

Chapter 2

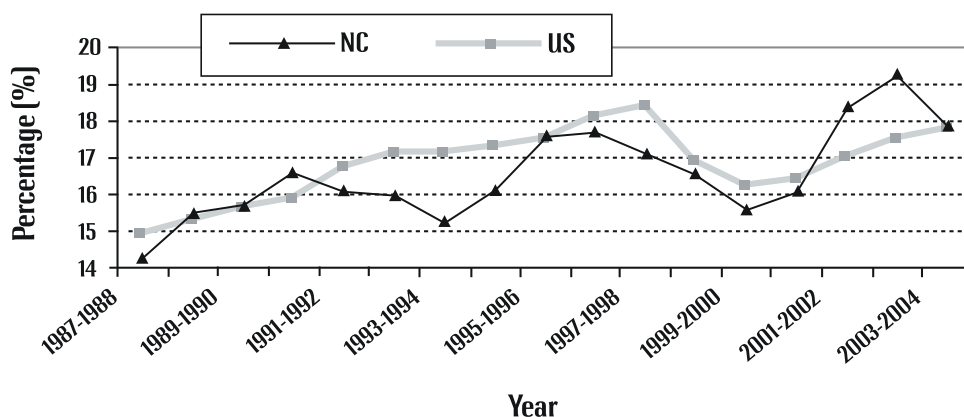


The Uninsured

Between 1999–2000, and 2003–2004, the percentage of the nonelderly uninsured in North Carolina increased almost 15% (from 15.6% to 17.9%, respectively). Nationally, the percentage of nonelderly without insurance coverage increased by 10% (from 16.2% to 17.8%).¹ (see Chart 2.1) Due to this increase, there are now more than 1.3 million nonelderly people in the state who are uninsured.²

Most of the increase in the uninsured is due to the drop in employer-sponsored insurance. North Carolina experienced a greater loss in employer-sponsored insurance than other states.

Chart 2.1
Percent Uninsured Under Age 65 (North Carolina and National Estimates, Two-Year Averages (1987-1988 to 2003-2004))



Source: Holmes M. Analysis of US Census Current Population Survey (CPS) 2004-2005 (Calendar years 2003-2004). Health Historical Tables. Persons Under Age 65. HI-6. Cecil G. Sheps Center for Health Services Research, The University of North Carolina at Chapel Hill. 2005. The analyses are based on two-year average of 2004-2005 CPS data weighted more heavily to the most recent year.

Most of the increase in the uninsured can be attributed to the drop in employer-sponsored insurance (ESI) coverage. A greater percentage of people lost employer-sponsored coverage in North Carolina in the last four years compared to the rest of the country. The percentage of people with employer-based insurance in North Carolina declined by 9%, from 67.6% (in 1999–2000) to 61.5% (2003–2004). Nationally, there was only a 6% decline in employer-sponsored insurance during the same time period, from 67.6% to 63.3%. The economic forces affecting this change and more detailed information about employer-sponsored health insurance are discussed in the following chapter. This chapter provides background on the characteristics of the uninsured, the reasons why people lack coverage, and the interaction between insurance status and health.



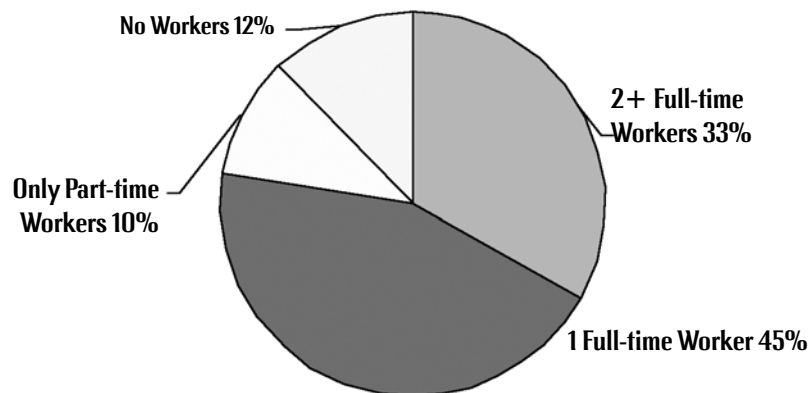
Characteristics of the Uninsured

More than one sixth of the state's nonelderly population lacks health insurance coverage. The uninsured, in many ways, are a microcosm of the state's population. They include workers and the unemployed; wealthy and low-income individuals; and men, women, and children of all races, ethnicities, and ages. However, certain demographic groups have a higher risk of being uninsured, including individuals who work for small employers or in certain industries, lower-income individuals, young adults, people who are racial or ethnic minorities, noncitizens, and people living in rural areas.

Most of the uninsured are workers or family^a of workers. Most of the uninsured in the state have a connection to the workforce, with more than three fourths of the uninsured being in a family^a with at least one full-time worker (see Chart 2.2).¹ Only 12% of the uninsured have no connection to the workforce.

