

Gaps in Coverage: Uninsured Part of the Year

The number of Americans without health insurance continues to rise, and the consensus among policy-makers and experts is that this trend has a negative impact. People without health insurance get about half the medical care as those with health insurance, they tend to be sicker, and they die sooner. In the current policy context, especially considering the escalating costs of Medicare and Medicaid, little attention is being paid to major initiatives to reduce the numbers of uninsured people.

Modest, incremental steps are possible, and may take place at the state or even local level. But to have serious promise, such narrowly targeted initiatives must be guided by a clear understanding of the current situation. This series of fact sheets is intended to provide Floridians with basic information to support our ongoing policy conversation.

According to the Florida Health Insurance Study 2004 (FHIS 2004), about 19.2% of non-elderly Floridians were without health insurance at the time of the survey interview. But another important statistic is the number and percent of Floridians who experience gaps in their health insurance coverage – those who were uninsured for part of the previous year.

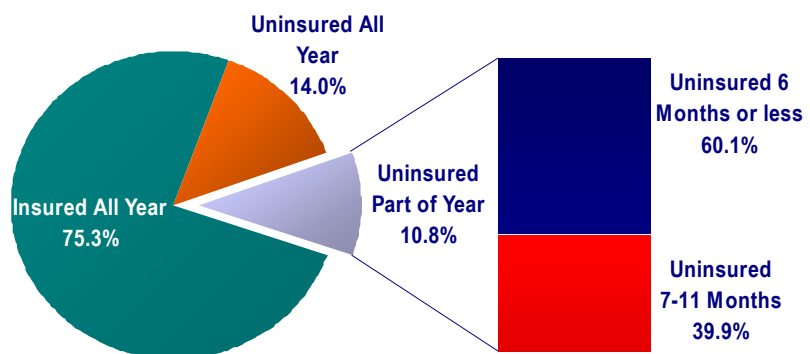
Breaks in continuous health insurance coverage can intensify problems of access to health care and difficulties paying medical bills, and may lead to negative health consequences. Indeed, a recent article in the *New England Journal of Medicine* indicates that having gaps in health insurance coverage can be almost as bad as having no coverage at all when it comes to obtaining preventive health care in a timely fashion. More complete knowledge of gaps in health care coverage is an important step to fully understanding the scope of the health insurance problem.

This fact sheet, using data from the FHIS 2004, examines differences among Floridians who were continuously covered by health insurance during the past year, those who were insured at the time of the survey but experienced an episode of uninsurance in the past year, and those who were uninsured the entire year.

Who has gaps?

A substantial number of Floridians experience gaps in health insurance coverage. About 75.3% of non-elderly Florida residents were insured the entire year, while 14.0% were uninsured the entire year, and 10.8% were uninsured for part of the year (Figure 1). More than half of those who experienced gaps in coverage had gone without coverage for six months or less (60.1%), while more than a third (39.9%) had been without coverage for seven to 12 months.

Figure 1: Gaps in Coverage, Floridians Under Age 65, 2004



Source: 2004 Florida Health Insurance Study (FHIS)

Duration of Uninsurance

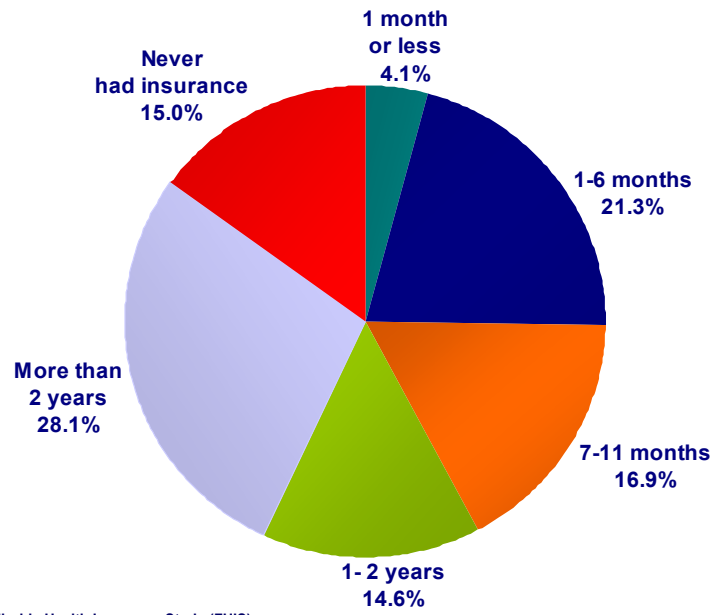
Among those individuals who lacked insurance coverage for at least part of the year, 42.7% had been without coverage for more than a year, and another 15.0% had never been insured. A quarter (25.4%) had been without coverage for six months or less. The remainder lacked coverage for six-months to a year.

