

# Trends in Health Care Coverage and Insurance for 1968–2011

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**Table 1.** Percentage of persons under age 65 with health insurance coverage, by coverage type, and without health insurance: United States, selected years 1968–2011

**Table 2.** Number of persons under age 65 with health insurance coverage, by coverage type, and without health insurance: United States, selected years 1968–2011

These two tables and related information are updates of two tables that appear in the report, “Health Insurance Coverage Trends, 1959–2007: Estimates from the National Health Interview Survey,” released by the National Center for Health Statistics (NCHS) in July 2009 and available from <http://www.cdc.gov/nchs/data/nhsr/nhsr017.pdf>. These two tables present long-term trends in the percentages and numbers of persons under age 65 with different types of health insurance coverage and with no coverage. Estimates were derived from the National Health Interview Survey (NHIS) over the 1968–2011 period (selected years). Until 1989, health insurance questions were not asked every year. The types of health insurance coverage differ over the years, reflecting changes in the availability of different types of coverage and changes in the NHIS questions. Interpretation of the trends in coverage estimates requires consideration of how health insurance coverage and the collection of information on coverage have changed over time. Trends in estimates of coverage may reflect changes in NHIS as well as actual changes in the percentage and number of people with different types of coverage. Technical information on the data source, tables, and definitions of NHIS coverage categories are provided below.

## Data Source and Methods

NHIS is a continuous multistage probability sample survey of the civilian noninstitutionalized population of the United States. It is a multipurpose health survey conducted by the Centers for Disease Control and Prevention’s (CDC) NCHS. NHIS interviewers are from the U.S. Census Bureau. Information on basic health topics is collected for all family members, by proxy, if necessary, from one family member. More information is available from the NHIS website at <http://www.cdc.gov/nchs/nhis.htm>.

The sample size of NHIS varied over the 1968–2011 period. The number of persons under age 65 about whom the health insurance questions were asked was 90,000 or higher in most years during 1968–1997. The largest such sample size was 120,670 in 1968. In certain years (1970, 1983, 1986, 1993, and 1996), only a subset of the sample or a part-year sample received the health insurance questions, resulting in sample sizes ranging from 44,373 to 56,268. More recently, during the 1997–2011 period, the sample size under age 65 has ranged from 64,495 in 2008 to 91,275 in 1997.

Estimates were calculated using the NHIS survey weights, which are calibrated to census totals of the

U.S. civilian noninstitutionalized population by sex, age, and race/ethnicity. From 1968 through 1974, the weights were derived from 1960 census-based population estimates. The 1976-1980 weights were derived from 1970 census-based population estimates. The 1982-1994 weights were derived from 1980 census-based population estimates. The 1995-2002 weights were derived from 1990 census-based population estimates. Starting with 2003, weights were derived from 2000 census-based population estimates.

Point estimates and their standard errors were calculated using SUDAAN software to account for the complex sample design of NHIS. Estimates shown in the tables meet the NCHS standard of having a relative standard error less than or equal to 30%.

Response rates for the period ranged between 79% and 98%, depending on placement of the insurance questions. In the tables, unknown values (responses coded as “refused,” “not ascertained,” or “don’t know”) were not counted in the denominators when calculating estimates. The item nonresponse rate for the health insurance items used in the tables ranged between 0.5% and 3.5% during 1968–2011.

