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Technical Paper Series

Health Insurance Data in the PSID

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HEALTH INSURANCE DATA IN THE PSID

Report prepared by Helen Levy
October 30, 2007

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Executive summary

This report describes the health insurance data available in the Panel Study of Income Dynamics (PSID). Data from the 1999 through 2005 survey waves are benchmarked to data from the Medical Expenditure Panel Study, which are treated as "truth" for purposes of the benchmarking exercise. The main findings of the analysis are:

- PSID estimates of the fraction of the population that had any private coverage during a two-year reference period are very accurate.
- PSID estimates of the fraction of the population with both private and public coverage during a two-year reference period are low. Respondents who had both types of coverage apparently fail to mention having had public coverage and instead report having had only private coverage. This problem is concentrated among children and the elderly (ages 65 and older) – the groups with the highest true rates of having both types of coverage.
- As a result of this under-reporting, PSID estimates of the fraction with any public coverage during a two-year reference period are low.
- PSID estimates of the fraction with public coverage *only* during a two-year reference period are quite accurate.
- PSID estimates of the full-year uninsured are very accurate.
- PSID estimates of the population that is ever uninsured during the year are low because respondents under-report short spells without insurance.

Corresponding recommendations for analysts using the PSID data are:

- Consider analyzing the exhaustive and mutually exclusive outcomes "any private coverage/public coverage *only*/no coverage" rather than outcomes that rely on respondent reports of "any public coverage."
- Consider using full-year uninsured, rather than ever uninsured, as the outcome of interest when working with the data on number of months uninsured in each year.
- Use a logical imputation of Medicare for individuals 65 and older when working with data on this population.

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1. Introduction

This report describes the health insurance data available in the PSID, with a focus on the new health insurance questions that were added to the PSID core in 1999. The PSID core asked some questions about health insurance coverage in some years prior to 1999, and the PSID Child Development Supplement (CDS) also asks questions about health insurance. Section 2 briefly describes the available data in each of these years. Section 3 compares the 1999 and later core PSID health insurance questions to questions asked in other major surveys. In Section 4, estimates of health insurance coverage using data from the 1999 through 2005 core PSID surveys are benchmarked to data from the Medical Expenditure Panel Study (MEPS). Section 5 concludes with some recommendations for analysts using the new PSID core health insurance data, based on the results of the benchmarking presented in section 4.

2. What's in the PSID on health insurance? A description of the available data

2A. Health insurance data in the PSID core, 1999 and later

Since 1999, the PSID core has asked respondents whether they had any health insurance coverage in the two calendar years before the survey year. If they report having had coverage, they are asked what type of coverage; up to four mentions are allowed. Respondents with coverage are also asked how many months in each of the two calendar years before the survey year they had coverage. Exhibit 1 shows the text of the questions asked in 2003. The questions asked in 1999, 2001 and 2005 are identical except for the years used as reference periods. Exhibit 2 lists names of the relevant variables in each year.

2B. Health insurance data in the PSID core before 1999

Early data (1968 – 1972): In 1968 through 1972, the PSID asked about whether the head of the household had medical insurance, whether this insurance covered the entire family, and whether the head could "get free medical care as a veteran, through Medicaid, or any other way?" Exhibit 3 lists names of the relevant variables in each year. These variables are not comparable across all years and users should consult the online documentation for more details.

Medicare/Medicaid coverage, 1977 – 1997: For each year between 1977 and 1997 some information was gathered about Medicaid and Medicare coverage (except 1982, when there does not seem to be any information on either). From 1977 through 1981 and 1983 through 1985, the questions vary; sometimes heads and wives are lumped together (e.g. does the head or the wife have Medicaid, without specifying which), sometimes Medicare and Medicaid are lumped together. From 1986 through 1997, there is an individual-level variable indicating whether each respondent had Medicaid coverage, but no information on Medicare. Users interested in these data are urged to consult the documentation at the PSID. Exhibit 4 lists the names of the variables with Medicaid and/or Medicare information in these years.

Other health insurance questions: In 1980, household heads were asked about health insurance using questions similar to those in the early years of the survey. Heads were asked "Are you covered by some medical or hospital insurance like Medicare, Blue Cross or Blue Shield?" although they were not asked whether this insurance covered any other family members. Heads were also asked "Can you get free hospital or medical care as a veteran, or through Medicaid, or any other way?" The information from these two questions is contained in variables V7287 and

V7288. In 1984, the PSID asked employed heads whether they had "medical, surgical, or hospital insurance that covers any illness or injury that might happen to you when you are not at work" paid for by their employers. Heads also reported this information for wives, if the household included an employed wife. This information is contained in variables V10470 (heads) and V10684 (wives).

2C. Data in the Child Development Supplement (CDS)

The Child Development Supplement to the PSID gathered additional data about PSID sample children ages zero to twelve in 1997. A second CDS wave gathered additional information on the same children in 2002 – 2003, when the children were ages five to eighteen. The 1997 interview asked the child's primary caregiver about the child's health insurance coverage at the time of interview (private group plan, Medicaid, etc.) The 2002 – 03 interviews did not ask about children's health insurance coverage at the time of the survey; this interview asked instead about the amount of out-of-pocket spending for the child's health insurance in the twelve months prior to the survey date. A third wave of CDS, conducted in 2007/8, includes questions about health insurance coverage at the time of the survey. Please consult the PSID/CDS web page for more details: http://psidonline.isr.umich.edu/CDS.

3. How do the new core PSID questions (1999 and later) compare to those in other major surveys of health insurance?

The new PSID questions on health insurance are relatively unusual compared to those in other major surveys in the use of a two-year recall window. The **Current Population Survey** (CPS), probably the most widely-cited source of nationally representative data on insurance coverage, asks in March of every year about health insurance coverage held at any time in the prior calendar year. That is, for example, the 2006 March CPS asks respondents whether they had any coverage at all during 2005. This means that in theory, the CPS yields an estimate of the population that is without coverage for the entire year: the "full-year uninsured." The CPS data give a relatively high estimate of the full-year uninsured, compared with other surveys, raising the possibility that respondents actually answer the CPS questions based on their coverage at the time of the survey, rather than the coverage they had during previous calendar year (Swartz, 1986; US Department of Health and Human Services, 2005). The **National Health Interview Survey** (NHIS) asks about insurance coverage at the time of the survey, plus some retrospective questions about how long the respondent has had coverage or been without coverage, so that it is possible to construct estimates of both point-in-time and full-year uninsured using NHIS data. The **Medical Expenditure Panel Study** (MEPS) interviews households five times over the course of two years and asks respondents to report insurance coverage in each month since the previous interview. The MEPS data therefore yields estimates of both point-in-time insurance coverage and estimates of the full-year or ever uninsured (i.e. those who were without coverage for at least part of a year and possibly the entire year).

4. Benchmarking PSID core data for 1999 – 2005 to the Medical Expenditure Panel Study

I present two different sets of benchmarks comparing PSID to MEPS. The first set compares the PSID two-year recall question about whether the respondent had any insurance coverage and if so, from what source (private versus public) to comparable data from the MEPS. The second set of benchmarks uses PSID data on reported months of coverage; these responses are benchmarked directly to MEPS and are also used to construct estimates of the full-year

uninsured and the ever uninsured in each calendar year for 1997 through 2004, which are benchmarked to MEPS estimates.

The MEPS data used in this analysis are from the MEPS Full Year Consolidated Files for 1997 through 2004.[1] These files contain monthly health insurance information, obtained from five interviews over the course of two years. The MEPS data can be merged across years to form a two-year panel of monthly health insurance data for each individual. I use these data to construct measures of health insurance coverage analogous to those in PSID, to be treated as "truth" for the purpose of the benchmarking exercise. Exhibit 5 presents unweighted sample sizes for each data set in each year. Sampling weights are used to derive the estimates presented below.[2]

4A. Benchmarking the two-year recall question

I begin by assigning each PSID respondent to one of four categories, based on responses to the two-year recall question: private coverage only, public coverage only, both private and public coverage, and no coverage. I construct comparable estimates using MEPS data on health insurance coverage over a two-year window. Figure 1 compares the distribution of respondents across these categories in PSID and MEPS; because the distribution of coverage changes so much at age 65, when most individuals become eligible for Medicare, I present separate results for the elderly (65 and older) and the non-elderly. Figure 1 shows that both elderly and non-elderly respondents in the PSID underreport public coverage relative to the MEPS estimates. The underreporting appears to be worse among respondents who also have private coverage at some point during the two-year reference period, since the fraction of respondents reporting both public and private coverage is much smaller in PSID than in MEPS and the fraction reporting private coverage only is higher in PSID than in MEPS. This pattern strongly suggests that many respondents who have both types of coverage at some point during the reference period mistakenly report having had only private coverage. This phenomenon is particularly important for the elderly; Medicare is nearly universal in this population, but 12 percent of PSID respondents 65 and older report having had private coverage only.

A more detailed breakdown of coverage by age category for the non-elderly reveals the same general pattern of misreporting at all ages, but with some groups having more of a problem than others (Figure 2). The overall distribution of coverage for prime-age adults (25 – 54 years old) in the PSID benchmarks nearly perfectly to MEPS. Among children (<19 years old), "private only" and "no coverage" are both over-reported, while "both private and public" and "public only" are under-reported.

The patterns for young adults ages 19 to 24 illustrate an important point about the limitations of aggregate benchmarking. At first glance, this age group seems to report coverage quite accurately, since the fractions with private coverage only or public coverage only are almost identical in PSID and MEPS. Lack of insurance coverage is over-reported and having both public and private coverage is underreported. It would be tempting to conclude that "private

[1] The MEPS public use file numbers are HC-20, HC-28, HC-38, HC-50, HC-60, HC-70, HC-79 and HC-89 corresponding to the years 1997 through 2004.

[2] The weights used in the analysis are longitudinal weights (ER33546, ER33637, ER33740 and ER33848 in 1999, 2001, 2003 and 2005, respectively). The results do not change substantially when the new PSID cross-sectional weights, which will be released shortly, are used.

only" and "public only" are reported accurately, with the other two response categories being measured with error. It seems highly unlikely, however, that the nature of individual misreporting is that people with both types of coverage forget to report either of them; it seems much more likely that some people who have one type of coverage forget to report it, and that people who have both types of coverage forget to report one of the types (usually public). As a result, the aggregate benchmarking obscures some individual misreporting.

Given this pattern of misreporting – that private coverage is reported fairly accurately, and that respondents with both public and private coverage tend to underreport their public coverage, a reasonable approach is to analyze the following exhaustive and mutually exclusive categories:

1. Any private insurance during the reference period (may also have public)
2. Public insurance *only* during the reference period
3. No insurance during the reference period

These are the outcomes that seem least likely to be subject to reporting error, based on the results of the benchmarking so far. The outcome "any public coverage" is consistently underreported in PSID because respondents with both private and public coverage seem to forget to report the public coverage and should probably not be used in analyzing the PSID health insurance data. I will present more evidence below that PSID estimates of this outcome benchmark poorly to MEPS.

Next, I turn to an analysis of the three preferred outcomes (any private/public only/none) by survey year in order to see whether misreporting has varied over time. Figure 3 shows the fraction of respondents reporting any private coverage by year. PSID reports of any private coverage benchmark almost perfectly to MEPS data, with about 75 percent of respondents in either survey reporting that they had private coverage at some point during the two-year reference period. Public coverage only is consistently a percentage point or two lower in each year in PSID than in MEPS (Figure 4). As a result, the fraction with no coverage at any point during the two-year reference period is one or two percentage points higher in each year in PSID than in MEPS (Figure 5). Overall, however, the aggregate trends calculated using PSID are very similar to those in MEPS for all three outcomes in all years.

In order to shed more light on how misreporting may vary by age, Figures 6 through 9 show the fraction reporting any private coverage by single year of age for the reference periods 1997 – 98, 1999 – 2000, 20001 – 02, and 2003 – 04 (corresponding to data from PSID 1999, 2001, 2003 and 2005). These charts show that overall, PSID data on private insurance benchmark extremely well to MEPS by age, with two minor exceptions. The first exception is that the 2003 PSID undercounts private health insurance data for young adults between the ages of 17 and 21 relative to MEPS (Figure 8). The 2005 data show a similar blip but it is smaller than in 2003 (Figure 9). The second exception is that the 2003 PSID overcounts private coverage among the relatively small number of sample respondents who are 70 or older.

Figures 10 through 13 show the fraction reporting public coverage only by single year of age in each survey wave. Again, the age profile of coverage in PSID benchmarks very well to MEPS in each year; with the minor exception of slightly undercounting public coverage among

respondents 70 and older in 2003 (the corollary, presumably, of the overcount of any private noted above) and in 2005. Figures 14 through 17 show the fraction with no coverage in each year. (Note that this is, by definition, equal to one minus the sum of the two outcomes just presented; if you never have either type of coverage, you are uninsured.) PSID estimates of the uninsured at each age are very close to the MEPS estimates. The under-reporting of private coverage among young adults in 2003 and 2005 show up as high (relative to MEPS) rates of no coverage for young adults in those years. Overall, though, the PSID two-year recall question does remarkably well for these outcomes.

To illustrate the pitfalls of using PSID to capture *any* public coverage rather than public coverage only, Figure 18 shows the fraction of respondents reporting any public coverage at each age, pooling all the years of data. As discussed above, public coverage is consistently underreported, especially among children and the elderly: the two groups with relatively high rates of public coverage. For the elderly, it is relatively straightforward to do a "logical imputation" of Medicare coverage to any respondent who is age 65 or older and reports receiving income from Social Security. This logical imputation ought to address the under-reporting of public coverage among the elderly. Logical imputation of Medicare coverage for adults under age 65 is more difficult; one option would be to impute Medicare to under-65 respondents who have been receiving income from the federal Disability Insurance program for two years or more. Fortunately, these figures suggest that underreporting of public coverage among the near-elderly (ages 51 – 64) is not much of a problem, so that for them the logical imputation should be relatively unimportant. For children, given the low rates of Medicaid take-up among eligible children, there is no obvious logical imputation strategy. All household surveys undercount Medicaid coverage (Call et al. 2001; Card et al. 2004); the PSID is no exception. Note again, however, that this problem is minimized if analysts use the outcome "public coverage *only*" instead of trying to capture respondents with any public coverage.

4B. Benchmarking the distribution of months uninsured, full-year uninsured, and ever uninsured, and ever uninsured

Next, I turn to the data on the number of months with insurance in each calendar year. Figure 19 tabulates the distribution of months insured, pooling data from 1997 through 2004. The fraction of respondents reporting zero months of coverage is nearly identical in PSID (14 percent) and MEPS (13 percent); but PSID respondents are more likely than MEPS respondents to report 12 months of coverage (82 percent, compared to 75 in MEPS). In other words, PSID respondents seem to forget short spells without insurance, if they spent most of the year insured. They also seem to forget short spells with insurance if they spent most of the year uninsured, although most of the misreporting consists of forgotten spells without insurance. This makes sense and is consistent with research on measurement error in household surveys. Bound, Brown and Mathiowetz (2001) note that in the context of welfare receipt, "[r]espondents experiencing complex patterns of on/off recipiency status will most likely err on the side of failing to recall exceptions to the rule (e.g., the two months out of the year in which they were not covered by a particular program)" (pp. 3770 – 3771). This phenomenon is not restricted, in the PSID, to one age group or type of coverage; the general pattern of underreporting short spells appears to be true for all ages and for people who report some private coverage or some public coverage (results not shown).

The fact that *short* spells are underreported in the PSID means that the PSID estimate of the population that is without insurance for an entire year (i.e. the full-year uninsured) is likely to be very accurate. Indeed, it benchmarks very well to MEPS, as is evident in Figure 20. Figures 21 through 24 show the full-year uninsured rate for the non-elderly in different age groups. We have already documented that public coverage is underreported for children, so it is not surprising that PSID full-year uninsured rates for them are just a bit higher than the MEPS rate in each year. Full-year uninsured rates for young adults (age 19 to 24) are also slightly higher in PSID than in MEPS in recent years only, consistent with the underreporting of private coverage for this group that was documented above. For prime age adults (25 to 54) and the near-elderly (55 to 64), PSID estimates of the full-year uninsured are virtually identical to MEPS.

