

**Report to the Illinois Assembly on the Uninsured:
Illinois Population Survey of Uninsured and Newly Insured**

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1. Executive Summary

The Illinois Population Survey of the Uninsured and Newly Insured (IPSUNI) was conducted as part of the research effort for the Illinois State Planning Grant to assist in formulating policies to address the problem of the lack of health insurance. The project was supported by the U.S. Department of Health and Human Services Health Resource and Services Administration.

The IPSUNI was designed to provide current, accurate and reliable data about Illinois residents who were currently uninsured or recently uninsured but were insured at the time of the survey to get a clearer understanding of the usual paths of coverage and the dynamics of insurance coverage. The survey was conducted using telephone interviews with computer-assisted interviewing techniques. Interviews were conducted in English and in Spanish from January, 2001 to May, 2001. The final response rate was 52%.

A. Major Results

1. **Uninsured in Illinois at 9.7%.** There appear to be fewer uninsured persons in the State of Illinois than what would be expected based on other estimates from the Current Population Survey or the Behavioral Risk Factor Surveillance System. In light of similar findings from other states, the estimates presented in this report ought to be considered reliable and valid estimates of the uninsured.
2. **Uninsured disproportionately Latino, African American, and of lower socio-economic status.**
3. **The uninsured and newly uninsured disproportionately reside in Cook county. Southern Illinois residents are significantly unrepresented among the uninsured and newly uninsured.**
4. **Many uninsured people are working but do not have insurance available from their employers.** A large percentage—nearly half—of Illinois’ working uninsured do not have insurance available through their employers. Many of these workers are employed in smaller business, which tend to be less likely to offer coverage to their workers. The working uninsured in Illinois are more likely to work in the service industries and in service occupations.
5. **Cost is a significant and onerous barrier to coverage for most uninsured people, and most would not or could not pay the premiums that many plans require.** Most uninsured workers with coverage available through their employers cite cost/values issues as a barrier to coverage. Respondents indicate they would pay about \$78 a month for individual coverage and \$100 for family coverage.
6. **“Lifestyle choice” is not a salient factor for most uninsured people.** Very few respondents report lifestyle issues—that they do not think they need insurance at this time in their lives.
7. **Awareness continues to be a major challenge for government-sponsored programs.** In addition to more aggressive and innovative outreach, For KidCare, Illinois’ S-CHIP program,

the state of Illinois may wish to consider further streamlining of application processes by reducing the amount documentation needed. Apart from lack of awareness, cost was cited as a barrier to I-CHIP.

B. Conclusions

Economics explains why most uninsured Illinois residents lack of health insurance. While most uninsured residents work, most are more likely to work for small businesses, or in occupations or industries which do not provide group-based insurance. Perhaps in some industries and occupations, the labor market is not tight enough to induce employers to offer health insurance as a benefit. Because health insurance tends to be more expensive for smaller businesses, many employers of respondents to our survey reported that employer-based coverage was simply not available. In addition, many working uninsured people are low-wage workers and are highly unlikely to have the disposable income to purchase a policy directly through an insurance company.

Based on the results of this population survey, we must acknowledge that the direct purchase of health insurance or relying exclusively on greater participation in an employment-based insurance plan are highly unlikely to have a significant impact on the rate of uninsured in Illinois. The most efficient and effective strategies will be those that first build on the existing government-sponsored infrastructure to attend to those least likely to be served through private employers and then focus on expanding coverage options for targeted employers and industries.

II. Introduction

To assist in the formulation policies to cover all Illinois residents, the Steering Committee decided that current, focused Illinois data were needed. The project described here, the Illinois Population Survey of Uninsured and Newly Insured (IPSUNI), was one of several research projects associated with the Illinois State Planning Grant. The IPSUNI was designed to provide current, accurate and reliable data about Illinois residents who were currently uninsured or recently uninsured but were insured at the time of the survey to get a clearer understanding of the usual paths of coverage and the dynamics of insurance coverage. The project involved the collection and analysis of demographic data, and study the duration of noncoverage; employment status; group-based insurance availability; reason(s) for declining employment based-coverage if available; awareness of alternative sources of health insurance (privately and publicly-sponsored) and attempts to secure such coverage. The IPSUNI was conducted using computer-assisted telephone interviewing techniques and a randomly selected sample.

This report represents preliminary results that needed for the Illinois Assembly on the Uninsured. The PSINI is a rich data source and analysis continues.