Chart 2.2

Percent of the Uninsured Based on Employment Status (North Carolina, 2003-2004)



Source: Holmes M. Analysis of US Census. Current Population Survey (CPS) 2004-2005 (Calendar years 2003-2004). Cecil G. Sheps Center for Health Services Research, The University of North Carolina at Chapel Hill. 2005. The analyses are based on two-year average of 2004-2005 CPS data weighted more heavily to the most recent year.

Only 12% of the uninsured have no connection to the workforce.

While most of the uninsured live in a family with at least one full-time worker, families with only part-time workers have the highest likelihood of being uninsured. More than one quarter of the people in households that contain only part-time workers (28%) are uninsured, compared to 19.2% of families with one full-time worker and 11.5% of those with two or more full-time workers. Families with only part-time workers have a higher likelihood of being uninsured than do families with no workers (22.5%). This is due, in part, to the fact that families with no workers are more likely to qualify for Medicare or Medicaid. (See Chapter 3 for a description of eligibility rules.)

Individuals who work for small employers or in certain industries, such as construction, manufacturing, or hospitality, are less likely to have health insurance coverage. More than half of all uninsured workers (55.5%) work for small employers with less than 25

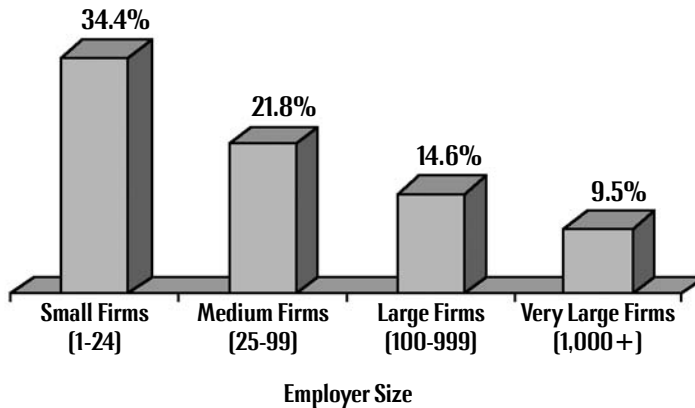
^a Family, as used in Current Population Survey analyses throughout this report, is broadly defined and includes more individuals than those typically eligible for dependent health insurance coverage. See Appendix F for more details.



employees. Another 12.6% work for medium-size firms (25-99 employees), 12.0% work for larger firms (100-999 employees), and 19.9% work for the very largest firms (more than 1,000 employees). Not surprisingly, employees who work for the smallest firms also have the highest risk of being uninsured (Chart 2.3).¹

Chart 2.3

Percentage of Employees Working in Different Firm Sizes Who are Uninsured (North Carolina, 2003-2004)



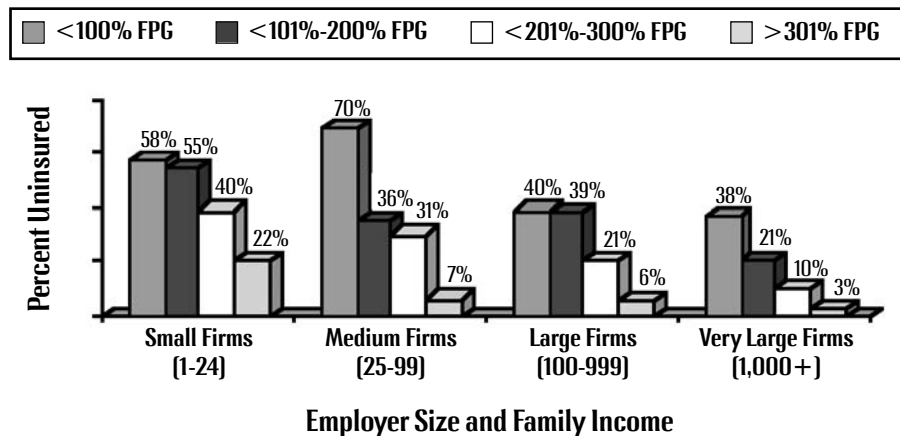
Source: Holmes M. Analysis of US Census. Current Population Survey (CPS) 2004-2005 (Calendar years 2003-2004). Cecil G. Sheps Center for Health Services Research, The University of North Carolina at Chapel Hill. 2005. The analyses are based on two-year average of 2004-2005 CPS data weighted more heavily to the most recent year.

**More than half
of uninsured
workers work for
small employers
with 25 or fewer
employees.**

Low-income workers who work for small employers are more likely to be uninsured than most other workers. In general, an individual worker's risk of being uninsured is highest when he/she has low family income or works for a very small firm (with fewer than 25 employees) (see Chart 2.4).¹ As one uninsured person noted in focus

Chart 2.4

Percentage of Full-Time Workers, Working for Different Size Employers and With Different Incomes, Who are Uninsured (North Carolina, 2003-2004)



Source: Holmes M. Analysis of US Census. Current Population Survey (CPS) 2004-2005 (Calendar years 2003-2004). Cecil G. Sheps Center for Health Services Research, The University of North Carolina at Chapel Hill. 2005. The analyses are based on two-year average of 2004-2005 CPS data weighted more heavily to the most recent year.

