

Final Report
2004 Household Health Insurance Survey

Prepared for

New Mexico Department of Human Services
Medical Assistance Division

Research conducted by
Research and Polling, Inc.
Albuquerque, New Mexico
&

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Executive Summary

The primary goal of this survey was to determine:

- The health insurance enrollment rates in New Mexico; and,
- The demographic profile of the uninsured.

Secondary goals included:

- Identifying the obstacles faced by the uninsured; and,
- Determining where the uninsured seek treatment for urgent care and chronic conditions.

The survey was planned and conducted as a random digit dial (RDD) telephone survey. The sample size was 7,500 households, giving 1,500 households with at least one uninsured member. Sampling quotas were set at the county level to ensure geographic representation. Up to ten (10) call backs were made to sampled numbers; experienced interviewers were used in a single attempt to convert refusals. The survey results are weighted by race/ethnicity, age and household income per the 2000 U.S. Census results for New Mexico. This ensures that the estimates are representative of the known demographic profile of the State.

Health Insurance Penetration

The survey results indicate that **18%** of the people in New Mexico lacked health insurance for the entire twelve month period preceding the survey. This statewide rate is strongly influenced by household income, age, education level (among adults), and geography. Specifically:

- As income increases, so does the probability of having health insurance. Among individuals in households below the Federal Poverty Level (FPL) **35%** lack health insurance. Among individuals living in households with incomes above 300% of the Federal Poverty Level, only **6%** lack insurance.
- The very young and the elderly are usually insured. Only **10%** of the children under age 10 lack health insurance, while only **3%** of those over age 65 lack health insurance. These statistics demonstrate the effectiveness of the SCHIP and Medicare programs. Between ten years and sixty-five years of age there are problems. Uninsurance rates peak at **32%** and **30%** for 18- 24 year olds and 25- 34 year olds, respectively.
- Uninsurance rates decline steadily with increasing educational attainment. Only **5%** of those with graduate degrees lacked health insurance, while **35%** of those who lacked a high school diploma were uninsured.
- Persons living in urban areas are more likely to be insured than those living in rural areas. The uninsurance rate in the Albuquerque metropolitan area (Bernalillo, Sandoval and Valencia Counties) was **12%**. In Northwest New Mexico (Cibola, McKinley and San Juan Counties) the uninsurance rate was **22%**, while the rate was **24%** in the South/Southwest (Catron, Dona Ana, Grant, Hidalgo, Luna, Otero, Sierra, and Socorro Counties).

Health Care Sources

Among the survey respondents, **27%** sought treatment for urgent or minor care treatment at a hospital Emergency Room (ER). If that number is expanded to a statewide total, about **87,000** uninsured individuals sought treatment at least once in the past year at a hospital ER. The mean number of visits among those who used ERs was **2.1**. The mean number of ER visits increases as household income increases with respect to the household's FPL. For comparison purposes, the mean number of doctor's office visits was **6.0** among those who sought treatment at least once. The mean number of visits decreased as household income increases with respect to FPL.

The only source of care used more frequently than hospital ER was a doctor's office, with **36%** of the respondents seeking care there at least once in the past year. Other commonly used providers were Community Health Centers (**21%**), Urgent Care Centers (**17%**), Indian Health Service Clinics (**11%**), Chiropractor's office (**11%**) and Natural/ alternative Healers (**10%**).

Hospital ER's are sometimes used as a source of treatment for non-emergent care: **22%** of the uninsured respondents who sought care for a chronic or ongoing condition in the past year sought care at a hospital ER at least once. Forty-eight (**48%**) percent of the uninsured reported having a chronic or on-going medical condition. When asked why they used hospital ER's, respondents predominantly say they go because it is close to home (**22%**), that it is the only place available to them (**21%**), or they don't know or refuse to say (**18%**).

Barriers to Obtaining Health Insurance

The uninsured face many barriers to obtaining health insurance. When asked without cueing, the chief reason cited for lacking health insurance was affordability. Fully half (**50%**) of the uninsured said they were uninsured because they couldn't afford it. Barriers beyond affordability drop off quickly. No other reason was given by 20% of the respondents. Reasons cited by at least 10% of the respondents included: not eligible (**13%**), and refusals (**13%**).

When cued with reasons, the distinction becomes more pronounced: **72%** of the respondents said that "I can't afford it" describes their situation either well or very well. Only **32%** said that losing or changing jobs described their situation well or very well. Healthy households which don't need insurance described **28%** of the uninsured well or very well, while **24%** said they already have access to health care.

Conclusions

Health insurance penetration is low in the state of New Mexico -- **18%** of the population lacks health insurance. The principal perceived barrier among the uninsured is cost, cited by nearly three-fourths of the uninsured respondents as describing their situation well or very well. Other barriers are minor by comparison with affordability. Expanding employer-based insurance will help to address the uninsurance problem: **60%** of the employed and uninsured reported that they had no access to health insurance through their employer.

Uninsurance combined with federal mandates places a burden on the State's hospitals. The survey results suggest that **87,000** uninsured individuals sought treatment at hospital ER for an acute condition in the past year. More alarmingly, **34,000** individuals sought ER treatment for a chronic condition in the past year.

2004 HRSA Household Survey Final Report

Goals

This survey had as its primary goal determining health insurance enrollment rates among New Mexico residents, and fixing a demographic profile of the uninsured in the State. Secondary goals of the study included determining the sources of medical care among the uninsured and determining the barriers they have to obtaining health insurance. This study was sponsored by the New Mexico Department of Human Services, with funding from Health Resources & Services Administration Grant No. P00A01683.

Methodology

The survey instrument was developed from the survey goals using material available at the University of Minnesota's State Health Access Data Assistance Center (SHADAC, URL <http://www.shadac.org>). Items from SHADAC's survey question bank were selected and modified to suit the goals of the survey by the author (representing New Mexico State University) and representatives of the New Mexico Human Services Department, Research and Polling, Inc and the New Mexico Health Planning Commission. The final draft questionnaire was field tested by Research and Polling, Inc of Albuquerque, New Mexico. Questionnaire items were modified on the basis of the field tests.

One important decision was made about income questions. It is well-known that income is a sensitive item having high refusal rates. To reduce the refusal rates, we decided to ask for household income directly, and if the respondent refused we asked in fairly broad bands. The bands are based on the 2004 Federal Poverty Level (FPL) for the household size. We broke the categories at 100% of FPL, 185% of FPL, 235% of FPL, 300% of FPL and over 300% of FPL. This strategy was somewhat successful, in that the overall refusal rate for income items was 19%. This refusal rate is still high enough that we should be cautious about interpreting income items. Beyond this, there is research which suggests that omnibus income questions (like this survey's income items) may not be entirely accurate. In the 2001 CPS, only 39% of the respondents who gave both an omnibus income response and item responses matched within the same income category (<http://www.shadac.org/collecting/collateral/income.pdf>). The table below gives the 2004 FPL levels and income cutoffs for various household sizes.

Size of Household	FPL	185% of FPL	235% of FPL	300% of FPL
1	9,000	16,600	21,100	26,900
2	12,100	22,400	28,500	36,400
3	15,300	28,200	35,900	45,800
4	18,400	34,000	43,200	55,200
5	21,500	39,800	50,600	64,600
6	24,700	45,700	58,000	74,000
7	27,800	51,500	65,400	83,500
8	31,000	57,300	72,800	92,900
9	34,100	63,100	80,100	102,300

The New Mexico Constitution recognizes both English and Spanish as official languages, and Spanish is widely spoken in the State. The questionnaire was translated into Spanish for use with respondents who preferred to use Spanish. Enumerators conducting Spanish surveys were fluent Spanish speakers. Results of the Spanish interviews were considered to be equivalent to English interviews, and no summaries were generated by interview language.

The survey was planned and conducted as a random digit dial (RDD) telephone survey. The sample size was 7,500 households, giving 1,500 households with at least one uninsured member. Sampling quotas were set at the county level to ensure geographic representation. Up to ten (10) call backs were made to sampled numbers; experienced interviewers were used in a single attempt to convert refusals. The survey results are weighted by race/ethnicity, age and household income per the 2000 U.S. Census results for New Mexico. This ensures that the estimates are representative of the known demographic profile of the State.

One important source of nonsampling errors (errors due to all causes except random sampling) in telephone surveys is noncoverage error. A telephone survey cannot enumerate anyone without a land-line telephone. Although cellular prefixes can be identified, the sponsors chose not to sample cellular phones. Most cellular telephones are paid for on a per-minute basis or through a monthly time allotment. Research and Polling's experts advised that calling cellular telephones could result in high refusal rates. The only group with telephones excluded from sampling is exclusive cellular users. The most notable excluded group is rural Navajo Indians living on the reservation. Telephone coverage on the Navajo reservation is spotty at best. These problems inherent in the random-digit dial methodology should be partially ameliorated by weighting. Groups under-represented in the sample will have increased weight in the composite result, while over-represented groups will have decreased weights in the composite results.

Results

The survey results are displayed graphically in the attached charts. A brief description of the primary findings is given here.

Health Insurance Penetration

The benchmark survey for health insurance penetration in New Mexico is the Current Population Survey (CPS). In 2003, the CPS indicated that 22.1% (about 414,000 individuals) of New Mexicans lacked health insurance coverage. One important thing to recognize about the CPS is that it is designed as a national survey. As a consequence, the sample in states like New Mexico will be too small to give reliable state-level estimates. The Census Bureau has increased the sample size for the survey that gives the health insurance coverage estimates (called the March Supplement). However, coverage problems remain: not all counties will be sampled, and sample sizes remain insufficient for smaller geographic areas and for socio-economic tabulations.

Although sample size issues are important, there is a further problem with the CPS estimates. Historically, the CPS appears to overstate the fraction of state populations lacking health insurance. There have been various mechanisms proposed to explain this bias, including respondent recall bias, sampling bias and sampling variation. The Census Bureau and the Bureau of Labor Statistics have recently made efforts to reduce the bias, but the results of their efforts will not be fully known for several years. A more complete discussion of the CPS and State data needs can be found at <http://www.shadac.org/collecting/collateral/Underinsurance.pdf> and http://www.census.gov/hhes/income/p60_226sa.pdf.

This survey is based on a much larger sample than the CPS, and focuses on health insurance specifically. The survey results indicate that 18% of the people in New Mexico lacked

health insurance for the entire twelve month period preceding the survey. This statewide rate is strongly influenced by household income, age, education level (among adults), and geography. Specifically:

- As income increases, so does the probability of having health insurance. Among individuals in households below the Federal Poverty Level (FPL) 35% lack health insurance. Among individuals living in households with incomes above 300% of the Federal Poverty Level, only 6% lack insurance.
- The very young and the elderly are usually insured. Only 10% of the children under age 10 lack health insurance, while only 3% of those over age 65 lack health insurance. These statistics demonstrate the effectiveness of the SCHIP and Medicare programs. Between ten years and sixty-five years of age there are problems. Uninsurance rates peak at 32% and 30% for 18- 24 year olds and 25- 34 year olds, respectively.
- Uninsurance rates decline steadily with increasing educational attainment. Only 5% of those with graduate degrees lacked health insurance, while 39% of those who lacked a high school diploma were uninsured.
- Persons living in urban areas are more likely to be insured than those living in rural areas. The uninsurance rate in the Albuquerque metropolitan area (Bernalillo, Sandoval and Valencia Counties) was 12%. In Northwest New Mexico (Cibola, McKinley and San Juan Counties) the uninsurance rate was 22%, while the rate was 24% in the South/Southwest (Catron, Dona Ana, Grant, Hidalgo, Luna, Otero, Sierra, and Socorro Counties).

Other results regarding penetration show that marital status strongly influences health insurance status. Among married couples the uninsurance rate was 14%, while the uninsurance rate was 42% among those living with a domestic partner. Uninsurance rates among the single/never marrieds was 27%; among the divorced or separated it was 24%, and among the widowed it was 25%. The uninsured rate among marrieds is distinctly lower than among any other relationship group. Gender also influences health insurance penetration -- adult women are slightly more likely than adult men to be insured (the uninsurance rates are 17% for women and 19% for men.)

Health Insurance Penetration and ethnic heritage

The patterns of uninsurance are also strongly influenced by ethnicity. Statewide, we found that 23% of Hispanics lacked health insurance for the previous twelve months. Among non-Hispanic Whites only 11% lacked insurance, and among non-Hispanic Native Americans 28% were uninsured. Restating these rates in terms of fractions of the uninsured, we obtain the table below.

<u>Ethnicity</u>	<u>Fraction of Uninsured</u>	<u>Population Fraction (2000)</u>
Hispanic	55.9%	45%
Non-Hispanic White	28.0%	42%
Non-Hisp Native Am	13.5%	10%
Other Non-Hispanic	2.6%	3%

The ethnic fractions from the 2000 Census are given for comparison. Clearly, Hispanics and non-Hispanic Native Americans are disproportionately over represented among the uninsured, while non-Hispanic Whites are under represented. We examine the specific findings for Hispanics and non-Hispanic Native Americans below.

Socioeconomic Factors among Hispanic New Mexicans

When we consider Hispanic New Mexicans as a group and compare their health insurance status with comparable statewide rates, we generally find that they are elevated. Given the disproportionate representation of Hispanics among the uninsured this finding is not surprising. When we crosstabulate Hispanics by insurance status and education level, we find that the disparities decrease as education levels increase. There is a 7 percentage point gap between the statewide rate for high school dropouts (39%) and the rate among Hispanics (46%). Among graduate degree holders the uninsurance rates are identical (5% both statewide and for Hispanics).

When we consider the age-specific uninsurance rates, we find that the rates for Hispanics are generally elevated when compared with the state-wide rate. The differences are smallest among children and the elderly. Specifically, the uninsurance rate among Hispanic children age 0 to 5 years is 11%, which is statistically indistinguishable from the statewide rate of 10% for that age group. The gap among 6 to 10 year olds is 1 percentage points (16% for Hispanics versus 15% statewide). Among those over 65 years of age, the uninsurance rate for Hispanics is 5%, the rate for all persons in that age group is 3%. Among young and middle-aged adults there are sharp disparities. The peak uninsurance rate (32%) among all age groups in the state occurs among 18 to 24 year olds. The peak also occurs among 18 to 24 year olds among Hispanics, but the rate is 39%. These rates are statistically significantly higher than the statewide rates.

The uninsurance rates among Hispanics differ geographically. The lowest rate of uninsurance among Hispanics is in the Albuquerque Metropolitan Area (17% among Hispanics, 12% among all ethnic groups). The geographic area of the state with the greatest disparity is the South and Southwest region. The uninsurance rate among all ethnic groups is 24%, among Hispanics in the South and Southwest region the uninsurance rate is 32%.

Income is measured relative to the FPL for household size. Among the respondents who disclosed their household income, 35% of those below the FPL for their household size. Among Hispanics below the FPL the rate of uninsurance is 42%. For households above the FPL the rates for Hispanics are within 1 percentage point of the overall State rate. In the upper income groups the uninsurance rate among Hispanics is lower than the rate for the comparable statewide income group. This survey makes it clear that the problem of uninsurance among Hispanics is related to income more than to any cultural barriers toward health insurance. As household incomes increase, the uninsurance rates increasingly resemble the overall rate for households identifying similar incomes.

Socioeconomic factors among non-Hispanic Native Americans

Like Hispanics, the uninsured fraction of the non-Hispanic Native American ethnic group (henceforth, Native Americans) is elevated relative to the statewide rate. For Native Americans, the uninsurance rate is 28%, ten percentage points higher than the statewide rate. The number of Native Americans in the sample was relatively high (1,648), but the sample sizes are rather low for some values of the socioeconomic variables. As in the overall results, increasing education levels are associated with lower rates of uninsurance. Unlike Hispanics, the uninsurance rates among Native Americans never drop to the statewide level. The table below gives the uninsurance rates (and estimated standard errors¹) for Native Americans and over all ethnic groups associated with various education levels.

¹The *standard error* is a measure of the precision of a statistical estimator. Generally speaking, we can say that it is unlikely that a replicate survey would yield a result more than two standard errors away from the observed value: the estimated value plus and minus two standard errors gives an approximate 95% confidence level for the rate.

<u>Group</u>	<u>Some High School</u>	<u>High Sch Graduate</u>	<u>Some College</u>	<u>Associate Degree</u>	<u>Bachelor Degree</u>	<u>Graduate Degree</u>
Native Am	37% (4.1%)	34% (2.3%)	30% (2.9%)	24% (4.4%)	21% (4.0%)	23% (6.0%)
All Ethn	39% (1.2%)	22% (0.6%)	18% (0.7%)	15% (1.2%)	9% (0.6%)	5% (0.6%)

We can see in the table that with the exception of high school dropouts, the uninsurance rates for Native Americans are substantially higher at every education level, and generally more than two standard errors (of the Native American estimate) above the overall level. The uninsurance rate for Native American high school dropouts is statistically indistinguishable from the rate for all ethnicities.

When we consider age-specific uninsurance rates, we find that most age groups of Native Americans have higher uninsurance rates than the overall average. The differences are smallest for young children (about 6 percentage points higher for Native Americans in the age group), as shown in the table below.

<u>Ethnic Group</u>	<u>0 to 5 years</u>	<u>6 to 10 years</u>	<u>11 to 17 years</u>	<u>18 to 24 years</u>	<u>25 to 34 years</u>	<u>35 to 49 years</u>	<u>50 to 64 years</u>	<u>65 years & over</u>
Native Am	16% (2.8%)	19% (3.2%)	26% (3.0%)	42% (3.2%)	28% (3.1%)	39% (2.6%)	19% (2.7%)	12% (3.0%)
All groups	10%	13%	16%	32%	30%	22%	14%	3%

The only age group that reaches parity with the statewide rate is the 25 to 34 year old group, which is statistically indistinguishable from the overall group. All other age groups have rates higher than the overall level, generally by more than two standard errors.

Geographically, Native Americans are concentrated in two of the five geographic regions used in this study: the Albuquerque Metropolitan area ($n = 328$, 20% of the Native Americans in the sample) and the Northwest ($n = 971$, 59% of the sample). The uninsurance rates in each of the five geographic regions were higher than the rate for all ethnicities, although the differences are not statistically significant in the East. The uninsurance rate in the Albuquerque Metropolitan Area is 12% overall, and 23% (se 2.3%) for Native Americans. In the Northwest, the difference is smaller: 22% overall and 27% (se 1.4%) for Native Americans. The difference remains statistically significant. The telephone coverage problem in the Northwest probably results in this rate understating the true uninsurance rate among Native Americans in Northwest New Mexico. Despite the methodology problem, note that the differences are statistically significantly higher for Native Americans in all regions except the East.

Finally, when we examine uninsurance rates for Native Americans by household income relative to the FPL we find the rates are elevated compared to the comparable rate for all ethnic groups *except for those below the FPL*. The table below gives rates (and standard errors for Native Americans) classified by household income.

<u>Ethnic Group</u>	<u>Below FPL</u>	<u>100 to 185% of FPL</u>	<u>185% to 235% of FPL</u>	<u>235% to 300% of FPL</u>	<u>Over 300% of FPL</u>	<u>Refusal</u>
Native Am	25% (2.4%)	35% (2.1%)	29% (3.9%)	23% (4.0%)	18% (2.2%)	29% (3.0%)
All groups	35%	30%	18%	15%	6%	13%

Native American survey respondents living below the FPL indicate that they are *more* likely to have health insurance than all persons living below the FPL in New Mexico. The difference in the rates is statistically significant and unlikely to be due to sampling variation. The cause of this odd finding is unclear. Perhaps some of the respondents misunderstood the screening questions, and considered Indian Health Service Clinics to be health insurance. In all other income groups, the uninsured rate is significantly (in both the statistical and practical sense) higher among Native Americans than among the comparable income group.

Health Care Sources

Having or not having health insurance does not change one's need for medical care. When the uninsured seek urgent care at a local hospital they may be covered under the Emergency Medical Treatment and Active Labor Act (EMTALA). This is a federal anti-dumping law, requiring any hospital which accepts federal funds to provide emergency treatment regardless of the patient's ability to pay. EMTALA increases hospital's uncompensated care costs. To the extent that the uninsured seek care at hospital Emergency Departments, health care costs are increased for everyone. Among the survey respondents, 27% sought treatment for urgent or minor care treatment at a hospital Emergency Room (ER). If that number is expanded to a statewide total, about 87,000 uninsured individuals sought treatment at least once in the past year at a hospital ER. The mean number of visits among those who used ERs was 2.1. The mean number of ER visits increases as household income increases with respect to the household's FPL. Households below the FPL who used the ER report a mean 1.97 visits by uninsured members in the twelve months preceding the survey, while households between 185% and 300% of the FPL report a mean of 2.68 visits by uninsured in the same period.

The only source of care used more frequently than hospital ER was a doctor's office, with 36% of the respondents seeking care there at least once in the past year. Other commonly used providers were Community Health Centers (21%), Urgent Care Centers (17%), Indian Health Service Clinics (11%), Chiropractor's office (11%) and Natural/ alternative Healers (10%).

Hospital ER's are not an appropriate setting for non-emergent care. Nevertheless, they are sometimes used that way: 22% of the uninsured respondents who sought care for a chronic or ongoing condition in the past year sought care at a hospital ER at least once. Forty-eight (48%) percent of the uninsured reported having a chronic or on-going medical condition. If this rate is expanded back to the New Mexico population, we estimate that about 34,000 uninsured individuals sought care at a hospital ER for a chronic condition in the past year. When asked why they used hospital ER's, respondents predominantly say they go because it is close to home (22%), that it is the only place available to them (21%), or they don't know or refuse to say (18%).

When we examine sources of care for the three major ethnic groups in New Mexico, we find that ER's are an important source of acute care for all the uninsured: 27% of Hispanics said they sought acute care at an ER at least once in the past year. Comparable figures for non-Hispanic Whites and non-Hispanic Native Americans are 26% and 25%, respectively. Among other sources, Hispanics use Community Health Centers (26% report visiting a Community Health Center at least once in the past year, comparable figures for uninsured non-Hispanic Whites and Native Americans are 14% and 18%, respectively). Almost half (44%) of Non-Hispanic Whites report visiting a doctor's office at least once for acute care in the past year. Comparable figures for Hispanic and non-Hispanic Native Americans are 34% and 44%,

respectively. Sixty-four percent (64%) of non-Hispanic Native Americans report visiting an Indian Health Service Clinic at least once in the past year.

We asked similar questions about treatment for chronic conditions, defined in the survey as ‘an ongoing or continuing condition.’ Statewide, 22% of the uninsured said they had visited an ER for treatment of a chronic condition. When we break this out by ethnic group, we find no statistically significant differences in the usage rates. The usage rate for Community Health Centers is 19% statewide, but there are sharp and statistically significant differences among the ethnic groups. The 24% of Hispanics who report visiting a Community Health Center for chronic conditions is much higher than the rate for non-Hispanic Whites and non-Hispanic Native Americans (both 15%). When asked about treatment for chronic conditions, 62% of non-Hispanic Native Americans report using an Indian Health Service Clinic at least once.

Barriers to Obtaining Health Insurance

The uninsured face many barriers to obtaining health insurance. When asked without cuing, the chief reason cited for lacking health insurance was affordability. Fully half (50%) of the uninsured said they were uninsured because they couldn’t afford it. Barriers beyond affordability drop off quickly. No other reason was given by 20% of the respondents. Reasons cited by at least 10% of the respondents included: not eligible (13%), and refusals (13%).

When cued with reasons, the distinction becomes more pronounced: 72% of the respondents said that “I can’t afford it” describes their situation either well or very well. Only 32% said that losing or changing jobs described their situation well or very well. Healthy households which don’t need insurance described 28% of the uninsured well or very well, while 24% said they already have access to health care. Clearly no issue dominates access the way cost does. Somewhat counter to intuition, affordability is a slightly more important issue to those with incomes just above the household FPL than among those below the FPL or well above the FPL. Among households with incomes between the FPL and 235% of the FPL, 79% said that affordability described their situation well or very well. Households citing good health as a reason for being uninsured tended to be younger and single male households.

Employment-based insurance is the dominant mode of health insurance access in the United States. Among the uninsured individuals in the sample 58% were employed. Among these, 60% report that their employer does not offer health insurance. The refusal rate on this question was 11%. Among those offering insurance, 73% offered family coverage.

Implications

Even if one regards the CPS estimate of the uninsured in New Mexico as inflated, this survey conclusively demonstrates that there is a serious access problem in the State. Nearly one-fifth (18%, with a standard error of 0.3%) of the State’s residents lacked health insurance for the 12 month period preceding the survey. We also find that the uninsured are disproportionately poor, and more likely to be Hispanic or Native American. Examining the uninsurance rates by household income reveals some good news: the poorest in the State are more likely to have health insurance than the near-poor.

When we look at the uninsurance rates for the State’s major ethnic groups we find that Hispanics and non-Hispanic Native Americans are more likely to be uninsured, and that the elevated rates tend to hold across other demographic variables. The notable exceptions are Hispanic children, where the chance of being uninsured is close to the statewide rate for all children and Hispanic seniors, who are likely to be eligible for Medicare. The uninsurance rate

for Hispanic seniors is statistically indistinguishable from the Statewide rate for seniors. Also, we find that as education level increases among Hispanics, the uninsurance rate drops down to the statewide level. Taken in combination, these results suggest there is no cultural barrier to health insurance among Hispanics, and hence that measures to make insurance available at an affordable cost should succeed.

The story is different for non-Hispanic Native Americans. The uninsurance rates for Native Americans are elevated across essentially all other demographic variables. While the uninsurance rate drops with increased education levels among Native Americans, it does not reach the statewide rate for comparable individuals. Even among children and seniors, while the differences are smaller, the uninsurance rates do not approach the comparable statewide rate. Taken together, these findings suggest that there is some social or cultural barrier to health insurance, among at least some groups of Native Americans.

The other major uninsurance problem group are young adults, who have uninsurance rates much higher than the statewide rate. Among Hispanic young adults, the rate approaches two times the statewide rate for all ethnic groups, and among non-Hispanic Native Americans the rate approaches 2.5 times the statewide rate.

The principal barrier to health insurance is clearly cost. No other barrier was cited more often by the uninsured, nor did any other suggested reason elicit the level of agreement that cost did. Finding ways to lower the costs associated with health insurance is apparently critical. The 2004 Health Planning Commission Employer Survey found that cost is an issue for employers as well.

The survey results also have implications for the State's health care system. Uninsured Native Americans are extremely reliant on the Indian Health Service for both acute and chronic care. Proposals to reduce or eliminate funding for the Indian Health Service will have a drastic impact on the State's Native American population. Uninsured Hispanics make use of Community Health Centers. Community Health Centers operate on a variety of funding sources, including Federal, State, County and private funds. Reduced programs in the Community Health Centers will disparately impact Hispanics in New Mexico, and especially those in the near poor.

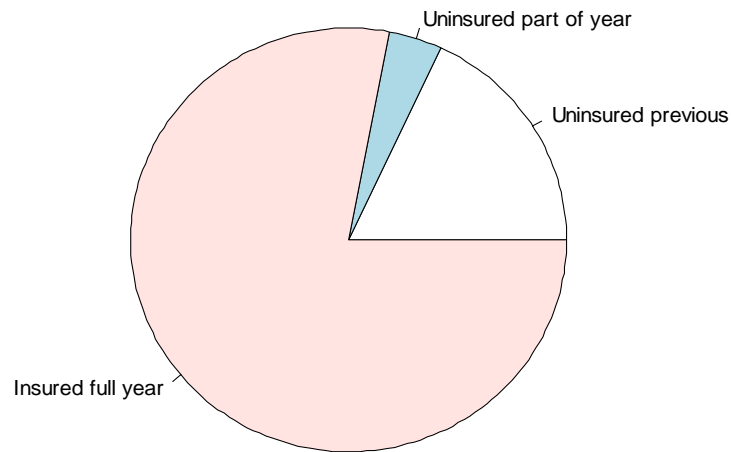
Fortunately, many of the issues involving health insurance in New Mexico are linked. Addressing regional disparities will tend to address ethnic disparities as well. Non-Hispanic Native Americans are concentrated in the Northwest and North Central areas, which already have elevated uninsurance rates. The highest regional uninsurance is in the South and Southwest counties. This region also has a high concentration of Hispanics. The age-related disparities are greatest among Hispanics and Native Americans, so successful programs to insure young adults will tend to lower the overall rate for those ethnic groups.

Conclusion

The uninsurance rate in New Mexico is 18%, using a strict definition: lacking health insurance for at least the preceding 12 months. The group-specific rate varies significantly across all demographic variables, including age, ethnicity, education and family income. Young adults are particularly at risk, as are the near-poor.

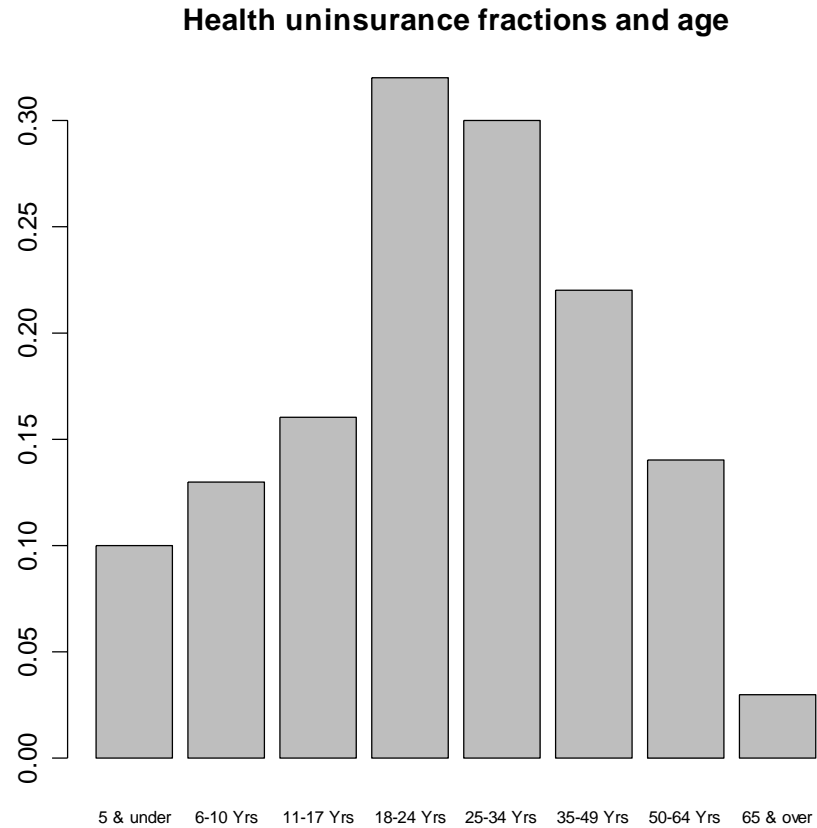
Appendix

Section I. Health Insurance Penetration in New Mexico



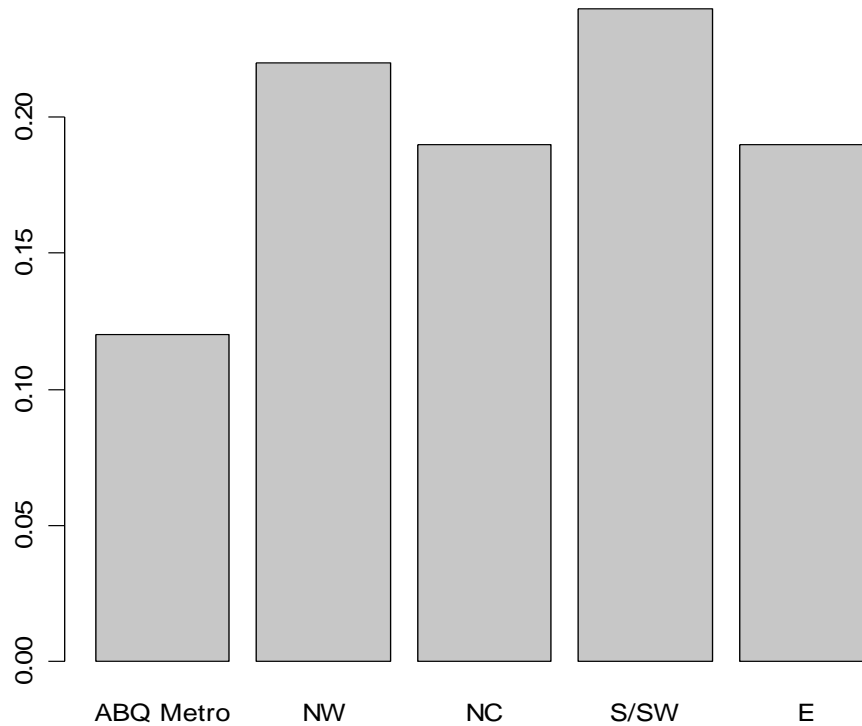
The 2004 Household Survey results indicate that 18% of New Mexicans lacked health insurance for the entire year preceding the survey date. Of the remaining 82%, 4% were without insurance for at least part of the year. When the results are combined, 21.8% of New Mexico's residents lacked health insurance for at least part of the year. The 2004 Census Bureau estimate of the New Mexico population is 1.9 million (<http://www.census.gov/popest/states/tables/NST-EST2004-01.pdf>). This means that 342,000 people lacked health insurance for the entire year, while 414,000 lacked insurance for at least part of the year.

The uninsured individuals are not randomly scattered across the State and among its residents. There are significant differences among age groups, across geographic regions and among ethnic groups. In the remainder of this report we will focus on those who were uninsured for the entire year preceding the survey date.

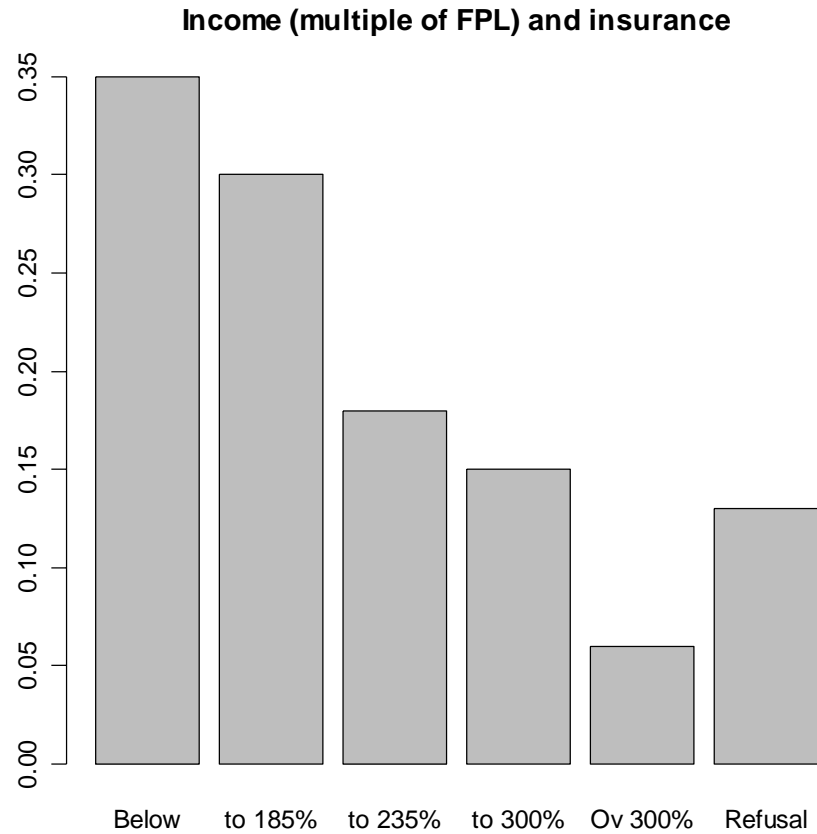


Health insurance penetration is highest among the elderly: only 3% of those 65 years or older lacked health insurance for the previous year. Health insurance penetration is also high (less than 15% uninsured) among children under age 10. Health insurance penetration is lowest among young adults: New Mexicans aged 18 to 34 (32%). About 1/3 of those aged 18 to 24 lacked health insurance. The high level of health insurance participation among those over 65 is clearly due to Federal Medicare coverage, while the good performance in the childhood age groups is likely due to programs like the State Children's Health Insurance Program (SCHIP).

