



Health Insurance Coverage and the Uninsured in New Hampshire

Results from the 2001 New Hampshire Family and Employer Health Insurance Survey



Funded by a Health Resources and Services Administration Grant

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Health Planning And Medicaid Publications

<http://www.dhhs.state.nh.us/DHHS/HPR/LIBRARY/default.htm>

The Elements of an Ideal Health Care Delivery System

An Inventory of Health Status Indicators

New Hampshire's Health Status Goals

Health Planning, Values and Preferences

The State, Communities, and Individuals:
Roles and Responsibilities in New Hampshire's Health Care System

The New Hampshire Network Survey Report

Creating a Healthier New Hampshire:
A Consumer Report on Proposed Changes to New Hampshire's Health Care System

The New Hampshire Health Care System: Guidelines for Change

Health Insurance Coverage in New Hampshire

Strengthening the Safety Net:
A Financial Analysis of New Hampshire's Community Health Centers

The Health of New Hampshire's Community Hospital System:
A Financial and Economic Analysis

Community Grant Program Five – Year Report, 1996 - 2000

Regional Health Profiles

Table of Contents

Why was a Survey of New Hampshire Insurance Coverage Conducted?	6
Why is Health Insurance Important?	7
Who is Covered by Health Insurance in New Hampshire?	8
<i>Figure 1. Insurance Status of New Hampshire Residents, 2001</i>	8
<i>Figure 2. New Hampshire Distribution of Health Coverage, 2001</i>	9
What Do These Findings Suggest About Coverage in New Hampshire?	9
Are There Regional Differences in Insurance Coverage?	10
<i>Table 1. New Hampshire Rate of Coverage by County, 2001</i>	10
Does Insurance Coverage Vary for Children and Adults?	11
<i>Figure 3. New Hampshire Rate of Insurance for Children and Adults, 2001</i>	11
Does Insurance Coverage Vary by Income?	12
<i>Figure 4. New Hampshire Insurance Status by Income, 2001</i>	12
<i>Figure 5. New Hampshire Uninsurance Rates by Income as a Percent of the Federal Poverty Level, 2001</i>	13
Are the Uninsured Working?	14
<i>Figure 6. Distribution of New Hampshire Working Uninsured Adults by Employer Sponsored Health Plan Eligibility</i>	14
Will Employers Start/Stop Offering Insurance Coverage?	15
<i>Figure 7. Inducing New Hampshire Firms Currently Not Offering to Start Offering Coverage, 2001</i>	15
<i>Figure 8. Stability of New Hampshire Employer Sponsored Coverage, 2001</i>	15
What Share of the Uninsured Population Represents Children Who Might Be Eligible for Existing State Programs?	16
<i>Figure 9. 1999-2001 Change in Rate of Uninsured Children</i>	16
How Many Adults Might Be Eligible for a Healthy Adults Program?	17
Who Cared For The Uninsured?	18
Policy Implications and Future Work	18
What Were the Basic Methods Used in Conducting the Survey?	19
Precision of the Numbers in This Report	20
Appendix	21

Appendix

Table A.	Poverty Level Guidelines (Income Guidelines, February 2000)
Table B.	Insurance Status of New Hampshire Residents, 2001
Table C.	Distribution of Insurance Status by Insurance Type, 2001
Table D.	Rate of Insurance for Children and Adults, 2001
Table E.	Insured by Income, 2001
Table F.	Uninsurance Rates by Income as a Percent of the Federal Poverty Level, 2001
Table G.	Distribution of Working Uninsured Employer Sponsored Health Plan Eligibility, 2001
Table H.	Inducing Firms Currently Not Offering to Start Offering Coverage, 2001
Table I.	Stability of Employer Sponsored Coverage, 2001
Table J.	1999-2001 Change in Rate of Uninsured Children
Table K.	Number of Community Health Center Visits in Previous 6 Months Among Uninsured Adults in New Hampshire
Table L.	Number of Emergency Room Visits in Previous 6 Months Among Uninsured Adults in New Hampshire
Table M.	Number of Private Physician Office Visits in Previous 6 Months Among Uninsured Adults in New Hampshire

Why was a Survey of New Hampshire Insurance Coverage Conducted?

In 1995, the New Hampshire Department of Health and Human Services created a statewide Health Care Planning Process, the goal of which was to establish a State Health Plan to promote improvement in the health status of the state's citizens. One of the principal documents to emerge from this planning process - developed through seven community councils, 22 focus groups, 18 town meetings, symposia and a number of reviews of planning reports was "The New Hampshire Health Care System: Guidelines for Change."

While the vision depicted in the "Guidelines for Change" was broad, the recommendations for initial action were specific. They focused on developing timely and reliable information and data that would allow the state to evaluate the need for, and the benefits and costs of, public policy changes. Recommendation #2 of "Guidelines for Change" focused on the importance of reliable and timely New Hampshire specific information on the uninsured and underinsured to track the effectiveness of the changing market in addressing health care needs.

This recommendation served as the motivation for the 1999 New Hampshire Health Insurance Coverage and Access Survey (NH - HICAS), a telephone survey of New Hampshire residents under the age of sixty-five designed to understand health insurance coverage, access to medical care, and general medical needs. This report updates the findings of that 1999 report. The survey was funded by a state planning grant from a federal agency, The Health Resources and Services Administration (HRSA). New Hampshire was one of ten original states that HRSA competitively funded to analyze the nature of their uninsured populations and explore possible approaches to expanding coverage. The results from the 2001 survey establish benchmarks facing the uninsured and explore more deeply issues concerning individuals, families and employers.

The 1999 NH-HICAS, while a unique initiative in many respects, was built on work being conducted in other states across the country. In 1993, the Robert Wood Johnson (RWJ) Foundation conducted state specific surveys in Colorado, Florida, Minnesota, New Mexico, New York, North Dakota, Oklahoma, Oregon, Vermont and Washington. A number of states, including Minnesota, Florida and Vermont, have continued to conduct state specific surveys using the RWJ methodology in order to understand over time the impact of market and policy changes. For the NH-HICAS, both the survey instrument and the sample design were adapted from the RWJ study and modified to meet the needs of New Hampshire. The report was structured around a series of questions raised through the health planning process by the seven district health councils, the legislature, and the Departments of Health and Human Services and Insurance. It is designed to provide basic answers to these questions. The 2001 update maintained much of the same focus but was slightly reformatted to comply with HRSA requirements.

In 2001, in addition to the Family Insurance Survey, an Employer Survey was conducted to examine offer rates among employers and these findings are presented here as well. While each section may raise questions regarding policy implications, the intent of the report is to provide information for work that is conducted cooperatively among the Department's partners as well as for separate initiatives within the private sector.

Why is Health Insurance Important?