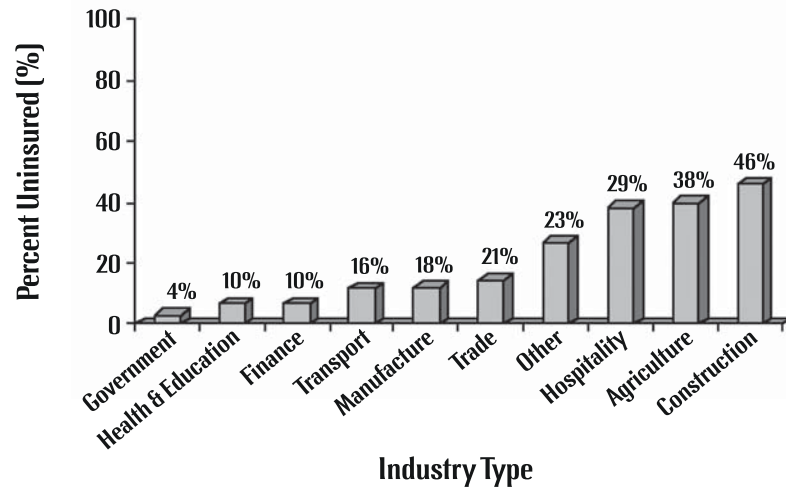


Approximately
three fifths
(60%) of the
nonelderly
uninsured have
incomes below
200% of the
federal poverty
guidelines
(\$38,700 for a
family of four).

groups conducted in North Carolina, “At the grocery store I work for, they have insurance, but I can’t afford it. Between my wife and me, we make too much to qualify for Medicaid, but not enough to pay for insurance.” The higher the person’s income or larger the firm, the less likely he/she is to be uninsured.

Chart 2.5

Percentage of Full-Time Workers in Certain Industries Who Are Uninsured (North Carolina, 2003-2004)



Source: Holmes M. Analysis of US Census. Current Population Survey (CPS) 2004-2005 (Calendar years 2003-2004). Cecil G. Sheps Center for Health Services Research, The University of North Carolina at Chapel Hill. 2005. The analyses are based on two-year average of 2004-2005 CPS data weighted more heavily to the most recent year.

Insurance coverage also varies by industry, with uninsured rates ranging from less than 4% for full-time government employees to almost half (46%) of those working full time in construction (see Chart 2.5).¹

Lower-income individuals and families are the most likely to lack health insurance coverage. People with incomes less than the federal poverty guidelines (FPG) are the most likely to be uninsured (see Table 2.1).³ (See Appendix A for FPG data.) More than one third

Table 2.1

Insurance Coverage by Poverty Status (North Carolina, 2003-2004)

Insurance Type (Percent of people less than age 65)	<100% FPG (15%)	100-200% FPG (18%)	200-300% FPG (16%)	300%+ FPG (50%)	Total (100%)
Employer	13.2%	32.3%	61.7%	80.1%	58.3%
Medicaid	35.3%	19.7%	5.8%	2.8%	11.3%
Medicare	5.8%	5.6%	3.8%	1.3%	3.2%
Private	10.4%	13.1%	10.4%	7.2%	9.3%
Uninsured	35.4%	29.4%	18.3%	8.5%	18.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%

Source: Holmes M. Analysis of US Census. Current Population Survey (CPS) 2004-2005 (Calendar years 2003-2004). Cecil G. Sheps Center for Health Services Research, The University of North Carolina at Chapel Hill. 2005. The analyses are based on two-year average of 2004-2005 CPS data weighted more heavily to the most recent year. Percentages might not add to 100 due to rounding.



of the people living in poverty are uninsured, compared to 8.5% of those with incomes in excess of 300% FPG. Low-income people are less likely to have employer-based coverage and more likely to rely on Medicaid as their source of health insurance coverage.

Of the more than 1.3 million people in the state who lack insurance coverage, approximately 800,000 (59.6%) have incomes below 200% FPG (or \$38,700 gross income per year for a family of four). Strategies to extend health insurance coverage to the low-income uninsured may need to be different than those for higher-income individuals. Low-income uninsured are less likely than higher-income uninsured to have access to employer-sponsored insurance, partly because they are slightly more likely to work in industries, such as construction or hospitality, which are less likely to offer insurance.⁴ They are also less likely to work full-time and have a more sporadic employment history than those with higher incomes.¹ Further, lower-income uninsured individuals have worse health status than higher-income uninsured. For example, they are 4.5 times more likely to have diabetes, 30% more likely to have high blood pressure, 50% more likely to have high cholesterol, and almost twice as likely to report having fair or poor health than higher-income uninsured individuals.⁵

