



Health Insurance Coverage in the District of Columbia

Estimates from the 2009 DC Health Insurance Survey

The Urban Institute
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Government of the
District of Columbia
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Health Insurance Coverage in the District of Columbia

Introduction

The District of Columbia is a leader in providing health coverage to its residents. Only about 6.2% of the District population reports being uninsured. A somewhat higher share, 10.2%, report having been uninsured at some time during the past 12 months.

Types of Insurance Coverage

The majority, 55%, of District residents have health insurance through their employers. Nearly one-third are covered by public programs such as Medicaid, the Alliance, or Medicare. Age, race and ethnicity, family income, employment status, and ward were all important factors associated with type of insurance coverage. Among children, public programs are nearly as important as employer-sponsored coverage. Among the elderly, Medicare is the most important, with supplemental coverage provided most often by private coverage or Medicaid.

Health Insurance Options and Choices

Only about 10% of children with public coverage have the option of employer-sponsored insurance. In families that have an offer of dependent coverage, higher income is associated with a greater likelihood of children having employer-sponsored coverage. Similarly, the likelihood that adults who are offered employer-sponsored insurance accept it rises with income. The large majority of non-elderly adults who have public coverage are not currently employed. Of those who are employed, a little more than half work in firms that offer insurance coverage. Most uninsured adults indicated that they would be willing to enroll in public insurance programs, but many also indicated that they were not aware of these programs or did not know how to enroll.

Health Care Access and Use

The majority of non-elderly adults report that they usually go to a doctor's office or private clinic for care. But about one fifth usually go to public clinics or hospital emergency or outpatient departments, and another fifth report that they have no usual source of care.

Health Insurance Coverage in the District of Columbia

The 2009 District of Columbia Health Insurance Survey (DC-HIS) was conducted between August and November 2009 via telephone, web, and mail by Social Science Research Solutions. It was available in English and Spanish and took, on average, about 18 minutes to complete.

Surveys were completed with 4,717 District households. The sample included only non-institutionalized residents and did not include homeless residents. In order to ensure that the survey covered nearly all residents of the District, a dual sample frame was employed, combining a random-digit-dial (RDD) sample with an address-based sample. The response rate was 43.7% for the RDD-sample and 27.3% for the address-based sample, for a combined response rate of 34.1%.

The decision to rely on the dual-frame sample for the 2009 HIS reflects the changing telephone environment as more and more households are relying on cell phones, which are not called in RDD surveys. We believe this dual-frame sampling approach leads to greater confidence in the estimates of the uninsured contained in this report.

The survey data were analyzed and charts were prepared by the Urban Institute. For these charts, we define children as ages 0 to 18, non-elderly adults as ages 19 to 64, and elderly adults as ages 65 and older.

This survey was developed in consultation with Sharon Long, a Senior Fellow at the Urban Institute, who conducted a similar study in Massachusetts. Her guidance was an invaluable asset to the project team, which included Barbara Ormond, Tim Triplett, Ashley Palmer, Lokendra Phadera, and Randy Bovbjerg of the Urban Institute. The survey instrument was modeled on the instrument used for the Massachusetts survey, and we are grateful to the MA Division of Health Care Finance and Policy for this contribution. We also would like to acknowledge the work of Social Science Research Solutions, which implemented the survey.

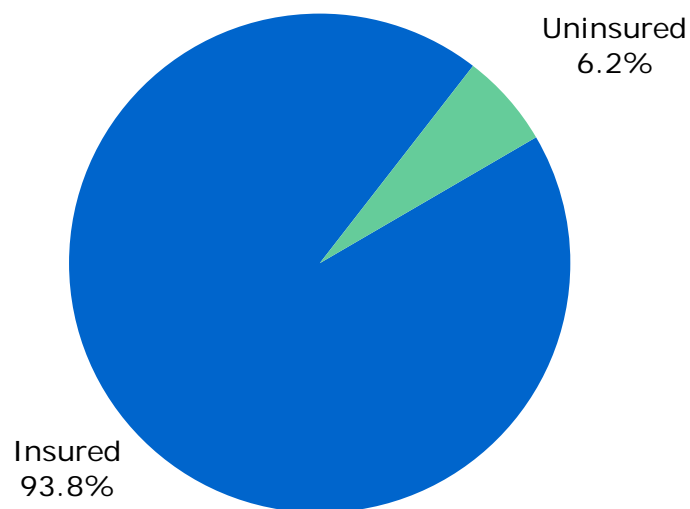
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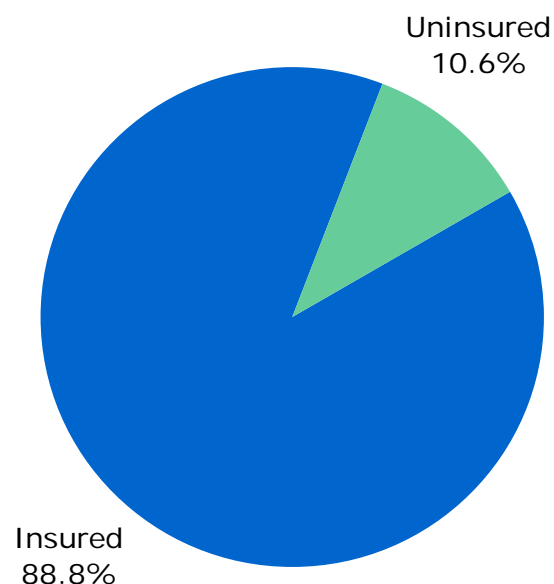
All Residents

Uninsurance Rate

Currently Uninsured



Ever Uninsured in Past 12 Months



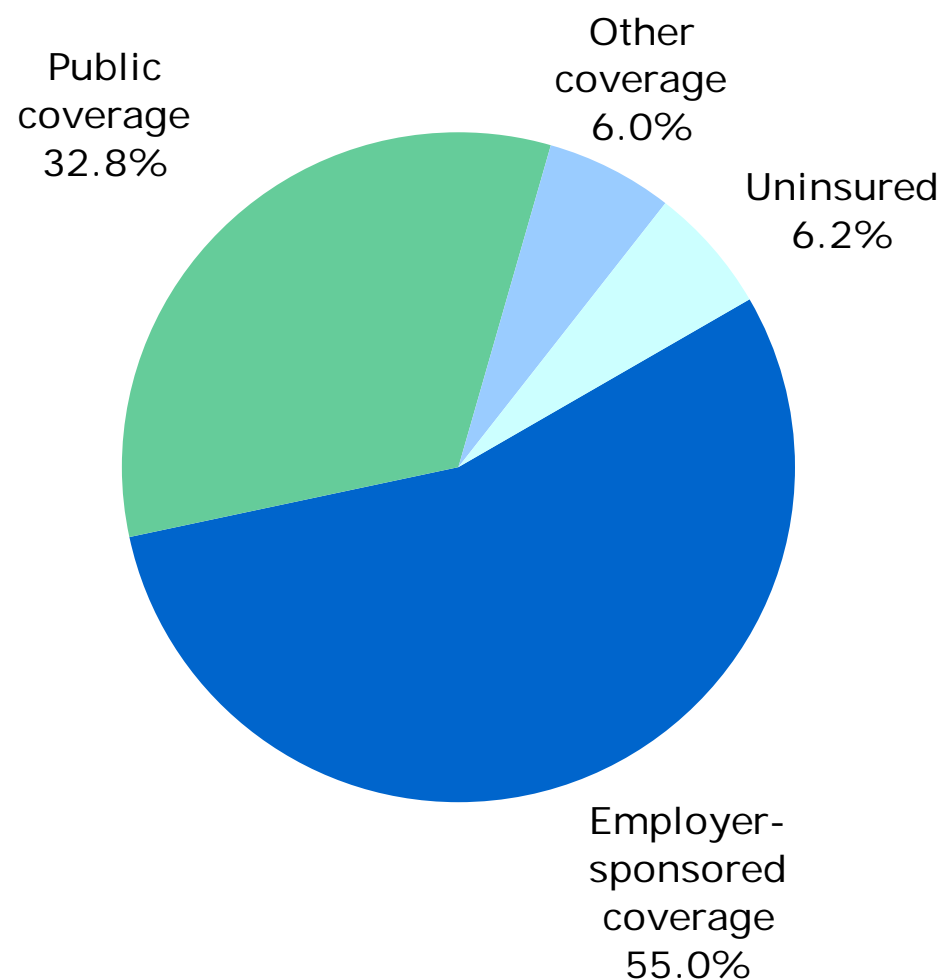
Uninsurance was low among District residents, with 6.2% (representing about 37,000 people[†]) reporting that they were uninsured at the time of the survey. More residents (10.6%, representing about 63,000 people[†]) reported being uninsured at some time in the past 12 months. These rates compare favorably with the US rates of 15.1% currently uninsured.*

[†]Population estimates are based on estimates of the total civilian non-institutionalized population in DC from the March Current Population Survey for 2008.

*The American Community Survey (2008 1-year estimates)

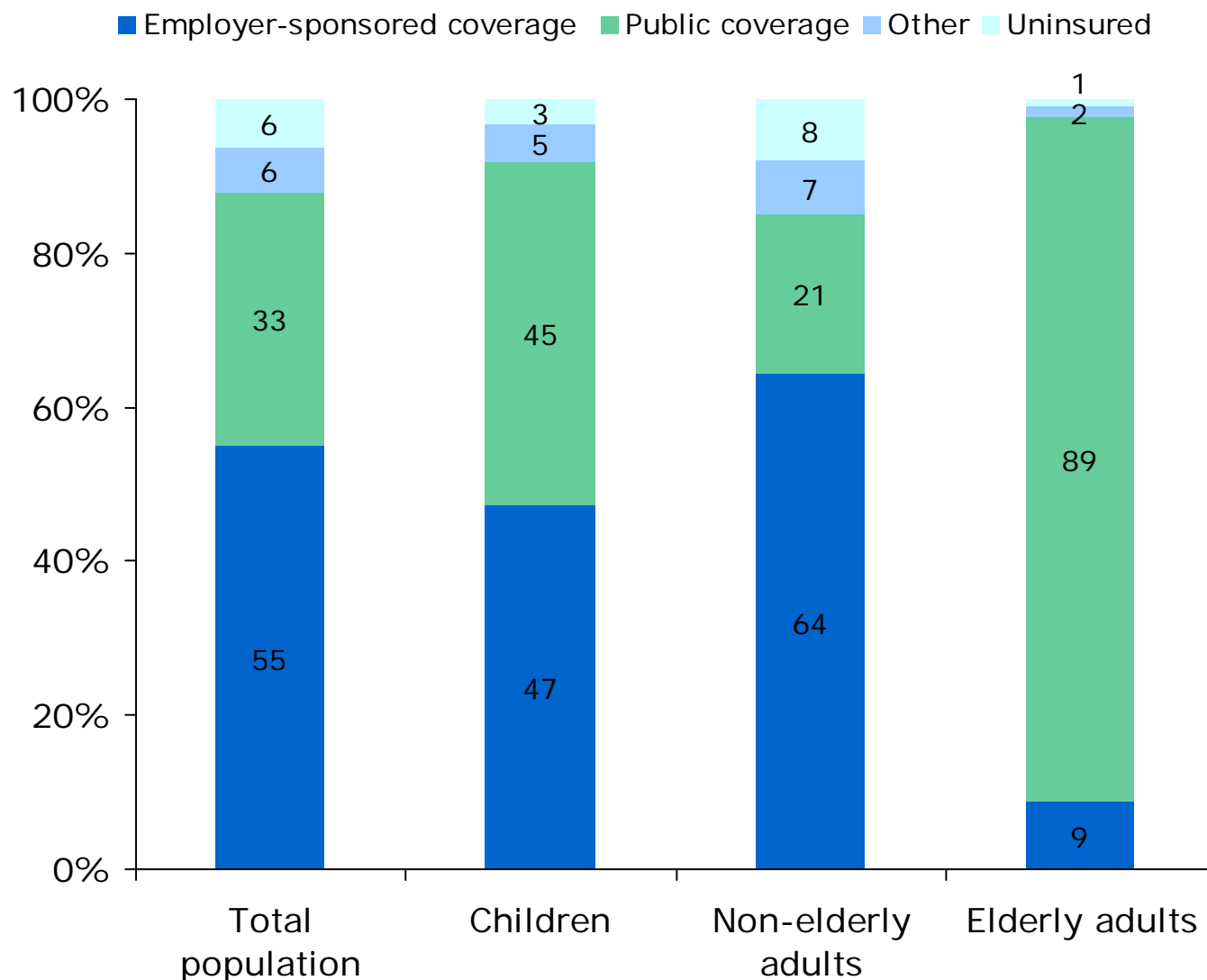
Source: Urban Institute tabulations on the 2009 DC-HIS

Type of Health Insurance Coverage



The majority, 55.0%, of respondents reported that they were insured through their employer. About one third, 32.8% of respondents reported that they were covered by a public program such as Medicare, Medicaid, or the Alliance. Those who had other health coverage had individually purchased insurance or were covered by programs supporting the military or veterans or by student health plans.

Type of Health Insurance Coverage by Age Group



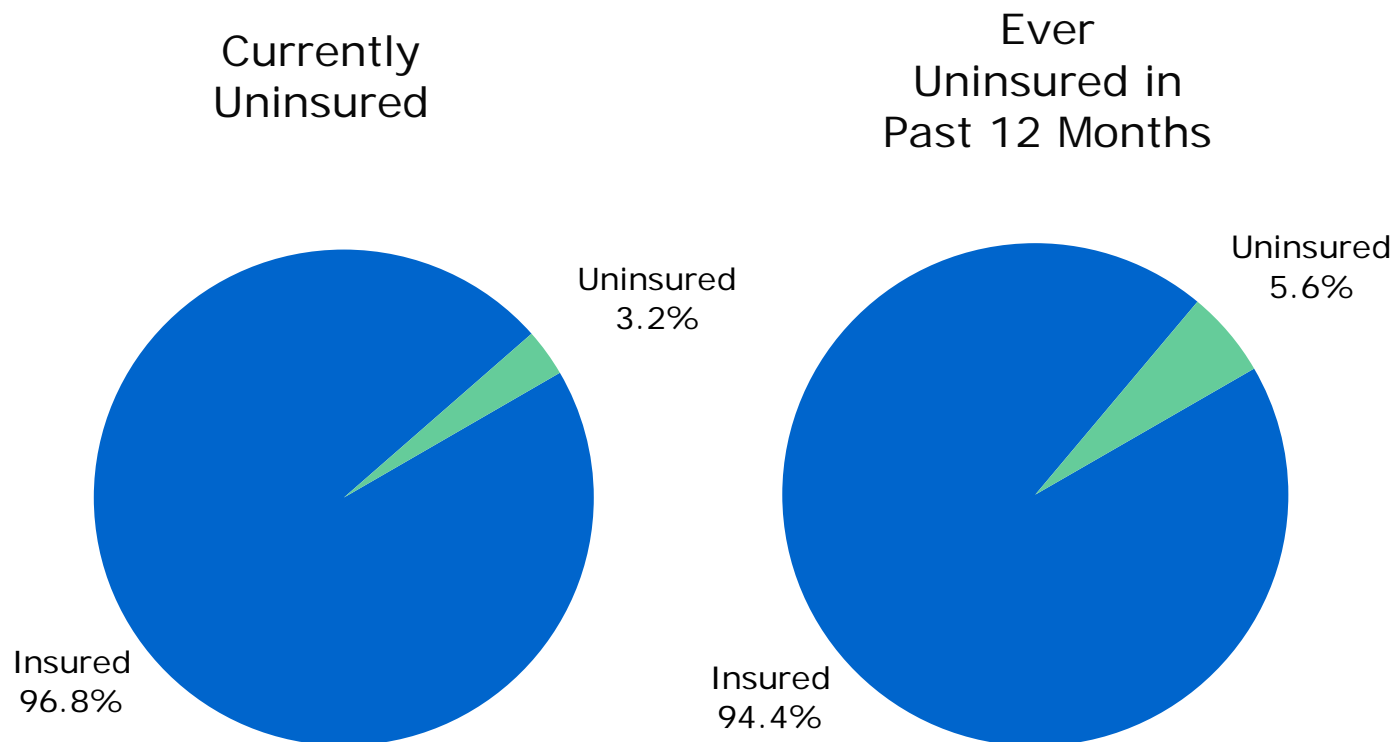
Non-elderly adults were more likely than other age groups to be uninsured. They were also more likely to be covered by employer-sponsored insurance. Children and the elderly were more likely to be covered by public coverage.