Policy makers are concerned about access to health insurance coverage for a variety of reasons. Most Americans access health insurance through their employer. Nationally, approximately 68 percent of the population has health insurance coverage through their employer. However, changes in the health care market including increases in health care insurance premiums and an increase in jobs that do not offer insurance coverage, have raised concerns about the erosion of the employment-based system. Some researchers believe that changes in the employer¹ market and the increasing un-affordability of health insurance in the United States are the root cause of recent increases in the uninsured. To many, the changes in the employer market are particularly troubling since they occurred during a period of economic prosperity and suggest that employer-based insurance may undergo further retrenchment during the current economic downturn.

Individuals without health insurance coverage are a policy concern because they often seek medical services later and receive less care than those who do have coverage (Institute of Medicine, 2000). This lack of coverage has implications for individuals, families and communities. Individuals without health insurance potentially face catastrophic costs that can have a significant effect on the economic viability of a family and thus create a negative impact on individuals within that family. Moreover, lack of insurance coverage can have an impact on communities if individuals do not seek medical care when necessary and, as a result, lose workplace productivity. In addition, the uninsured can have a significant financial impact on health care providers who in turn may pass the cost of caring for the uninsured onto privately insured patients, most of whom have employer-based insurance.² A portion of the cost of the uninsured then becomes a part of the premium dollar paid by employers and employees for their private insurance.

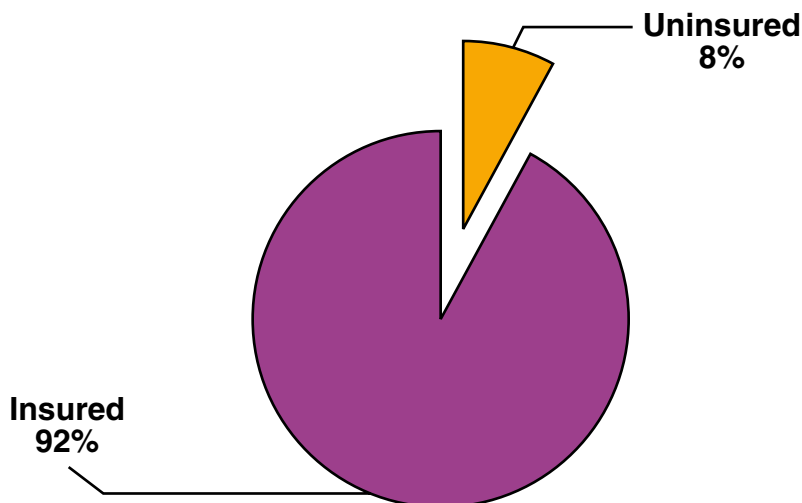
¹ The national figures are for 2000. Catherine Hoffman and Mary Pohl, *Health Insurance Coverage in America, 2000 Update*, The Kaiser Commission on Medicaid and the Uninsured, February 2002, p. 9.

² The cross subsidy appears in the form of higher fees and charges. Providers are unable to pass these costs onto the major public programs – Medicare and Medicaid.

Who is Covered by Health Insurance in New Hampshire?

In 2001, 998,000 or 92 percent of New Hampshire residents were insured, and an estimated 90,000 individuals or 8 percent³ of the state's population were uninsured (Figure 1). Compared to the nation, New Hampshire has a much smaller uninsured population (8 percent versus 16 percent), relies much more on private insurance coverage (84 percent versus 72 percent) and relies much less on public coverage (7 percent versus 12 percent) (Figure 2). Private insurance consists of employer-based insurance, individual non-group insurance and COBRA (a federal provision that allows individuals to buy into their previous employers' health benefits).⁴ Employer-based insurance however, represented the largest share, extending coverage to 80 percent of the state's residents. Nationally, only 67 percent of the population had employer-based insurance. Adults in New Hampshire were more likely to be insured privately (86 percent) than children (80 percent). A recent national survey indicated that 75 percent of adults and 69 percent of children were covered privately (Brennan, et. al., 1999, Zuckerman and Brennan, 1999) a similar finding but one that highlights the more prominent role private insurance plays in New Hampshire compared to the rest of the country.

Figure 1. Insurance Status of New Hampshire Residents, 2001

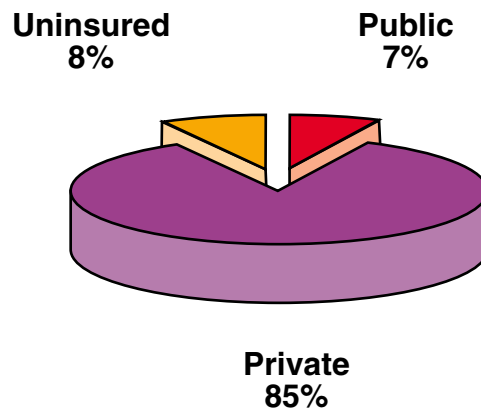


³ Based on the precision of the estimate, it is 95 percent certain that the true estimate of the uninsured rate ranges 7.8 percent to 8.8 percent of the population.

⁴ Catherine Hoffman and Mary Pohl, *Health Insurance Coverage in America, 2000 Update*, The Kaiser Commission on Medicaid and the Uninsured, February 2002, p. 9.

Approximately seven percent of New Hampshire residents are covered through publicly sponsored programs, including Medicare, Healthy Kids Gold, Healthy Kids Silver, Medicaid and other state and federal programs. Reflecting the broad reliance on the private insurance system, New Hampshire residents are much less likely to be covered by public programs than most Americans. Recent estimates suggest that 20 percent of children and eight percent of adults are covered by public programs nationally (Brennan, et. al., 1999, Zuckerman and Brennan, 1999) compared to 11 percent of the children and 5 percent of the adults in New Hampshire. Nationally, 10 percent of the population relies on Medicaid compared to 6 percent in New Hampshire.⁵

Figure 2. New Hampshire Distribution of Health Coverage, 2001



What Do These Findings Suggest About Coverage in New Hampshire?

The percentage of uninsured New Hampshire residents is half that of the nation (8 percent compared to 16 percent). There are many factors that could contribute to this difference, including the state's status as one of the wealthiest states in the country. In 2000, the state was ranked 7th in per capita income and had the lowest poverty rate in the nation.⁶ Individuals with higher incomes can more easily afford, and have greater access to, private sources of insurance coverage. However, national trends suggest that while private plans are still the leading source of health insurance coverage for most Americans, employer-based insurance coverage has begun to deteriorate, particularly for lower skilled jobs that are more typically the types of jobs that have resulted in past declines in unemployment rates. This trend is apparent in New Hampshire as well. The occupations projected to add the most jobs in New Hampshire between 1996 and 2006 are retail-related (Elliot, 1999) and these positions are often the least likely to offer any insurance coverage. In 2001, 22 percent of New Hampshire's uninsured workers were in retail services. Only one sector of the state's economy had a greater proportion of the uninsured: construction (which accounted for 24 percent of the uninsured workers).