While most of the uninsured are low-income, many uninsured have higher incomes: 16.6% have incomes between 200–300% FPG, and 23.9% have incomes in excess of 300% FPG. Among those with incomes above 300% of FPG, the uninsured generally have lower self-reported health status than people with insurance coverage. For example, 36.3% of the uninsured at this income level reported having poor, fair, or good health status (versus very good or excellent health status). In contrast, only 23.8% of those with insurance coverage reported being in poor, fair, or good health status. Also, among those with incomes in excess of 300% FPG, the uninsured generally have lower family incomes than do those with insurance coverage.^b This suggests that some of the uninsured have worse health problems, which may make health insurance coverage unaffordable in the nongroup market.¹ (See Chapter 3 for discussion of nongroup coverage.)

Table 2.2
Percent of Uninsured Population and Total Population, by Race (North Carolina, 2003–2004)

Race/Ethnicity	Percent of Total Uninsured Population	Percent of Total Population
White, Non-Latino	49%	69%
African-American, Non-Latino	23%	21%
Latino	21.5%	6%
Other Races, Non-Latino	6.5%	4%

Source: Holmes M. Holmes M. Analysis of US Census. Current Population Survey (CPS) 2004–2005 (Calendar years 2003–2004). Cecil G. Sheps Center for Health Services Research, The University of North Carolina at Chapel Hill. 2005. The analyses are based on two-year average of 2004–2005 CPS data weighted more heavily to the most recent year. US Census Bureau. American Community Survey, 2004 Summary Tables; 2004 General Demographic Characteristics; using American Fact Finder.

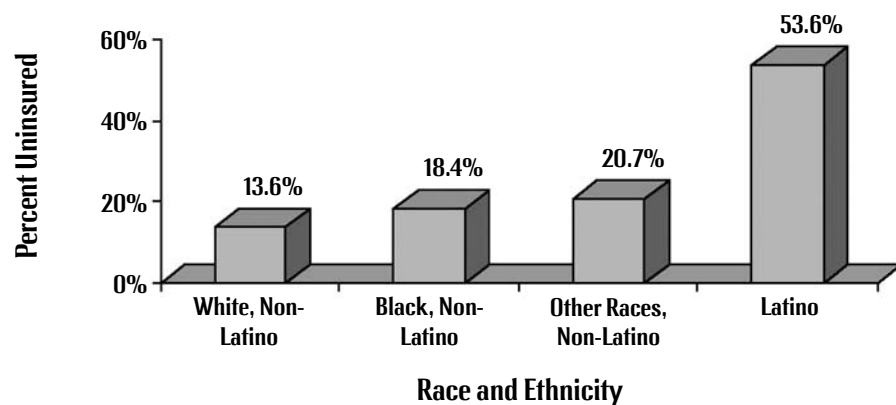
^b The uninsured with incomes in excess of 300% FPG generally have lower incomes than those with insurance coverage. For example, 46% of the nonelderly uninsured individuals in families with incomes above 300% FPG have incomes closer to 300% FPG (300–400% FPG), compared to 31% of insured nonelderly individuals. Insured individuals generally have higher incomes.



Most of the uninsured are whites, but racial and ethnic minorities have a higher chance of being uninsured. While almost half of the uninsured are white, non-Latino (49%), they actually represent a smaller percentage of the uninsured than they do in the general population (69%).^{1,6} African American non-Latinos constitute 23% of the uninsured, Latinos constitute 21.5%, and other races (non-Latino) constitute 6.5% (see Table 2.2).^{1,7} While not the largest numbers of uninsured, Latinos and African Americans have a higher likelihood of being uninsured than do whites (see Chart 2.6).¹

Chart 2.6

Percent of Individuals, by Race and Ethnicity, Who are Uninsured (North Carolina, 2003-2004)



Source: Holmes M. Analysis of US Census. Current Population Survey 2004-2005 (CPS) [Calendar years 2003-2004]. Cecil G. Sheps Center for Health Services Research, The University of North Carolina at Chapel Hill. 2005. The analyses are based on two-year average of 2004-2005 CPS data weighted more heavily to the most recent year.

The likelihood of being uninsured also varies by nation of birth and citizenship, especially for Latinos. North Carolina Latinos are more likely to be recent immigrants who were born outside of the United States, thus, they are disproportionately likely to be uninsured. Latinos born in the United States are about equally as likely to be uninsured as nonwhite, non-Latinos (24.3%); however, Latinos born outside the United States are much more likely to be uninsured (39.9%), and those that are noncitizens are most likely to be uninsured (70.4%).⁸ Latinos are more likely to be uninsured because they work in industries that are less likely to offer health insurance coverage (such as construction), and are less likely to work in industries that do offer insurance (such as health and education).^c Although poor, many Latino immigrants living in North Carolina are not eligible for publicly subsidized health insurance coverage. Federal immigration laws, passed in 1996, made it more difficult for Latinos and other recent immigrants to qualify for certain federally-funded programs, including Medicaid and North Carolina Health Choice (State Child Health Insurance Plan), unless they become citizens or are qualified immigrants who have resided in the United States for at least five years.⁹ More

^c Latinos are more likely to work in low-insurance industries. For example, 40% of full-time Latinos work for construction compared to 8% of non-Latinos full-time workers; whereas only 4% of full-time Latinos work for health and education, compared to 22% of non-Latino full-time workers.

