

Health Insurance Coverage in the District of Columbia

A Profile of the Insured, 2009

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Introduction to the survey

Between August and November 2009, the Urban Institute and Social Sciences Research Solutions conducted a survey of households in the District of Columbia for the DC Department of Health Care Finance. The 2009 DC Health Insurance Survey (DC-HIS) includes interviews with 4,717 households. The sample covered only non-institutionalized residents and did not include homeless residents. The survey used a combination of random digit dial (RDD) telephone and address-based sampling in order to contact households with and without landline telephones. The combined response rate was 34.1 percent. The survey data was analyzed by the Urban Institute.¹ In this brief, we present estimates of health insurance coverage among District residents and explore differences in the characteristics of nonelderly adult residents (ages 18 to 64) with employer-sponsored insurance and those with public insurance coverage using data from the 2009 DC-HIS.

Overview of health insurance coverage

In the District, nearly two thirds (64.4 percent) of nonelderly adults are covered by employer-sponsored insurance. About one fifth (20.6 percent) are covered by public insurance. About 7.0 percent of nonelderly adults report that they had other insurance, such as privately purchased insurance or insurance offered by the Veteran's Administration. The uninsurance rate among nonelderly adults is higher at 7.9 percent than it is among children (3.2 percent) or the elderly (1.4 percent).

In this brief, we present details about nonelderly adult residents who reported that they had employer-sponsored insurance (ESI) or were enrolled in one of the District's public health insurance programs, chiefly Medicaid or the DC Healthcare Alliance. We look first at the demographic characteristics of residents with ESI as compared with public insured residents, including gender, race/ethnicity, income, and place of residence (ward). We then examine differences in health status and in employment. Unless otherwise stated, statistics refer to nonelderly adult residents and all differences that we report are statistically significant at the $p < 0.10$ level or better.

Demographic characteristics

Figure 1 presents survey results comparing the demographic characteristics of residents with ESI and those with public insurance. Publicly insured residents are more likely to be female than male (61.6 percent versus 38.4 percent), while among those with ESI the split is more nearly even (53.3 percent versus 46.7 percent). Publicly insured residents are also more likely to be non-Hispanic black than some other race/ethnicity. Family income is strongly associated

¹ For a full description of the survey methodology, see Ormond et al, 2009 District of Columbia Health Insurance Survey, Methodology Report, February 2010. Available at www.urban.org.

with insurance type. Nearly four fifths of the publicly insured live in families with incomes under twice the federal poverty level as compared with 13.7 percent of residents with ESI. This difference reflects the fact that eligibility for public insurance programs is based in large part on income. The concentration of non-Hispanic blacks in public programs likely reflects prevailing income disparities. Among white, non-Hispanics with public coverage, 63.8 percent have family incomes below twice the federal poverty level (data not shown).

Income disparities are also reflected in the distribution of insurance types across the District's eight wards. Figure 2 shows the distribution of residents with employer-sponsored insurance and public coverage by ward of residence. Relative to residents with employer-sponsored insurance, residents with public insurance live disproportionately in Wards 7 and 8 and, to a lesser extent, in Ward 5.

Health and disability status

The survey finds evidence that publicly insured residents have poorer general health status than those with employer-sponsored insurance and are more likely to have a disability. As shown in figure 3, nearly all (93.7 percent) of residents with ESI report that they are in good, very good, or excellent health, compared with only about two thirds (66.9 percent) of residents with public coverage. Similarly, significantly fewer residents with ESI report having a health problem that limits their activities, 11.7 percent as compared with 37.8 percent for publicly insured residents.

Employment

Residents enrolled in public programs are much more likely than those with ESI not to be working. As seen in figure 4, more than two thirds (77.8 percent) of residents with ESI work full time, as compared with only 14.5 percent of residents with public insurance. Further analysis would be required to determine why full-time workers are not covered by ESI. Some employers do not offer insurance to their workers or do not offer it to all of their workers. Some workers who are offered insurance decline to accept offers of insurance for reasons of cost or for other reasons.

Figure 5 shows the type of firm that insured residents who reported working said they worked for by type of insurance. Publicly insured residents are much more likely to be employed in health care and other social services, services, or retail. They are much less likely to work for the government (federal, state, or local), in education, or in consulting than those with employer-sponsored insurance.