⁵ Kaiser Commission on Medicaid and the Uninsured, Medicaid Spending Growth: Results from a 2002 Survey.

⁶ SAL-3 Per Capita Personal Income, Regional Accounts Data, Bureau of Economic Analysis, US Department of Commerce, April 23, 2002; Table D. Percent of People in Poverty by State: 1998, 1999, and 2000, U.S. Census Bureau, Current Population Survey, March 1999, 2000 and 2001. The poverty rate is the average rate for 1999-2000.

Are There Regional Differences in Insurance Coverage?

Clear regional differences in insurance rates exist within the state (Table 1). Individuals in the Northern part of the state (Coos, Grafton, Carroll and Sullivan Counties) are more likely to be uninsured than those in the Southern part of the state (Belknap, Cheshire, Hillsborough, Merrimack, Rockingham and Strafford Counties). Thirteen percent of the residents in the Northern part were uninsured, while 7 percent of those in the Southern part were uninsured. However, since the population is concentrated in the Southern part of New Hampshire, most of the uninsured also reside in this region (68,115 in the south versus 21,698 in the north). In part, this effect reflects the urban and rural division within the state. Seven percent of the three urban counties (Merrimack, Hillsborough and Rockingham) are uninsured compared to 11 percent in the 7 remaining rural counties. As a result, most of the uninsured reside within the urban counties (47,584 versus 42,229).

Table 1. Rate of Coverage by County

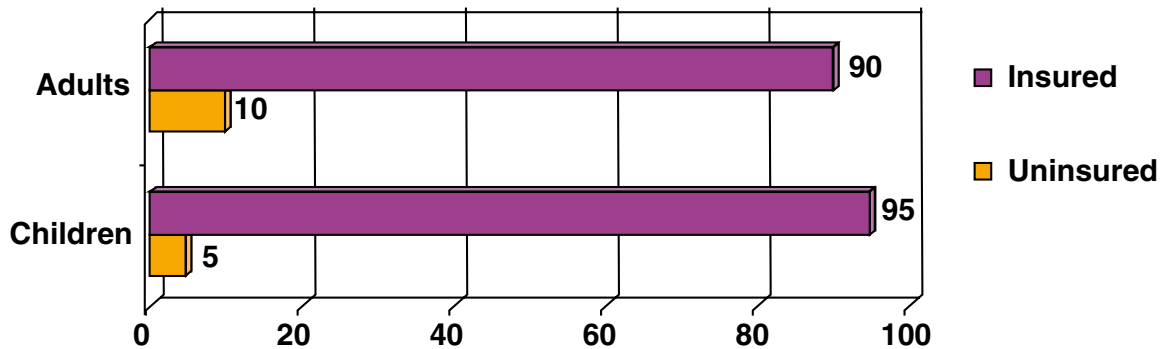
Uninsured County	Insured Number	Percent	CI (-)	Total Number	Percent	CI (-)	Number	Percent
Carroll	6,090	17.0	3.5	29,805	83.0	3.5	35,895	100
Sullivan	4,266	12.5	3.1	29,786	87.5	3.1	34,052	100
Grafton	8,329	11.8	2.1	62,436	88.2	2.1	70,765	100
Belknap	5,513	11.5	2.5	42,406	88.5	2.5	47,918	100
Coos	3,012	11.2	3.4	23,869	88.8	3.4	26,881	100
Strafford	9,985	10.0	1.7	9,707	90.0	1.7	99,692	100
Merrimack	10,691	9.0	1.4	108,466	91.0	1.4	119,157	100
Cheshire	5,033	7.9	1.9	58,735	92.1	1.9	63,768	100
Hillsborough	22,143	6.5	0.7	318,024	93.5	0.7	340,167	100
Rockingham	14,750	5.9	0.8	234,771	94.1	0.8	249,521	100

Given the higher population, It is not surprising that the number of uninsured individuals is greatest in the Southern part of the state. But an important question is raised by the fact that individuals in the rural and Northern parts of the state are uninsured at a higher rate than in the state generally. A large number of factors contribute to the regional disparity in coverage including differences in income, education, the size of the firms, the type of the industries offering employment and the nature and extent of employer based insurance in those firms.

Does Insurance Coverage Vary for Children and Adults?

Nationally, 18 percent of adults and 12 percent of children are uninsured; both rates are significantly higher than New Hampshire's rate of 10 percent for adults and 5 percent for children (Figure 3). Employer-based insurance and very strong public programs (Medicaid and Healthy Kids) have contributed to extending insurance coverage to 95 percent of New Hampshire's children. In fact, most of the uninsured in New Hampshire are adults. An estimated 82 percent or approximately 74,000 of the uninsured are between 18-64 years of age. Among those of different ages, young adults have the highest uninsurance rates in New Hampshire. In 2001, approximately 16 percent of 18 to 24-year-olds were uninsured, twice the rate for the state as a whole. Uninsurance declines for adults between 25-33 years to 13 percent and continues to decline as individuals age. Only 5 percent of those between 55 and 64 were uninsured. These trends are generally consistent with the national figures that show younger adults are significantly more likely to be uninsured. This may reflect the transitional life circumstances of young adults. For example, young adults no longer have access to public coverage, often are no longer eligible under their parents' plans, and may be working at entry-level jobs where health benefits are not offered (Cunningham, 1998). As individuals age, uninsurance decreases because changes in the types of jobs workers have and employment longevity increase the likelihood that individuals will be covered through an employer. While insurance rates vary by age, individuals of all ages are uninsured.

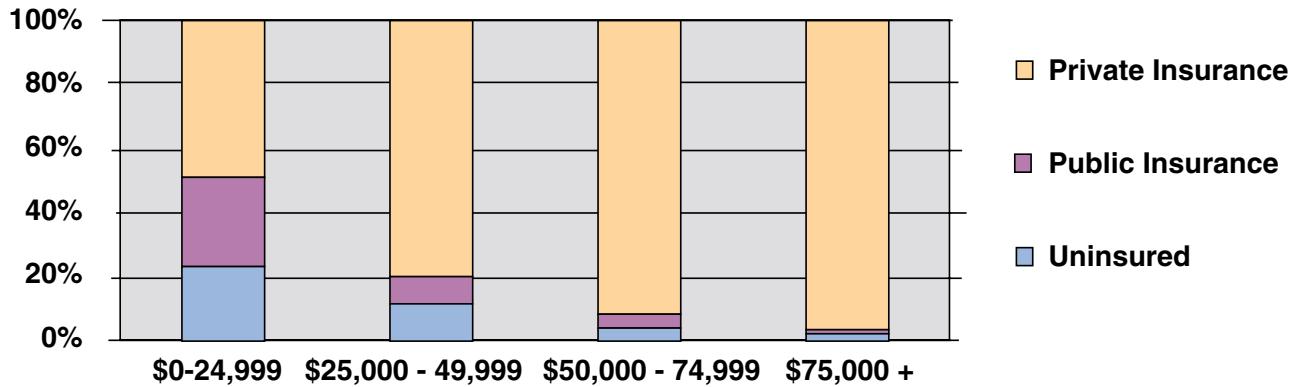
Figure 3. New Hampshire Rate of Insurance for Children and Adults, 2001



Does Insurance Coverage Vary by Income?