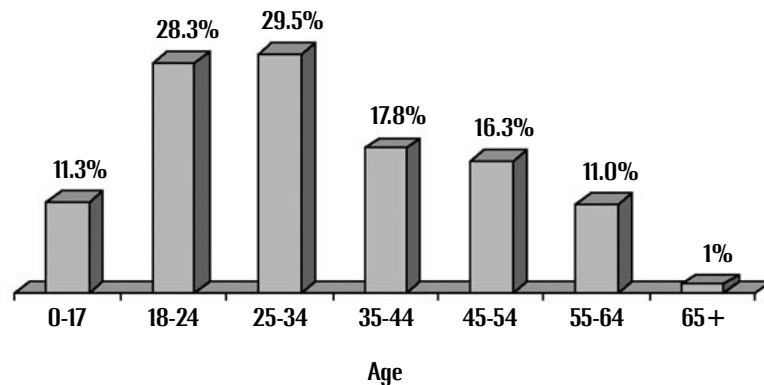


The uninsurance rate varies across the state from a high of 28.3% in Tyrrell County to a low of 13.9% in Wake County (2004).

than half (58.3%) of the Latinos living in North Carolina are noncitizens, and many are recent immigrants who arrived in the United States within the last five years.^{d,10}

Young adults are more likely than older adults to lack insurance coverage. Young adults, ages 18–34, are more likely to lack insurance coverage than any other age group (see Chart 2.7).¹ They comprise 44.8% of all the nonelderly uninsured. They are more likely to work in construction or the hospitality industry, have lower wages, and have less stable work history than older adults. This suggests that some young adults may have less access to employer-sponsored insurance and/or have less ability to pay for coverage when offered.

Chart 2.7
Percent of Individuals Who are Uninsured, by Age (North Carolina, 2003–2004)



Source: Holmes M. Analysis of US Census. Current Population Survey (CPS) 2004–2005 (Calendar years 2003–2004). Cecil G. Sheps Center for Health Services Research, The University of North Carolina at Chapel Hill. 2005. The analyses are based on two-year average of 2004–2005 CPS data weighted more heavily to the most recent year.

Men are more likely to lack insurance coverage than women. Approximately one fifth of all men in this state lack coverage (20.2%), whereas only 15.8% of women lack coverage. This may be due, in part, to the fact that women are more likely to qualify for Medicaid coverage. Medicaid pays for approximately 42% of all births in the state.¹¹ Further, most single-parent households are headed by women. Some of these families—those with very low incomes—may qualify for public assistance and Medicaid.

The uninsurance rate varies across the state, but generally people living in rural areas have a greater likelihood of being uninsured. The uninsurance rate varies across the state and is dependent, at least in part, on the county's economic base (major industries and

d The term “noncitizen” is not synonymous with immigrants who are in the United States without documents. Individuals do not need to be citizens to reside in the United States legally. Immigrants can reside in the United States with many different types of immigration classifications, including work or student visas. Many noncitizens serve in the US military. There are no official estimates of how many Latinos are currently residing in North Carolina without documentation, but some experts estimate that between 48–54% of all foreign-born people in North Carolina are undocumented. Passel JS. Unauthorized Migrants: Numbers and Characteristics. Background Briefing Prepared for Task Force on Immigration and America's Future. Pew Hispanic Center. June 14, 2005. Available at <http://pewhispanic.org/files/reports/46.pdf>. Accessed December 5, 2005. Another study of Latinos estimated that 44.5% of North Carolina Latinos were undocumented in 2004. Kasarda and Johnson. The Economic Impact of the Hispanic Population on the State of North Carolina. Available at <http://www.ncba.com/2006HispanicStudy.pdf>. Accessed January 10, 2006