## Notes concerning Tables 1 and 2

- A lag may occur between introduction of new health insurance programs, payers, and regulations and their integration into NHIS.
- During 1968 to 1989, insurance data were generally collected every two years, and from 1989 on, the data were collected annually.
- Questions about private health insurance coverage were asked in all years included in the tables, and employer-sponsored coverage questions were asked starting in 1970. Direct questions about Medicaid and Medicare coverage (for persons under age 65) were asked starting in 1978, and about military coverage starting in 1982. Prior to 1978, information about public coverage could be inferred in some years through responses to questions that did not ask about public coverage directly.
- During 1976 to 2011, persons in NHIS were categorized into one or more of the following health insurance coverage groups: any private coverage, employer-sponsored private coverage, other private coverage, Medicaid, Medicare, other public coverage, and uninsured. During 1968 to 1974, persons were classified into some but not all of these groups, based on the questions available in each year. For more information on the definitions of these groups, see the section on “Definitions of NHIS coverage categories.”
- In 1976–1996 only, questions on receipt of Aid to Families with Dependent Children (AFDC) and Supplemental Security Income (SSI) were used to assign Medicaid coverage to recipients of those programs.
- From 1968 to 1980, NHIS insurance questions asked about hospital insurance and insurance plans that paid for doctors’ or surgeons’ bills. In 1982, the separate associations for Blue Cross (covering hospitalizations) and Blue Shield (covering physician care) merged, making the separation between hospital and physician insurance less distinct.
- The recall period for the insurance questions is the day of the interview, except in 1990–1996, when questions referred to the month prior to interview, resulting in a recall period of 1–2 months, depending on the time of the month when the interview occurred.

## Definitions of NHIS Coverage Categories

### Coverage definitions, 1968–2011

**Private coverage** includes comprehensive health care coverage obtained through an employer, purchased directly, or obtained through any other means. It excludes plans that pay for only one type of service such as accidents or dental care. Private coverage is at the time of interview, except in 1990–1996, when it is for the month prior to the interview.

- **Employer-sponsored private coverage** is private insurance originally obtained through the workplace, that is, either through a present or former employer or union. In 1997–2011, this category explicitly included coverage obtained through self-employment and professional associations. Persons who had more than one private insurance plan were classified as having employer-sponsored private coverage if any of their plans were employer-sponsored.
- **Other private coverage** refers to private insurance that was not employer-sponsored. This includes directly purchased plans as well as plans obtained through school or other means. Persons who had more than one private insurance plan were classified as having other private coverage only if no plans were employer-sponsored.

### Public coverage

- The **Medicaid coverage** category includes persons who reported having Medicaid coverage (1990–2011) or having a Medicaid card (1978–1989) or not carrying (private) health insurance because care was received through Medicaid or welfare (1972–1980). In addition, the Medicaid category includes those who reported coverage by “any other public assistance program that pays for health care” in 1982–1989 and 1992–1996; a state-sponsored health plan in 1997–2011; and the Children’s Health Insurance Program in 1999–2011. Finally, in 1976–1996, persons who did not report Medicaid coverage, but did report AFDC or SSI, were assigned Medicaid coverage because persons in those programs were automatically enrolled in Medicaid. Medicaid coverage is at the time of interview, except in 1990–1996, when it is for the month prior to the interview.
- The **Medicare coverage** category refers to coverage at the time of interview, except in 1990–1996, when it is for the month prior to the interview. In 1976, persons were assigned Medicare coverage if they reported not being covered by any (private) health insurance plan because care was received through Medicare. In 1972–1974, no information on Medicare was collected for persons under age 65.
- The **other public coverage** category refers to coverage at the time of interview, except in 1990–1996, when it is for the month prior to the interview. It includes military coverage (1982–2011), coverage through “other government programs” (1997–2011), and not carrying (private) health insurance because of military coverage (1972–1980). Military coverage includes TRICARE (CHAMPUS), CHAMP–VA, and VA coverage.

The **uninsured** category includes persons who have no private health insurance, Medicaid, military

coverage, Medicare (1976–2011), or coverage through “any other public assistance program that pays for health care” (1982–1989 and 1992–1996), the Children’s Health Insurance Program (1999–2011), or a state-sponsored health plan or other government program (1997–2011). In addition, in 1976–1996, the uninsured include persons who did not report any type of public or private health care coverage and did not report receiving AFDC or SSI. A person was also defined as uninsured if he or she had only Indian Health Service coverage or only had a private plan that paid for one type of service such as accidents or dental care.