The underreporting of short spells without insurance in PSID is evident in the fact that PSID estimates of the population that is ever uninsured (that is, those who are uninsured for part or all of a year) are much lower than MEPS in every year (Figure 25). This is true for all age groups (analysis not shown).

4C. Are PSID respondents reporting their coverage at the time of the survey?

One possibility about the nature of misreporting in PSID is that, as has been hypothesized about the CPS, respondents may report the coverage they have at the time of the survey, instead of accurately answering the survey question about their coverage over a period of time in the past. In order to explore whether this is a reasonable hypothesis, I construct "simulated" point-in-time estimates of health insurance coverage from the MEPS data as follows. In the MEPS data, in each year corresponding to a PSID interview wave (1999, 2001 and 2003; 2005 MEPS is not yet available as of this writing), I take a weighted average of each respondent's report of his or her insurance coverage in each month of the year, using as weights the fraction of PSID interviews that occurred in each month. Exhibit 6 shows the weights used in each year. I then use these annual weighted averages to calculate coverage rates at a "point in time" in each year, to be compared to what is reported in the PSID. Figure 26 juxtaposes the PSID estimate of the fraction with any private coverage in the past two years with the MEPS "simulated" point-in-time estimate and also the MEPS two-year estimate that was used in the benchmarking discussed in section 4A above. The PSID estimate is much closer to the MEPS two-year estimate than to the MEPS point-in-time estimate. The PSID estimate of public coverage only is fairly close to both of the MEPS estimates, as shown in Figure 27. The fact that the MEPS two-year estimate and the MEPS point-in-time estimate of public coverage only are so close together probably reflects the fact that having public coverage only is a persistent state. Finally, PSID estimates of the fraction with no coverage in a two-year window fall between the two MEPS estimates but are closer to the two-year estimates than to the simulated point-in-time estimates (Figure 28). Overall, the results suggest that the "point-in-time" hypothesis is not correct for the PSID data; respondents do not appear to be mistakenly answering the PSID questions as if they were about coverage at the time of the survey.

5. Discussion and recommendations for using the data

The results of the benchmarking exercise suggest that for the most part, PSID respondents answer questions about health insurance coverage accurately, since the data benchmark very well to the MEPS. There are two exceptions. First, PSID respondents with both private and public coverage appear to underreport their public coverage; as a result, PSID estimates of "public

coverage only" are much more accurate than estimates of "any public coverage." This problem is particularly pronounced among the elderly, who have very high rates of holding both public and private coverage. Second, PSID respondents forget short spells either with or without insurance, so that estimates of the population that is uninsured for the full calendar year are more accurate than estimates of the population that is ever uninsured during the calendar year.

This analysis suggests the following recommendations for analysts working with these data:

- Consider analyzing the exhaustive and mutually exclusive outcomes "any private coverage/public coverage *only*/no coverage" rather than outcomes that rely on respondent reports of "any public coverage."
- Consider using full-year uninsured, rather than ever uninsured, as the outcome of interest when working with the data on number of months uninsured in each year.
- Use a logical imputation of Medicare for individuals 65 and older when working with data on this population.

References

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Bound, John, Charles C. Brown, and Nancy Mathiowetz. 2001. "Measurement Error in Survey Data." In *Handbook of Econometrics* edited by E.E. Leamer and J.J. Heckman, pp. 3705-3843. New York: North Holland Publishing.

Swartz, Katherine. 1986. "Interpreting the Estimates from Four National Surveys of the Number of People without Health Insurance," Journal of Economic and Social Measurement 14:233-242.

U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. 2005. "Understanding Estimates of the Uninsured: Putting the Differences in Context."

Exhibit 1
Health insurance questions in the core PSID, 2003

H60. In 2001 or 2002, was anyone in the family covered by health insurance or some other kind of health care plan? (Including health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide medical care or help pay medical bills.)

H61. What kind of health insurance or health care coverage did (you/he/she) have?

1. Employer provided health insurance
2. Private health insurance purchased directly
3. Medicare
4. Medigap
5. Medicaid/Medical Assistance/Medi-Cal
6. Military health care/VA
7. CHAMPUS/TRICARE/CHAMP-VA
8. Indian Health Insurance
9. State-sponsored health plan
10. Other government program
11. Other
97. DK
98. NA

H62. For how many months in 2001 (was [he/she]/were you) covered?
1 - 12 Actual number of months covered in 2003
98 DK
99 NA; refused

H62a. For how many months in 2002 (was [he/she]/were you) covered?
1 - 12 Actual number of months covered in 2002
98 DK
99 NA; refused

Exhibit 2
PSID health insurance variables, 1999 - 2005

	1999	**2001**	**2003**	**2005**
Health insurance coverage: first mention	ER33518	ER33618	ER33718	ER33819
Health insurance coverage: second mention	ER33519	ER33619	ER33719	ER33820
Health insurance coverage: third mention	ER33520	ER33620	ER33720	ER33821
Health insurance coverage: fourth mention	ER33521	ER33621	ER33721	ER33822
Number of months covered in year t-2	ER33522	ER33622	ER33722	ER33824
Number of months covered in year t-1	ER33523	ER33623	ER33723	ER33825

Exhibit 3
PSID health insurance variables, 1968 – 1972, 1980

	1968	**1969**	**1970**	**1971**	**1972**	**1980**
Is head covered by some hospital or medical insurance like Blue Cross?	V158*	V740	V1406	V2118	V2715	V7287
(If yes:) Does this insurance cover the entire family?		V741	V1407	V2119	V2716	-
(If insurance does not cover entire family): Can head get free medical care as a veteran, through Medicaid, or any other way?		V742	V1408	V2120	V2717	V7288
*In 1968 information from all three questions was collapsed into a single variable, V158.						

Exhibit 4
PSID variables with Medicare/Medicaid information, 1977 - 1997

	Variables
1977	V5546, V5548, V5550, V5552
1978	V6081, V6083, V6087, V6089, V6091
1979	V6686
1980	V7288
1981	V7989
1982	-
1983	V9299
1984	V10890
1985	V11997
1986	V13448, V13450, ER30526
1987	V14520, V14522, ER30562
1988	V15997, ER30597
1989	V17394, ER30633
1990	V18725, ER30670
1991	V20025, ER30718
1992	V21326, ER30763
1993	V23185, ER30826
1994	ER3857, ER33116
1995	ER6727, ER33216
1996	ER8973, ER33316
1997	ER33416
Note that variables are not comparable across all years. Please see documentation for additional details	

Exhibit 5
Unweighted sample sizes used in the analysis, PSID and MEPS

	PSID	MEPS
1997	18,666	18,513
1998	19,023	11,513
1999	19,568	9,411
2000	19,858	12,480
2001	19,653	9,681
2002	19,992	19,743
2003	19,914	15,116
2004	20,259	15,140

Exhibit 6
When did PSID interviews take place?
Distribution of interviews by month

	1999	2001	2003
January	0.000	0.000	0.000
February	0.131	0.000	0.000
March	0.357	0.220	0.110
April	0.213	0.231	0.316
May	0.142	0.217	0.203
June	0.082	0.153	0.160
July	0.032	0.088	0.095
August	0.023	0.044	0.052
September	0.011	0.024	0.034
October	0.009	0.019	0.025
November	0.000	0.005	0.005
December	0.000	0.000	0.000
Total	1.000	1.000	1.000

Figure 1
Insurance coverage in the past two years, by elderly/non-elderly, PSID versus MEPS
All years (1999/2001/2003/2005)

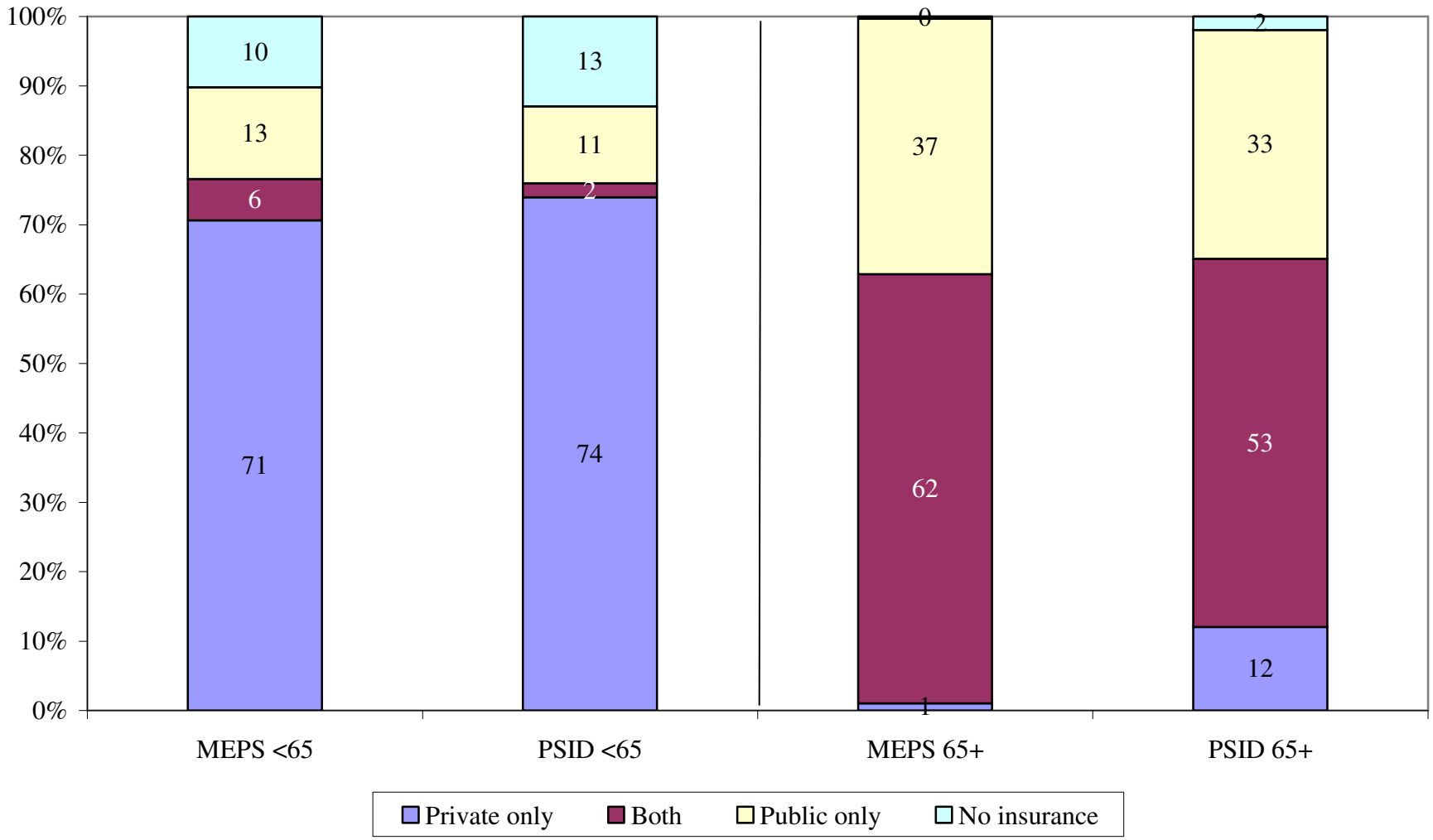

Figure 2
Insurance coverage in the past two years, by age category (age < 65 only), PSID versus MEPS
All years (1999/2001/2003/2005)

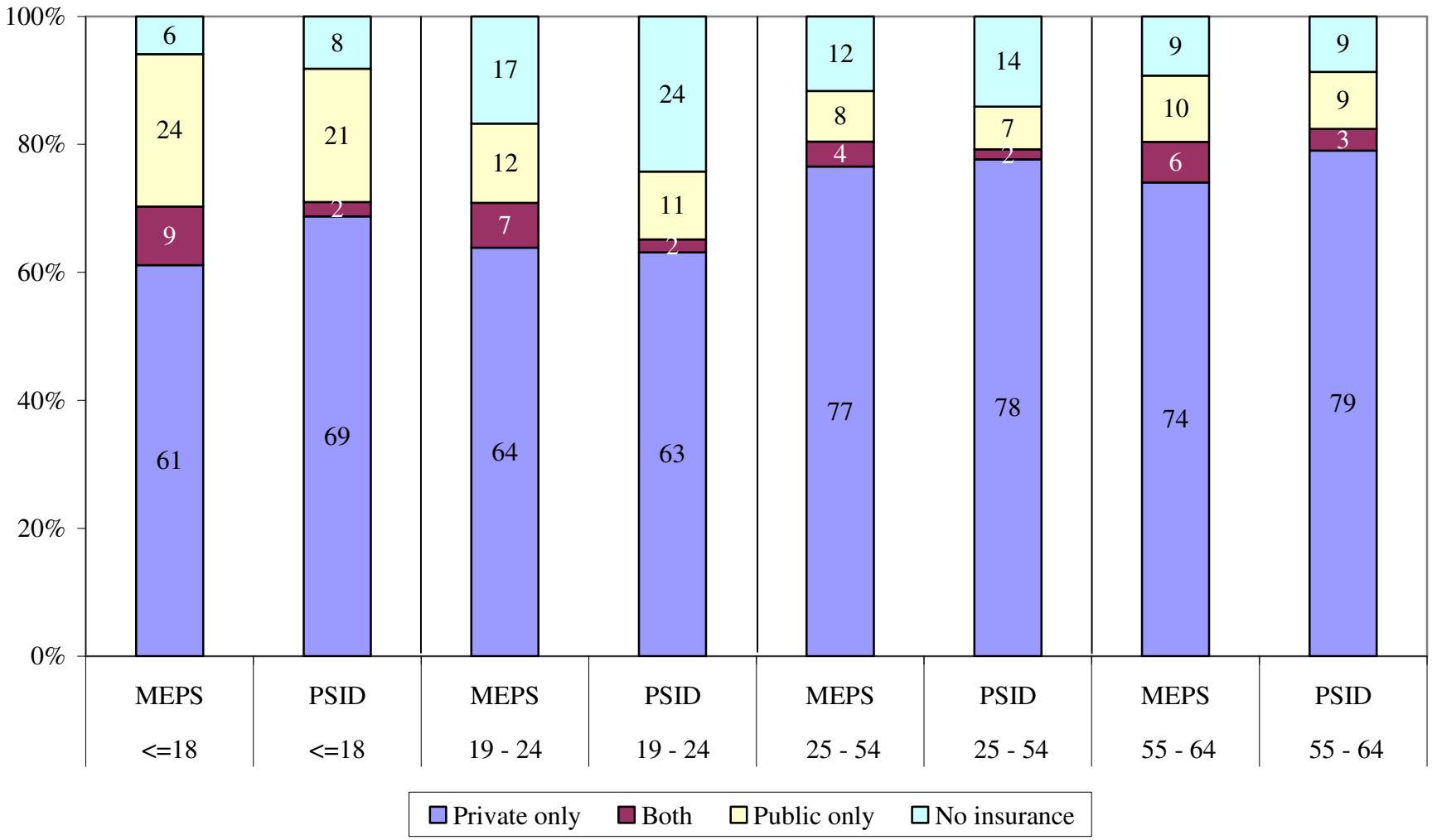

Figure 3
Fraction of respondents with any private insurance in a two-year window, PSID versus MEPS