A. Research Objectives

The objectives of the PSINI were three-fold. First, to develop reliable and accurate estimates of the number of uninsured persons in the State of Illinois Second, to define the demographic, economic, and health related characteristics of the uninsured in Illinois. Third, to collect sufficient information to facilitate the design of an effective communication plan to inform the insured of the availability of any programs emerging from this planning grant, and to encourage them to find out more about the plans. This information should allow us the answer to following general questions about our uninsured population:

1. What are the demographic characteristics (race, gender, age, ethnicity, education, employment status, type of employment, size of employer, income level, family composition, immigrant status, etc.) of the uninsured?
2. Are uninsured individuals unable to obtain or afford health insurance due to "preexisting conditions"?
3. Have uninsured individuals ever had health insurance? If so, what type?
 - Employer-provided commercial insurance
 - Personally purchased coverage
 - Medicare
 - Medicaid
4. How long have these individuals been intermittently or continuously uninsured?
5. What factors have caused them to be currently uninsured?
 - Loss of job
 - Lack of employer-provided insurance/wages too low to purchase individually

- Welfare-to-work-transition
- School-to-work transition
- Preexisting conditions
- Amount of employee share of employer's coverage

6. What are the main barriers to obtaining health insurance coverage?
7. What amount would uninsured individuals be willing to pay for individual coverage or family coverage?
8. What are the awareness and information levels of KidCare, Medicaid, ICHIP and other insurance coverage among the uninsured? What do they think about those programs? How does this impact enrollment decisions?
9. What channels or mechanisms might be used to reach uninsured groups with targeted messages to inform them of the existence of programs and plans? What are the points of contact through interpersonal, organizational, and mass media channels to facilitate information dissemination?

2. Methods

1. Research Design

To meet the objectives, the study was designed to allow estimates of the number and distribution of households with at least one person uninsured or newly insured at the time of the interview. Therefore, the study was composed of two instruments: a screening instrument and a main instrument. A screening instrument was used with all contacted households to determine if an eligible person lives in the household. If an eligible person was found in a household, the main instrument was conducted. The screening and main instruments would address the issues listed below:

- Estimated distribution of uninsured and newly insured persons in Illinois statewide and regionally.
- Estimated distribution (numbers and percentages) of uninsured persons residing in households according to percentages above and below the Federal Poverty Levels for family size.
- Demographic and socioeconomic characteristics of households with at least one member without health insurance including:

- Age
- Family composition
- Race
- Ethnic background
- Citizenship status
- Geographic Region
- Employment status of adults
- Employment sector of working adults

Occupation of working adults
Size of organization employing working adults

- Availability of insurance coverage through employment or other group-based plan.
- Reasons for lack of coverage if employer or union-based coverage is or has been available to employee or by family members of an insured employee.
- Amount uninsured individuals would pay for quality health insurance coverage.
- Continuity of insurance coverage
- Was private individual insurance applied for? Results?
- Medicaid application, where application was taken, and outcome of application.
- Reasons for not using Medicaid or Kidcare if children are eligible.
- Awareness of KidCare, Medicaid, and ICHIP.

2. Sample

Sample design was a disproportionate stratified sample with 5 strata: Northwestern, Central, Southern, Cook County, and the Collar Counties of Cook County (Appendix A lists the counties in each region). Interviews were conducted by telephone throughout the state.

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A sample of 19,089 random digit dial numbers was purchased from Genesys Sampling Systems on November 14, 2000. An additional sample of 8,383 cases was purchased from Survey Sampling, Inc. on March 6, 2001. The sample was released in 17 replicates over a period of about three months, from mid-January through mid-April, 2001.

Table A shows the final disposition for the total sample. Appendix B contains a description of the disposition codes.

Table A. Final Disposition of Sample, State of Illinois

Code	Disposition	Number	Percent
01	Completed interview (English)	759	2.95
02	Completed interview (Spanish)	86	0.33
03	Partial Complete Interview (English)	69	0.27
04	Partial Complete Interview (Spanish)	18	0.07
30	No answer	2784	10.82
31	Answering machine/answering service	937	3.64
32	Eligible R not available	22	0.09
33	Unscreened R not available	1034	4.02
40	Final refusal to screener	4203	16.33
41	Final refusal after screening	38	0.15
42	Final Spanish refusal	19	0.07
47	Final refusal, unscreened – PM	68	0.26
55	Not able to interview during survey period	81	0.31
56	Never able to interview	205	0.80
70	Inelig, R under 18	58	0.23
71	Inelig, R is insured	9599	37.30
85	Deceased	2	0.01
86	Nonworking	3291	12.79
87	Non-residential	2348	9.12
88	Ineligible foreign language	114	0.44
Total		25,735	100.00

Table B shows the completion rates for the sample. Appendix C contains a description of the completion rate categories. The response rate is the number of completed interviews divided by the total number of eligible respondents. The response rate is the proportion of the eligible respondents who completed the interview. There were 6,547 cases for which we could not conduct a screener. We assumed that 9.2% of those would have been eligible. In another 2,784 cases the phone rang continuously and was never answered at any contact attempt. We assumed that 87.2% of those were working numbers, 89.5% were residential, and 9.2% were eligible. Consequently, the total number of cases with assumed eligibility is estimated as 9.2% of 6,547 (602) plus 7.2% of 2,784 (200). Thus, the response rate is computed as the ratio of 932 completed interviews to the sum of the cases known to be eligible (992) plus the estimated number of eligible cases among the cases for which eligibility was unknown (802). Thus, the final response rate is 51.9%.

The refusal rate is the number of refusals (to both the screener and the interview) divided by the eligible sample. The cooperation rate is the number of completed interviews divided by the number of completed interviews plus the number of refusals.