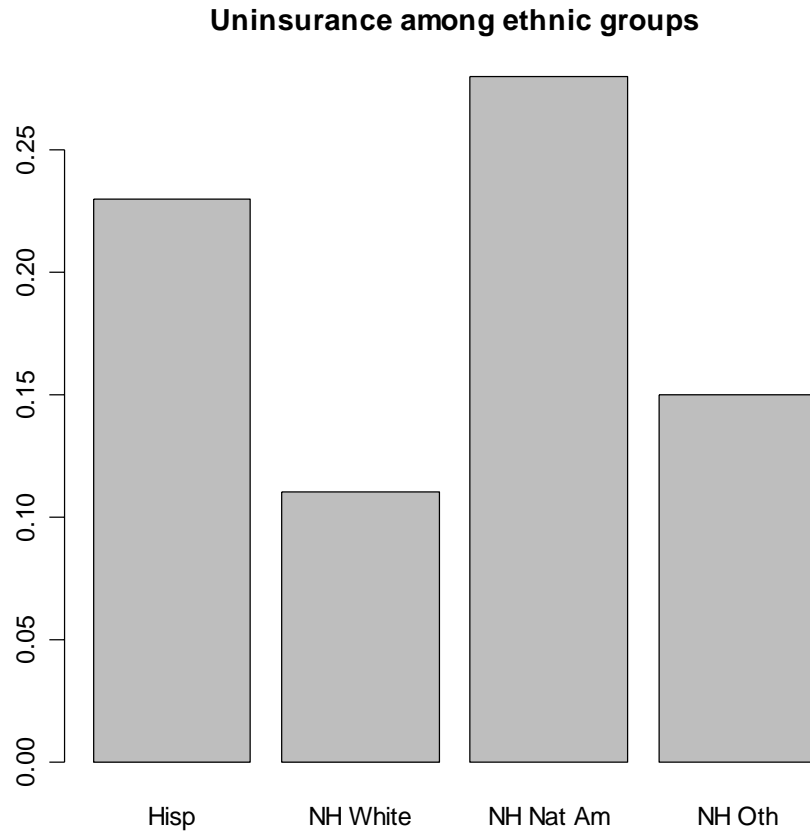
Geographic influences on health uninsurance



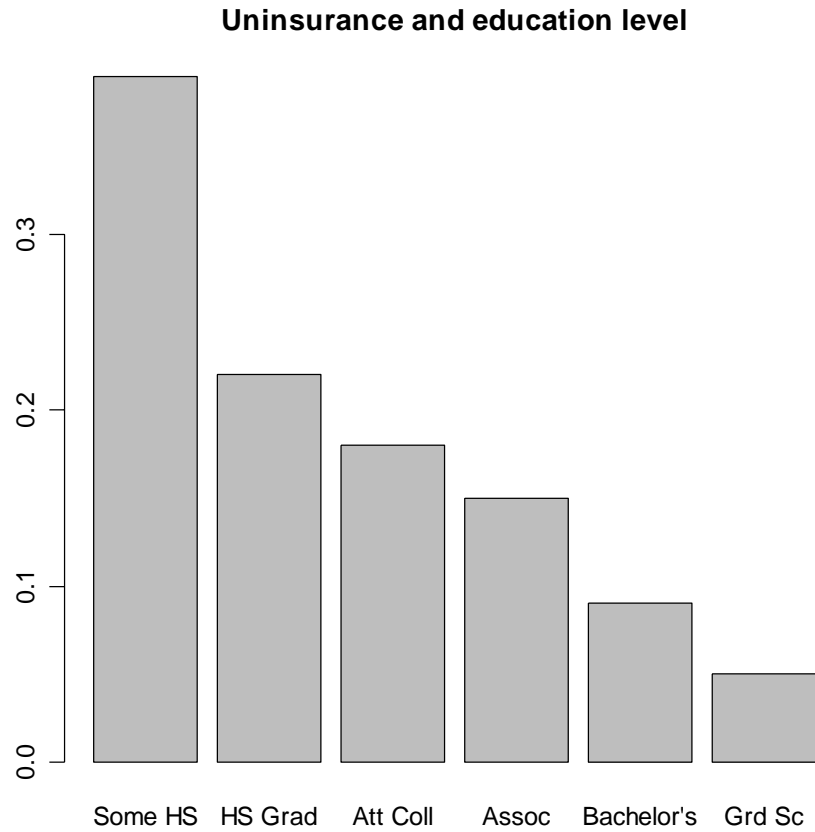
The survey was not designed to generate county level estimates, but the sample sizes are sufficient to have reliable regional estimates of health insurance penetration. The Albuquerque Metropolitan area includes Bernalillo, Sandoval and Valencia Counties. The Northwest area includes Cibola, McKinley and San Juan Counties. The North Central region includes Los Alamos, Mora, Rio Arriba, Santa Fe, San Miguel, and Taos Counties. The South and Southwest region includes Catron, Doña Ana, Grant, Hidalgo, Luna, Otero, Sierra and Socorro Counties. The East region includes, Chaves, Colfax, Curry, De Baca, Eddy, Guadalupe, Harding, Lea, Lincoln, Quay, Roosevelt, Torrance and Union Counties. Health insurance penetration is significantly higher in the Albuquerque Metropolitan area (only 12% lacked health insurance for the year preceding the survey) than in the rest of the State. The fraction of the population lacking health insurance is significantly higher in the South and Southwest (24%) and Northwest (22%) regions than the statewide rate.



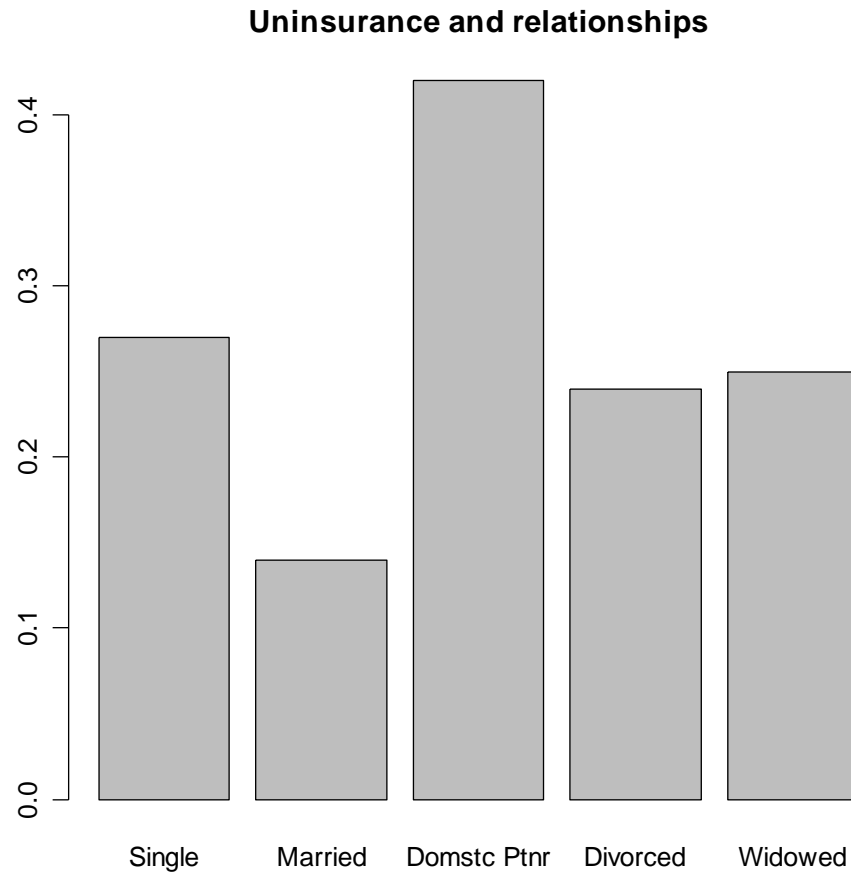
Income is an important determinant of health insurance status. Household income is expressed as a fraction of the Federal Poverty Level (FPL). Insurance penetration is lowest among New Mexicans with household incomes just above the FPL: for this income group about 1/3 lack health insurance. Uninsurance levels are also high (35%) among those living in households below the FPL. Uninsurance levels drop substantially (below 20%) among persons living in households with incomes above 185% of FPL. Lack of health insurance is in part a poverty problem, but it is also a near-poverty problem. Refusal to state income is a persistent problem in surveys: the overall refusal rate on the household income item was 19%.



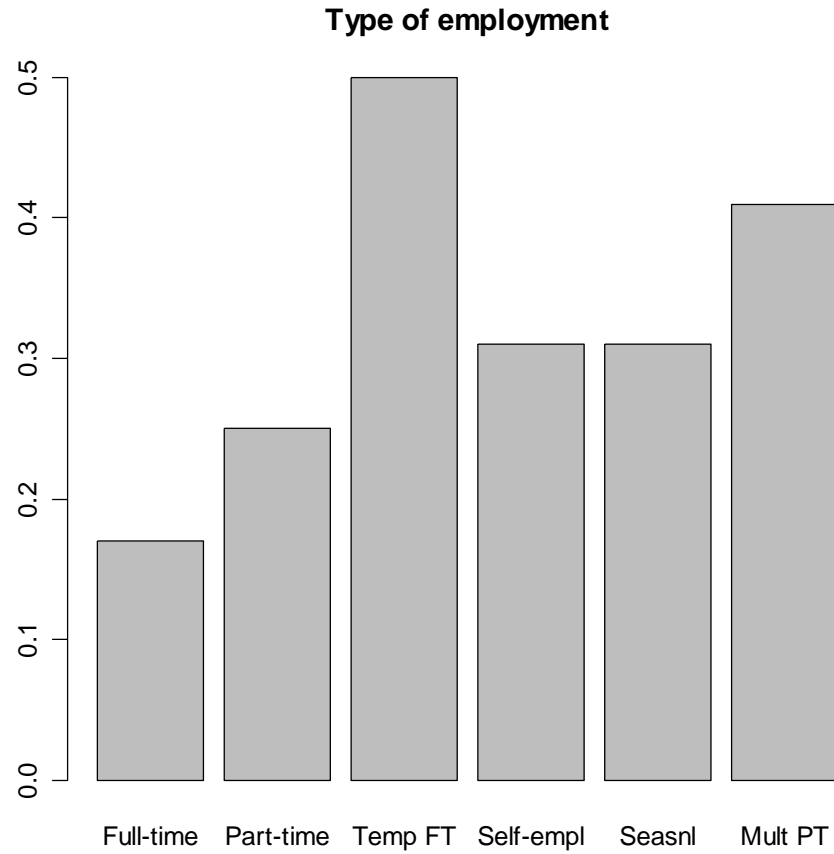
Health insurance penetration is not uniform among the ethnic groups in the State. Hispanics (Hisp) and non-Hispanic Native Americans (NH Nat Am) are much more likely to lack health insurance than White residents of the State. The uninsurance rate among Hispanics was 23%, among non-Hispanic Native Americans the uninsurance rate was 28%. Among whites the rate was only 11%.



If lack of health insurance is in part a poverty problem, then it should be no surprise that educational attainment is correlated with health insurance penetration. Persons who failed to complete high school are more than twice as likely to be uninsured (39%, vs. 18% statewide). As education level increases, the fraction of the population lacking health insurance decreases. Only 5% of the persons with graduate degrees lacked health insurance.



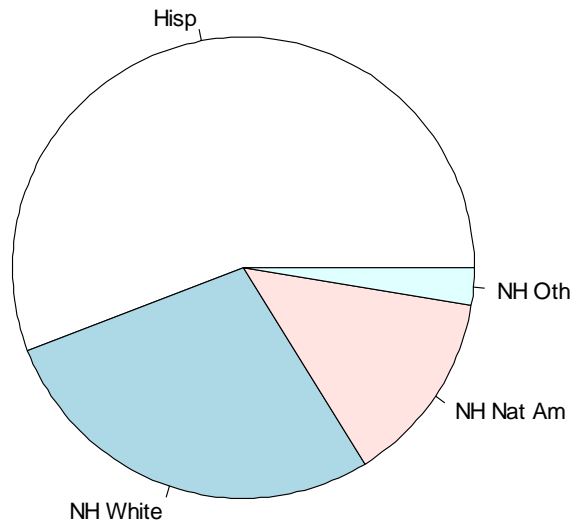
Relationship status also affects an adult's (age 16 and over) chances of being covered by health insurance. Singles (never married) and domestic partnered have a significantly higher chance of lacking health insurance. Over 40% of the domestically partnered survey respondents reported no health insurance coverage. Eighty-six percent of married adults have health insurance coverage. Divorced adults also have an increase in lack of coverage (24% are uninsured).



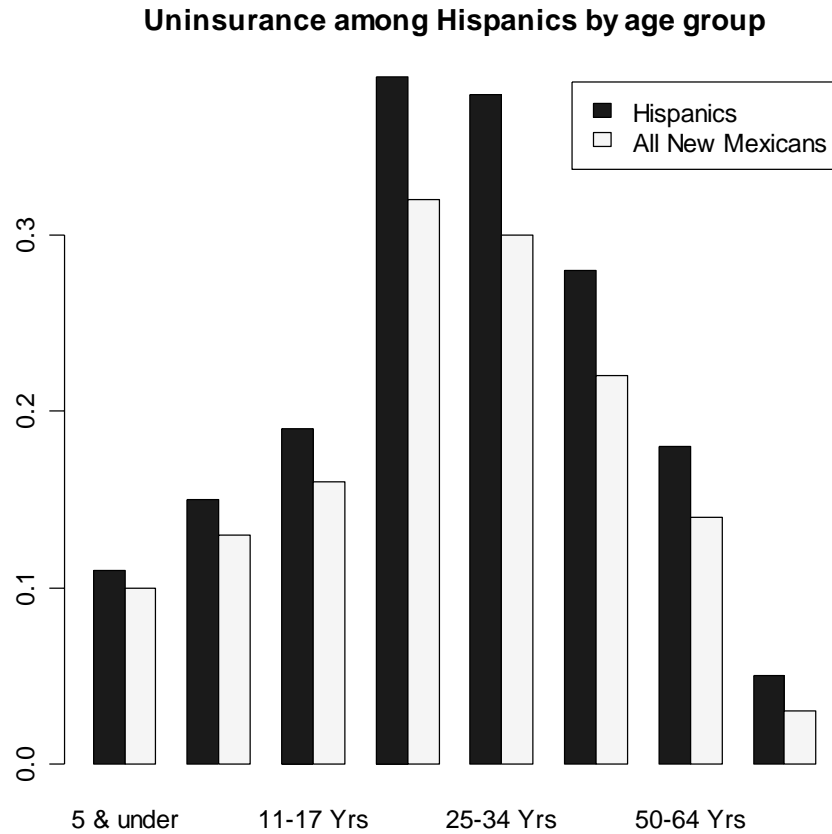
Across the United States health insurance for adults is linked to their employment. Temporary workers (50% lack insurance) and those working multiple part-time jobs (41%) were significantly more likely to lack health insurance coverage. Rates are also elevated for part-time workers (25%), the self-employed (31%) and those employed seasonally (31%).

Section II. Health Insurance and Ethnicity

Uninsured persons by ethnicity

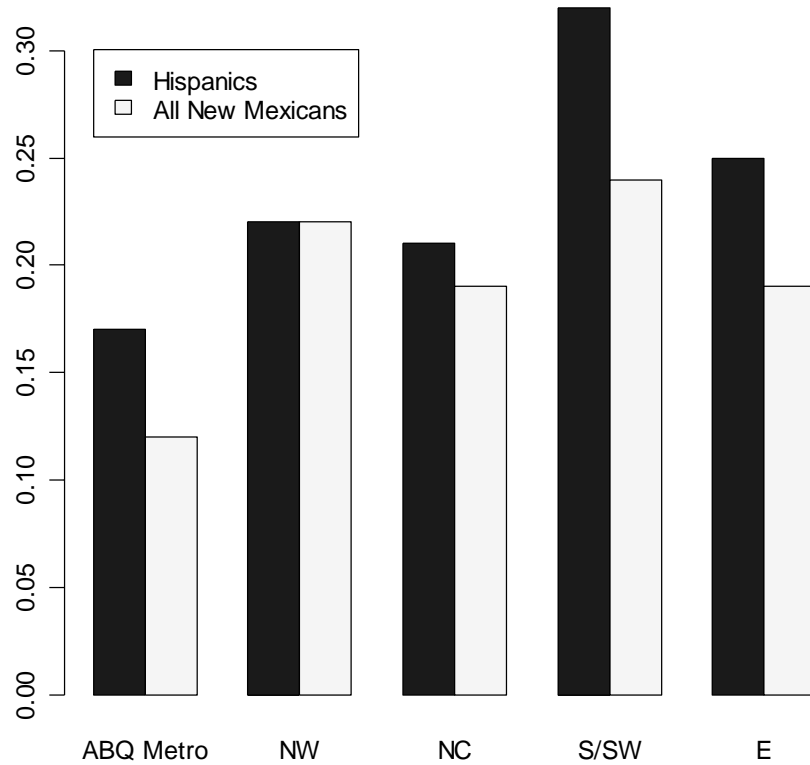


According to the 2000 Census of Housing and Population, Hispanics make up 42% of the New Mexico population (http://factfinder.census.gov/servlet/QTTable?_bm=y&-geo_id=04000US35&-qr_name=DEC_2000_SF1_U_DP1&-ds_name=DEC_2000_SF1_U), while non-Hispanic whites make up 45% of the population and American Indians make up 10% of the population. The chart above shows that the ethnic distribution of the uninsured does not reflect the State's ethnic distribution. Native Americans make up 14% of the uninsured, while Hispanic New Mexicans represent 56% of the uninsured. How does ethnic background modify the statewide patterns we have observed?

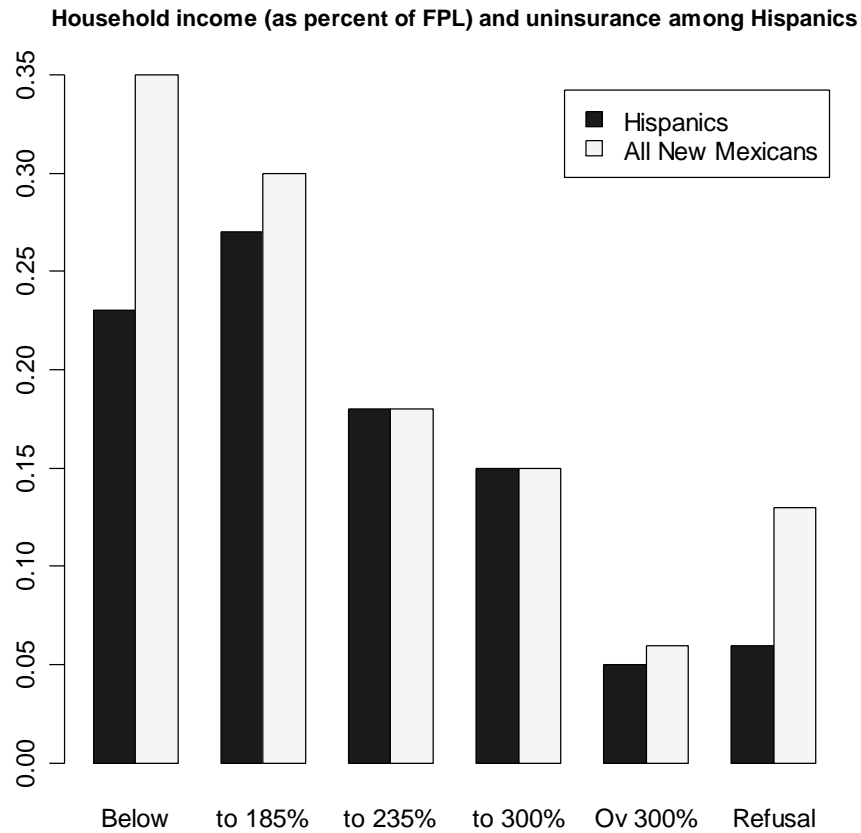


Uninsurance rates among Hispanics (black bars) are elevated in every age group relative to the State rates. The same general configuration is present: the uninsurance problem is greatest among young adults. The problem is less prevalent among Medicare-eligibles and among the young. The uninsurance rate peaks among 18 to 24 year olds and 25 to 34 year olds, having 38% and 39% lacking health insurance, respectively.

Uninsurance among Hispanics by geographic region

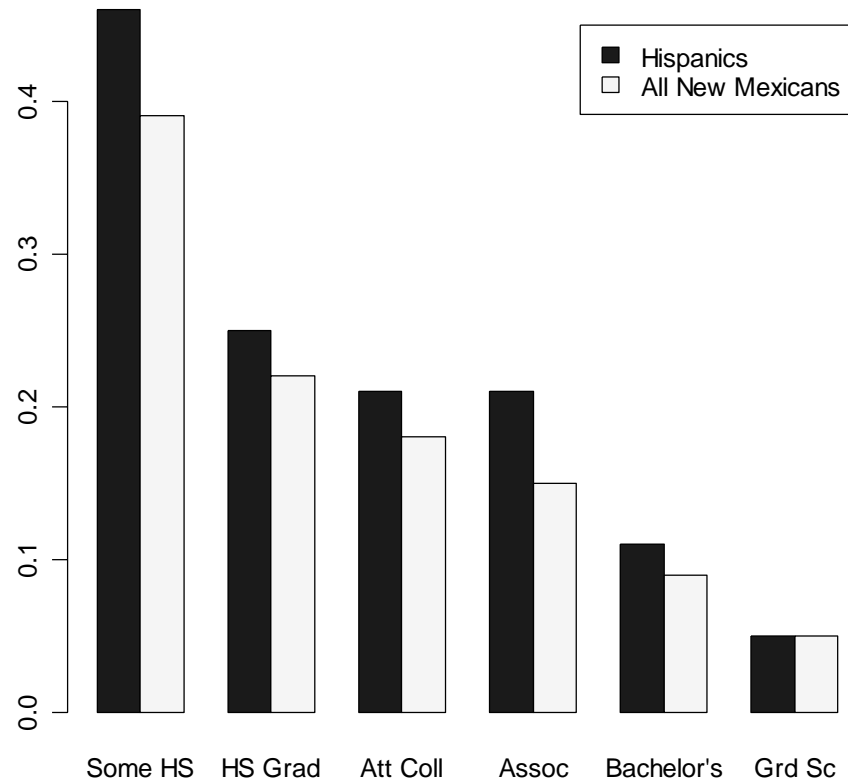


Hispanics in South and Southwest New Mexico (Catron, Doña Ana, Grant, Hidalgo, Luna, Otero, Sierra and Socorro Counties) have a higher uninsurance rate than the entire population. The uninsured fraction of the Hispanic population in South and Southwest New Mexico is 32%. Except in the Northwest, Hispanics are more likely to be uninsured than others in the same region. Along with the South and Southwest counties, the greatest disparities are found in the Albuquerque Metro area (17%) and the eastern counties (25%).



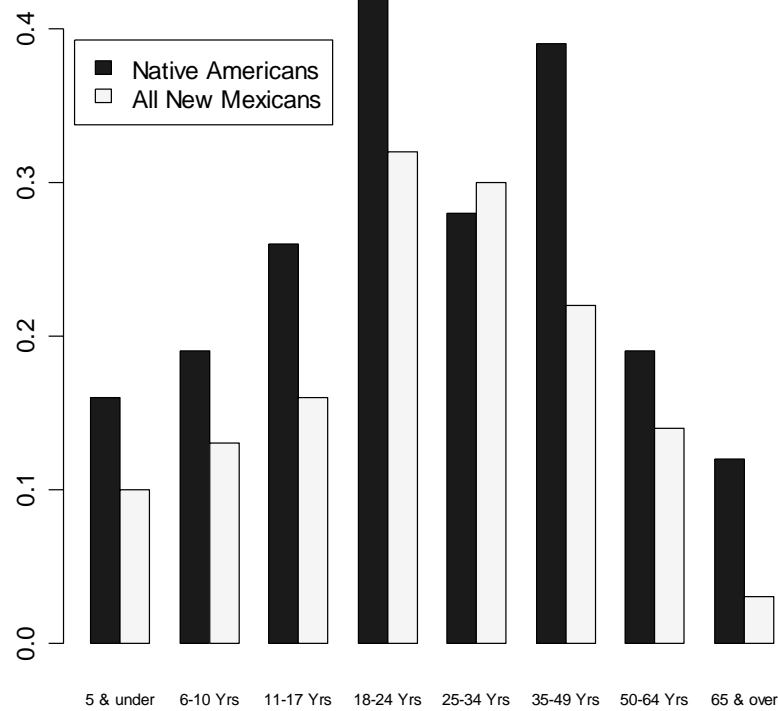
Low income Hispanics are more likely to have health insurance than the population in that household income category. The rates remain high (23% among those below the FPL for their household and 27% among those between the FPL and 185% of FPL). In the middle income categories Hispanics are more likely to lack health insurance coverage than the population in the same income category. The refusal rate for the household income questions among Hispanics was 21%.

Uninsurance by education level among Hispanics



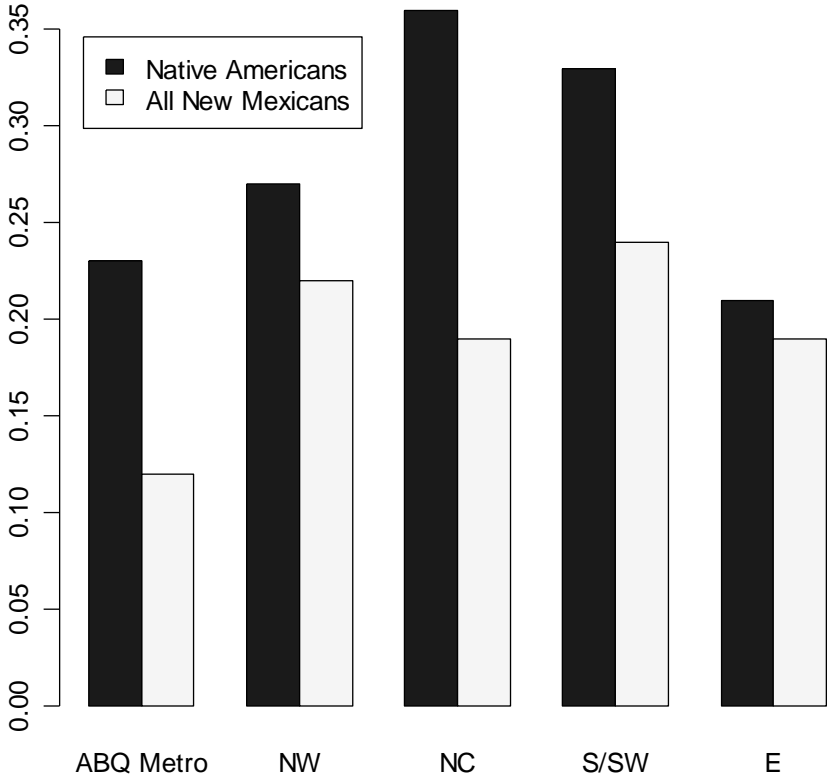
The association between health insurance coverage and education is similar to the association in the State's population, but Hispanics have higher uninsurance levels at almost every level of education. The gaps are most pronounced among those holding Associate's degrees (21% lacked health insurance among Hispanics, while the rate in the population for this group was 15%) and those who attended high school. Among non-high school graduates generally, 39% lacked insurance. The rate for Hispanic non-high school graduates the rate was 46%, *almost half*.

Health uninsurance and age among Native Americans

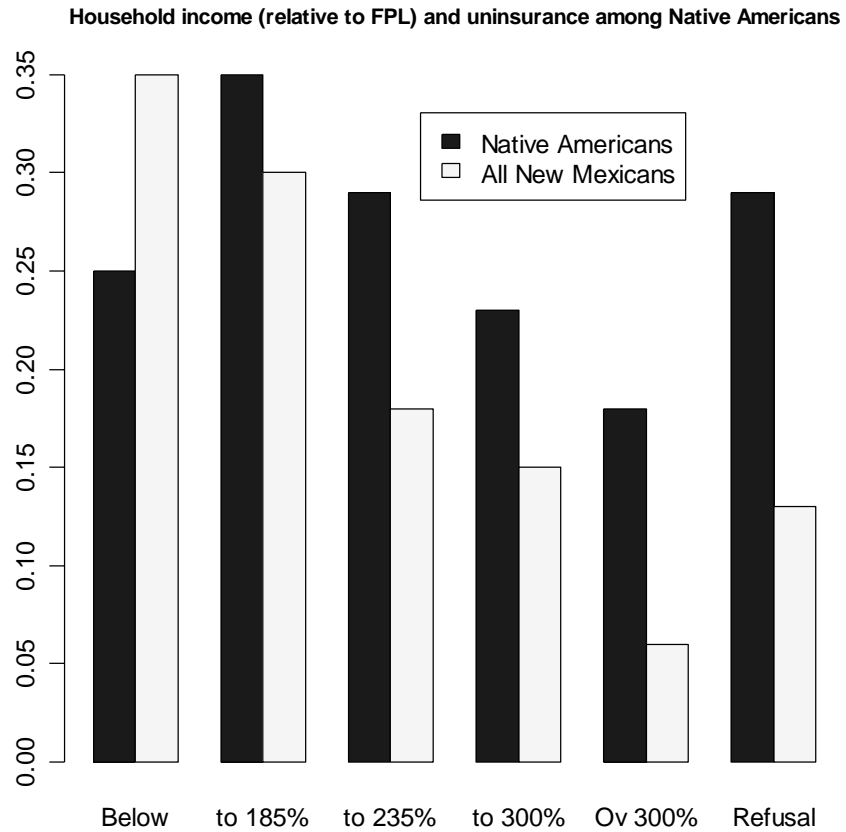


As with Hispanics in New Mexico, non-Hispanic Native Americans have a higher proportion of uninsured persons (compared with the Statewide results) in most age groups. The uninsured proportions are especially high among those who are age-eligible for Medicare. The statewide rate for those aged 65 years and over is 3%, for non-Hispanic Native Americans in that age group the rate is 12%. While it appears that the uninsured proportion in the 25 – 34 year old group is slightly lower than the Statewide rate, the difference is neither statistically significant nor practically important (28% among Native Americans, vs. 30% Statewide.)

Health uninsurance among Native Americans, by region

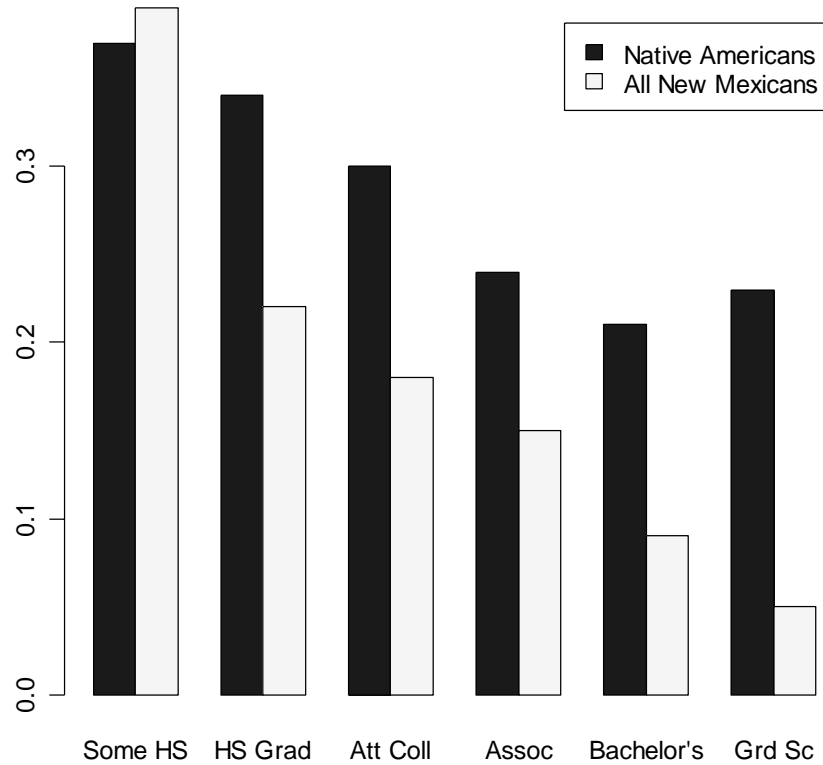


Regionally, Native Americans are most heavily concentrated in the Albuquerque Metropolitan area, the Northwest (McKinley County) and the North Central. The highest level of uninsurance among Native Americans is in the North Central counties. Uninsurance rates are higher than the Statewide levels for Native Americans in every geographic region.



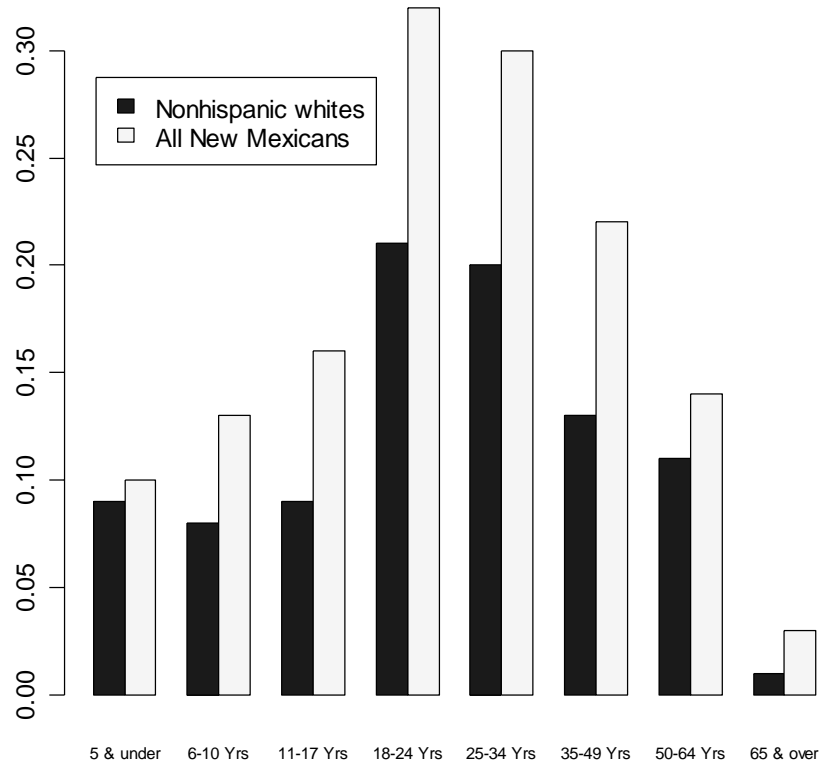
Among Native Americans living in households with incomes below the FPL the uninsured proportion is actually lower than the Statewide rate (25% for Native Americans versus 35% Statewide). The proportion of uninsured Native Americans living in households in all other income categories exceeds the Statewide level for comparable incomes. The lower rate of uninsurance among Native Americans below the FPL demonstrates the effectiveness of directed Medicaid outreach programs. The refusal rate on the income question among Native Americans was 16%.

Education level and uninsurance among Native Americans

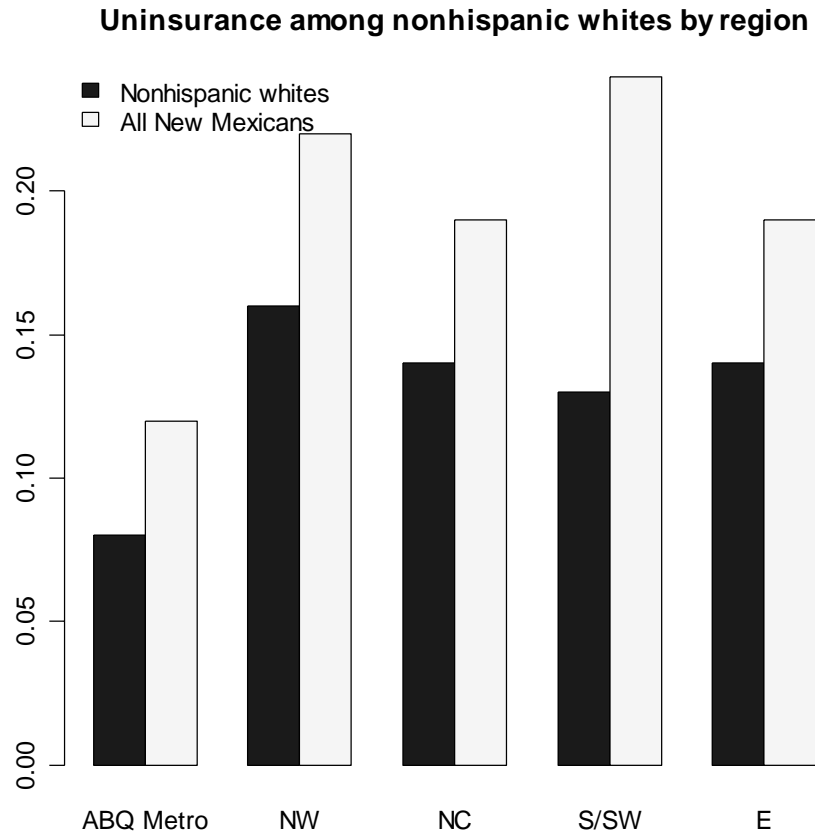


Uninsured proportions are higher for Native Americans than for the State as a whole, except among those who didn't graduate from high school. We know that income and education are fairly highly correlated. Therefore, it seems likely that the same factors that worked to reduce the uninsured proportion among those living in households below the FPL are at work among this group. Even among college graduates the uninsured proportion is markedly higher than the Statewide rate for comparable groups. This pattern is distinctly different than the pattern for other ethnic groups, where increased education brings the uninsured proportion to or near the level for comparable groups.