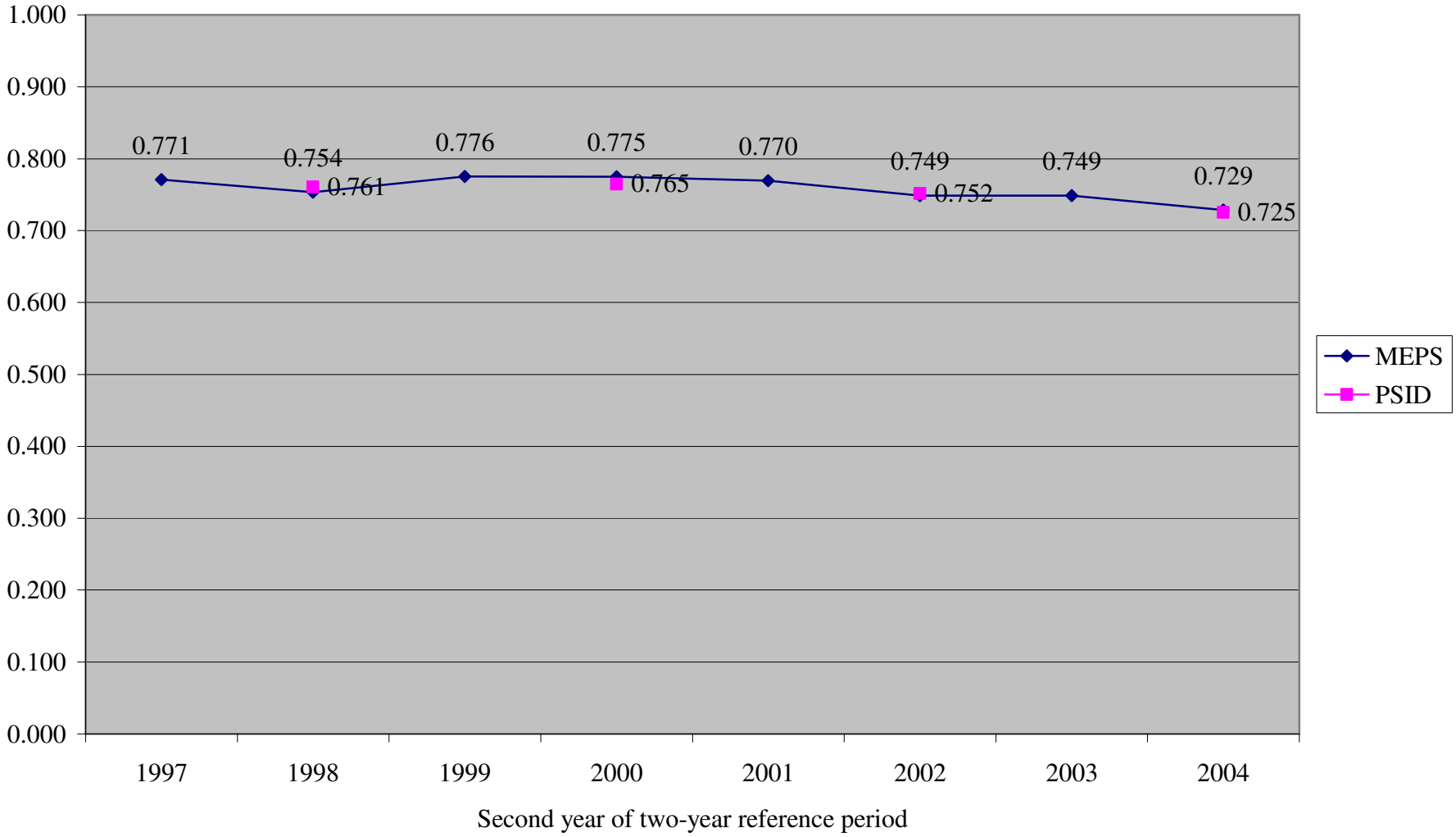

Figure 4
Fraction of respondents with public insurance only in a two-year window, PSID versus MEPS

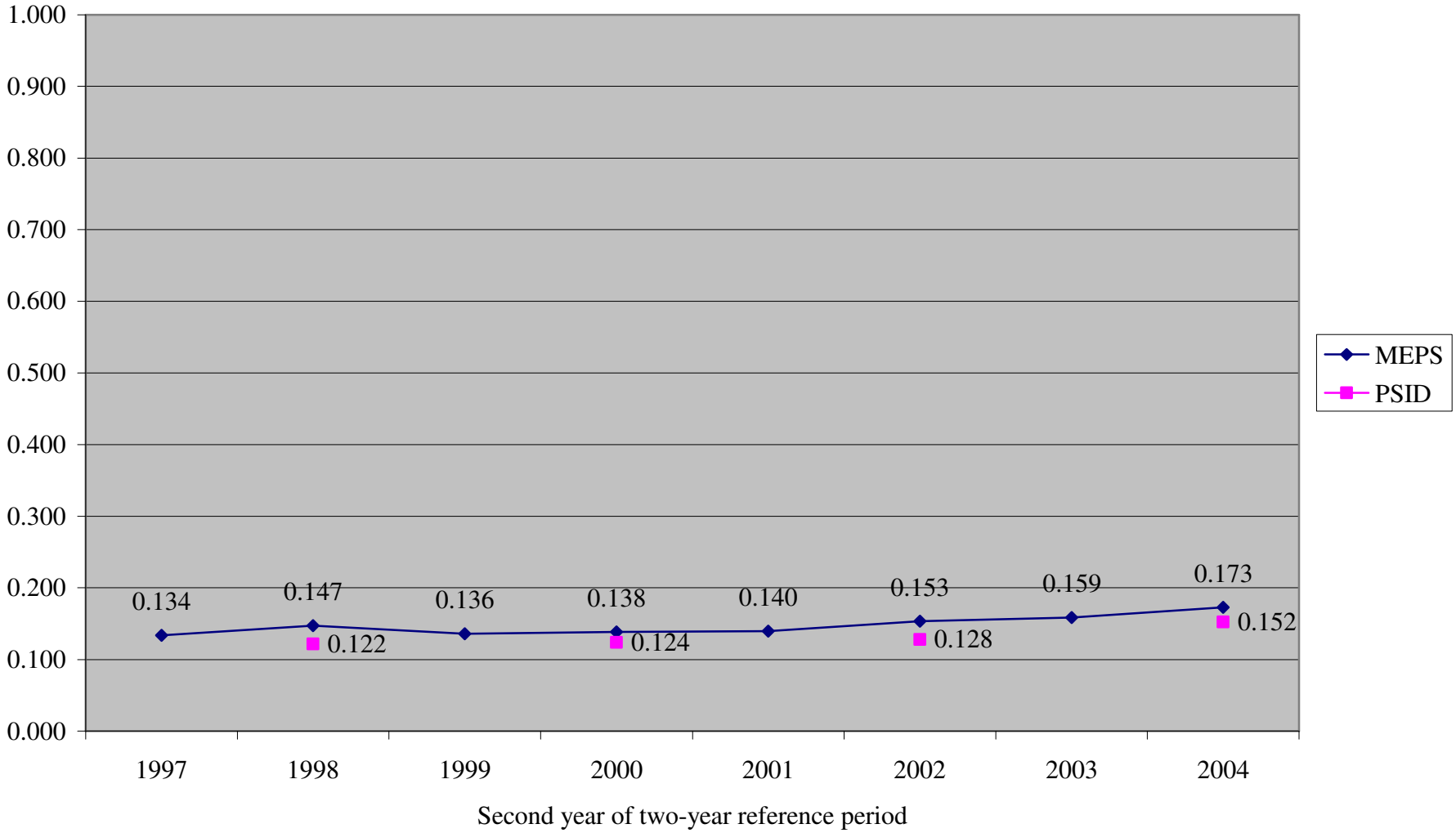

Figure 5
Fraction of respondents with no insurance in a two-year window, PSID versus MEPS