Table B. Final Sample Rates, Illinois

Total sample	25,735	
Non duplicates	25,735	100.0%
Working #s	22,444	87.2%
Residential	20,096	89.5%

Contact to Screener	16,375	81.5%
Cooperation to Screener	10,765	65.7%
Eligible	992	9.2%
Contact to Final	970	97.8%
Cooperation to Final	932	96.1%
Response rate		51.9%
Refusal rate		24.0%
Cooperation rate		67.9%

Weights

The study design was a disproportionate stratified sample. The strata consisted of regions of the state of Illinois. Rather than sample from those regions proportionate to their share of the state population, we sampled roughly equal numbers of households from each region. As a result of the disproportionate sampling, the probability of a household being sampled varied from region to region. Therefore, it was necessary to calculate weights for the sample.

The weights are the inverse of the probability of selection and include three separate components: the probability the telephone number was sampled, the probability the respondent was selected from all adults in the household, and an adjustment for non-response.

The probability the telephone number was sampled is equal to the ratio of the total number of telephone numbers sampled to the total number of working, residential numbers in the region. The household selection weight is the inverse of the probability of selection.

The probability the respondent was sampled out of all adults in the household is equal to 1 divided by the total number of adults in the household. In about 10 percent of the cases, the respondent refused to answer the question about the number of adults. In those cases, we assumed there was one adult and the respondent refused to answer the question for safety reasons. The respondent selection weight is the inverse of the probability of selection.

The overall probability of selection is the probability the household was selected multiplied by the probability the respondent was selected. The overall selection weight is the inverse of this probability. However, this weight had to be adjusted for non-response. The non-response adjustment is simply the inverse of the response rate.

The final dataset contains two weights: *popwgt* and *smpwgt*. *Popwgt* weights the sample to population estimates. *Smpwgt* ratio adjusts the population weights so they sum to the sample size. The limitation of the population weights is that it is not clear exactly what population is represented by the sample. Each respondent is an uninsured adult in Illinois, however, the sample does not represent all uninsured adults in Illinois because of the way the screener was designed. The screener asked to speak

to the person most knowledgeable about health care in the household. If that person was uninsured, the interview continued. If that person was insured, the interview was terminated, without discovering whether or not there were other uninsured adults in the household. As a consequence, uninsured adults who are not knowledgeable about household healthcare, yet who live with another insured adult will be seriously under-represented by this study.

3. Instrumentation

The data collection instrument was programmed using CASES software for the computer-assisted data collection system. The instrument was pretested with a randomly selected sample of respondents, and minor programming changes were made to the data collection instrument to reflect the correct flow and skip pattern of the questionnaire. The instrument was then translated into Spanish. A copy of the questionnaire and interviewer directions appears in Appendix D.

4. Data Collection Procedures

Under the direction of Dr. Dianne Rucinski, the University of Illinois Survey Research Lab (SRL) conducted the field work for the study of uninsured and newly insured in the State of Illinois. Dr. Rucinski designed the survey, provided oversight to the Survey Lab for the pretest and main data collection, and worked closely with the sampling statistician for the assignment of weights.

All interviewers were recruited and trained by the Survey Research Laboratory staff. Interviewers were trained for eight hours on general interviewing procedures, and eight hours on project specific protocols. All interviewers were required to complete mock interviews with Survey Research Laboratory supervisors or the Principal Investigator before beginning interviews with members of the population. Ten percent or more of all interviewers calls were monitored for quality control purposes throughout the field period.

Interviews were conducted beginning in January 15, 2001 and ended on May 6, 2001.

All members of the project team, including those at the Survey Research Laboratory and at the Health Research and Policy Centers, received extensive training in human subjects protection and confidentiality procedures. This project was reviewed by the University of Illinois at Chicago Institutional Review Board and found to contain the proper protections for human subjects.

5. Data Analysis Procedures

After the data were cleaned and responses to open-ended were coded, the data sets were transmitted from the Survey Research Laboratory to the Health Research and Policy Centers. Additional data cleaning and missing data imputation was performed by Shasha Gao, M.S., a statistician at the Health Research and Policy Centers.

Because the findings were to be presented to an audience of little or unknown statistical expertise, it was decided to keep the analysis simple and descriptive. Thus, the majority of presented analyses consisted of univariate and bivariate tables.

IV Results & Discussion

A. Estimate of the Uninsured Population

We used a combination of CPS and BRFSS health insurance items were used to screen for insurance status. For the first 5 of 17 replicates, respondents were randomly assigned to the CPS or to the BRFSS health insurance series. The two series did not produce differences in eligibility estimates, and subsequent replicates used only the BRFSS version to reduce respondent burden. Based on the survey, we estimate that 8.9% to 15.7% of Illinois residents were uninsured or newly insured at the time the survey was conducted. At the time of the survey 61.3% were uninsured and 38.7% were newly insured.