## Additional coverage definitions, 1968 and 1970

The term **health insurance** refers to private insurance in the 1968 and 1970 NHIS and designates any plan specifically designed to pay all or part of the medical or hospital expenses of the insured individual. The insurance can be either a group or an individual policy with the premiums paid by the individual, an employer, a third party, or a combination of these. Benefits received under the plan can be in the form of payment to the individual or to the hospital or doctor. However, the plan must be a formal one with defined membership and benefits, rather than an informal one. For example, an employer simply paying the hospital bill for an employee would not constitute a health insurance plan. For NHIS in these years, (private) health insurance excludes the following kinds of plans:

- Plans limited to the “dread diseases,” such as cancer and polio.
- “Free care” such as public assistance or public welfare or Medicaid (as of 1968); care given free of charge to veterans; care given to dependents of military personnel; care given under the Uniformed Services Dependents Medical Care Program, Crippled Children, or similar programs; and care of persons admitted for research purposes.
- Insurance that pays bills only for accidents, such as liability insurance held by a car or property owner; insurance that covers children for accidents at school or camp; and insurance that covers workers only for accidents, injuries, or diseases incurred on the job.
- Insurance that pays only for loss of income.

**Hospital insurance** pays all or part of the hospital bill for the hospitalized person. Hospital bill means only the bill submitted by the hospital itself, not the doctor’s or surgeon’s bill or the bill for special nurses. Such a bill always includes the cost of room and meals and may also include the costs of other services such as operating room, laboratory tests, and x-rays.

**Surgical insurance** pays in whole or part the bill of the doctor or surgeon for an operation, whether performed in a hospital or in the doctor’s office. Insurance that pays the cost of visits to a doctor’s office for postoperative care is included as surgical insurance.

Table 1. Percentage of persons under age 65 with health insurance coverage, by coverage type, and without health insurance: United States, selected years 1968-2011