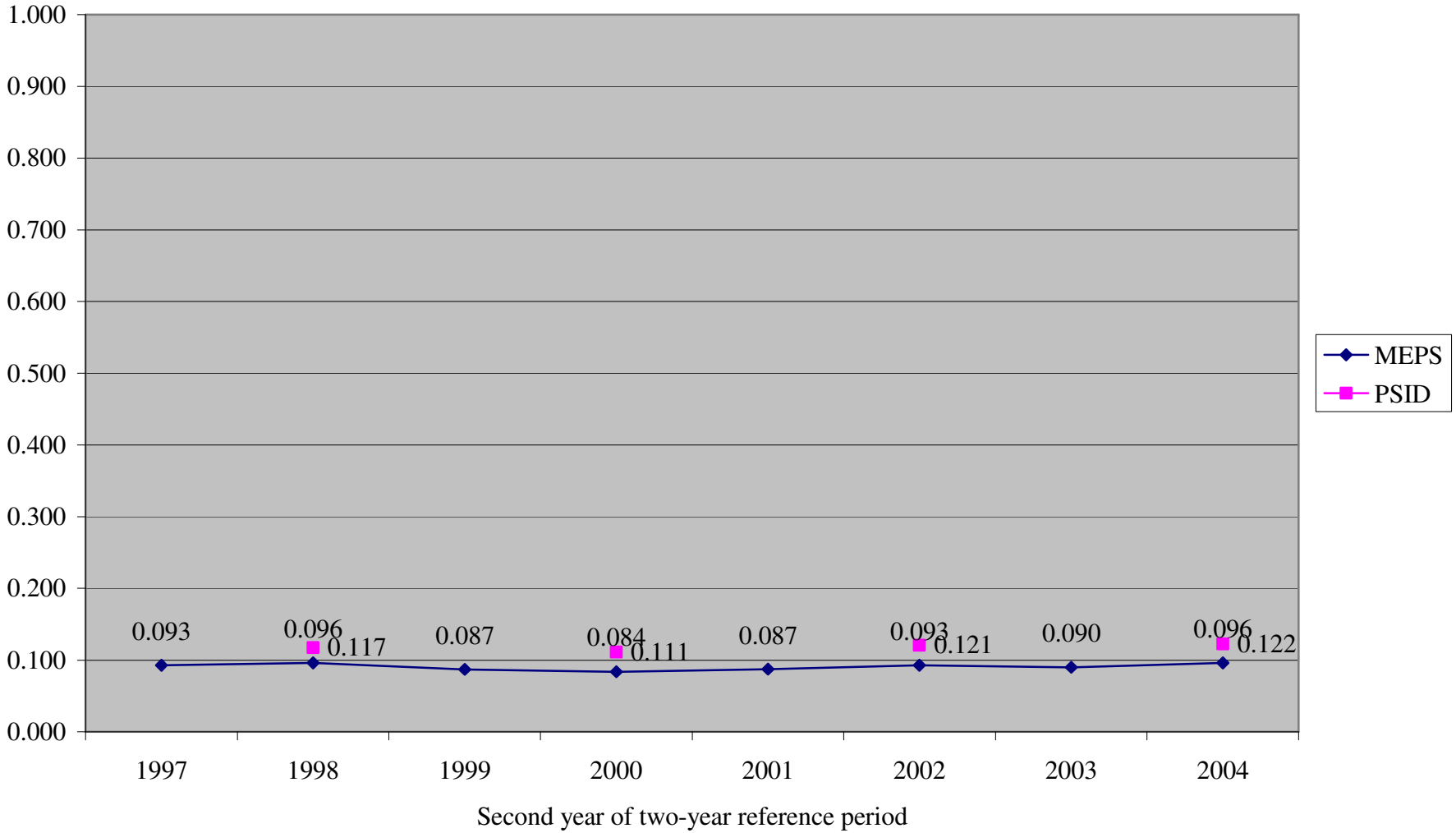

Figure 6
Any private insurance in 1997 - 98, by age, PSID versus MEPS

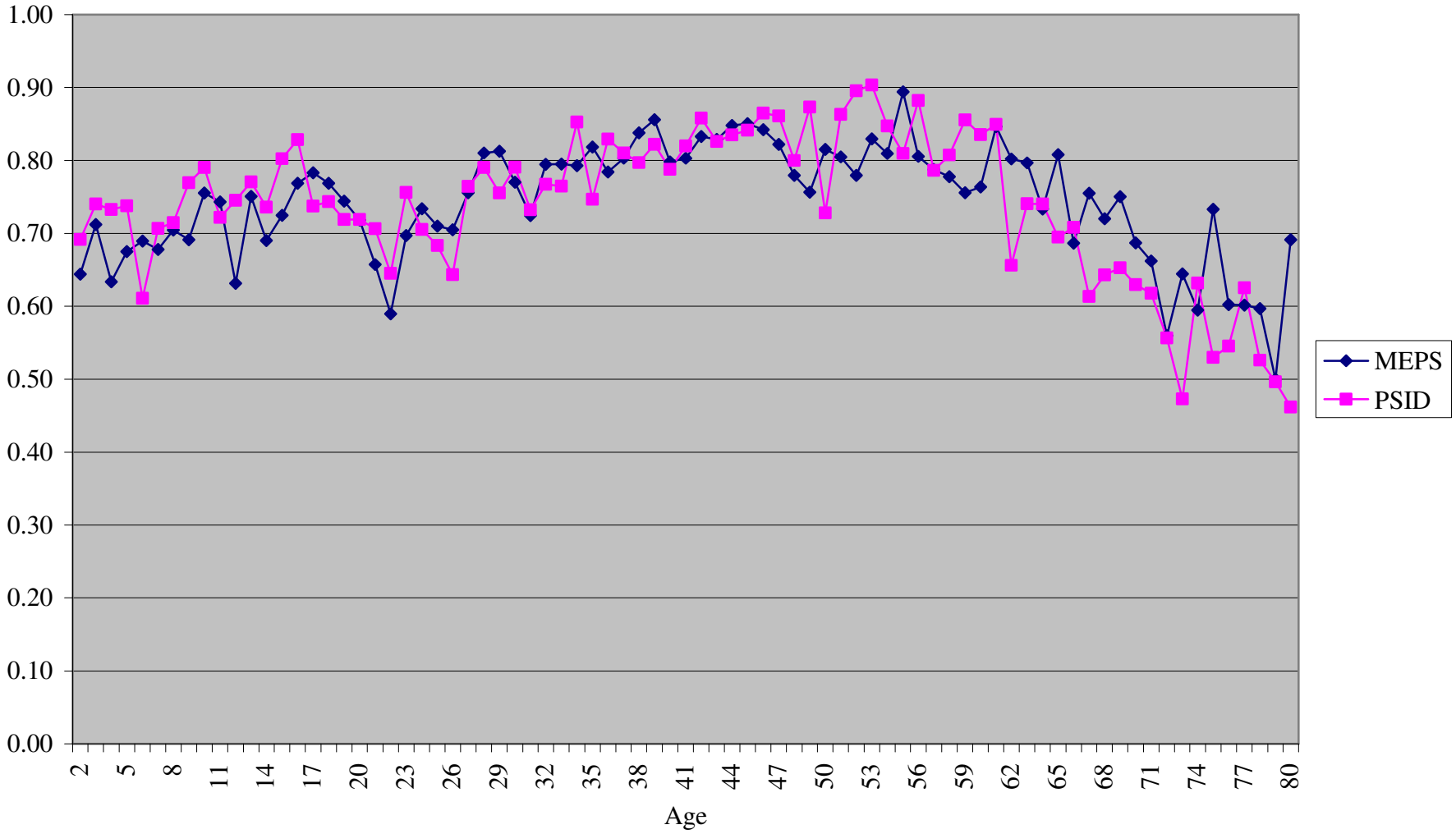

Figure 7
Any private insurance in 1999 - 2000, by age, PSID versus MEPS

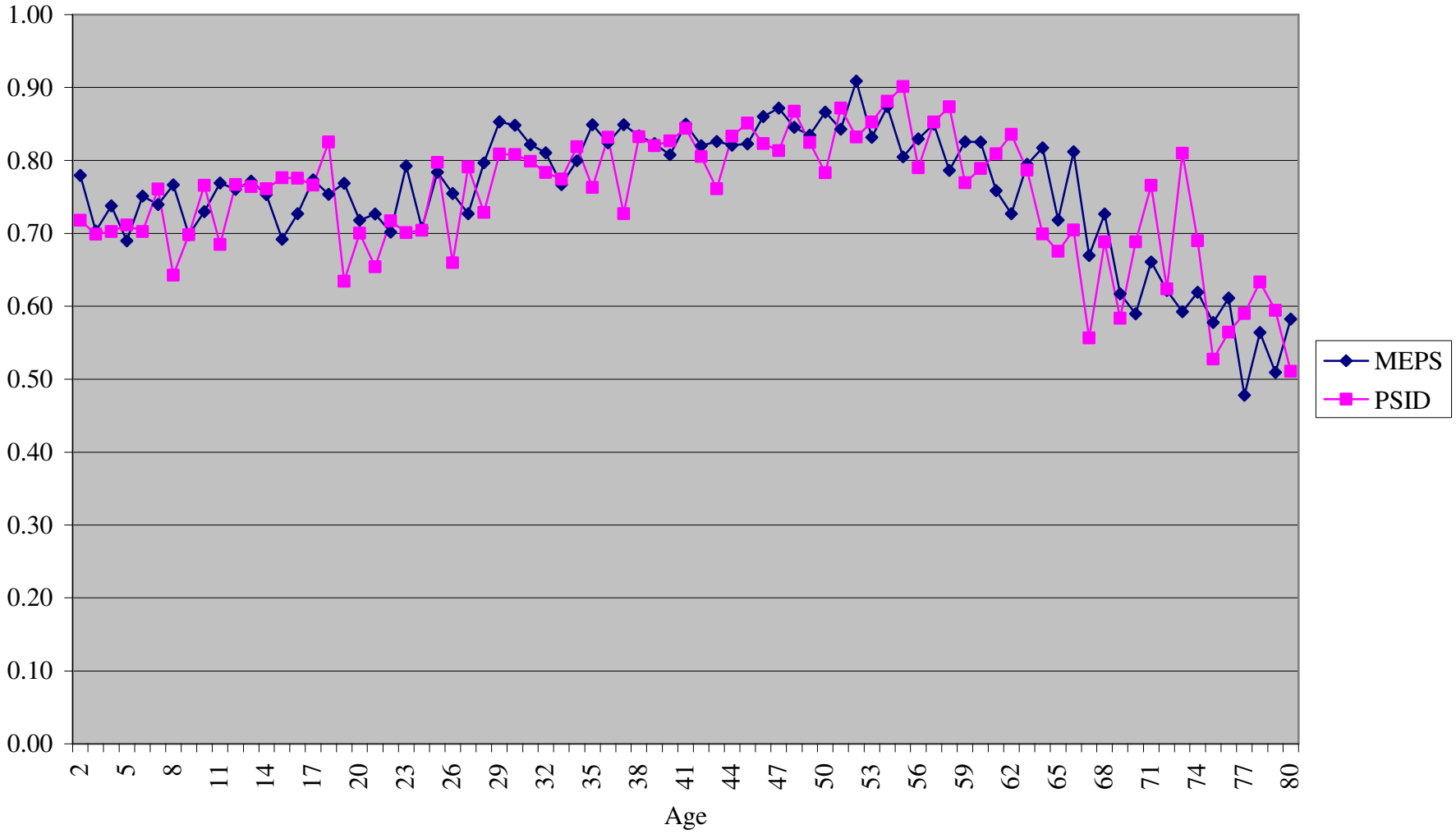

Figure 8
Any private insurance in 2001 - 2002, by age, PSID versus MEPS

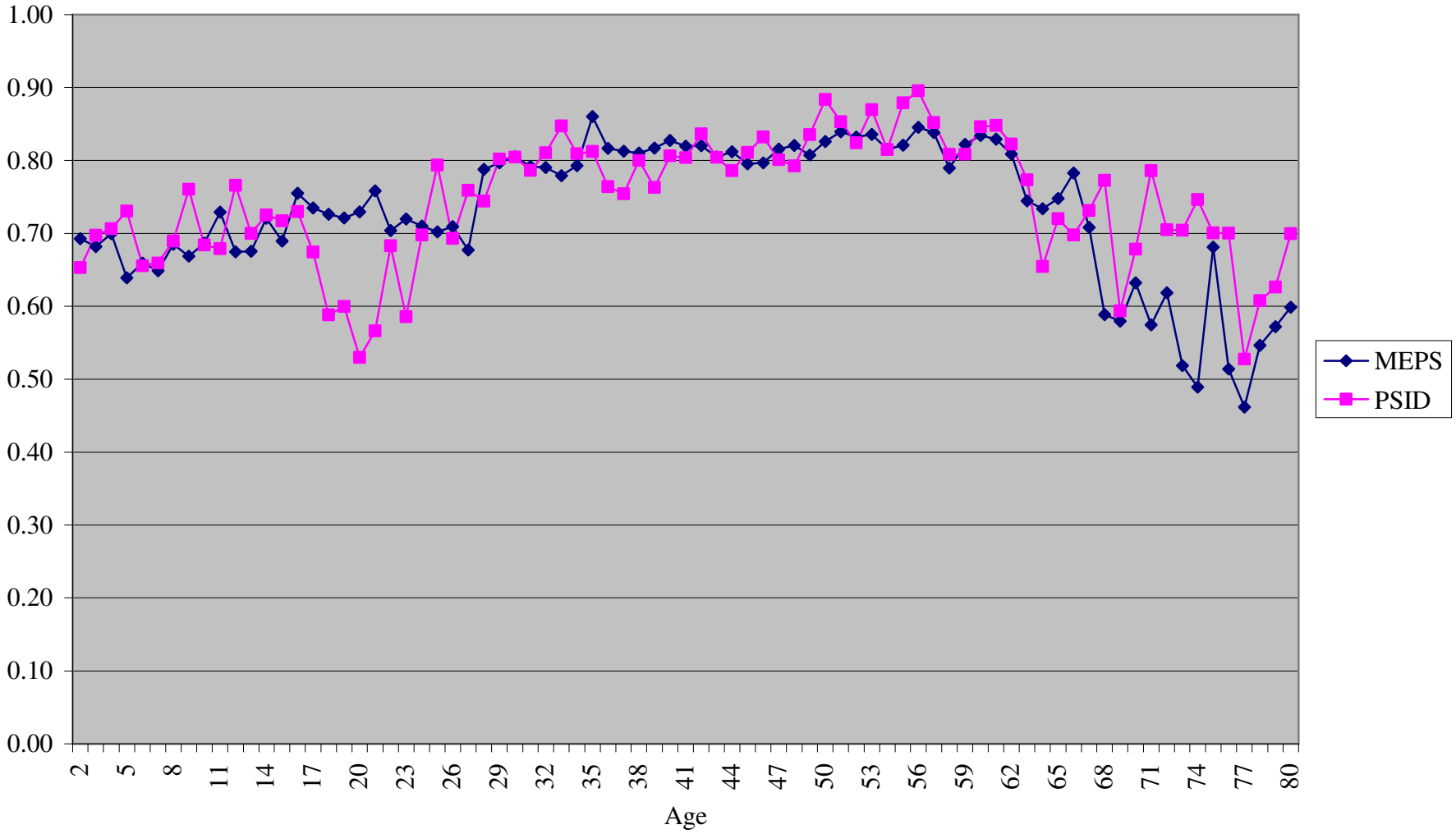

Figure 9
Any private insurance 2003 - 2004, by age, PSID versus MEPS

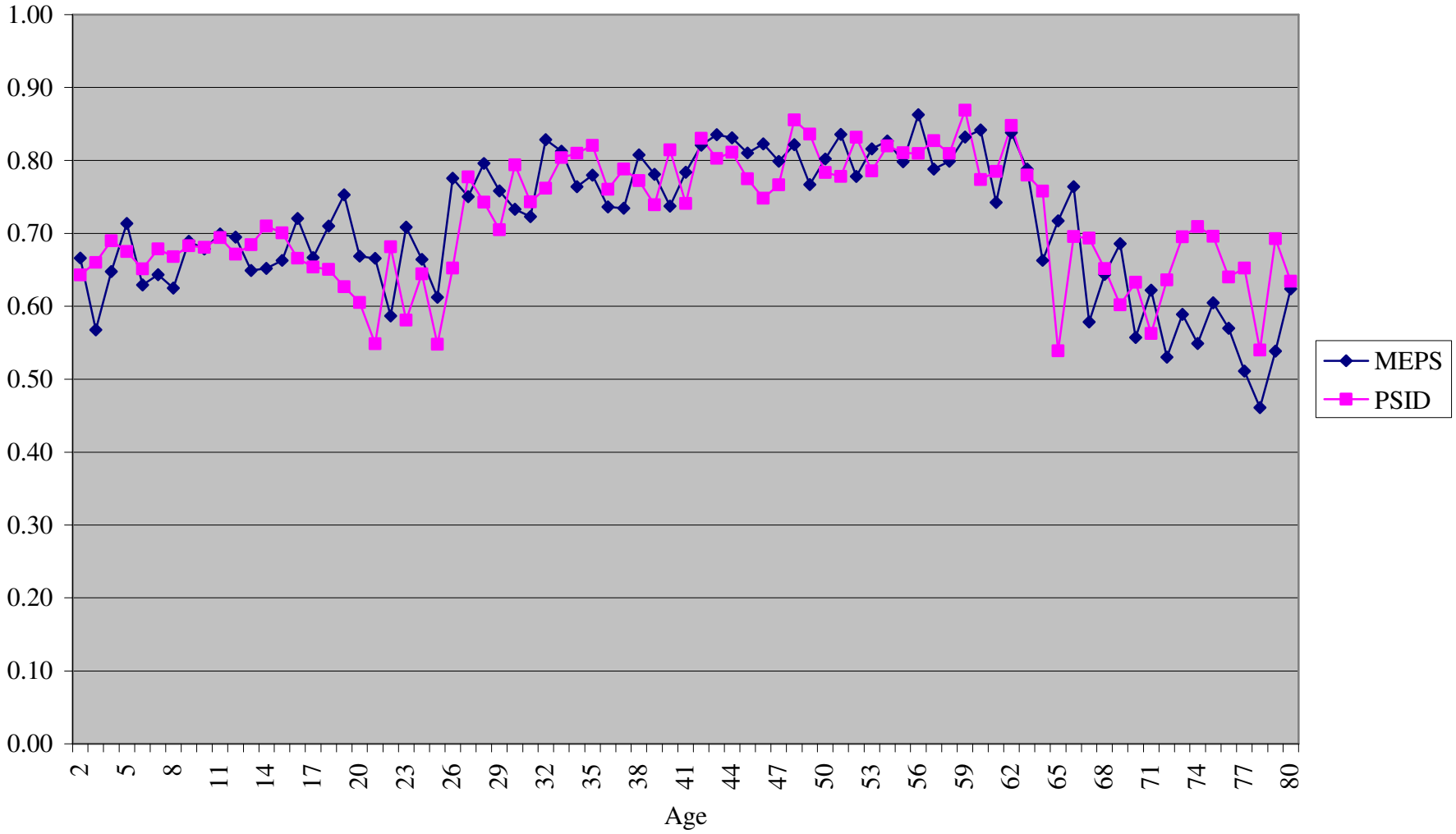