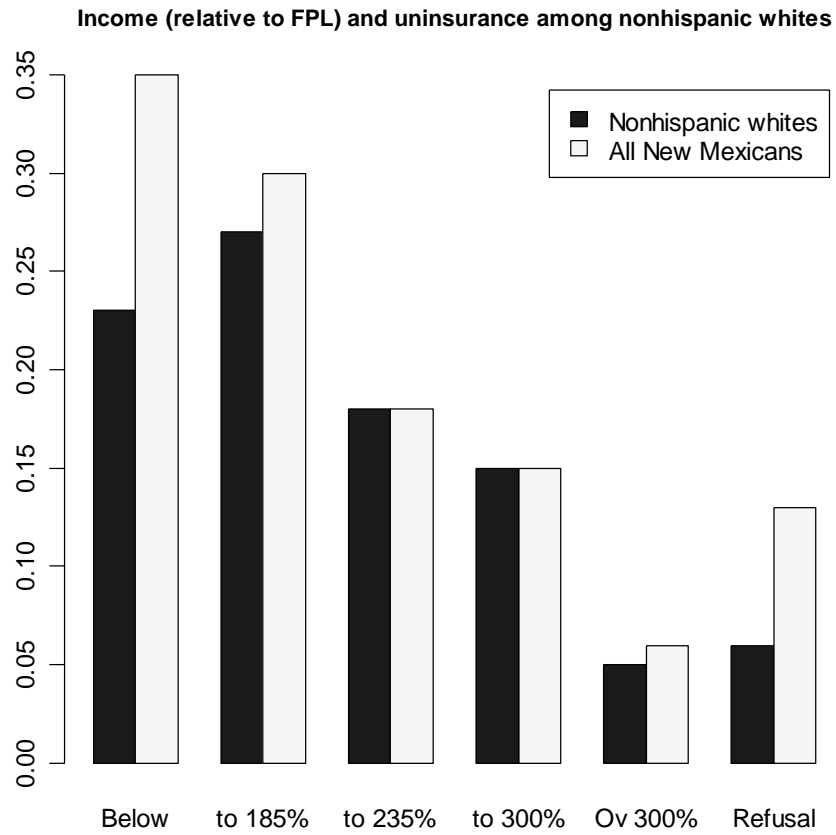
Uninsurance among nonhispanic whites by age groups



Health insurance penetration is higher than the state level among non-hispanic whites. This pattern holds in all age groups, but it is most pronounced in the young adult groups. Among 18 to 24 year-olds the uninsurance rate was 32% statewide, but among non-hispanic whites the fraction was 21%. The comparable figures for the 25 to 34 year-old group are 30% (statewide) and 20% (non-hispanic whites). Young adults are more likely to lack health insurance than any other age group, even among non-hispanic whites.

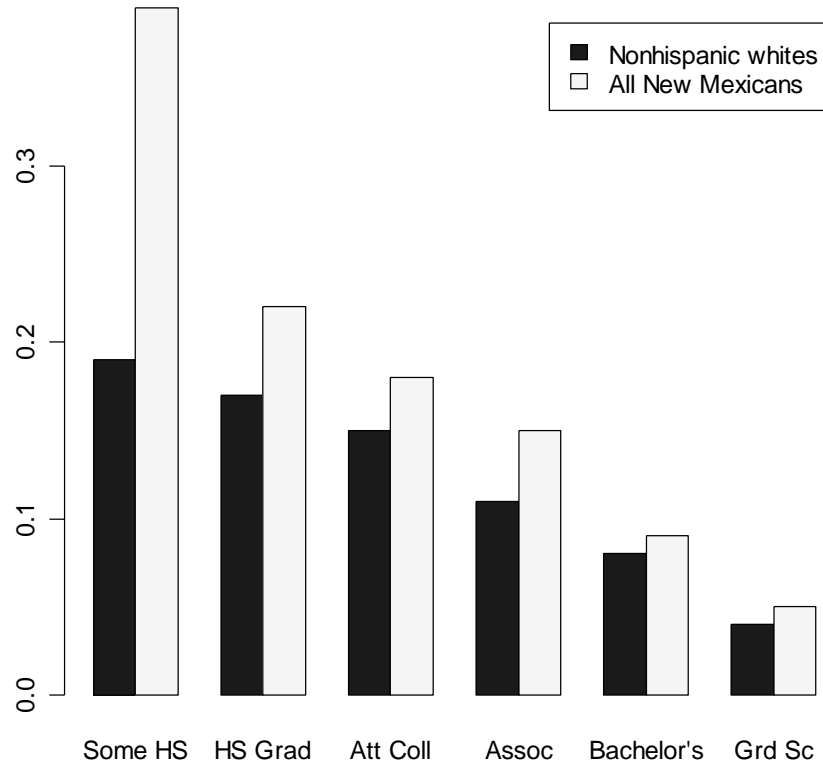


The geographic pattern of health insurance coverage for nonhispanic whites is similar to the pattern for the State's population as a whole, except in the South and Southwest. While the State pattern shows a higher frequency of uninsurance in this region, for nonhispanic whites the level is the lowest in the State outside the Albuquerque Metropolitan area.



The uninsured fraction of the population is highest among people living in households near and below the FPL, but the rates are at or below the levels for comparable groups in the State population. The refusal rate on household income items was 21% among nonhispanic whites.

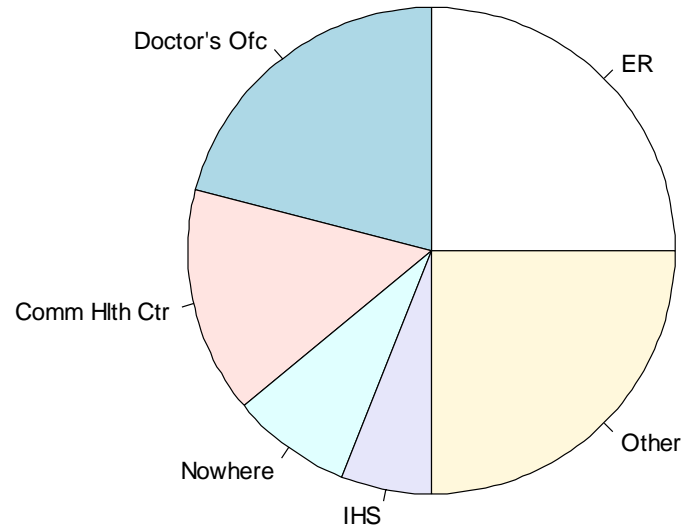
Uninsurance and education level among nonhispanic whites



Nonhispanic white New Mexicans have generally higher levels of health insurance participation. As in the Statewide estimates, increasing education level is associated with higher levels of health insurance participation. The disparity between the Statewide estimate and the estimate for non-white Hispanics is most pronounced among those who did not complete high school. The Statewide estimate is 39% lacking health insurance in this group. Among nonhispanic whites the level was 19%.

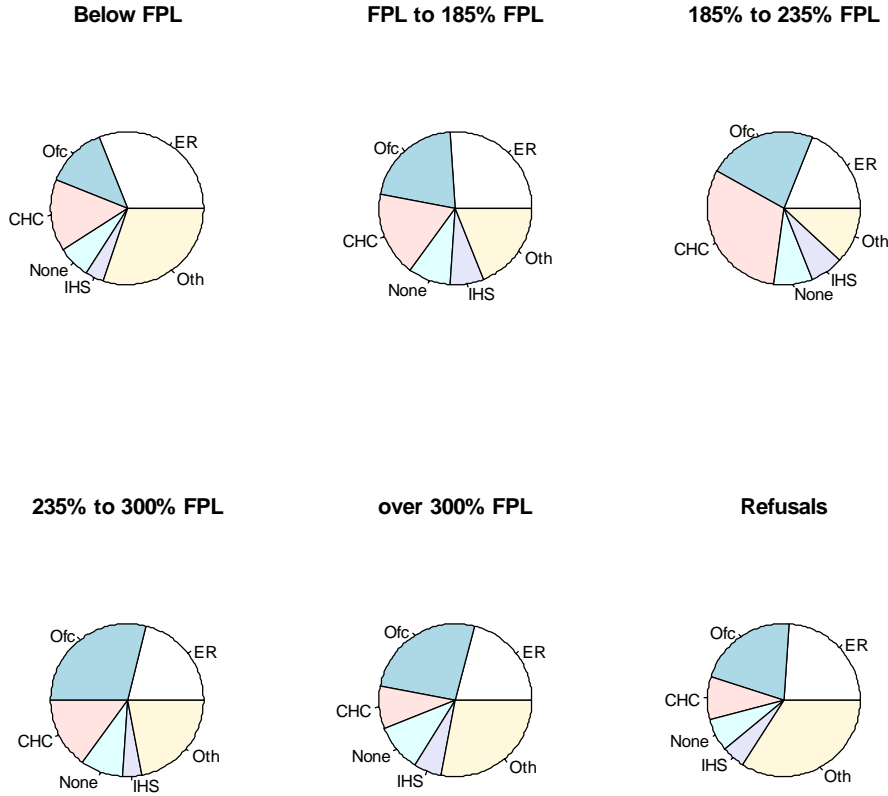
Section III. Health Care Sources

Sources for acute medical care among the uninsured



Everyone needs medical care at least occasionally, and the uninsured are not exempt. We asked, “When an uninsured member of your family needs urgent or minor medical care, such as a bad sore throat or an ear infection, where would you go?” The open-ended format generated an enormous variety of answer, but five categories account for three fourths of the answers. The answer provided most often was a hospital Emergency Room (25% of responses). Twenty-one percent said they would go to a doctor’s office, and 15% gave a Community Health Center as their source. Surprisingly, 8% said they wouldn’t go anywhere (or that they couldn’t afford it.) The Other category is a mixture of sources, among them: Urgent Care Centers, Natural Healers, Mexico, School Clinics, VA Clinics, etc.

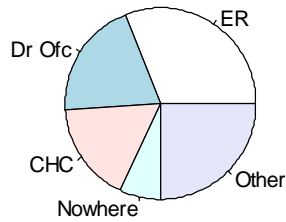
Source of acute care and household income (as percent of FPL)



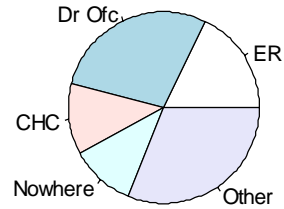
Household income significantly impacts the source of acute health care among the uninsured. Among families living below the FPL almost 1/3 (31%) choose a hospital ER for acute care. Above 185% of FPL (and among refusals), the doctor’s office replaces the hospital ER as the named source for acute care. “Nowhere, can’t afford it” remains fairly constant around 8% in all income groups.

Source of acute care and ethnic group

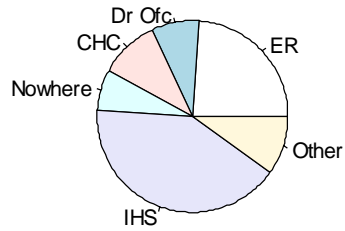
Hispanic



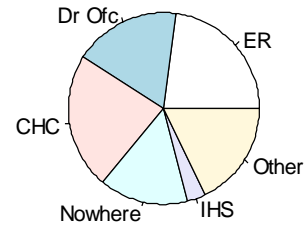
Nonhispanic white



Nonhispanic Native American



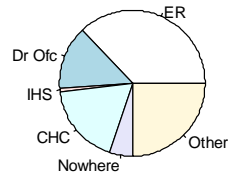
Other nonhispanic



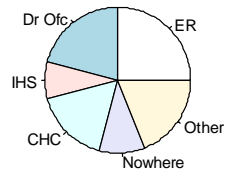
The State's uninsured differ in their source of care across ethnic groups. This figure emphasizes the importance of Indian Health Service (IHS) clinics to New Mexico's Native American population. Forty-one percent (41%) of the uninsured Native Americans seek their acute health care from IHS clinics.

Source of acute care and education level

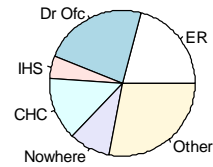
Some high school



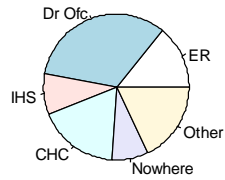
High school graduate



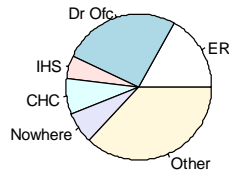
Some college



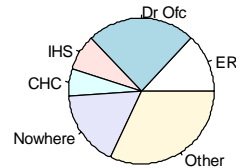
Associate's degree



Bachelor's degree



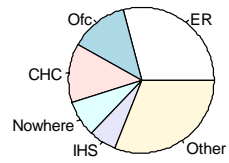
Graduate School



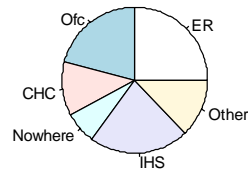
As education level increases, uninsured people use hospital emergency rooms less often and alternative (like physician's offices and community health clinics) more frequently. Thirty-seven percent (37%) of the uninsured respondents who did not complete high school reported using hospital emergency rooms for acute care. For comparison, only 17% of the uninsured respondents who had completed a bachelor's degree reported using an emergency room for acute care. Community health centers have their highest usage rate among respondents holding associate's degrees (18%).

Source of acute care by geographic region

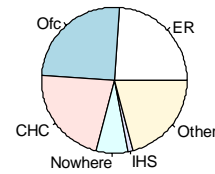
Albuquerque Metro Area



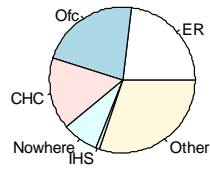
Northwest



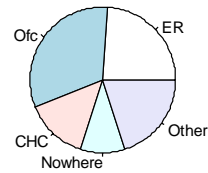
North Central



South and Southwest

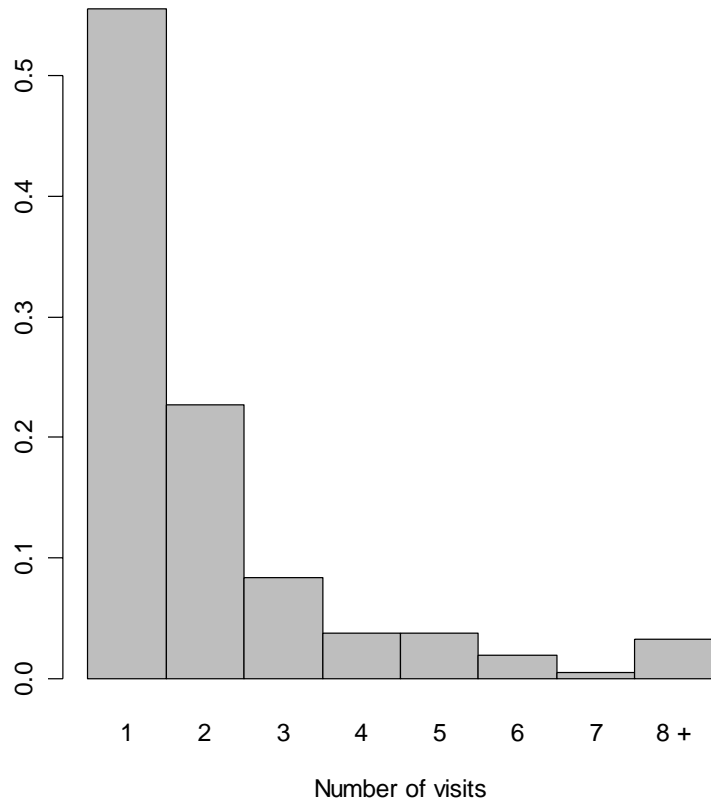


East



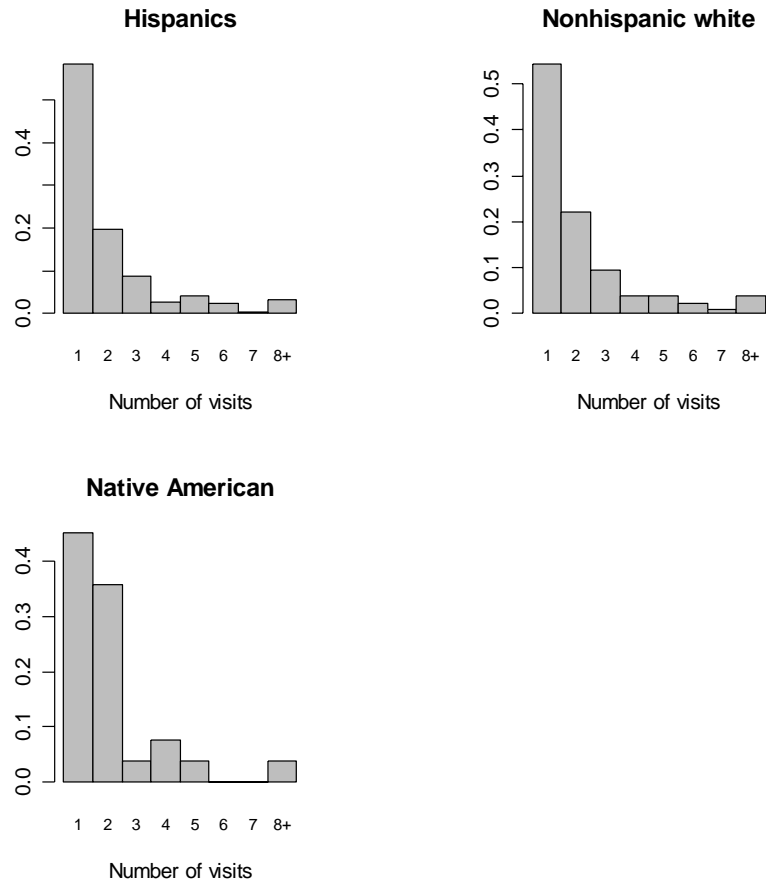
The uninsured in the Albuquerque metropolitan area are the most likely to use hospital emergency rooms for acute care. Physician's offices are most heavily used by the uninsured in eastern New Mexico. Indian Health Service (IHS) clinics are a significant source of acute care for the uninsured in Albuquerque and the Northwest. The heavy use of IHS services in Albuquerque and the Northwest highlight the importance of IHS services in providing access to health care for uninsured Native Americans.

Number of ER visits by uninsured individuals



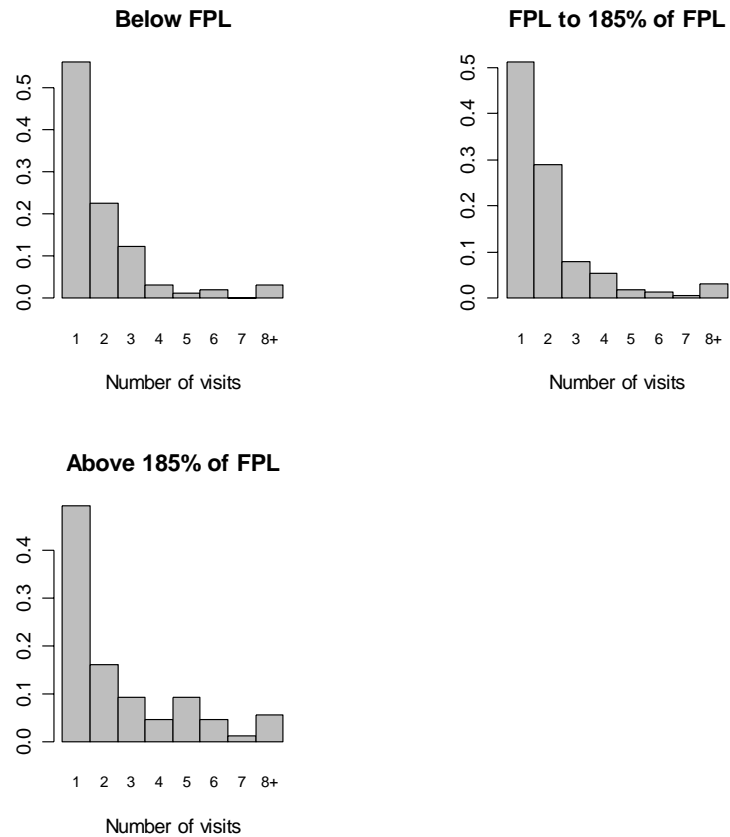
The number of visits by uninsured individuals is a factor which impacts unreimbursed care for New Mexico's hospitals. Among the uninsured individuals who sought care at emergency rooms, the mean number of visits was 2.12 and median number of visits was 1. Forty-six percent (46%) of the uninsured who visited an emergency room for acute care visited more than once. This histogram is based on $N = 418$ individuals. If we take these results and expand them to a total for New Mexico, we estimate that 87,000 uninsured individuals sought care in the State's emergency rooms with a total of 184,000 visits.

Number of ER visits by uninsured individuals, by ethnicity



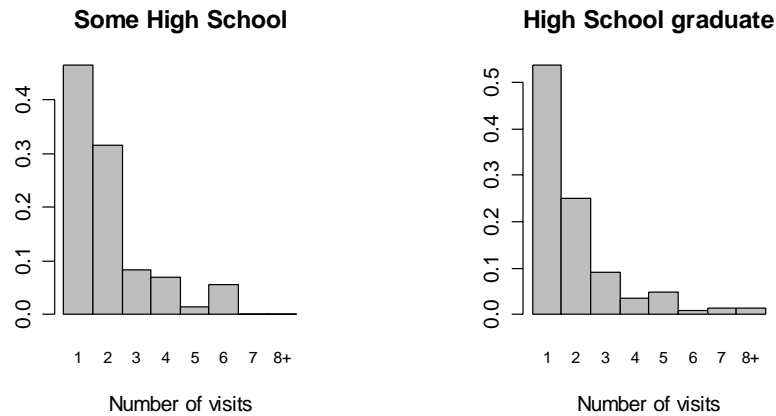
The distributions are very similar for all three major ethnic groups in New Mexico. Relatively small fractions of the uninsured have large numbers of visits, while most have only one visit in the past year. The mean number of visits among those who used an ER in the past year is 2.05 for Hispanics, 2.21 for non-Hispanic whites, and 2.29 for Native Americans. The median number of visits is 1 for Hispanics and non-Hispanic whites and 2 for Native Americans.

Number of ER visits by the uninsured, by Household income

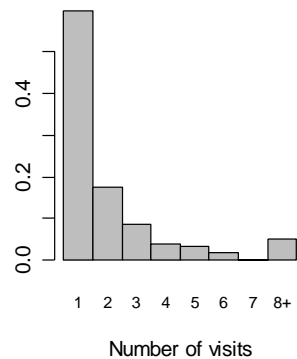


Increasing household income slightly flattens the distribution of the number of visits. The mean number of visits for persons living in households below the FPL is 1.97, for those living in household with incomes between the FPL and 185% of the FPL the mean is 2.13. For those living in households above 185% of FPL the mean number of visits is 2.49.

Distribution of number ER visits by uninsured By education level

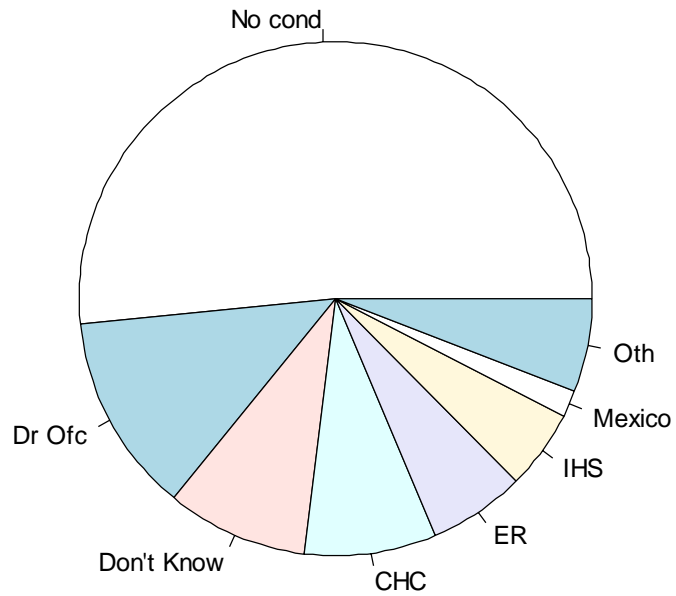


Attended college and graduates



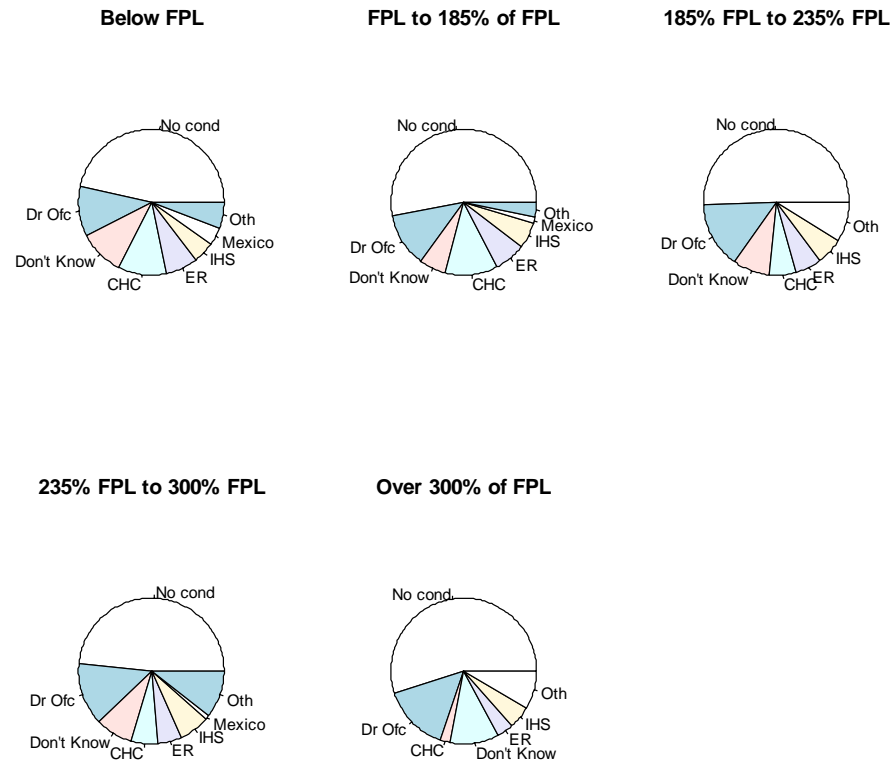
Increasing education level makes the distribution of the number of visits more peaked: apparently those with higher education levels are aware of alternatives to Emergency Rooms. The mean number of visits among the uninsured who did not complete high school is 2.04; among those who completed high school the mean decreases to 1.94. Among those who attended college (including all degree holders) the mean is 2.27 visits.

Sources for chronic medical care among the uninsured



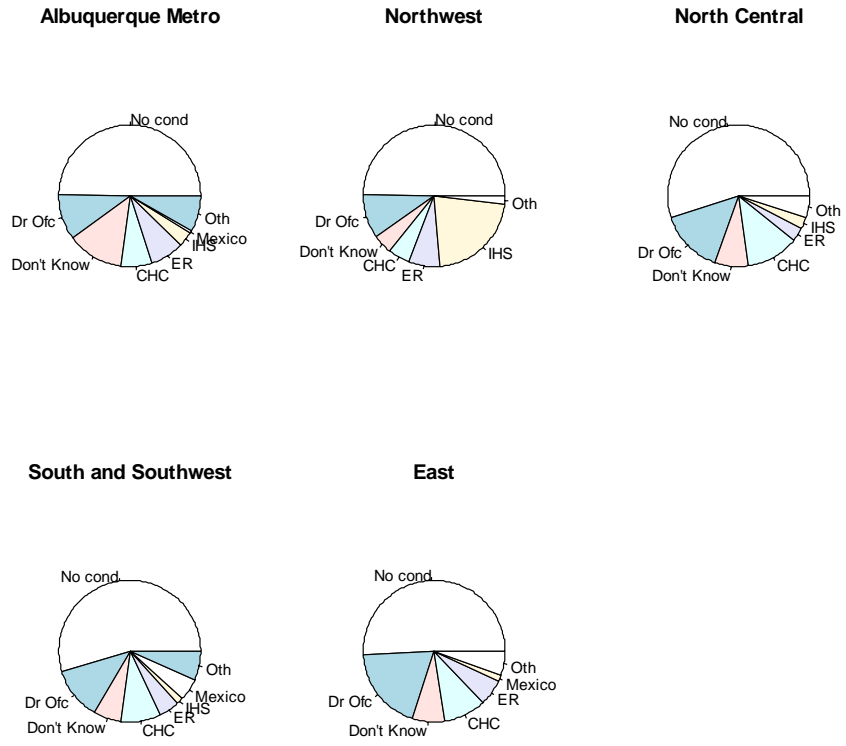
Just under half (48%) of the uninsured in the survey said they (or a household member) had some sort of chronic condition, like high blood pressure, arthritis or diabetes. We asked them where they sought care for this condition when it was needed. The most common response was a doctor's office (13%), 8% said they used a community health center. Hospital emergency rooms were used by 6% of the respondents.

Source of care for chronic conditions by household income (as percent of FPL)



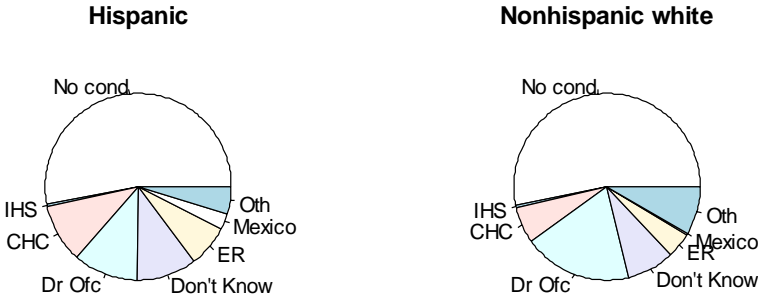
Persons living near and below the Federal Poverty Level (FPL) are significantly more likely to use community health centers than other income groups. Community health centers were cited as the care source by 11% of uninsured persons in households below the FPL, and by 12% of persons in households between FPL and 185% of FPL. Persons living in households over 235% of FPL are less likely to use community health centers. These differences are statistically significant. Community health centers may offer their services at a discounted rate, depending on income and household size. While the estimated emergency room usage varies slightly over the income groups, the differences are not statistically significant.

Source of care for chronic conditions by geographic region

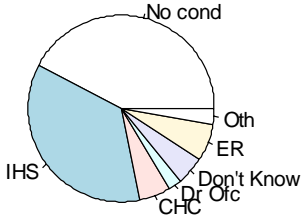


In Northwest New Mexico Indian Health Service (IHS) centers provide the most cited source of care for chronic conditions. One-fifth (22%) of the uninsured respondents in the Northwest region named the IHS as their source for chronic care. Among those with chronic conditions, the IHS was given as the source of care for chronic conditions by 43% of the respondents. In the South and Southwest region, Mexico is a source of medical care for 11% of the uninsured with chronic conditions. Finally, in eastern New Mexico, uninsured people with chronic conditions are more likely to use a doctor’s office (19%).

Source of care for chronic conditions and ethnic group

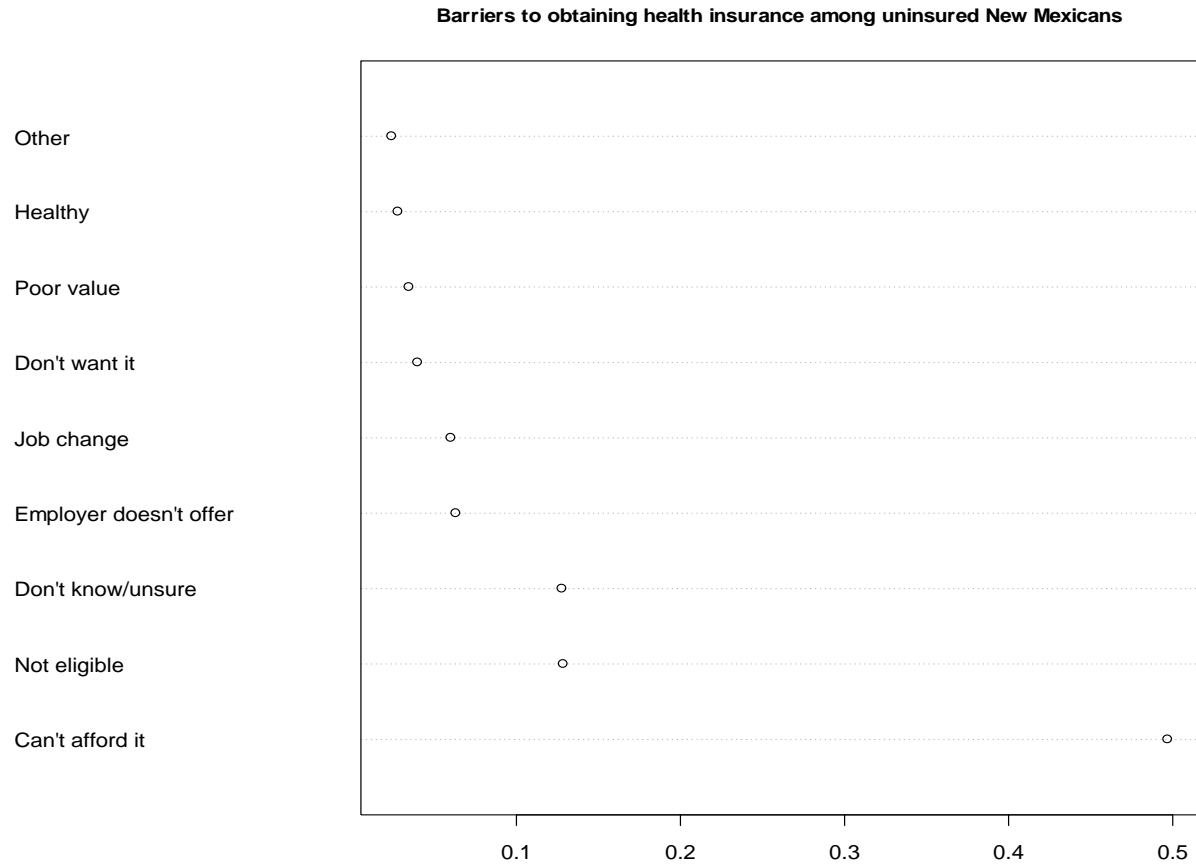


Nonhispanic Native American



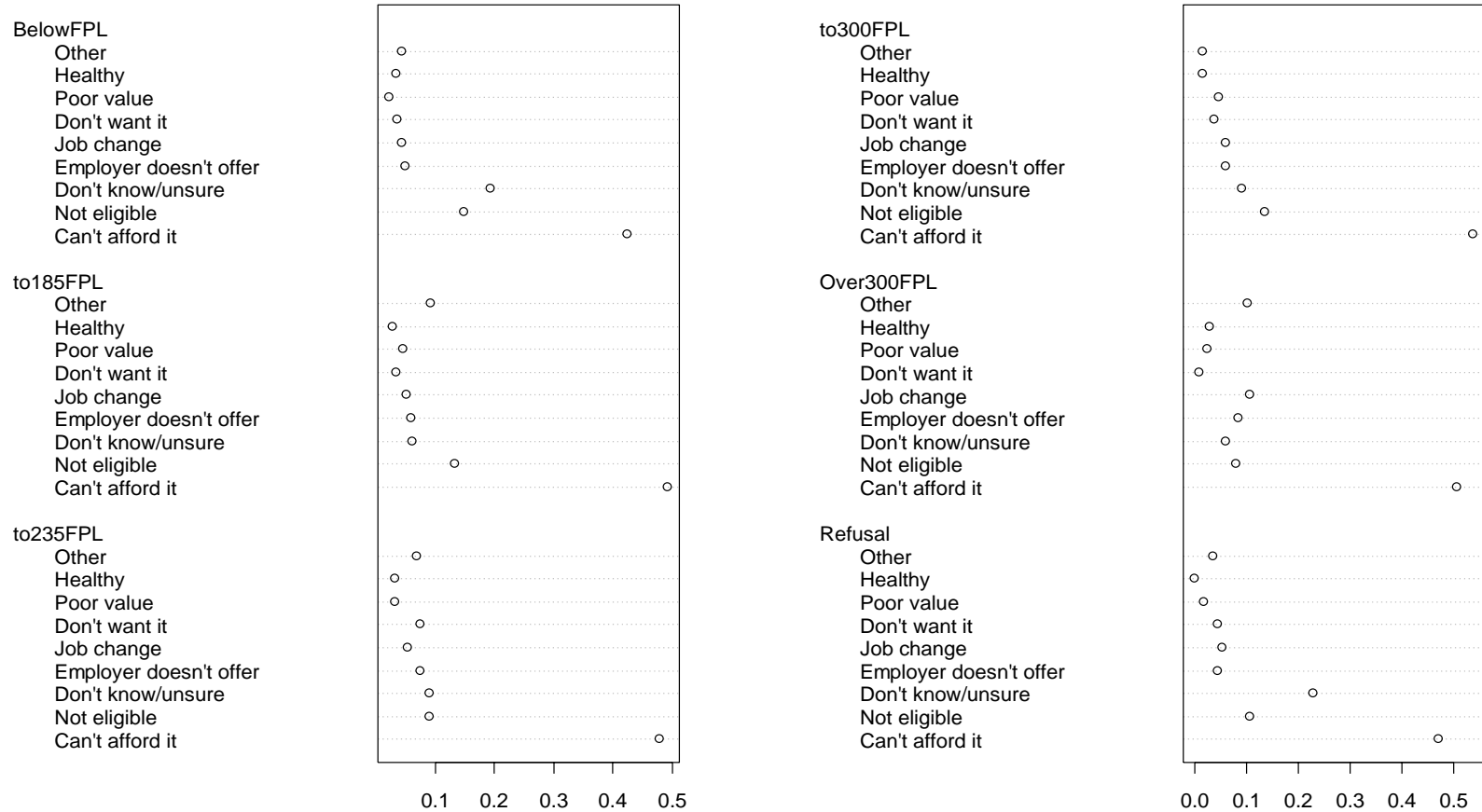
There are distinct patterns of care among the State’s ethnic groups. Nonhispanic Whites are most likely to seek treatment in a doctor’s office (19%), Hispanics are most likely to use community health centers (10%) and the emergency room (7%). Nonhispanic Native Americans are most likely to use Indian Health Service centers (36%).