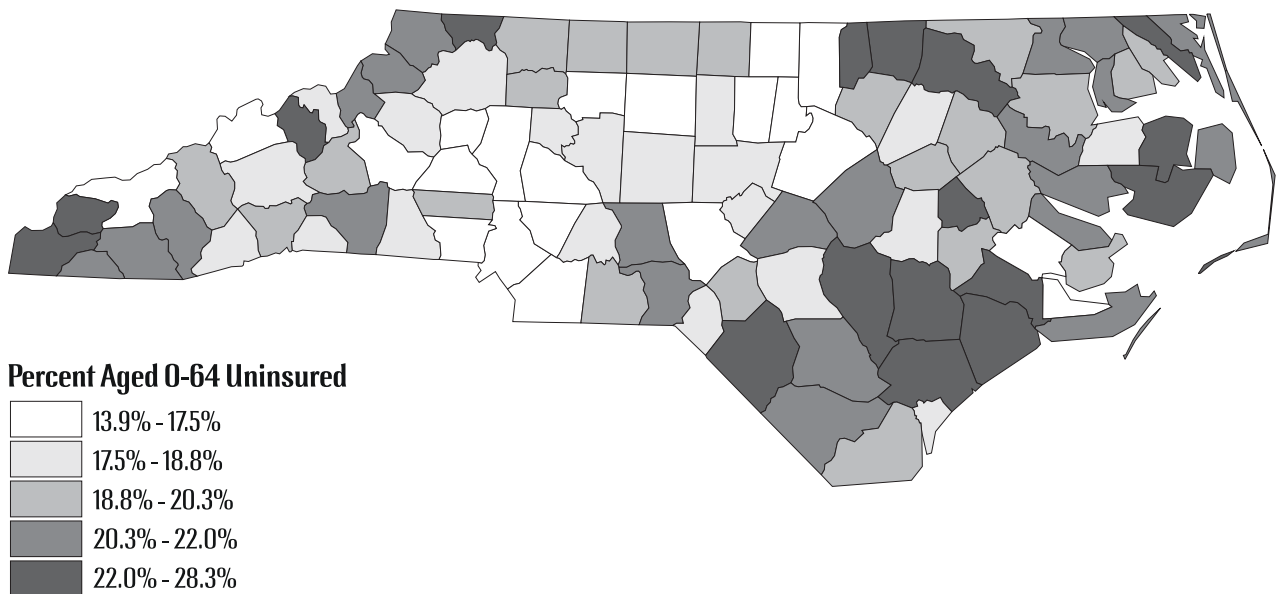
Most of the uninsured lack coverage because of the costs.

employers), the unemployment rate, and other socio-economic factors. The Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill used these factors to develop county-level estimates of the uninsured.¹² The uninsurance rate estimates ranged from a high of 28.3% in Tyrrell County to a low of 13.9% in Wake County in 2004.

- *The ten counties with the highest percentage of people without insurance coverage included:* Tyrrell (28.3%), Duplin (26.9%), Hyde (26.2%), Sampson (25.1%), Onslow (24.8%), Greene (24.4%), Alleghany (23.9%), Robeson (23.5%), Warren (23.4%), Camden (23.1%).
- *The ten counties with the lowest percentage of people without insurance coverage included:* Wake (13.9%), Mecklenburg (14.8%), Granville (15.0%), Swain (16.0%), Durham (16.1%), Guilford (16.2%), Orange (16.3%), Forsyth (16.3%), Union (16.4%), Cabarrus (16.5%).

See Appendix C for a complete list of county statistics on the uninsured.

Map 2.1
Percent of North Carolinians Age 0-64 Uninsured, 2004



Produced by Program on Health Economics and Finance, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.
Data Source: Synthetic estimates based on Annual Social Economic Survey, US Census Bureau. (2004-2005).
Contextual Data Sources: US Census Bureau, North Carolina Employment Security Commissions, Claritas.
Full report available at <http://www.shepscenter.unc.edu>.

In general, people living in rural areas have a higher risk of being uninsured (21.4%) than do people living in urban areas (16.6%). Rural counties often have greater percentages of the population who are uninsured (see Map 2.1), but urban counties have greater numbers of uninsured. Approximately two thirds of the uninsured (65.7%) live in urban areas and one third live in rural areas (34.3%).



Most of the Uninsured Lack Coverage Because It Costs too Much

“We do surveys of why people don’t take our coverage and I haven’t had anyone say that ‘I just don’t like it.’ Every single one of them said they couldn’t afford it. It costs too much.”

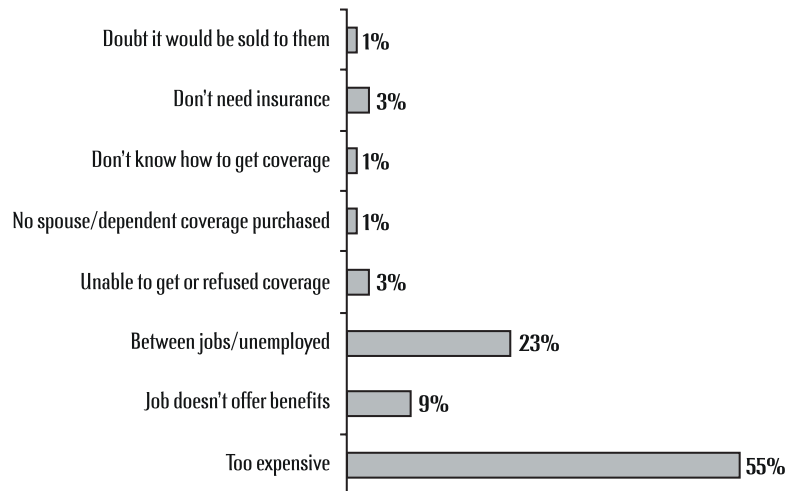
NC focus groups with employers, 2005.