Source: Urban Institute tabulations on the 2009 DC-HIS

Children

(Ages 0 through 18)

Uninsurance Rate



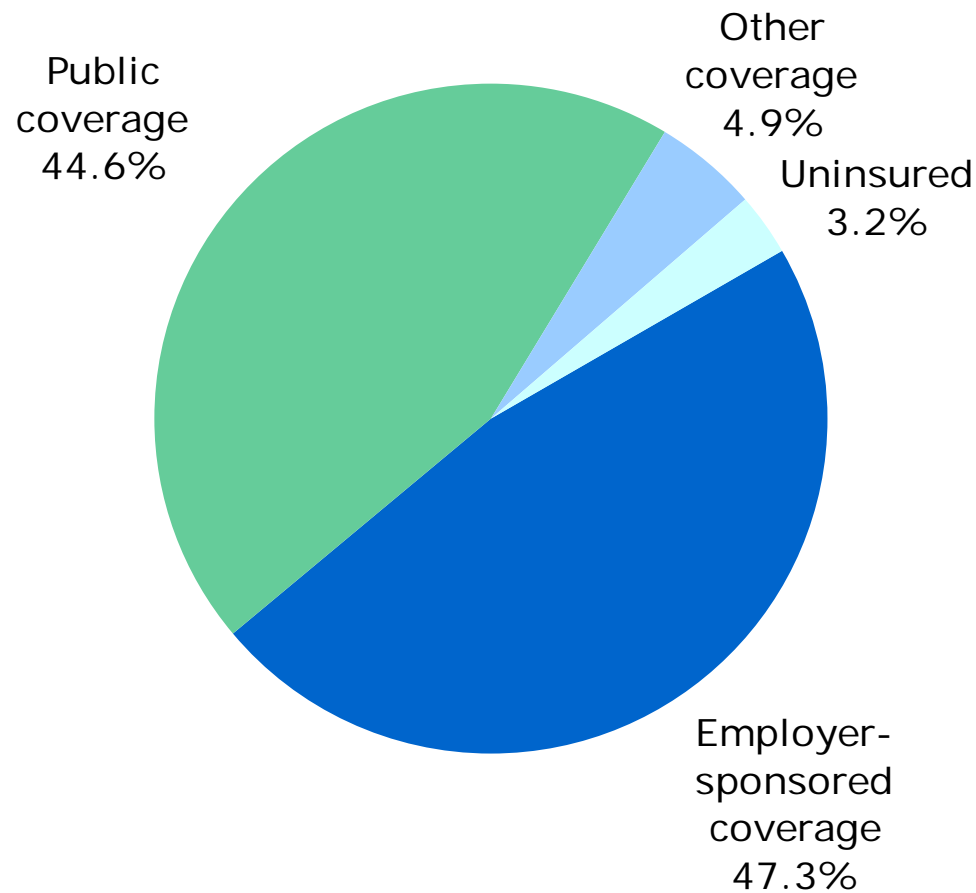
Uninsurance was low among District children, with only 3.2% (representing approximately 3,700 children[†]) reporting being uninsured at the time of the survey and 5.6% (representing approximately 6,600 children[†]) reporting being uninsured at some time in the past 12 months. These rates compare favorably with the US rates of 9.9% of children currently uninsured.*

[†]Population estimates are based on estimates of the total civilian non-institutionalized population in DC from the March Current Population Survey for 2008.

*The American Community Survey (2008 1-year estimates)

Source: Urban Institute tabulations on the 2009 DC-HIS

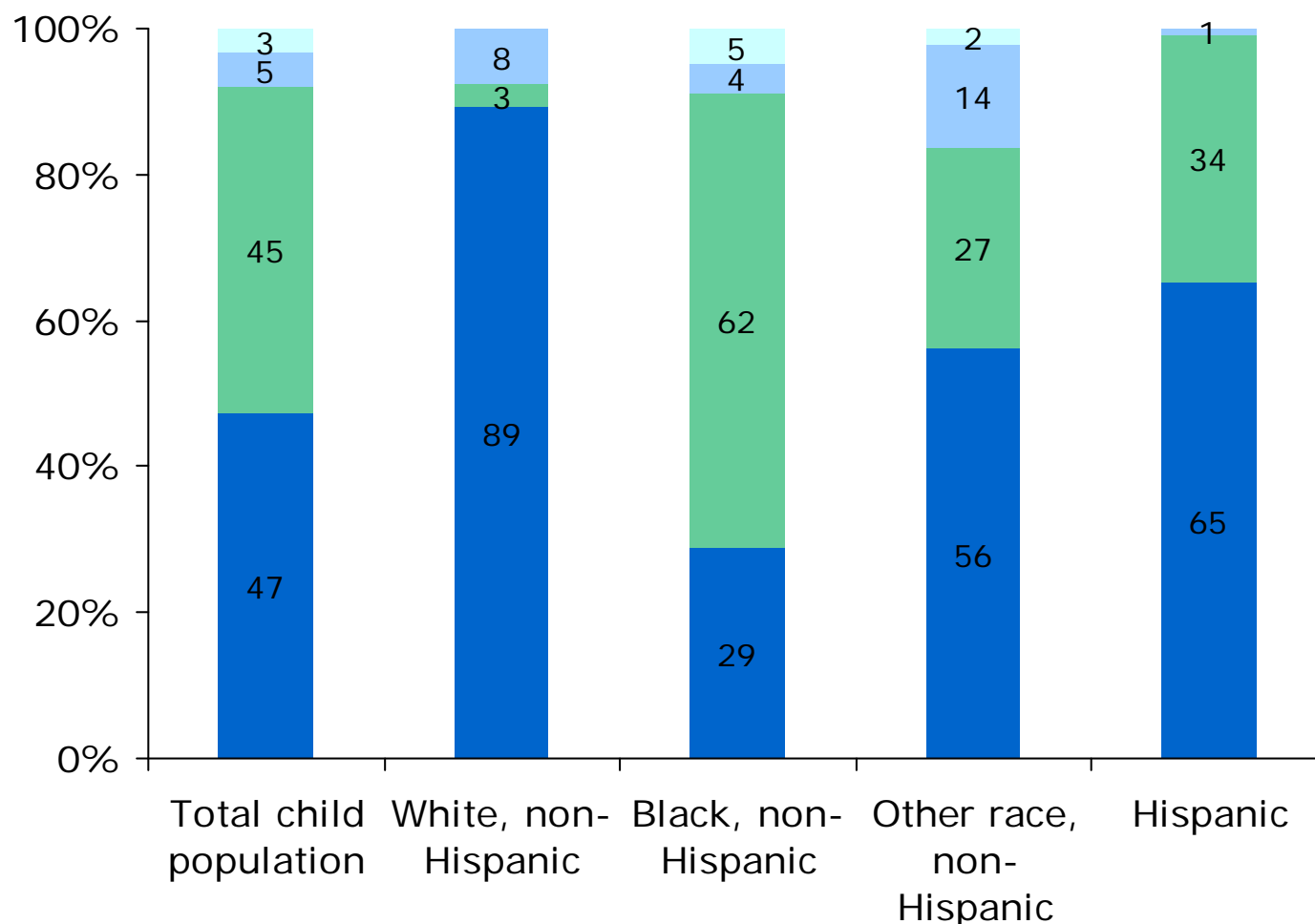
Type of Health Insurance Coverage



Most children were covered by employer-sponsored insurance or public insurance. Children were almost as likely to have public coverage as employer-sponsored coverage.

Type of Health Insurance Coverage by Race/Ethnicity

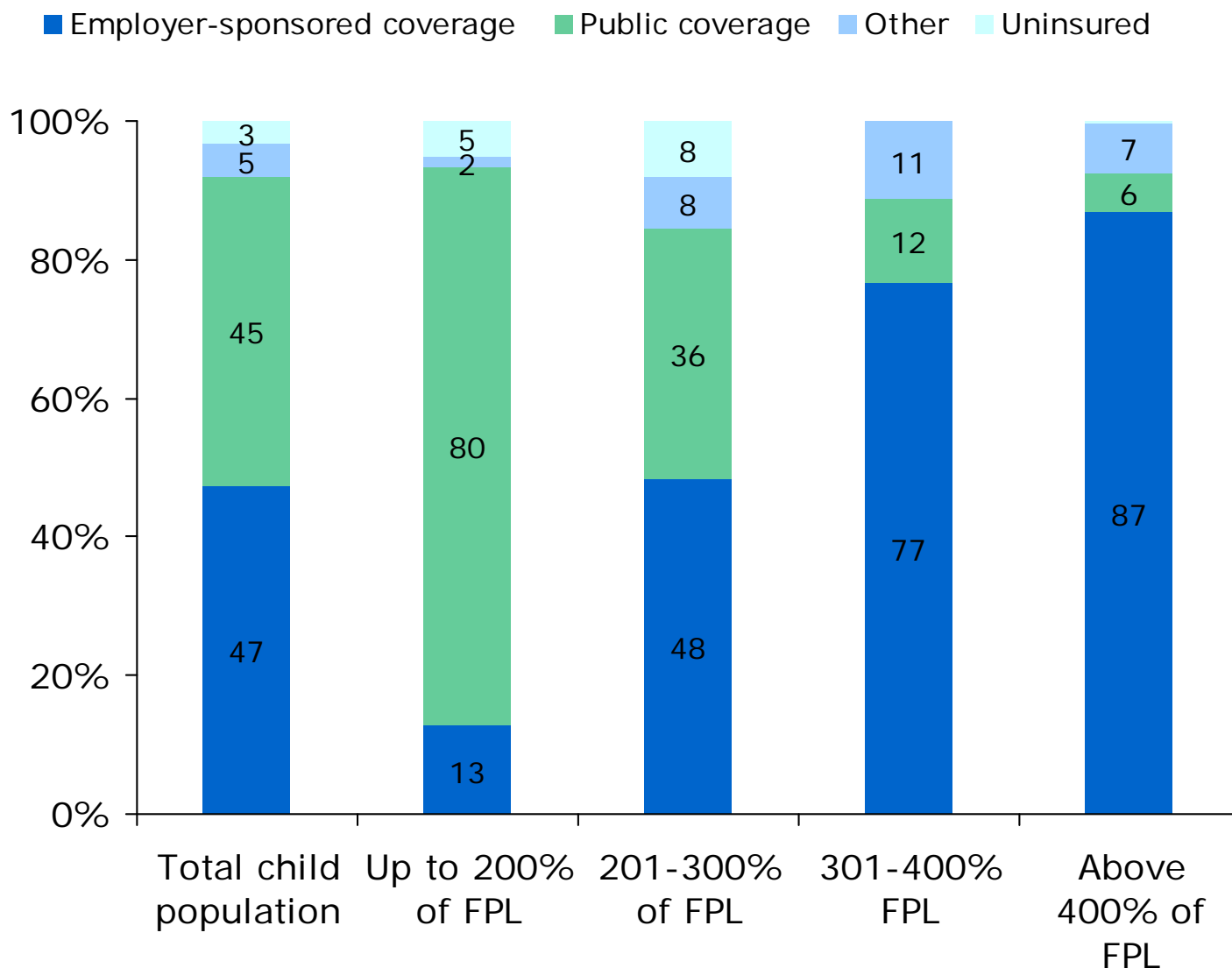
■ Employer-sponsored coverage ■ Public coverage ■ Other ■ Uninsured



Although uninsurance rates among children are low among all racial and ethnic groups, black, non-Hispanic children were the most likely to be uninsured and the least likely to be covered by employer-sponsored insurance. They were also about twice as likely as other groups to be publicly insured. White, non-Hispanic children were the least likely to be uninsured or on public insurance; about 89% were covered by employer-sponsored insurance. Hispanic children and those of other ethnicities fell in between these two groups.

Source: Urban Institute tabulations on the 2009 DC-HIS

Type of Health Insurance Coverage by Family Income

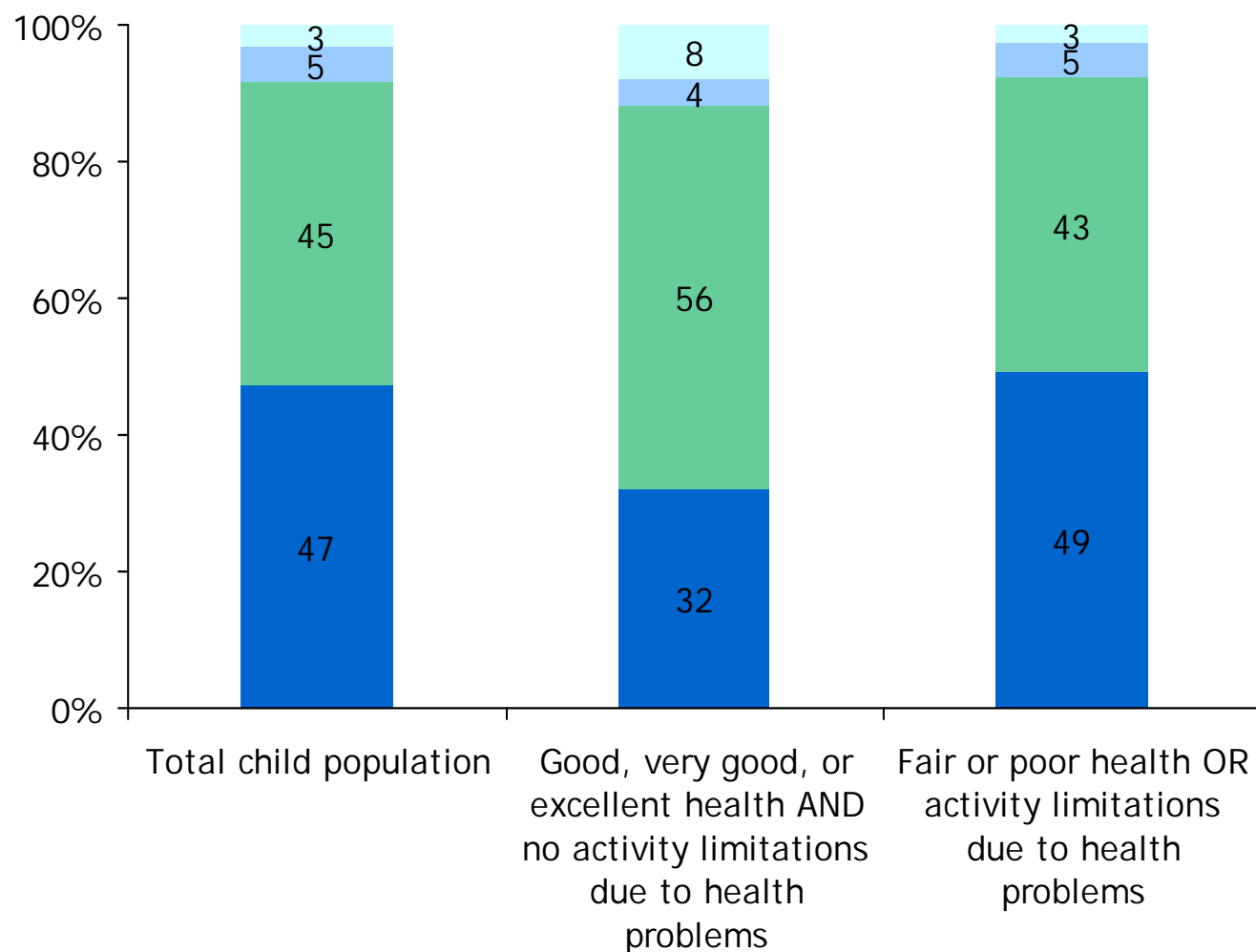


Children in families with incomes between 201-300% of the federal poverty level were most likely to be uninsured. As income increased, the probability of employer-sponsored coverage increased and the probability of public coverage decreased.