Section IV. Barriers to Obtaining Health Insurance



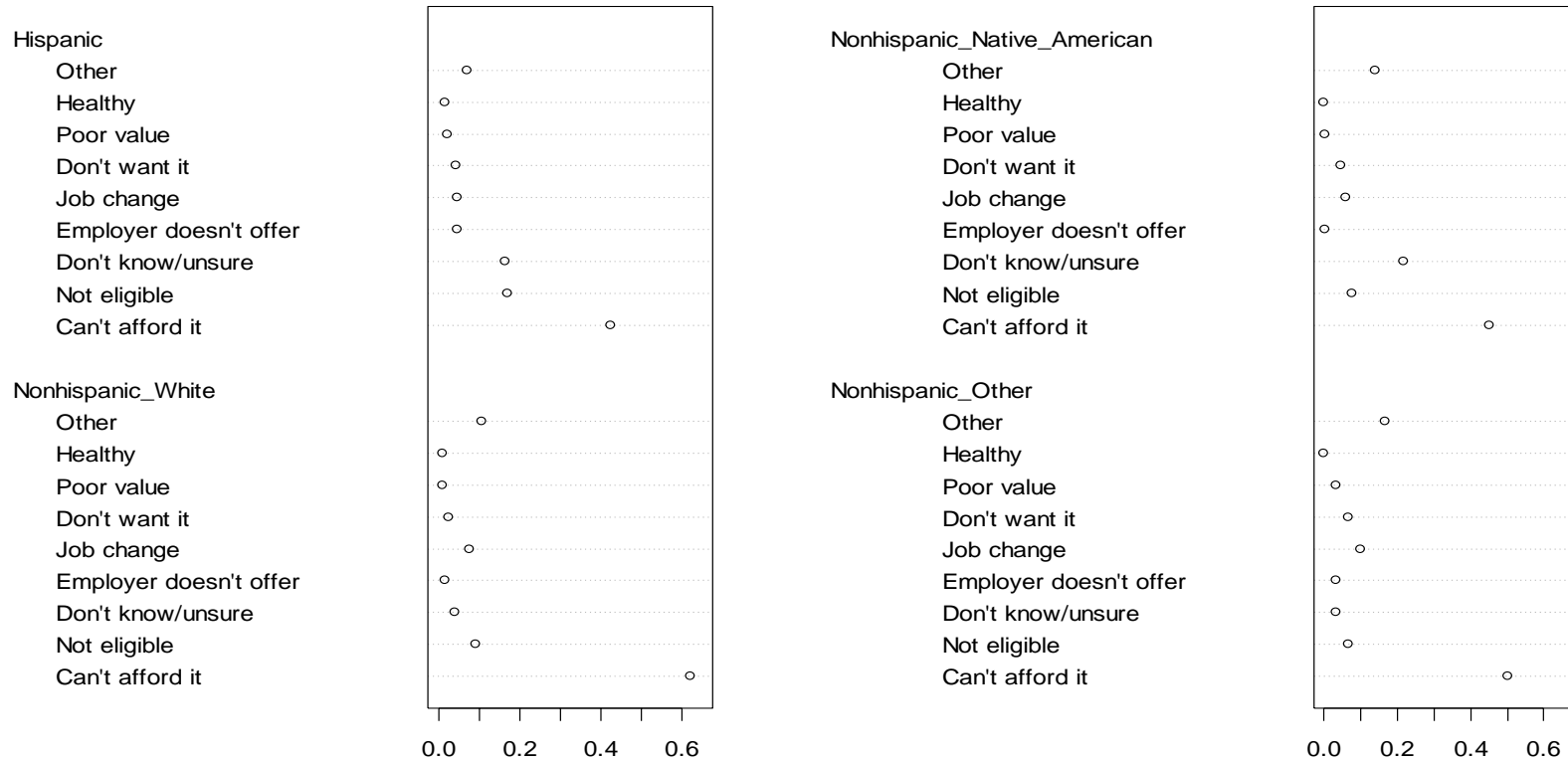
When the uninsured were asked without prompting why they were uninsured, the predominant response was that they couldn't afford it. Nearly one-half (49.7%) gave that answer. The next highest answers were, "I don't know" and "I'm not eligible", given by 12.8% and 12.7% of the respondents, respectively. Below that, about 6% of the respondents gave one of two job-related issues (Job change, or not offered by the employer). Reasons that might indicate what one could call the hard-core uninsured (I'm healthy, insurance is a poor value, I don't want it) were given by a total of 10% of the respondents. These uncued responses give us an indication of what the respondent believes the primary barrier is. Later in the survey we asked a series of question with cued reasons.

Income and barriers to health insurance



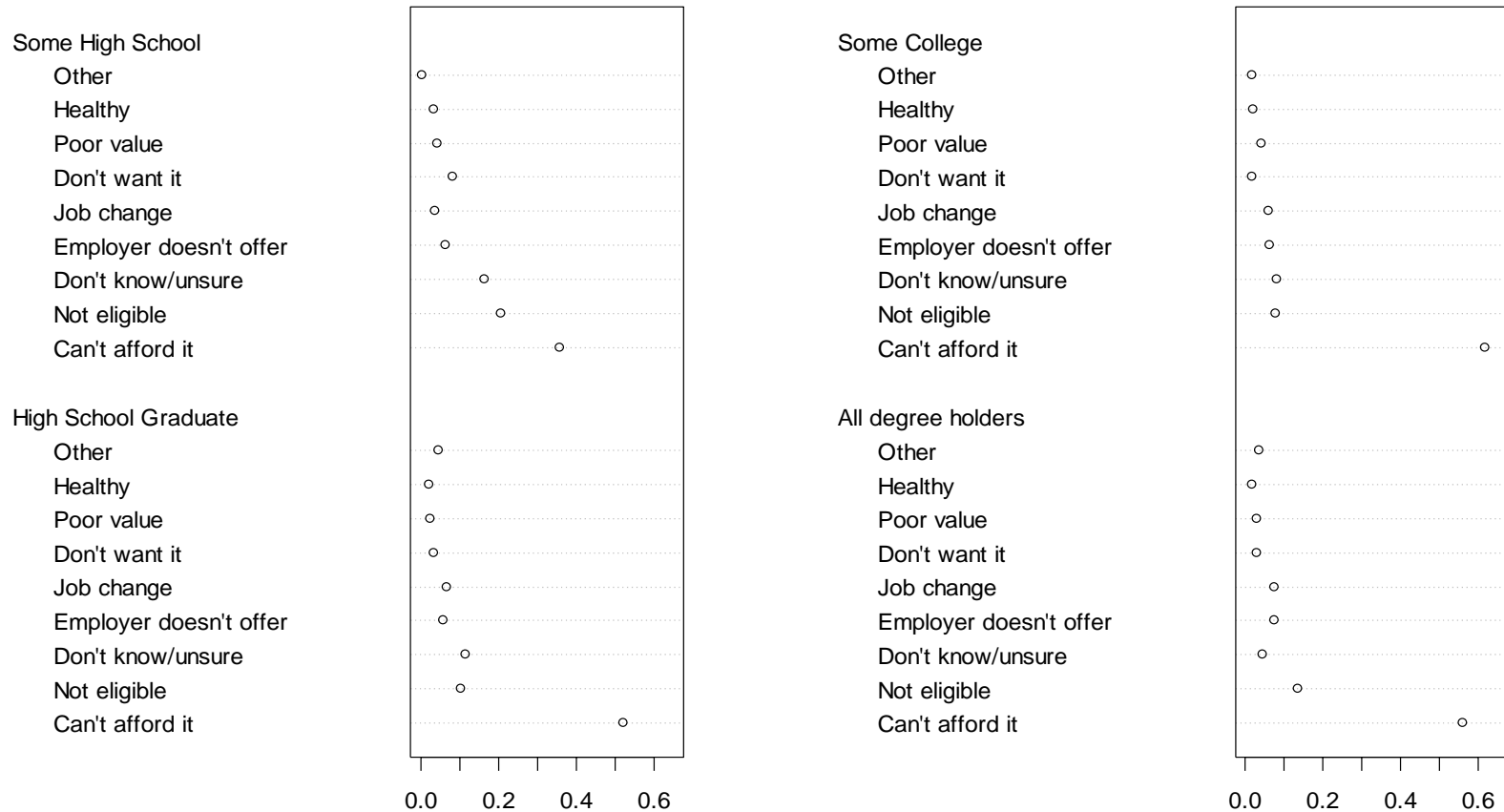
When we divide the respondents by their household income we see that the pattern does not change much. The primary barrier to obtaining health insurance in all income categories is affordability: close to one-half of the respondents in every category cited inability to afford insurance as the reason for being uninsured. Those living in household below the Federal Poverty Level were statistically significantly less likely to cite affordability than persons in other income classes (only 42% of those below the Federal Poverty Level cited affordability, vs. 47% to 53% in the other classes), this decrease seems to be of limited practical importance.

Ethnic background and barriers to health insurance



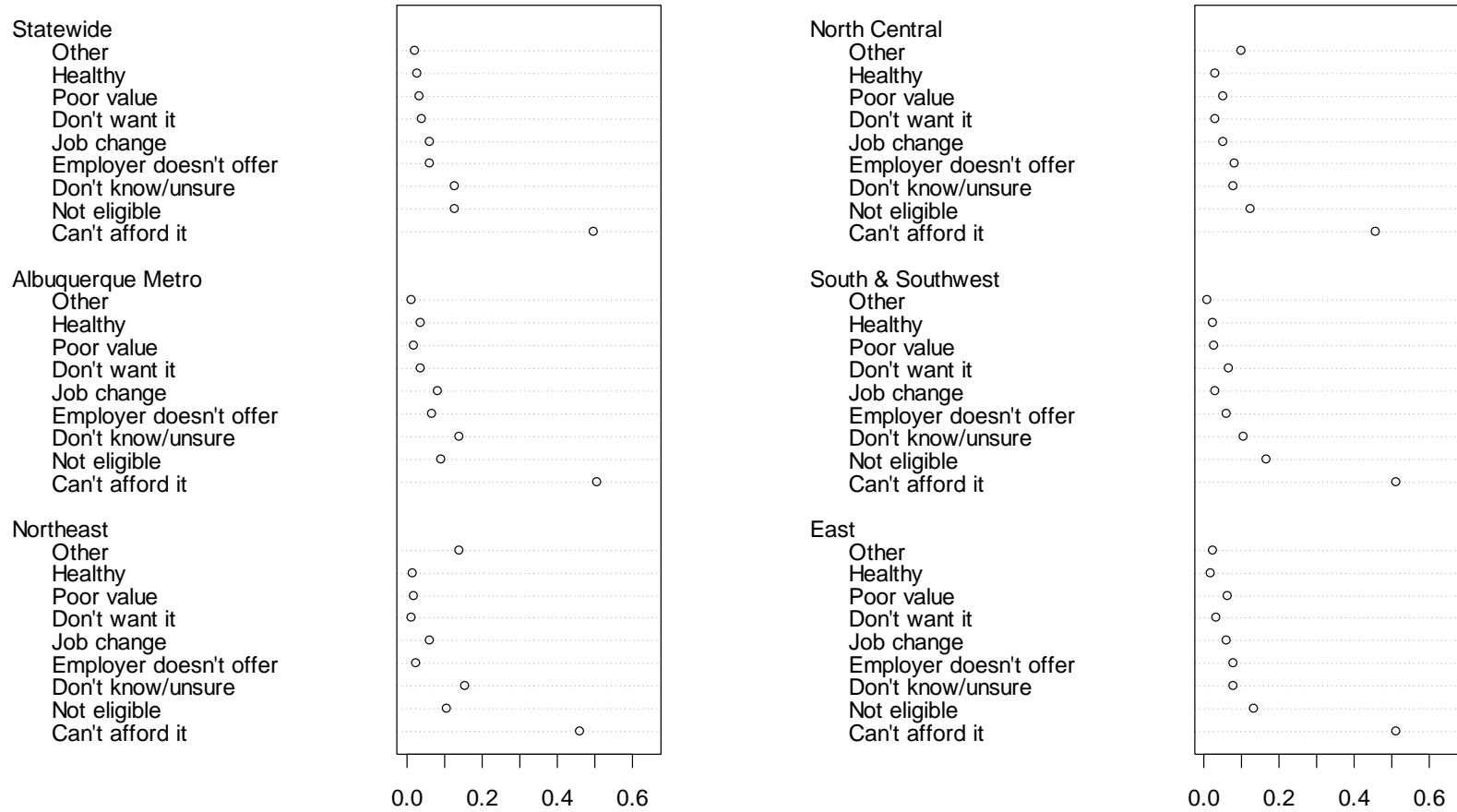
As we have seen previously, the most commonly cited barrier to having insurance is affordability. This is true across all ethnic backgrounds, but there are some statistically significant differences. Non-Hispanic whites were most likely to cite affordability as the reason (62% did), while Hispanics were least likely to cite affordability as the reason at 42%. The association between ethnic background and income makes this disparity more striking. According to the 2000 Census, the median income in households with a Hispanic head was \$28,424; the median income of households headed by a non-Hispanic White was \$40,383 (Census 2000, Table P152). Although non-Hispanic Whites have significantly higher household incomes, they are the most likely ethnic group to cite cost as the barrier to health insurance. Non-Hispanic Native Americans were least likely to cite no employer-sponsored coverage (less than 0.5% did).

Education and barriers to health insurance



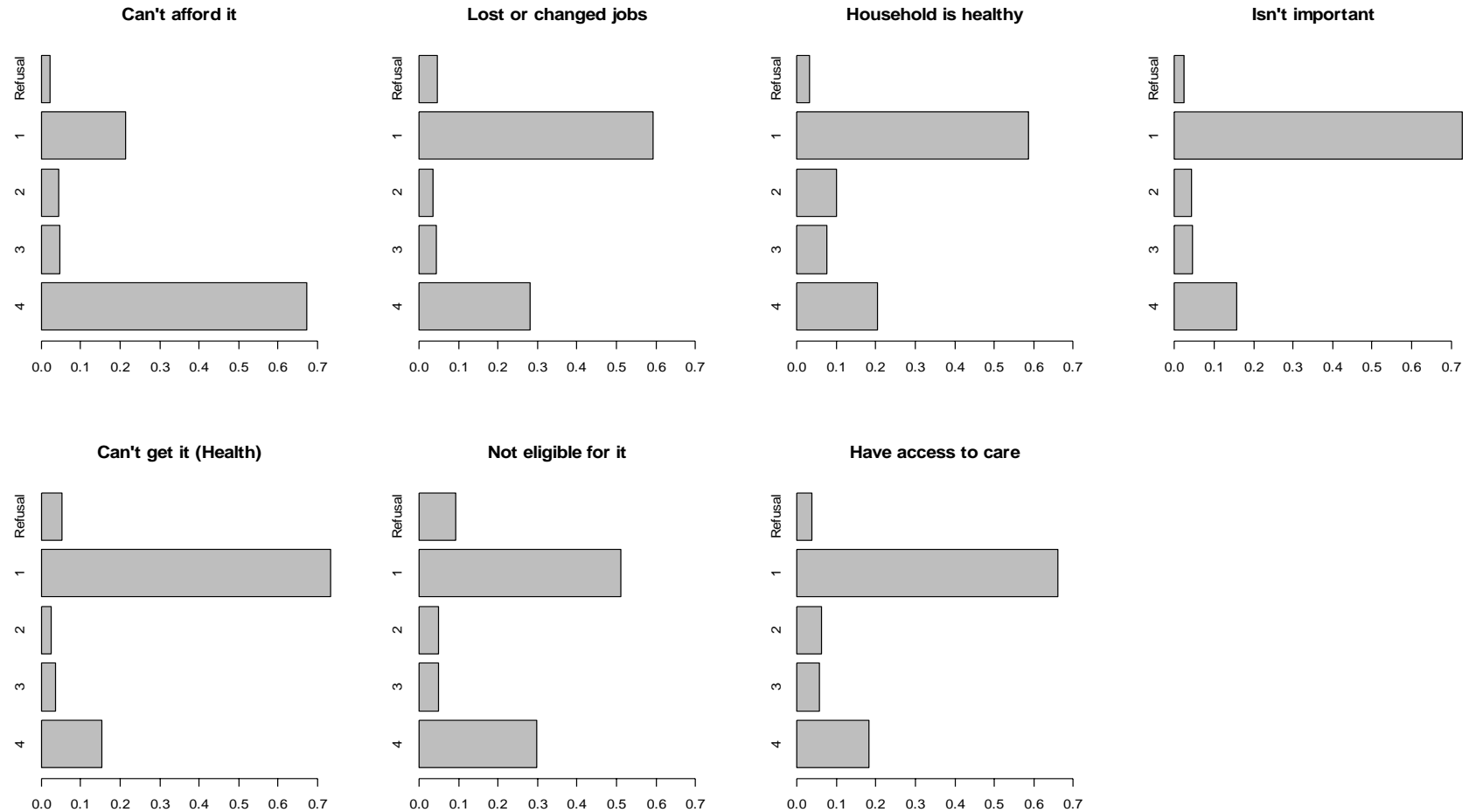
At all education levels the most cited reason for lacking health insurance is affordability. Affordability is least often cited by respondents who did not graduate from high school (35.7%). Affordability is most often cited by persons who attended college but failed to graduate (61.7%). Other barriers were only prominent among those who did not graduate from high school. There is no statistically significant pattern in the relationship between resistance to health insurance and education.

Regional differences in barriers to health insurance



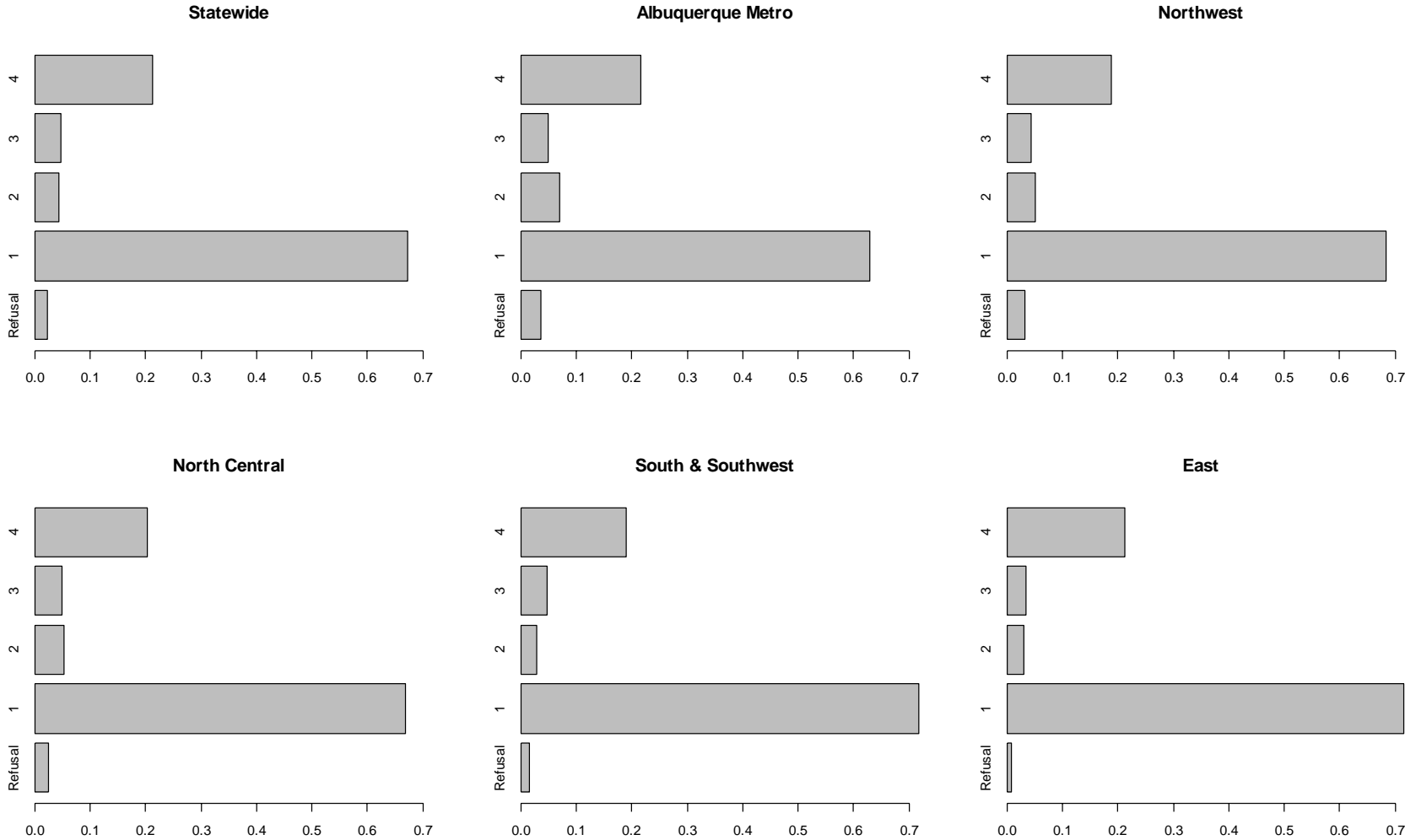
The most cited reason for lacking health insurance is affordability in all regions of New Mexico. The patterns in citation are very similar across the State despite the substantial differences in ethnic makeup and economic opportunity.

Response to cued barriers to obtaining health insurance



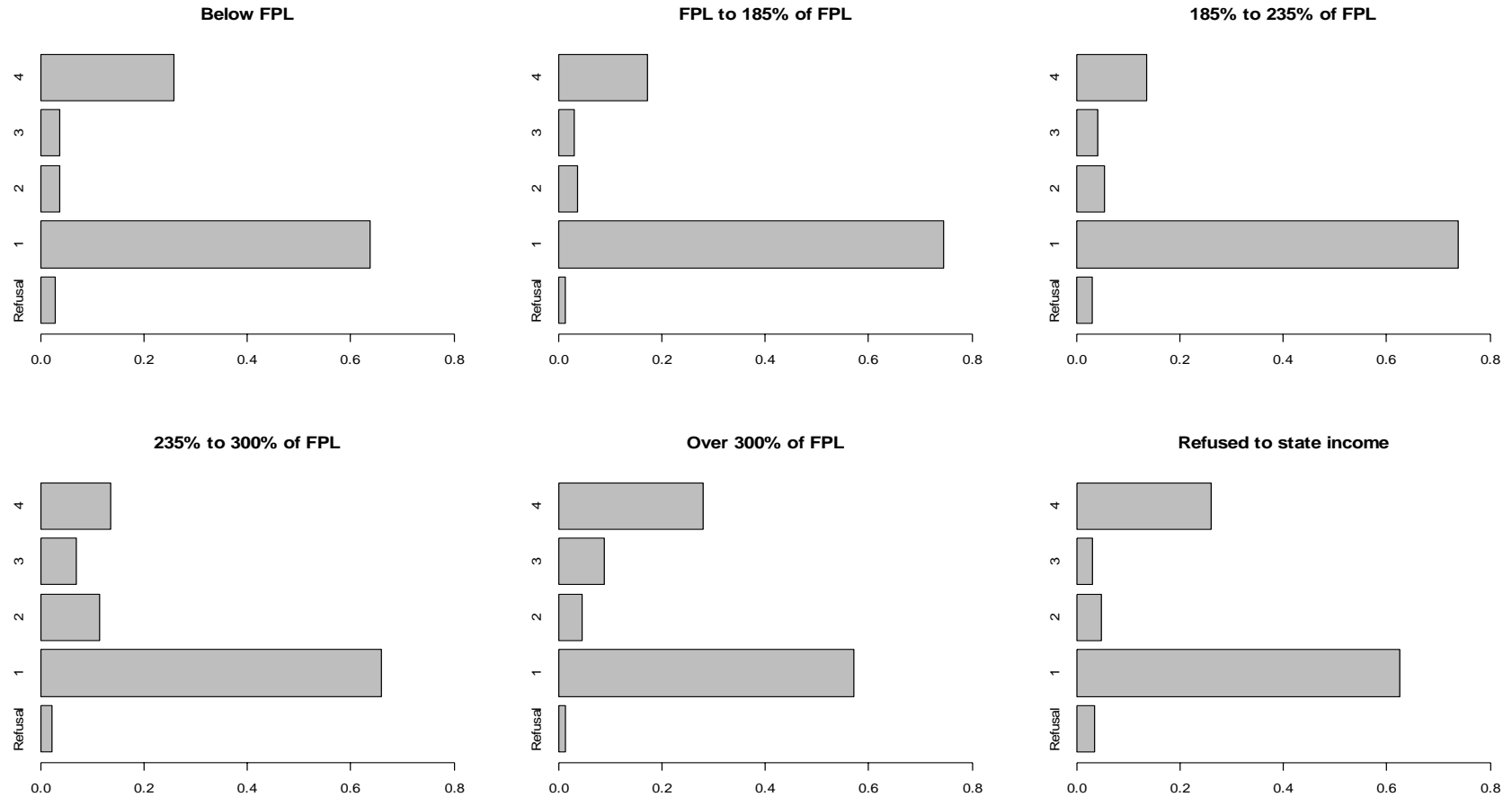
The uninsured survey respondents were also asked cued questions about common barriers and reasons for not having health insurance. In the bar charts above, a response value of **4** indicates the respondent said the reason 'described my situation very well'. A value of **1** indicates the respondent said the reason 'does not describe my situation at all'. As the charts show, the only reason that gathered majority support is affordability. About one-third of the respondents said that employment issues described their situations, or that they were not eligible for health insurance. The remaining reasons do not appear to describe important access barriers in New Mexico.

Regional differences in affordability barriers



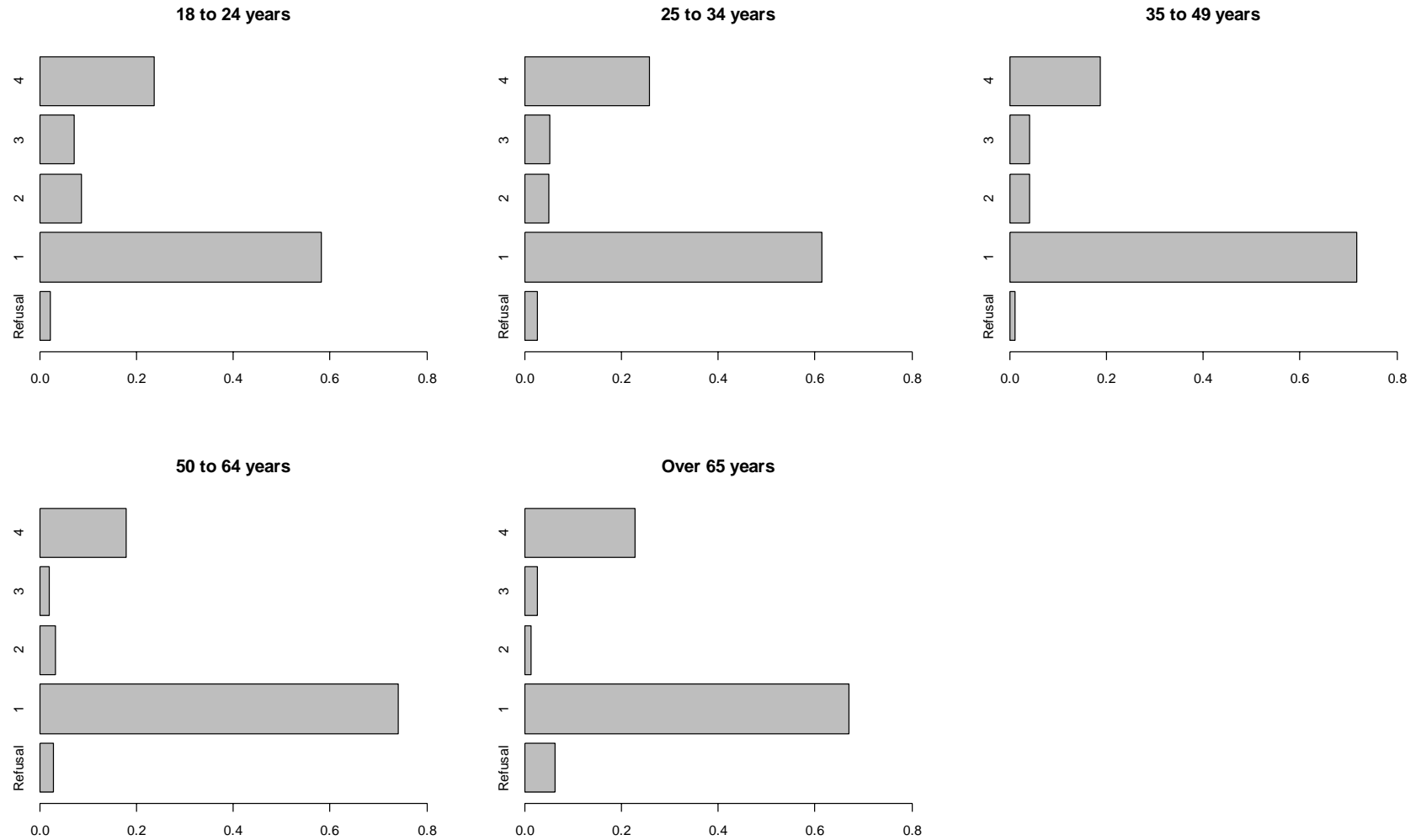
The regional response patterns are very similar to the statewide pattern. Affordability is very slightly less important as a barrier in the Albuquerque Metropolitan area, and slightly more important in the remainder of the state.

Household income and affordability as a health insurance barrier



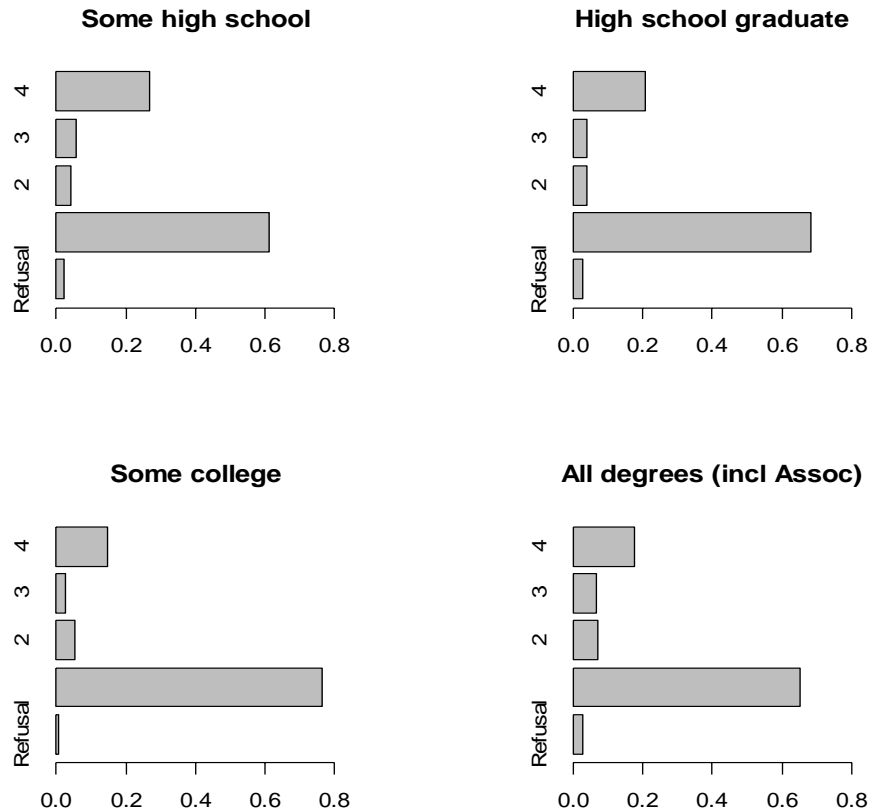
As might be expected, affordability is an important issue at every income level. However, the survey results show that the problem is more common among people living in families above but near the Federal Poverty Level for their household. While about two-thirds of uninsured households at all income levels cited affordability as describing their situation very well, the fraction giving that response approaches three-quarters for families between the FPL and 235% of the FPL. The actual fractions are 74.6% for persons in families between the FPL and 185% of FPL and 74.0% for families between 185% and 235% of FPL. Even among uninsured people in families with incomes over three times the FPL affordability was an important issue for 57.2%.

Age of the uninsured and affordability



As uninsured New Mexicans get older, the cost of health insurance is more likely to become a barrier. About 60% of young adults (18 to 24 and 24 to 35 years of age) cited affordability as describing their situation very well. For older uninsured people that fraction can exceed 70%.

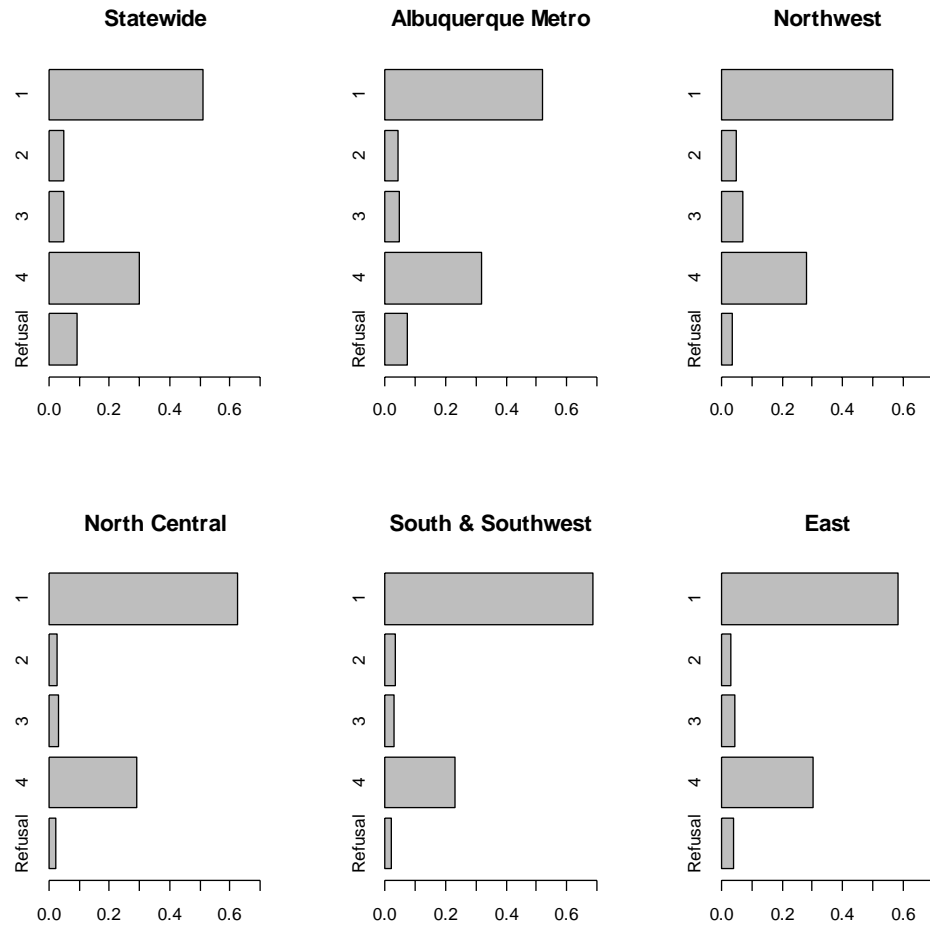
Educational attainment and affordability as a barrier



item.) Among degree holders (including Associate's degrees!) the fraction of the uninsured giving affordability as 'very descriptive' was 65.4%, almost 12 percentage points below the level for those who didn't graduate. Only 68.4% of high school graduates who never attended college gave affordability as very descriptive. The lowest level among all groups was given by those who did not graduate from high school (61.2%). This is probably explained by the education level and income relationship.

