



Health Insurance, the Uninsured

HEALTH INSURANCE

ON THEIR OWN: Young Adults Living Without Health Insurance

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May 2000

Support for this research was provided by The Commonwealth Fund Task Force on the Future of Health Insurance. The views presented here are those of the authors and should not be attributed to the Fund or its directors, officers, or staff, or individual Task Force members. Analysis of the Current Population Survey was undertaken by staff of the Columbia University Joseph L. Mailman School of Public Health under the direction of Sherry Glied. The authors thank Karen Toll of Abt Associates and Elisabeth Simantov of The Commonwealth Fund for their assistance and especially Jason Rachlin of Columbia University for his excellent programming work.

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EXECUTIVE SUMMARY

Nearly a third of young adults ages 19 to 29 are uninsured. Individuals in this age group are nearly twice as likely as all children and older adults to be without health insurance. At a time in life when financial security is perhaps most tenuous, uninsured young adults are vulnerable to potentially catastrophic expenses in the event of serious illness or injury.

Despite a tight U.S. labor market, the uninsured rate among young adults has jumped in recent years. Most Americans get health coverage through an employer. But many young adults—unless they are enrolled in college full-time and can remain on a parent's health plan—cannot gain access to affordable health insurance through their often low-wage, entry-level jobs. In addition to the financial burden it can create, lack of health insurance limits access to regular preventive care and health counseling and can force people to forgo needed medical care.

This report examines young adults' lack of access to health insurance and the consequences for their health care. Data sources include the March 1999 Current Population Survey and [The Commonwealth Fund 1999 National Survey of Workers' Health Insurance](#). Key findings include:

- Thirty percent of adults ages 19 to 29—12 million people—are uninsured, up from 22 percent a decade earlier.
- College-age adults (ages 19 to 23) who attend school full-time can often stay on their parents' health insurance policies. The study finds this opportunity

mainly benefits those from upper-income families. Among adults ages 19 to 23 whose family income places them among the wealthiest 20 percent of Americans, two-thirds are in school full-time and have health insurance, and only 6 percent are uninsured. In sharp contrast, among the poorest 20 percent of Americans, over half (53%) are uninsured and only 10 percent are in school full-time with insurance.

- Three-quarters of uninsured workers in the 19-to-29 age group do not have access to an employer-sponsored health plan through their jobs. When offered coverage, young adults are only slightly less likely than older workers to participate. Similar to the rates reported among older adults, seven of 10 young adults regard health insurance as a very important factor when choosing a job.
- The health of uninsured young adults is at risk, especially for those with low incomes. Half of uninsured adults ages 19 to 29 whose income puts them below 200 percent of the poverty level (about \$17,000 a year for an individual) went without needed medical care during the past year. Two-thirds reported not being able to pay a medical bill or being contacted by a collection agency in this time.
- Young adults who lack health insurance tend to forgo preventive care and delay responding to early warning signs of illness. Forty percent of uninsured adults ages 19 to 29 received no preventive care services in the past year; a similar proportion said they would wait "as long as possible" to seek care when sick.

ON THEIR OWN: YOUNG ADULTS LIVING WITHOUT HEALTH INSURANCE

A healthy society and productive economy rely on young adults to learn, to take on new skills, and to seek out those careers for which they are best suited. Yet adults ages 19 to 29 are the age group most at risk for being uninsured precisely *because* they are in an unstable, transitional period in their lives, a time when they are moving from dependence to independence.

The 12 million young adults who are without health insurance today represent one-quarter of America's 44 million uninsured people. At the close of the 1990s, 30 percent of young adults were uninsured, compared with 16 percent of children age 18 and younger and 16 percent of adults ages 30 to 64. Furthermore, the proportion of young adults without health coverage has grown significantly since 1987, when 22 percent were uninsured. The eight-percentage-point rise during this time is double the four-point increase found among older adults.

The health insurance crisis in the young-adult population cuts across racial and ethnic lines. Half of Hispanic young adults, for example, are uninsured. But even among non-Hispanic whites, young adults are twice as likely to be uninsured as older adults.