Source: Urban Institute tabulations on the 2009 DC-HIS

Type of Health Insurance Coverage by Health and Disability Status

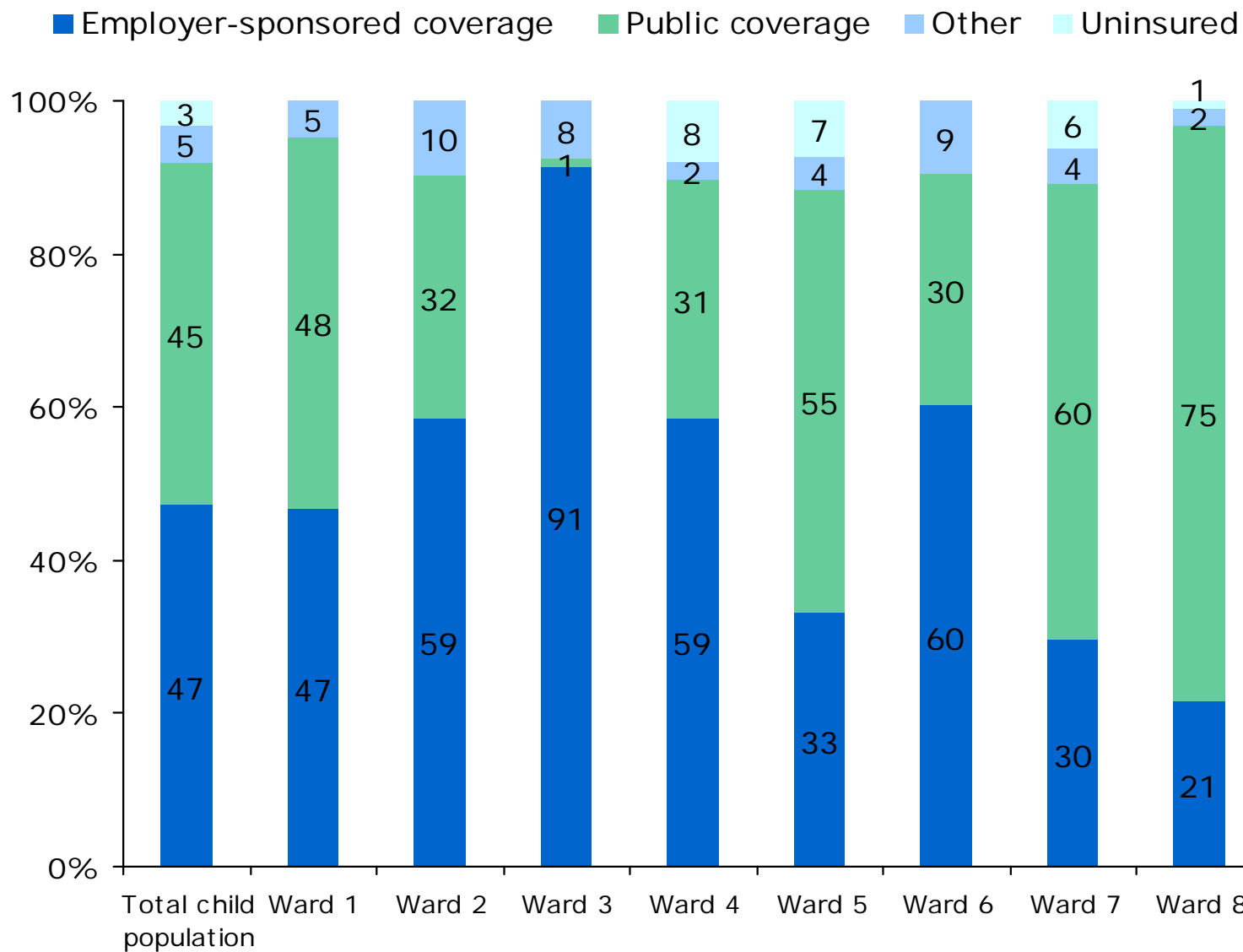
■ Employer-sponsored coverage ■ Public coverage ■ Other ■ Uninsured



Children who were in fair or poor health or had an activity limitation due to health problems were less likely to be uninsured than those in better health.

Source: Urban Institute tabulations on the 2009 DC-HIS

Type of Health Insurance Coverage by Ward

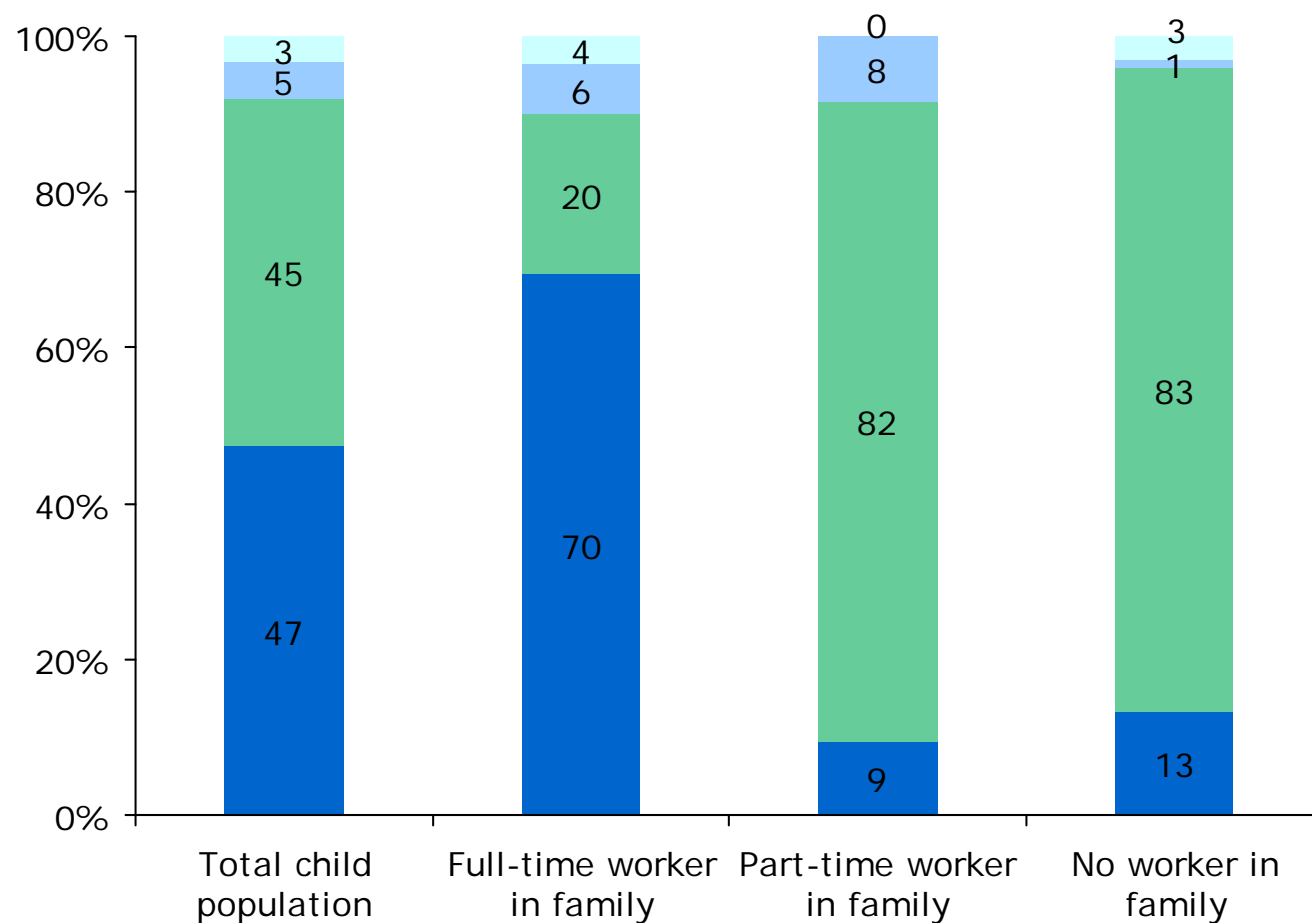


Children in Wards 4, 5, and 7 were most likely to be uninsured. Children in Wards 7 and 8 were most likely to be covered by a public program such as Medicaid or the Alliance. Employer-sponsored coverage was most prevalent in Ward 3 and least prevalent in Ward 8.

Source: Urban Institute tabulations on the 2009 DC-HIS

Type of Health Insurance Coverage by Work Status of Adults in Family

■ Employer-sponsored coverage ■ Public coverage ■ Other ■ Uninsured



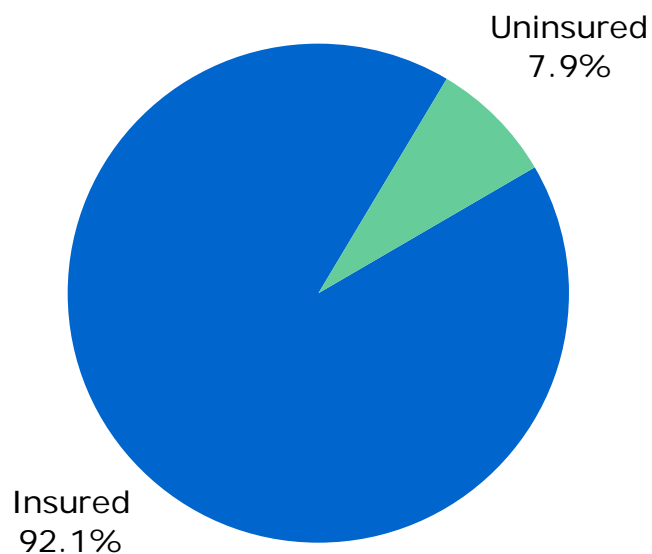
Children who lived in families with at least one full-time worker were least likely to be on public coverage. Those in families with only part-time workers were the least likely to be uninsured.

Source: Urban Institute tabulations on the 2009 DC-HIS

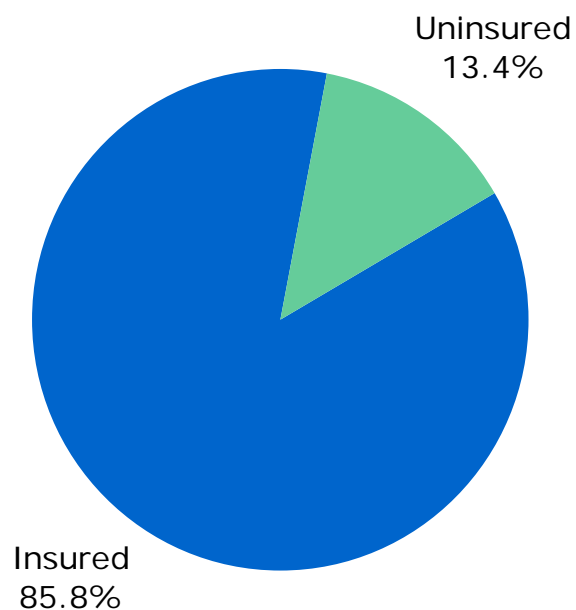
Non-Elderly Adults (Ages 19 through 64)

Uninsurance Rate

Currently Uninsured



Ever Uninsured in Past 12 Months



Among non-elderly adults, 7.9% reported being uninsured at the time of the survey (representing about 32,000 people[†]), and 13.4% (representing about 55,000 people[†]) reported being uninsured at some point in the past 12 months. These rates compare favorably with the US rates of 19.8% of non-elderly adults currently uninsured.*

[†]Population estimates are based on estimates of the total civilian non-institutionalized population in DC from the March Current Population Survey for 2008.

*American Community Survey (2008 1-year estimates)

Source: Urban Institute tabulations on the 2009 DC-HIS

Profile of the Uninsured

Demographics

Uninsured non-elderly adult residents were more likely to be male (67%) than female (33%), and more likely to be black (58%) than any other race. Although most (83%) of the uninsured are citizens, non-citizens were less likely to have insurance than citizens. Also, those who had completed some college were less likely to be uninsured than groups who had received less education. Among the uninsured, 45.5% have at least a high school diploma; 43.1% have a college degree.

Income

Most uninsured residents (56%) had family incomes below twice of the federal poverty level (about \$21,000 for a single adult or \$36,000 for a family of three). However, nearly one-fifth of the uninsured had incomes over four times the federal poverty level.

Work Status

While almost 50 percent of the uninsured were not working, over a third (35%) had a full-time job.

Health Status

The presence of a disability contributed to the likelihood that a person would be insured. Eighty five percent of the uninsured report good or excellent health and 87% report no disabilities.

Reasons for Being Uninsured

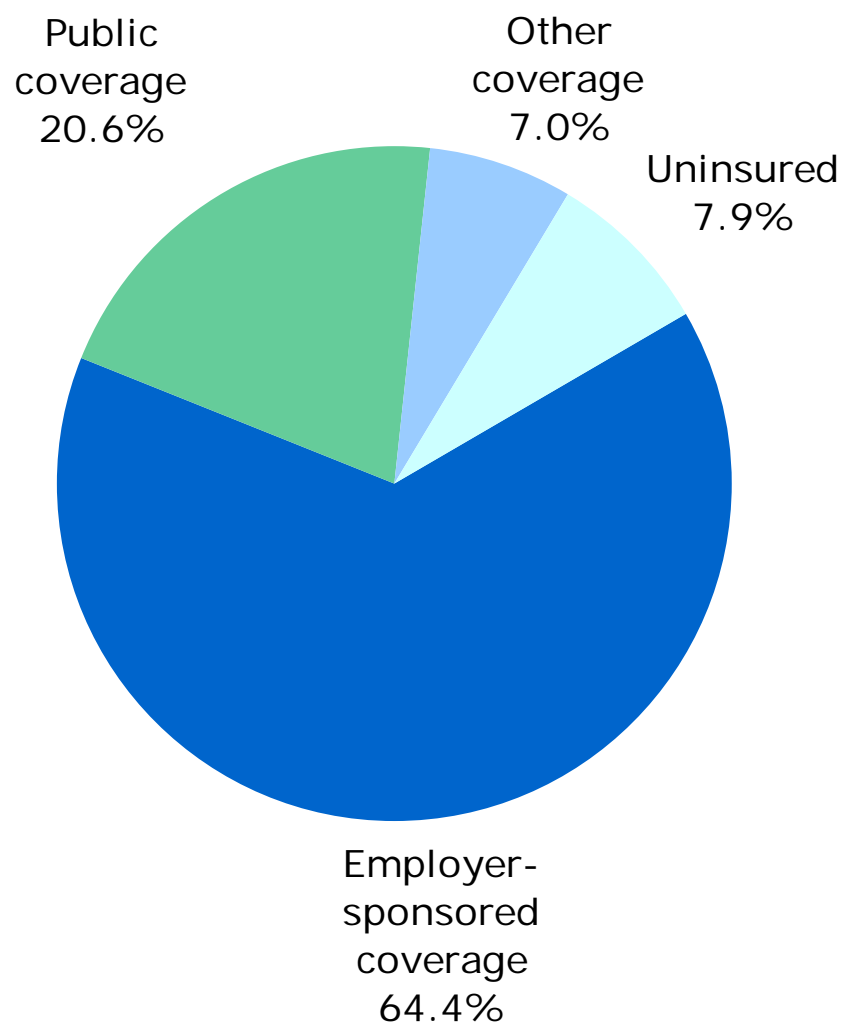
Cost was the most frequent reason given for being uninsured; 70% of the uninsured cited cost as a reason for not having health insurance.

Location

Ward 1 had the highest percentage of uninsured (23%), followed by Ward 4 (19%) and Ward 7 (18%). Wards 6 and 8 had the lowest number of uninsured (5% and 6%, respectively).