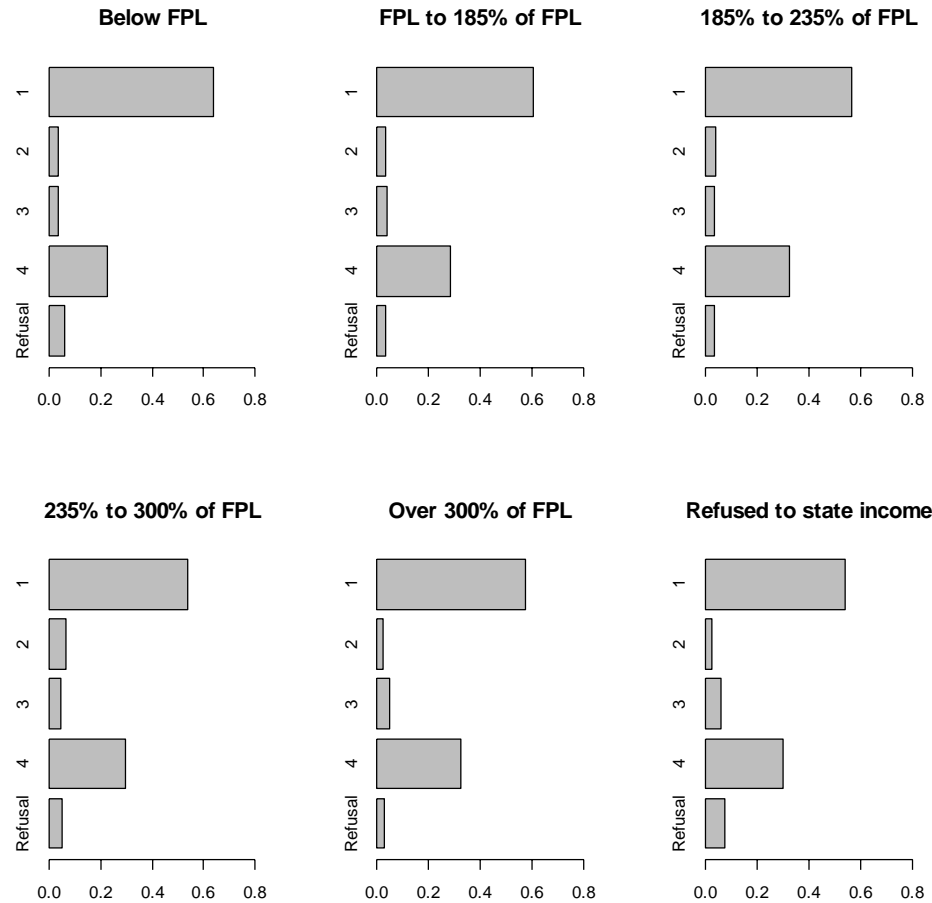
One surprise is that affordability is most often cited as describing an uninsured person's situation very well among those who attended college but didn't graduate (there were 368 respondents in this group, 22% of the respondents on this

Regional differences in job-related barriers to health insurance



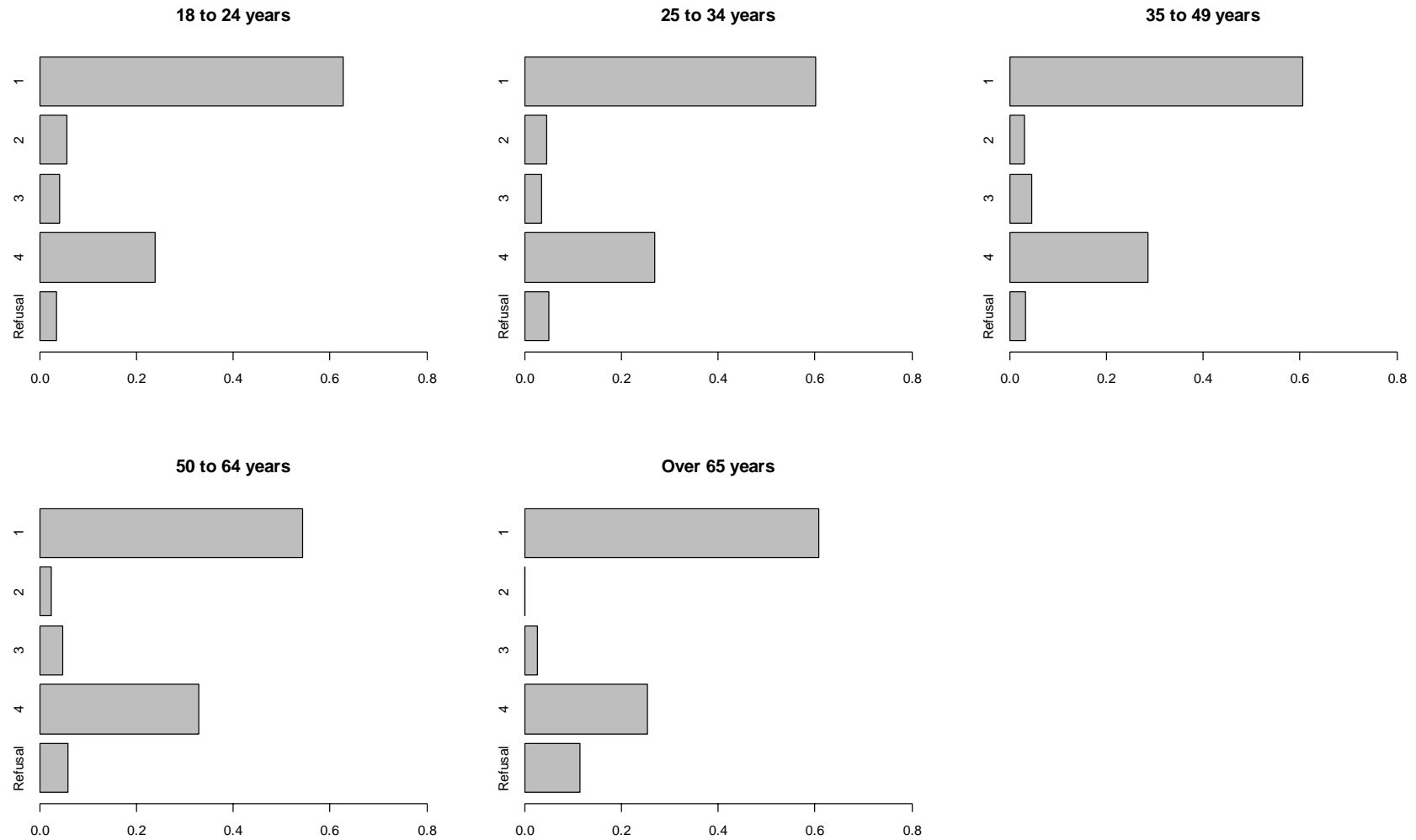
Statewide, 28% of respondents said that job-related barriers (lost, quit or changed jobs) described their situation very well. The only substantial difference is found in the South and Southwest region, where 23% said that job-related barriers described their situation well. In the Albuquerque Metropolitan area slightly more respondents (32%) responded that job-related barriers described their situation well versus Statewide (28%).

Household income and job-related barriers to health insurance



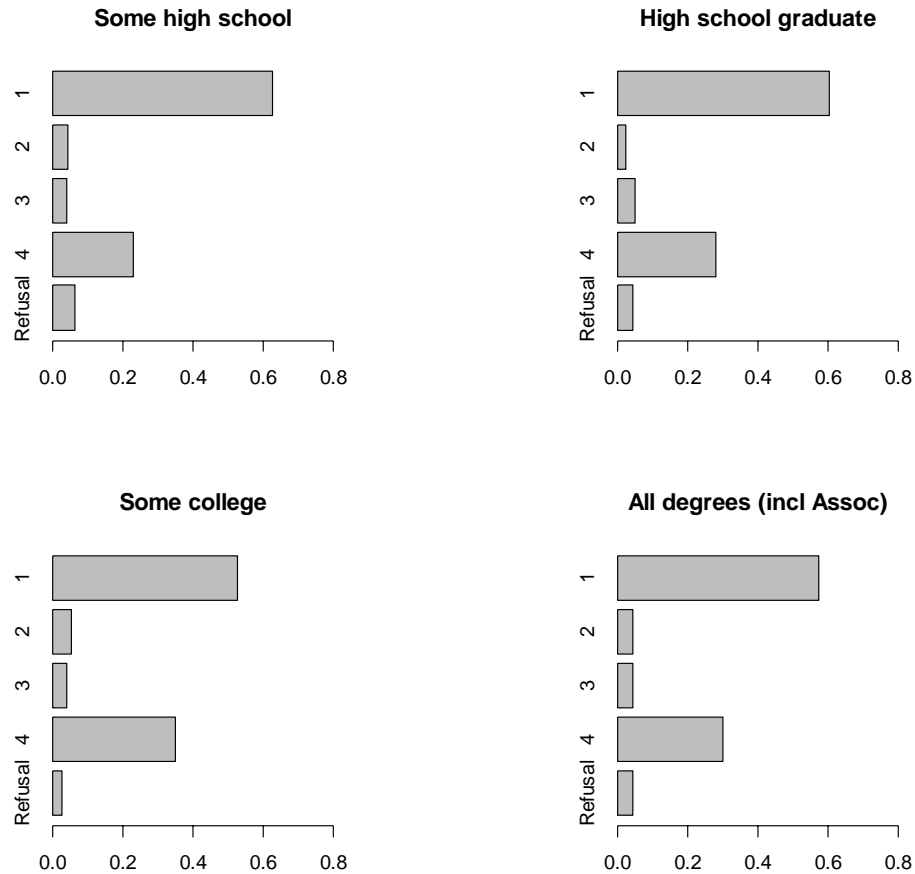
The lowest level of respondents who said that job-related barriers described their situation is found among households below the FPL. Over all income levels, 28% placed themselves in that category, but only 23% of the individuals in households below the FPL placed themselves there. Among individuals in households above the FPL, the highest rate (33%) was found in the Over 300% of FPL category. The exact nature of the job-related barriers is unknown, but they may relate to sole proprietorships and other small business barriers.

Age of the uninsured and job-related barriers to health insurance



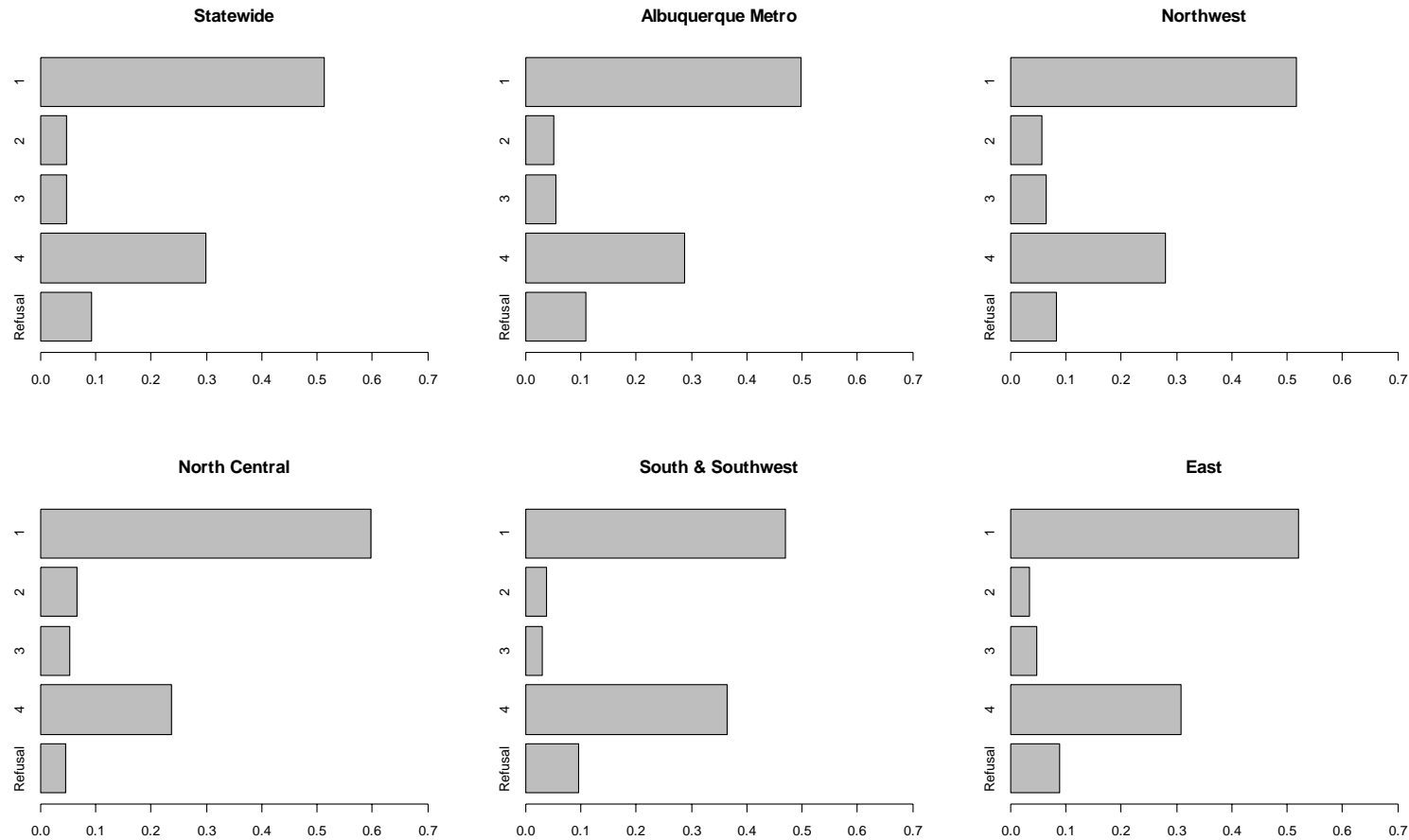
Over all ages, 28% said job-related barriers described their situation well. This fraction peaks among middle-aged uninsured respondents. Among those aged 35 to 49 years 29% gave the **4** response, as did 33% of the uninsured between ages 50 and 64. The fraction drops slightly to 26% among those over age 65.

Educational attainment and job-related barriers to health insurance



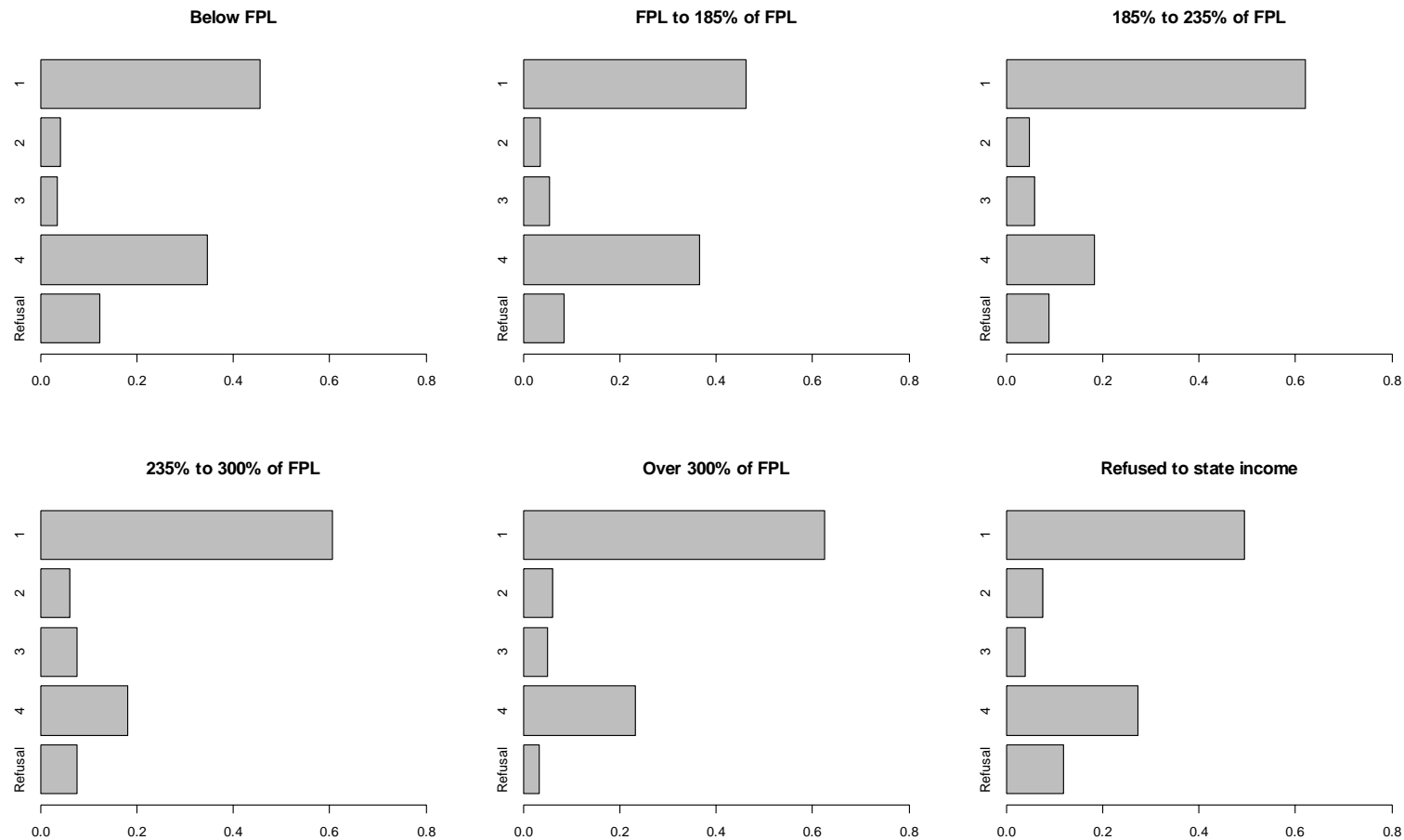
The **“Describes my situation very well”** response was given by 35% of the uninsured respondents who attended but did not graduate from college. This level is statistically and practically significantly higher than the rates in other levels of educational attainment. This group also had statistically significantly lower level of the **“Does not describe my situation at all”** response. The **“Describes my situation well”** response was given by only 23% of the respondents who did not complete high school. This is significantly lower than the overall rate of 28%.

Non-health related ineligibility as a barrier to health insurance



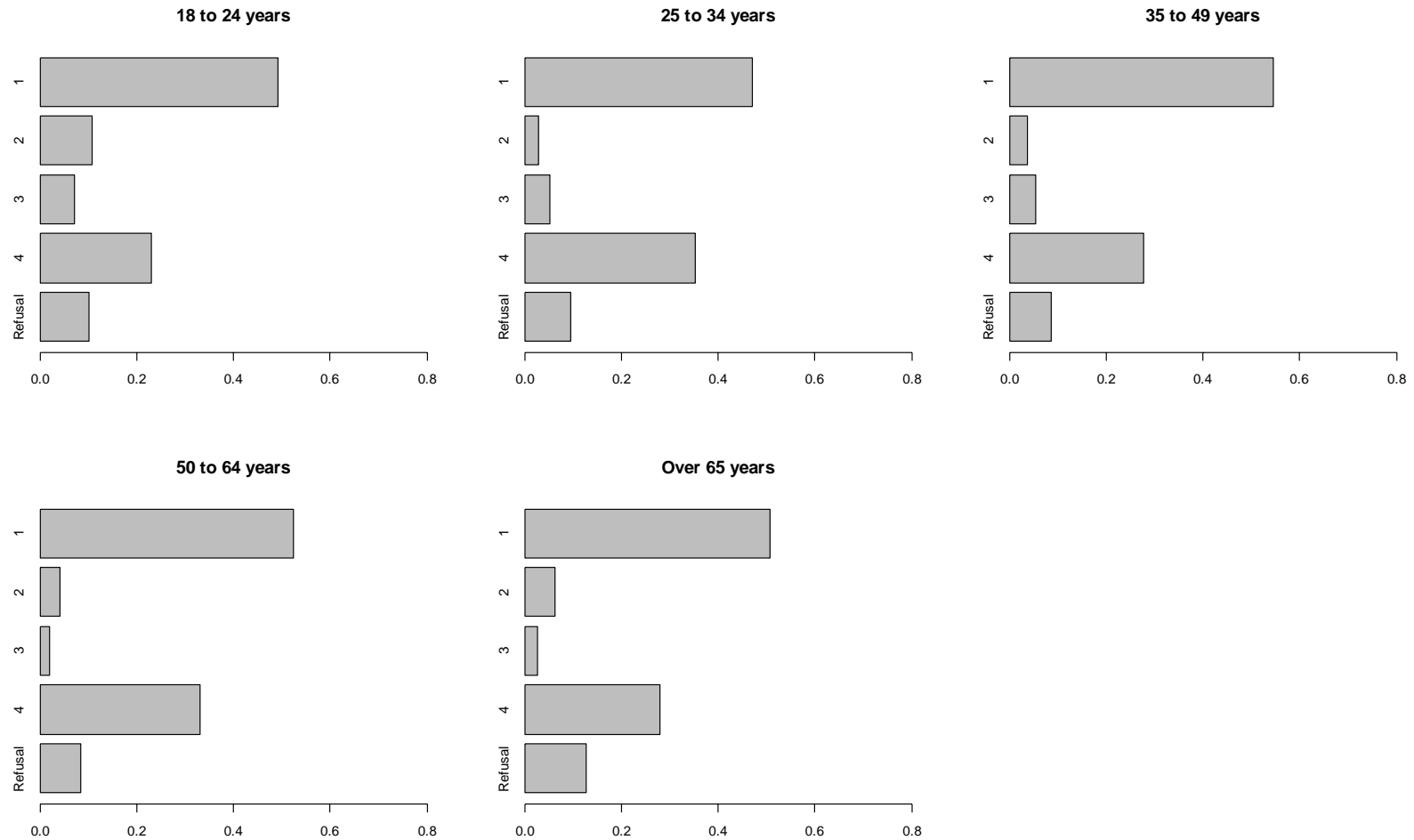
The phrase 'Non-health related ineligibilities' was intended to include things like waiting periods to eligibility, part-time workers who don't work enough hours to be eligible under their employer's criteria, and the like. Statewide, 30% of the uninsured said that non-health related ineligibility described their situation very well. The rate of this response differs regionally in New Mexico. It is highest in the South and Southwest (36%) and lowest in the North Central region (24%). The other regions are not statistically distinguishable from the statewide response.

Non-health related eligibility barriers to insurance and household income



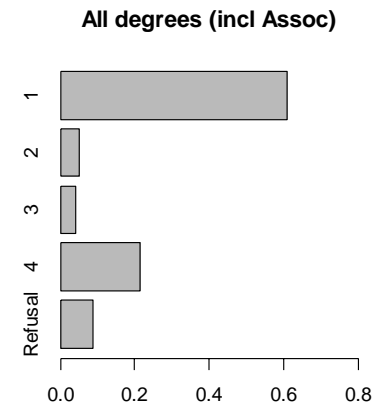
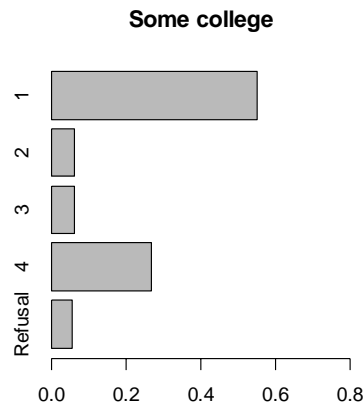
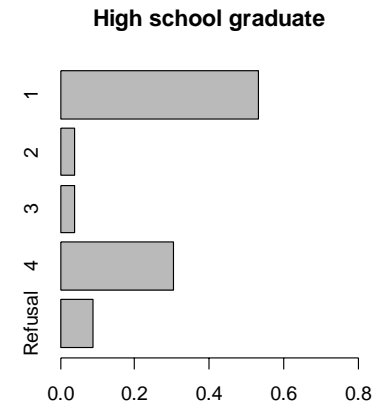
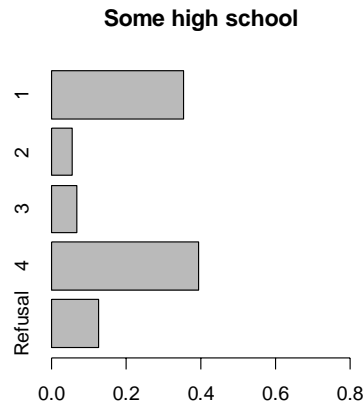
Non-health related eligibility problems are a greater perceived barrier for individuals living near or below the FPL for their household. Non-health related eligibility problems were considered very descriptive of their situation by 35% of the uninsured living in household below the FPL. That rate increases slightly (to 37%) among those between the FPL and 185% of the FPL. Both these rates are statistically different from the overall rate (30%). Above 185% of the FPL the rate of agreement with the statement drops. Only 18% of household between 185% and 235% of the FPL agreed with the statement. Also, 18% of the uninsured living between 235% and 300% of FPL agreed. The rate of agreement among those in households over 300% of FPL was 23%. All these rates are statistically significantly different from the overall rate of 30%.

Non-health related eligibility barriers and age of the uninsured



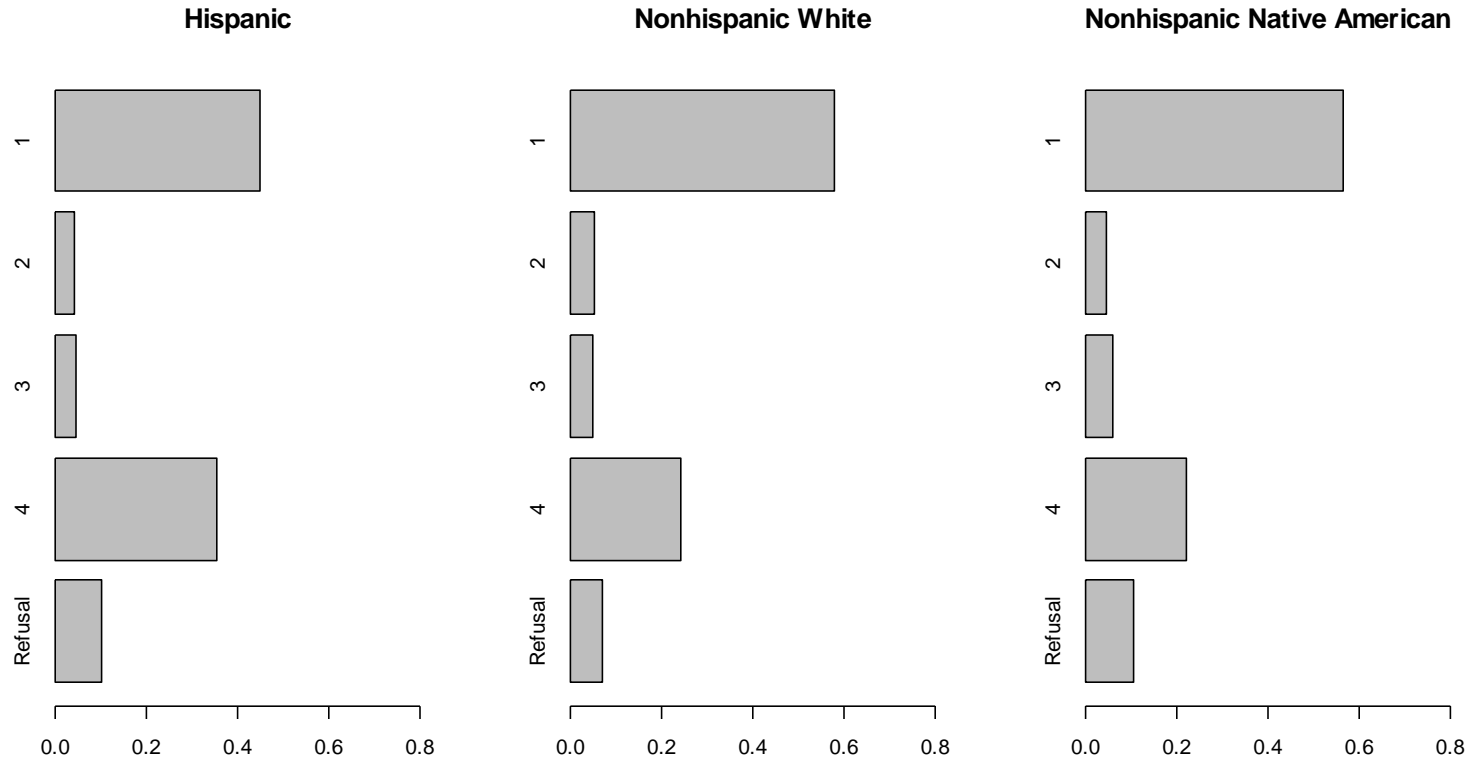
Non-health related eligibility problems is least commonly seen as a problem among young adults (18-24 years), and most commonly among adults aged 25 to 34 years (35%). Only 23% of the uninsured aged between 18 and 24 years felt that ineligibility for insurance described their situation very well.

Non-health related eligibility and educational attainment.



Non-health related issues are most likely to be perceived as a barrier to health insurance among the uninsured who did not complete high school. Forty percent (40%) of this group said that ineligibility for insurance described their situation very well. Only 36% of this group said the statement did not describe their situation at all. Among high school graduates the rate of agreement drops to 30%, among those who attended but did not graduate from college the rate of agreement fell further to 27%. For degree holders the rate of agreement was 21%. Increasing educational attainment reduces the importance of non-health related ineligibility, although we cannot say if this is related to employment opportunities or increased facility to negotiate the insurance maze or some other reason.

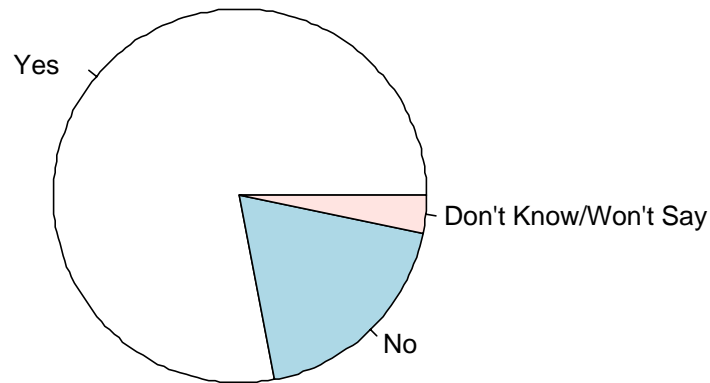
Non-health related ineligibility and ethnicity



Uninsured Hispanic New Mexicans are more likely to perceive non-health related ineligibility as a barrier to health insurance than are both Nonhispanic Whites and Nonhispanic Native Americans. Thirty-six percent (36%) of uninsured Hispanic respondents said that non-health related ineligibility described their situation very well. Only 25% of Nonhispanic Whites and 23% of Nonhispanic Native Americans felt similarly. The rate for Hispanics is statistically significantly higher than the overall rate of 30%. The rates of Nonhispanic Whites and Nonhispanic Native Americans were statistically significantly lower than the overall rate.

Section V. Perceived Need and Willingness to Pay for Health Insurance Among the Uninsured

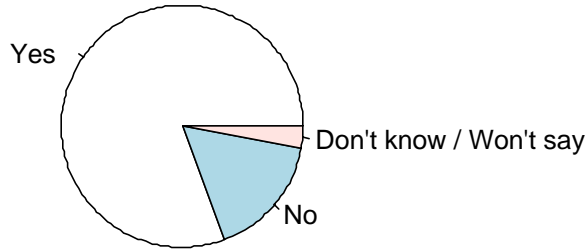
Statewide perceived need for comprehensive health insurance



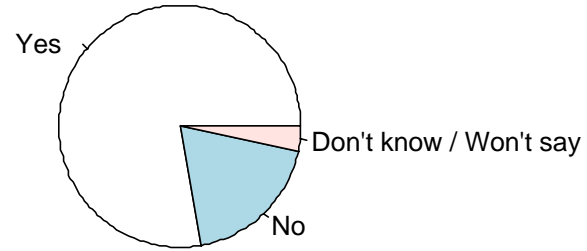
Over $\frac{3}{4}$ (78%) of the uninsured respondents said that they believed that the uninsured members of their household needed comprehensive health insurance. Comprehensive insurance was defined to the respondent as, "... covers most of a person's health care needs, including the costs of vaccinations, drugs, and routine office visits, as well as major health issues such as broken bones and surgery."

Perceived need for comprehensive insurance among ethnic groups

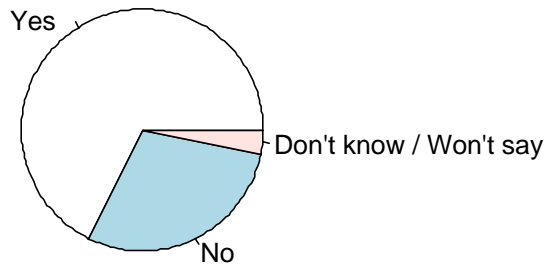
Hispanic



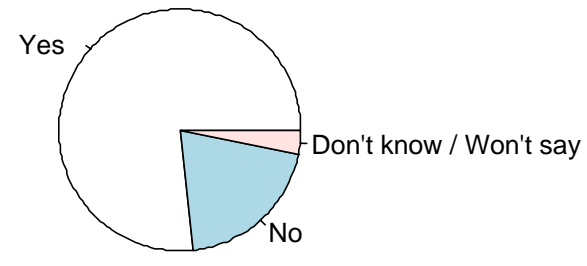
Nonhispanic White



Nonhispanic Native American



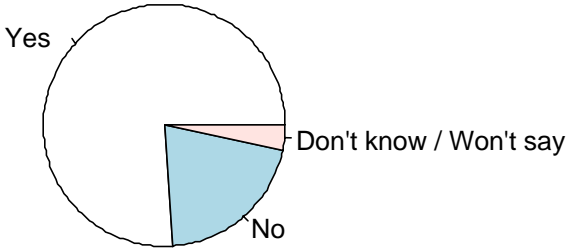
Nonhispanic Other



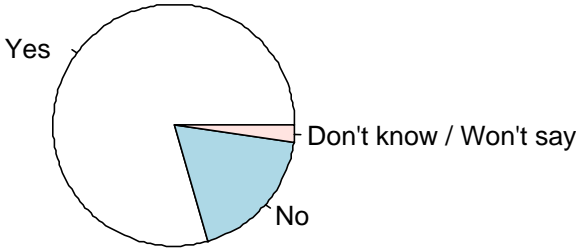
The perceived need for comprehensive health insurance is highest among uninsured Hispanics (81%), and lowest among nonhispanic Native Americans (68%). These deviations from the overall level of 78% are statistically significant. Nonhispanic Whites fall exactly on the overall levels.

Perceived need for comprehensive health insurance and educational attainment

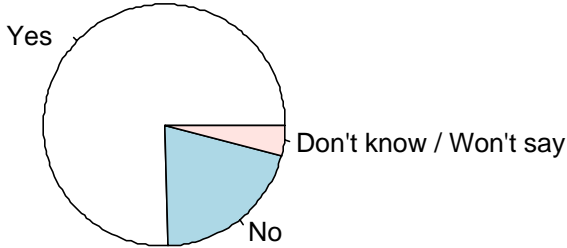
Didn't graduate from HS



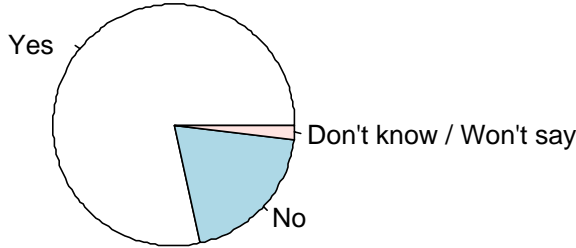
HS graduate



Attended college



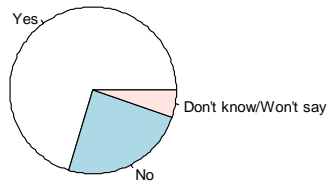
College graduate



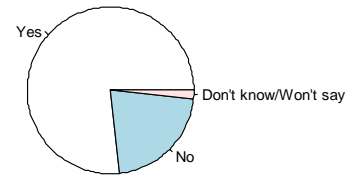
High school (79.5%) and college (78.5%) graduates are most likely to perceive the need for comprehensive health insurance for the uninsured members of their household.