Year	Sample size	Private coverage <sup>1</sup>			Public coverage <sup>2</sup>			Uninsured <sup>3</sup>
		Any <sup>4</sup>	Employer <sup>5</sup>	Other <sup>6</sup>	Medicaid <sup>7</sup>	Medicare <sup>8</sup>	Other <sup>9</sup>	
Percent (standard error)								
1968	120,670	79.3 (0.39)	---	---	---	---	---	---
1970	44,373	78.7 (0.53)	68.6 (0.60)	10.0 (0.37)	---	---	---	---
1972	119,939	77.3 (0.39)	69.4 (0.43)	7.8 (0.18)	3.5 (0.14)	---	2.6 (0.18)	16.7 (0.32)
1974	104,727	79.7 (0.31)	70.5 (0.35)	9.6 (0.18)	4.7 (0.16)	---	2.5 (0.20)	13.1 (0.24)
1976	101,594	78.9 (0.31)	68.5 (0.32)	10.3 (0.19)	4.9 (0.16)	0.2 (0.02)	2.6 (0.19)	14.1 (0.24)
1978	98,465	79.3 (0.34)	70.2 (0.35)	9.2 (0.19)	6.7 (0.19)	1.2 (0.04)	2.3 (0.16)	12.0 (0.22)
1980	91,425	79.4 (0.38)	71.4 (0.40)	8.0 (0.20)	7.1 (0.19)	1.4 (0.05)	2.0 (0.16)	12.0 (0.26)
1982	92,489	78.1 (0.53)	70.3 (0.55)	7.9 (0.21)	6.1 (0.29)	1.2 (0.04)	3.7 (0.21)	13.9 (0.36)
1983	46,729	76.9 (0.64)	68.4 (0.67)	8.7 (0.27)	6.8 (0.34)	1.1 (0.06)	3.6 (0.26)	14.6 (0.46)
1984	93,396	76.7 (0.62)	69.1 (0.62)	7.7 (0.21)	6.8 (0.33)	1.2 (0.04)	3.7 (0.23)	14.5 (0.39)
1986	54,860	76.8 (0.71)	69.3 (0.76)	7.6 (0.33)	6.4 (0.35)	1.2 (0.05)	3.3 (0.29)	15.0 (0.43)
1989	102,684	75.9 (0.51)	68.3 (0.51)	7.6 (0.19)	7.2 (0.26)	1.4 (0.05)	2.9 (0.24)	15.6 (0.35)
1990	105,053	74.2 (0.43)	66.4 (0.47)	7.8 (0.28)	7.1 (0.21)	1.3 (0.04)	3.0 (0.25)	17.2 (0.30)
1991	105,316	73.6 (0.48)	62.8 (0.52)	10.8 (0.31)	8.5 (0.27)	1.4 (0.06)	2.9 (0.25)	16.4 (0.29)
1992	113,042	72.0 (0.46)	64.9 (0.45)	7.1 (0.18)	9.8 (0.29)	1.4 (0.05)	2.9 (0.25)	16.8 (0.28)
1993	53,626	71.0 (0.54)	65.3 (0.53)	5.8 (0.23)	10.7 (0.36)	1.3 (0.06)	2.7 (0.28)	17.4 (0.41)
1994	101,608	69.9 (0.50)	64.0 (0.48)	5.9 (0.17)	11.2 (0.34)	1.4 (0.05)	2.8 (0.23)	17.8 (0.32)
1995	90,512	71.3 (0.42)	65.6 (0.43)	5.7 (0.16)	11.5 (0.27)	1.6 (0.06)	2.6 (0.17)	16.3 (0.25)
1996	56,268	71.2 (0.55)	65.1 (0.57)	6.1 (0.22)	11.1 (0.33)	1.6 (0.07)	2.6 (0.19)	16.7 (0.36)
1997	91,275	70.7 (0.36)	66.4 (0.36)	4.2 (0.13)	9.7 (0.23)	1.6 (0.05)	2.7 (0.13)	17.5 (0.24)
1998	87,020	72.1 (0.36)	67.5 (0.37)	4.6 (0.14)	8.9 (0.22)	1.7 (0.06)	2.7 (0.15)	16.6 (0.25)
1999	85,732	72.8 (0.36)	68.3 (0.37)	4.4 (0.14)	9.1 (0.21)	1.7 (0.06)	2.2 (0.12)	16.1 (0.25)
2000	89,149	71.7 (0.35)	67.3 (0.37)	4.2 (0.14)	9.5 (0.22)	1.7 (0.06)	2.2 (0.13)	16.8 (0.25)
2001	89,478	71.5 (0.37)	67.2 (0.35)	4.1 (0.12)	10.4 (0.21)	1.8 (0.06)	2.1 (0.12)	16.1 (0.25)
2002	82,533	69.7 (0.37)	65.6 (0.37)	3.9 (0.13)	11.8 (0.23)	1.7 (0.06)	2.3 (0.14)	16.5 (0.24)
2003	81,596	68.9 (0.40)	64.4 (0.41)	4.0 (0.15)	12.3 (0.25)	1.8 (0.06)	2.4 (0.17)	16.5 (0.26)
2004	83,357	68.8 (0.39)	64.0 (0.39)	4.6 (0.14)	12.5 (0.24)	1.8 (0.06)	2.4 (0.12)	16.4 (0.23)
2005	87,077	68.2 (0.40)	63.6 (0.40)	4.4 (0.14)	12.9 (0.25)	1.8 (0.06)	2.5 (0.13)	16.4 (0.24)
2006	67,066	66.3 (0.48)	61.5 (0.48)	4.6 (0.17)	14.0 (0.32)	2.1 (0.08)	2.5 (0.14)	17.0 (0.29)
2007	67,065	66.8 (0.45)	61.6 (0.46)	4.9 (0.17)	13.9 (0.30)	2.1 (0.08)	2.7 (0.17)	16.6 (0.29)
2008	65,495	65.6 (0.46)	60.5 (0.46)	4.8 (0.19)	14.7 (0.32)	2.3 (0.08)	2.7 (0.16)	16.8 (0.29)
2009	78,011	63.3 (0.49)	58.0 (0.48)	5.0 (0.17)	16.1 (0.33)	2.3 (0.08)	2.9 (0.18)	17.5 (0.28)
2010	79,336	61.7 (0.47)	56.6 (0.45)	4.8 (0.15)	16.9 (0.29)	2.3 (0.07)	3.1 (0.15)	18.2 (0.29)
2011	89,060	61.8 (0.45)	56.4 (0.44)	4.8 (0.15)	17.8 (0.31)	2.4 (0.07)	3.0 (0.11)	17.2 (0.24)

--- Data not available.