Lower income families in New Hampshire are much more vulnerable to being uninsured than those with higher incomes (Figure 5.). Individuals living in families that earned less than \$25,000 were four times more likely to be uninsured than individuals living in families earning \$25,000 or more (23 percent for the low income residents compared to 6 percent for all other residents.). As family income increases, the uninsurance rate rapidly declines from 12 percent for families with income of \$25,000-\$49,999 to 5 percent for those in the \$50,000-\$74,999 bracket, to less than 2 percent for those earning more than \$75,000. Similarly, as income increases, coverage from private insurance significantly increases (from 50 percent for those earning less than \$25,000 to 97 percent for those earning more than \$75,000), while coverage from Medicaid and other public programs declines at an equally dramatic rate (from 27 percent for those earning less than \$25,000 to 1 percent for those earning more than \$75,000).

Figure 4. New Hampshire Insurance Status by Income, 2001

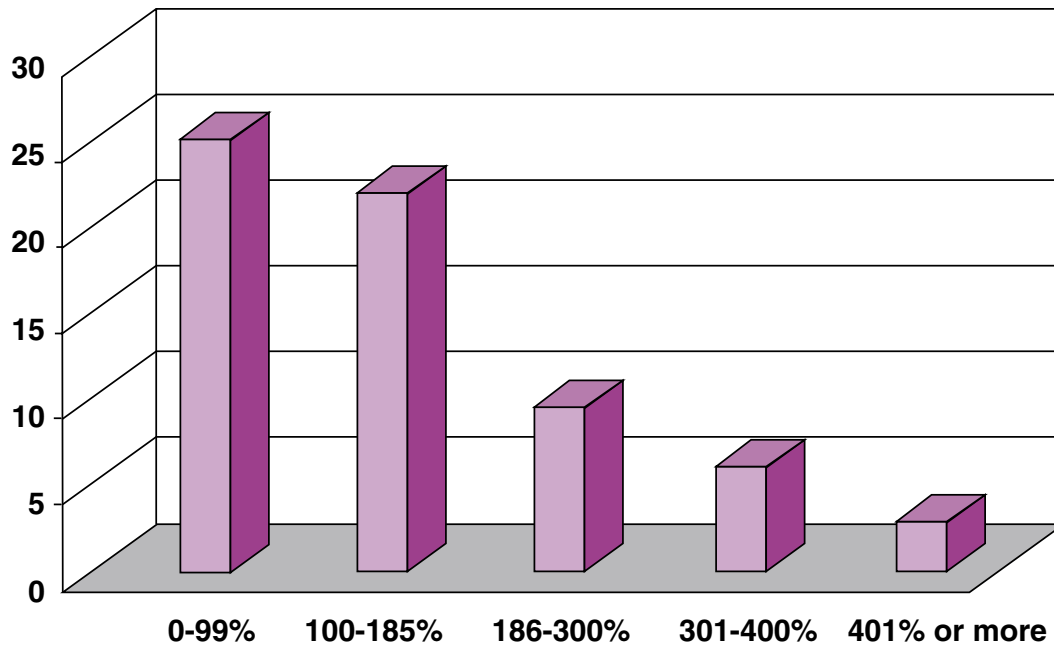


A similar and more precise picture emerges when we adjust for the size of the family and the county where they live and then apply the federal poverty standards (see Appendix Table A). First, the inverse relationship between income and being uninsured holds, that is, the lower your income, the greater the likelihood that you will be uninsured. Twenty five percent of those earning less than 100 percent of FPL are uninsured; 22 percent of those earning between 101 and 200 FPL, 10 percent of those between 201 and 300 and 3 percent of those earning more than 300 percent of FPL(Figure 5.). Second, compared to the nation, New Hampshire has been much more successful in reducing the burden of the uninsured on the poorest member of the community. A much lower percentage of New Hampshire individuals

live in extreme poverty – less than 100 percent of the federal poverty level (FPL) – than in the country: 6 percent versus 16 percent. As a result, a smaller percentage of New Hampshire’s uninsured are in this lowest income bracket: 18 percent in New Hampshire compared to 36 percent nationally.⁷

When we expand our groupings and consider individuals with incomes less than or equal to 200 percent of FPL the findings are similar. Nationally, one third of the least affluent members of the community accounted for 64 percent of the uninsured. In New Hampshire, approximately 20 percent of the state’s residents had incomes that were equal to or less than 200 percent of FPL and they represented 51 percent of the uninsured. A greater proportion of individuals at the other end of the income spectrum – those earning more than 300 percent of FPL – reside in New Hampshire than in the country at large: 63 percent within the state and 51 percent nationally. This group accounts for a much higher proportion of the uninsured in New Hampshire – 30 percent versus 6 percent nationally (Hoffman and Pohl, 2002).

Figure 5. New Hampshire Uninsurance Rates by Income as a Percent of the Federal Poverty Level, 2001