Regional variation in the perceived need for comprehensive insurance

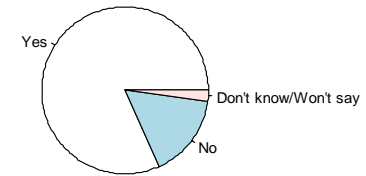
Albuquerque Metro



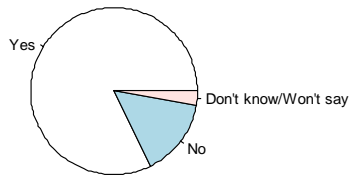
Northwest



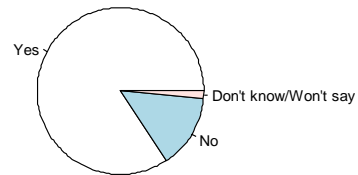
North Central



South and Southwest

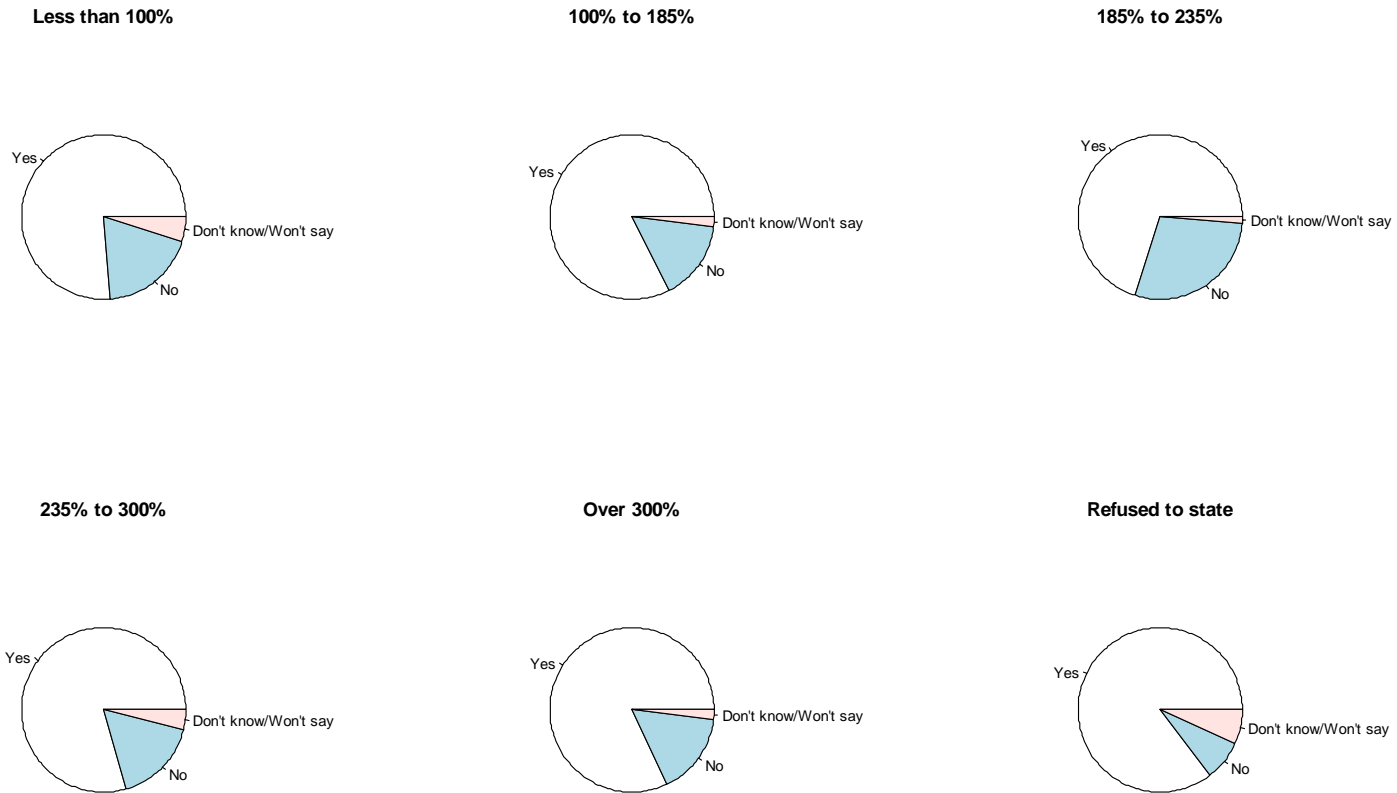


East



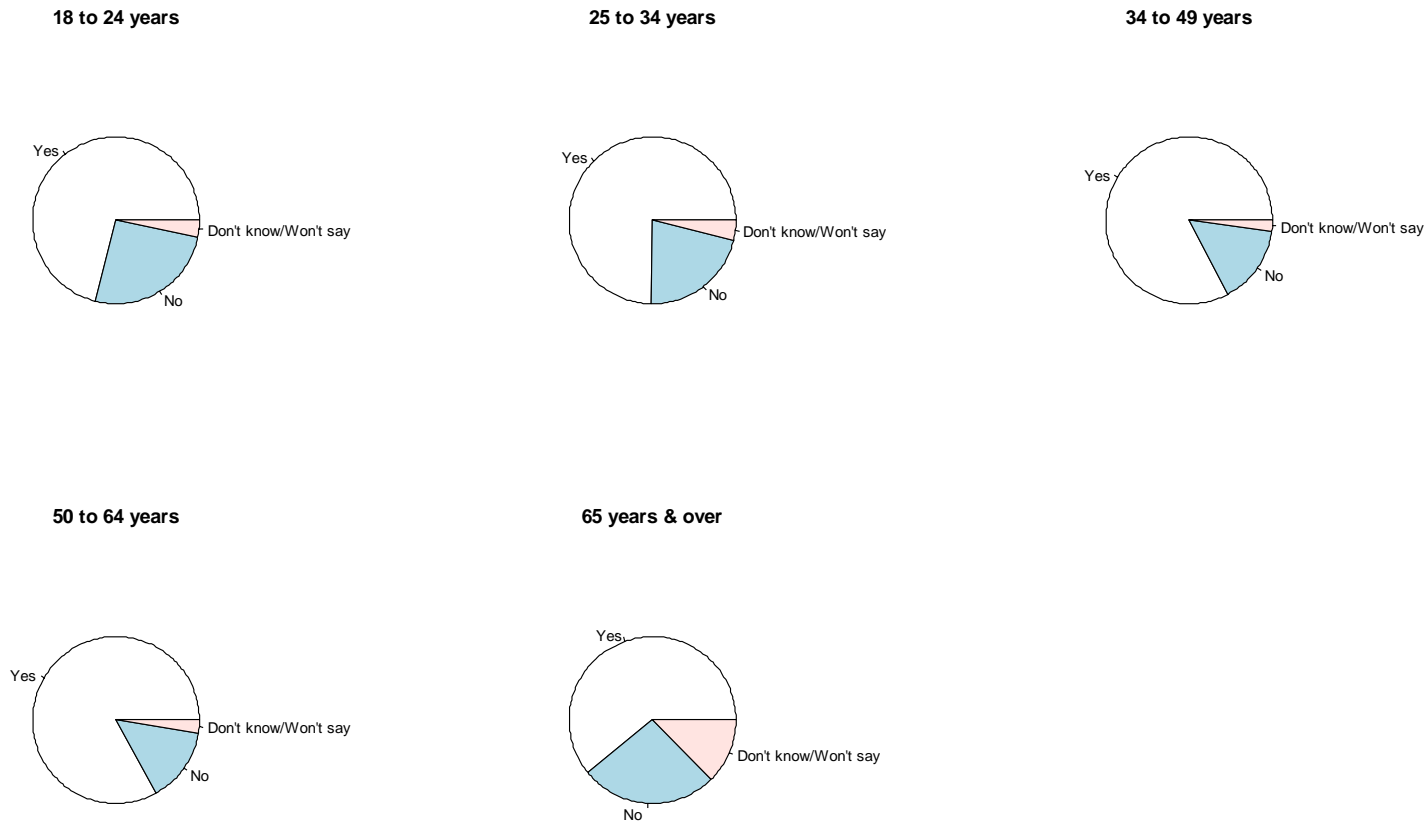
The uninsured in the Albuquerque Metropolitan area are significantly less likely (70%) to believe that they need comprehensive health insurance. In Southern and Eastern New Mexico the uninsured are significantly more likely (82% in the South and Southwest, 84% in the East) to believe that they need comprehensive health coverage.

Household income (as percentage of FPL) and perceived need for comprehensive health insurance.



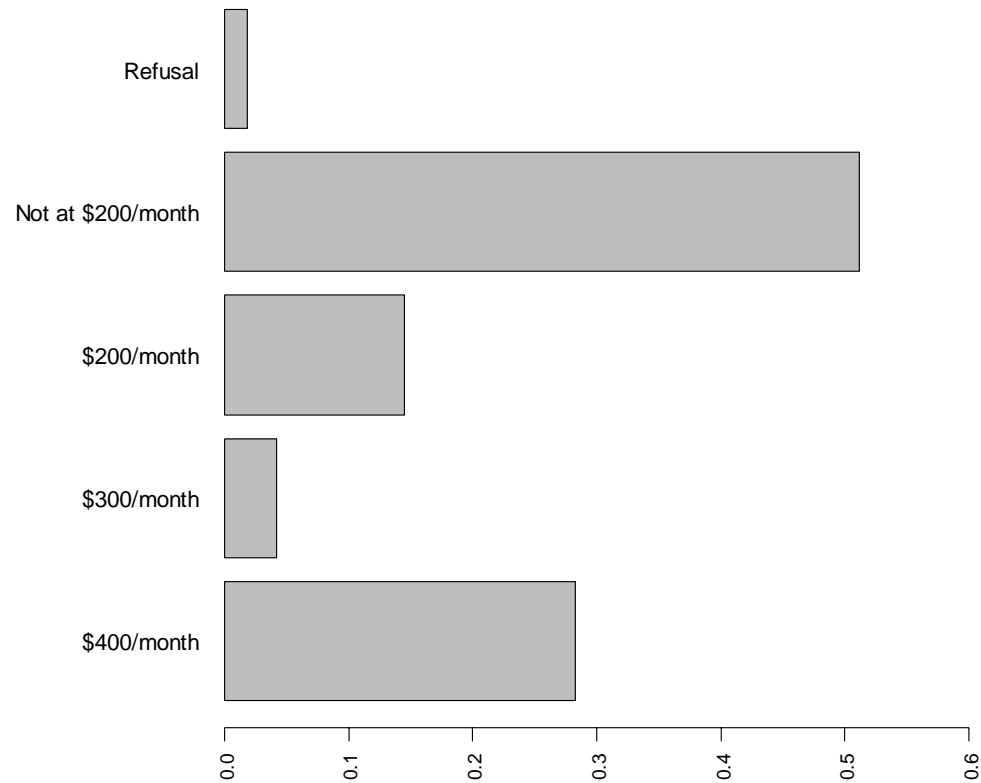
Uninsured persons living in households just above the Federal Poverty Level (up to 185% of FPL) were significantly more likely to believe that the uninsured members of their household need comprehensive health insurance, while those living in households between 185% and 235% of FPL were significantly less likely (70%) to respond “Yes” to this item. There is no clear reason for this difference in the survey data. The deviations from the overall positive response rate of 78% in the other income levels are not statistically significant.

Variation in perceived need for comprehensive insurance among age groups



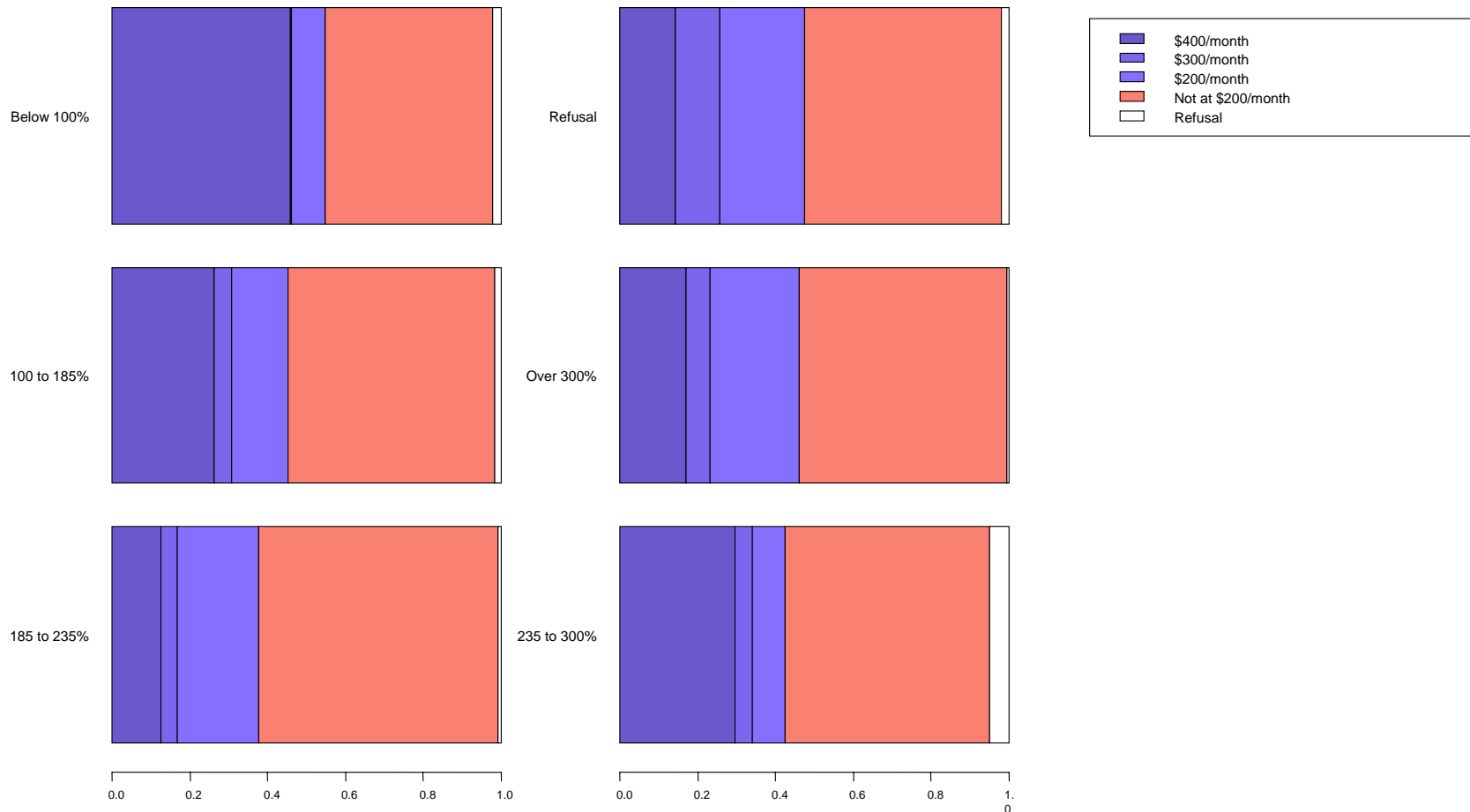
Respondents aged 65 or over are least likely to believe that the uninsured members of their household need comprehensive health insurance (only 60% gave affirmative responses). The second least likely group were young adults (ages 18 to 24 years): 71% of this age group responded 'yes'. These differences are both substantial and statistically significant. The rate of 'yes' responses increases with age, peaking at 83% among the 35 to 49 year old and 50 to 64 year old age categories.

Price sensitivity for comprehensive health insurance.



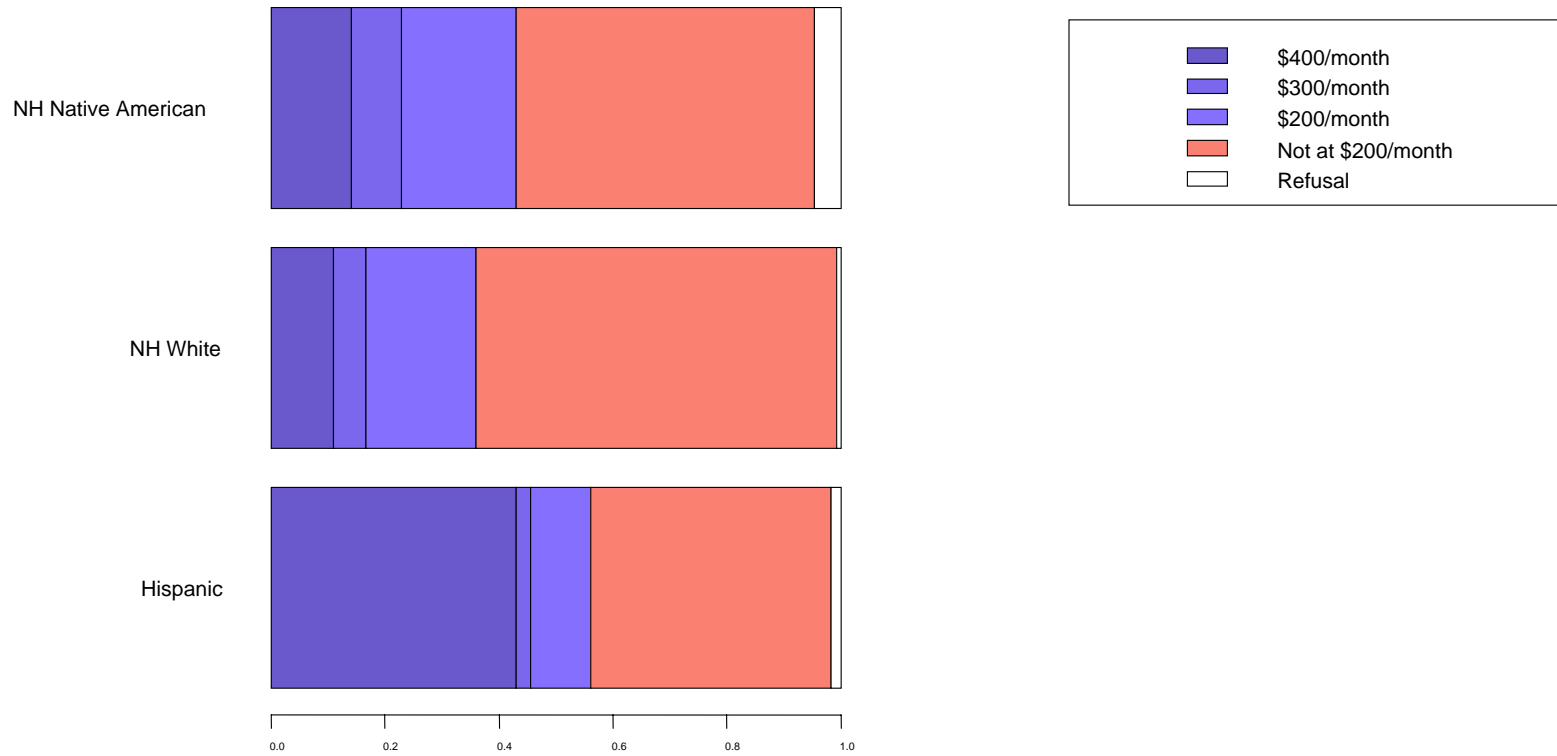
There is substantial price sensitivity among the respondents who felt the uninsured members of their household need comprehensive health insurance. Less than 1/3 (29%) said they would likely or very likely buy comprehensive health insurance if the cost was \$400 per month. Reducing the premium to \$300 per month added another 4%. Reducing the premium another \$100 per month added about 14%. So, even at \$200 per month, 51% of the respondents said they were unlikely or unlikely to purchase the insurance.

Price sensitivity and household income (as percent of FPL)



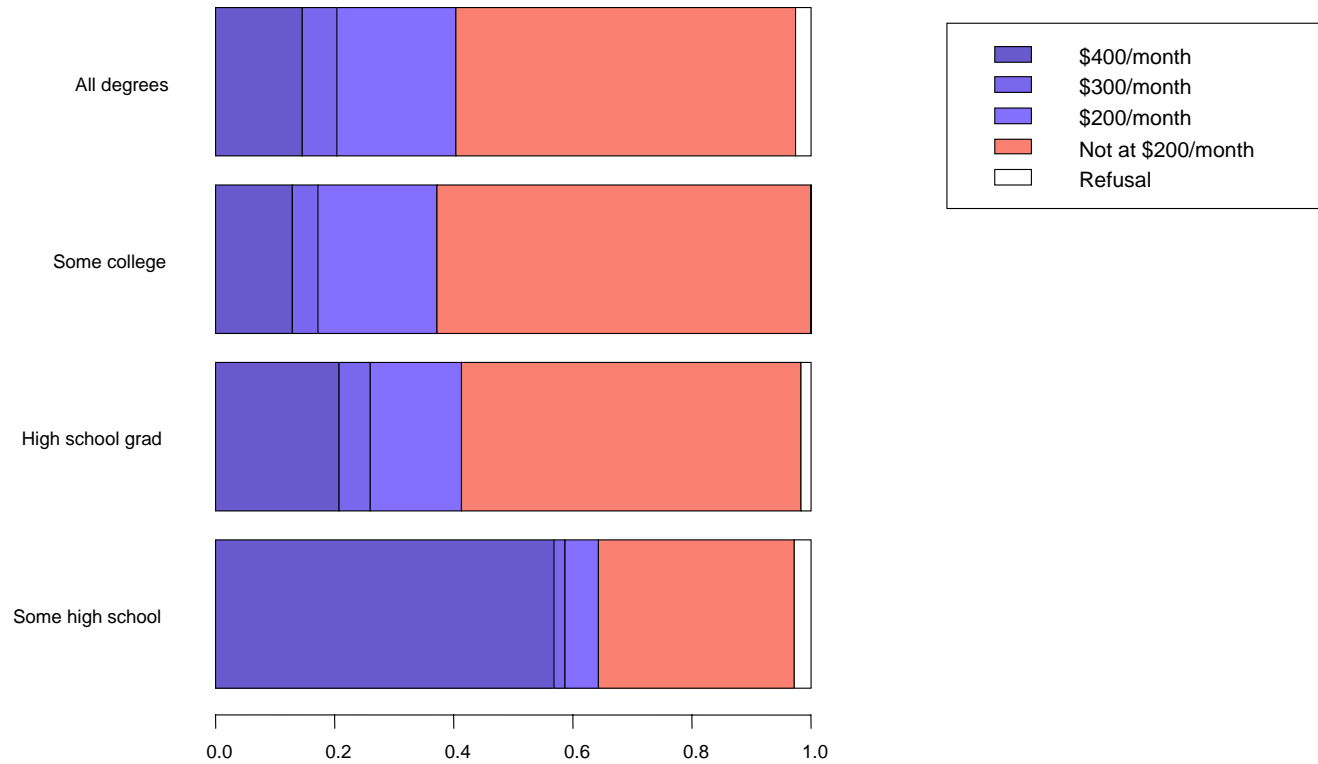
While more than $\frac{3}{4}$ of the respondents indicated that the uninsured members of their households need comprehensive health insurance, many do not have a realistic concept of the cost of health insurance. Paradoxically, households below the poverty level are most likely to consider purchasing insurance at \$400 per month. For a family of 3, the 2004 FPL was \$15,300. It seems very unreasonable that these households could spend nearly $\frac{1}{3}$ of their income on health insurance. The other income groups seem to have a more realistic grasp of the magnitude of the expense. Lowering the cost of insurance will bring more people into the health insurance system, but even at \$200 per month we only find around 40% who say they would purchase insurance at that price point.

Price sensitivity among ethnic groups



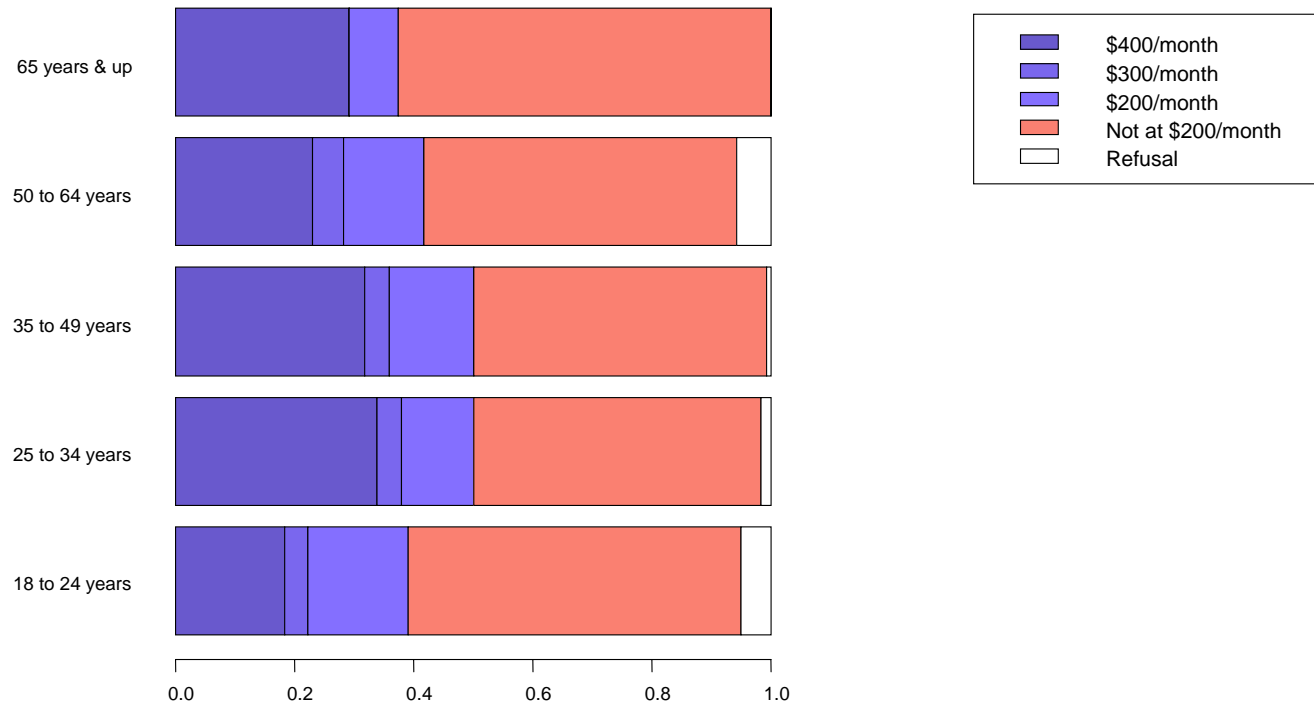
Nonhispanic Whites are the most price sensitive of New Mexico's three major ethnic groups. Only 11% said they would likely or very likely buy comprehensive health insurance for the uninsured member of their household at \$400 per month. By comparison, 43% of Hispanics said they would make the purchase at the price. Overall, 36.1% of nonhispanic Whites said they would likely or very likely purchase at \$200 or more per month, while 56.0% of Hispanics would make a similar purchase. Nonhispanic Native Americans fall in-between Hispanics and nonhispanic Whites on this item.

Variation in price sensitivity among education levels



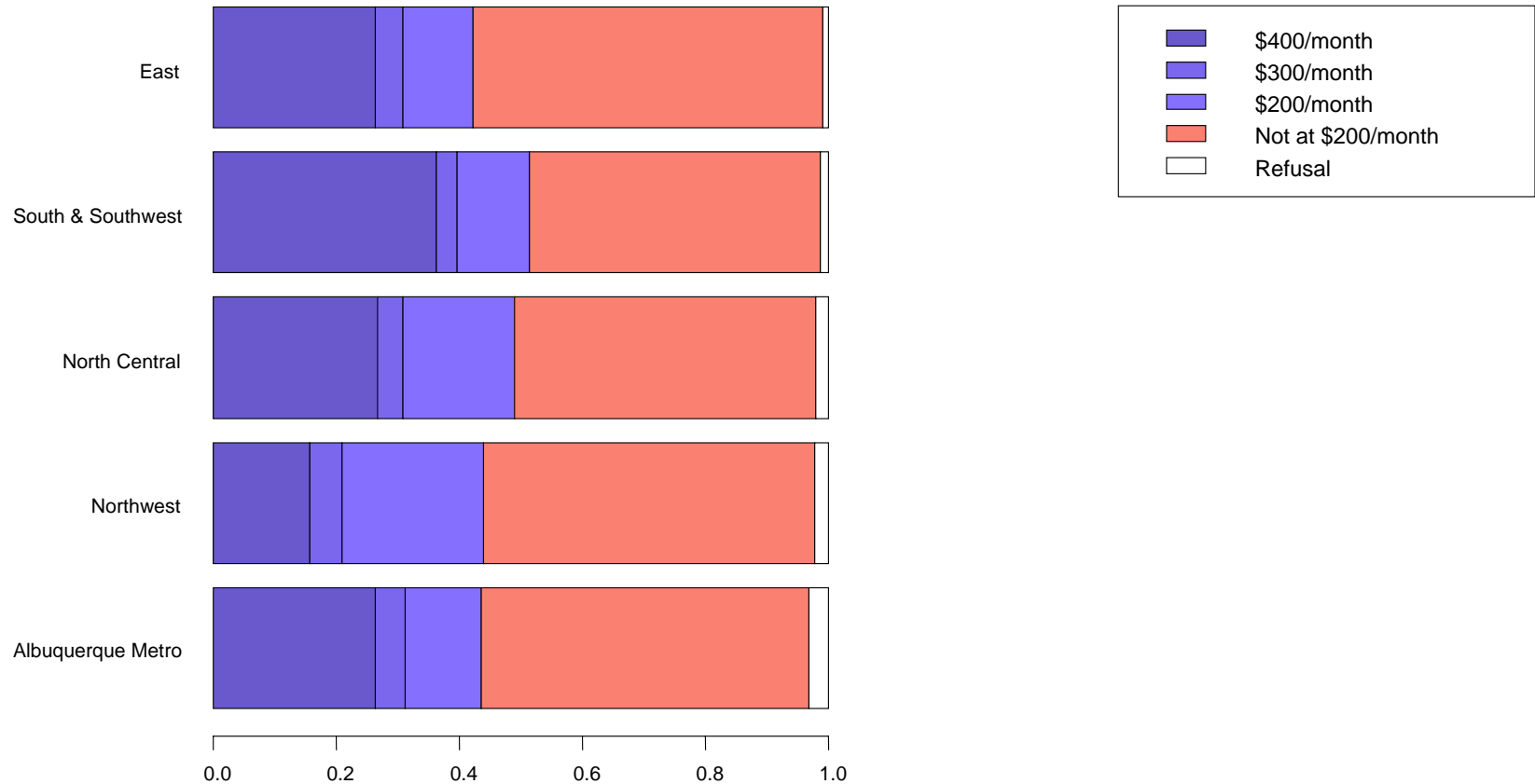
Respondents who did not complete high school were much more likely to consider purchase of comprehensive insurance at any price level than other education groups. In fact, respondents who did not complete high school were more likely to consider purchase at \$400 per month than the total willing to consider purchase at any price point in the other education groups.

Variation in price sensitivity and age of respondent



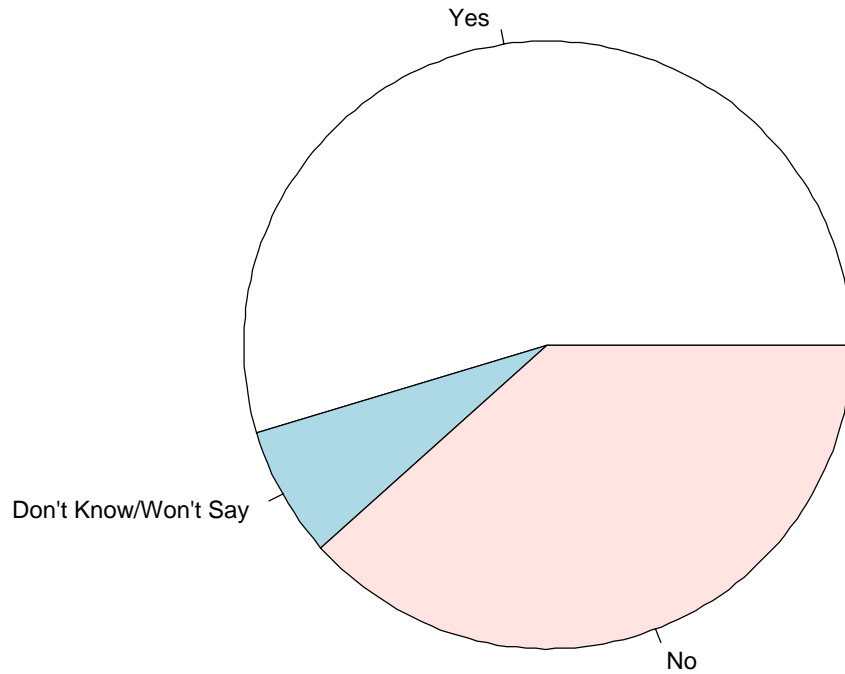
The level of interest in comprehensive insurance varies slightly with the age of the respondent. Interest is highest among uninsured middle-aged adults and lowest among seniors and young adults. Price sensitivity (as measured by willingness to consider purchase at \$400 per month) follows a broadly similar pattern. Young adults and seniors have the lowest willingness to consider comprehensive coverage at \$400 per month (18.3% among uninsured 18 to 24 year olds and 29.2% among uninsured persons 65 years and older). About 1/3 (33.9%) of adults aged 25 to 34 years were willing to consider purchase at \$400 per month, the highest among all age groups.

Price sensitivity variation in New Mexico's geographic regions



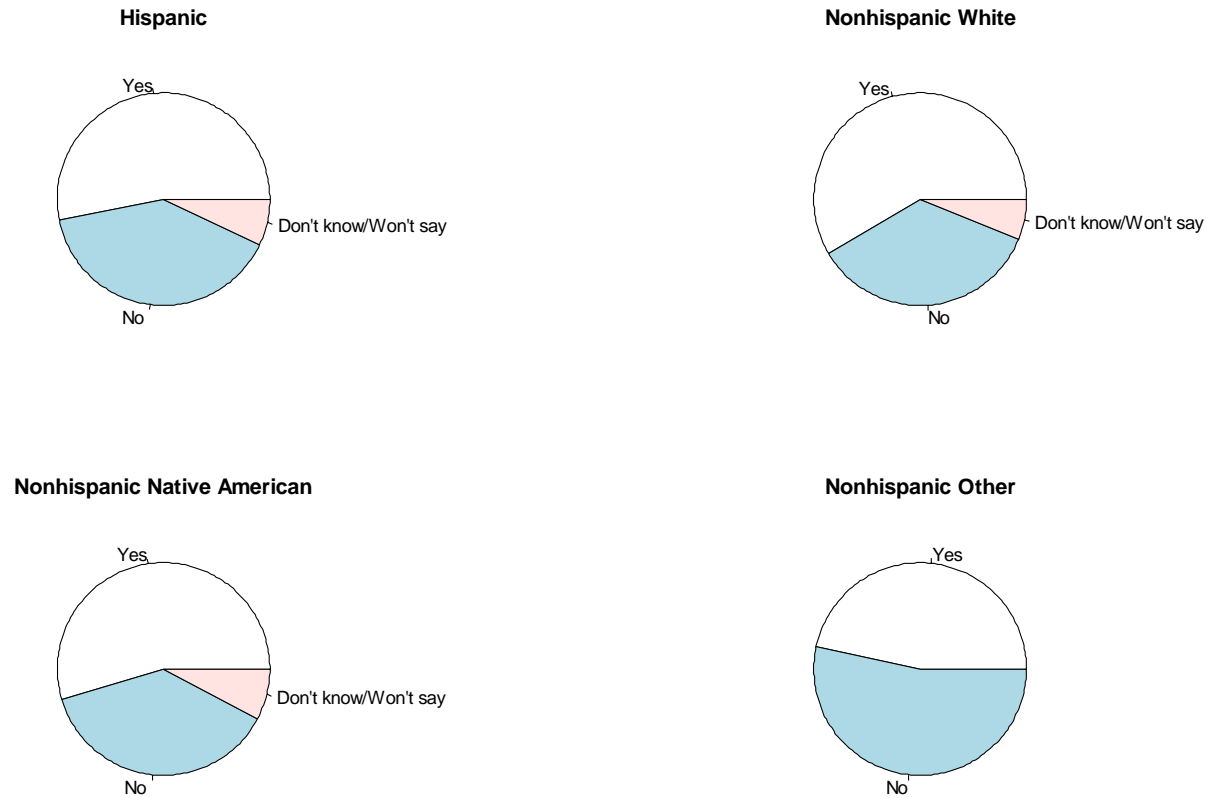
While households in Eastern New Mexico are most likely to express a need for comprehensive health insurance for their uninsured members, they are also the most price-sensitive region overall. Only 42.3% indicated that they would be likely or very likely to buy comprehensive health insurance at \$200 per month or more. In the South and Southwest region, 51.4% indicated they would be likely or very likely to buy insurance at \$200 per or more.

Perceived need for catastrophic health insurance



Respondent in a household with uninsured members were asked if they felt the uninsured members of their household needed catastrophic health insurance. By a narrow margin (54.7% responded affirmatively), the respondents in our survey felt that the uninsured members of their household needed catastrophic health insurance coverage. The catastrophic policy was described in the survey as one that, "...only covers major medical situations like broken bones, accidents and surgery but won't cover routine things like comprehensive insurance does."

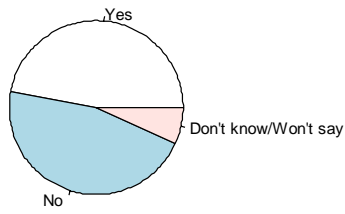
Ethnicity and perceived need for catastrophic health insurance



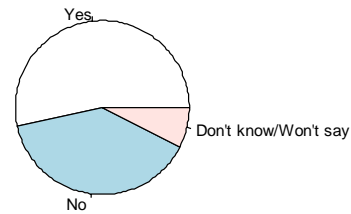
By a small margin, nonhispanic Whites (58% responded yes) are more likely to believe that the uninsured members of their household need catastrophic coverage than are Hispanic (53% responded yes) and nonhispanic Native Americans (54%).

Age of respondent and perceived need for catastrophic insurance

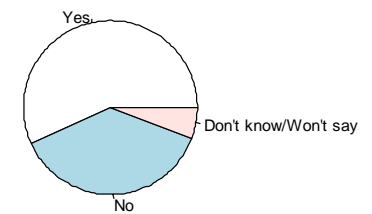
Age 18 to 24 years



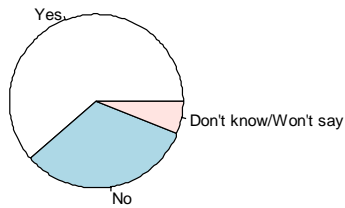
Age 25 to 34 years



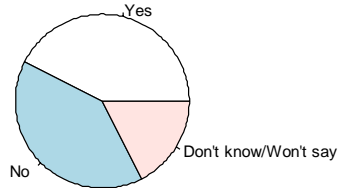
Age 35 to 49 years



Age 50 to 64 years



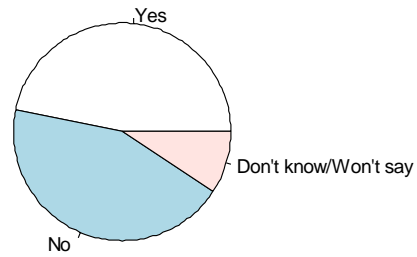
Age 65 years and over



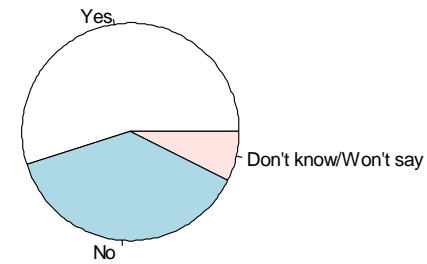
Young adults aren't bulletproof, they only think they are. The lowest level of perceived need for catastrophic insurance occurred among 18 to 24 year olds (47% said yes). Respondents' perceived need for catastrophic insurance increases steadily with age reaching a maximum of 61% among respondents between 50 and 64 years. Respondents over 65 years do not seem to believe the uninsured in their households need catastrophic insurance.