People lack health insurance coverage for a variety of reasons. Some work for employers who do not offer health insurance coverage, while others may not qualify for health insurance coverage or be able to afford their share of premiums even when it is offered. Some choose not to purchase coverage when it is available. Many who are unable to purchase employer-based coverage also have difficulties affording coverage in the private, nongroup market. This is especially difficult for people with pre-existing health problems.

Most of the uninsured in North Carolina lack coverage because of the costs. In a 2005 survey of adults in the state, 55% of the uninsured reported that they lacked health insurance coverage because it was too expensive, 32% said that they did not have access to employer-sponsored insurance because either it was not offered or they were between jobs (see Chart 2.8).¹³ Only 3% reported that they did not need it.

Chart 2.8

Primary Reason for Not Having Health Insurance (North Carolina, 2005)



Source: State Center for Health Statistics. Behavioral Health Risk Factor Surveillance Survey. Division of Public Health, NC Department of Health and Humans Services, Raleigh, NC. 2005. Preliminary weights.

The average total cost for employer-based coverage in North Carolina was more than \$3,200 per year for an employee or \$8,200 for family coverage in 2002-2003 (see Chapter 3).¹⁴ This premium, absent any employer contribution, would constitute 36% of the gross income of an individual living in poverty for single coverage or 45% of the gross income of a family living in poverty for family coverage (2002). Individuals and families with incomes of twice the federal poverty guidelines would also have a difficult time paying the full premium costs, which would comprise 18% of gross income for single coverage, and 23% for family coverage. Even if the employee had access to employer-based insurance coverage and was only responsible for the average employee share (\$558 for individual coverage or \$2,200 for family coverage), this would still comprise 6% of the gross income of an individual living in poverty, or 12% of a family of four.



The cost of nongroup coverage is often even more expensive than employer-based health insurance. BlueCross BlueShield of North Carolina (BCBSNC) is the largest insurer in the nongroup market and is the only insurer in the state that will cover any individual, regardless of health status or pre-existing condition. However, the premium costs vary considerably, depending on the person's age, health status, county of residence, and chosen plan coverage (as discussed in Chapter 3). Nongroup coverage may be unaffordable to individuals unless they are young, in good health, and have higher incomes.

The Health of the Uninsured Suffers as a Result of Lacking Health Insurance Coverage

North Carolinians without health insurance are more likely to report access barriers and less likely to be able to get the healthcare services they need than people with insurance coverage.

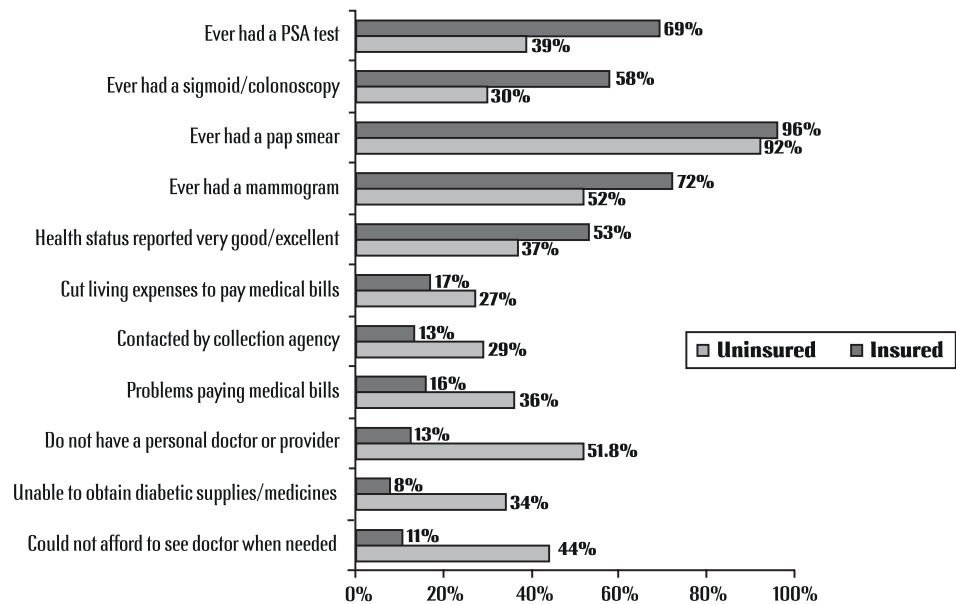
North Carolinians without health insurance are more likely to report barriers accessing healthcare and are less likely to report getting the health services they need. The State Center for Health Statistics (SCHS), within the Division of Public Health, NC Department of Health and Human Services, conducts the Behavioral Risk Factor Surveillance Survey (BRFSS) annually, a telephone survey of 15,000 adults across the state. The survey includes questions on insurance coverage, ability to access health services, and whether respondents have ever had preventive health screenings. Uninsured North Carolinians in the 2004 BRFSS survey were more likely to report that they had no personal doctor or healthcare provider (52%) than people with insurance (13%), despite the fact that they are more likely to report being in fair or poor health (see Chart 2.9).¹³ The uninsured are four times more likely to report that there were times in the last 12 months when they needed to see a doctor, but could not because of the costs (44% uninsured vs. 11% for people with insurance). Similarly, uninsured people with diabetes were more likely than those with insurance to report that there were times when they were unable to obtain either testing supplies or medicines due to the costs (49% vs. 16%, respectively). Uninsured women are less likely than insured women to report having ever had a mammogram, and of those who had a mammogram, they were less likely to report having a mammogram in the last year (45% vs. 70%, respectively). Uninsured adults who were 50 or older were less likely to report ever having a colorectal screening (sigmoidoscopy or colonoscopy), and uninsured men were less likely to have ever had a Prostate Specific Antigen (PSA) test.