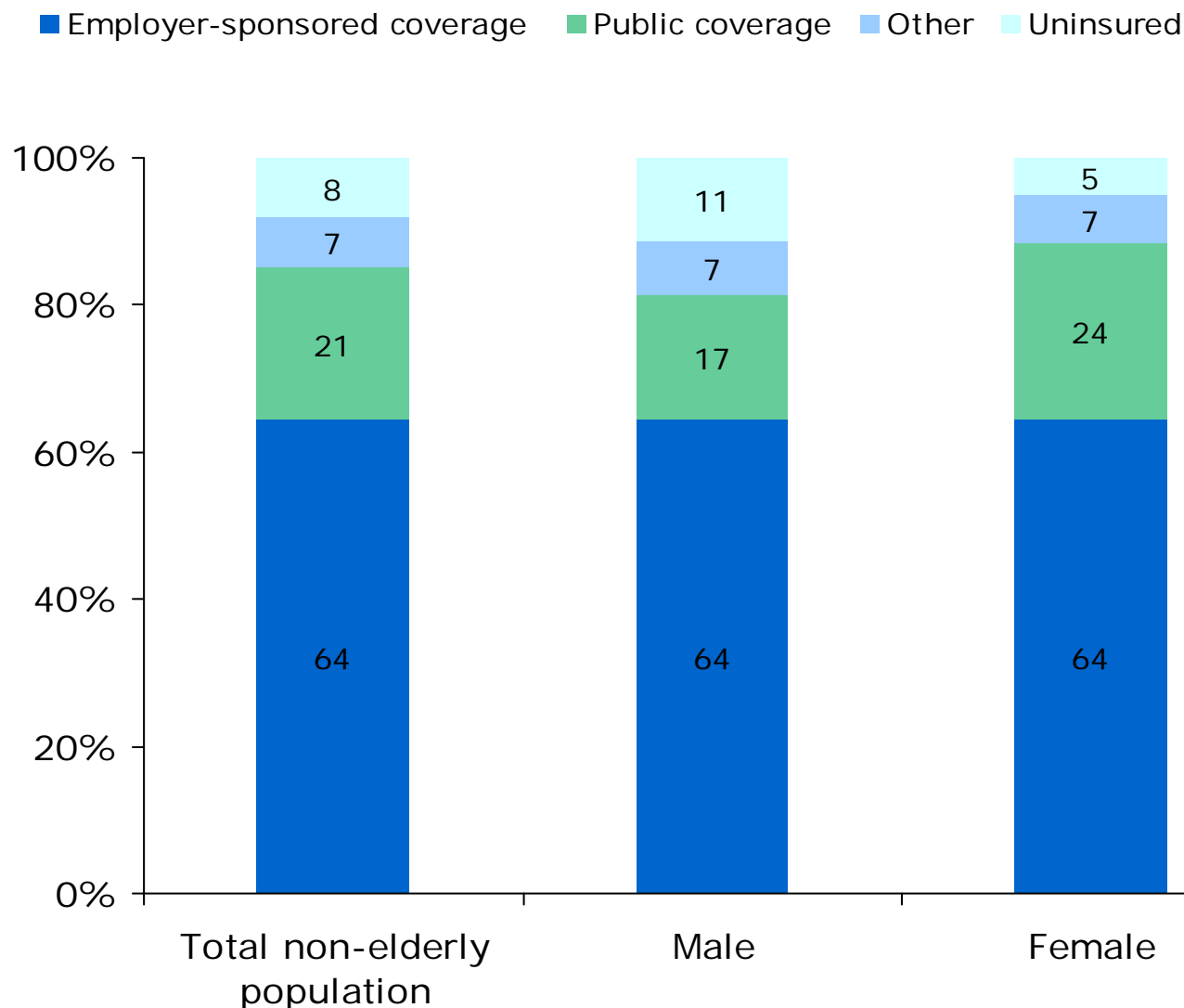
Source: Urban Institute tabulations on the 2009 DC-HIS

Type of Health Insurance Coverage



The large majority of non-elderly adults were covered by employer-sponsored insurance. About one-fifth were covered by public insurance.

Type of Health Insurance Coverage by Gender

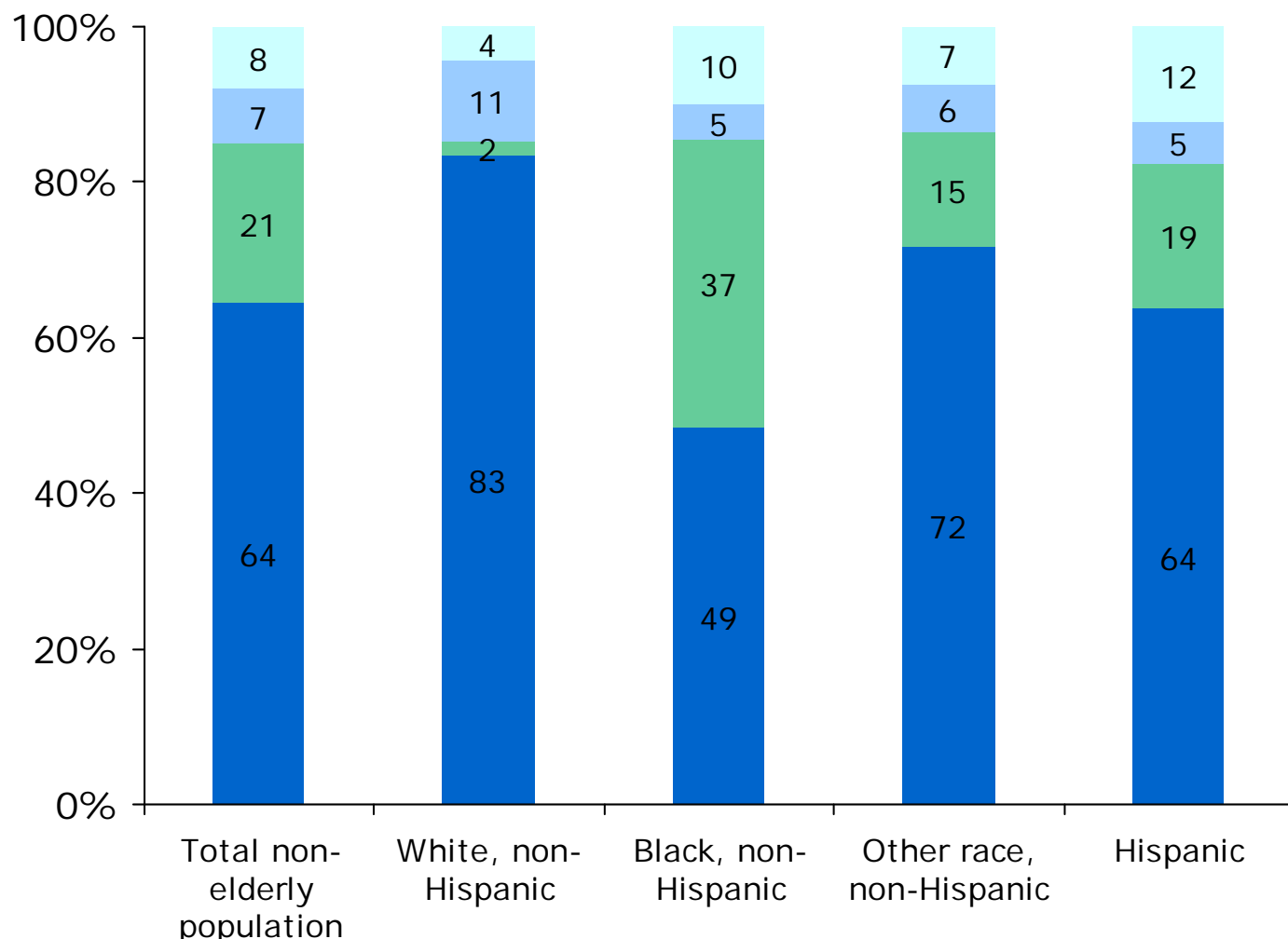


About two thirds of both non-elderly women and men had employer-sponsored insurance. Women, however, were more likely to have public coverage and, therefore, less likely to be uninsured than men.

Source: Urban Institute tabulations on the 2009 DC-HIS

Type of Health Insurance Coverage by Race/Ethnicity

■ Employer-sponsored coverage ■ Public coverage ■ Other ■ Uninsured

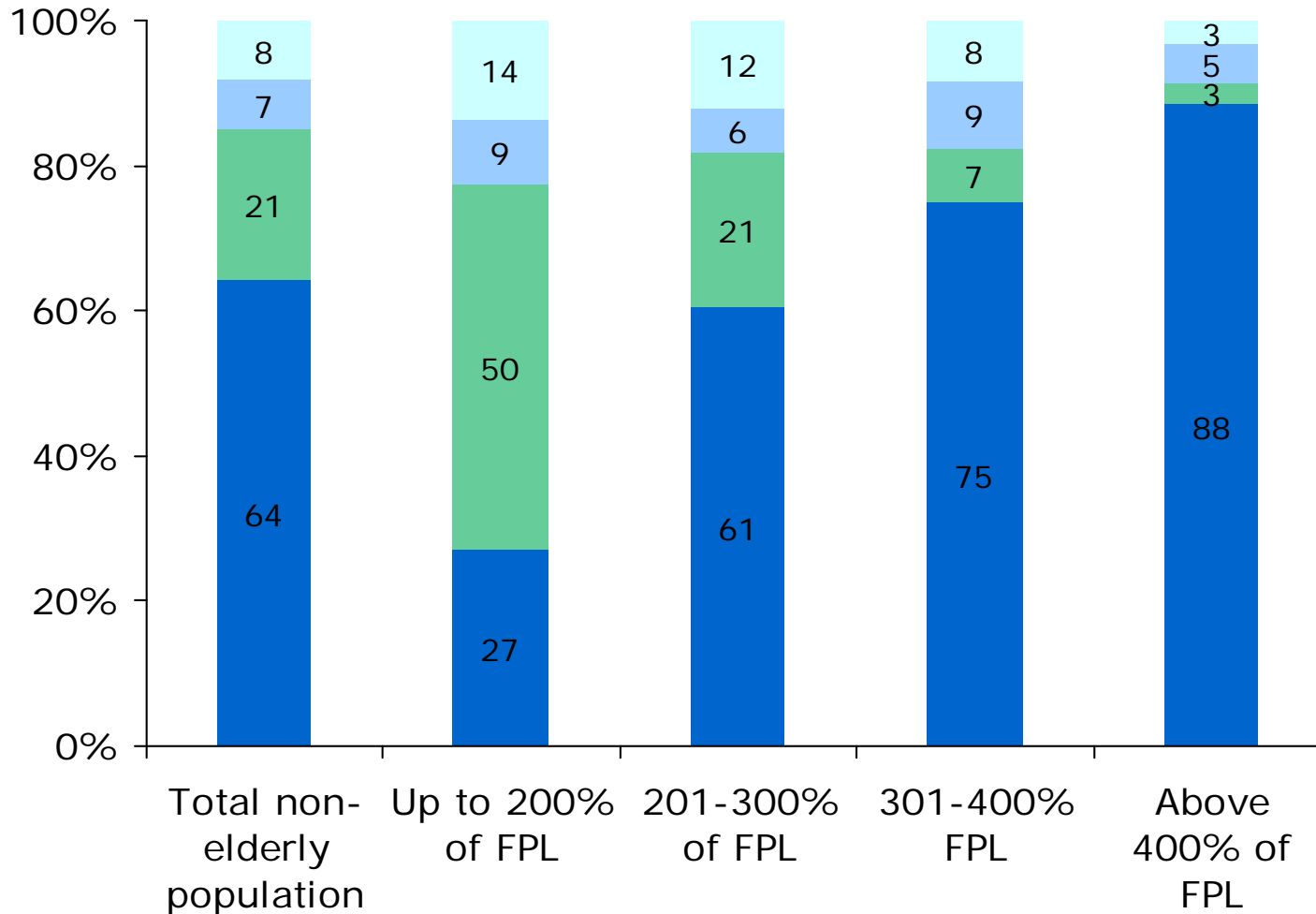


Among non-elderly adults, Hispanics were the most likely to be uninsured, followed closely by black, non-Hispanics. Black, non-Hispanics were most likely to be covered by a public program such as Medicaid or the Alliance. White, non-Hispanics were the most likely to be covered by employer-sponsored insurance and the least likely to be uninsured.

Source: Urban Institute tabulations on the 2009 DC-HIS

Type of Health Insurance Coverage By Family Income

■ Employer-sponsored coverage ■ Public coverage ■ Other ■ Uninsured

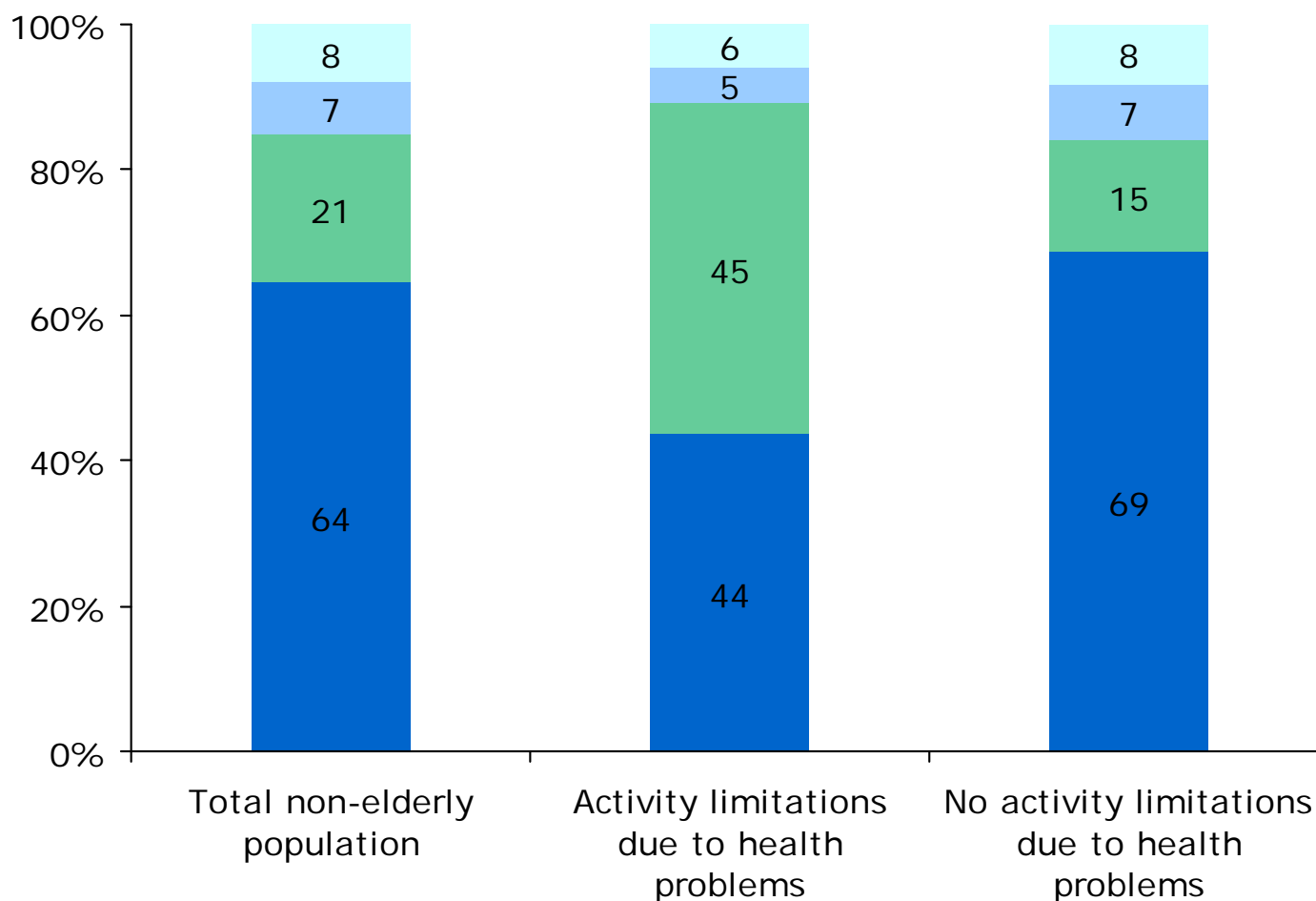


As income rose, people were less likely to have public coverage or be uninsured. In contrast, employer-sponsored coverage increased with income.