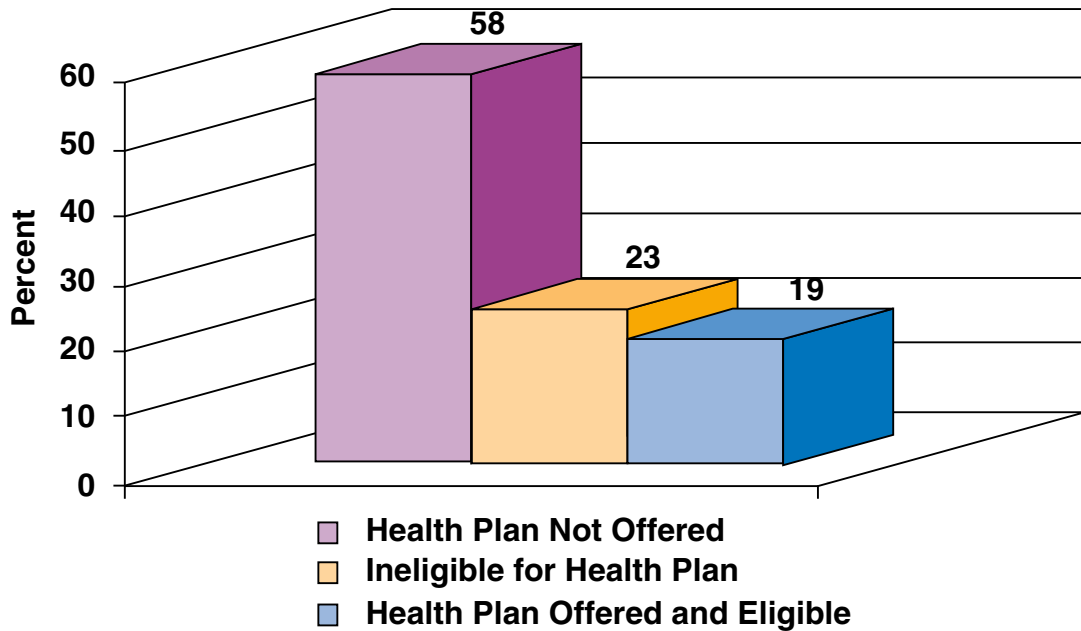
⁷ Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on pooled March 2000 and 2001 Current Population Surveys. Total US numbers are based on March 2001 estimates.

Are the Uninsured Working?

In New Hampshire - as in the nation - the uninsured are primarily employed or live in families with at least one full-time employed adult. More than 92 percent of all uninsured individuals in New Hampshire have at least one family member who is working full-time. Another approximately 6 percent of uninsured individuals live in families with at least one individual working part-time. In total, 99 percent of the uninsured live in families with an individual working full or part-time. This exceeds the national rate of 91 percent.⁸

If the uninsured are working, then why do they lack coverage? Approximately 58 percent of working uninsured adults indicated that they were working in firms that did not offer insurance coverage (Figure 6.). An additional 22.5 percent were ineligible for coverage as a result of the length of their employment, the part-time nature of their work, or as a result of medical issues that restricted their access to employer-based insurance. In total, 8 out of 10 uninsured workers could not purchase their insurance through their employer. According to a recent analysis of national survey data, almost 70 percent of the uninsured worked in firms that did not offer insurance coverage (Thorpe and Florence, 1999). And for those who were offered insurance, a significant share were ineligible to participate because of existing medical conditions or the specifics of the employer's rules regarding eligibility such as length of employment or number of hours worked. For those uninsured who refused coverage when offered, the single most important factor nationally and in New Hampshire was the cost of that coverage.⁹

Figure 6. Distribution of New Hampshire Working Uninsured Adults by Employer Sponsored Health Plan Eligibility



⁸ Kaiser p. 21

⁹ 2002 Kaiser/HRET Employer Health Benefits Report.

Will Employers Start/Stop Offering Health Coverage?

The likelihood of not having employer-based insurance varies by the size of the firm and the type of industry and the nature of the job. Very small firms, with 1-10 employees, employ fifty two percent of the uninsured workers. Twenty one percent of the uninsured are in firms that have 11-50 workers. The remaining 17 percent are in businesses with more than 50 employees. Further, nearly half of the working uninsured adults are in construction and retail services, whereas only 2 percent of the uninsured are in communication, technology or financial services.

Finally, the state faces very different challenges in terms of inducing firms to offer health insurance in contrast to the problems of maintaining coverage by firms that currently offer health insurance. Fifty four percent of the firms that do not offer insurance said they would never offer coverage. More than one third not offering coverage indicated that premiums would have to be reduced by 50 percent or more before they would provide health insurance. In other words it would be extremely difficult to induce nearly 90 percent of the employers not offering health to begin offering and paying for health insurance for their employees. These figures are in stark contrast to the firms that currently make this benefit available to their employees (Figure 7.). More than 50 percent of the firms offering insurance coverage indicated they would never stop offering coverage to their employees. Thirty four percent would continue to provide health insurance even if premiums rose more than 20 percent. However, 17 percent of the firms state that they would stop offering health insurance if premiums increased from 10 to 20 percent. The recent increases in insurance premiums will cause great concerns for these employers.

Figure 7. Inducing New Hampshire Firms Currently Not Offering to Start Offering Coverage, 2001

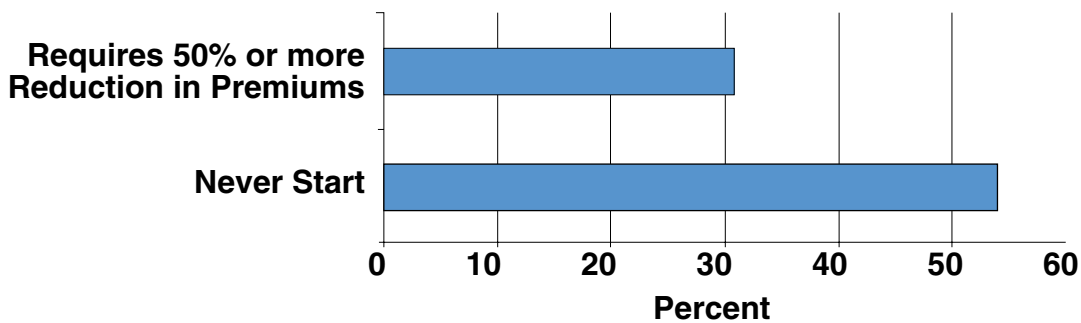
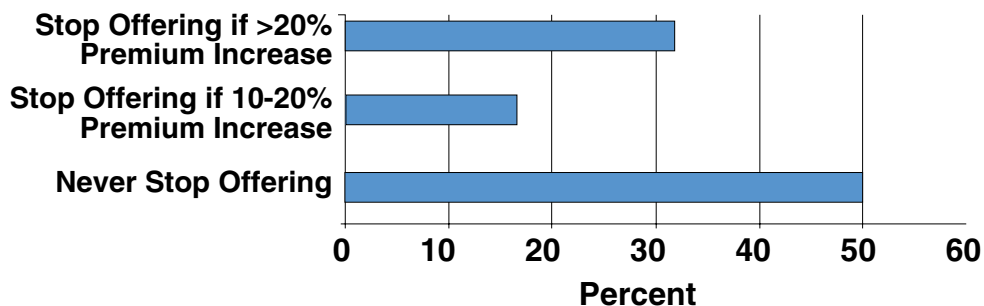


