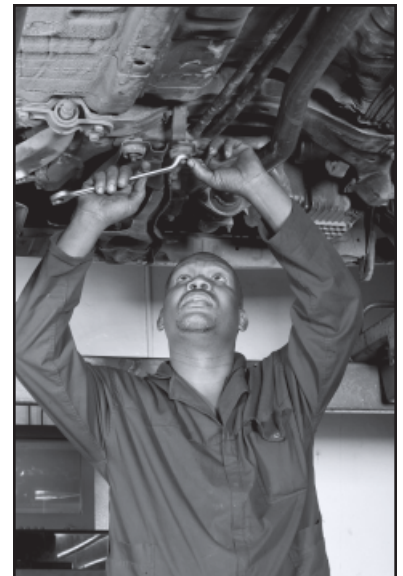


Health Insurance and the Uninsured in Kansas



Updates from the March 2008 Current Population Survey

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The Kansas Health Institute is an independent, nonprofit health policy and research organization based in Topeka, Kansas. Established in 1995 with a multiyear grant from the Kansas Health Foundation, the Kansas Health Institute conducts research and policy analysis on issues that affect the health of Kansans.

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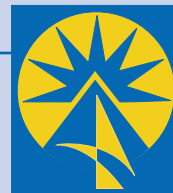


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INTRODUCTION

Access to health care can mean the difference between a life of healthy productivity and a life of illness and pain or even premature death.

Because health insurance is the primary means by which people gain access to health care services, it is important for policymakers to understand the insurance picture in Kansas. This report is intended to provide that by detailing the insurance status of Kansans.

The latest data from the U.S. Census Bureau's Current Population Survey (CPS) show that picture is changing. Though the vast majority of Kansans — 87.5 percent — have health insurance, an increasing number do not. The percentage of Kansans who are uninsured increased to 12.5 percent in 2006–2007, up from 10.5 percent in 2004–2005. Kansas was one of only 10 states that recorded an increase in the percentage of its population that is uninsured.

This means that about 340,000 Kansans report that they were never covered by health insurance during the previous calendar year. This number differs from other measures of uninsurance, such as those presented in a recent report by Families USA. The Families USA report estimates that 31 percent of Kansans under the age of 65, or 748,000 Kansans, went without health insurance for all or part of a two-year period. Most of these Kansans, about 534,000, are estimated to have been uninsured for periods of six months or more. But the higher number of 748,000 captures many additional Kansans who experience periods of uninsurance of less than six months. This KHI report uses the smaller CPS number of 340,000, which better reflects Kansans for whom being uninsured was a problem throughout the year.

A snapshot of the state's approximately 340,000 uninsured shows that most of them are adults. But 58,000 are children.

Contrary to what many may believe, 174,000 of the uninsured work full-time. Another 54,000 work part-time. And even though most uninsured Kansans work, many live in families making less than 200 percent of the federal poverty level, which means they have gross incomes of less than \$3,052 a month for a family of three.

Research confirms that a lack of health insurance, no matter its duration, has consequences for the health and financial well-being of the uninsured. The uninsured often have difficulty getting the medical services and preventive care that they need. Studies also show that the uninsured are at greater risk for compiling medical debt, which, in addition to discouraging people from getting needed care, can make it more difficult for them to afford necessities such as housing and food.

This annual report is intended to provide decision makers with objective information about the insurance status of Kansans to assist them in crafting effective health policy. It is produced annually by the Kansas Health Institute, an independent, nonprofit and nonpartisan health policy and research organization.



KEY FINDINGS

Private Health Insurance

- In 2006–2007, 67.2 percent of adult Kansans age 19–64 had private health insurance through an employer. This is markedly lower than the 70.6 percent who were covered by employer-sponsored insurance in 2004–2005.
- In 2006–2007, 60.8 percent of children were insured through a caretaker's employer. Employer-sponsored coverage of Kansas children has declined substantially over the past three years.

Public Health Insurance

- The percentage of Kansans covered by public health insurance such as Medicare and Medicaid has not changed statistically in recent years.
- In Fiscal Year 2008 (FY08), Medicaid's average monthly enrollment remained lower than in FY06. However, enrollment in the State Children's Health Insurance Program (SCHIP) increased.

