
45-54	14.6	14.3	14.6	17.9	5.8	3.9
55-64	10.9	7.7	11.3	12.8	6.2	7.2
65+	12.6	.7	14.1	.9	27.9	77.8
Race/Ethnicity						
White alone	88.7	78.3	90.0	91.6	77.6	92.2
Black alone	4.2	8.6	3.7	2.7	10.3	3.3
Asian alone	1.8	1.9	1.8	1.8	2.3	0.8
Not Hispanic/Latino	91.6	78.2	93.3	94.0	85.5	96.3
Hispanic/Latino	8.4	21.8	6.7	6.0	14.5	3.7
Not White alone, Non-Hispanic/Latino (minority)	16.4	34.9	14.1	12.2	31.3	8.8
White alone, Non-Hispanic/Latino (majority)	83.6	65.1	85.9	87.8	68.7	91.2
Born Inside the United States (Native Born)	94.0	80.7	95.6	95.4	94.9	97.4
Born Outside the United States (Foreign Born)	6.0	19.3	4.4	4.6	5.1	2.6
U.S. citizen by birth	94.0	80.8	95.6	95.4	94.9	97.4
U.S. citizen by naturalization	2.2	3.3	2.1	2.1	2.3	1.7
Not a citizen of the United States	3.8	15.9	2.3	2.5	2.8	0.9
Marital Status (age 15 and over)						
Married	55.2	34.8	57.9	60.5	34.6	59.9
Widowed	5.6	2.1	6.1	1.1	14.5	24.8
Divorced/Separated	10.9	18.0	10.0	9.3	17.1	8.7
Never married (single)	28.3	45.1	26.0	29.1	33.8	6.6

Characteristic	Percent (unless stated) ¹					
	Total Persons for whom insurance measured	Uninsured (No health insurance)	Had some type of health insurance	Private coverage only (from employer, direct purchase, military)	Public coverage only (Medicare, Medicaid, VA, SCHIP)	Both a private and a public coverage
Employment (age 16 and over)						
Not in Civilian Labor Force (retired, student, etc.)	26.4	18.6	27.5	12.5	66.3	73.2
In Civilian Labor Force (employed & unemployed)	73.6	81.4	72.5	87.5	33.7	26.8
Employed	96.1	87.7	97.4	98.0	85.8	97.5
Unemployed	3.9	12.3	2.6	2.0	14.2	2.5
Income and Poverty Status						
Individual Income of zero or loss (age 15+)	7.5	14.7	6.5	7.4	7.3	1.8
Individual Income of \$1 to \$5,000 (age 15+)	11.0	17.5	10.1	10.5	13.1	6.4
Individual Income of \$5,001 to \$10,000 (age 15+)	10.5	14.0	10.0	6.6	28.3	14.5
Individual Income of \$10,001 to \$20,000 (age 15+)	18.1	27.9	16.8	12.8	30.0	27.6
Individual Income of \$20,001 to \$40,000 (age 15+)	27.9	20.0	29.0	31.3	14.2	27.5
Individual Income of \$40,001 to \$80,000 (age 15+)	19.2	5.1	21.2	24.1	5.6	16.7
Individual Income of More than \$80,000 (age 15+)	5.8	0.8	6.4	7.3	1.5	5.5
Received Public Assistance Income (age 15+)	1.3	1.4	1.3	0.3	9.9	0.8
Did not receive PA income (age 15+)	98.7	98.6	98.7	99.7	90.1	99.2
Received Social Security Income (age 15+)	18.3	3.0	20.4	2.8	55.0	82.3
Did not receive SS income (age 15+)	81.7	97.0	79.6	97.2	45.0	17.7
Lived in a household receiving food stamps	8.1	15.7	7.2	2.4	40.1	4.4
Lived in a household not receiving food stamps	91.9	84.3	92.8	97.6	59.9	95.6
Below Poverty Level (In Poverty)	11.3	28.9	9.1	4.3	39.4	8.9
At or Above Poverty Level (Not in Poverty)	88.7	71.1	90.9	95.7	60.6	91.1
Income to Poverty Ratio ⁴ : Under .50	4.3	13.3	3.2	1.6	13.8	2.7
Income to Poverty Ratio: .50 to .99	7.0	15.6	5.9	2.7	25.6	6.2
Income to Poverty Ratio: 1.00 to 1.49	8.2	17.4	7.1	4.5	18.6	11.5
Income to Poverty Ratio: 1.50 to 1.99	9.1	14.9	8.4	7.3	11.7	11.5
Income to Poverty Ratio: 2.00 to 2.99	20.8	20.6	20.9	21.7	16.1	20.4
Income to Poverty Ratio: 3.00 or higher	50.6	18.2	54.5	62.2	14.2	47.7
Lived in a household that was rented occupied	26.7	52.0	23.6	20.1	53.2	16.3
Lived in a household that was owner occupied	73.3	48.0	76.4	79.9	46.8	83.7