In addition to experiencing difficulties obtaining needed health services, the uninsured are also more likely to report difficulties paying their medical bills, which can affect their credit rating. For example, 36% of the uninsured reported having problems paying their medical bills, compared to 16% of people with insurance coverage. Further, the uninsured are more likely than the insured to have been contacted by a collection agency in the past year as a result of unpaid medical bills (29% vs. 13%, respectively). The uninsured are also more likely than people with insurance to cut back on living expenses, such as utilities, food, clothing, housing, or transportation to pay for medical bills (27% vs. 17%, respectively).

Analyses of North Carolina hospital discharge data also show that the uninsured are about 35% more likely to be hospitalized for preventable conditions than individuals



The uninsured delay needed healthcare services, and as a result, are more likely to be diagnosed with severe health problems. Those with chronic diseases are less likely to receive the care they need to control their conditions.

Chart 2.9**Reported Access and Use of Selected Health Services, Access Barriers (North Carolina, 2004)***

Source: Behavioral Risk Factor Surveillance Survey, NC State Center for Health Statistics, Division of Public Health, NC DHHS, Raleigh, NC, 2004.

*All of the differences are statistically significant at $p < 0.0001$.

with private insurance. The uninsured are about 50% more likely to be hospitalized for asthma than those with insurance.¹¹

In addition to the self-reported data in the North Carolina BRFSS, there is a rich body of research literature documenting the health consequences of being uninsured. The Institute of Medicine of the National Academies did an extensive literature review of all the research studies analyzing the health impacts of being uninsured (2002),¹⁵ and a similar analysis was completed by Jack Hadley for the Kaiser Commission on Medicaid and the Uninsured.¹⁶ Both analyses yielded similar results. Like the North Carolina data, national studies show that the uninsured are less likely to get preventive screenings, such as mammograms, clinical breast exams, pap smears, and colorectal or cholesterol screenings; and the uninsured, including those with chronic health conditions, are less likely to have a regular source of care.¹⁷ However, the national studies go a step further and examine the health consequences of lacking insurance coverage. The uninsured are more likely to delay care they think they need because of the costs and are more likely to be diagnosed with severe health problems, such as late-stage cancer. Those with chronic diseases, such as diabetes, hypertension, or schizophrenia, are less likely to receive the care they need to control their conditions.¹⁸ For example, uninsured individuals with diabetes are less likely to have regular eye or foot exams, which may prevent blindness or amputation. They also lack regular access to medications to manage health problems such as hypertension or HIV infection.

As a result of the greater difficulty the uninsured have in obtaining health services needed to control their health problems, they are more likely to end up in the hospital



Providing insurance coverage to the uninsured would increase their annual earnings by 10-30%.

for preventable health conditions.¹⁹ Even after being admitted to the hospital, the uninsured receive fewer diagnostic and treatment services, which leads to increased risk of death.¹⁶ The Institute of Medicine of the National Academies estimated that the uninsured have a 25% greater chance of premature death than those with insurance coverage. There are approximately 18,000 excess deaths among the nonelderly that are attributable to lack of insurance coverage.¹⁸ The risk of dying is even higher for uninsured women with breast cancer. Their risk of dying prematurely is 30-50% higher than for women with similar characteristics who have health insurance coverage. Not only does the lack of health insurance affect health status, but it also impacts worker productivity and a child's achievement in school. The national Institute of Medicine estimated that the nation loses between \$65-\$130 billion every year in "health capital"^e due to the poorer health and premature deaths of the uninsured.²⁰ Other estimates suggest that providing insurance coverage to the uninsured would increase their annual earnings by 10-30%.¹⁶

^e Health capital represents the monetary value of health in future years, including the value of being alive and healthy, earning potential, and children's physical and mental development. The Coalition for American Trauma Care Washington Report. Reston, VA: The Coalition for Trauma Care. 2003. Available at <http://204.3.196.9/CATC/Coalition062703.html>. Accessed January 27, 2006.



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