Uninsurance

- The percentage of Kansans who are uninsured increased to 12.5 percent in 2006–2007, up from 10.5 percent in 2004–2005. Kansas is one of 10 states in which the percentage of the population that is uninsured increased.
- About 17.1 percent of Kansas adults were uninsured in 2006–2007, up from 14.2 percent in 2004–2005.
- A greater percentage of adults age 45–54 were uninsured in 2006–2007 than in 2004–2005. The percentage of uninsured adults age 35–44 has also increased since the middle part of this decade.
- In 2006–2007, 7.8 percent of Kansas children were uninsured. While the increase from 6.4 percent in 2003–2004 appears substantial, it does not meet the test for statistical significance. That means the apparent changes in the rate could be due to random fluctuation in the survey sample. If the percentage of uninsured children is in fact trending upward, that should become apparent over time.
- Kansans with lower incomes are more likely to be uninsured than those with higher incomes. However, those with family incomes greater than 200 percent of the federal poverty level are more likely to be uninsured now than earlier in the decade, making it clear that the rising cost of health care and the erosion in employer-sponsored coverage affects Kansans of all income levels.
- The number of uninsured Kansans living in poverty has grown to 94,000 — an increase of almost 28,000 since 2000–2001. The increase is consistent with an overall rise in the number of Kansans living in poverty during the same period.



WHO ARE THE UNINSURED IN KANSAS?

The approximately 340,000 Kansans who are uninsured represent a cross section of the state. They include people of all ages, genders, racial and ethnic backgrounds, income levels and employment circumstances.

Age

- Children comprise 17 percent of uninsured Kansans, even though in general they are less likely to be uninsured than adults.
- About 58,000 children in Kansas are uninsured.
- Although young adults, age 19–34, comprise only 23 percent of the Kansas population, they comprise 42 percent of the uninsured.
- Forty percent of uninsured Kansans are middle-aged adults, age 35–64.
- Seniors, who are least likely to be uninsured, comprise only 1 percent of the uninsured. Most seniors are covered by health insurance through Medicare, a public health insurance program.

Gender

- The uninsured population in Kansas is just about evenly split between males and females.

Race and Ethnicity

- Two-thirds of the uninsured are white, non-Hispanic Kansans.
- Although Hispanic Kansans comprise only 8 percent of the population, they comprise 19 percent of the uninsured population.

Poverty Status

- More than half of uninsured Kansans, about 56 percent, have family incomes less than 200 percent of the poverty level. For a family of three in 2009, this means living on a gross monthly income of less than \$3,052.
- About one-fourth of uninsured Kansans live in middle-income families. For a family of three in 2009, this means a gross monthly income between \$3,052 and \$6,103.
- Almost one-fifth of the uninsured live in families with incomes at or above 400 percent of the poverty level. For a family of three in 2009, this means a gross monthly income greater than \$6,103.
- Almost two-thirds of uninsured Kansas children live in low-income families, meaning they are likely to be eligible for HealthWave, the state's public health insurance program.



Work Status

- Approximately 174,000 uninsured Kansans — almost two-thirds of uninsured adults — work full-time.
- Part-time workers and those who did not work in the previous calendar year each constitute about a fifth of the uninsured adult population in Kansas.

Employer Type and Size

- Uninsured workers are employed by both large and small businesses. Twenty-eight percent of uninsured adult Kansans work for private employers with 100 or more employees.

DEFINITIONS

Age

Children — Persons age 0–18 (under 19)

Young Adults — Persons age 19–34

Middle-Aged Adults — Persons age 35–64

Adults — Persons age 19–64

Nonelderly — Persons age 0–64 (under 65)

Seniors — Persons age 65 or older

Employment

Full-time worker — Works for 35 hours or more per week, not necessarily for one employer. May work year-round or only part of the year.

Part-time worker — Works for less than 35 hours per week. May work year-round or only part of the year.

WHAT IS STATISTICAL SIGNIFICANCE?

When conducting the 2007 CPS, the United States Census Bureau surveyed nearly 3,000 Kansans. To more accurately describe the insurance status of Kansans, the results in this report are based on averaging two years of data. This provides a larger sample size of about 6,000 Kansans. Using the Kansas CPS data, we estimate and compare the percentages of uninsured Kansans across time and by subgroups of interest (e.g., age groups). We also examine the percentages of Kansans with private and public insurance. The observed differences in the percentages are not necessarily statistically different, particularly when there are a small number of Kansans from a particular group of interest represented in the survey. Therefore, we use statistical tests that take into account the number of persons in each group and the variability in the data. When using statistical tests to compare percentages, we use an allowable error rate of 10 percent.¹ All differences noted in this report have been tested for statistical significance as described here.



Income

Poor — Family income below 100 percent of the poverty level. In 2009, this means a family of three must have a gross annual income less than \$18,310 or a gross monthly income less than \$1,526.