Figure 10
Public insurance only in 1997 - 98, by age, PSID versus MEPS

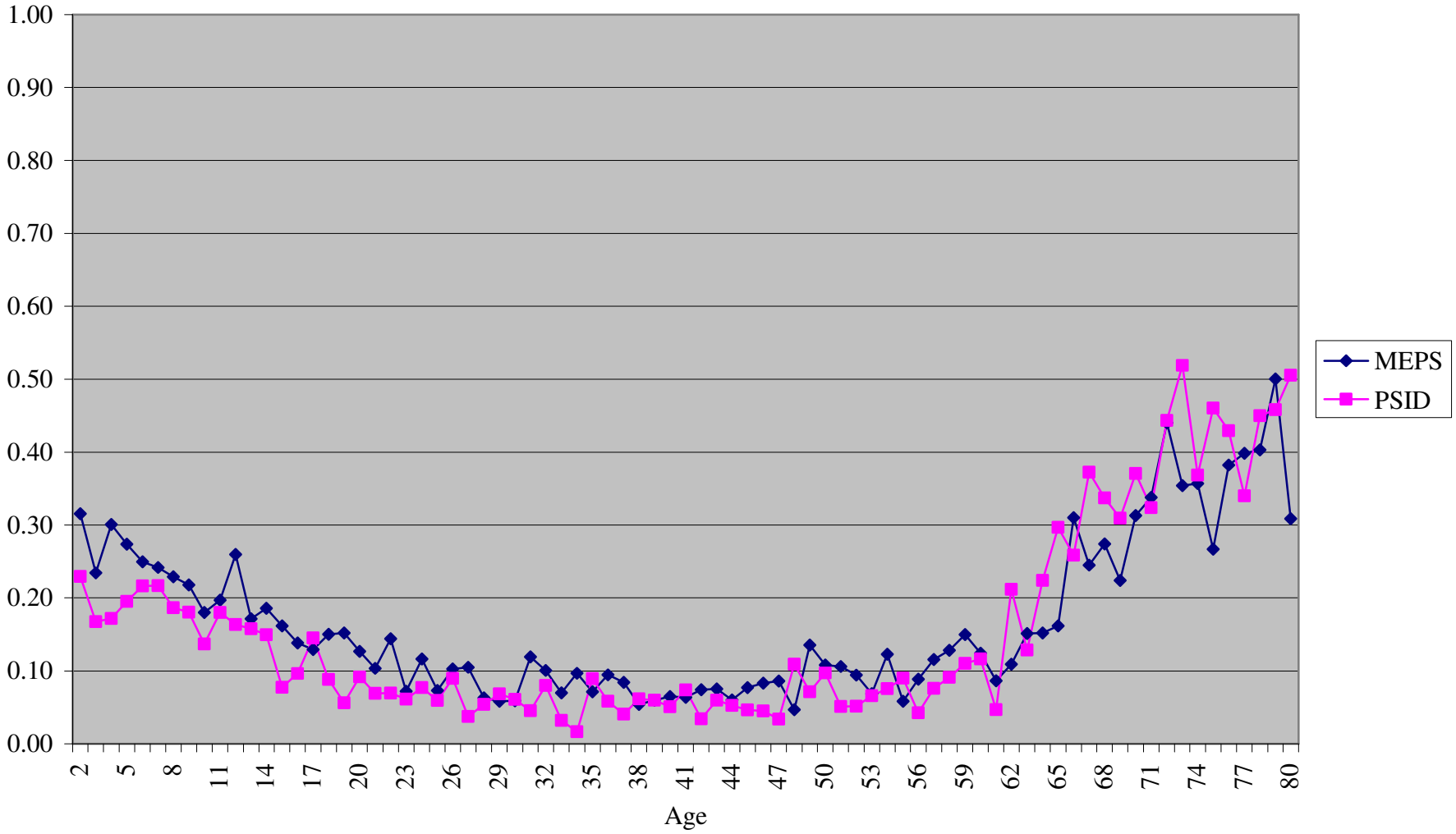

Figure 11
Public insurance only in 1999 - 2000, by age, PSID versus MEPS

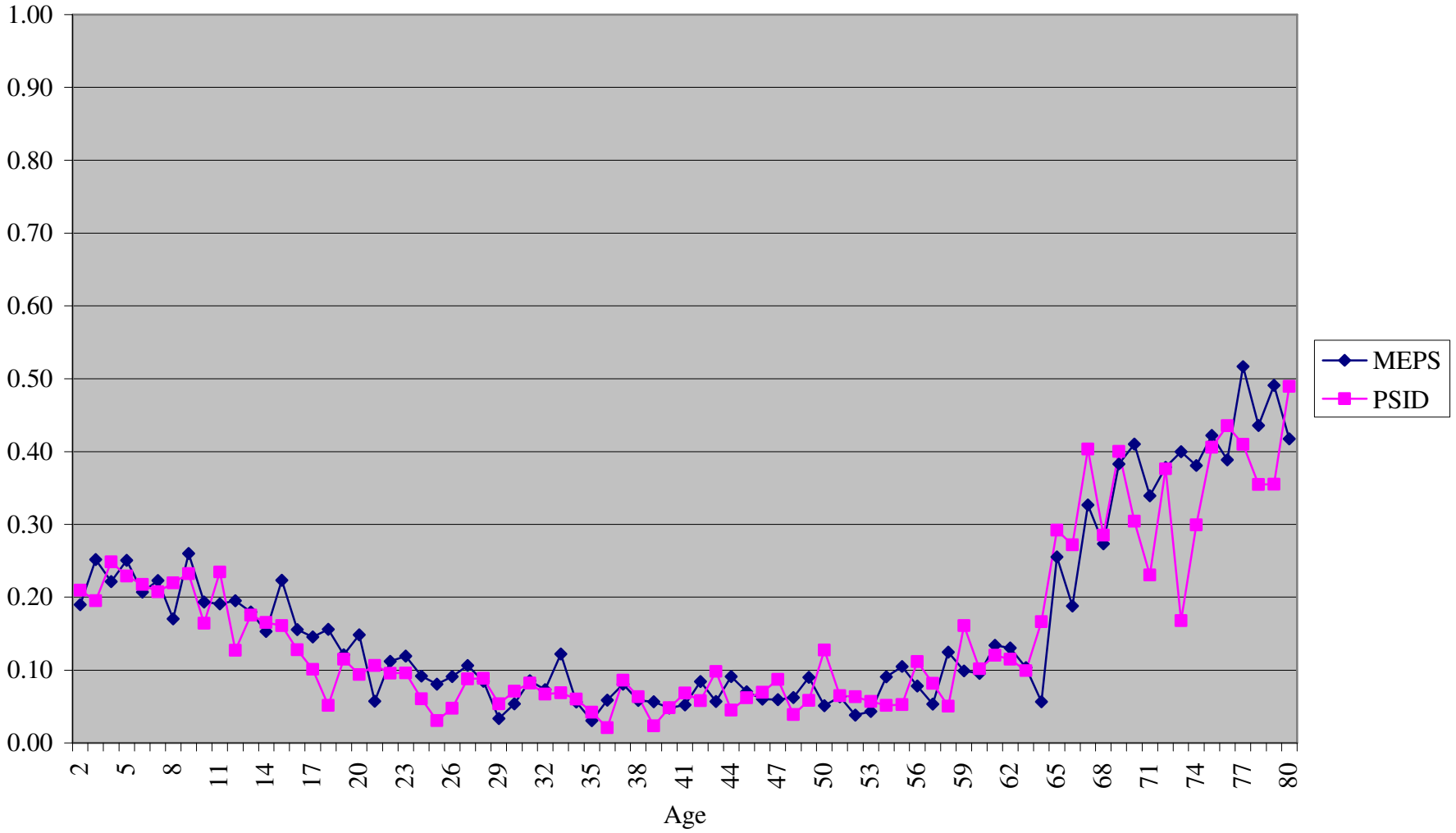

Figure 12
Public insurance only in 2001 - 02, by age, PSID versus MEPS

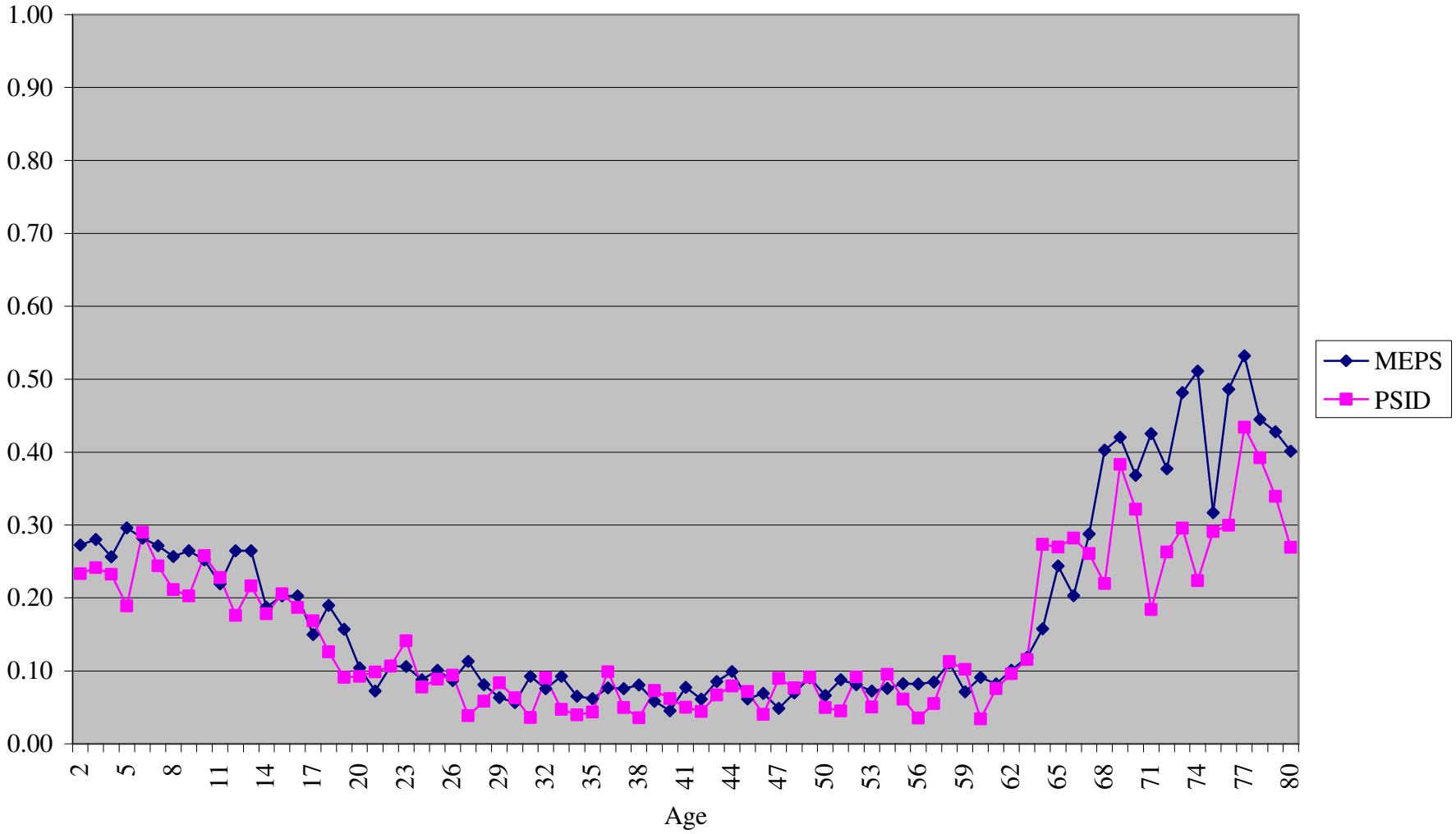

Figure 13
Public insurance only in 2003 - 04, by age, PSID versus MEPS

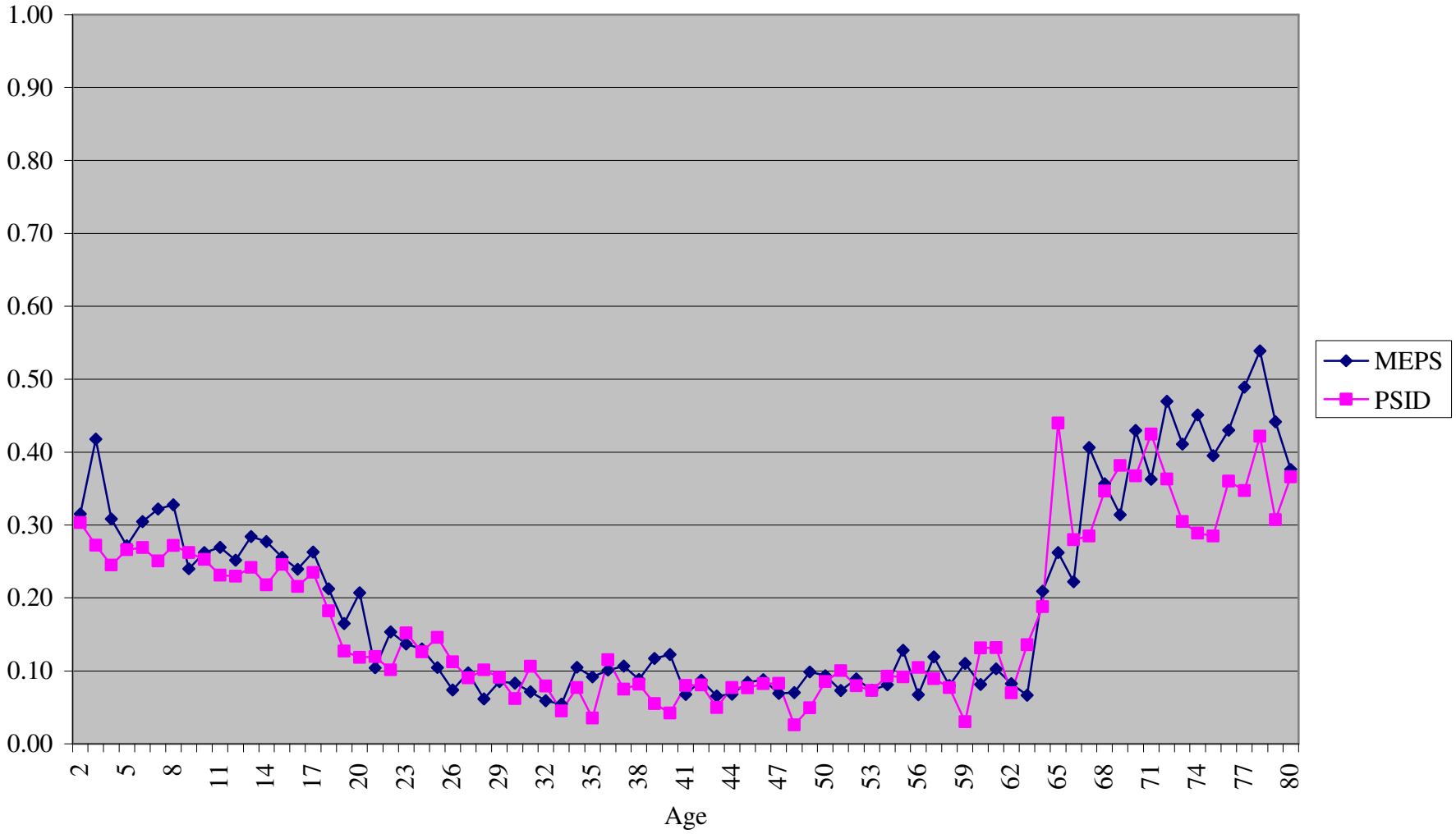

Figure 14