If we assume that all of the numbers for which we could not complete a screening interview contained insured respondents (ineligible for the main instrument), then about 8.9% of Illinois residents are estimated to be uninsured. However, as discussed in III.B. (Sample), if we assumed that some portion of those numbers for which a completed screener could not be conducted were eligible, then the percentage of uninsured and newly insured increases to 15.7%. Specifically, if we assume that 9.2% of 6,547 cases for which a screening interview could not be completed were eligible for the main instrument (newly insured or uninsured), an additional 602 cases would be eligible. Further, if we assume that of 2,784 cases in which the phone rang continuously and was never answered at any contact attempt, that 87.2% of those were working numbers, 89.5% were residential, and 9.2% were eligible, and additional 200 cases would have been eligible for the main instrument. Finally, if we assume that these un interviewed but presumptively eligible respondents were uninsured or newly insured in rates similar to those found in completed interviews, then we estimate that approximately 9.7% of Illinois residents are uninsured. Although these estimates are the best estimates that can be produced from the PSINI, the usual cautions associated with any survey should be exercised in reading these results.

The most striking result of the project is the difference between the estimate of uninsured in the state of Illinois according to the PSINI (about 9.7%) compared to that produced by the March Supplement of the Current Population Survey for Illinois (14.1% in 1999). This result has been found in many other states¹ and is thought to occur for several reasons. First, the primary purpose of the CPS is to provide labor statistics, not health insurance estimates, and as such, design decisions and interviewer training may reflect those priorities. Second, until recently, the estimates of uninsured were derived from residual responses and not verified through an additional question confirming uninsured status. This question format has been altered in the past year and has resulted in a downward revision in estimates of

the uninsured.² Finally, as many as 24% of responses to the health insurance series are imputed due to non-response, and may not accurately reflect the insurance status of respondents. These factors, singly or in combination, may have resulted in differences in estimates. It is also possible, although highly unlikely, that insurance coverage increased sharply between 1999 and 2001.

B. Insurance status by poverty status

To reduce respondent burden a single income item was asked of each respondent. Where applicable, respondents were asked to report income for the entire family. Respondents were asked an income question that expressed income as a percentage of the Federal Poverty Level for a family of the size of the respondent. Results are presented in Table 1 in Appendix E.

Compared to the newly insured, uninsured had lower incomes. About one in five uninsured respondents had incomes below the poverty level, compared to one in ten newly insured respondents. Approximately 12% of uninsured respondents had incomes over 250% of the FPL, compared with 23% of newly insured.

C. Demographic and socioeconomic characteristics

Age. In most age categories there were no significant differences between the newly insured and uninsured. The exception was for adults between 45-64—who are more likely to be uninsured than newly insured. (See Table 2 in Appendix E). In addition, in comparison to their representation in the general population, Latinos and African Americans are over represented among the uninsured.

Gender. Men and women were no more likely to be newly insured or uninsured. (See Table 3 in Appendix E).

Family Composition. The newly insured and the uninsured were no more likely to be members of single-person households. (See Table 4 in Appendix E). In addition, in comparison to their representation in the general population, Latinos and African Americans are over represented among the uninsured.

Race and Latino Ethnicity. Compared to the newly insured, the uninsured were more likely to be Latino and African American than non-Hispanic white (See Table 5 in Appendix E). In addition, in comparison to their representation in the general population, Latinos and African Americans are over represented among the uninsured.

Citizenship Status. Contrary to popular conceptions, compared to the newly insured, the uninsured were no more likely to be non-citizens. (See Table 6 in Appendix E).

Geographic Region. There were no significant regional differences between the newly insured

and uninsured. (See Table 7 in Appendix E). However, Cook County shoulders a disproportionate burden of uninsured and newly insured while Southern Illinois has relatively fewer uninsured and newly insured. Specifically, Cook county accounts for 43.3% of Illinois' population but roughly half of the uninsured and newly insured. Conversely, Southern Illinois accounts for 16.1% of the state's population but only about 10-12% of the state's newly insured and uninsured.

Employment. The majority of newly insured and uninsured respondents were working at the time of the survey (see Table 8 in Appendix E). Newly insured were more likely to be employed than uninsured respondents (75.5% vs. 64.3%, respectively), but were less likely to have been working for the same employer for over a year than uninsured (46.7% vs. 62.2%, respectively).

More than half (52.7%) of the uninsured employed adults did not have health insurance offered to them or to employees in the same position as them (data not shown in tables). Uninsured workers are more likely to work in smaller companies (those employing fewer than 50 workers) than in larger companies than are the newly insured. (See Table 9 in Appendix E).

Among working adults, there were fewer industry differences between newly insured and uninsured adults compared with occupational differences (see Tables 10 and 11 in Appendix E). Both the newly insured and uninsured were most likely to work in the service sectors than in any other sector. About twice as many newly insured adults (34.9%) were employed as managers, professionals, and technicians than uninsured (17.4%). More uninsured adults were employed in service occupations (26.4%) compared to newly insured (20.3%).

Reasons for declining Employee Sponsored Insurance coverage.