Low-Income — Family income below 200 percent of the poverty level. In 2009, this means a family of three must have a gross annual income of less than \$36,620 or a gross monthly income less than \$3,052.

Middle-Income — Family income between 200 and 400 percent of the poverty level. In 2009, this means a family of three must have a gross annual income between \$36,620 and \$73,240. This translates to a gross monthly income between \$3,052 and \$6,103.

Poverty Level

The poverty level, also called the poverty line, is a family income threshold below which families are considered poor by the federal government. In this report, family income relative to the poverty level is determined using the official U.S. Census Bureau poverty thresholds that correspond to the survey year. The Federal Poverty Guidelines, listed below, are a simplification of the Census Bureau's poverty thresholds. The most recent 2009 guidelines are provided as a reference.

Table 1. 2009 Federal Poverty Guidelines

Number of People in Family	100% Poverty	200% Poverty	300% Poverty	400% Poverty
1	\$10,830	\$21,660	\$32,490	\$43,320
2	\$14,570	\$29,140	\$43,710	\$58,280
3	\$18,310	\$36,620	\$54,930	\$73,240
4	\$22,050	\$44,100	\$66,150	\$88,200

Source: Federal Register, Vol. 74, No. 14, January 23, 2009, pp. 4199–4201.



PROFILE OF HEALTH INSURANCE COVERAGE IN KANSAS

Most Kansans, about 87 percent, are covered by private or public health insurance. In this section, we examine the specific sources of this coverage.

Fifty-five percent of Kansans are privately-insured through an employer (Figure 1). Employer-sponsored insurance is the primary form of health insurance in Kansas, as it is nationwide.²

Another 7 percent of Kansans are covered by other private insurance, primarily individual insurance policies that they purchase directly.³

However, private health insurance is out of reach for some Kansans whose employers do not offer health benefits or who find insurance to be unaffordable.

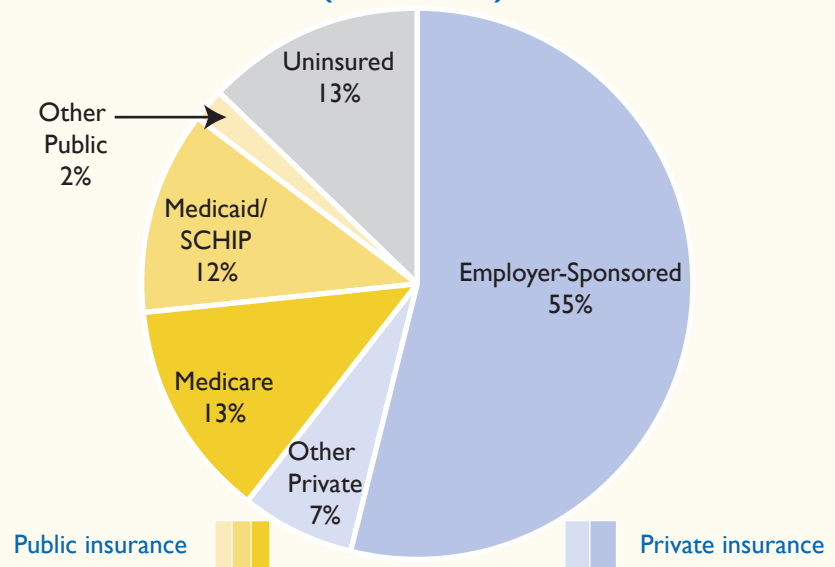
Public health insurance is an option for some of those who lack private insurance. For example, almost all seniors age 65 and older are covered by Medicare, and they comprise almost 13 percent of all Kansans.^{4, 5} But many adults age 19–64 — even those with low incomes — do not qualify for public programs. As indicated in Figure 1, 12 percent of Kansans are covered by Medicaid or SCHIP, but most of these are children.

Approximately 12.5 percent of Kansans are uninsured, a percentage that has increased in the last two years.

Figures 2 and 3 on the following page break out the sources of health insurance for adults and children. Adults are more likely than the population as a whole to be covered by health insurance through an employer. But they are less

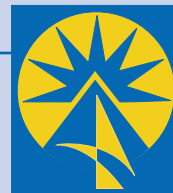
Eighty-seven percent of Kansans are covered by private or public health insurance.

Figure 1. Sources of Health Insurance for All Kansans (2006–2007)



Notes: All Kansans = 2.7 million. The percentages presented in this chart have been rounded to the nearest whole number, with the 12.5 percent who are uninsured rounded up to 13 percent. Percentages may not sum to 100 percent because of rounding.