Demographic Breakdown

In Florida, adults and children are equally likely to experience gaps in health insurance coverage. FHIS 2004 data indicate that 10.9% of children and 10.7% of adult Floridians were uninsured for part of the year in 2004. However, the rates of continuous health insurance coverage are higher for children (81.9%) than for adults

(72.4%). This outcome reinforces the findings of Fact Sheet No. 2 'Health Insurance Coverage Among Children in Florida' that the State's aggressive implementation of children's healthcare programs results in increased levels of uninterrupted health insurance coverage for children.

Figure 2: Duration of Uninsurance - All or Part of Year, 2004



Source: 2004 Florida Health Insurance Study (FHIS)

Table 1: SocioDemographic Characteristics, 2004

Category		Percent (%)		
		Insured All Year	Uninsured Part of Year	Uninsured All Year
Age:	Ages 0 - 64	75.3	10.8	14.0
	Ages 0 - 18	81.9	10.9	7.2
	Ages 19 - 64	72.4	10.7	16.9
Race and Ethnicity (All Under 65)	White Non-Hispanic	80.6	10.0	9.4
	Hispanic	61.3	13.5	25.3
	Black	72.1	12.4	15.6
	Other	74.0	11.5	14.5
Federal Poverty Level:	Less than/= 100% FPL	54.6	16.5	28.9
	101 - 150% FPL	53.9	18.6	27.5
	151 - 200% FPL	65.7	13.6	20.7
	201 - 250% FPL	69.4	17.2	13.4
	251% FPL or greater	87.3	7.2	5.6

Source: 2004 Florida Health Insurance Study (FHIS)

There are notable differences in coverage among racial and ethnic groups. White Non-Hispanics are the least likely to experience gaps in health care coverage (10.0%), and are the most likely to be continuously covered by health insurance (80.5%).

Gaps in coverage are experienced by 13.5% of Hispanics and 12.4% of Blacks. Both groups have lower rates of continuous health insurance coverage, suggesting that they have problems both obtaining and maintaining health insurance coverage.

Even more striking than differences among racial/ethnic groups are the differences among income groups. Low-income people, especially those with family income at or below 150% of the Federal Poverty Level (FPL), are much more likely to have experienced gaps in health insurance coverage. Low-income families are also more likely to have experienced long-term uninsurance (being uninsured for more than one year). Only 7.2% of those with incomes greater than 250% of the FPL reported having gaps in insurance coverage, and only 5.6% were uninsured for the entire year.

Employment and Gaps in Coverage

Continuity of coverage also varies substantially by employment status (Figure 3). Unemployed workers had the highest rate of gaps in coverage (23.0%) of any employment group, a rate much higher than the group with the next highest rate, those who are not in the workforce (15.2%). Full-time workers were less likely to report gaps in coverage (8.8%) than other employment groups.

The unemployed are particularly disadvantaged—not only are they likely to be uninsured for part of the year, but they are also the most likely to have been uninsured the entire year (34.7%).

Gaps in Coverage and Access to Care

People who experience gaps in insurance coverage are more likely to experience problems obtaining appropriate health care.

Overall, 22.4% of respondents did not have a usual source of care. However, there are observable differences in having a usual source of care depending on the individual's insurance status. Only 16.0% of the continuously insured reported being without a usual source of care, compared with 36.7% of continuously uninsured respondents and 45.2% of respondents with gaps in coverage. People with gaps in coverage and those with no coverage report not having a usual source of care more often than those who are continuously insured; they also report delaying needed medical care because they could not afford it.

Implications

In summary, the problem of intermittent health insurance coverage is one that occurs disproportionately among low-income and minority Floridians, and has negative effects on access to appropriate health care.

Gaps in health care coverage can also result in negative health consequences: those who experience gaps in coverage are more likely to report delays in seeking care when it is needed, and are less likely to have a usual source of care, both of which can adversely affect health. Further, people with gaps in coverage are less likely to seek preventive services than are those who have had continuous health insurance coverage.

In general, people with gaps in coverage are much more like the uninsured than the continuously insured when it comes to health care. Thus the full impact of uninsurance in Florida is better understood by considering gaps in coverage as well as a lack of coverage.