Figure 8. Stability of New Hampshire Employer Sponsored Coverage, 2001

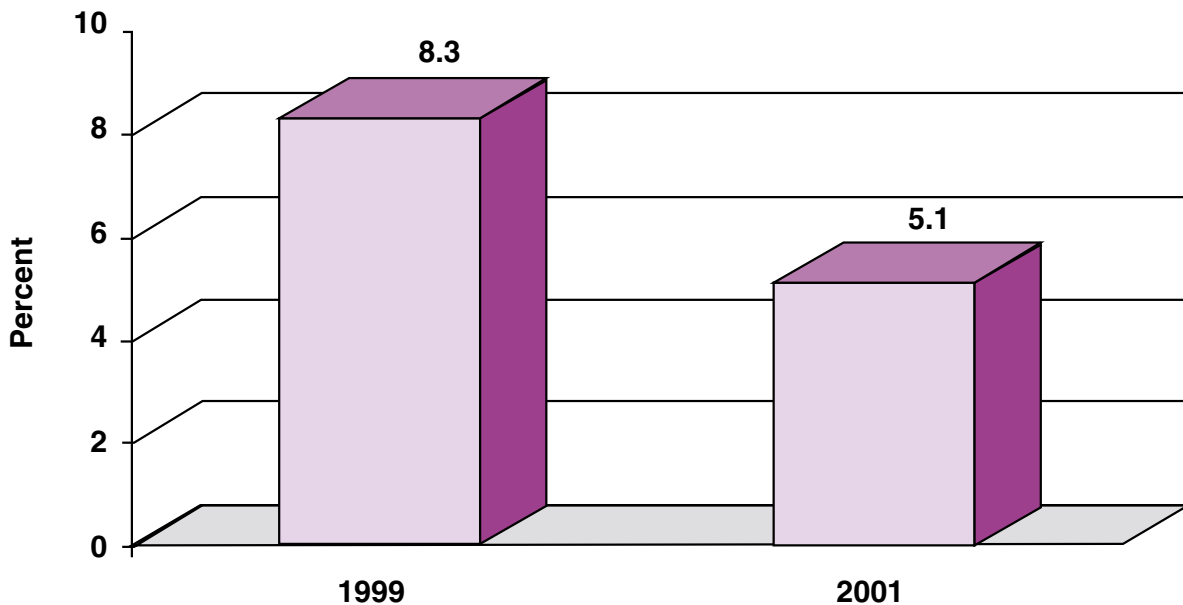


What Share of the Uninsured Population Represents Children Who Might Be Eligible for Existing State Programs?

In 1999, New Hampshire expanded public programs to include all children with incomes up to 300% of the federal poverty level through the state's Medicaid program in Healthy Kids Gold and through New Hampshire Healthy Kids Silver. Still, both nationally and within New Hampshire, there was growing concern that these expansions in coverage had not resulted in significant increases in enrollment.

Nonetheless, in 2001, only two years later, the State experienced an improvement in the coverage of children who were 17 years old and younger (Figure 9). There were nearly 5,800 fewer uninsured children in New Hampshire. This is a testimony to the both the effectiveness of private employer-based insurance coverage and the expansion of the Healthy Kids program. However, an estimated 13,000 children remain eligible but unenrolled for Healthy Kids generally, with the majority eligible for Healthy Kids Gold.

Figure 9. 1999-2001 Change in Rate of New Hampshire's Uninsured Children



How Many Adults Might Be Eligible for a Healthy Adults Program?

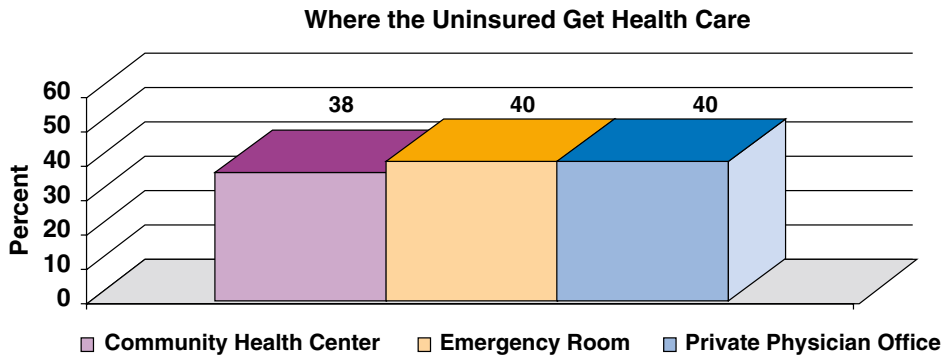
In response to changes in the employer-based insurance market, some states have developed strategies to cover lower-income adults. A few states, including Oregon and Tennessee, have expanded their Medicaid programs to offer full coverage to uninsured individuals or families up to certain percentages of the federal poverty level. In Massachusetts, adults with incomes up to 200 percent of the federal poverty level are eligible for subsidies for employer-based coverage if they work for a small employer. Washington state provides subsidized coverage to all individuals with incomes less than 200% of the federal poverty level through its Basic Health Plan.

In 1999, New Hampshire SB 183 created a legislative study committee under the umbrella of the Healthy Kids Corporation that includes representation from the Department of Health and Human Services, the legislature, health care providers, business leadership, and managed care organizations. The committee was charged with analyzing the problems of uninsurance for lower-income adults in New Hampshire and exploring models to expand coverage. In its first report, the committee largely focused on publicly supported programs. To understand what populations would be eligible, the 1999 report looked at the distribution of uninsured adults by income and made estimates of what portion of those adults might be expected to enroll in a Healthy Adults program with eligibility rules similar to the Healthy Kids program for children. These estimates have been updated to reflect the data from the 2001 survey.

This update to the study found that if an adult coverage program was limited to adults with children whose income was equal to or less than 185 percent of FPL, 2,900 adults would probably participate in the first year and the enrollment would likely grow to 8,300 by the third year. If the program was expanded to include adults without children in the same income bracket, 2,800 additional adults would probably enroll in the first year and that would grow to 10,300 by the third year. Finally, if eligibility were extended to the parents with children whose income was 186-300 percent of the FPL an additional 400 adults would enroll in the first year and 1,900 by the third year. If a Healthy Adults program was offered to all of these adults, then we might expect that the number of uninsured adults in the state would decline by 6,100 in the first year of the program and 21,900 in the third year. If these enrollment targets were achieved and if the uninsured population remained relatively stable, then a Healthy Adults program could result in a 30 percent reduction of uninsured adults.

Who Cared For The Uninsured?

When the uninsured required care, it was almost evenly distributed across the three basic components of the state's safety net: 38 percent of the uninsured visited community health centers, 40 percent visited hospital emergency rooms and 40 percent visited private physician offices.¹⁰



Policy Implications and Future Work

The 2001 survey presents a picture that is both reassuring and disturbing. It is reassuring because the proportion of the state's population that is uninsured (in total or among adults or children) is nearly half that of the nation. Only one state - Rhode Island - had a higher statewide insurance rate than New Hampshire (Hoffman and Pohl, 2002). New Hampshire had the third strongest employer-based insurance system among the states (exceeded only by Connecticut and Maryland) and was one of the leaders in coverage for children (ranked fourth behind Rhode Island, Pennsylvania and Connecticut) (Hoffman and Pohl, 2002).