Education attainment and perceived need for catastrophic insurance

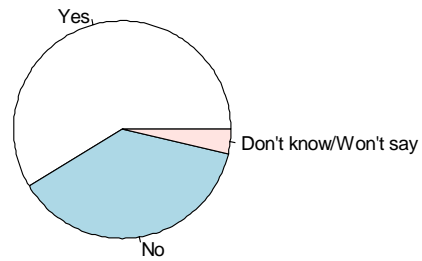
Didn't graduate from HS



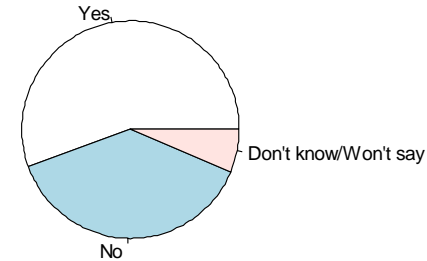
HS graduate



Attended college



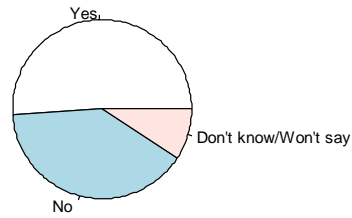
College graduate



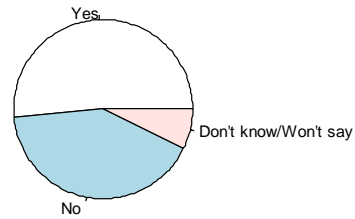
The lowest level of perceived need among the uninsured survey respondents is found in non high school graduates: only 47% responded “yes” to this question. The level of “yes” responses among the other education levels was at or above 55%. The low level among high school drop-outs is statistically significantly lower than the overall level, differences among the remaining groups are not statistically significant.

Regional differences in perceived need for catastrophic insurance

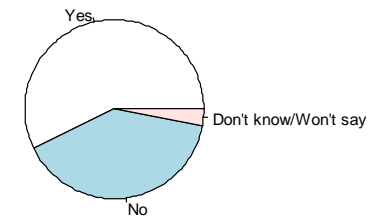
Albuquerque Metro



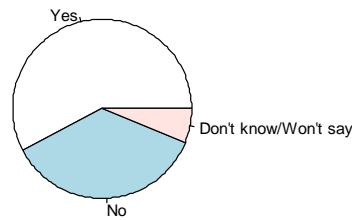
Northwest



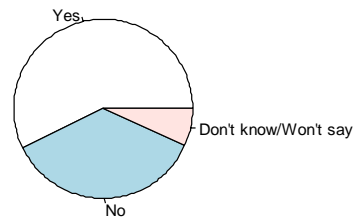
North Central



South and Southwest

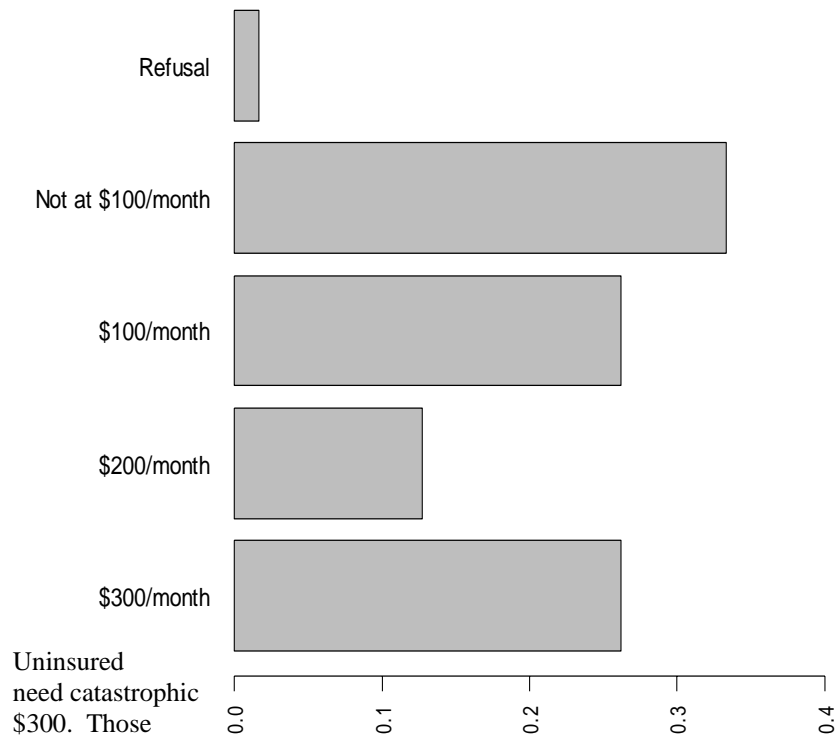


East



Differences among the regions are not statistically significant, variations of this magnitude or larger will happen about 10% of the time due to sampling variability. We can reasonably conclude that if the regions are not identical on this dimension, they are not terribly different from one another.

Price responses for catastrophic insurance



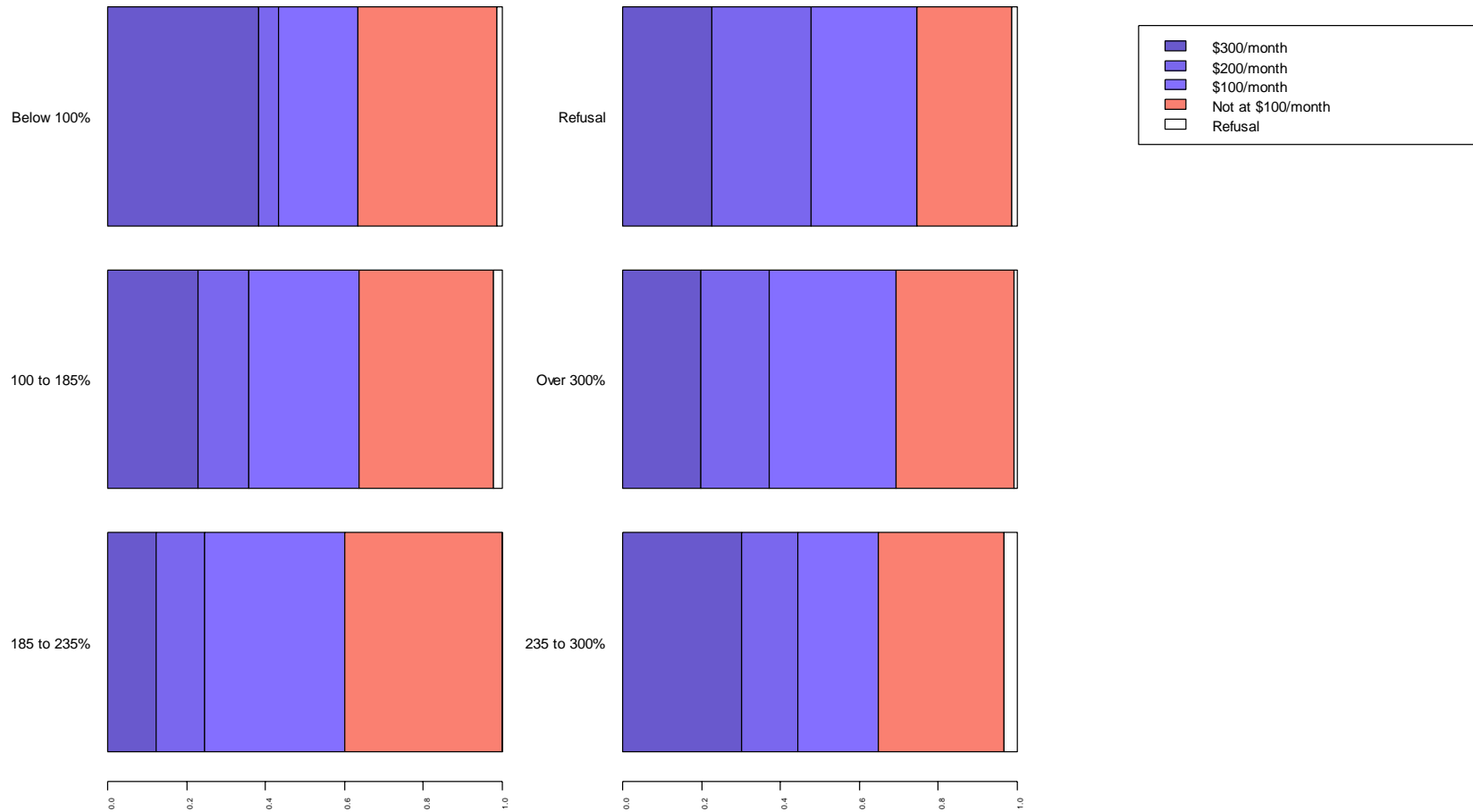
Uninsured
need catastrophic
\$300. Those

again at a price of \$200 per month. Those who indicated they would not buy at \$200 per month were asked if they would buy at \$100 per month. When the data are combined, we find that about 1/3 (33.3%) of the respondents who felt a need for catastrophic coverage would not purchase it even at \$100 per month.

respondents who indicated that they felt the uninsured members of their household insurance were asked if they would purchase insurance at a per month price of

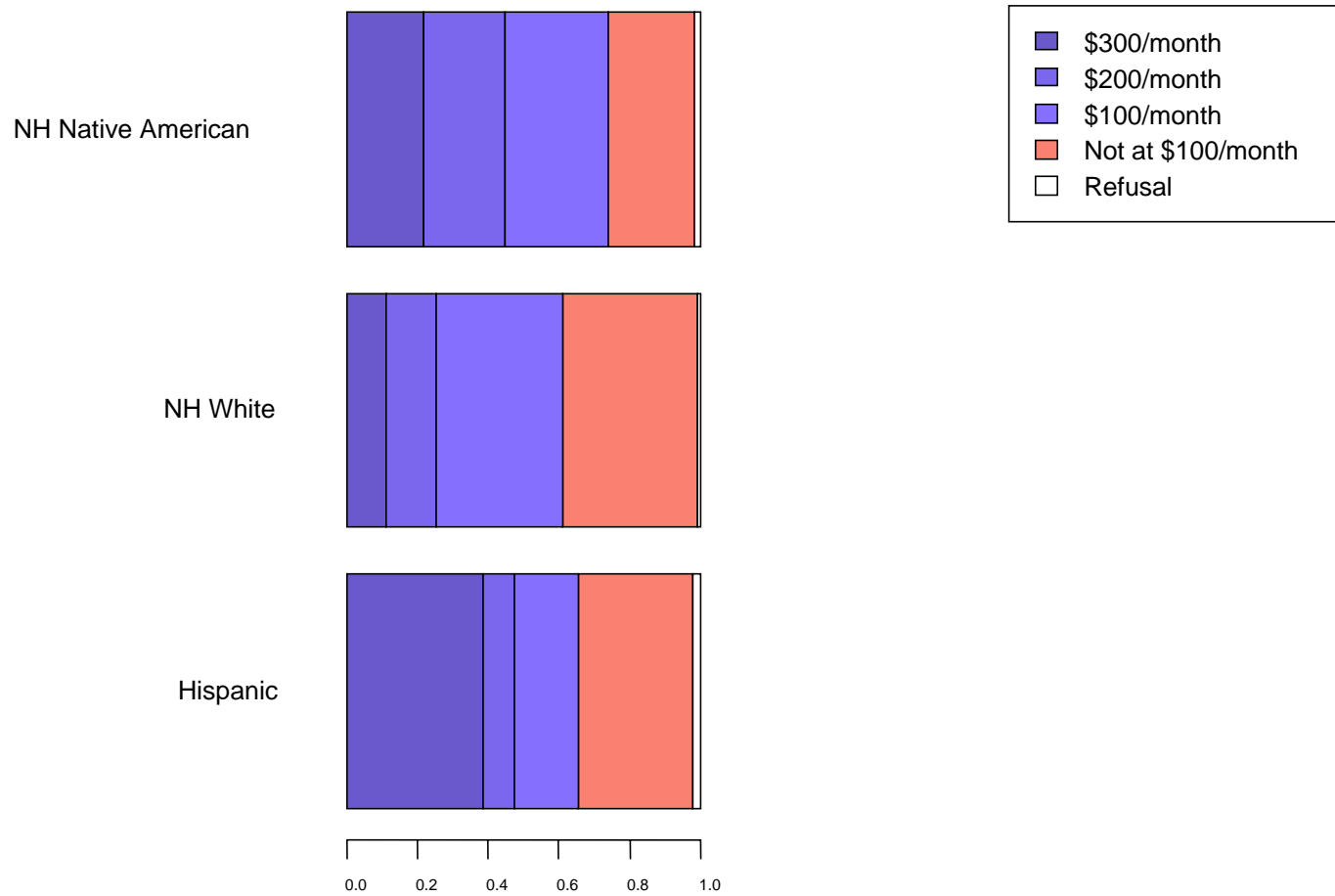
who indicated they would *not* buy (or refused the question) at \$300 were asked again at a price of \$200 per month. Those who indicated they would not buy at \$200 per month were asked if they would buy at \$100 per month. When the data are combined, we find that about 1/3 (33.3%) of the respondents who felt a need for catastrophic coverage would not purchase it even at \$100 per month.

Price sensitivity and household income relative to the Federal Poverty Level (FPL)



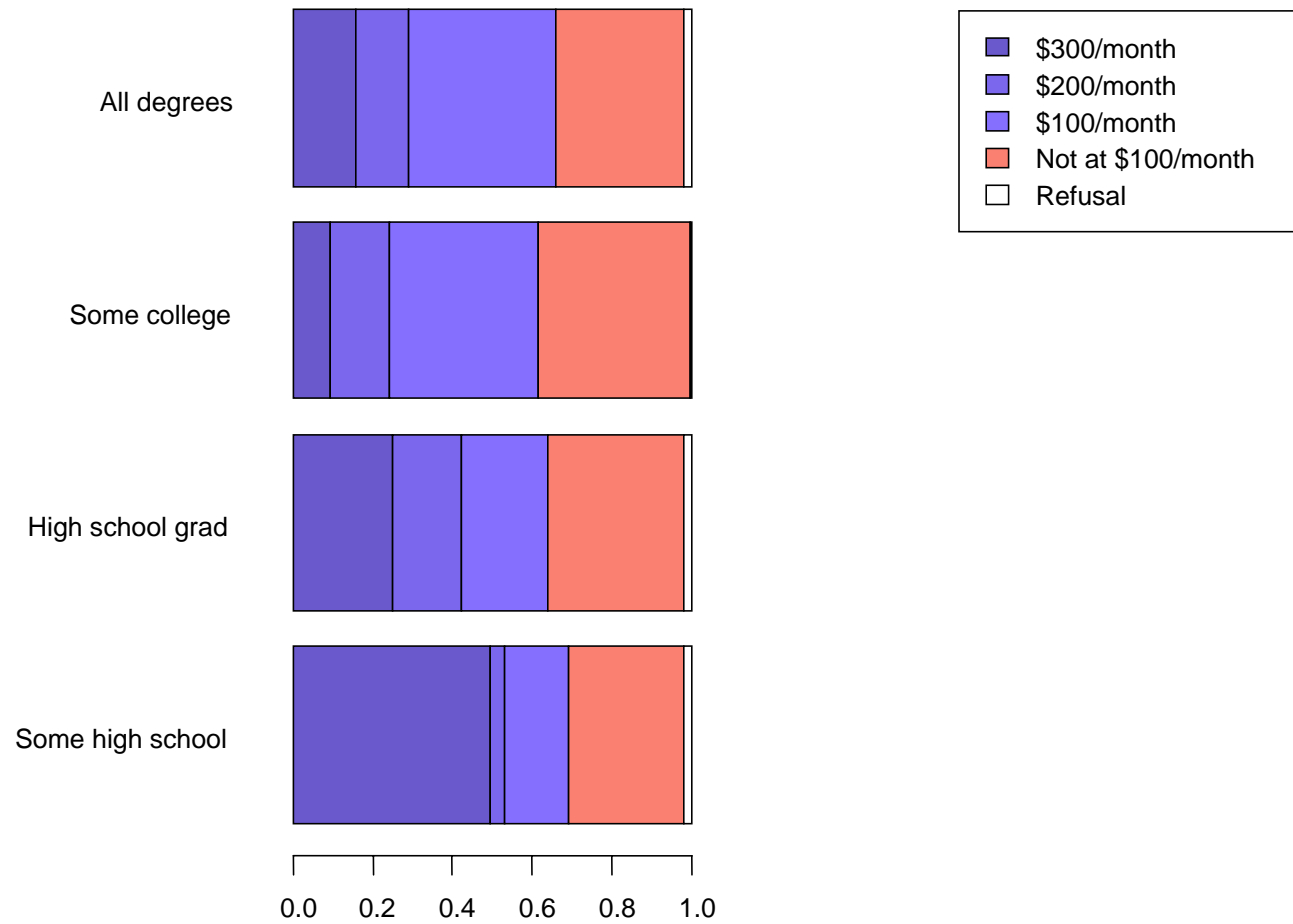
Respondents who indicated the uninsured members of their household needed catastrophic insurance were asked about their willingness to purchase catastrophic health insurance at \$300, \$200, and \$100 per month price points. Those who indicated a willingness to purchase at some price point is fairly constant at around 60% in all income groups. The sensitivity to price is different in the income groups. Paradoxically, those living at or below the Federal Poverty Level for their household size were most likely to be willing to pay \$300 per month. Resistance was highest in households with incomes between 185% and 235% of the FPL.

Price sensitivity and ethnicity of respondent



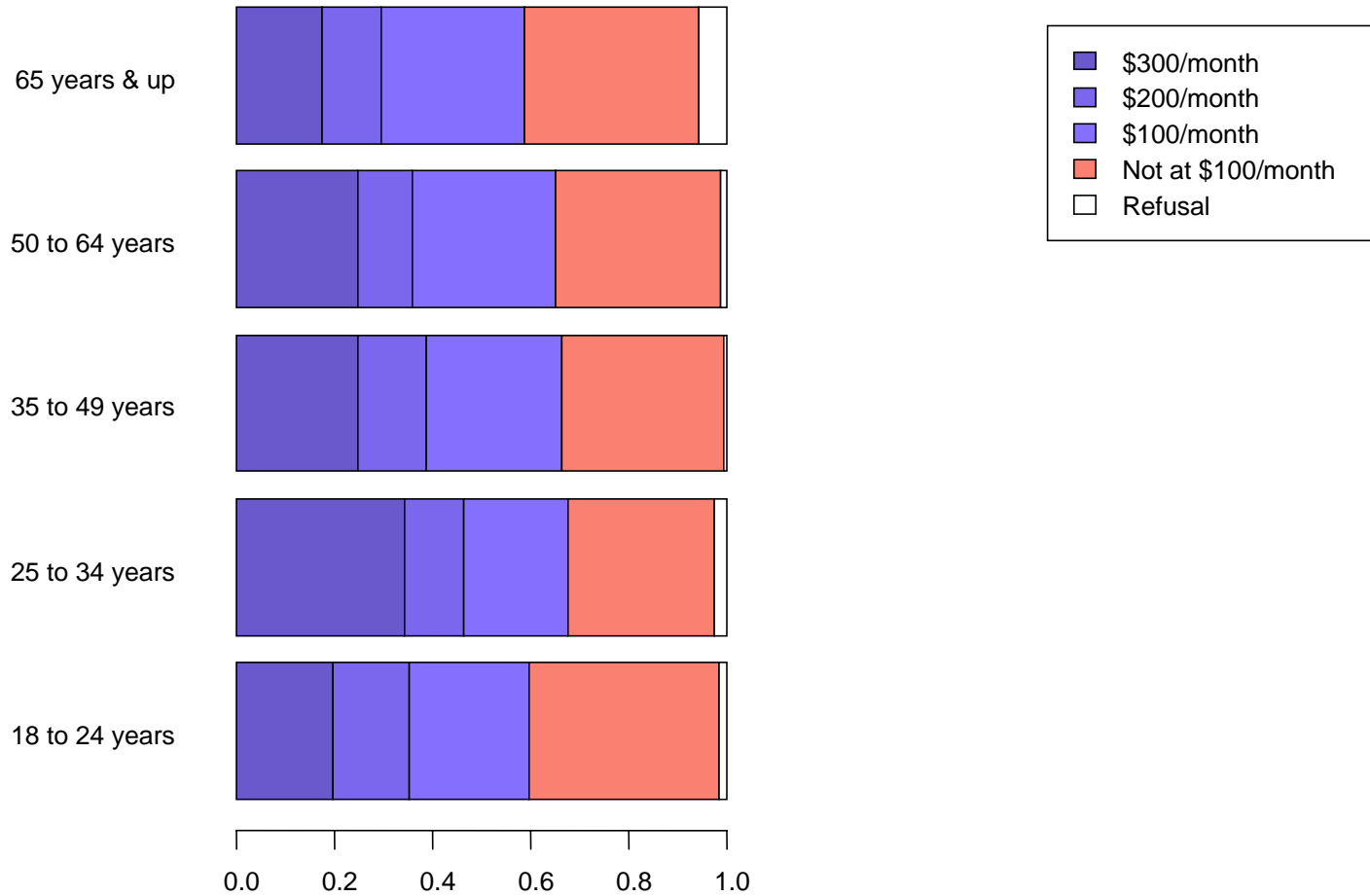
Nonhispanic Native Americans are the group most willing to consider purchasing catastrophic insurance at some price (perhaps an unreasonably low price), while nonhispanic Whites are least willing. Hispanics appear to be the least price-sensitive ethnic group, with nearly 40% willing to consider purchasing at \$300 per month.

Price sensitivity and education level of respondent



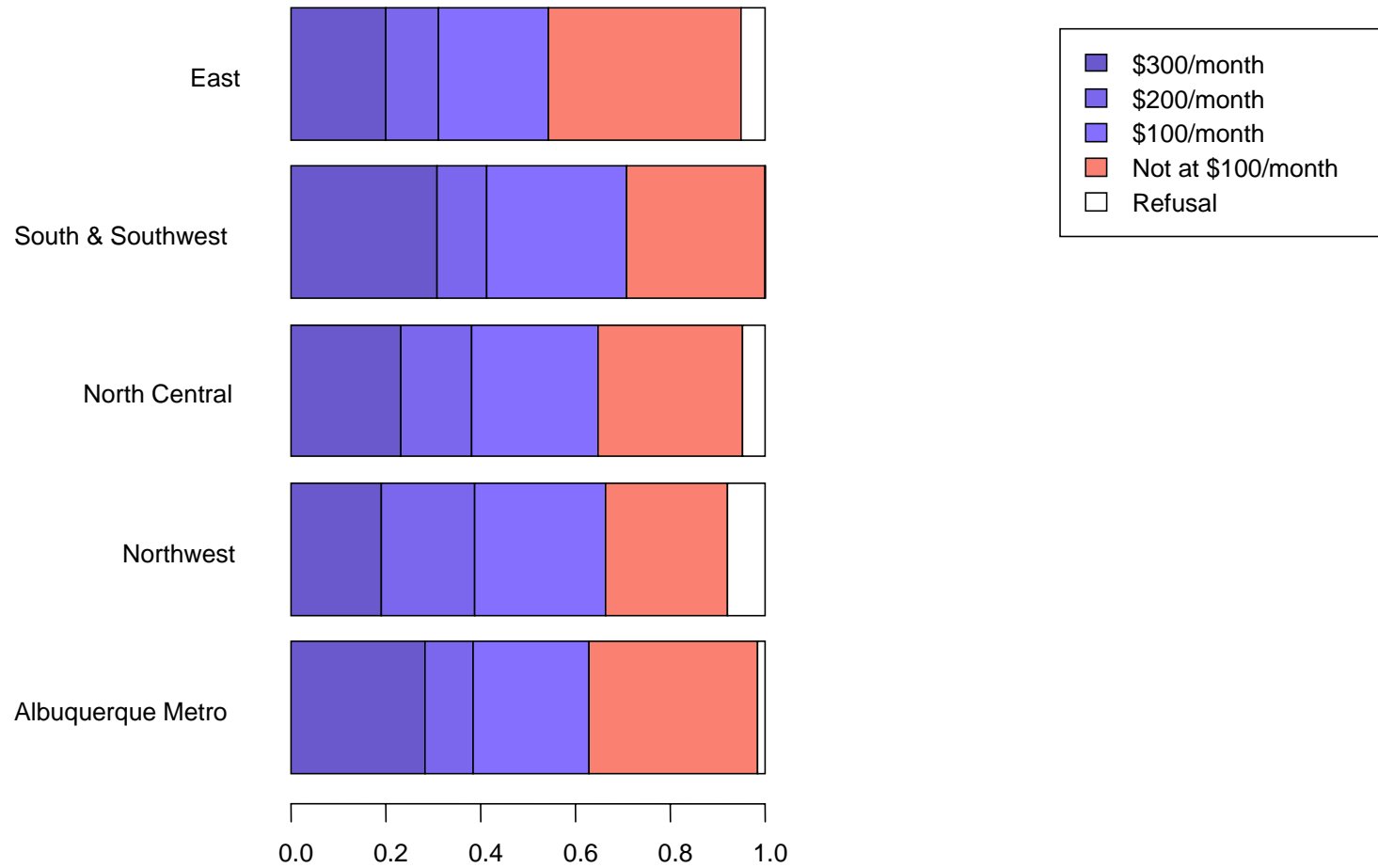
As in other demographic characteristics, the overall willingness to consider purchasing catastrophic insurance doesn't vary greatly across education levels. Sensitivity to price does vary substantially across education levels. Respondents who did not graduate from high school were least sensitive to price (about 50% were willing to consider purchase at \$300 per month), while those attended or graduated from college were most sensitive to prices.

Price sensitivity and age of respondent



The level of interest in catastrophic insurance varies slightly with the age of the respondent. Interest is highest among uninsured middle-aged adults and lowest among seniors and young adults. Price sensitivity (as measured by willingness to consider purchase at \$300 per month) follows a broadly similar pattern. Young adults and seniors have the lowest willingness to consider catastrophic coverage at \$300 per month (19.8% among uninsured 18 to 24 year olds and 17.6% among uninsured persons 65 years and older). About 1/3 (34.3%) of adults aged 25 to 34 years were willing to consider purchase at \$300 per month, the highest among all age groups.

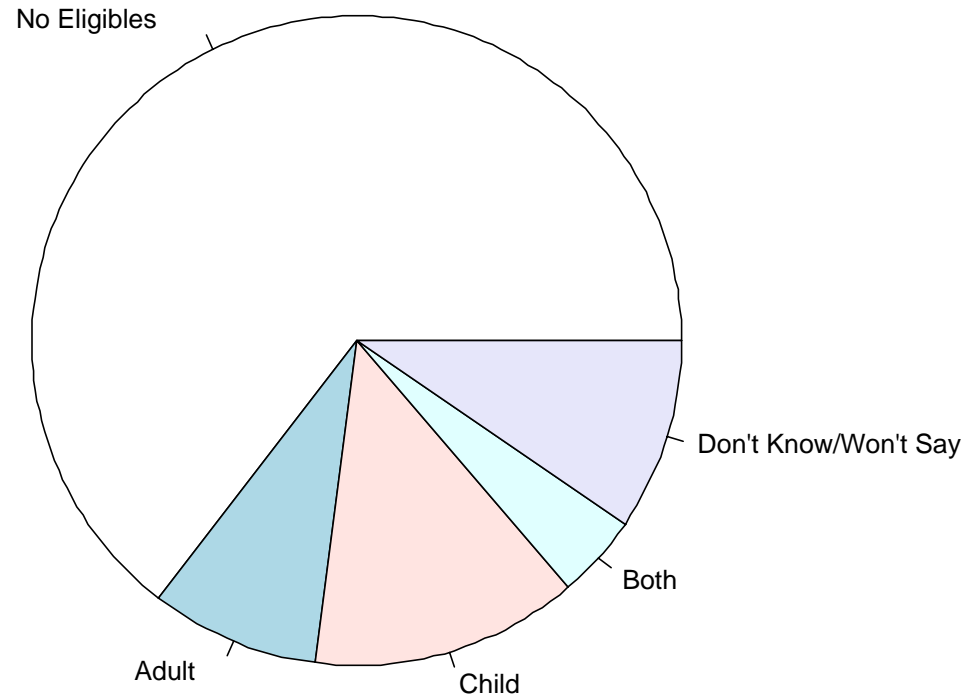
Regional variability in catastrophic insurance price sensitivity



Interest in catastrophic health insurance is lowest in eastern New Mexico, and highest in the southern and western parts of the state. Part of this pattern may be due to the regional differences in refusal pattern. Uninsured persons in the Albuquerque Metropolitan area and in the South / Southwest area were most likely to consider purchase at \$300 per month (28.2% in Albuquerque, 30.7% in the South and Southwest).

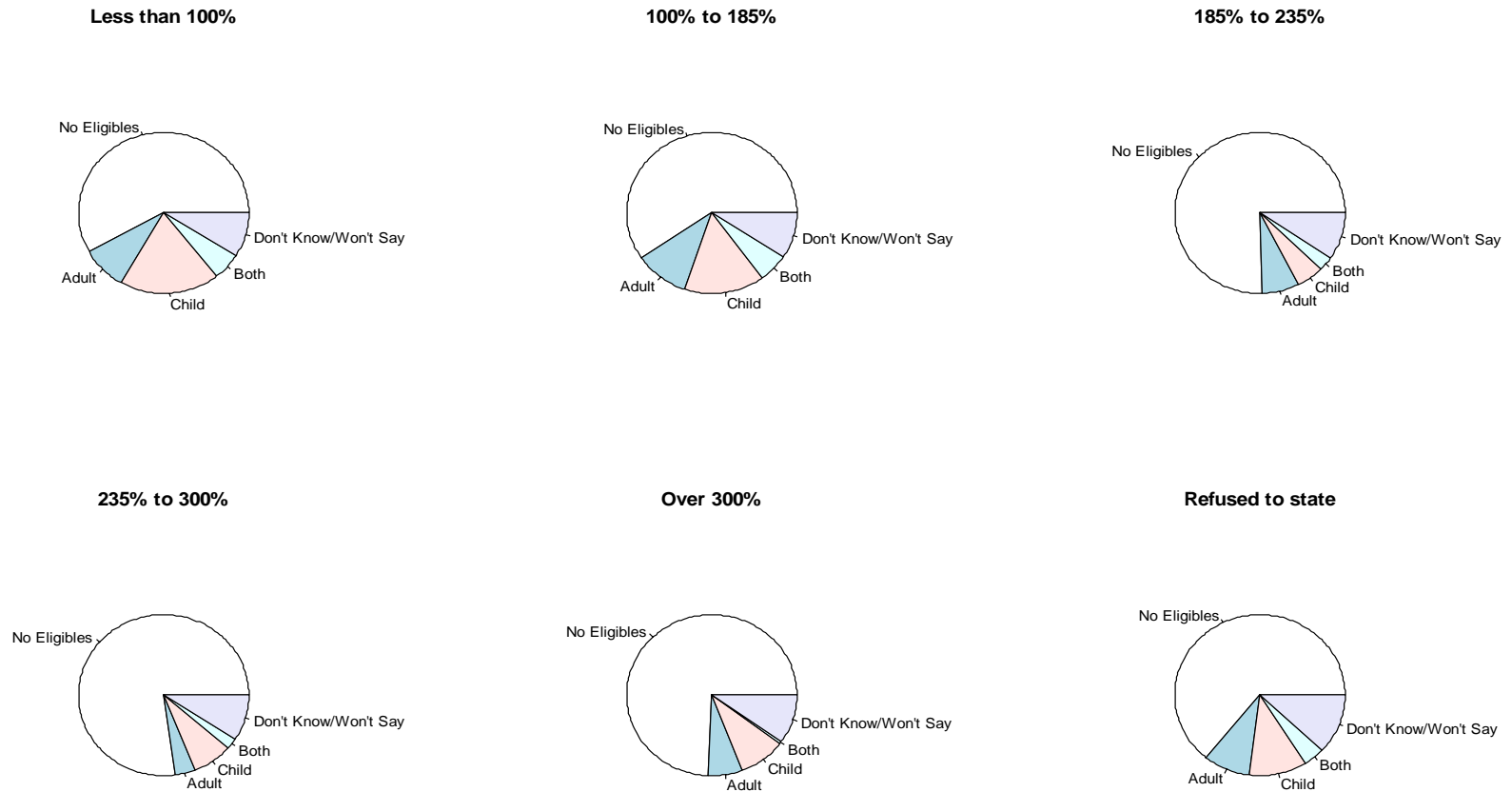
Section VI. Medicaid eligibility and the currently uninsured

Medicaid eligibility among uninsured respondents



We asked respondents in households with at least one uninsured individual if anyone in the household was eligible for Medicaid. The majority of all household (64.6%) had no eligible members. A bit over $\frac{1}{4}$ of the households (25.9%) said they had a Medicaid eligible member, the remainder (9.5%) didn't know or wouldn't say if there was an eligible member. Assuming these figures are reflective of the State's uninsured persons, potentially 107,000 uninsured individuals could be brought into coverage through expanded outreach and funding to cover the State's share of premiums.

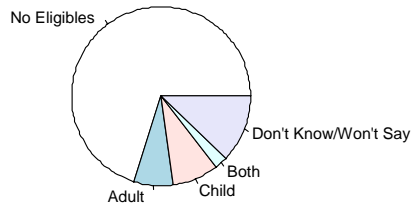
Medicaid eligibility and household income as a fraction of Federal Poverty Level (FPL)



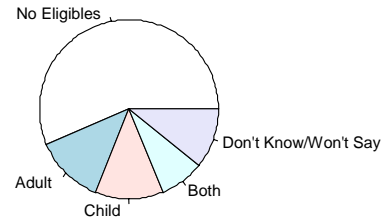
Medicaid eligibility is linked to household income. As household income increases, the percentage of households with eligible members must decrease. Among households living below the FPL, 1/3 (33.2%) reported at least one member eligible for Medicaid. Among households living between the FPL and 185% of the FPL, the fraction of households with at least one eligible member decreases very slightly to 31.3%. Above 185% of FPL the fraction of households claiming to have a Medicaid-eligible member decreases rapidly. Among households over 300% of FPL the fraction claiming to have a Medicaid-eligible member drops to 15.9%

Presence of Medicaid-eligible household members by region

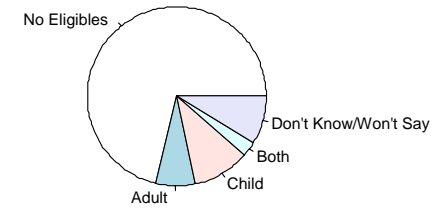
Albuquerque Metro



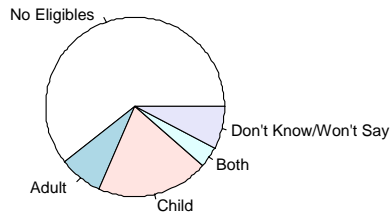
Northwest



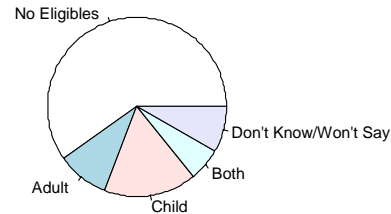
North Central



South and Southwest

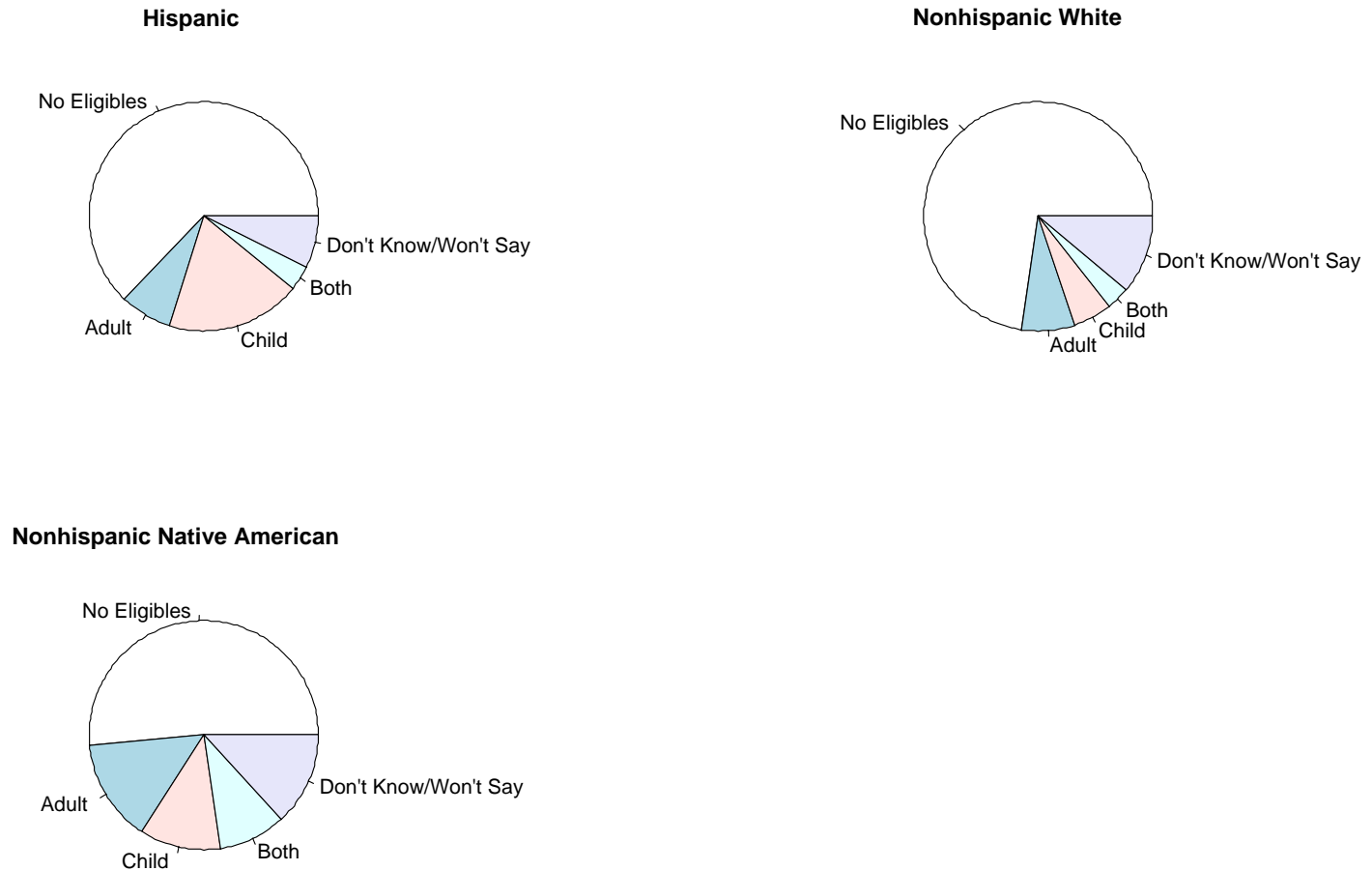


East



The presence of Medicaid-eligible members varies across the State's geographic regions. Eligible children are most likely to be found in Eastern New Mexico (22.8% of uninsured households had an eligible child) and in the South and Southwest (23.9%). Eligible adults are most likely to be found in the Northwest, where 1/5 of the households (20.4%) had at least one eligible adult member. The lowest fraction of households having Medicaid-eligible members occurs in the Albuquerque Metropolitan area, where only 1/6 of the households (17.8%) had an eligible member.