Using data from the March 1999 Current Population Survey (CPS) and [The Commonwealth Fund 1999 National Survey of Workers' Health Insurance](#), this report examines the reasons behind these high uninsured rates. It explores young adults' access to health insurance, differences by income and age group, and the health care experiences of uninsured young adults.

From Dependence to Independence

Through age 18, most people are insured through a parent's employer-based health plan. By the time they are established in their careers—around age 30—they will

likely have coverage through their own or their spouse's employer. It is during the transition period from age 19 to age 29, however, when we see the greatest changes in health insurance arrangements and sources of coverage. These shifts reflect the interplay of standard insurance coverage rules and the changes occurring in young adults' academic, professional, and personal lives.

At age 19, young men and women are usually removed from their parents' health plan unless they attend school full-time and remain a dependent. If a full-time student, he or she can continue this dependent coverage for several years, typically until age 23. For this reason, a substantial number of college-age students are insured through their parents' insurance policy.

For adults in the 19-to-23 age group who are not full-time students, access to health insurance depends on whether they work, how much they work, and where they work. These young adults typically work at entry-level jobs, which may be part-time, temporary, or otherwise unstable. Taking into account those who are in the workforce and no longer in school and those still in school but working part-time or summer jobs, we see that four-fifths of people ages 19 to 23 work during the year but just one-third work full-time, all year. Only one-fifth have insurance coverage through their own employer. (See appendix tables 1 and 2.)

By ages 24 to 29, adults are full participants in the labor force. Six of 10 work full-time, all year—the same ratio as for older adults. Another 27 percent in this age group work part-time or part-year. Young adults' workforce participation overall exceeds that of older adults. Yet despite this high participation rate, a smaller proportion of 24-to-29-year-old workers have coverage through their job than do older adults (48% vs. 53%).

College Students Get Coverage, But Other Adults Their Age Do Not

Among the 18 million young adults of college age (19–23), about one-third attend school full-time. Young adults with the family income to attend college full-time generally have an excellent chance of having health insurance. Many others their age are not so fortunate.

Of the 6.5 million full-time students ages 19 to 23, more than half—over 3 million—have coverage through an employer plan as dependents, typically through a parent's employer. A second chance for affordable coverage is through the health plans organized by many colleges. These plans cover an estimated 1.2 million full-time students, or 18 percent of all such students ages 19 to 23.¹ Another 12 percent of full-time students are covered through employer plans in their own name, through public health insurance, or through some other source of coverage. The remaining 1.3 million students (19%) are uninsured. Full-time students may be uninsured because they are no longer dependents of their insured parents or the parents themselves lack insurance; a health plan is unavailable through their school; or they cannot afford coverage. (See appendix tables 3 and 4.)

For the two-thirds of adults in the 19-to-23 age group who are not full-time students, finding coverage is much harder. Rarely will parents' employer plans cover young adults who are attending school part-time, who have joined the workforce full-time, or who have married. Of the 12 million young adults ages 19 to 23 who are not in school full-time, nearly 5 million (38%) are uninsured. Uninsured rates among these young adults vary widely by gender and ethnicity. Men are more likely to lack coverage than women, and minorities are more likely to lack coverage than whites. Among black men in this age range who are not in school full-time, 47 percent are uninsured. Among Hispanic men not in school full-time, 62 percent are uninsured.

Because young adults from higher-income families are more likely to attend college full-time, the relationship between family income and insurance coverage is very strong. The lower family income is, the less likely an adult age 19 to 23 will be in

school full-time and the more likely he or she will be uninsured. Among adults in the 19-to-23 age group, only 15 percent of those with family income in the lowest fifth of the U.S. income distribution are in school full-time and only 10 percent are full-time students with health insurance. Half (52%) of these low-income young adults are uninsured. Most often they are working and no longer in school full-time. In stark contrast, two-thirds of young adults in the highest income group are in school full-time and insured, while just 6 percent are uninsured.²

Young Adult Workers Are Less Likely to Have Job-Based Health Benefits

Employer coverage is the primary source of health insurance for most working adults. Yet only 42 percent of young adult workers ages 19 to 29 are covered by a health plan sponsored by their own employer, compared with 62 percent of older adults. One explanation for such low rates of coverage is the fact that young adults, especially those in the 19-to-23 age group, are more likely to hold part-time and temporary jobs, which tend not to come with health benefits. But even among young men and women who are working full-time, year-round, only 59 percent have an employer health plan in their own name. Among older workers, the rate is 70 percent. Clearly, low rates of employer coverage among young adults in the labor force cannot be explained solely by the number of hours they work.