Source: Urban Institute tabulations on the 2009 DC-HIS

Type of Health Insurance Coverage by Disability Status

■ Employer-sponsored coverage ■ Public coverage ■ Other ■ Uninsured

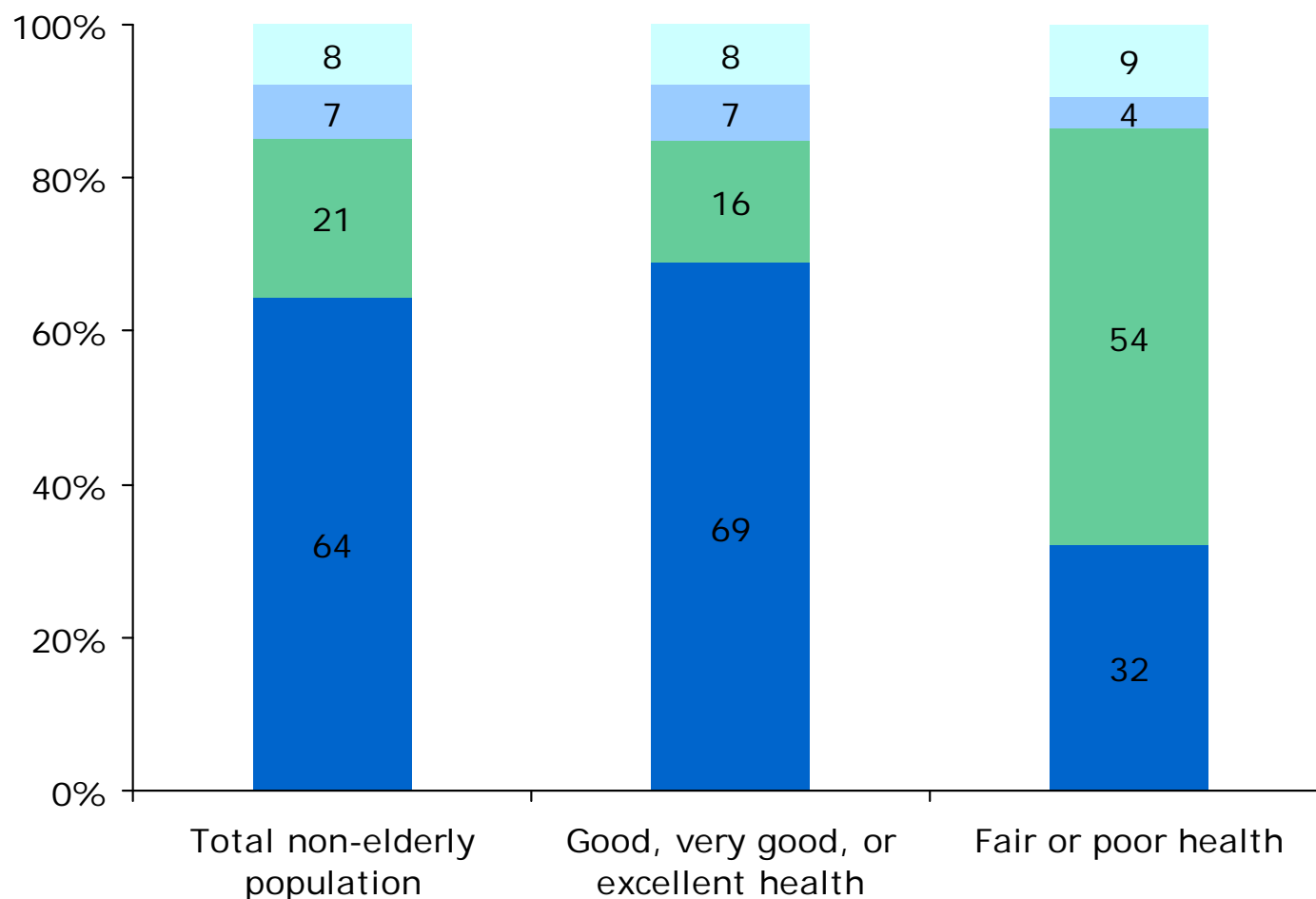


Adults with a disability were more likely than those without a disability to have public coverage.

Source: Urban Institute tabulations on the 2009 DC-HIS

Type of Health Insurance Coverage by Health Status

■ Employer-sponsored coverage ■ Public coverage ■ Other ■ Uninsured

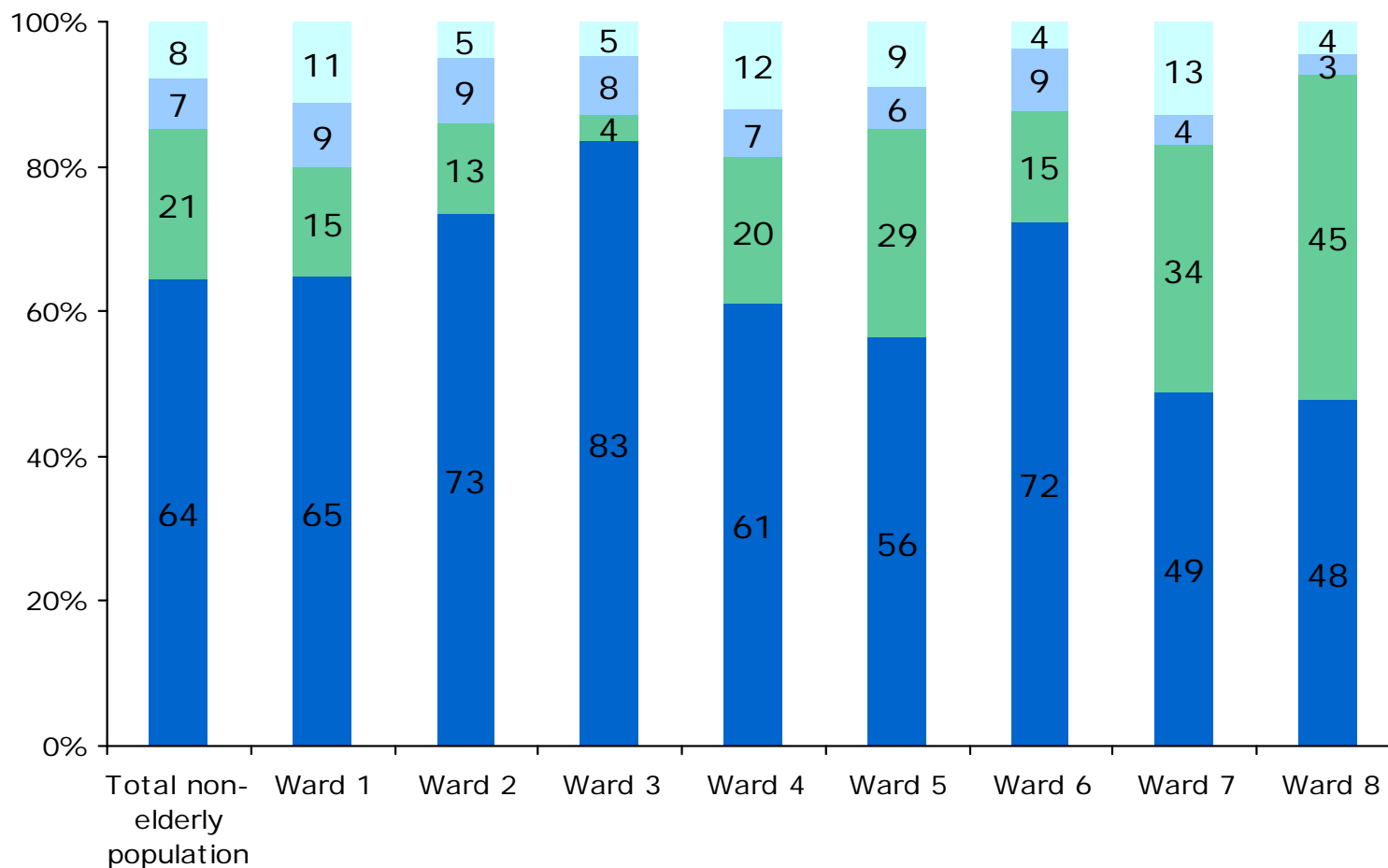


Non-elderly adults in fair or poor health were less likely to have employer-sponsored insurance than those in better health.

Source: Urban Institute tabulations on the 2009 DC-HIS

Type of Health Insurance Coverage by Ward

■ Employer-sponsored coverage ■ Public coverage ■ Other ■ Uninsured

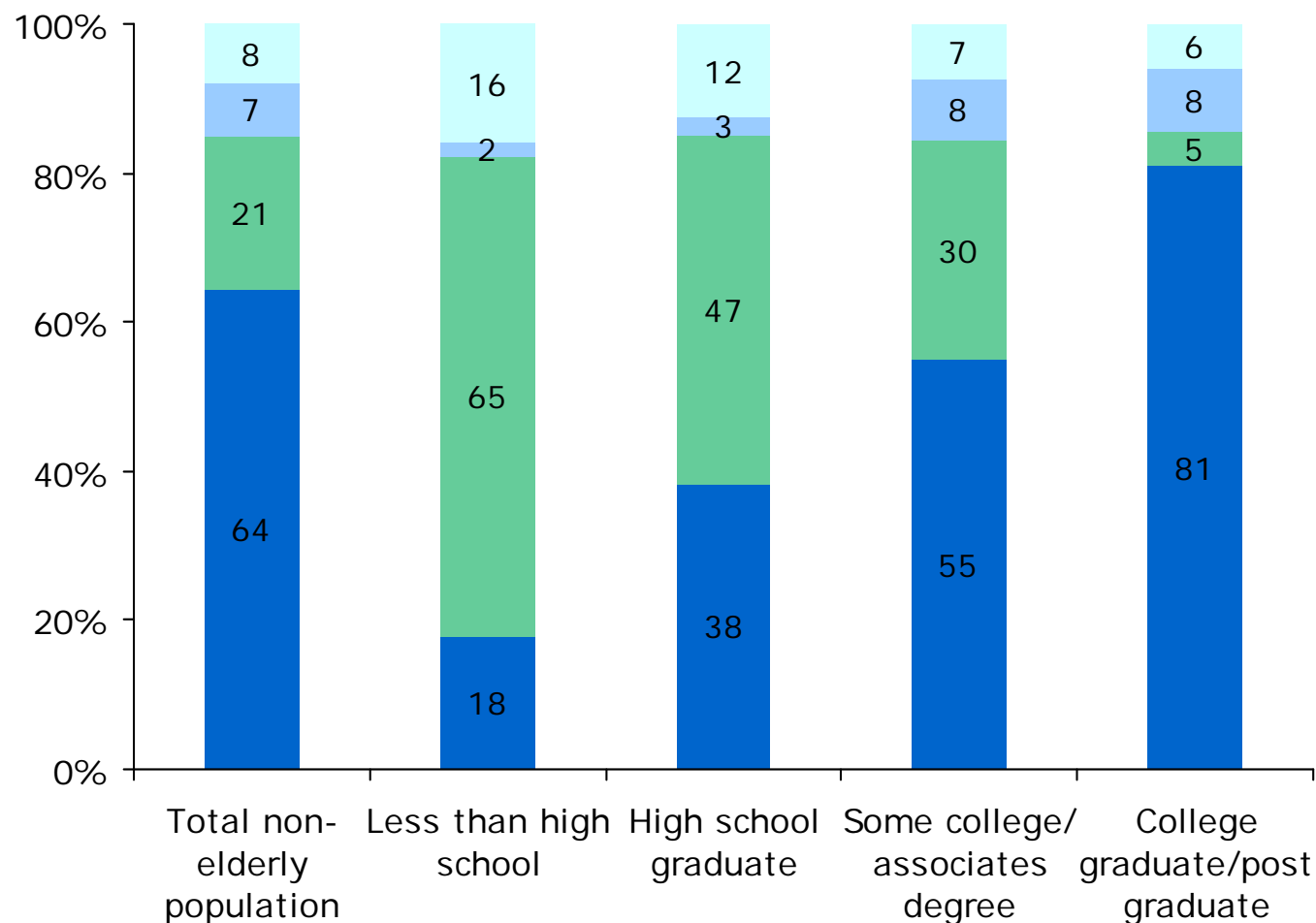


Non-elderly adults in Wards 1, 4, 5, and 7 had uninsurance rates that were higher than the average for non-elderly adults. Three of these Wards also had rates of employer-sponsored insurance that were lower than the average. Typically, people are less likely to have health insurance when they are not offered employer-sponsored insurance.

Source: Urban Institute tabulations on the 2009 DC-HIS

Type of Health Insurance Coverage by Educational Attainment

■ Employer-sponsored coverage ■ Public coverage ■ Other ■ Uninsured



Among non-elderly adults, an increased level of education is associated with a decreased likelihood of being uninsured or on public coverage.

Source: Urban Institute tabulations on the 2009 DC-HIS

Type of Health Insurance Coverage by Own Work Status

■ Employer-sponsored coverage ■ Public coverage ■ Other ■ Uninsured

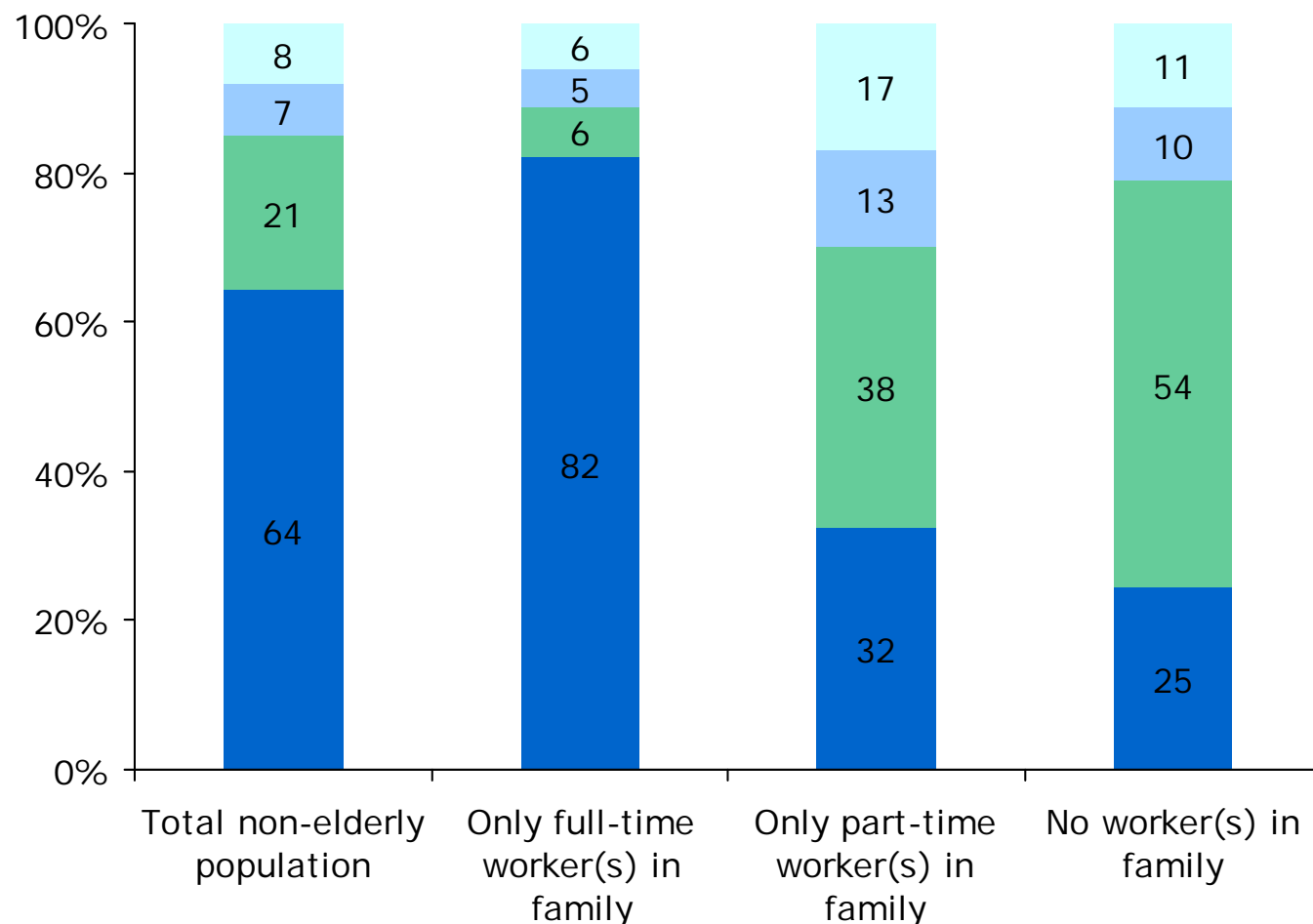


Non-elderly adults who had a full-time job were the least likely to be uninsured and the least likely to be on public coverage. The unemployed were the most likely to be on public coverage.