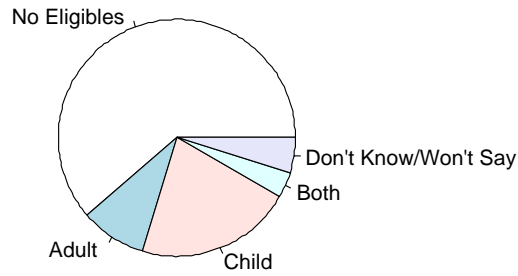
Presence of Medicaid-eligible members and Ethnicity of respondent



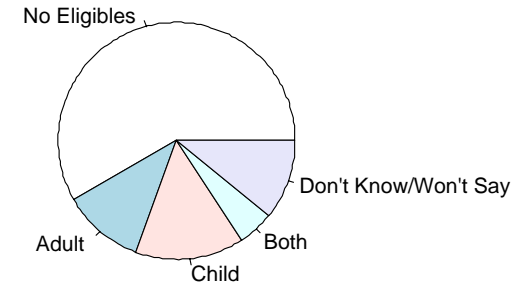
Medicaid-eligible members are most likely to be found among minority-group households. The Other Nonhispanic category is suppressed in this graph because the sample size on this item is too small to be reliable. Among Nonhispanic White households, about 1/6 (16.1%) had at least one Medicaid-eligible member. Among Hispanic households, the value is nearly twice as high – 29.9%. Among Nonhispanic Native American respondents, the value is even higher: 35.5%.

Education level of respondent and presence of Medicaid-eligible household members

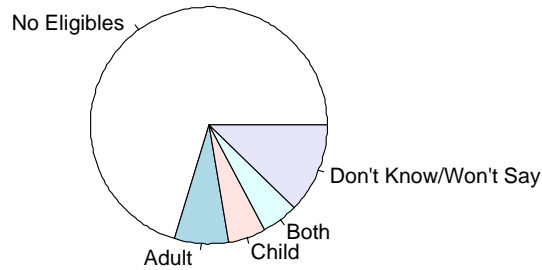
Didn't graduate from HS



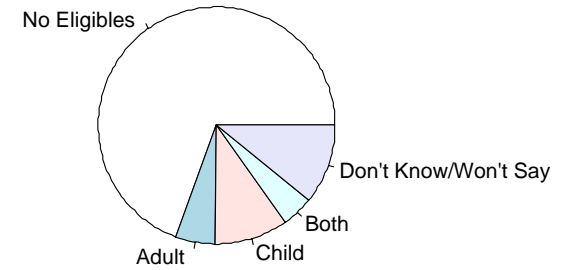
HS graduate



Attended college

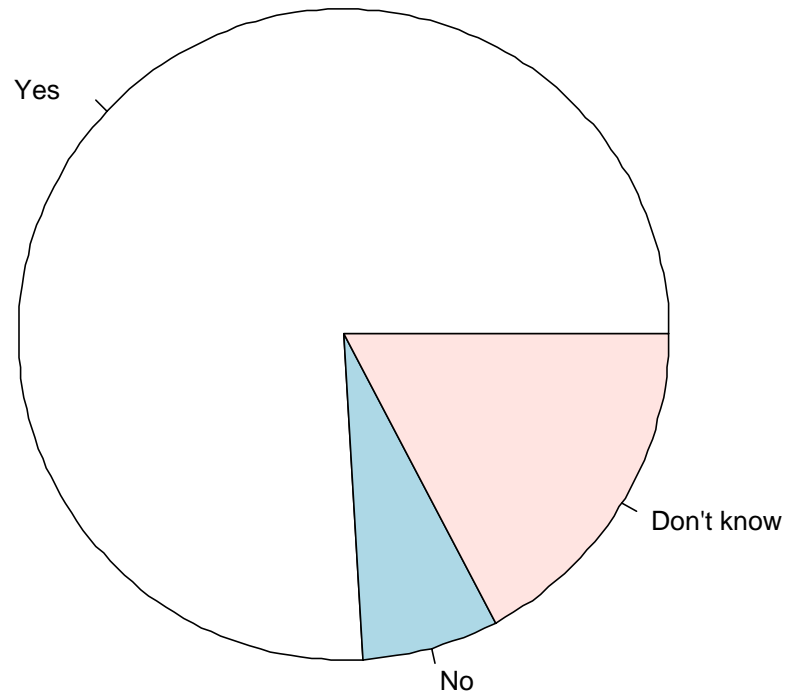


College graduate



Income and education level are positively correlated, so an association between educational attainment and the presence of Medicaid-eligible household members is not surprising. Medicaid-eligible children are most likely to be found among those who attended but did not graduate from high school (21.4% of these households had a Medicaid-eligible child). Medicaid-eligible adults were most likely to be found in high school graduate households (11.1% had a Medicaid-eligible adult). Adults eligible for Medicaid were present in 8.9% of the high school dropout households.

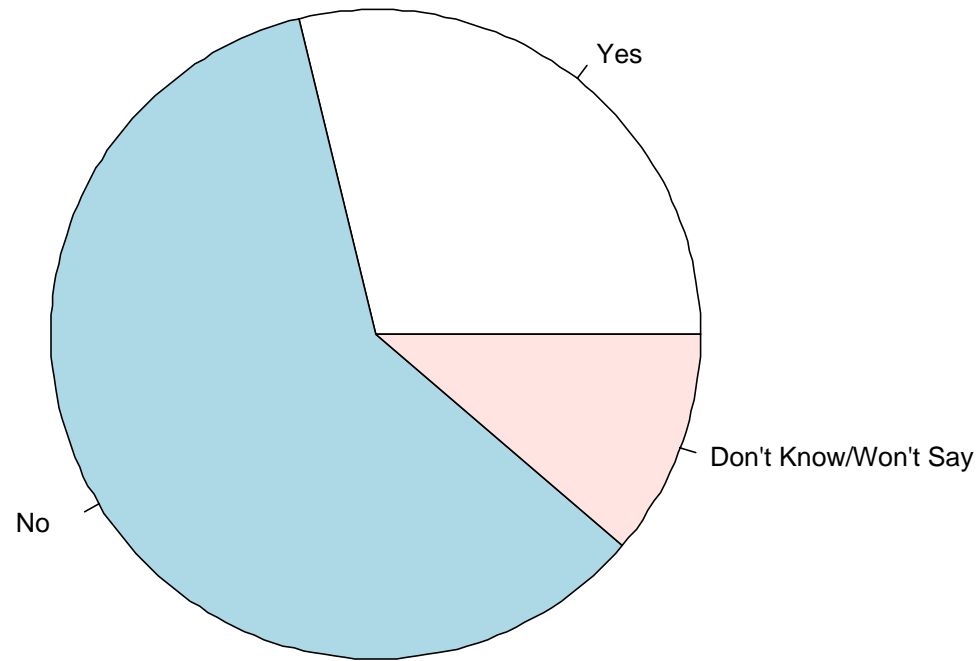
Would you enroll eligible household members in Medicaid?



Those respondents who were uninsured and didn't know if a household member was eligible for Medicaid in the past twelve months were asked if they would enroll if they knew the household member was eligible. About $\frac{3}{4}$ of the respondents said they would enroll. Because of the limited size of the sample for this item ($n = 162$) breaking the sample down further would not provide reliable information. The predominant response was "I don't know" or "I won't say" (28% of the $n = 450$ responses). The remaining responses were a stew of odd answers, most of which reduced to actually or probably not eligible. This includes responses like "not qualified", "ineligible", "don't know about the program", "not legal residents", etc.

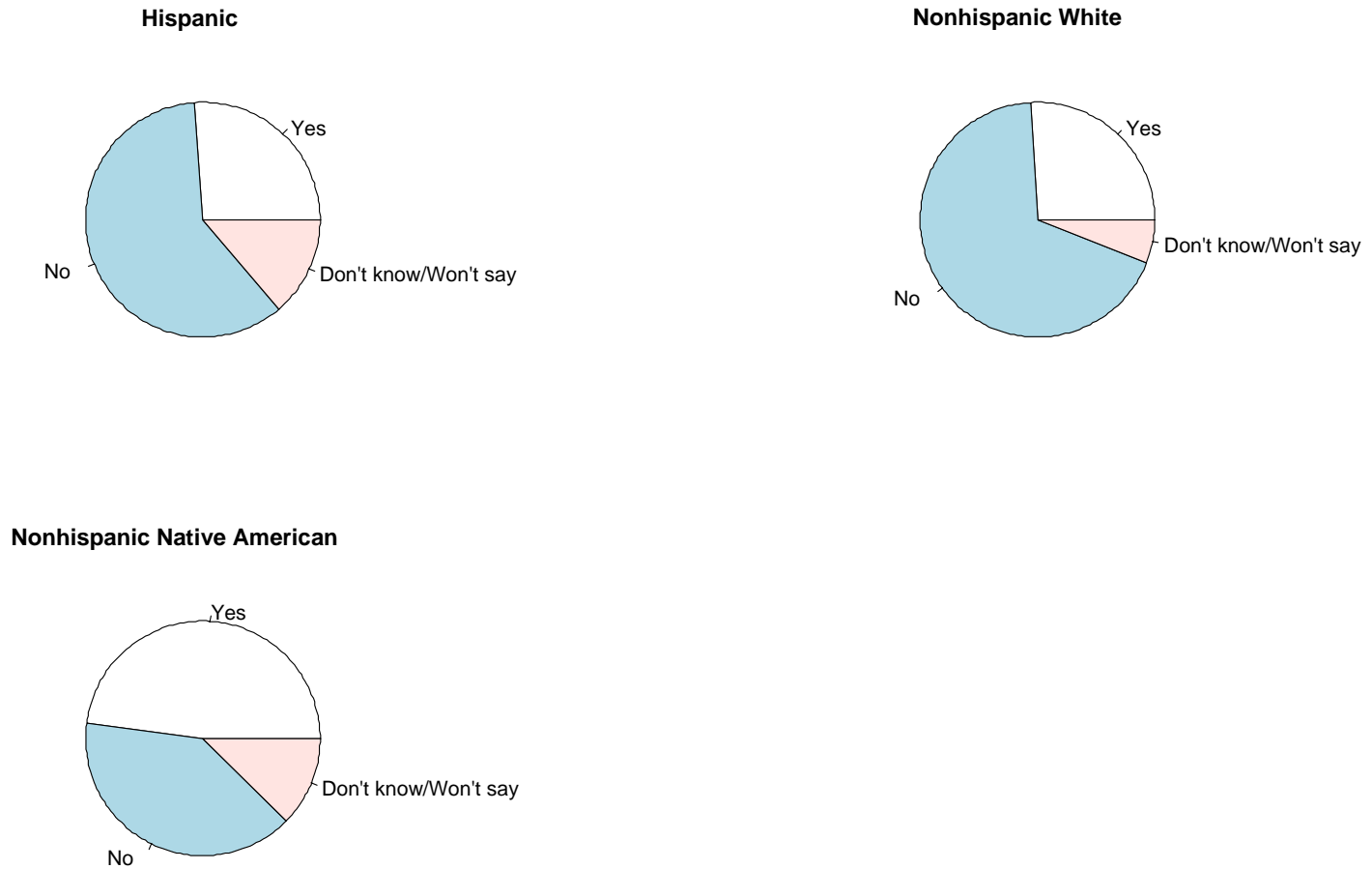
Section VII. Availability of employer-sponsored health insurance among the working uninsured

Availability of employer-sponsored health insurance among the employed uninsured



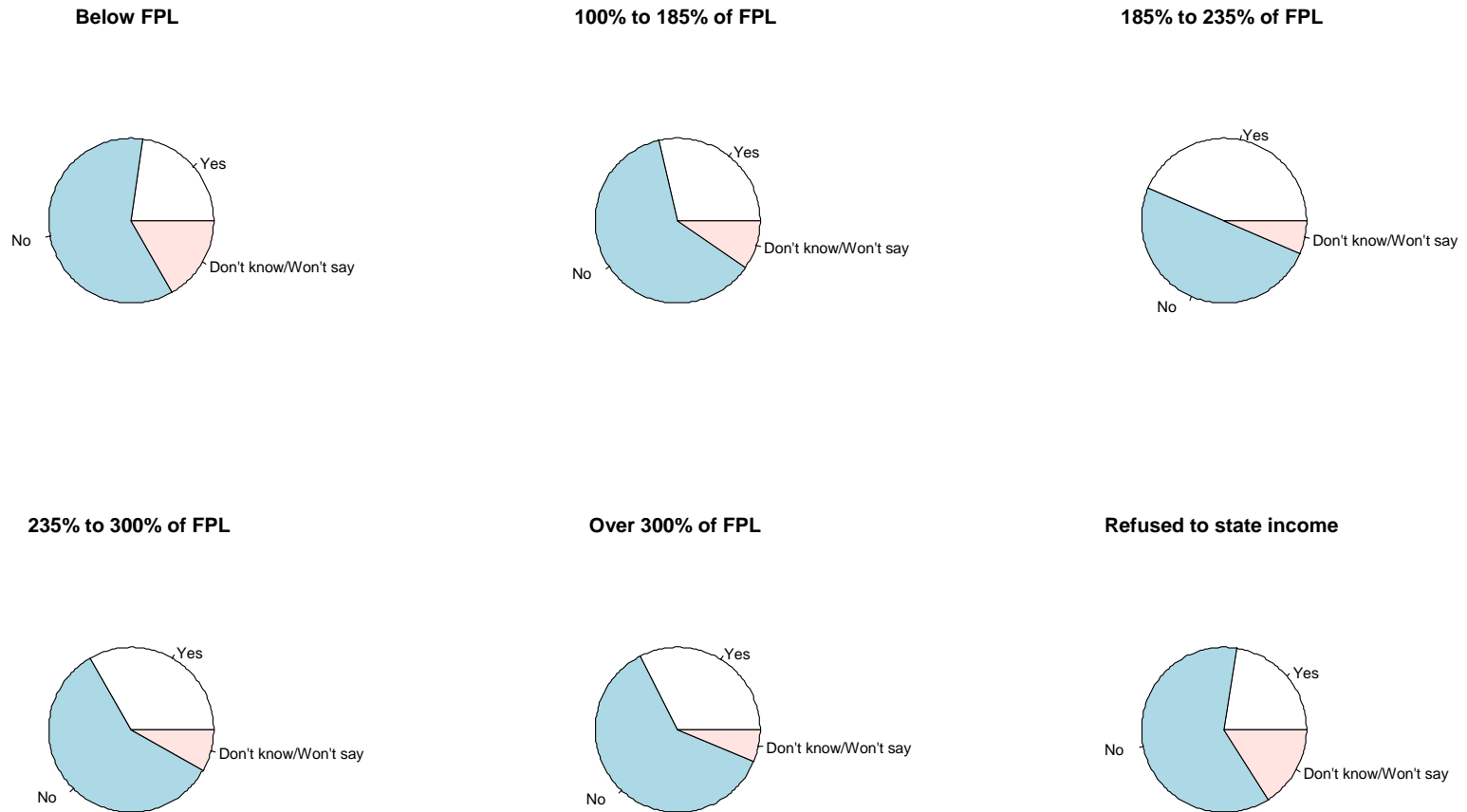
Because of historical contingencies, health insurance in the United States is primarily obtained as a fringe benefit of employment. Among the uninsured with an employed household member, 59.9% do not have access to health insurance through their employer. Stated slightly differently, the survey results show that only 28.8% will affirm that health insurance is available through their place of employment.

Availability of employer-sponsored health insurance among ethnic groups



There are substantial differences in the availability of employer-sponsored health insurance among the State's three primary ethnic groups. Among Hispanics and non-Hispanic Whites 26% of the respondents said that an employer-sponsored health plan was available. The refusal level was much higher among Hispanics (14%) than among non-Hispanic Whites (6%). Nonhispanic Native Americans were most likely to have an employer-sponsored health plan available (48%). No graph for nonhispanic Other is included because the sample size is too small to yield reliable results.

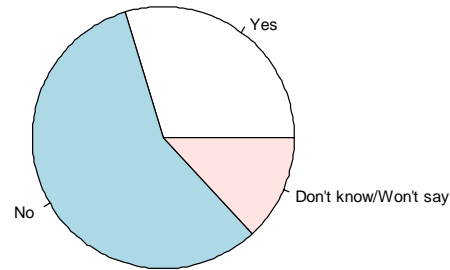
Availability of employer-sponsored health insurance and household income as percent of FPL



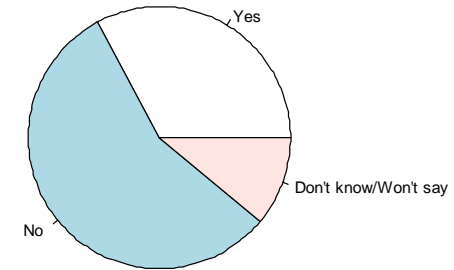
The survey data suggest that a modest systematic relationship between the availability of employer-sponsored health insurance and the household income of the respondents exists. Availability peaks in the 185% to 235% of FPL group (44% say it is available to them). That rate is significantly higher than the overall rate (29%). The availability in higher income categories is higher than the overall rate (33% both groups over 235% of FPL), but the difference is not statistically significant when compared to the overall rate of 29%. The 23% availability rate in the Below FPL group *is* statistically significantly lower than the overall rate. The data suggest that employer-sponsored programs become more available at higher income levels.

Age of employee and availability of employer-sponsored health insurance

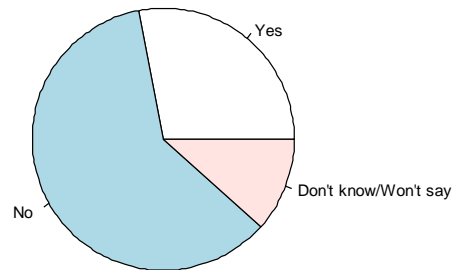
Age 18 to 24 years



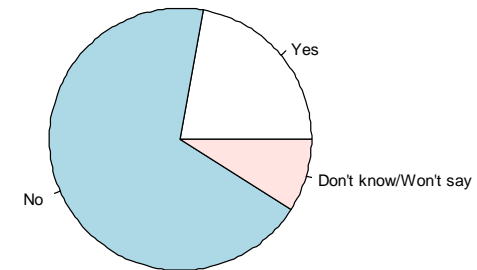
Age 25 to 34 years



Age 35 to 49 years



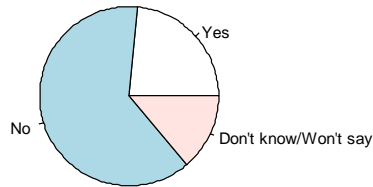
Age 50 to 64 years



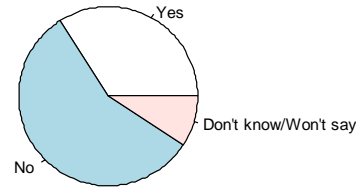
Older, uninsured working adults are less likely to have an employer-sponsored plan available to them than are younger uninsured workers. About 1/5 (22%) of the uninsured workers aged 50 to 64 years have an employer-sponsored plan available to them; employer-sponsored plans are not available to 69% of the uninsured workers in this age group. Among younger workers, the availability of employer-sponsored health insurance peaks in the 25 to 34 year old age group at 33%.

Availability of employer-sponsored health insurance and education level

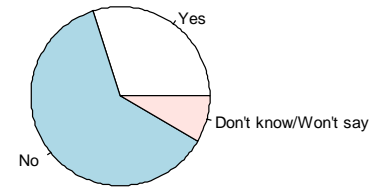
Didn't graduate from HS



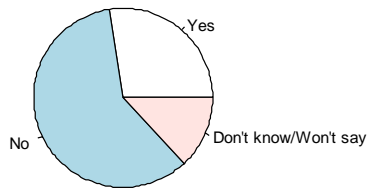
HS graduate



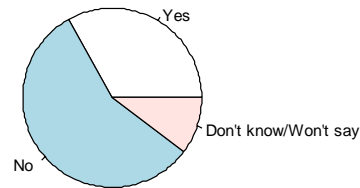
Attended college



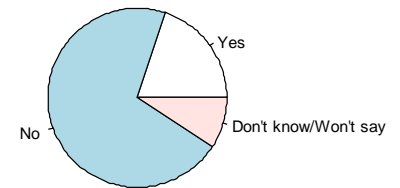
Associate's degree



Bachelor's degree



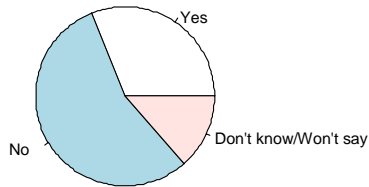
Graduate studies



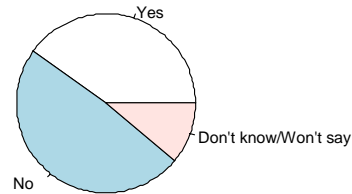
One might expect that employer-sponsored plans would be more available to the highly educated, but the sample data fail to bear this out. The lowest level of availability was found among the employed and uninsured who had attended graduate school. Availability levels are similar for college attendees (30%), holders of Associate's degrees (28%) and holders of Bachelor's degrees (30%), none of which are statistically significantly different from the overall rate of 29%. The highest level of availability was found in high school graduates, where 34% said that employer-sponsored insurance was available to them.

Availability of employer-sponsored health insurance and regions

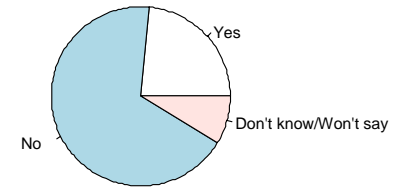
Albuquerque Metro



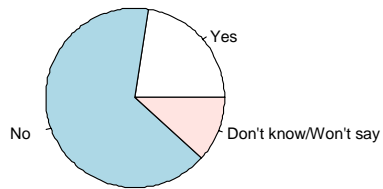
Northwest



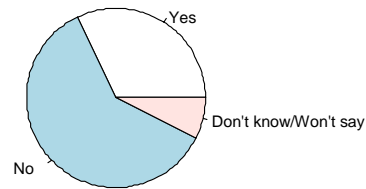
North Central



South and Southwest

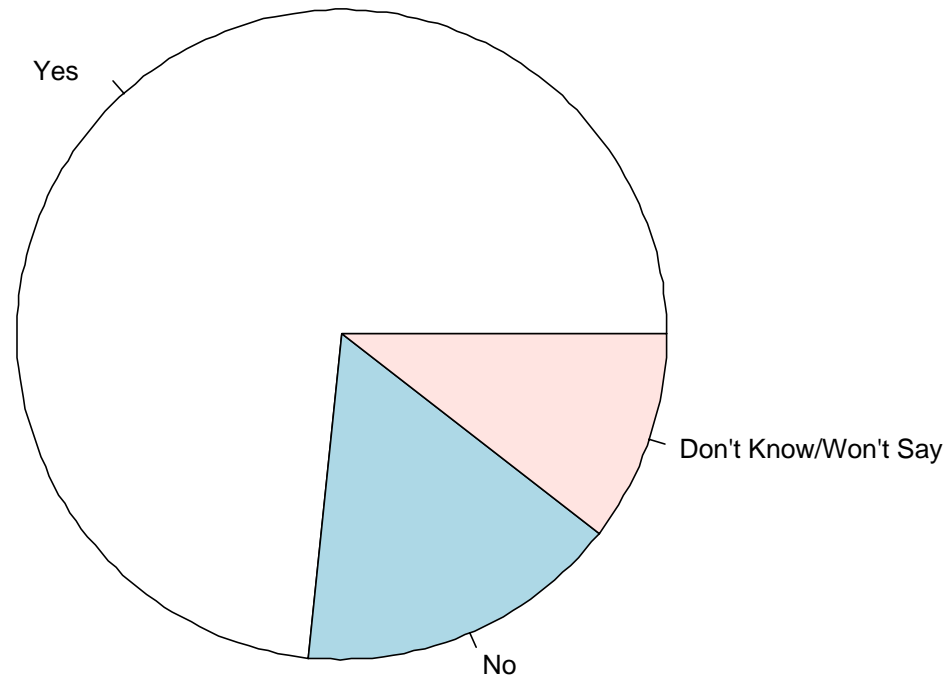


East



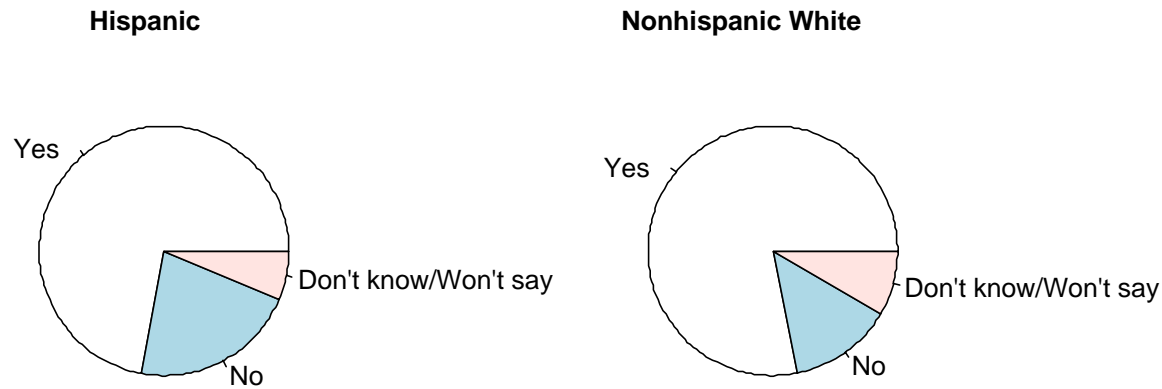
There are sharp differences in the availability of employer-sponsored health insurance across the States' regions. Employer-sponsored coverage is most available in the Northwest (40%), in the Albuquerque Metropolitan area (31%) and in the East (32%). It is least available in the North Central (24%) and South-Southwest (23%) parts of New Mexico.

Employers offering family coverage

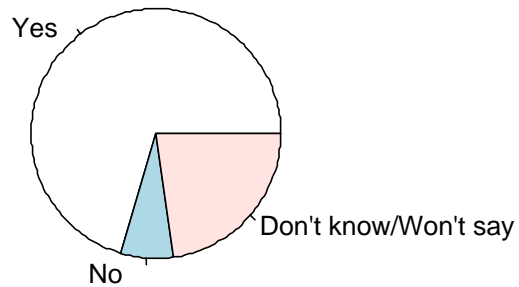


Respondents who indicated that their employer offered health insurance were asked if the employer offered family coverage. Overall, 73% of the respondents said that family coverage was available. If the question is examined from the negative viewpoint, 16% indicated that their employer did *not* offer family coverage. Generally speaking, if employer-based coverage is available for the employee, family coverage is available.

Availability of employer-based family coverage



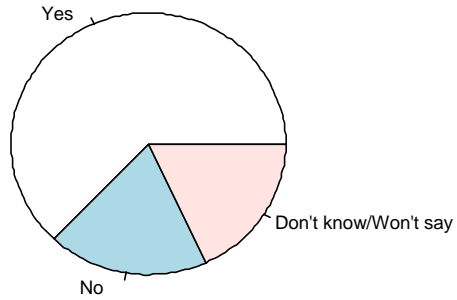
Nonhispanic Native American



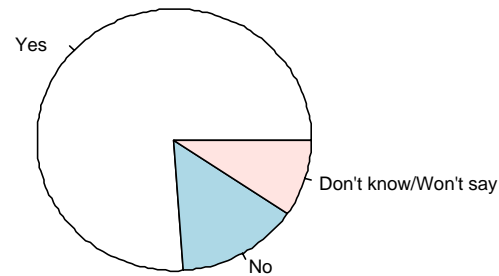
Examining the availability of employer-sponsored family coverage by the respondent's ethnic background, we find that Hispanics are significantly more likely to work for employers who do not offer family coverage. Native Americans are significantly more likely to refuse to answer the question. Because the rate is nearly twice the refusal rate in this group for the item about employer-based health insurance it appears this may reflect actual lack of knowledge rather than any sensitivity to the question.

Availability of employer-based family coverage and age of respondent

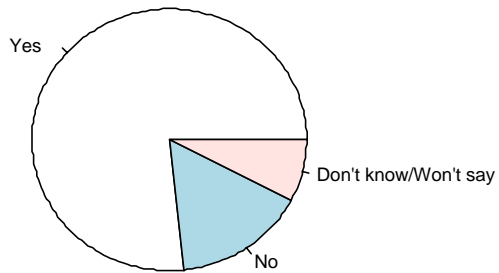
Age 18 to 24 years



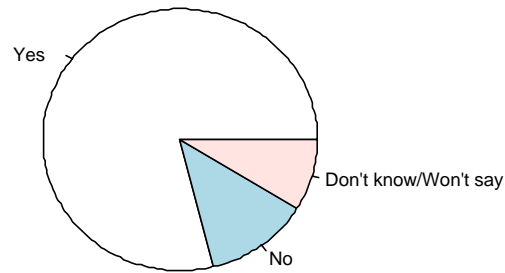
Age 25 to 34 years



Age 35 to 49 years



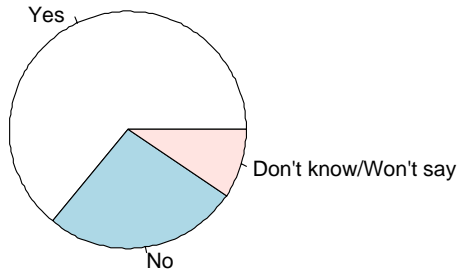
Age 50 to 64 years



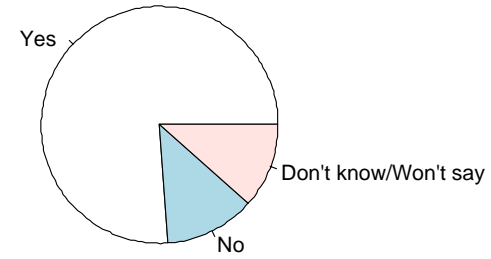
Young adults (age 18 to 24 years) are significantly less likely to have employer-based family health insurance available. The overall rate is 73%, in the youngest age group only 63% have access to employer-based family coverage. The refusal rate was also highest in this age group. The remaining age groups are statistically indistinguishable.

Educational attainment and availability of employer-sponsored family coverage

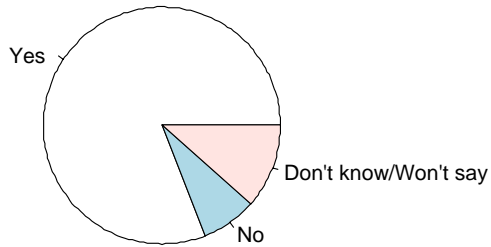
Didn't graduate from HS



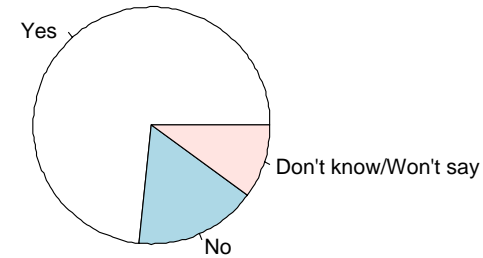
HS graduate



Attended college



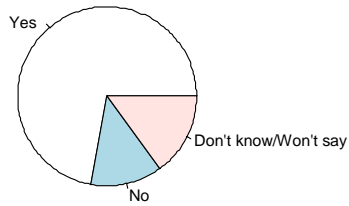
All degrees



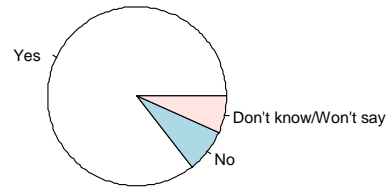
Uninsured high-school dropouts are least likely to work for an employer making family coverage available (64% say it is available). The remaining groups are statistically indistinguishable from the overall rate of 73%.

Regional availability of employer-sponsored family coverage

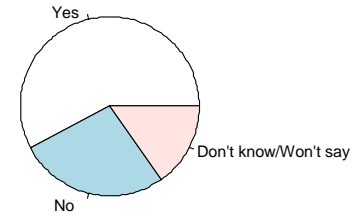
Albuquerque Metro



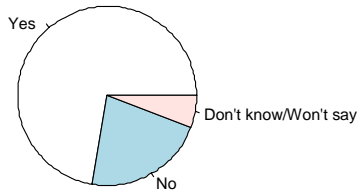
Northwest



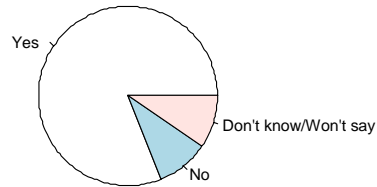
North Central



South and Southwest

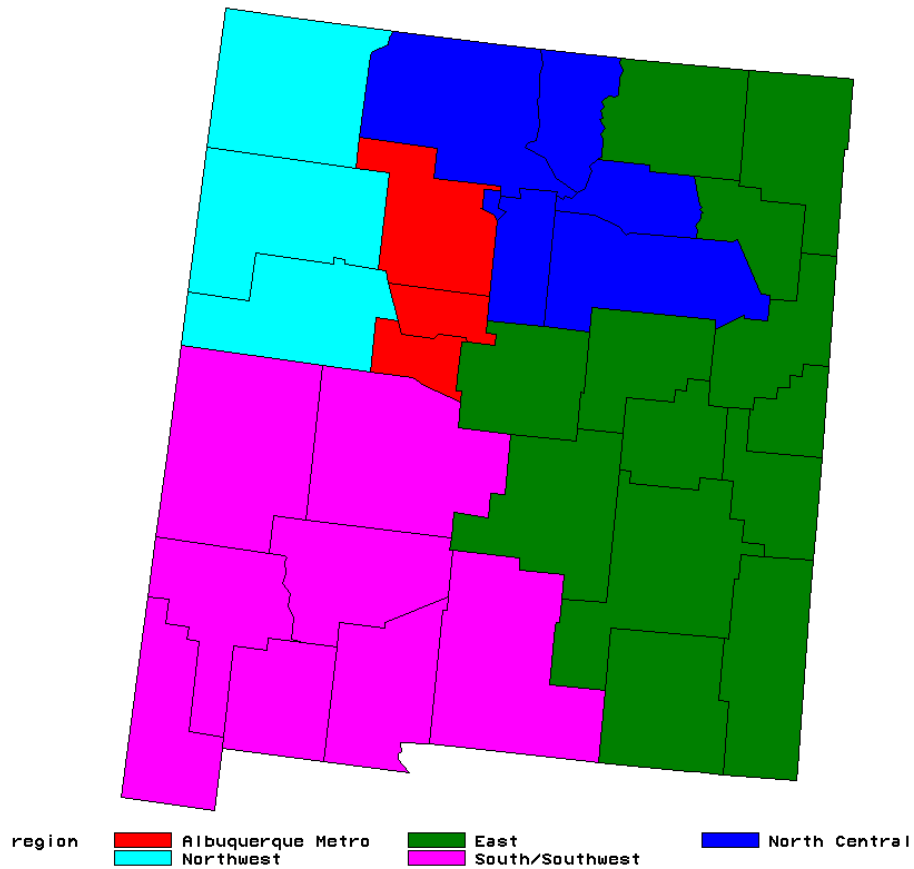


East



Uninsured individuals in the Northwest are much more likely (85%) to have employer-based family coverage available than uninsured in any other region of the State. Employer-based family coverage is least likely to be available to uninsured persons in the North Central region (57% say it is available).

New Mexico Counties and Regions



The Albuquerque Metropolitan area includes Bernalillo, Sandoval and Valencia counties.

The Northwest region includes Cibola, McKinley and San Juan counties.

The North Central region includes Los Alamos, Mora, Rio Arriba, San Miguel, Santa Fe and Taos counties.

The East region includes Chaves, Colfax, Curry, de Baca, Eddy, Guadalupe, Harding, Lea, Lincoln, Quay, Roosevelt, Torrance, and Union counties.

The South and Southwest region includes Catron, Doña Ana, Grant, Hidalgo, Luna, Otero, Sierra, and Socorro counties.