Whether a worker has coverage through an employer plan depends on three factors: whether the employer sponsors a plan, whether the worker is eligible for it, and whether the worker enrolls in it. Young adults disproportionately work in low-wage jobs and for small, private employers—the kinds of jobs that tend not to offer health benefits.³ Relative to older workers, young adults also change jobs more frequently during the year as they enter the workforce and seek out the right position. Although this searching behavior is good for the economy, it also means young workers are more likely to be caught without health insurance between jobs or to be ineligible for coverage during waiting periods. (See appendix table 5.)

Analysis of The Commonwealth Fund 1999 National Survey of Workers' Health Insurance reveals that 39 percent of uninsured young workers work for an employer that does not sponsor a health plan. Another 35 percent report that their employer offers a plan to some employees but that they themselves are not eligible.

Three-quarters of uninsured young workers, then, have no opportunity to enroll in an employer plan through their jobs. Another 17 percent are offered coverage but decline to enroll. The most common reason is money, unsurprising given the generally low incomes and wages of uninsured, young adult workers. The vast majority of those working but uninsured are in low-wage positions paying less than \$10 per hour. To the extent that low-wage employers offer coverage, they tend to require their workers to make larger dollar contributions to the cost of coverage than do higher-wage employers.⁴ Consequently, even when employer coverage is available, the cost involved may be too great for some young people.

[The Commonwealth Fund 1999 National Survey of Workers' Health Insurance](#)

further indicates that the major difference between young adult workers and their older colleagues is access to health plans through their job. Older workers are more likely both to work for an employer with a health plan and to be eligible for that plan: 82 percent are offered and eligible for coverage through their employer, compared with 71 percent of young workers. Young workers are only slightly less likely to take up an employer's offer of health coverage (80% vs. 84%).⁵ These results indicate that young adults want coverage and will take it when available.

Young workers are sometimes viewed as unconcerned about health insurance. Responses to [The Commonwealth Fund 1999 National Survey of Workers' Health Insurance](#) indicate otherwise. Seven of 10 young adult workers in the study reported that health insurance was very important to them when deciding whether to take a job; another 18 percent said it was somewhat important.. Their views were similar to

those of older workers, of whom 74 percent thought coverage was very important and 15 percent thought it was somewhat important.

Furthermore, only 3 percent of uninsured young workers did not accept employer coverage because they considered health insurance unnecessary. Many—28 percent—said they would be "very likely" to pay \$100 a month to get health coverage if they had the opportunity. Despite significant differences in income and health status, this level of interest was only slightly below that of older workers (34%).

Most of the difference in uninsured rates of younger and older workers, in fact, stems from the types of jobs they have and the wages they receive. Controlling for wages, type of job, employer size, or industry, men and women ages 19 to 29 look little different from their older counterparts in the likelihood of having employer coverage or being uninsured. The high uninsured rates among young adult workers and low rates of job-based coverage reflect a reality faced by others who are employed in low-wage jobs, work for small employers, or work in industries with low health coverage rates. (See appendix tables 6, 7, and 8.)

Family Structure Affects Patterns of Coverage

Young adulthood is a time of change in family structure, which affects opportunities for health care coverage.