Characteristic	Percent (unless stated) ¹					
	Total Persons for whom insurance measured	Uninsured (No health insurance)	Had some type of health insurance	Private coverage only (from employer, direct purchase, military)	Public coverage only (Medicare, Medicaid, VA, SCHIP)	Both a private and a public coverage
Educational Attainment (age 25 and over)						
8th grade or less	4.2	10.2	3.5	1.9	9.6	6.2
9th to 12th grade, no diploma	5.3	11.5	4.6	2.7	13.6	7.0
High school graduate or equivalent	29.9	38.6	28.8	23.5	40.7	43.1
Some college, or Associate's Degree	32.8	29.4	33.3	36.4	24.4	25.9
Bachelor's Degree	19.2	8.3	20.4	24.7	6.6	11.6
Graduate or Professional Degree	8.6	2.0	9.4	10.8	5.1	6.2
Less than High School Diploma	9.5	21.8	8.0	4.6	23.2	13.2
High School Diploma or more	90.5	78.2	92.0	95.4	76.8	86.8
Less than Bachelor's Degree	72.2	89.8	70.1	64.5	88.3	82.2
Bachelor's Degree or more	27.8	10.2	29.9	35.5	11.7	17.8
School Attendance						
No, has not attended school in last 3 months	70.6	76.4	69.9	66.5	64.3	94.1
Yes, attending public school or college	24.1	20.9	24.5	26.5	33.1	5.7
Yes, attending private school or college	5.3	2.7	5.6	7.0	2.6	0.2
Attending Grade School (less than 9th grade)	50.8	38.7	52.0	48.9	71.7	49.7
Attending High School (9th to 12th grade)	21.5	26.2	21.1	21.1	18.3	34.9
Attending College or Graduate School	27.7	35.1	26.9	30.0	10.0	15.4
Women age 15 to 50 who had a child in the last year	6.2	8.8	5.8	5.0	15.5	7.8
Women age 15 to 50 who didn't have child in last year	93.8	91.2	94.2	95.0	84.5	92.2
Individual has a disability (age 5 and over)	11.1	10.2	11.2	4.1	31.7	33.9
Individual does not have a disability (age 5 and over)	88.9	89.8	88.8	95.9	68.3	66.1

Note: The American Community Survey is a sample of households and like all samples is subject to sampling and nonsampling error. The PUMS files are a subsample of completed surveys that contain the actual responses to the ACS questionnaire. Thus this subsample is subject to additional sampling error. All data should be used with caution. The subsample consists of 7,835 household responses to the ACS, representing 17,951 persons, of which 17,569 are noninstitutionalized civilians, for which the analysis is based.

¹ The percentages presented here are most often a "column" percent, whereby the sum of the percentages will add up to 100 percent. This shows the distribution of the data by the categories listed, effectively the composition of the "pieces of the pie" or pie graph. For example, persons under age 18 make up 17.2 percent of the total uninsured population. This percentage, when added to those presented for the other age categories, sum to 100 percent. This does not mean that 17.2 percent of persons under age 18 are uninsured. That is a different concept which is presented on a separate table.

² The civilian noninstitutionalized population consists of non-military and unconfined persons (confined persons include those in prisons and some nursing homes where persons are not able to come and go freely.)

³ Since persons can be covered by more than 1 insurance plan (e.g. Medicare and directly purchased plan) the column totals will sum to more than the overall total or more than 100 percent. The row totals by type of coverage (private only, public only, both private and public) will sum to the total for that row of particular type of coverage (i.e. employer, direct purchase, etc.)

⁴ A ratio of income to poverty of 1.0 is where income is equal to the poverty threshold. Thus, a ratio of 2.0 is being at twice the poverty line, or 200% of poverty.

Table 2: Uninsured Rates by Various Demographic Characteristics: Nebraska, 2008

Source: 2008 American Community Survey, Public Use Microdata Sample (PUMS), U.S. Census Bureau
 Compiled and Prepared by: David Drozd, Center for Public Affairs Research, UNO, December 2009

Characteristic	Total Persons for whom insurance measured	Number of Uninsured Persons (No health insurance)	Percent Uninsured (Uninsured rate) ¹
Total Number of Persons (Civilian Noninstitutionalized) ²	1,748,819	189,435	10.8
Gender			
Male	864,357	106,510	12.3
Female	884,462	82,925	9.4
Age			
Under 18	453,535	32,501	7.2
18-24	173,162	37,906	21.9
25-34	231,687	39,965	17.2
35-44	223,780	36,113	16.1
45-54	255,356	27,150	10.6
55-64	190,612	14,546	7.6
65+	220,687	1,254	0.6
Race/Ethnicity			
White alone	1,551,611	148,420	9.6
Black alone	73,631	16,347	22.2
Asian alone	31,084	3,660	11.8
Not Hispanic/Latino	1,602,627	148,090	9.2
Hispanic/Latino	146,192	41,345	28.3
Not White alone, Non-Hispanic/Latino (minority)	285,973	66,171	23.1
White alone, Non-Hispanic/Latino (majority)	1,462,846	123,264	8.4
Born Inside the United States (Native Born)	1,643,326	152,955	9.3
Born Outside the United States (Foreign Born)	105,493	36,480	34.6
U.S. citizen by birth	1,643,326	152,955	9.3
U.S. citizen by naturalization	38,761	6,319	16.3
Not a citizen of the United States	66,732	30,161	45.2
Marital Status (age 15 and over)			
Married	758,524	57,362	7.6
Widowed	77,668	3,451	4.4
Divorced/Separated	150,105	29,629	19.7
Never married (single)	388,870	74,231	19.1