Source: Urban Institute tabulations on the 2009 DC-HIS

Type of Health Insurance Coverage by Work Status of Adults in Family

■ Employer-sponsored coverage ■ Public coverage ■ Other ■ Uninsured

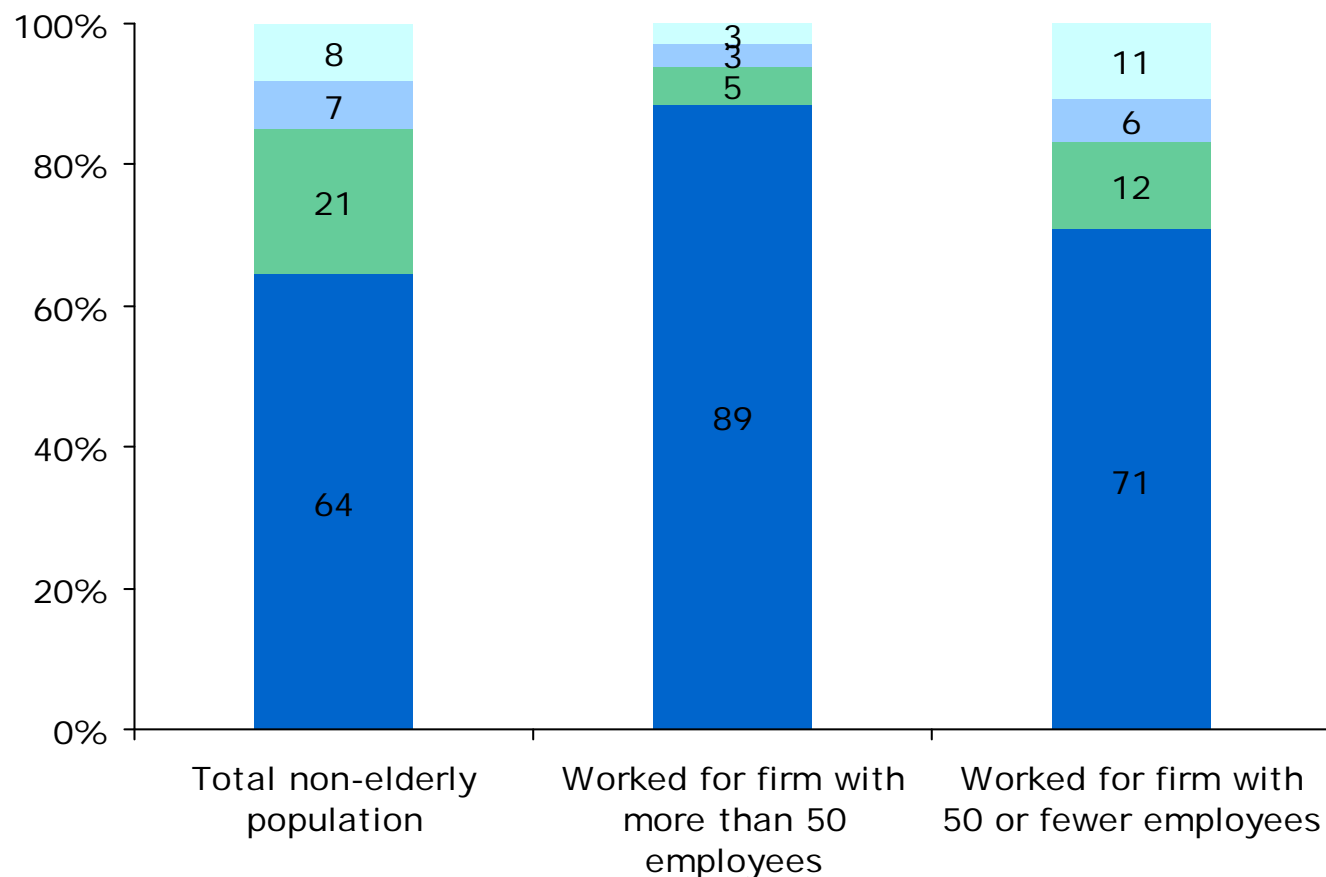


Non-elderly adults with a part-time worker but no full-time worker in the family were most likely to be uninsured. Public coverage was highest among those families that did not have a worker. Employer-sponsored insurance was highest among adults in a family with at least one full-time worker.

Source: Urban Institute tabulations on the 2009 DC-HIS

Type of Health Insurance Coverage by Firm Size for Non-Elderly Workers

■ Employer-sponsored coverage ■ Public coverage ■ Other ■ Uninsured

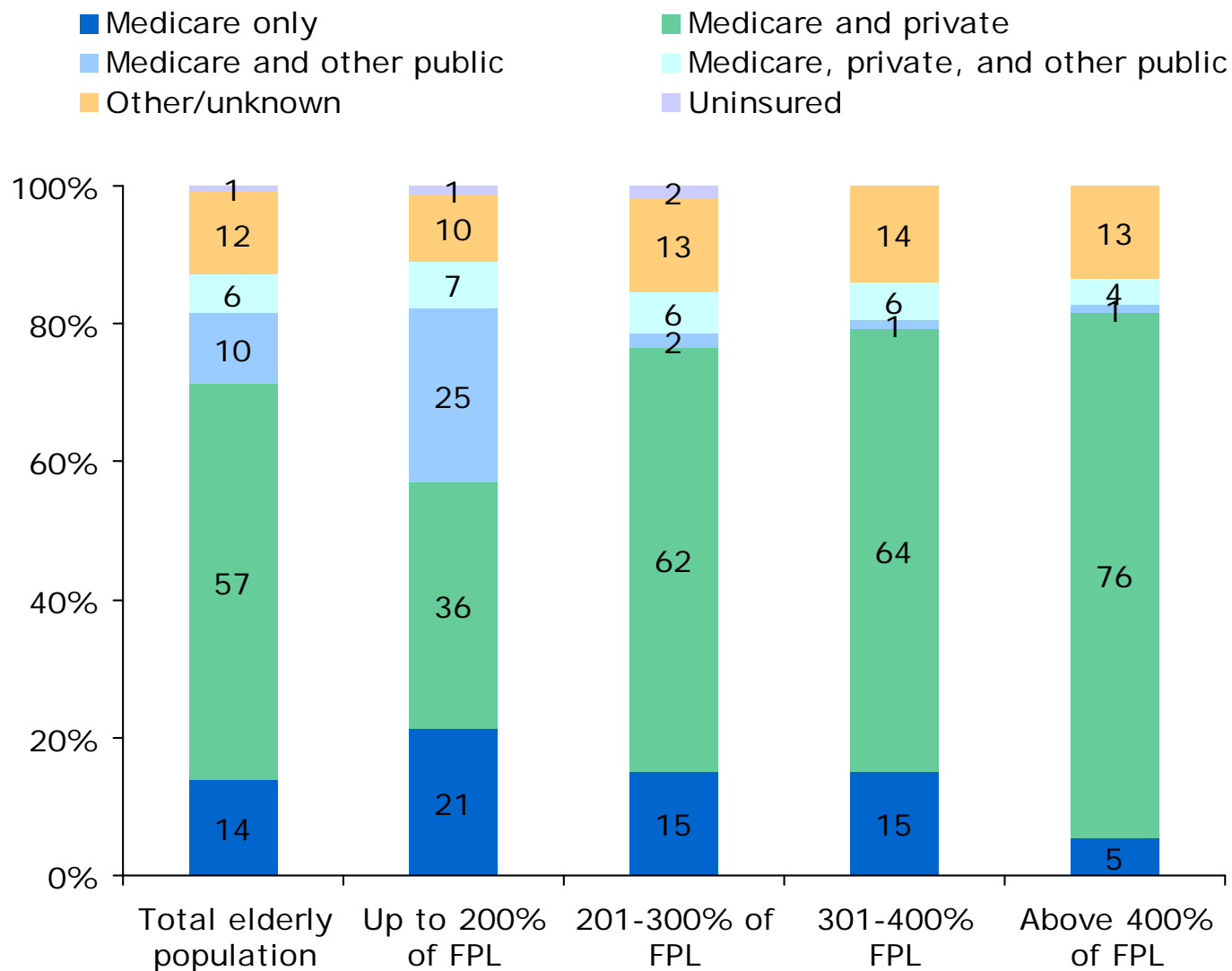


Adults who worked in large firms, those with more than 50 employees, were more likely than those in smaller firms to have employer-sponsored insurance. Workers in small firms were more likely to be uninsured than those who worked in large firms.

Source: Urban Institute tabulations on the 2009 DC-HIS

Elderly Adults (Ages 65 and above)

Type of Health Insurance Coverage by Family Income



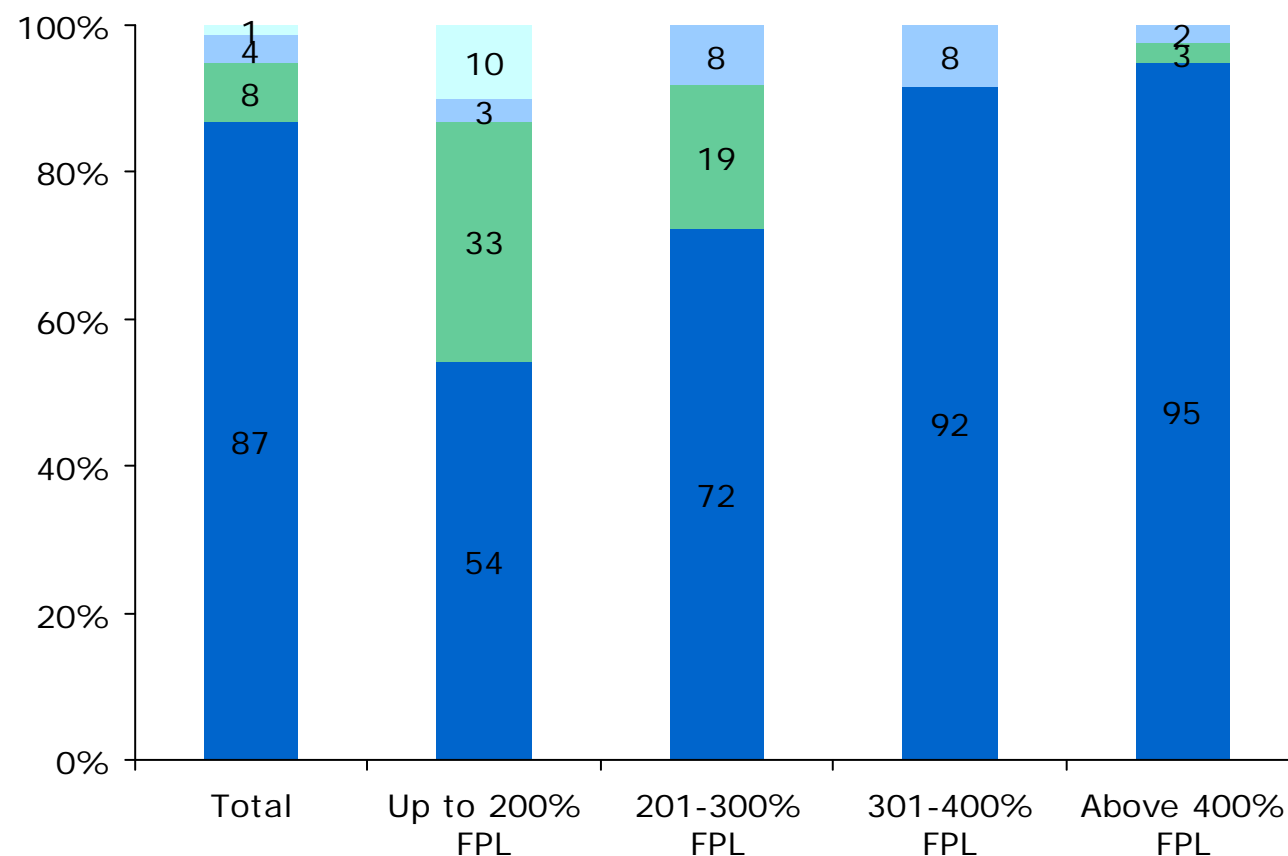
Uninsurance is rare among elderly adults as most people become eligible for Medicare at age 65. Many people have additional coverage for costs not covered by Medicare. The share of adults with such supplemental coverage rises with income. Elderly adults with the highest incomes were the most likely to have their Medicare coverage supplemented by private coverage and the least likely to have it supplemented by public coverage.

Source: Urban Institute tabulations on the 2009 DC-HIS

Health Insurance Options and Choices: Children

Type of Insurance Coverage for Children in Families with Some Employer-sponsored Insurance, by Family Income

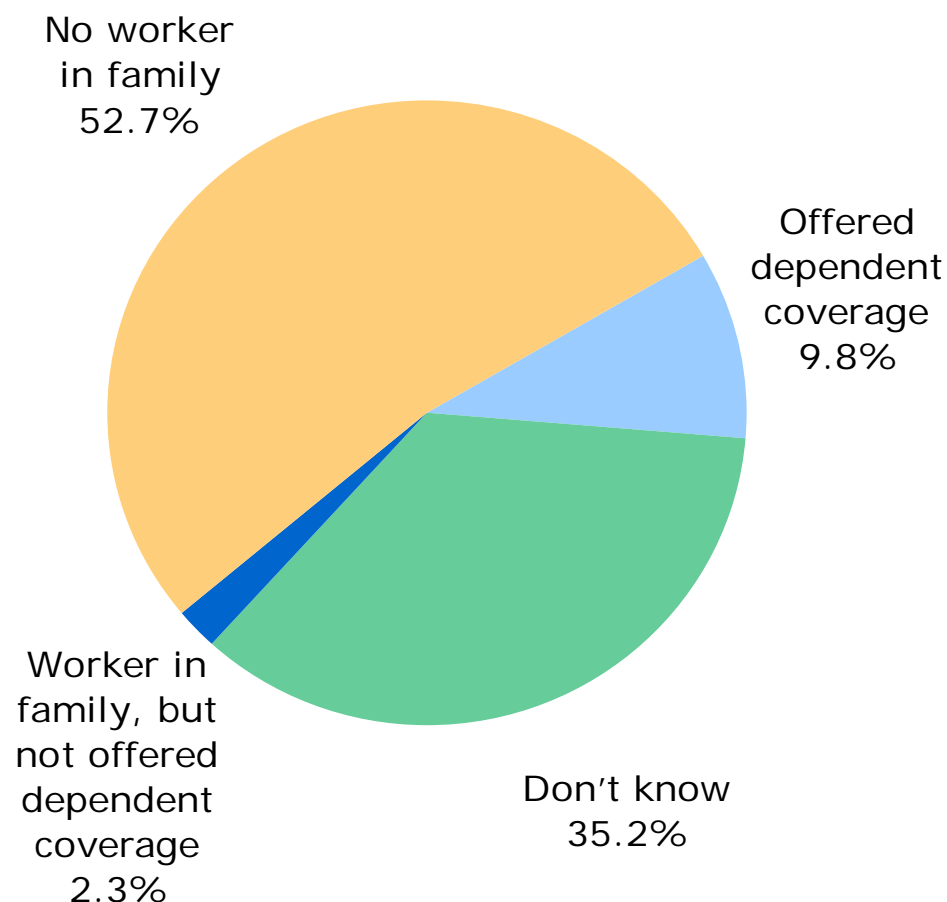
■ Employer-sponsored coverage ■ Public coverage ■ Other ■ Uninsured



In families where at least one adult had employer-sponsored coverage, children were also likely to have employer-sponsored coverage. The likelihood increased with income, reflecting the family's greater ability to pay or the greater likelihood of an offer of insurance with higher paying jobs.

Source: Urban Institute tabulations on the 2009 DC-HIS.

Availability of Employer-sponsored Insurance for Dependents in Families of Children with Public Coverage

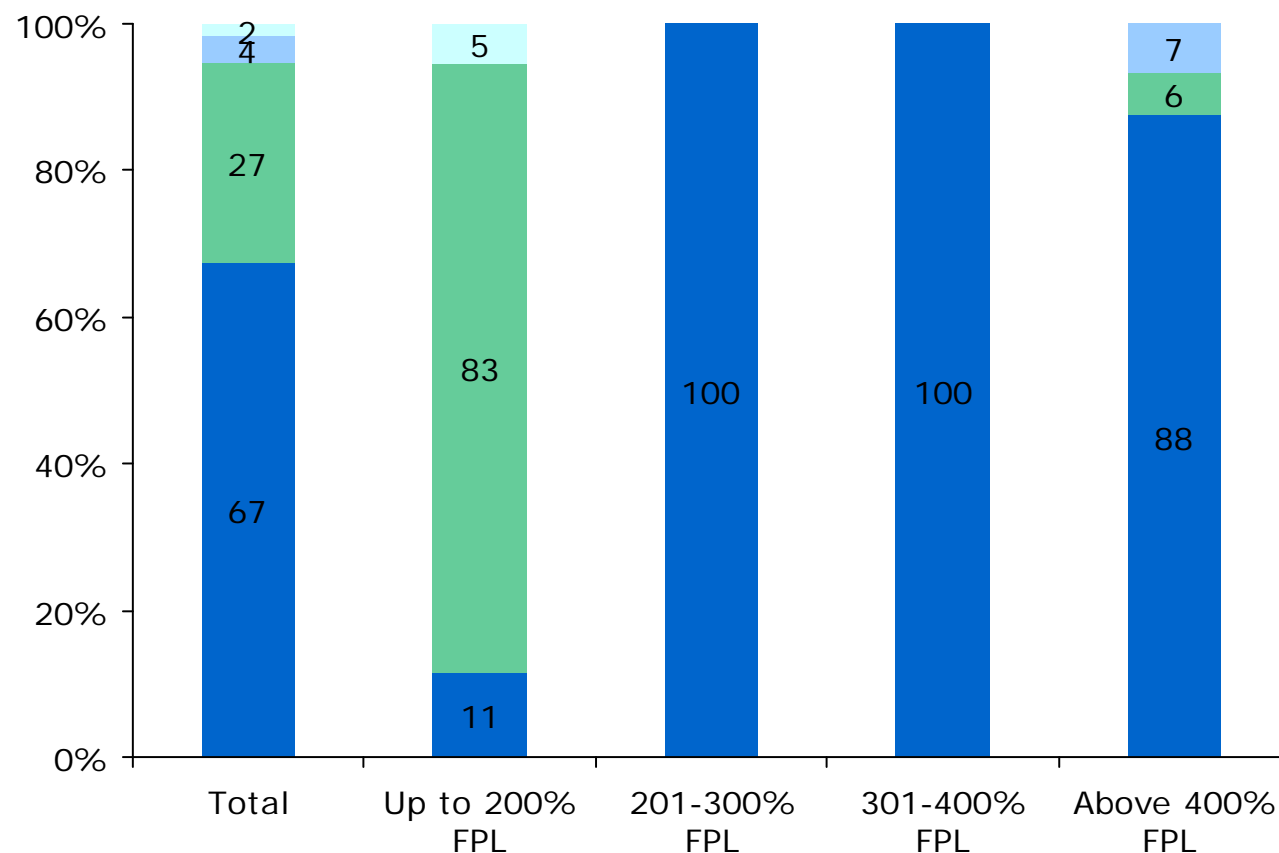


The large majority of children who had public coverage did not have the option of employer-sponsored insurance. Over half lived in families without a worker. Less than 10% lived in families with a worker who was offered coverage for dependents through his or her employer.