No insurance in 1997 - 98, by age, PSID versus MEPS

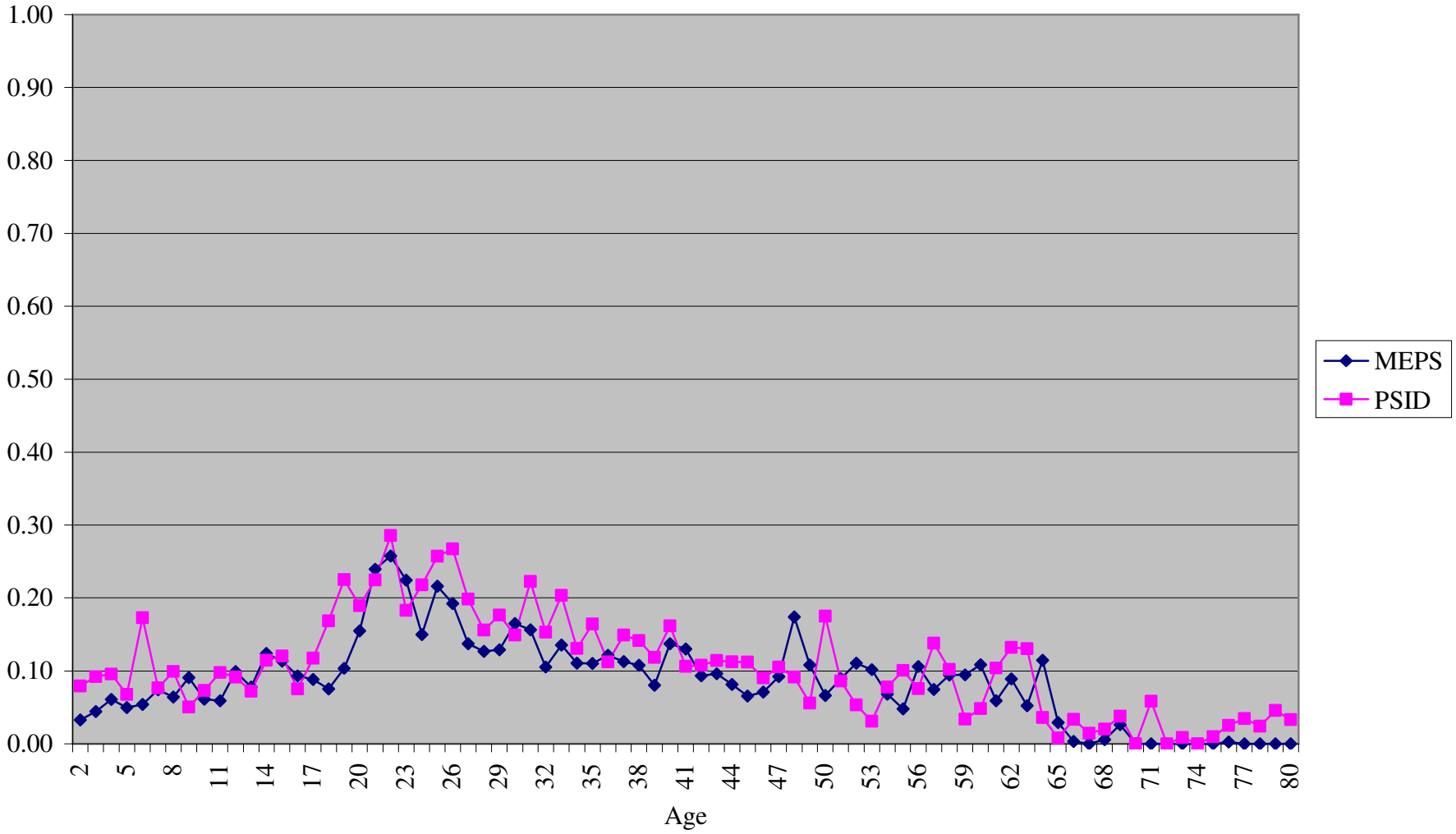

Figure 15
No insurance in 1999 - 2000, by age, PSID versus MEPS

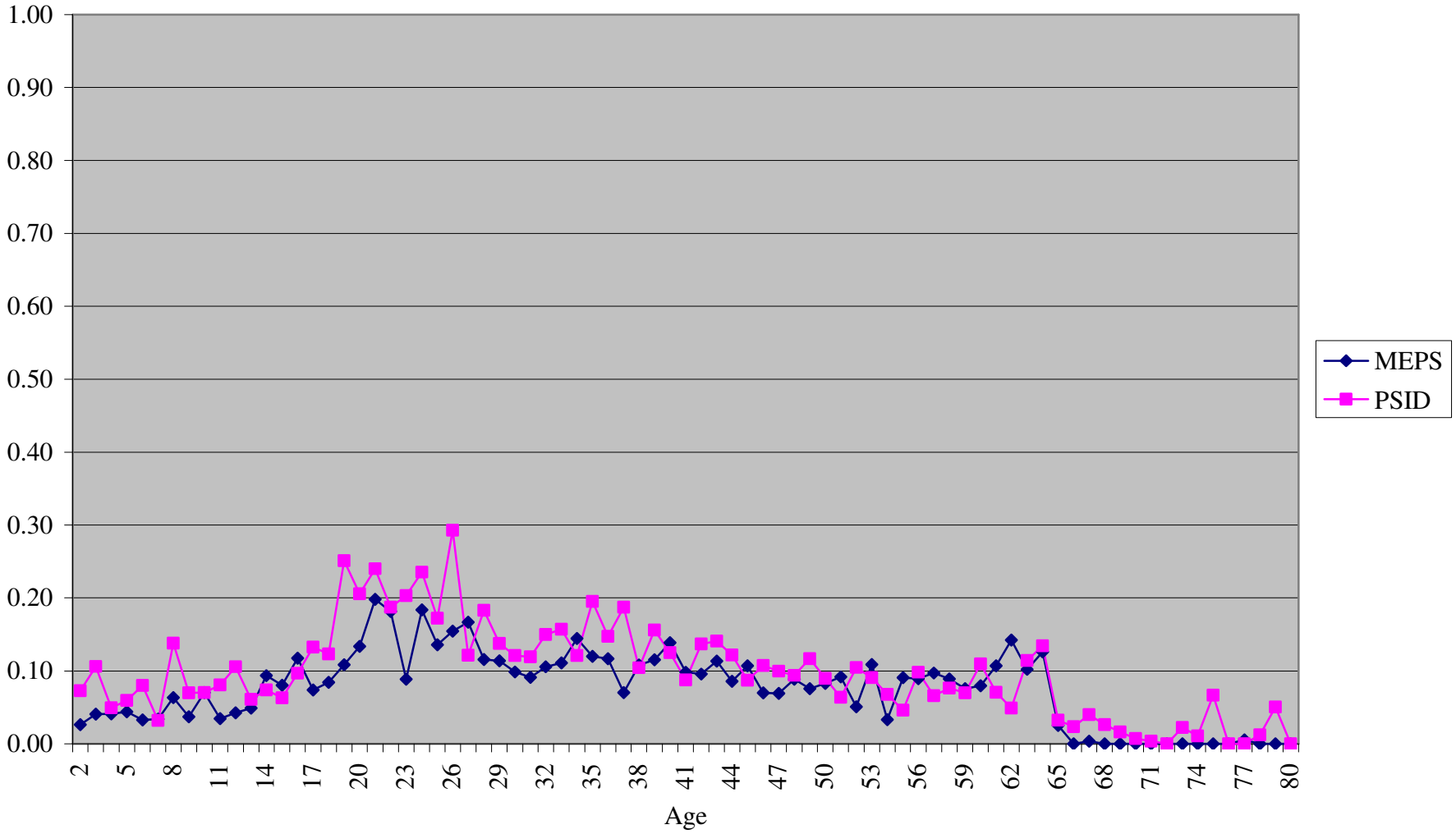

Figure 16
No insurance in 2001 - 2002, by age, PSID versus MEPS

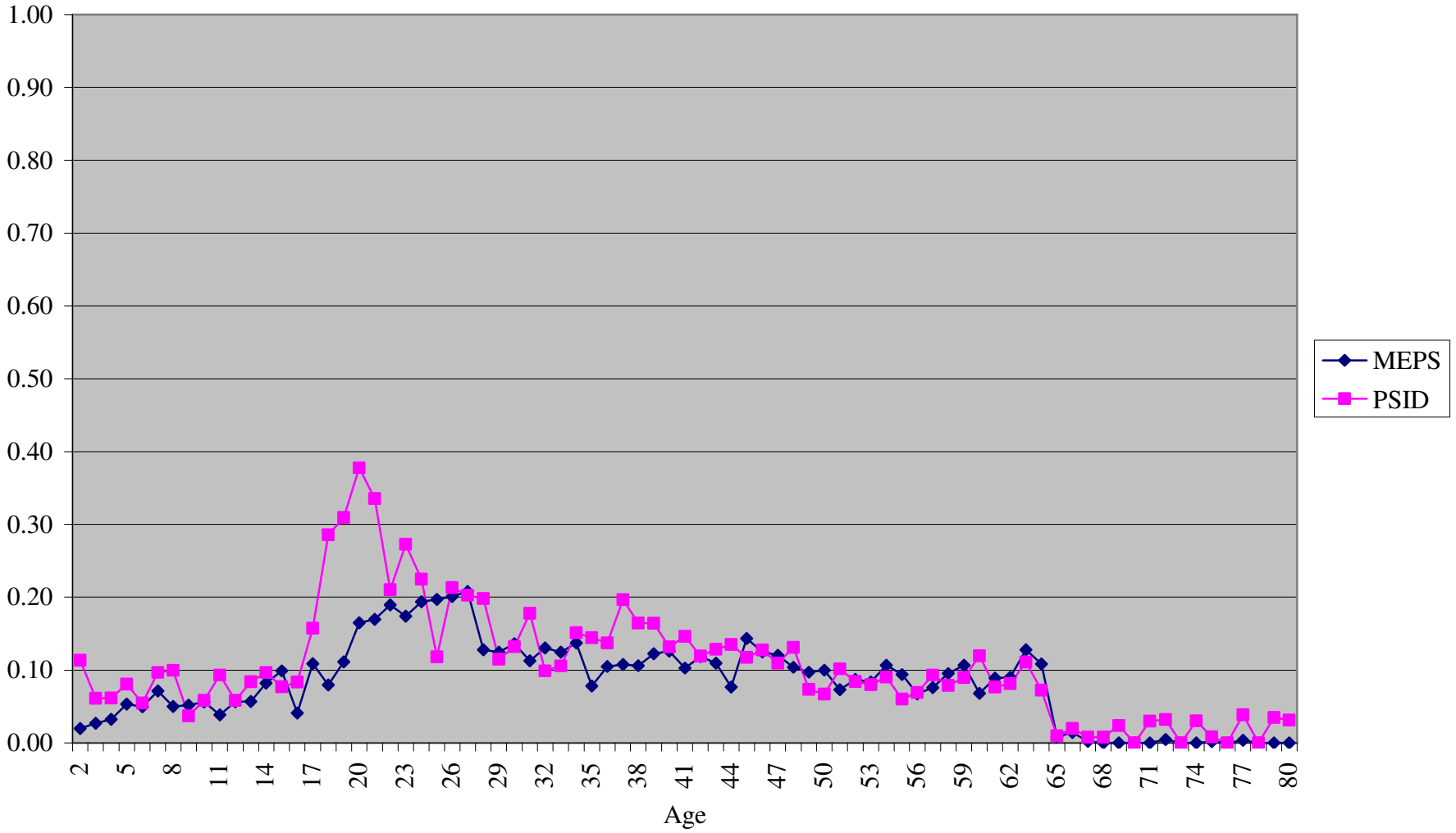

Figure 17
No insurance in 2003 - 2004, by age, PSID versus MEPS

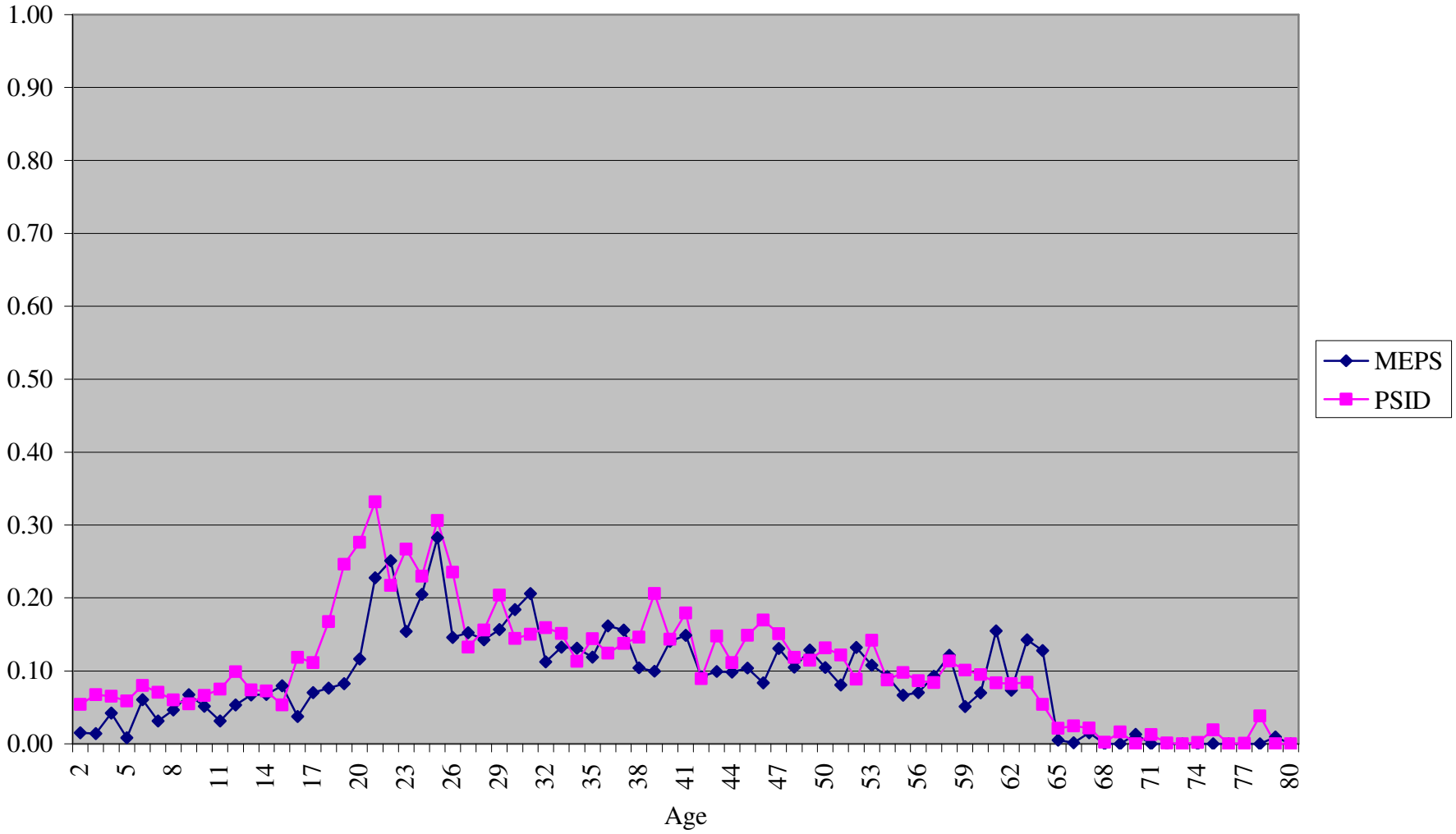

Figure 18
Any public insurance in past two years, by age, PSID versus MEPS (all years)