Working respondents who had health insurance employment-sponsored insurance were asked a series of questions about why they did not take employment-based coverage. Respondents could agree to as many or as few items as were applicable. An open-ended question was also asked to capture reasons that respondents did not feel were captured by any of the close-ended questions. When appropriate, responses to open-ended were recoded in categories if they were judged to be identical or similar to closed-ended items. Results are presented in Table 12 in Appendix E.

Among the employed uninsured working in a firm in which coverage was available, cost was the most important reasons for declining coverage (55.3%). The second most common reason was the belief that premiums were not worth the cost and co-pays (30.7%). Many workers reported that they had not worked for their employer long enough (29.3%). Just under one in five reported that their employer did not offer a high quality plan (18.8%), and 16.8% reported that they could not use their doctor through the employer's plan. Just over one in ten reported that they did not need health insurance at that time in their life (11.2%).

Amount uninsured individuals would pay for quality health insurance coverage.

While behavioral intentions do always correspond closely to future behavior, the amount of money uninsured people might pay for coverage for themselves and their families was of substantial interest to those involved with the planning grant. Depending on their family situation (i.e., respondents with spouses/children—defined as “families”, or respondents without spouses/children—defined as single persons), respondents were asked whether they would spend one of four dollar amounts for a quality health insurance plan. The dollar amount specified in a question was determined by random assignment and guided by the typical costs of a group-based plan for families and individuals (estimated by the Department of Insurance to be \$4000-6000 a year). The amounts ranged from \$100 to \$250 a month for individuals and \$250 to \$400 for family coverage. Specifically, those respondents with families were asked:

“Suppose you had a chance to purchase a high quality health insurance plan that includes prevention care and care for serious illness, mental health coverage, dental coverage, and eye care for you and your family. Would you spend [RANDOMLY SELECTED AMOUNT FROM \$250-\$400] a month for this coverage?”

There is a negative, linear relationship between the cost of coverage and a willingness to pay, ranging from 66% of those asked about the \$100 level (individual) and 43% at the \$250 and \$300 amount (family) to only 34% at the \$250 (individual) and 31% (family). (See Table 12 in Appendix E).

For those respondents who indicated they were unwilling to pay the amount specified in the experimental condition, a follow-up question was asked to assess how much respondents would be willing to spend. The median response for individuals was \$77.50 (mean = \$93) and \$100 for families (mean = \$131).

Continuity of insurance coverage over the last 12 months.

Those without health insurance and those newly insured were asked how long they had been without coverage. Those currently without coverage tended to be without coverage for a longer period of time than those newly insured (see Table 13 in Appendix E).

Nearly one-third of those without health insurance at the time of the survey had been without health insurance for five or more years, and just under half (49%) had been without health insurance for more than two years.

Among those newly insured, half had been without health insurance coverage for less than six months.

Private direct purchase health insurance

Very few respondents with or without health insurance at the time of the survey had ever applied for a health insurance policy directly with an insurance company. About 8% of those without insurance at the time of the survey had applied directly to an insurance company, and only one respondent was able to secure coverage through a direct purchase policy.

Among newly insured, the figures are relatively higher but low in absolute terms. Less than 17% of those newly insured had applied for coverage directly with an insurance company and less than a third of those who had applied were able to secure coverage. (See Table 14 in Appendix E).

Awareness of I-CHIP and KidCare

All respondents were asked if they had ever heard or read anything about I-CHIP, Illinois' Comprehensive Health Insurance Plan (Illinois' health insurance program for those with medical conditions who cannot be insured through private plans). About 11% of respondents said they had heard about I-CHIP. Among those who had heard of I-CHIP, about one in three reported that they did not think that they were eligible for I-CHIP coverage. About one in four reported that they could not afford the premium. Just over 10% reported that the coverage was not sufficient for their medical needs. (Data not shown in Appendix E).

Parents with uninsured children whose self-reported income was less than 185% of the Federal Poverty Level were asked if they had ever heard or read any about KidCare. About 38% of parents with eligible children reported having read or heard something about KidCare. Those who reported being aware of KidCare were asked a series of questions about why they were not using Medicaid or KidCare for their children. About 45% of respondents reported wanting to enroll in Kidcare but being told they would have to enroll children in Medicaid instead and declined this coverage. About 43% reported that they did not know where to apply, and about 30% reported that they did not have the necessary documents for making an application. Less than 10% reported that the following were reasons they did not use KidCare or Medicaid:

- Could not get to the office
- Could not get appointments scheduled quickly enough
- Could not find a provider who accepted KidCare or Medicaid
- Family doctor would not take KidCare or Medicaid
- Can't afford KidCare premiums and copays
- Health care provided under KidCare and Medicaid is not very good
- Child is pretty healthy and insurance is not needed
- They did not think their child was eligible

IV Conclusions

Based on the results of this population survey, the following tentative conclusions are offered:

8. There appear to be fewer uninsured persons in the State of Illinois (estimated at about 9.7% of the population) than what would be expected based on estimates from the Current Population Survey or the Behavioral Risk Factor Surveillance System. The discrepancies between noncoverage estimates produced in this survey and the CPS and the BRFSS deserve further investigation to which the Principal Investigator is committed. In light of similar findings from other states, the estimates presented in this report ought to be considered reliable and valid estimates of the uninsured.
9. The uninsured in Illinois are disproportionately Latino and African-American.
10. The uninsured and newly uninsured disproportionately reside in Cook county. Southern Illinois residents are significantly unrepresented among the uninsured and newly uninsured.
11. The uninsured in Illinois are disproportionately low and very low income, which underscores the importance of the cost of coverage to creating policy solutions. Because low and very low-income persons are less likely to owe income taxes and many uninsured people do not even file income taxes, it is unlikely that tax credits would be effective in reducing the uninsured rate in Illinois.
12. A large percentage—nearly half—of Illinois’ working uninsured do not have insurance available through their employers. Many of these workers are employed in smaller business, which tend to be less likely to offer coverage to their workers. The working uninsured in Illinois are more likely to work in the service industries and in service occupations.
13. Most uninsured respondents report that they would not pay premium amounts that reflect low to moderate group-based premiums for individuals (\$100 to \$250) and families (\$250 to \$400).
14. Most uninsured workers with coverage available through their employers cite cost/values issues as a barrier to coverage. Very few respondents report lifestyle issues—that they do not think they need insurance at this time in their lives. That so many uninsured respondents wanted to buy their employer’s coverage but could not afford it and so few respondents reported that they did not need coverage should disabuse policymakers of the belief that many uninsured people just don’t want health insurance.
15. The direct purchase of private policies through insurance companies does not appear to be a viable approach to reducing the uninsured in Illinois.
16. Awareness continues to be a major challenge for government-sponsored programs. For KidCare, in addition to more aggressive and innovative outreach, the state of Illinois may wish to consider further streamlining of application processes by reducing the amount documentation needed.
17. Apart from lack of awareness, cost was cited as a barrier to I-CHIP.

Appendix A - Counties per Regions

Northwestern Region 1	Central Region 2	Southern Region 3	Cook County Region 4	Collar Counties Region 5
Boone	Adams	Alexander	Cook	DuPage
Bureau	Brown	Bond		Grundy
Carroll	Calhoun	Clay		Kane
DeKalb	Cass	Clinton		Kankakee
Fulton	Champaign	Crawford		Kendall
Henderson	Christian	Edwards		Lake
Henry	Clark	Effingham		McHenry
JoDaviess	Coles	Fayette		Will
Knox	Cumberland	Franklin		
LaSalle	DeWitt	Gallatin		
Lee	Douglas	Hamilton		
Marshall	Edgar	Hardin		
Mercer	Ford	Jackson		
Ogle	Greene	Jasper		
Peoria	Hancock	Jefferson		
Putnam	Iroquois	Johnson		
Rock Island	Jersey	Lawrence		
Stark	Livingston	Madison		
Stephenson	Logan	Marion		
Tazewell	Macon	Massac		
Warren	Macoupin	Monroe		
Whiteside	Mason	Perry		
Winnebago	McDonough	Pope		
Woodford	McLean	Pulaski		
	Menard	Randolph		
	Montgomery	Richland		
	Morgan	Saline		
	Moultrie	St. Clair		
	Piatt	Union		
	Pike	Wabash		
	Sangamon	Washington		
	Schuyler	Wayne		
	Scott	White		
	Shelby	Williamson		

Vermillion

Appendix B - Disposition Codes

(01) Completed interview (English)	Complete phone interview with eligible English-speaking respondent.
(02) Completed interview (Spanish)	Complete phone interview with eligible Spanish-speaking respondent.
(03) Partial Complete Interview (English)	Partially completed interview in English.
(04) Partial Complete Interview (Spanish)	Partially completed interview in Spanish.
(30) No answer	Used for telephone numbers that have never answered or that always ring busy. This disposition is not used once someone has answered the phone, or an answering device has been reached.
(31) Answering machine/answering service	Used for answering devices or answering services.
(32) Eligible R not available	Used once the respondent has been screened.
(33) Unscreened R not available	Used when someone has answered the telephone, but screening to ascertain the eligible or appropriate respondent has not yet been completed.
(40) Final refusal to screener	Respondent refused to complete the screener.
(41) Final refused interview: English	The eligible English-speaking respondent refused to be interviewed or to complete interview.
(42) Final refused interview: Spanish	The eligible Spanish-speaking respondent refused to be interviewed or to complete interview.
(47) Final refusal, unscreened – PM	Household had a telephone Privacy Manager service and it requested that we remove the number from our list. We consider these households unscreened.
(55) Not able to interview during survey period	Used when there is a clear indication that the respondent cannot participate within the time confines of the study/wave.
(56) Never able to interview	Used when there is a clear indication that the respondent cannot participate in the study. It is not related to the time frame of the data collection effort.
(70) Ineligible, no one 18 or older	There is no one currently living in the household who is 18 years or older.
(71) Ineligible, respondent is insured	The respondent is ineligible because s/he is insured.

(85) Deceased

The respondent selected after screening died by the time we called back to complete the interview.