Most significantly, marriage offers a second chance at participating in an employer plan, since employer plans typically offer family coverage for spouses. Yet in the 19-to-23 age group, just 15 percent are married and only 3 percent of the entire group have coverage through a spouse's employer.⁶ In the 24-to-29 age group, 47 percent are married and 11 percent are covered through a spouse. And in the 30-to-64 group, 68 percent are married and 18 percent obtain coverage through a spouse. Though the inclusion of workers' families in health plans is a strength of the employer-based insurance system, young, single adults are nonetheless at high risk for being uninsured.

For poor and near-poor adults, access to public health coverage also depends on family structure and marital status. Medicaid is generally available only to young adults if they have children and meet family income thresholds that are typically well below the poverty level.⁷ Two-parent households, furthermore, are often ineligible for Medicaid due to income or work status restrictions. As a result of these restrictions, Medicaid insures less than 9 percent of single, childless young adults with incomes below 200 percent of poverty and only 12 percent of married, similarly low-income young adults. In contrast, Medicaid reaches one-third of young adults who are single parents.

Since women headrun four-fifths of single-parent households, Medicaid is more likely to insure mothers than fathers.⁸ The program covers 10 percent of young women but just 3 percent of young men. The difference in access to Medicaid explains why 33 percent of young men are uninsured compared with 26 percent of young women.

Single adults without children thus have few options if they do not get employer coverage on their own or are not eligible for coverage through their parents' policy. Of the 17 million young adults who are single, childless, and living on their own, 41 percent are uninsured.

Uninsured Young Adults Are at Risk

Living without insurance is a gamble that puts both health and economic security at risk—even for young adults. Although they may be as healthy as a group, young men and women still need access to regular preventive care and protection in the event

of illness or injury. Many have an ongoing need for health care, including counseling. There are over 3.5 million pregnancies a year, for example, among the 21 million women ages 19 to 29.⁹ The growing prevalence of childhood asthma—which now affects 10 percent of children—means that more and more young adults have lung disorders.¹⁰

Older adolescents and young adults, meanwhile, are at risk for infections that if undetected or untreated can lead to serious or even life-threatening conditions, including sexually transmitted diseases and blood-borne viruses. Some 450,000 cases of chlamydia and gonorrhea occur each year among 20-to-29-year-olds.¹¹ One-third of HIV diagnoses are made in this age group as well; other young adults are infected but undiagnosed.¹² Injuries are also common: for every 100 people ages 18 to 24, there are 32 injuries in a typical year, including those with multiple injuries.¹³ People ages 15 to 24 are the most likely age group to suffer a gun injury, or to die as a result of a motor vehicle accident or a homicide.¹⁴

Early adulthood can also be a critical time for learning how to take care of oneself and recognizing early warning signs of disease. Yet lack of health insurance discourages many young adults from visiting a physician regularly who could influence their lifelong health behaviors. Being uninsured is strongly associated with the absence of a regular connection to a doctor, delays in seeking care, and low use of preventive and acute care services. The Commonwealth Fund 1998 Survey of Women's and Men's Health found that 39 percent of uninsured young adults would wait as long as possible to seek care when sick, compared with 16 percent of insured young adults.¹⁵

More than half of uninsured young adults had not had a physical exam within the past year, which means they missed opportunities for preventive care and counseling on high-risk behaviors such as drinking, smoking, drug use, and unprotected sex. Though annual Pap smears are recommended for all women ages 18 and over, one-third of uninsured young women had not had the test within the past year, compared with one-quarter of the insured. [The Commonwealth Fund 1999 National Survey of Workers' Health Insurance](#) found that one-third of young adults without health coverage had not seen a physician within the past year for any reason, versus one-sixth of those with coverage (See appendix table 9.)

Being uninsured impedes access to needed medical care and creates financial hardship, especially for low-income young adults. Because of cost concerns, half of low-income, uninsured young adults had a time within the past year when they did not see a doctor when they were sick, did not fill a prescription, or did not get recommended follow-up care. Half of those uninsured also reported it is generally difficult for them to get care when needed. In addition, more than half had been contacted by a collection agency about an unpaid medical bill in the last year, as had nearly one-third of uninsured young adults with higher incomes.