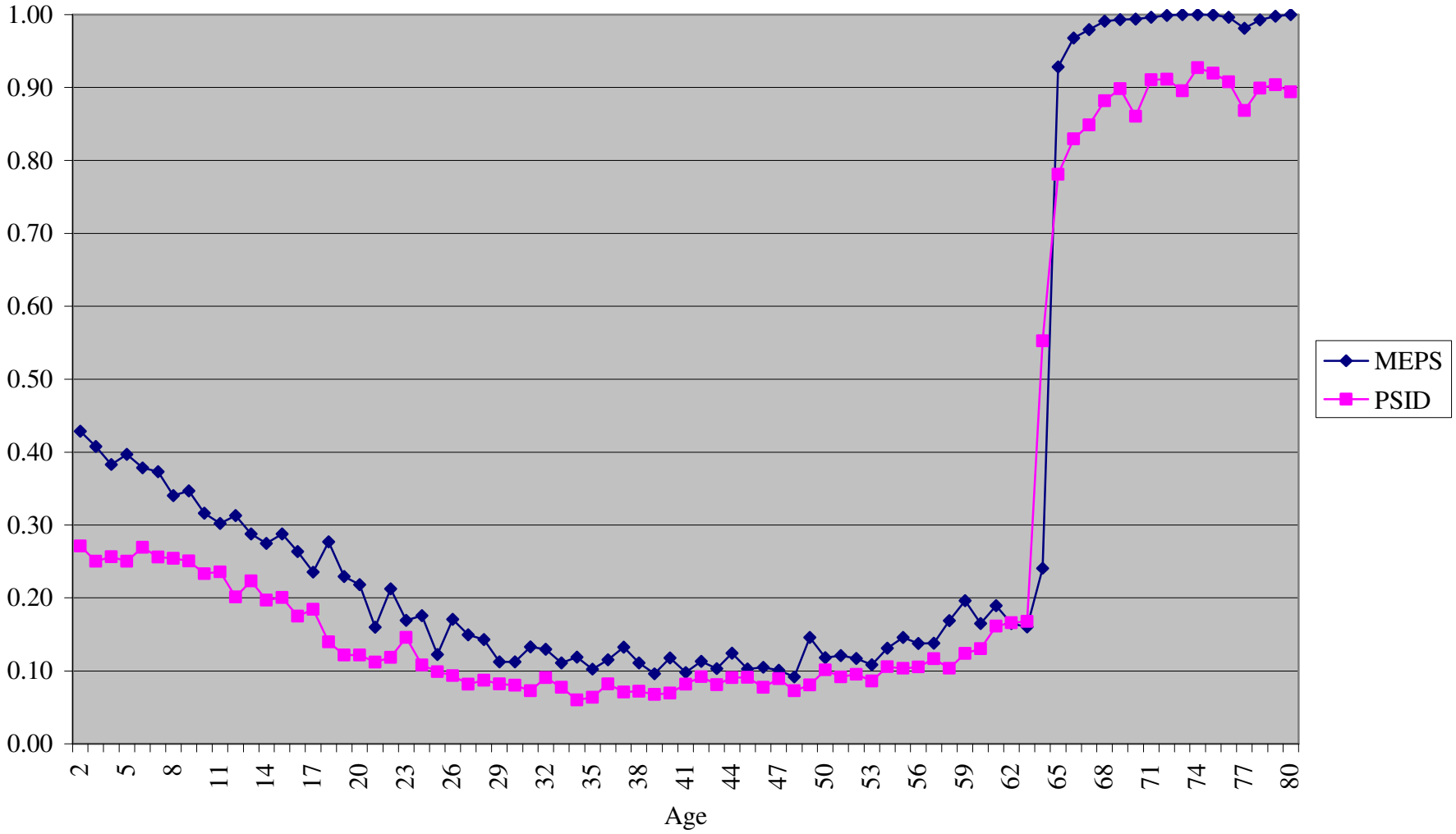

Figure 19
Months of the year with insurance: All years (1997 - 2004), all ages

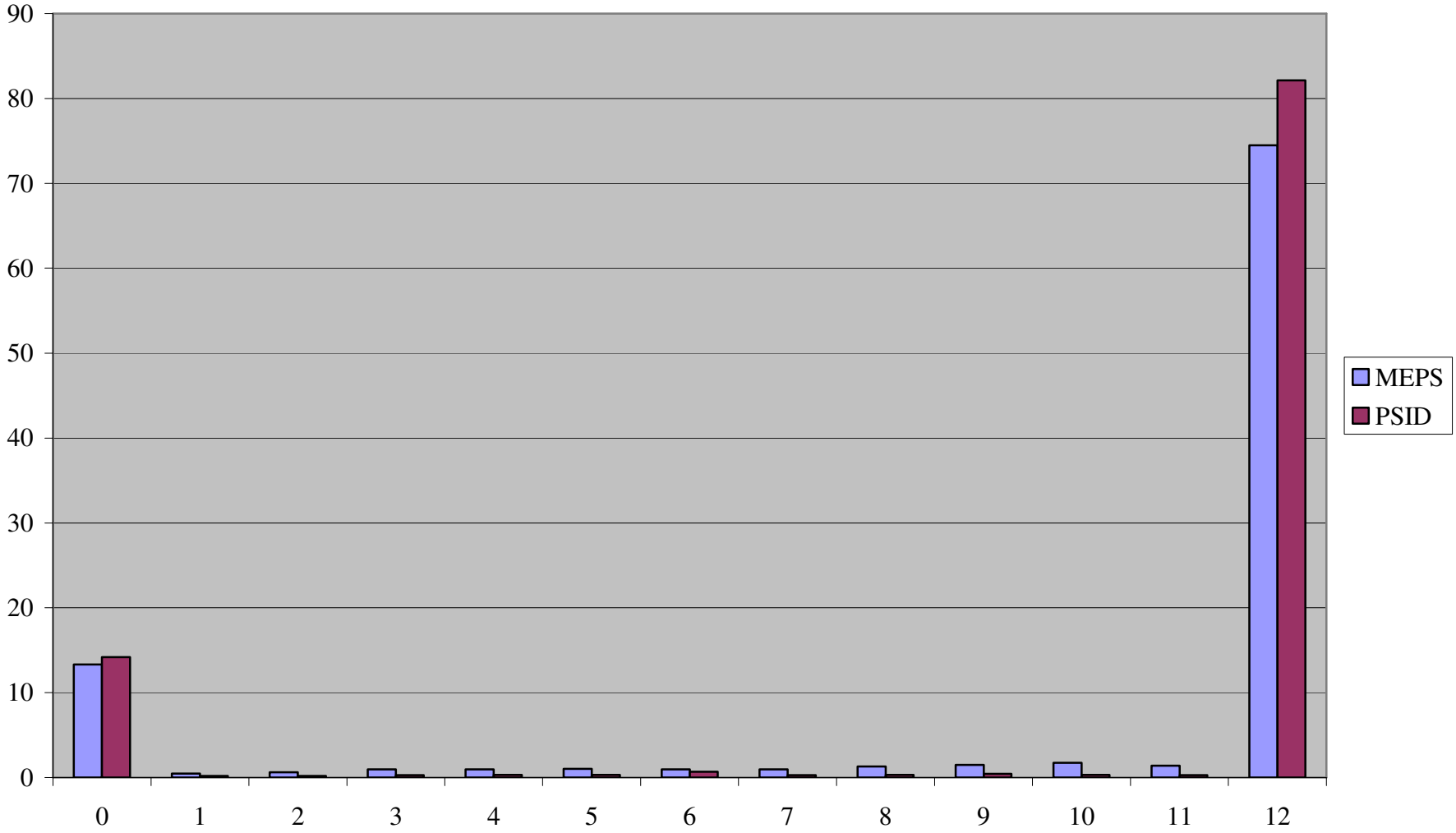

Figure 20
Full-year uninsured by year, all ages

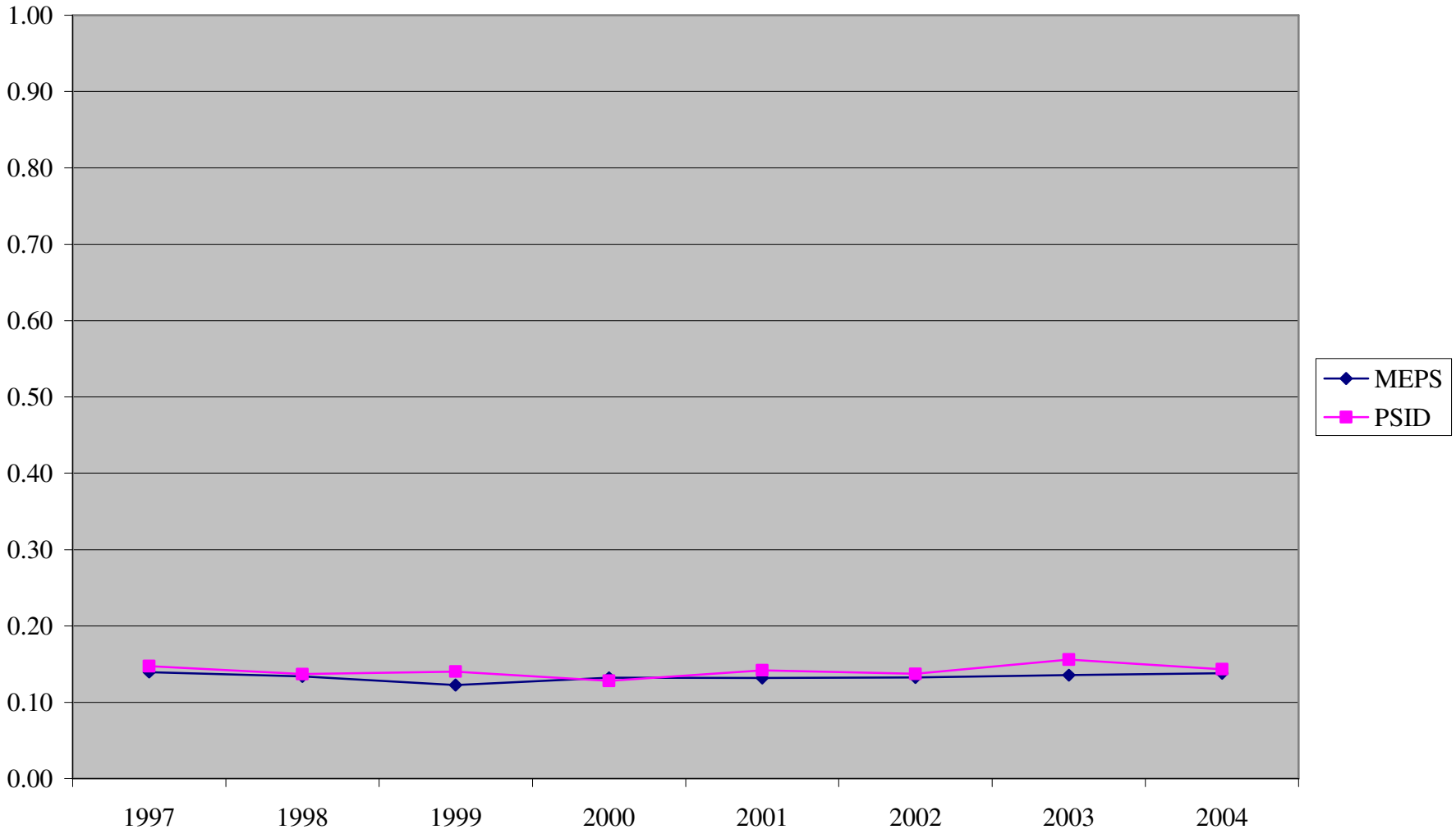

Figure 21
Full-year uninsured by year, children 18 and younger

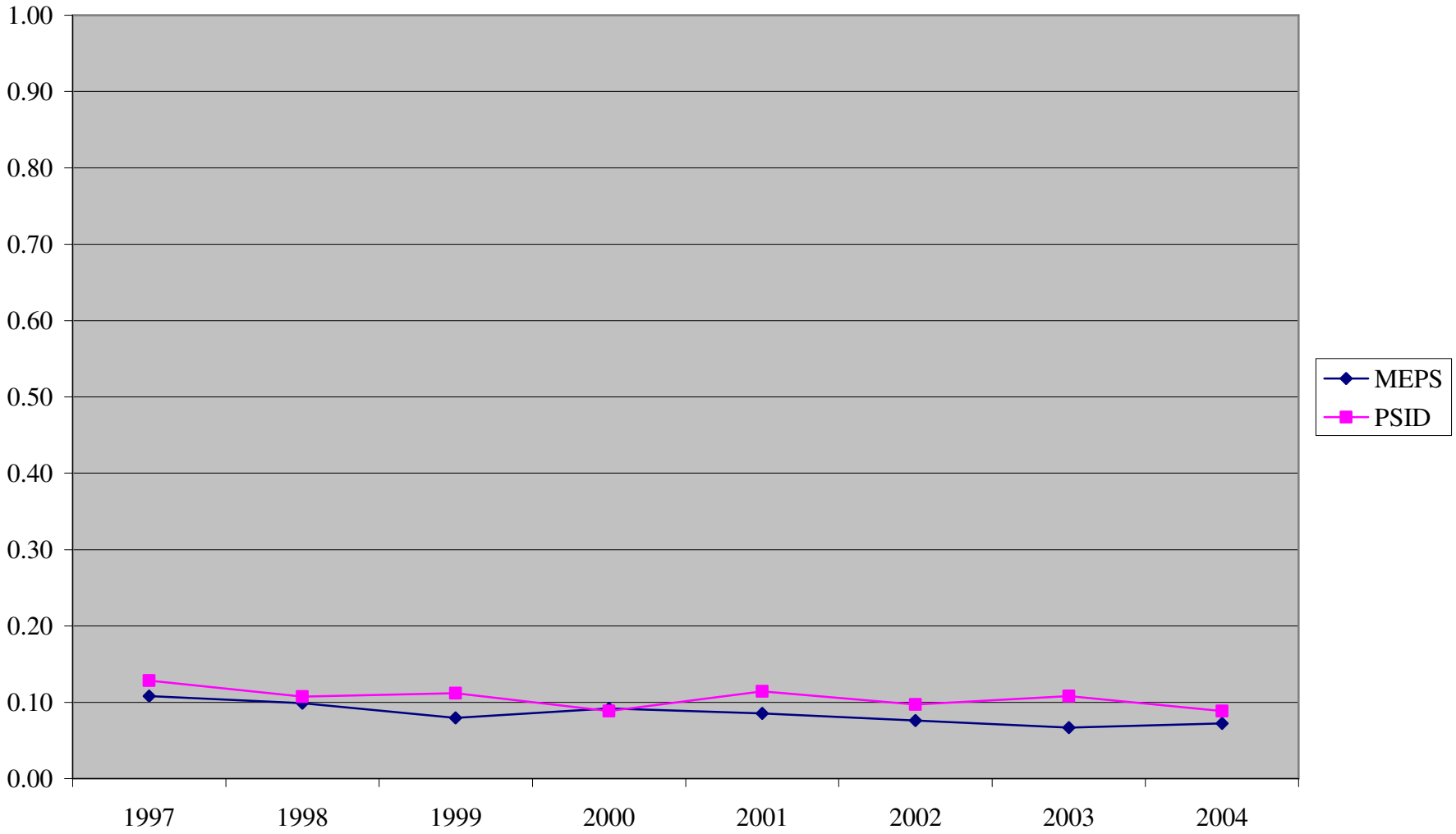

Figure 22
Full-year uninsured by year, adults 19 - 24

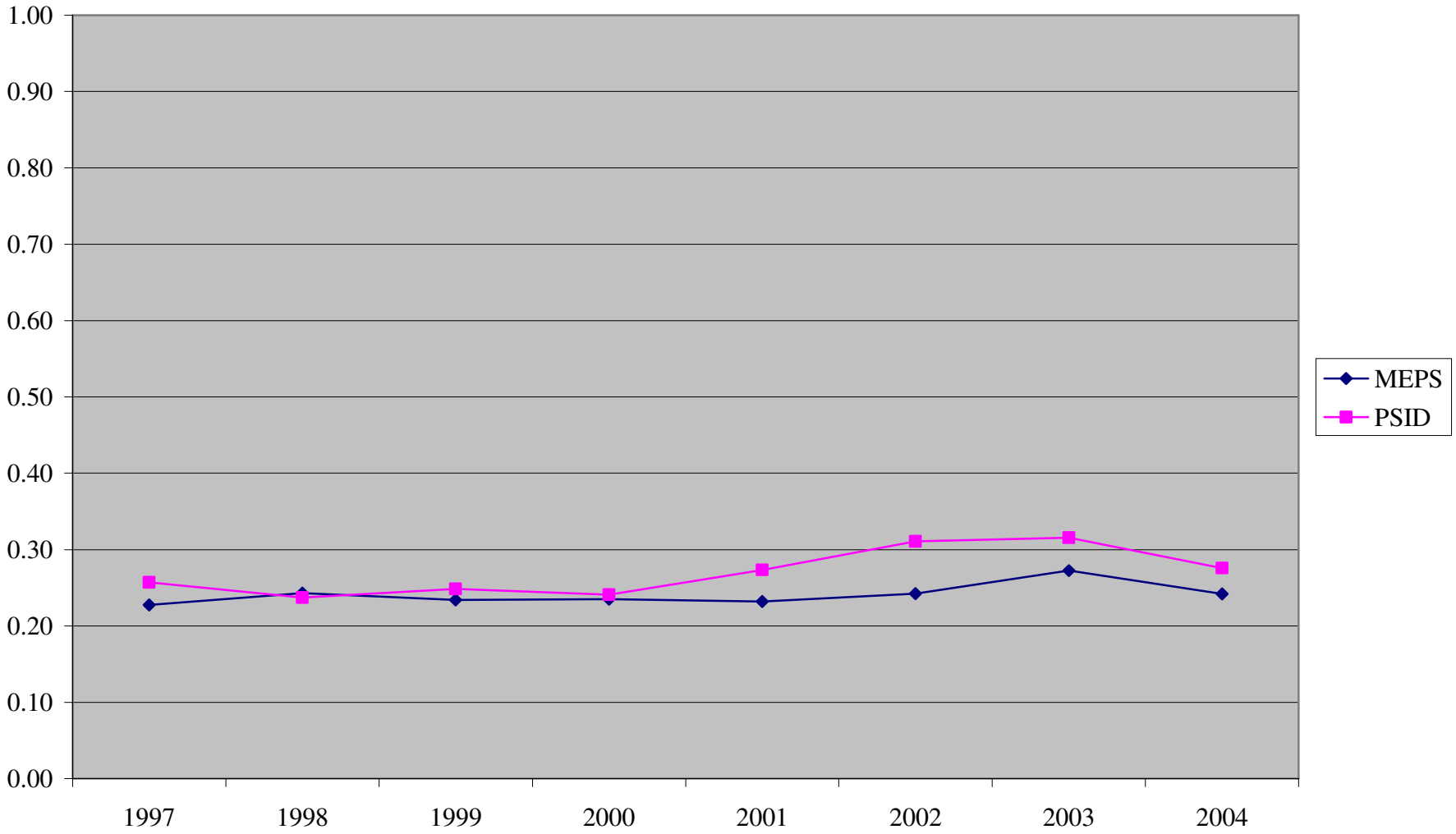

Figure 23
Full-year uninsured by year, adults 25 - 54

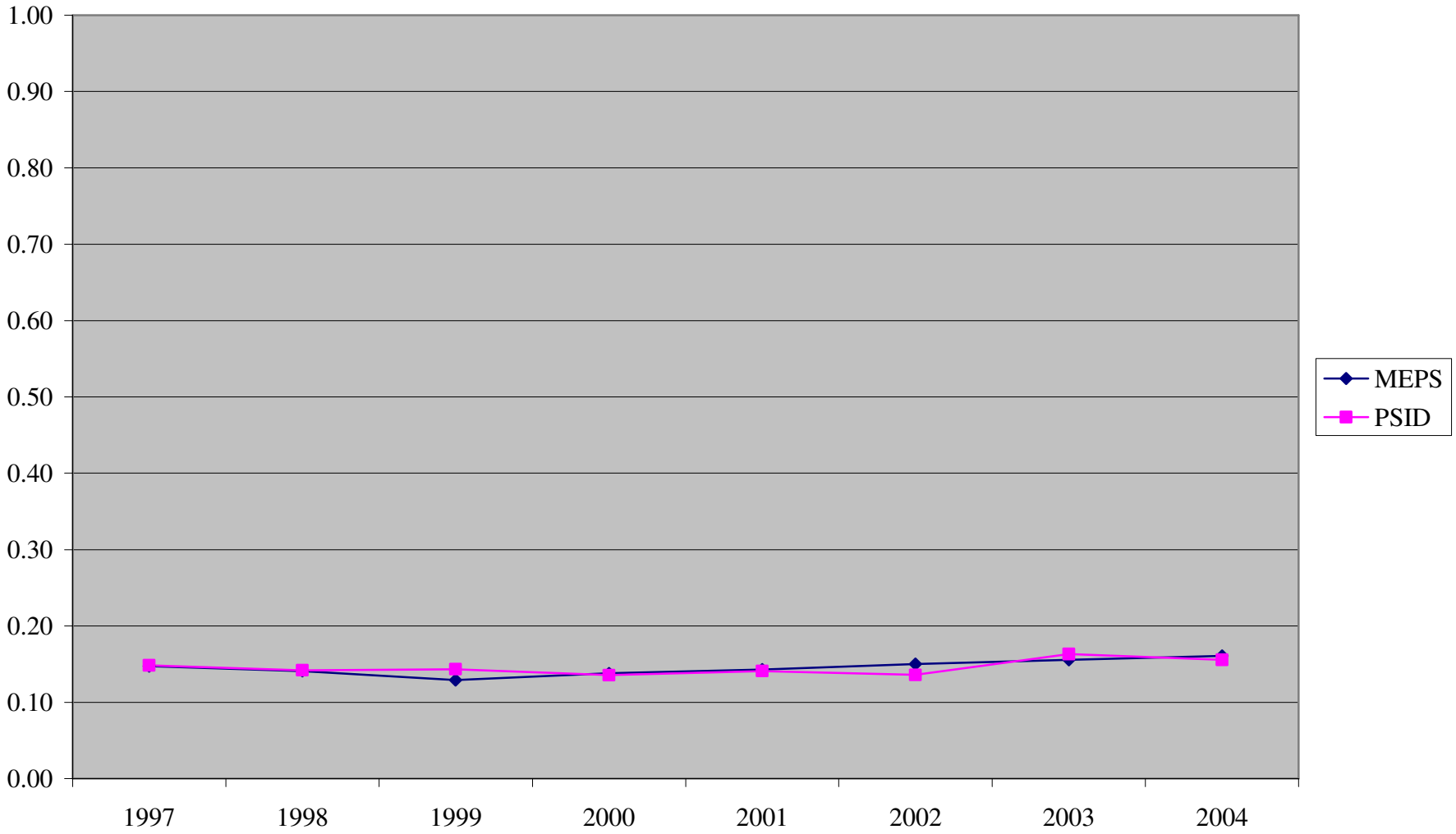

Figure 24
Full-year uninsured by year, adults 55 - 64