(86) Non-working

The phone number given is a non-working number.

(87) Nonresidential

Phone number reached was a nonresidence.

(88) Ineligible foreign language

Used if the respondent speaks a language other than English or Spanish.

Appendix C - Completion Rates

- Total Sample -** the total number of phone numbers called for the study
- Non-duplicate numbers –** the total number of phone numbers that are not duplicated in the sample
- Working numbers -** the number of phone numbers that were working phone numbers
- Residential -** the number of phone numbers that were households, not businesses
- Contact to screener -** the total number of respondents who were contacted for the screener
- Cooperation to screener -** the total number of respondents who completed the screener
- Eligible -** the number of respondents who fit the eligibility criteria
- Contact to final -** the total number of respondents who were contacted for an interview
- Cooperation to final -** the total number of respondents who completed an interview

Appendix E

TABLES

Table 1. Insurance Status by Income as Expressed as a percentage of the Federal Poverty Level (Population Weighted)

Poverty Level	Newly Insured		Uninsured	
	Number (95% CI)	percentage	Number (95% CI)	percentage
< 45%	4993 (2784, 7201)	11.30%	14915 (11009, 18820)	20.10%
Between 45% and 100%	9440 (6846, 12035)	21.37%	23650 (19163, 28138)	31.87%
Between 100% and 185%	12097 (8672, 15521)	27.38%	18538 (14496, 22580)	24.98%
Between 185% and 250%	7718 (5184, 10252)	17.47%	8781 (5355, 12206)	11.83%
Between 250% and 300%	2758 (1026, 4490)	6.24%	1329 (435, 2224)	1.79%
Between 300% and 350%	2043 (519, 3567)	4.63%	1989 (412, 3565)	2.68%
Between 350% and 400%	1829 (249, 3409)	4.14%	130 (0, 385)	0.18%
> 400%	3299 (1401, 5198)	7.47%	4870 (1994, 7747)	6.56%

Table 2. Insurance Status by Age (Population Weighted)

Age group	Newly Insured		Uninsured	
	Number (95% CI)	Percentage	Number (95% CI)	Percentage
18-24	6450 (3964, 8935)	13.11%	6525 (4244, 8807)	8.43%
25-34	14143 (10390, 17896)	28.75%	22441 (17688, 27194)	28.99%
35-44	11795 (8898, 14692)	23.98%	18067 (13929, 22204)	23.34%
45-64	12811 (9315, 16307)	26.04%	27947 (22682, 33212)	36.10%
65 and older	3990 (1668, 6313)	8.11%	2442 (558, 4325)	3.15%

Table 3. Insurance Status by Gender (Population Weighted)

Gender	Newly Insured		Uninsured	
	Number (95% CI)	Percentage	Number (95% CI)	Percentage
Male	22217 (17525, 26908)	36.90%	34101 (28523, 39678)	35.70%
Female	37983 (31753, 44213)	63.10%	61421 (53538, 69304)	64.30%

Table 4. Insurance Status by Family Composition: Single-Person vs. Multi-person family (Population Weighted)

Family Composition	Newly Insured		Uninsured	
	Number (95% CI)	Percentage	Number (95% CI)	Percentage
Single person household	15716 (11097, 20335)	31.87%	27045 (20938, 33153)	34.68%
Multiple member household	33600 (28990, 38211)	68.13%	50947 (45308, 56587)	65.32%

Table 5. Insurance Status by Race and Ethnicity (Population Weighted)

Race/Ethnicity	Newly Insured		Uninsured	
	Number (95% CI)	percentage	Number (95% CI)	percentage
Latino/Hispanic	8165 (5191, 11139)	18.68%	15459 (11502, 19416)	21.17%
Non-Hispanic White	28838 (24500, 33176)	65.97%	41416 (36600, 46232)	56.71%
African American	6711 (3659, 9763)	15.35%	16160 (10816, 21504)	22.12%

Table 6. Insurance Status by Citizenship Status (Population Weighted)

Citizenship	Newly Insured		Uninsured	
	Number (95% CI)	Percentage	Number (95% CI)	Percentage
Citizen	44810 (38830, 50789)	90.03%	67113 (59887, 74339)	85.87%
Non-citizen	4965 (2692, 7237)	9.97%	11042 (7723, 14361)	14.13%

Table 7. Insurance Status by Geographic Region (Population Weighted)

Region	Newly Insured		Uninsured	
	Number (95% CI)	Percentage	Number (95% CI)	Percentage
Northwest	6562 (4863, 8262)	10.90%	12255 (10021, 14490)	12.83%
Central	6035 (4563, 7505)	10.03%	10492 (8607, 12376)	10.98%
Southern	6014 (4549, 7480)	9.99%	11647 (9566, 13728)	12.19%
Cook	30369 (23430, 37307)	50.45%	46754 (37843, 55666)	48.95%
Collar	11219 (8273, 14166)	18.64%	14373 (11233, 17513)	15.05%