Source: Urban Institute tabulations on the 2009 DC-HIS.

Type of Insurance Coverage for Children in Families Offered Employer-sponsored Dependent Coverage, by Income

■ Employer-sponsored coverage ■ Public coverage ■ Other ■ Uninsured

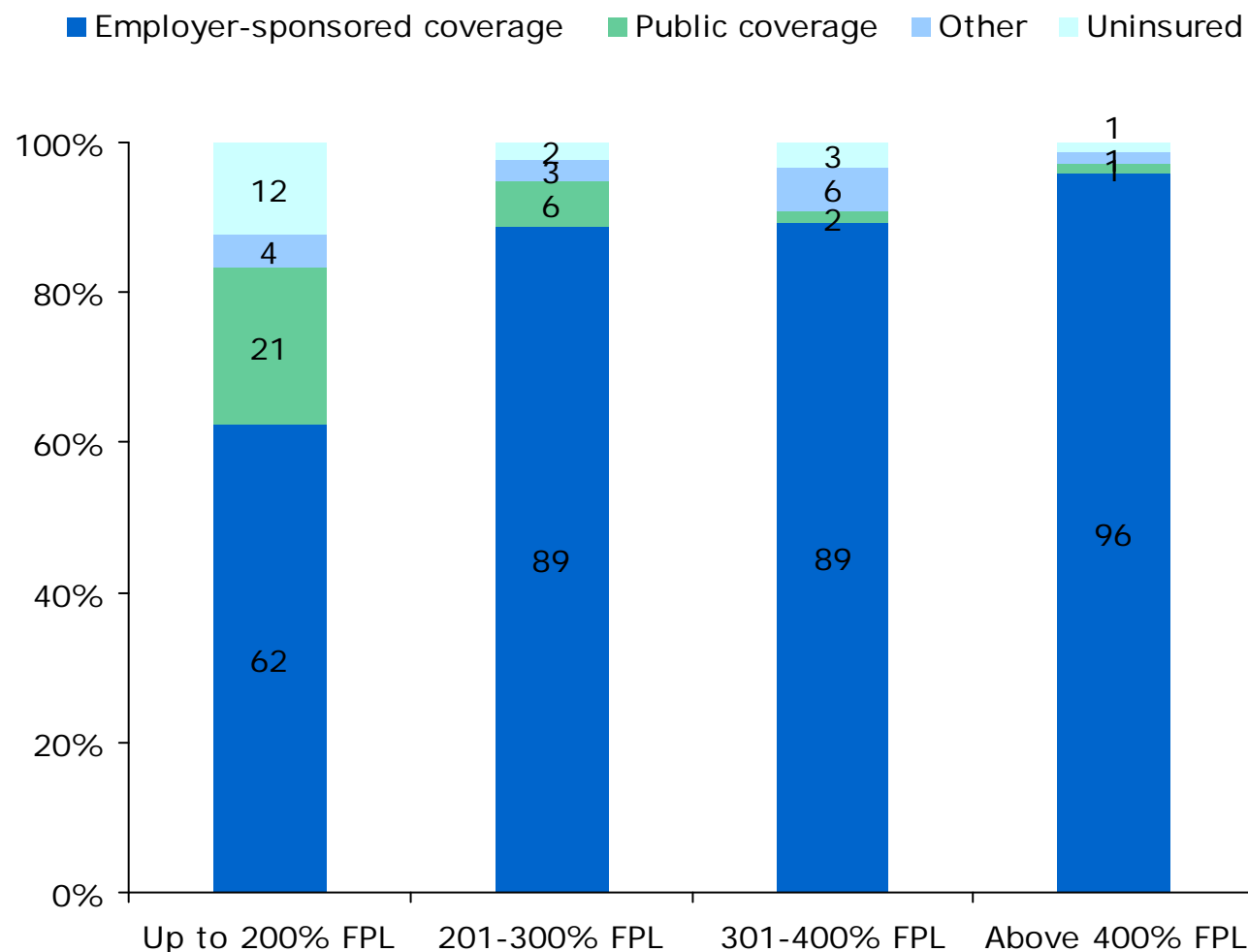


In families where a worker was offered coverage for dependents, the prevalence of employer-sponsored coverage for children was high in families with incomes above twice the poverty level.

Source: Urban Institute tabulations on the 2009 DC-HIS.

Health Insurance Options and Choices: Non-elderly Adults

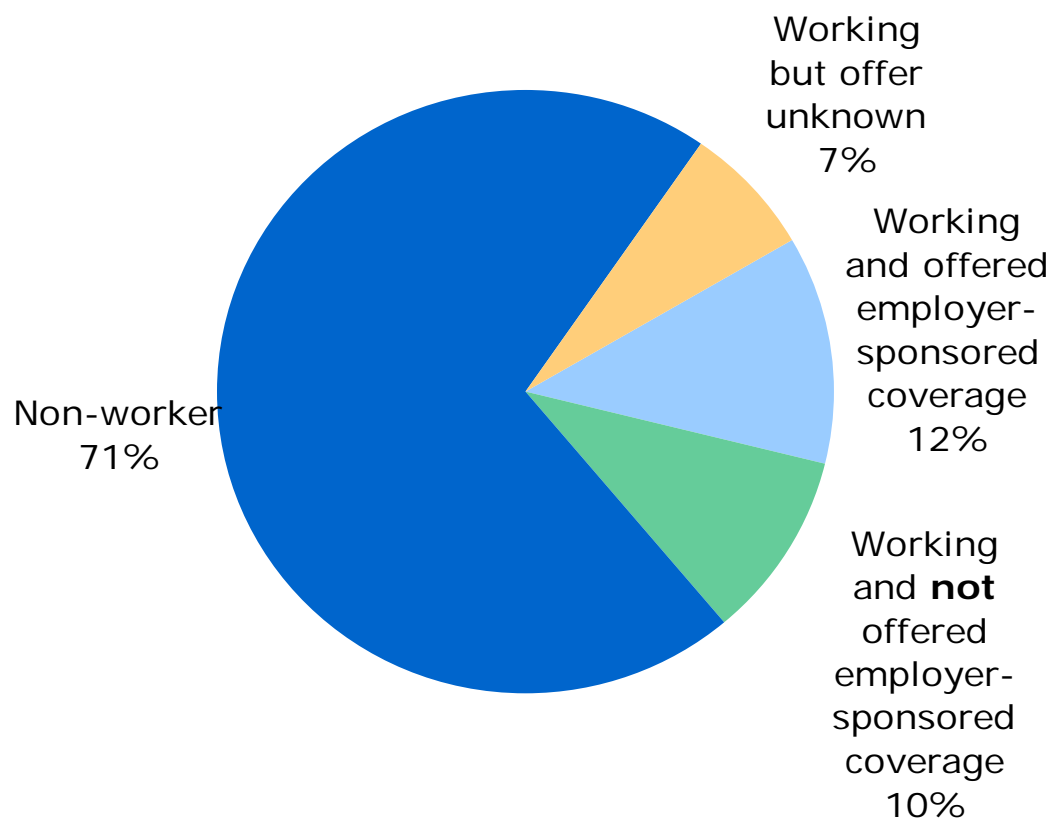
Type of Insurance Coverage for Non-Elderly Workers Offered Employer-sponsored Insurance, by Family Income



The majority of workers in firms that offered insurance had employer-sponsored coverage, regardless of family income. The share of workers with employer-sponsored coverage in firms that offered coverage increased with family income, likely reflecting the family's greater ability to pay.

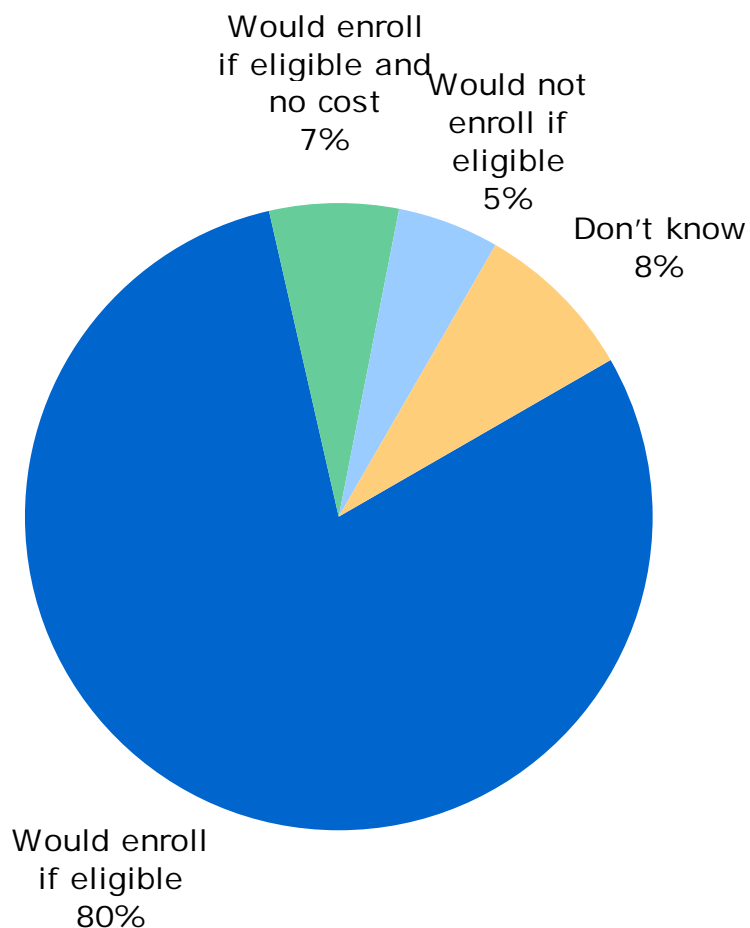
Source: Urban Institute tabulations on the 2009 DC-HIS.

Availability of Employer-sponsored Insurance among Non-Elderly Adults with Public Coverage



The large majority of non-elderly adults who had public coverage were not currently employed. Of those who were employed, a little more than half worked in firms that offered insurance coverage (data not shown).

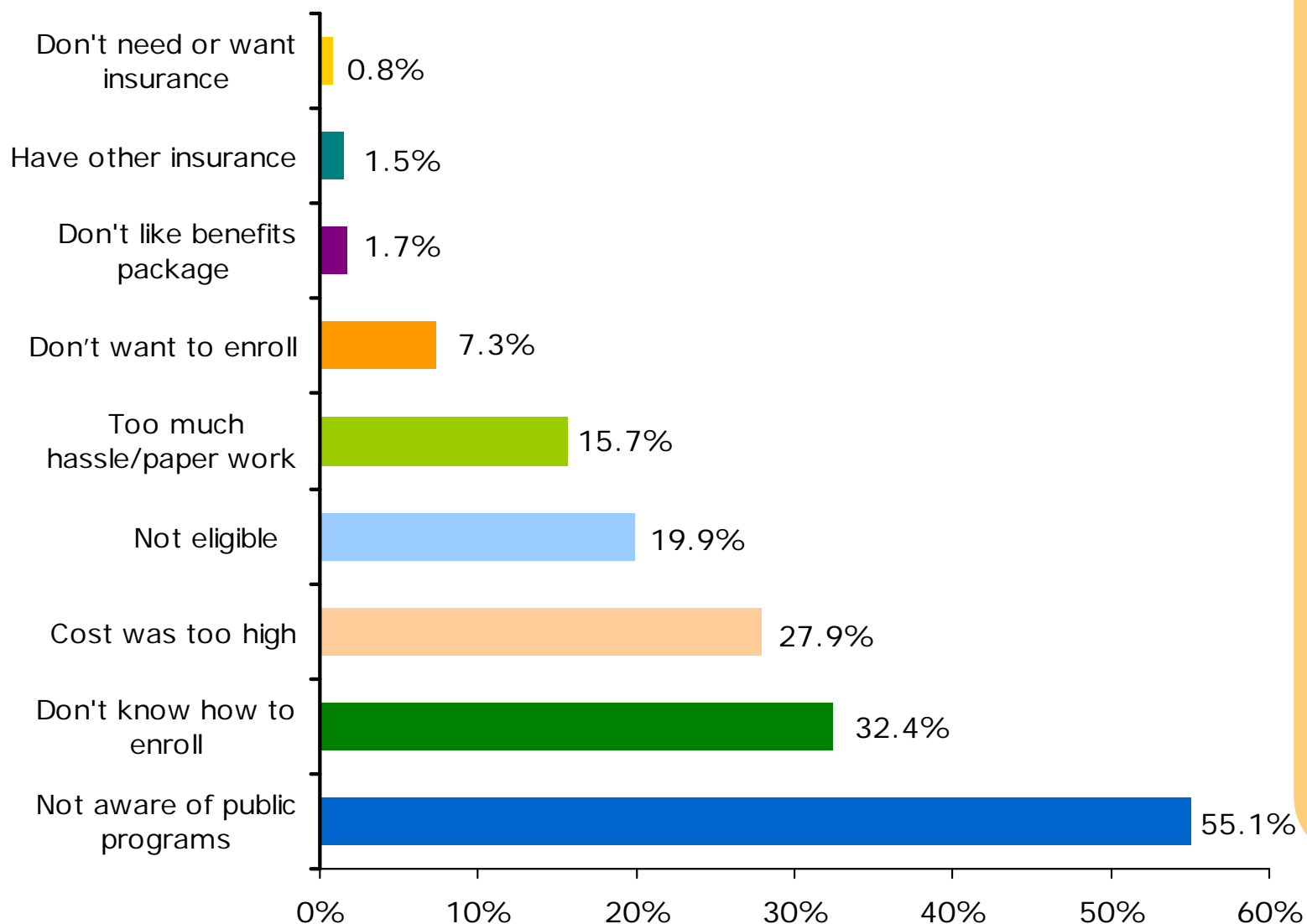
Willingness to Enroll in Public Insurance Programs among Uninsured Non-elderly Adults



About four fifths of uninsured non-elderly adults would enroll in public coverage if they were eligible. Another 7% would enroll if they were eligible and were not charged for the program. Only 5% would not enroll.

Source: Urban Institute tabulations on the 2009 DC-HIS.

