

Health Insurance Coverage in US Worker Groups: The National Health Interview Survey (NHIS) 1997-2003

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Objectives

Many American workers and their families obtain medical insurance through their employers or unions. This study examined trends in health insurance coverage in US worker groups.

Methods

Using the nationally representative 1997-2003 National Health Interview Survey (NHIS), the reported medical insurance prevalence among current US workers by occupation was evaluated by gender, race, and ethnicity. Prevalence estimates were weighted to represent the US workforce.

Results

The study population represented an estimated 126,970,317 US workers annually between 1997-2003. The annual prevalence of having medical insurance among all US workers was 83%. From 1997-2003, 80% of US workers had downward trends including: Construction/extractive workers [64% to 55%] and Cleaning/building workers [71% to 66%]. White collar and unionized occupations (98% Managers/administrators and 98% Police/firefighters) had high annual prevalences of medical insurance compared to non-unionized blue collar worker occupations (51% Construction laborers and 50% Farm workers/agricultural workers). There were substantial variations in the prevalences examined by gender, race, and ethnicity among different US worker subpopulations.

Discussion and Recommendations

Inadequate medical insurance coverage and the lack of access to medical care (especially preventive care) can lead to higher rates of acute and chronic disease for US workers and their families. Decreasing access to medical insurance is concentrated among the most hazardous and low-paying occupations, and among subpopulations of the US workforce. This has significant implications for the health of these workers and their families, and the ultimate cost of their medical care for US society.

Learning Objectives

Describe the current crisis in medical insurance for many US workers and their families

Evaluate the trends of access to medical care among US workers, particularly among blue collar occupations and gender/race/ethnic subpopulations

Discuss the benefits of using the National Health Interview Survey (NHIS) data to evaluate US worker healthcare access