<sup>1</sup>Excludes plans that paid for only one type of service such as accidents or dental care.

<sup>2</sup>Includes Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, Medicare (disability), and military plans.

<sup>3</sup>A person was defined as uninsured if he or she did not have any private health insurance, Medicare (1976-2011), Medicaid, CHIP (1999-2011), state-sponsored (1982-1989, 1992-2011) or other government-sponsored health plan (1997-2011), or military plan. A person was also defined as uninsured if he or she had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care.

<sup>4</sup>Includes persons covered by private coverage obtained through an employer, purchased directly, or obtained through any other means.

<sup>5</sup>Private insurance originally obtained through a present or former employer or union; this also includes private insurance obtained through the workplace, self-employment, or a professional association. In 1991, an additional question (Was \_\_\_ health insurance coverage from a plan in \_\_\_ own name?) was asked prior to the question concerning employer-sponsored private coverage, which may have impacted the affirmative responses to the employer-sponsored question and resulted in a lower estimate than expected for employer-sponsored private coverage.

<sup>6</sup>Includes persons who are covered by private insurance that is not obtained through a current or former employer, union, or professional association. This includes directly purchased plans as well as plans obtained through school or other means. See footnote 5 for an explanation concerning the estimates for employer and directly purchased coverage for 1991.

<sup>7</sup>Includes persons covered by other public programs (1982-1989, 1992-2011) and CHIP (1999-2011). In 1972 and 1974, coverage is estimated through reasons for not having health insurance coverage. In 1976, coverage is estimated through reasons for not having health insurance coverage as well as participation in Aid to Families with Dependent Children (AFDC) or Supplemental Security Income (SSI) programs. In 1978-1989, coverage is estimated through a survey question about having a Medicaid card, reasons for not having health insurance, and participation in AFDC and SSI programs. In 1990-1996, coverage is estimated through a survey question about having Medicaid in the past month and through participation in AFDC and SSI programs. In 1997 to 2007, coverage is estimated through a question about current Medicaid coverage. Beginning in the third quarter of 2004, a Medicaid probe question was added to reduce potential errors in reporting Medicaid status. Persons under age 65 with no reported coverage were asked explicitly about Medicaid coverage.

<sup>8</sup>In 1968-1974, only persons aged 65 and over were asked about Medicare coverage. In 1976, Medicare coverage was estimated through reasons for not having health insurance coverage. Beginning in 1978, Medicare coverage was asked of persons of all ages.

<sup>9</sup>In 1972-1980, "Other public coverage" includes persons covered by military health plans. Beginning in 1982, this category may also include persons covered by other government programs. In 1972-1980, this category is estimated through reasons for not having health insurance coverage. In 1982-1989, this category is estimated through questions concerning military coverage and through reasons for not having health insurance coverage. In 1990-2007, this category is estimated through questions concerning military coverage (1990-2011) and other government coverage (1997-2011). Military coverage includes TRICARE (CHAMPUS), CHAMP-VA, and VA coverage. In 1978, the survey asked only about VA coverage, and persons who responded affirmatively to the VA question were not included in the "other" category.

NOTES: Percentages do not add to 100 because a small percentage of persons reported more than one type of coverage. Estimates are based on household interviews of a sample of the civilian noninstitutionalized population. In 1990-1992, approximately 1% of the health insurance responses were imputed.