The insurance picture is disturbing, however, because nearly 90,000 individuals are uninsured. Furthermore, the 2001 survey may depict a system that was working under ideal conditions. The survey occurred in the summer of 2001, before September 11th, before the decline in the stock market accelerated (affecting individual lives and the financial performance of hospitals, other providers and foundations that depend upon the income from their investments), before the increase in unemployment, and before the significant reductions in state tax revenues.

In all subsequent work, it will be important to understand how to ensure that the major role played by the private sector in health insurance coverage in New Hampshire is maintained. First, it will be important to monitor trends in employment-based insurance. National studies suggest that the employer-based system of coverage is eroding, particularly for lower income individuals. New Hampshire may not be immune from these national trends. Moreover, given that some children and adults with incomes less than or equal to 200 percent of the federal poverty level are insured privately, it is important to explore the potential for building on the broad private coverage in New Hampshire for this population. The results of this report provide additional support for maintaining the very successful state programs that enroll and provide health insurance coverage to children, for helping to support and maintain the employer-based insurance and for considering the creation of a Healthy Adults program.

¹⁰ This figure includes all of the individuals visiting each site. Since some individuals visited all three types of providers, the same individual would appear in each provider category.

What Were the Basic Methods Used in Conducting the Survey?

Both the New Hampshire Family Insurance Survey and the New Hampshire Employer Survey were conducted by the Centers for Health Economics Research and RKM Research and Communications during the summer of 2001.

The Family Insurance survey was a random sample of residents, age 65 and under. Interviews were conducted in English, and one adult who was most knowledgeable about the insurance in the family was asked the survey questions for him or herself as well as for other family members. Between May 14, 2001 and August 28, 2001, approximately 5,177 family-level interviews were conducted, representing approximately 13,752 persons. The overall response rate for this survey was 73 percent.

The Employer survey was based on a representative sample of business establishments in New Hampshire, with the exception of government and education establishments. Interviews were conducted with the primary business location decision maker who was most knowledgeable about health insurance. Between July 1, 2001 and August 29, 2001, approximately 642 business interviews were conducted. The overall response rate for this survey was 66 percent.

A variety of methods were used to ensure data reliability of both surveys. RKM Research and Communications followed best practice protocols that ensured appropriate interviewing and quality data collection methods. Moreover, RKM Research and Communications developed weights to adjust for various factors that could, if left unadjusted, introduce bias into the estimates. Various adjustments were made to address the design of the survey, non-response (where individuals in certain groups were more or less willing or able to participate in the study), and under-coverage (including an adjustment for those without telephones). State Health Access Data Assistance Center (SHADAC) provided technical assistance for review of important decisions regarding these methods.

⁸ The survey findings are detailed in the report, *The Erosion of Employer-Based Health Coverage and the Threat to Workers' Health Care: Findings from The Commonwealth Fund 2002 Workplace Health Insurance Survey*, by Jennifer Edwards, Michelle M. Doty, and Cathy Schoen, all of The Commonwealth Fund.

Precision of the Numbers in This Report

Because not every resident is surveyed, the numbers produced using survey data are estimates of the true values. Thus a survey cannot tell you what the exact insurance rate (or any other measure of interest) is. The standard error, which is based on the characteristics of the survey and how willing different individuals are to respond to the survey, as well as various other factors, can be used to estimate a range in which the true uninsurance rate (or other characteristics of interest) falls. In order to develop a range within which you are 95 percent confident the true estimate lies, you multiply the standard error times 1.96. The product, or confidence interval is then added to the estimate to compute the high end of the range or subtracted from the estimate to develop the low end of the range.

The wider this range is, the more care needs to be taken in using the information to understand differences in certain measurable characteristics between different areas and different groups in the state. While much of the narrative in this report refers to graphs, tables that include both the estimates used in the graphs as well as the 95 percent confidence intervals are provided.

Appendix

Table A

Poverty Level Guidelines (Income Guidelines, February 2000)

Size of Family Unit	100%	185%	300%	400%
1	\$8,350	\$15,448	\$25,050	\$33,400
2	\$11,250	\$20,813	\$33,750	\$45,000
3	\$14,150	\$26,178	\$42,450	\$56,600
4	\$17,050	\$31,543	\$51,150	\$68,200
5	\$19,950	\$36,908	\$59,850	\$79,800
6	\$22,850	\$42,273	\$68,550	\$91,400
7	\$25,750	\$47,638	\$77,250	\$103,000
8	\$28,650	\$53,003	\$85,950	\$114,600

SOURCE: Federal Register, Vol. 65, No. 31, February 15, 2000, pp. 7555-7557

Table B

Insurance Status of New Hampshire Residents, 2001

	Number	Percent	CI(±)
Uninsured	89,813	8.3	0.5
Insured	998,003	91.7	0.5
Total	1,087,815	100.0	

NOTES:

Chi square=9585.37; p=0.0001

Confidence Level (CI) based on 0.05 significance level.

Individuals over 64 years of age were excluded from survey and do not appear in counts of insured or uninsured.

Population-based estimates are derived from post-stratification weights for age, sex and county of residence obtained from 2000 census data. Estimates have been adjusted for probability of selection.

Table C

Distribution of Insurance Status by Insurance Type, 2001

	Number	Percent	CI (±)
Public	79,869	7.3	1.6
Private	918,134	84.4	0.7
Uninsured	89,813	8.3	1.6

NOTES:

Chi square=13,751.99; p=0.0001

Confidence Level (CI) based on 0.05 significance level.

Individuals over 64 years of age were excluded from survey and do not appear in counts of insured or uninsured.

Population-based estimates are derived from post-stratification weights for age, sex and county of residence obtained from 2000 census data.

Estimates have been adjusted for probability of selection.

Table D

Rate of Insurance for Children and Adults, 2001

	Number	Age (in years)			Number	Percent	CI (±)
		0-17	Percent	CI (±)			
Uninsured	15,891	5.1	0.7	73,922	9.5	0.6	
Insured	293,605	94.9	0.7	704,398	90.5	0.6	
Total	309,496	100		778,320	100		

NOTES:

Chi square=70.36; p=0.0001

Confidence Level (CI) based on 0.05 significance level.

Individuals over 64 years of age were excluded from survey and do not appear in counts of insured or uninsured.

Population-based estimates are derived from post-stratification weights for age, sex and county of residence obtained from 2000 census data.

Estimates have been adjusted for probability of selection.