**Table 8. Insurance Status by Employment Status and Tenure
(Population Weighted)**

Employment Status & Tenure	Newly Insured		Uninsured	
	Number (95% CI)	percentage	Number (95% CI)	percentage
Currently employed	45337 (38791, 51884)	75.48%	61235 (53593, 68877)	64.32%
Same Employer over one year	18532 (14391, 22673)	46.69%	30661 (25183, 36139)	62.18%

Table 9. Insurance Status by Employer Size (Population Weighted)

Employer's size	Newly Insured		Uninsured	
	Number (95% CI)	percentage	Number (95% CI)	percentage
1-50	19455 (14388, 22522)	46.42%	28927 (23509, 34345)	60.89%
Over 50	21298 (16618, 25979)	53.58%	18579 (13998, 23160)	39.11%

Table 10. Insurance Status by Industry (Population Weighted)

Industry	Newly Insured		Uninsured	
	Number (95% CI)	Percentage	Number (95% CI)	percentage
Agriculture	488 (0, 983)	0.81%	525 (37, 1014)	0.55%
Construction	1190 (244, 2136)	1.98%	2614 (1453, 3774)	2.74%
Manufacturing	5478 (3169, 7788)	9.10%	6261 (3546, 8975)	6.55%
Trade	5746 (3465, 8027)	9.55%	18134 (13493, 22775)	18.98%
Services	36634 (30603, 42664)	60.85%	59634 (52143, 67124)	62.43%
Other	10664 (6855, 14474)	17.72%	8354 (5111, 11597)	8.75%

Table 11. Insurance Status by Occupation (Population Weighted)

Occupation	Newly Insured		Uninsured	
	Number (95% CI)	percentage	Number (95% CI)	percentage
Managers, Professionals, Technical	15714 (11576, 19851)	34.87%	10462 (6833, 14092)	17.43%
Sales	4372 (2144, 6600)	9.70%	7609 (4631, 10587)	12.67%
Administrative support	7073 (4108, 10038)	15.70%	10538 (6587, 14490)	17.55%
Services	9166 (5955, 12376)	20.34%	15842 (11855, 19829)	26.39%
Farmers, Fishermen	358 (0, 783)	0.79%	996 (315, 1678)	1.66%
Precision products, Operators, Transportation	8379 (5717, 11040)	18.59%	14586 (10743, 18429)	24.30%

**Table 12. Reasons for declining Employment Sponsored Coverage
(Population Weighted)**

Reasons people don't have employer's plan	Uninsured	
	Number (95% CI)	percentage
Not worth the cost of the premium and co-pay	7880 (5613, 10147)	30.71%
Can not find a good doctor who accepts the plan	2843 (885, 4801)	11.10%
Have a pre-exist illness or disability	1625 (539, 2710)	6.41%
Employer does not offer high quality plan	4620 (2168, 7071)	18.76%
Can not use the doctor through the plan	4070 (1894, 6245)	16.78%
Do not need health insurance	2847 (903, 4791)	11.20%
Have not worked long enough to get coverage	7304 (4501, 10106)	29.23%
Can not afford the premium	13658 (10655, 16630)	55.31%
Other reasons	7264 (4319, 10210)	30.85%

Table 13. Percent Willing to Pay for Coverage by Amount and Type of Coverage (Uninsured Only)

Amount	Individual	Family
\$100	66%	NA
\$150	54%	NA
\$200	43%	NA
\$250	34%	43%
\$300	NA	43%
\$350	NA	36%
\$400	NA	31%

Table 14. Insurance Status by Time without Coverage (Population Weighted)

Time without coverage	Newly Insured		Uninsured	
	Number (95% CI)	percentage	Number (95% CI)	percentage
Less than 6 months	28827 (23453, 34202)	49.34%	24231 (18825, 29638)	25.65%
6 - 12 months	611 (0, 1809)	1.05%	10482 (6678, 14286)	11.10%
12 - 24 months	12483 (8988, 15978)	21.37%	13971 (9833, 18109)	14.79%
24 - 60 months	6908 (3998, 9819)	11.82%	14974 (11157, 18791)	15.85%
Over 60 months	9595 (6272, 12918)	16.42%	25455 (936182)	32.62%

Table 15. Application and Outcome for Direct Purchase of Private Health Insurance (Population Weighted)

Direct Purchase	Newly Insured		Uninsured	
	Number (95% CI)	percentage	Number (95% CI)	percentage
Ever applied for health insurance directly	5081 (3235, 6927)	16.59%	4317 (2105, 6530)	7.25%
Were able to get coverage (among those who applied)	1888 (865, 2912)	28.95%	108 (0, 268)	7.14%

APPENDIX E. Endnotes

1.State Health Access Data Assistance Center (June, 2001). State Health Insurance Coverage Estimates: Why State-Survey Estimates Differ from CPS. State Health Access Data Assistance Center Issue Briefs. URL: <http://www.shadac.org/publications/pubs.htm>.

2.Nelson, C.T., and Mills, R.J. (2001). The March CPS health insurance verification question and its effect on estimates of the uninsured. U.S. Bureau of the Census. URL: <http://www.census.gov/hhes/hlthins/verif.html>.