Not only are young adults less likely to have insurance than older adults, but their lower income levels make it harder to pay for health care out-of-pocket. About one-quarter of young adults have incomes below the federal poverty level (about \$8,500 for one person, or \$13,000 for a family of three) compared with 11 percent of adults ages 30 to 64. Of the 12 million uninsured young adults, three-quarters have incomes below 200 percent of the poverty level: 5 million have incomes below the poverty line and another 4 million have incomes from 100 percent to 199 percent of poverty. Since 200 percent of the poverty level represents about \$17,000 a year for an individual and \$26,000 for a family of three, these men and women often have little income to spend on health care. Tight personal finances lead them to gamble with their health. Buying health coverage in the individual insurance market—which can cost more than \$2,000 for an individual and \$5,000 for a family—is often out of the question.¹⁶

Policy Implications

The study findings, overall, indicate that the current employer-based insurance system and rules on family coverage are failing to insure those making the transition from dependence on parents to independence. While the system rules may work well for those with full-time jobs and long-term employment at higher wages, large gaps emerge for those just starting out in the workforce, those trying to juggle school and work and unable to attend school full-time, and those working at less stable jobs or at entry-level wages.

Some initiatives that would improve access to health insurance overall would also benefit young adults specifically. For example, initiatives that encourage low-wage firms to offer health coverage to their employees would particularly benefit younger workers, who are more likely than older adults to work for such employers. Reducing the time that new employees must wait before health benefits take effect would also be a boost to those just entering the workforce.

Young adults face other obstacles during the transition from dependence to independence. Those who cannot afford to attend school full-time usually cannot get coverage through their parents, even though their entry-level jobs do not offer health benefits. Since young men and women represent relatively low actuarial risks, a case could be made for extending private as well as public family health coverage to them, while incurring only a slight increase in average insurance premiums. Providing health coverage to those just starting out in their working careers or those struggling to balance work and school is an investment in America's future. It is one that will not only benefit young adults' personal health but will reap rewards for society as a whole.

NOTES ON METHODOLOGY

Most data in this report come from either the March 1999 Current Population Survey (CPS) or [The Commonwealth Fund 1999 National Survey of Workers' Health Insurance](#). The CPS is undertaken monthly by the U.S. Bureau of the Census. Its annual March supplement includes additional questions on income, health insurance, and similar topics. Approximately 50,000 households representing about 132,000 people are interviewed for the March supplement, generating one of the most detailed data sets available to analysts.

Estimates based on CPS data were provided by Sherry Glied and staff at Columbia University's Joseph L. Mailman School of Public Health and compiled by a research team led by Kevin Quinn at Abt Associates, Inc. In analyzing the data, all individuals were combined into "health insurance units," which include family members living together who would typically be eligible for family coverage under definitions used by insurers. Individuals who indicated more than one source of coverage during the year were assigned a primary source of insurance according to the following hierarchy: employer, Medicare, Medicaid, military and veterans' coverage, and individual insurance.¹⁷

[The Commonwealth Fund 1999 National Survey of Workers' Health Insurance](#), conducted by Princeton Survey Research Associates from January through May 1999, consisted of 20-to-25-minute telephone interviews with a random, national sample of 5,002 adults ages 18 to 64. The survey included oversamples of adults in areas with a high proportion of low- and moderate-income residents. Participants were asked questions about employer-sponsored coverage and eligibility issues as well as about experiences with health care and health insurance. Results of the survey are being released as a series of reports by The Commonwealth Fund Task Force on the Future of Health Insurance.¹⁸ The sample included 1,316 young adults ages 18 to 29. Results from the survey refer to the 18-to-29 age group, while results from the CPS refer to the 19-to-29 age group.

RELATED PUBLICATIONS

[#374](#) *Out of Touch: American Men and the Health Care System* (March 2000). David Sandman, Elisabeth Simantov, and Christina An. This report, based on *The Commonwealth Fund 1998 Survey of Men's and Women's Health*, reveals that an alarming proportion of American men have only limited contact with physicians and the health care system generally, that they fail to get routine checkups, preventive care, or health counseling, and that they often ignore symptoms or delay seeking medical attention when sick or in pain.