Figure 1: Demographic and Socioeconomic Characteristics of DC Nonelderly Adults by Type of Insurance Coverage: Employer-sponsored Insurance (ESI) and Public Coverage,¹ 2009

	All with either ESI or Public	ESI	Public	
Gender				
Male	44.7	46.7	38.4	***
Female	55.3	53.3	61.6	***
Race/Ethnicity				
White, non-Hispanic	37.1	48.0	3.0	***
Black, non-Hispanic	46.8	35.1	83.4	***
Other/multiple races, non-Hispanic	5.8	6.3	4.1	*
Hispanic	10.3	10.5	9.5	
Family Income Relative to the Federal Poverty Level (FPL)				
Up to 200% of FPL	29.7	13.7	79.6	***
201 to 300% of FPL	8.9	8.7	9.5	
301 to 400% of FPL	9.9	11.9	3.6	***
More than 400% of FPL	51.5	65.7	7.3	***
<i>Sample Size</i>	<i>2,746</i>	<i>2,231</i>	<i>515</i>	

Source: Urban Institute tabulations on the 2009 DC Health Insurance Survey (DC-HIS)

* (**) (***) Difference is significantly different from zero at the .10 (.05) (.01) level, two-tailed test.

¹Individuals are assigned to a single type of coverage based on the following hierarchy: 1. Medicare, 2. ESI, 3. Medicaid, 4. the Alliance, and 5. other coverage. The combined public coverage category includes Medicare, Medicaid, and the Alliance.

Figure 2: Ward of Residence of DC Nonelderly Adults by Type of Insurance Coverage: Employer-sponsored Insurance (ESI) and Public Coverage,¹ 2009

Place of residence	All with either ESI or Public	ESI	Public	
Ward 1	15.1	16.1	11.8	*
Ward 2	15.8	17.8	9.6	***
Ward 3	12.6	15.9	2.3	***
Ward 4	11.7	11.6	12.0	
Ward 5	10.9	9.5	15.2	**
Ward 6	12.1	13.2	8.6	***
Ward 7	10.8	8.4	18.4	***
Ward 8	11.0	7.5	22.1	***
<i>Sample Size</i>	<i>2,746</i>	<i>2,231</i>	<i>515</i>	

Source: Urban Institute tabulations on the 2009 DC Health Insurance Survey (DC-HIS)

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Figure 3: Health Status of DC Nonelderly Adults by Type of Insurance Coverage: Employer-sponsored Insurance (ESI) and Public Coverage,¹ 2009

	All with either ESI or Public	ESI	Public	
Health Status				
Good, very good or excellent	87.2	93.7	66.9	***
Fair or poor	12.8	6.3	33.1	***
Disability Status				
Activities are not limited by health problem	81.9	88.3	62.2	***
Activities are limited by health problem	18.1	11.7	37.8	***
<i>Sample Size</i>	<i>2,746</i>	<i>2,231</i>	<i>515</i>	

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Figure 4: Employer Characteristics of DC Nonelderly Adults by Type of Insurance Coverage: Employer-sponsored Insurance (ESI) and Public Coverage,¹ 2009

	All with either ESI or Public	ESI	Public	
Work status				
Not working	27.5	13.6	70.9	***
Part-time work	6.4	5.3	9.8	**
Full-time work	62.5	77.8	14.5	***
Unknown	3.6	3.3	4.8	
<i>Sample Size</i>	<i>2,746</i>	<i>2,231</i>	<i>515</i>	

Source: Urban Institute tabulations on the 2009 DC Health Insurance Survey (DC-HIS)

* (**) (***) Difference is significantly different from zero at the .10 (.05) (.01) level, two-tailed test.

¹Individuals are assigned to a single type of coverage based on the following hierarchy: 1.Medicare, 2.ESI, 3. Medicaid, 4. the Alliance, and 5. other coverage. The combined public coverage category includes Medicare, Medicaid, and the Alliance.