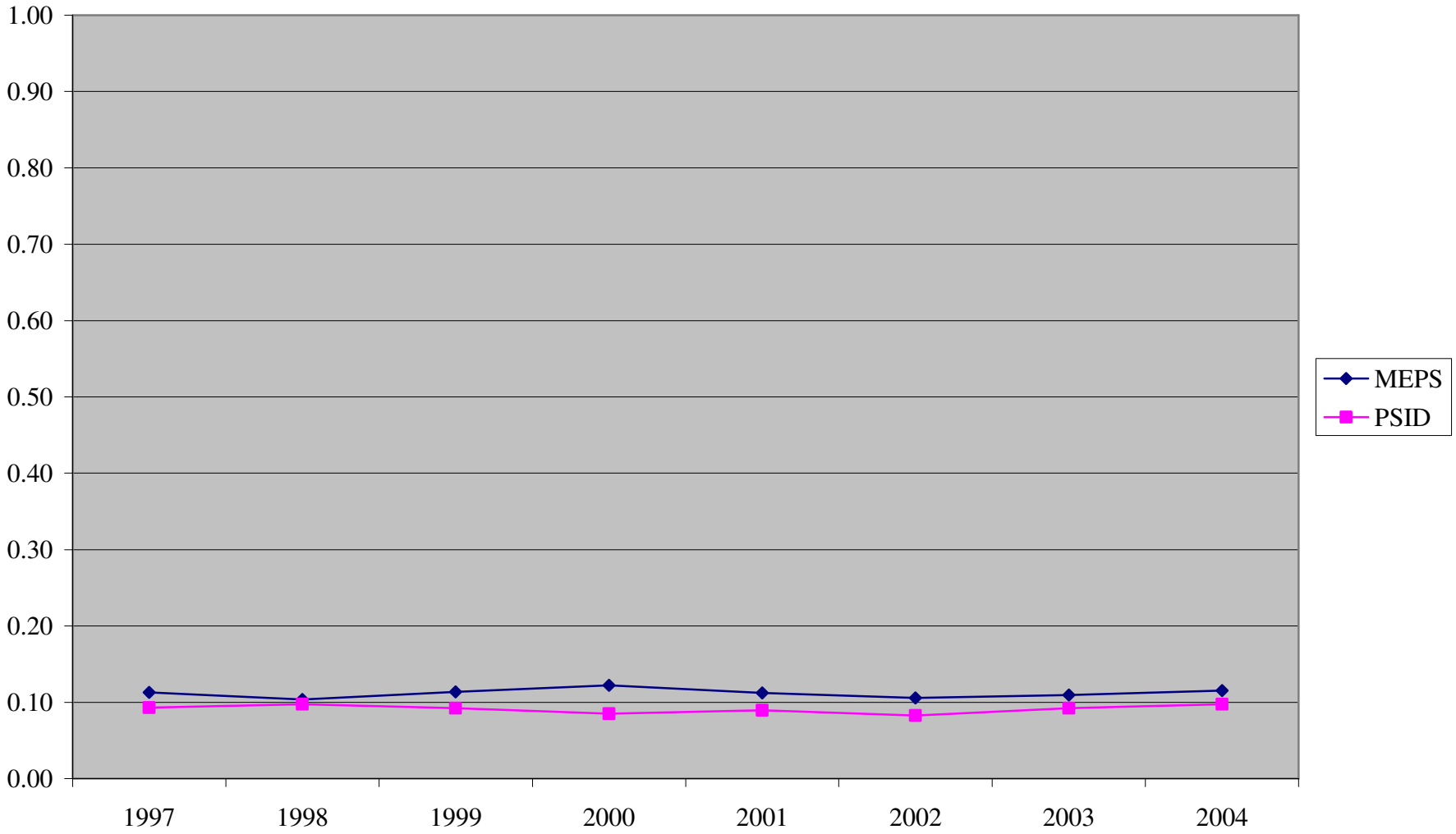

Figure 25
Ever uninsured by year, all ages

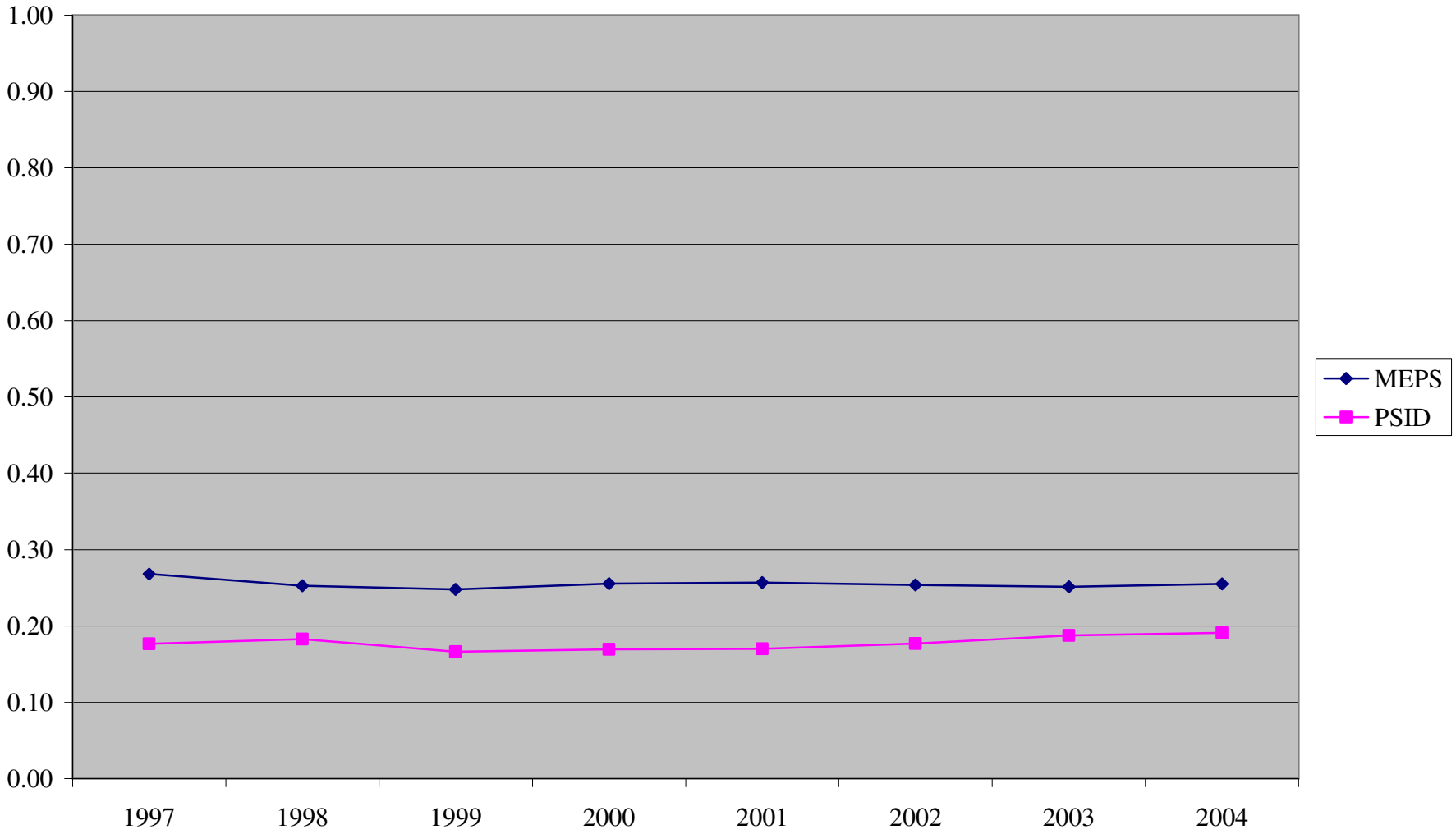

Figure 26
PSID estimates of any private coverage
compared to MEPS simulated "point-in-time" and two-year coverage estimates

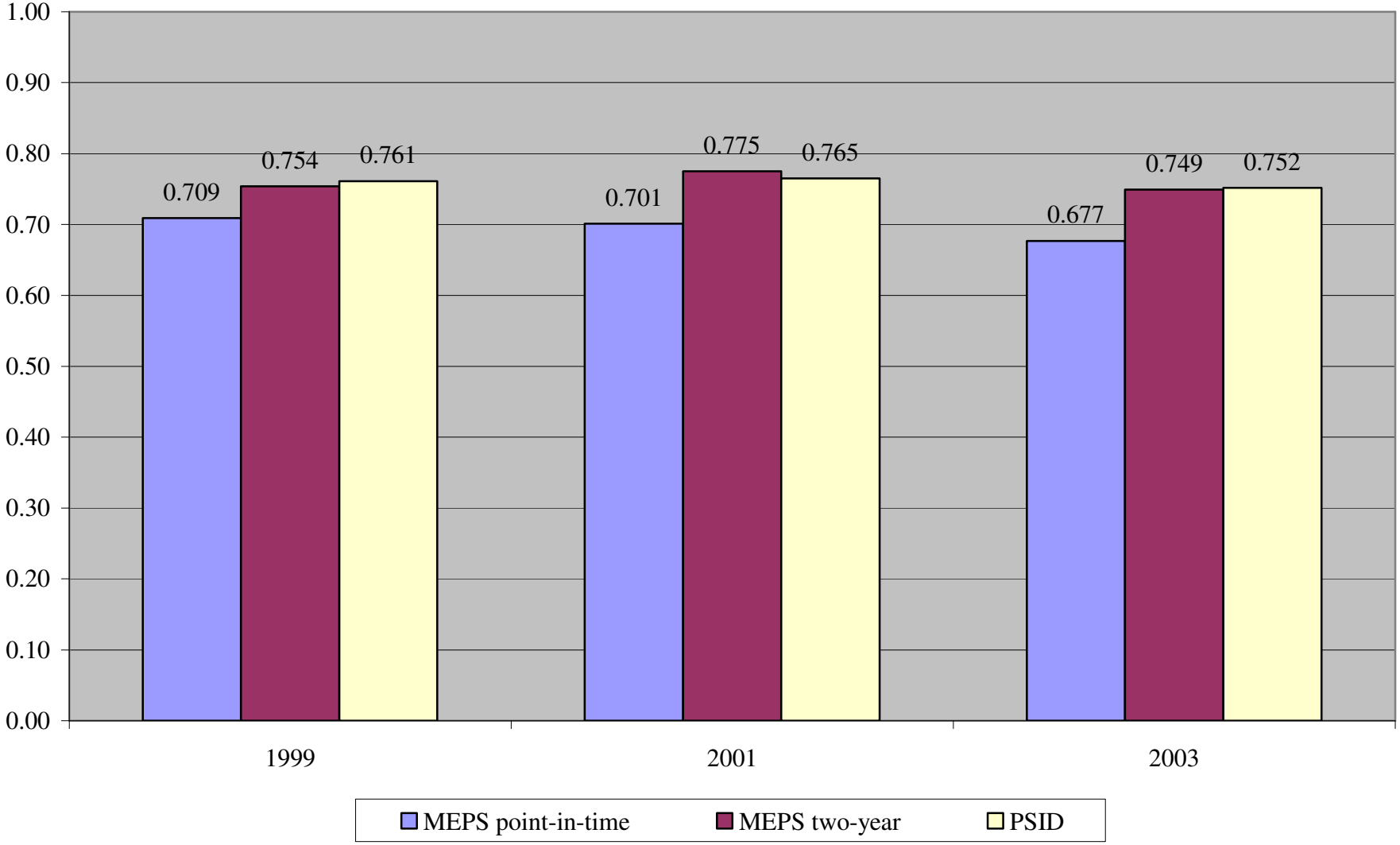

Figure 27
PSID estimates of public coverage only
compared to MEPS simulated "point-in-time" and two-year coverage estimates

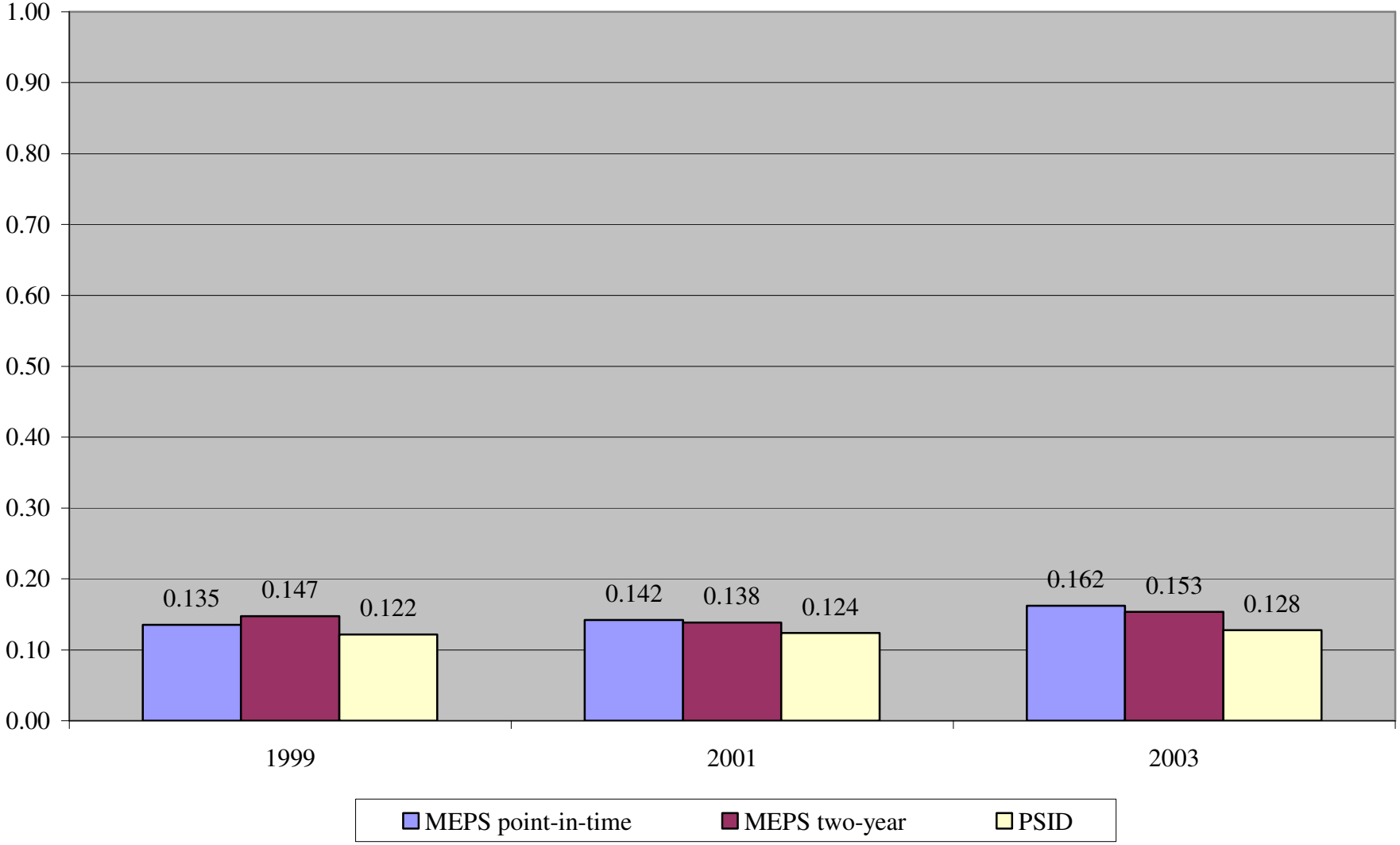

Figure 28
PSID estimates of the uninsured
compared to MEPS simulated "point-in-time" and two-year coverage estimates