[#370](#) *Working Without Benefits: The Health Insurance Crisis Confronting Hispanic Americans* (March 2000). Kevin Quinn, Abt Associates, Inc. Using data from the March 1999 *Current Population Survey* and *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance*, this report examines reasons why nine of the country's 11 million uninsured Hispanics are in working families, and the effect that lack has on the Hispanic community.

[#364](#) *Risks for Midlife Americans: Getting Sick, Becoming Disabled, or Losing a Job and Health Coverage* (January 2000). John Budetti, Cathy Schoen, Elisabeth Simantov, and Janet Shikles. This short report derived from *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance* highlights the vulnerability of millions of midlife Americans to losing their job-based coverage in the face of heightened risk for chronic disease, disability, or loss of employment.

[#363](#) *A Vote of Confidence: Attitudes Toward Employer-Sponsored Health Insurance* (January 2000). Cathy Schoen, Erin Strumpf, and Karen Davis. This issue brief based on findings from *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance* reports that most Americans believe employers are the best source of health coverage and that they should continue to serve as the primary source in the future. Almost all of those surveyed also favored the government providing assistance to low-income workers and their families to help them pay for insurance.

[#362](#) *Listening to Workers: Findings from The Commonwealth Fund 1999 National Survey of Workers' Health Insurance* (January 2000). Lisa Duchon, Cathy Schoen, Elisabeth Simantov, Karen Davis, and Christina An. This full-length analysis of the Fund's survey of more than 5,000 working-age Americans finds that half of all respondents would like employers to continue serving as the main source of coverage for the working population. However, sharp disparities exist in the availability of employer-based coverage: one-third of middle- and low-income adults who work full-time are uninsured.

[#361](#) *Listening to Workers: Challenges for Employer-Sponsored Coverage in the 21st Century* (January 2000). Lisa Duchon, Cathy Schoen, Elisabeth Simantov, Karen Davis, and Christina An. Based on *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance*, this short report shows that although most working Americans with employer-sponsored health insurance are satisfied with their plans, too many middle- and low-income workers cannot afford health coverage or are not offered it.

[#347](#) *Can't Afford to Get Sick: A Reality for Millions of Working Americans* (September 1999). John Budetti, Lisa Duchon, Cathy Schoen, and Janet Shikles. This report from *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance* finds that millions of working Americans are struggling to get the health care they need because they lack insurance or experience gaps in coverage.

[#314](#) *Employer-Sponsored Health Insurance: Implications for Minority Workers* (February 1999). Allyson Hall, Karen Scott Collins, and Sherry Glied. This report shows that disparities in minorities' health insurance coverage can be found across industries, occupations, and part- and full-time workers, and that no matter what the company size, minority workers are less likely to receive health insurance from their employer.

[#275](#) *Covering Uninsured Children and Their Parents: Estimated Costs and Number of Newly Insured* (July 1998). Kenneth E. Thorpe and Curtis S. Florence, Tulane University. The authors examine the likely impact of the Child Health Insurance Program (CHIP), demonstrating how it should help reverse the decline in health insurance coverage for children, but may leave many of their parents uninsured.

[#259](#) *Targeting Long- and Short-Term Gaps in Health Insurance* (July 1998). Pamela Farley Short and Jacob Klerman. With an eye toward the 26 million Americans who have not had health insurance for more than a year, and using the federal *Survey of Income and Program Participation*, the authors explore the types of families who would be helped by various approaches to extend health insurance coverage, based on different lengths of time spent without insurance.

Endnotes

¹The estimates assume that young adults who are full-time students with "individually purchased" insurance would typically get this coverage through their college or university.

²The income disparity may be greater than estimated based on CPS data. The reason is that the low-income category includes some college students from affluent families who, because they live on their own, are categorized only by the income they earn themselves.

³National Center for Health Statistics, *Employer-Sponsored Health Insurance: State and National Estimates*, DHHS Publication PHS 98-1017 (Hyattsville, MD: NCHS, December 1997), pp. 9, 15.