Figure 5: Type of Firm for Employed DC Nonelderly Adults by Type of Insurance Coverage: Employer-sponsored Insurance (ESI) and Public Coverage,¹ 2009

	All with either ESI or Public	ESI	Public	
Firm type				
Association	2.4	2.9	0.0	***
Business administration or manufacturing	6.8	6.7	8.0	
Arts and entertainment	.9	0.8	1.5	
Consulting or research	7.1	8.0	0.0	***
Education	9.8	10.5	2.6	***
Government	20.9	23.8	5.7	***
Health care or other social services	8.6	7.0	23.5	***
Hospitality	5.6	4.2	11.5	
International organization	1.8	1.7	0.0	***
Law, accounting, advertising, or architecture	12.8	13.8	6.6	**
Media	2.4	2.4	1.2	
Not-for-profit organization	8.3	9.2	3.8	**
Real estate	1.2	1.4	0.0	***
Retail	5.1	2.8	19.3	***
Services	3.2	2.6	9.7	**
Trades	1.6	0.7	4.8	
Transportation	1.0	1.0	1.4	
Miscellaneous	0.3	0.3	0.6	
<i>Sample Size</i>	<i>1,872</i>	<i>1,815</i>	<i>57</i>	

Source: Urban Institute tabulations on the 2009 DC Health Insurance Survey (DC-HIS)

* (**) (***) Difference is significantly different from zero at the .10 (.05) (.01) level, two-tailed test.

¹ Self-employed individuals are not included. Individuals are assigned to a single type of coverage based on the following hierarchy: 1. Medicare, 2. ESI, 3. Medicaid, 4. the Alliance, and 5. other coverage. The combined public coverage category includes Medicare, Medicaid, and the Alliance.

About the survey

One measure of a survey’s validity is how its estimates compare to other surveys. The DC-HIS has much broader range of information about DC households and residents than other surveys, so comparisons of all data elements is not possible. In figure A.1, there is a comparison of estimates from the 2009 DC-HIS with estimates from the 2007-2008 Current Population Survey March supplement (CPS) and the 2008 American Community Survey (ACS) on the data of most interest—insurance coverage by type and age group.

The estimates of public coverage are higher and the estimates of uninsurance are lower in the DC-HIS than in the CPS and the ACS. This difference is due in part to the fact that neither the CPS nor the ACS survey instruments include the Alliance as an insurance choice, and Alliance members may report themselves as either uninsured or publicly insured. The DC-HIS sample also included non-landline households. In addition, the DC-HIS estimates reported in figure A.1 represent a point-in-time estimate of uninsurance, while the CPS estimates are designed to represent the rate for people who report being uninsured for a full year. It is, however, often thought that the CPS estimates likely reflect as point-in-time estimates; further, CPS estimates of public coverage are frequently adjusted to account for under-reporting.² Other sources of difference include different survey instruments, different survey methodology, and the different years of the surveys.

Figure A.1: A comparison of estimates of insurance coverage across surveys											
	All residents				Children				Non-elderly adults		
	CPS (2007-08)	ACS (2008)	DC-HIS (2009)		CPS (2007-08)	ACS (2008)	DC-HIS (2009)		CPS (2007-08)	ACS (2008)	DC-HIS (2009)
Employer-sponsored insurance	53.5%	55.8%	55.0%		48.0%	49.4%	47.3%		62.8%	65.1%	64.4%
Public coverage	30.7%	28.9%	32.8%		41.8%	40.9%	44.6%		17.5%	16.5%	20.6%
Other/ individual	6.0%	7.4%	6.0%		**	6.0%	4.9%		7.7%	8.5%	7.0%
Uninsured	9.8%	7.9%	6.2%		6.4%	3.7%	3.2%		12.0%	9.9%	7.9%
Total	100.0%	100%	100.0%		100.0%	100%	100.0%		100.0%	100%	100.0%

Sources: CPS estimates taken from Kaiser State Health Facts Online. ACS estimates are Urban Institute tabulations of ACS 2008 data from the Integrated Public Use Microdata Series (IPUMS). DC-HIS estimates are Urban Institute tabulations.

Individuals are assigned to a single type of coverage based on the following hierarchy: 1. Medicare, 2. ESI, 3. Medicaid, 4. the Alliance, and 5. other coverage. The combined public coverage category includes Medicare, Medicaid, and the Alliance.

** Denotes insufficient data to produce estimates.

² Lewis, Kimball, Marilyn Ellwood and John Czajka. “Counting the Uninsured: A Review of the Literature.” Assessing the New Federalism: Occasional Paper Number 8. July 1998.