Characteristic	Total Persons for whom insurance measured	Number of Uninsured Persons (No health insurance)	Percent Uninsured (Uninsured rate) ¹
Employment (age 16 and over)			
Not in Civilian Labor Force (retired, student, etc.)	356,115	30,059	8.4
In Civilian Labor Force (employed & unemployed)	991,775	131,888	13.3
Employed	953,359	115,654	12.1
Unemployed	38,416	16,234	42.3
Income and Poverty Status			
Individual Income of zero or loss (age 15+)	103,139	24,251	23.5
Individual Income of \$1 to \$5,000 (age 15+)	150,716	28,804	19.1
Individual Income of \$5,001 to \$10,000 (age 15+)	143,778	23,106	16.1
Individual Income of \$10,001 to \$20,000 (age 15+)	249,597	45,936	18.4
Individual Income of \$20,001 to \$40,000 (age 15+)	384,050	32,853	8.6
Individual Income of \$40,001 to \$80,000 (age 15+)	264,623	8,337	3.2
Individual Income of More than \$80,000 (age 15+)	79,264	1,386	1.7
Received Public Assistance Income (age 15+)	18,174	2,318	12.8
Did not receive PA income (age 15+)	1,356,993	162,355	12.0
Received Social Security Income (age 15+)	251,843	4,921	2.0
Did not receive SS income (age 15+)	1,123,324	159,752	14.2
Lived in a household receiving food stamps	142,027	29,772	21.0
Lived in a household not receiving food stamps	1,606,792	159,663	9.9
Below Poverty Level (In Poverty)	194,201	53,842	27.7
At or Above Poverty Level (Not in Poverty)	1,526,810	132,538	8.7
Income to Poverty Ratio ³ : Under .50	74,283	24,787	33.4
Income to Poverty Ratio: .50 to .99	119,918	29,055	24.2
Income to Poverty Ratio: 1.00 to 1.49	141,394	32,506	23.0
Income to Poverty Ratio: 1.50 to 1.99	156,684	27,715	17.7
Income to Poverty Ratio: 2.00 to 2.99	358,325	38,362	10.7
Income to Poverty Ratio: 3.00 or higher	870,407	33,955	3.9
Lived in a household that was rented occupied	459,360	97,733	21.3
Lived in a household that was owner occupied	1,263,353	90,195	7.1

Characteristic	Total Persons for whom insurance measured	Number of Uninsured Persons (No health insurance)	Percent Uninsured (Uninsured rate) ¹
Educational Attainment (age 25 and over)			
8th grade or less	47,028	12,166	25.9
9th to 12th grade, no diploma	59,497	13,740	23.1
High school graduate or equivalent	335,280	45,923	13.7
Some college, or Associate's Degree	368,642	35,010	9.5
Bachelor's Degree	214,928	9,871	4.6
Graduate or Professional Degree	96,747	2,318	2.4
Less than High School Diploma	106,525	25,906	24.3
High School Diploma or more	1,015,597	93,122	9.2
Less than Bachelor's Degree	810,447	106,839	13.2
Bachelor's Degree or more	311,675	12,189	3.9
School Attendance (age 3 and over)			
No, has not attended school in last 3 months	1,181,259	141,866	12.0
Yes, attending public school or college	402,827	38,929	9.7
Yes, attending private school or college	88,175	4,980	5.6
Attending Grade School (less than 9th grade)	249,540	16,980	6.8
Attending High School (9th to 12th grade)	105,744	11,512	10.9
Attending College or Graduate School	135,718	15,417	11.4
Women age 15 to 50 who had a child in the last year	26,595	5,151	19.4
Women age 15 to 50 who didn't have child in last year	403,711	53,063	13.1
Individual has a disability (age 5 and over)	179,492	18,584	10.4
Individual does not have a disability (age 5 and over)	1,440,875	164,340	11.4

Note: The American Community Survey is a sample of households and like all samples is subject to sampling and nonsampling error. The PUMS files are a subsample of completed surveys that contain the actual responses to the ACS questionnaire. Thus this subsample is subject to additional sampling error. All data should be used with caution. The subsample consists of 7,835 household responses to the ACS, representing 17,951 persons, of which 17,569 are noninstitutionalized civilians, for which the analysis is based.

¹ The percentages presented here can be viewed as rates of uninsurance by the characteristic listed. Thus, the 7.2 percent listed for persons under age 18 means that 7.2 percent of persons under age 18 were uninsured.

² The civilian noninstitutionalized population consists of non-military and unconfined persons (confined persons include those in prisons and some nursing homes where persons are not able to come and go freely.)

³ A ratio of income to poverty of 1.0 is where income is equal to the poverty threshold. Thus, a ratio of 2.0 is being at twice the poverty line, or 200% of poverty.