DATA SOURCE: CDC/NCHS, National Health Interview Survey, health insurance supplements (prior to 1997) and Family Core questionnaire (starting with 1997).

ACKNOWLEDGMENTS: This table is an update of Table 1 from the report titled, "Health Insurance Coverage Trends, 1959–2007: Estimates from the National Health Interview Survey," released in July 2009 and available from <http://www.cdc.gov/nchs/data/nhsr/nhsr017.pdf>. This table was produced by Robin A. Cohen of the Division of Health Interview Statistics, National Center for Health Statistics, Centers for Disease Control and Prevention.

Table 2. Number of persons under age 65 with health insurance coverage, by coverage type, and without health insurance: United States, selected years 1968-2011

Year	Population under age 65 in millions	Private coverage <sup>1</sup>			Public coverage <sup>2</sup>			Uninsured <sup>3</sup>
		Any <sup>4</sup>	Employer <sup>5</sup>	Other <sup>6</sup>	Medicaid <sup>7</sup>	Medicare <sup>8</sup>	Other <sup>9</sup>	
Number of persons under age 65 in millions								
1968	177.1	140.5	---	---	---	---	---	---
1970	180.9	142.3	124.1	18.0	---	---	---	---
1972	184.2	142.3	127.9	14.4	6.5	---	4.7	30.7
1974	186.6	148.7	131.5	17.9	8.7	---	4.6	24.4
1976	188.8	148.9	129.4	19.5	9.3	0.5	4.9	26.6
1978	191.0	151.6	134.0	17.5	12.8	2.4	4.3	23.0
1980	194.0	154.1	138.5	15.6	13.8	2.7	3.9	23.3
1982	201.7	157.5	141.8	16.0	12.2	2.5	7.5	28.0
1983	203.8	156.7	139.4	17.7	13.9	2.3	7.3	29.7
1984	205.2	157.5	141.7	15.7	13.9	2.4	7.6	29.8
1986	208.8	160.4	144.6	15.8	13.4	2.5	6.9	31.3
1989	214.3	162.7	146.3	16.3	15.4	3.0	6.1	33.4
1990	216.3	160.5	143.7	16.8	15.4	2.8	6.5	37.2
1991	218.4	160.8	137.1	23.7	18.6	3.0	6.4	35.8
1992	220.7	158.9	143.2	15.8	21.6	3.2	6.4	37.1
1993	223.6	158.8	145.9	12.9	23.9	3.0	6.1	38.8
1994	228.6	159.8	146.2	13.5	25.6	3.1	6.4	40.6
1995	230.4	164.4	151.3	13.1	26.6	3.7	5.9	37.7
1996	232.5	165.5	151.4	14.2	25.8	3.7	6.0	38.9
1997	234.6	165.8	155.9	9.8	22.9	3.8	6.4	41.0
1998	236.8	170.8	159.8	10.8	21.1	4.1	6.3	39.2
1999	239.2	174.2	163.4	10.5	21.9	4.1	5.2	38.5
2000	241.3	173.0	162.5	10.1	22.9	4.0	5.4	40.5
2001	243.6	174.1	163.8	10.0	25.2	4.3	5.1	39.2
2002	245.7	171.3	161.2	9.7	29.1	4.1	5.6	40.6
2003	251.8	173.6	162.1	10.1	30.9	4.5	6.1	41.6
2004	253.7	174.5	162.3	11.6	31.6	4.5	6.1	41.6
2005	256.1	174.7	162.9	11.1	33.2	4.5	6.4	42.1
2006	258.2	171.2	158.8	11.8	36.2	5.4	6.5	43.9
2007	260.7	174.1	160.7	12.7	36.2	5.4	7.0	43.3
2008	262.0	171.9	158.6	12.6	38.4	5.9	7.0	44.1
2009	263.4	166.7	152.8	13.1	42.4	6.2	7.7	46.2
2010	265.4	163.9	150.2	12.7	44.8	6.0	8.1	48.3
2011	266.2	164.5	150.1	12.7	47.4	6.4	7.9	45.8

--- Data not available.