Figure 3: Gaps in Coverage by Current Employment Status, 2004

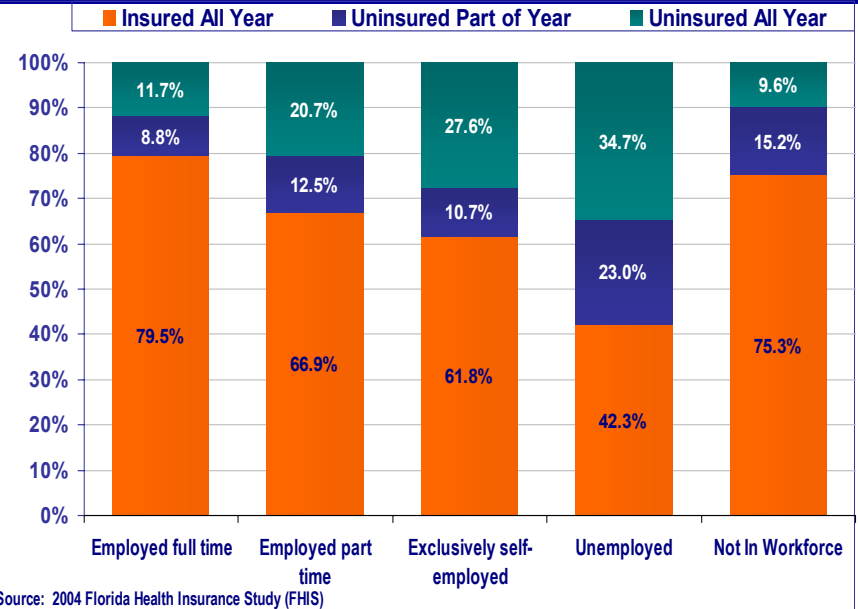
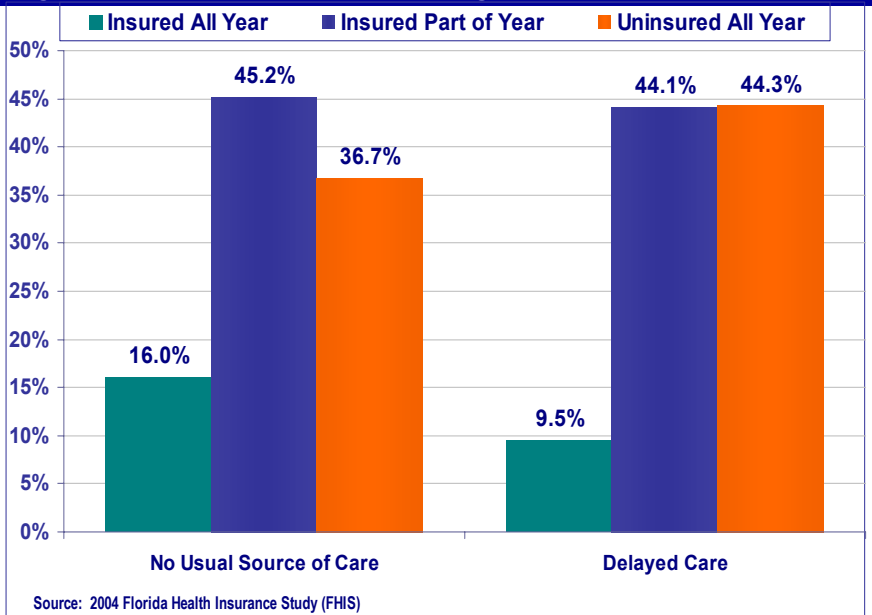


Figure 4: Health Insurance Coverage and Health Care Use, 2004



Data Source and Methods

The findings presented in this fact sheet are based on data from the 2004 Florida Health Insurance Study. Telephone interviews were conducted between April and August of 2004 with 17,435 Florida households, collecting data on approximately 46,876 individuals under age 65. Telephone fieldwork was conducted by the Survey Research Center of the University of Florida's Bureau of Economic and Business Research. Up to 20 phone calls were made to each household selected by random-digit dialing. Interviews were conducted in English, Spanish, or Haitian Creole, at the discretion of the interviewee. Each interview took approximately 14 minutes to complete, depending on the size of the household. A full household enumeration was implemented, and information was also obtained about health status, access and utilization of health services, and type of employment. Survey methodology details are available at http://ahca.myflorida.com/Medicaid/quality_management/mrp/projects/fhis2004/index.shtml.

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