Table E
Insured by Income, 2001

Family Income	Public		Private		Uninsured	
	Percent	CI (±)	Percent	CI (±)	Percent	CI (±)
\$0-24,999	27.3	2.0	49.5	2.2	23.2	1.9
\$25,000-49,999	8.6	0.9	80.1	1.3	11.6	1.0
\$50,000-74,999	3.1	0.6	92.0	0.9	4.9	0.7
\$75,000+	1.4	0.3	96.8	0.5	1.9	0.4

NOTES:

Chi square=2,585.59; p=0.0001

Confidence Level (CI) based on 0.05 significance level.

Individuals over 64 years of age were excluded from survey and do not appear in counts of insured or uninsured.

Population-based estimates are derived from post-stratification weights for age, sex and county of residence obtained from 2000 census data.

There were 867 (16.7%) missing records for annual family income.

Insurance families with missing values were assigned a mean imputed value based on respondent's gender, education, and spouse living in same household.

Estimates have been adjusted for probability of selection.

Table F
Uninsurance Rates by Income as a Percent of the Federal Poverty Level, 2001

Income as Percent of Federal Poverty Level	Percent Uninsured	CI
0-99%	25.1	(19.5, 30.6)
100-185%	21.9	(18.6, 25.3)
185-300%	9.5	(7.6, 11.3)
300-400%	6.0	(4.5, 7.6)
400% or more	2.9	(2.3, 3.6)

NOTES:

Chi square=88.07; p=0.000.

Confidence intervals (CI) display the upper and lower limits at a 0.05 significance level and account for clustering at the family level.

Individuals over 64 years of age were excluded from survey and do not appear in counts of insured or uninsured.

Population-based estimates are derived from post-stratification weights for age, sex and county of residence obtained from 2000 census data.

There were 867 (16.7%) missing records for annual family income.

Families with missing values were assigned a mean imputed value based on respondent's gender, education, and spouse living in same household.

Estimates have been adjusted for probability of selection.

Table G
 Distribution of Working Uninsured
 Employer Sponsored Health Plan Eligibility, 2001

	Number	Percent	CI (±)
Workplace health plan not offered	27,084	57.7	4.0
Workplace health plan offered, ineligible	10,581	22.5	3.4
Workplace health plan offered, eligible	9,303	19.8	3.2
Total	46,968	100	

NOTES:

Chi square = 12565.00; p=.0001.

Population estimates are derived from post-stratification weights for age, sex and county of residence based on 2000 census data.

Estimates have been adjusted for probability of selection.

Confidence intervals are based on a sample size of 594 individuals.

Uninsured adults include 19-64 year old adults who are not full-time students.

Table H
 Inducing Firms Currently Not Offering to Start Offering Coverage, 2001

Percentage Decrease	N	Percent of Employers	CI (±)
None (never start)	89	54.1	7.17
10	2	1.0	1.43
20	6	3.8	2.75
25	5	2.8	2.30
30	3	1.7	1.86
33	1	0.5	3.14
35	2	1.1	1.50
40	7	3.9	2.78
50	36	21.2	5.88
60	1	0.6	1.11
66	1	0.6	1.11
70	1	0.5	1.01
75	5	3.0	2.45
80	3	1.7	1.86
90	1	0.6	1.11
100	5	2.7	2.33

NOTES:

Chi-square = 834.767; Prob = 0.001

Confidence interval based on .05 significance level.

Weighted to adjust for unequal response rates based on firm size.

N=Unweighted sample frequency of employers.

Table I
Stability of Employer Sponsored Coverage, 2001

Percentage Increase	N	Percent of Employers	CI (±)
None (never stop)	113	50.1	6.94
10	6	3.0	2.36
15	18	9.3	4.03
20	10	4.8	2.96
25	15	7.5	3.65
30	8	3.8	2.65
35	1	0.4	0.87
40	9	3.7	2.62
45	2	0.8	1.23
50	34	16.0	5.08
55	2	0.6	1.07

NOTES:

Chi-square = 451.394; Prob = 0.001

Confidence interval based on .05 significance level.

Weighted to adjust for unequal response rates based on firm size.

N=Unweighted sample frequency of employers.

Table J
1999-2001 Change in Rate of Uninsured Children

	1999	CI	2001	CI
Uninsured Children	8.36	1.29	5.1	0.7

NOTES:

Confidence interval based on a .05 significance level.

1999 data derived from New Hampshire Health Insurance and Access Survey

Table K

Number of Community Health Center Visits in Previous Six Months Among Uninsured Adults in New Hampshire, 2001

	Number	Percent	CI (±)
No visits	27,010	62.2%	3.9
1-10 visits	15,912	36.7	3.9
11-20 visits	-	-	-
21-30 visits	194	0.4	0.5
31-40 visits	298	0.7	0.7
Total	43,414	100.0	

NOTES:

Chi square = 47,141.30; p=.0001.

Population estimates are derived from post-stratification weights for age, sex and county of residence based on 2000 census data.

Estimates have been adjusted for probability of selection.

Confidence intervals are based on a sample size of 458 individuals.

Uninsured adults are based on 19-64 year old adults who are not full-time students.

SOURCE: New Hampshire Family Insurance Survey, Department of Health and Human Services, Office of Policy and Research, 2001.

Table L

Number of Emergency Room Visits in Previous Six Months Among Uninsured Adults in New Hampshire, 2001

	Number	Percent	CI (±)
No visits	27,276	59.9%	4.0
1-10 visits	16,492	36.2	3.9
11-20 visits	1,297	2.8	1.4
21-30 visits	194	0.4	0.5
31-40 visits	298	0.7	0.7
Total	45,557	100.0	

NOTES:

Chi square = 66,143.60; p=.0001.

Population estimates are derived from post-stratification weights for age, sex and county of residence based on 2000 census data.

Estimates have been adjusted for probability of selection.

Confidence intervals are based on a sample size of 576 individuals.

Uninsured adults are based on 19-64 year old adults who are not full-time students.

SOURCE: New Hampshire Family Insurance Survey, Department of Health and Human Services, Office of Policy and Research, 2001.

Table M

Number of Private Physician Visits in Previous Six Months Among Uninsured Adults in New Hampshire, 2001

	Number	Percent	CI (±)
No visits	27,592	60.1%	4.0
1-10 visits	16,549	36.0	3.9
11-20 visits	1,297	2.8	1.3
21-30 visits	194	0.4	0.5
31-40 visits	298	0.6	0.7
Total	45,930	100.0	

NOTES:

Chi square = 66,956.88; p=.0001.

Population estimates are derived from post-stratification weights for age, sex and county of residence based on 2000 census data.

Estimates have been adjusted for probability of selection.

Confidence intervals are based on a sample size of 581 individuals.

Uninsured adults are based on 19-64 year old adults who are not full-time students.

SOURCE: New Hampshire Family Insurance Survey, Department of Health and Human Services, Office of Policy and Research, 2001.

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