<sup>1</sup>Excludes plans that paid for only one type of service such as accidents or dental care.

<sup>2</sup>Includes Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, Medicare (disability), and military plans.

<sup>3</sup>A person was defined as uninsured if he or she did not have any private health insurance, Medicare (1976-2011), Medicaid, CHIP (1999-2011), state-sponsored (1982-1989, 1992-2011) or other government-sponsored health plan (1997-2011), or military plan. A person was also defined as uninsured if he or she had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care.

<sup>4</sup>Includes persons covered by private coverage obtained through an employer, purchased directly, or obtained through any other means.

<sup>5</sup>Private insurance originally obtained through a present or former employer or union; this also includes private insurance obtained through the workplace, self-employment, or a professional association. In 1991, an additional question (Was \_\_\_ health insurance coverage from a plan in \_\_\_ own name?) was asked prior to the question concerning employer-sponsored private coverage, which may have impacted the affirmative responses to the employer-sponsored question and resulted in a lower estimate than expected for employer-sponsored private coverage.

<sup>6</sup>Includes persons who are covered by private insurance that is not obtained through a current or former employer, union, or professional association. This includes directly purchased plans as well as plans obtained through school or other means. See footnote 5 for an explanation concerning the estimates for employer and directly purchased coverage for 1991.

<sup>7</sup>Includes persons covered by other public programs (1982-1989, 1992-2011), and CHIP (1999-2011). In 1972 and 1974, coverage is estimated through reasons for not having health insurance coverage. In 1976, coverage is estimated through reasons for not having health insurance coverage as well as participation in Aid to Families with Dependent Children (AFDC) or Supplemental Security Income (SSI) programs. In 1978-1989, coverage is estimated through a survey question about having a Medicaid card and through reasons for not having health insurance and participation in AFDC and SSI programs. In 1990-1996, coverage is estimated through a survey question about having Medicaid in the past month and through participation in AFDC and SSI programs. In 1997 to 2007, coverage is estimated through a question about current Medicaid coverage. Beginning in the third quarter of 2004, a Medicaid probe question was added to reduce potential errors in reporting Medicaid status. Persons under age 65 with no reported coverage were asked explicitly about Medicaid coverage.

<sup>8</sup>In 1968-1974, only persons aged 65 and over were asked about Medicare coverage. In 1976, Medicare coverage was estimated through reasons for not having health insurance coverage. Beginning in 1978, Medicare coverage was asked of persons of all ages.

<sup>9</sup>In 1972 - 1980, "Other coverage" includes persons who are covered by military health plans. Beginning in 1982, this category may also include persons covered by other government programs. In 1972-1980, "other coverage" is estimated through reasons for not having health insurance coverage. In 1982-1989, this category is estimated through questions concerning military coverage and through reasons for not having health insurance coverage. In 1990-2007, the category is estimated through questions concerning military coverage (1990-2011) and other government coverage (1997-2011). Military coverage includes TRICARE (CHAMPUS), CHAMP-VA, and VA coverage. In 1978, the survey asked only about VA coverage, and persons who responded affirmatively to the VA question were not included in the "other" category.

NOTES: Due to rounding, the number of persons do not add to 100 because a small percentage of persons reported more than one type of coverage. Estimates are based on household interviews of a sample of the civilian noninstitutionalized population. In 1990-1992, approximately 1% of the health insurance responses were imputed.

DATA SOURCE: CDC/NCHS, National Health Interview Survey, health insurance supplements (prior to 1997) and Family Core questionnaire (starting with 1997).

ACKNOWLEDGMENTS: This table is an update of Table 2 from the report titled, "Health Insurance Coverage Trends, 1959–2007: Estimates from the National Health Interview Survey," released in July 2009 and available from <http://www.cdc.gov/nchs/data/nhsr/nhsr017.pdf>. This table was produced by Robin A. Cohen of the Division of Health Interview Statistics, National Center for Health Statistics, Centers for Disease Control and Prevention.