⁴Peter J. Cunningham, Elizabeth Schaefer and Christopher Hogan, *Who Declines Employer-Sponsored Health Insurance and Is Uninsured?*, Issue Brief No. 22 (Washington, D.C.: Center for Studying Health System Change, October 1999), p. 2.

⁵The statistics include workers who decline an employer's offer of coverage because the worker already has insurance, for example through a spouse's employer. The chart on why uninsured workers lack coverage refers only to uninsured workers who turn down an offer of coverage.

⁶Since insurance policies typically cover adult children in the 19-to-23 age group only if they are dependents and not if they are married, the analysis assumes that married people with dependent coverage get it through their spouse. People in the 24-to-29 age group are unlikely to get coverage as a dependent child, thus people in this group with dependent coverage are likely to get it through a spouse. Throughout the paper, "married" includes both married and separated, while "single" includes never married, divorced and widowed.

⁷This discussion refers to the presence of children in the household.

⁸Bureau of the Census, *Statistical Abstract of the United States*, 1999 edition, p. 64.

⁹*Statistical Abstract*, p. 87.

¹⁰American Medical Association, *Encyclopedia of Medicine* (New York: Random House, 1989), pp. 137-138.

¹¹Authors' calculations based on Centers for Disease Control and Prevention, Division of STD Prevention, *Sexually Transmitted Disease Surveillance Report*, 1998 (Atlanta: CDC, September 1999).

¹²Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report*, 1999, 11:1, p. 15.

¹³P.F. Adams, G.E. Hendershot and M.A. Marano, *Current Estimates from the National Health Interview Survey, 1996*, Vital and Health Statistics Series 10, No. 200 (Hyattsville, MD: National Center for Health Statistics, 1999), p. 12.

¹⁴National Center for Health Statistics, *Health, United States, 1998, With Socioeconomic Status and Health Chartbook* (Hyattsville, MD: NCHS, 1998), pp. 246, 250, and 256.

¹⁵See Karen Scott Collins, Cathy Schoen, Susan Joseph, Lisa Duchon, Elisabeth Simantov, and Michelle Yellowitz, [Health Concerns Across a Woman's Lifespan: The Commonwealth Fund 1998 Survey of Women's Health](#), The Commonwealth Fund, May 1999; and David Sandman, Elisabeth Simantov, Christina An, [Out of Touch: American Men and the Health Care System/Commonwealth Fund Men's and Women's Health Survey Findings](#), The Commonwealth Fund, March 2000.

¹⁶Jon Gabel, Kelly Hunt and Jean Kim, [The Financial Burden of Self-Paid Health Insurance on the Poor and Near-Poor](#) (New York: The Commonwealth Fund, April 1998).

¹⁷For more information on the hierarchy, see Kevin Quinn, *The Sources and Types of Health Insurance* (Cambridge, MA: Abt Associates, Inc., 1998), pp. 9-10.

¹⁸John Budetti, Lisa Duchon, Cathy Schoen, and Janet Shikles, [Can't Afford to Get Sick: A Reality for Millions of Working Americans](#) (New York: The Commonwealth Fund, September 1999); John Budetti, Cathy Schoen, Elisabeth Simantov, and Janet Shikles, [Risks for Midlife Americans: Getting Sick, Becoming Disabled, or Losing a Job and Health Coverage](#) (New York: The Commonwealth Fund, January 2000); Lisa Duchon, Cathy Schoen, Elisabeth Simantov, Karen Davis and Christina An, [Listening to Workers: Findings from The Commonwealth Fund 1999 National Survey of Workers' Health Insurance](#) (New York: The Commonwealth Fund, January 2000); Cathy Schoen, Erin Strumpf, and Karen Davis, [A Vote of Confidence: Attitudes Toward Employer-Sponsored Health Insurance](#) (New York: The Commonwealth Fund, January 2000); and Kevin Quinn, [Working Without Benefits: The Health Insurance Crisis Confronting Hispanic Americans](#) (New York: The Commonwealth Fund, March 2000).