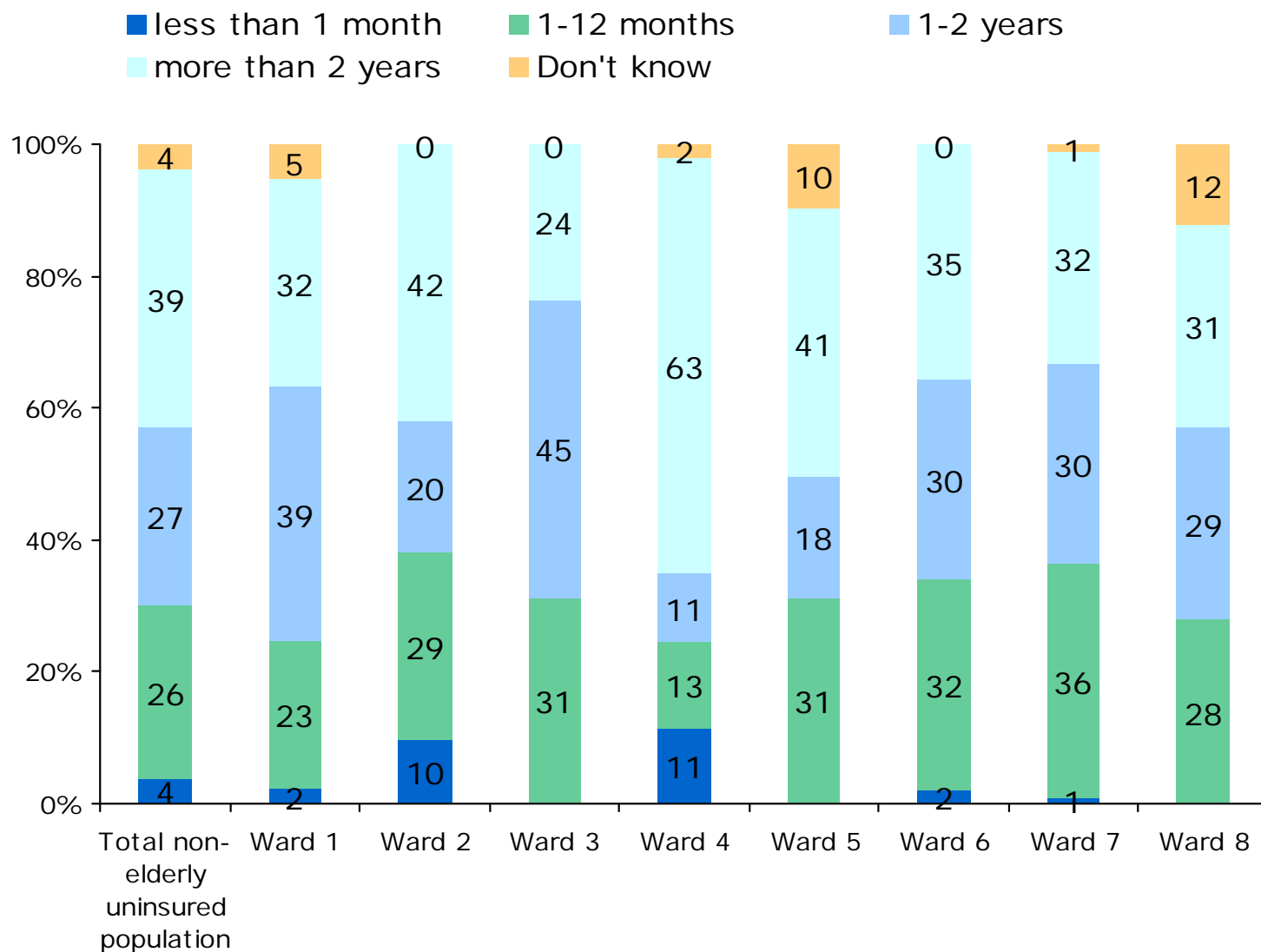
Reported Reasons for Not Enrolling in Public Insurance Programs among Uninsured Non-elderly Adults[†]



Two of the most frequent reasons uninsured adults gave for not enrolling in public insurance were that they were not aware of the program or that they did not know how to enroll. Only seven percent did not want to enroll, and less than one percent did not want insurance at all. About one-fifth did not enroll because they did not think they were eligible.

[†] Individuals may report multiple reasons for being not enrolled in public program, hence the total may add up to more than 100%.
Source: Urban Institute tabulations on the 2009 DC-HIS.

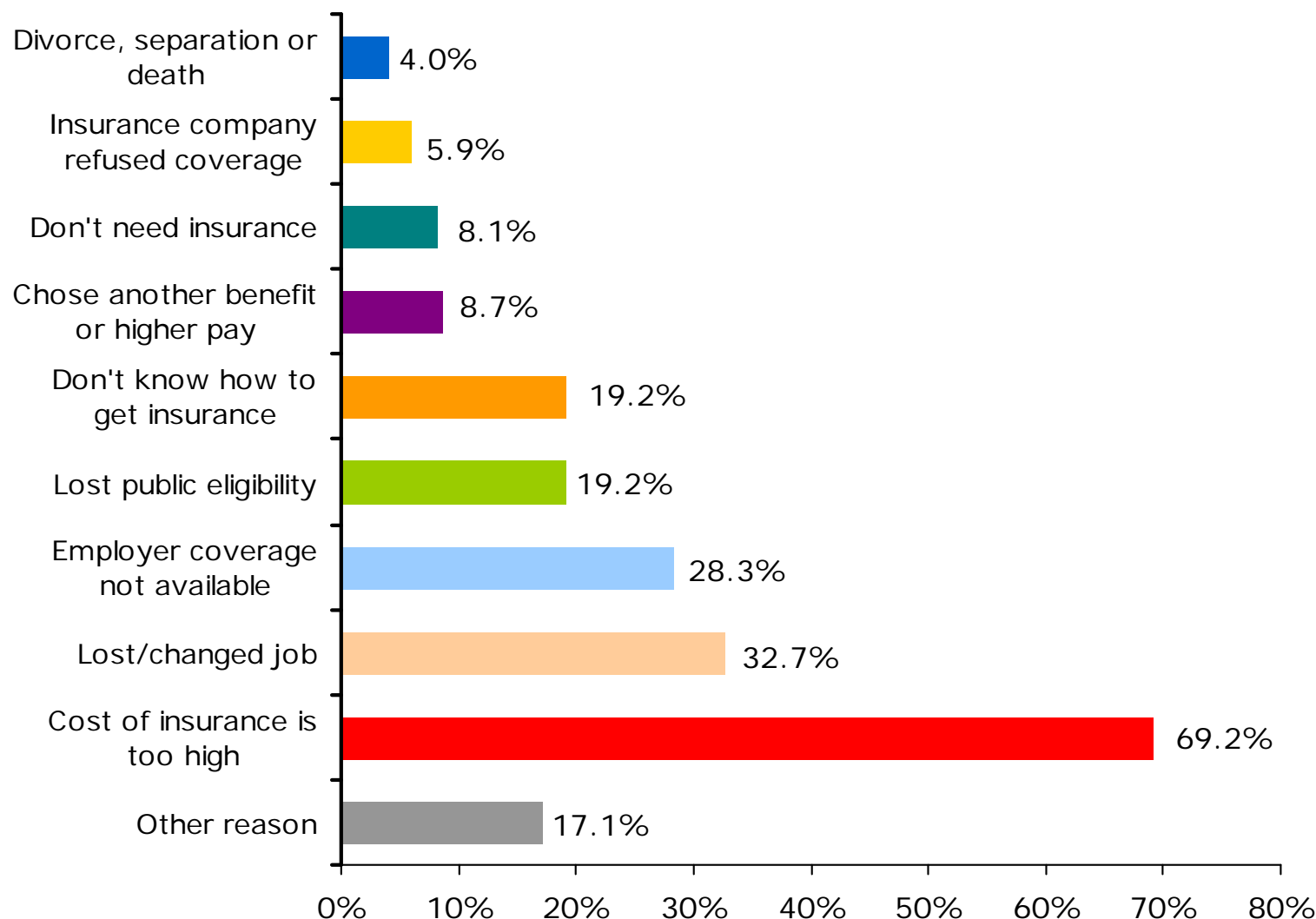
Length of Time Uninsured by Ward among Uninsured Non-elderly Adults



About 39% of all uninsured non-elderly residents had been uninsured for more than two years. Long-term uninsurance is much more common in Ward 4 than in other wards; it is least common in Ward 3.

Source: Urban Institute tabulations on the 2009 DC-HIS.

Reported Reasons for Being Uninsured among Uninsured Non-Elderly Adults[†]



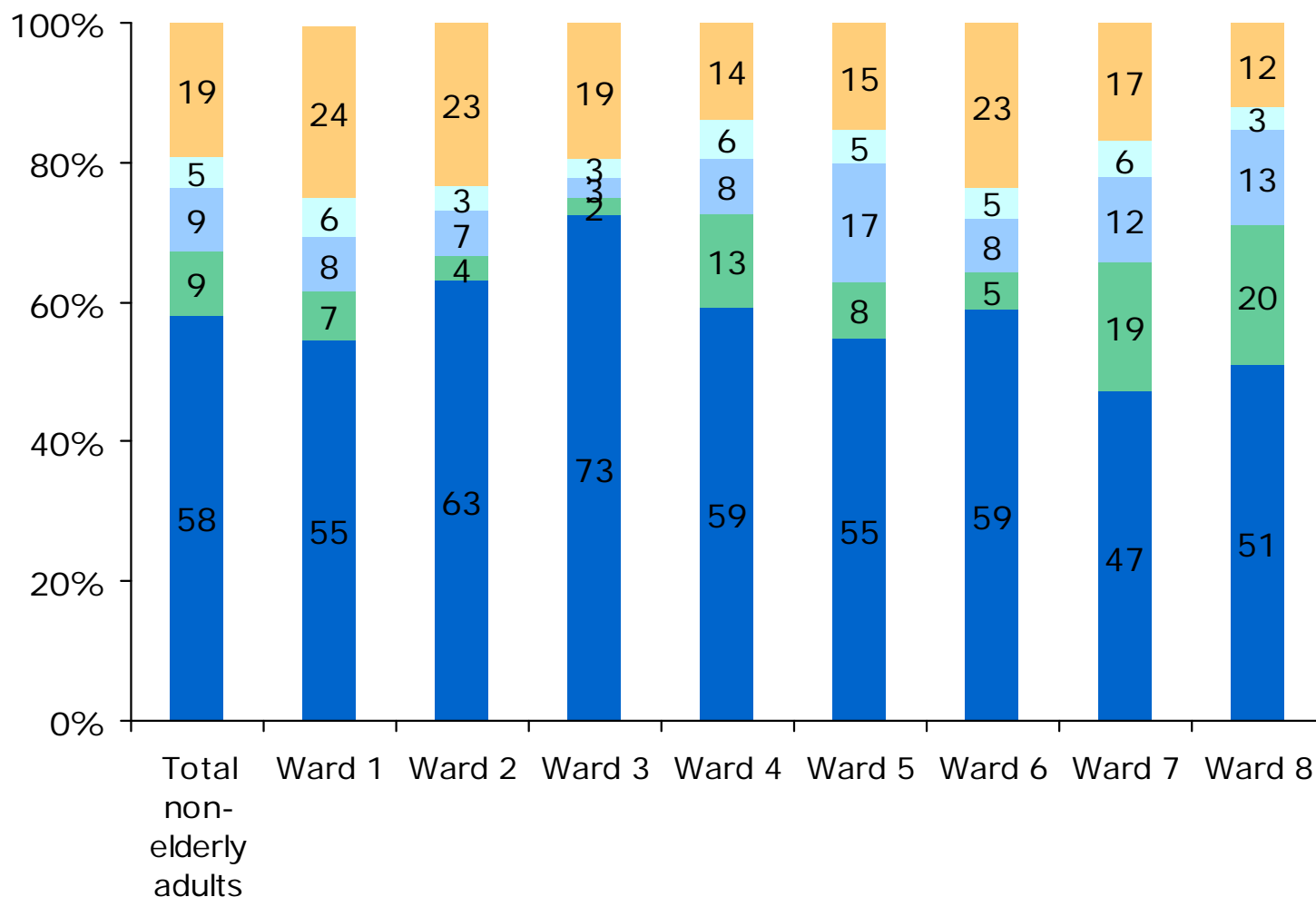
Cost of insurance is the reason residents gave most frequently for being uninsured. Lack of access to employer-sponsored coverage played a role in many of the other reasons—because it was not offered, because of job change, or because the person who had access to such coverage is no longer part of the family.

[†] Individuals may report multiple reasons for being not enrolled in public program, hence the total may add up to more than 100%.
Source: Urban Institute tabulations on the 2009 DC-HIS.

Health Care Access and Use

Usual Source of Care by Ward for Non-elderly Adults

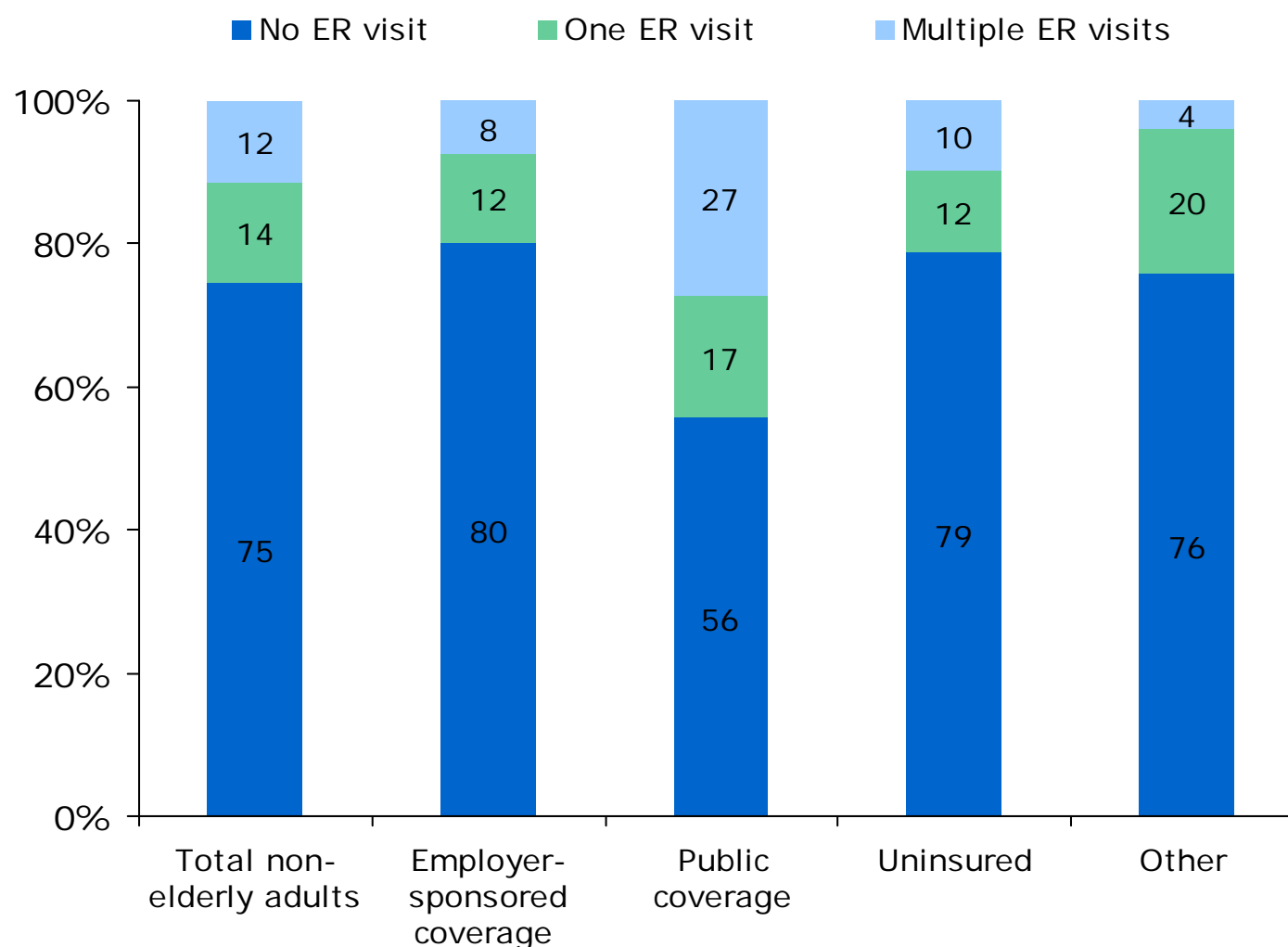
- Doctor's office/private clinic
- Hospital outpatient/emergency dept.
- No usual source of care
- Community health center/public clinic
- Some other place



The majority of non-elderly residents usually received care at a doctor's office or private clinic. But a large minority of residents in each ward did not have a usual source of care. Residents of Wards 1, 2 and 6 had a relatively higher numbers of people without a usual source of care.

Source: Urban Institute tabulations on the 2009 DC-HIS.

Emergency Room (ER) Visits in the Last 12 Months by Insurance Type for Non-elderly Adults



Three quarters of District non-elderly residents did not visit a hospital emergency room in the past 12 months. People with public coverage were most likely to have visited an emergency room and much more likely than residents with other types of insurance or than the uninsured to have visited multiple times.

Source: Urban Institute tabulations on the 2009 DC-HIS.



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