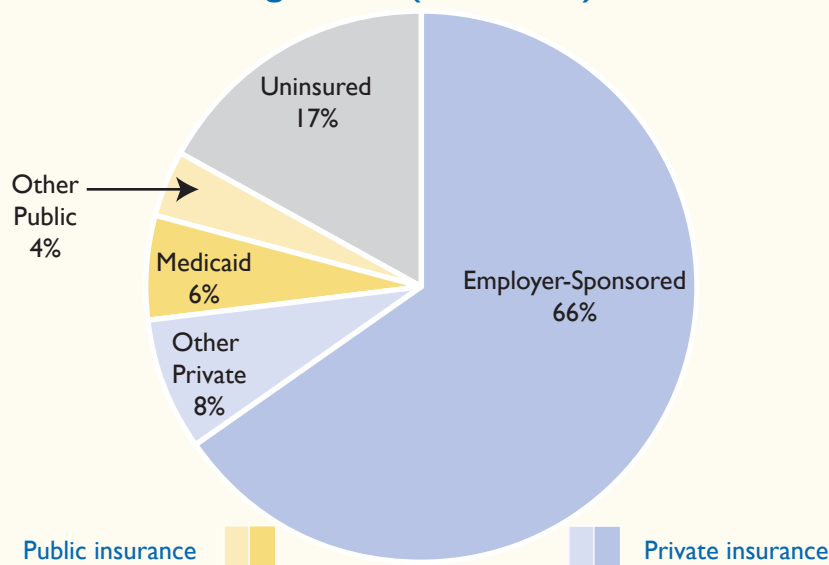
Source: KHI estimates are two-year averages based on the March Current Population Survey, 2007 and 2008.



likely to have public health insurance. Approximately 17.1 percent of adults in Kansas lack coverage.

Children are more likely to be insured than adults, in part because they are more likely to be eligible for public health insurance. Twenty-eight percent of all Kansas children are covered by Medicaid or SCHIP.

Figure 2. Sources of Health Insurance for Kansas Adults Age 19–64 (2006–2007)

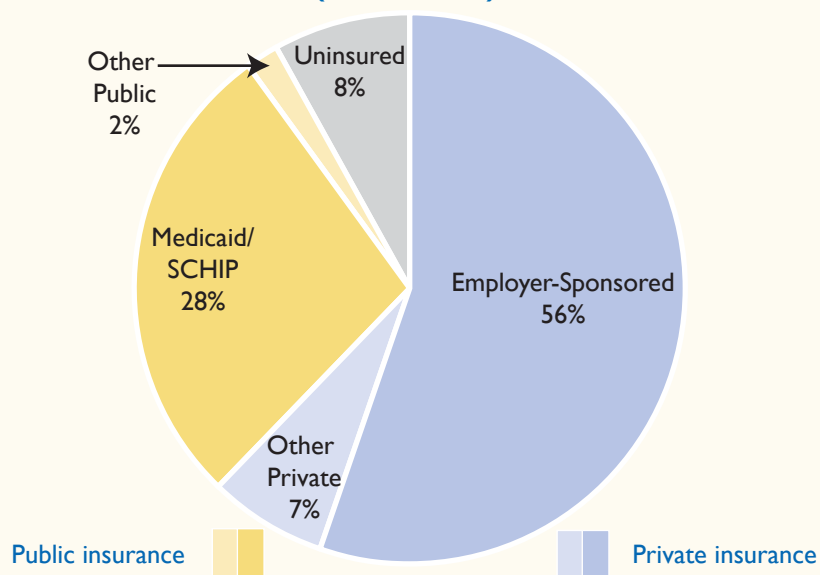


Note: All Kansas adults = 1.6 million. The percentages presented in this chart have been rounded to the nearest whole number, with the 17.1 percent of adult Kansans who are uninsured rounded down to 17 percent. Percentages may not sum to 100 percent because of rounding.

Source: KHI estimates are two-year averages based on the March Current Population Survey, 2007 and 2008.

ADULTS
Only 6 percent of adult Kansans are insured through Medicaid.

Figure 3. Sources of Health Insurance for Kansas Children (2006–2007)



Note: All Kansas children = 742,000. Percentages may not sum to 100 percent because of rounding.

Source: KHI estimates are two-year averages based on the March Current Population Survey, 2007 and 2008.

CHILDREN
Kansas children are less likely to be uninsured than adults.



MAJOR TRENDS

While the previous charts provide an overview of health insurance coverage in 2006–2007, Figure 4 shows how the major forms of health insurance coverage and uninsurance have changed over time.

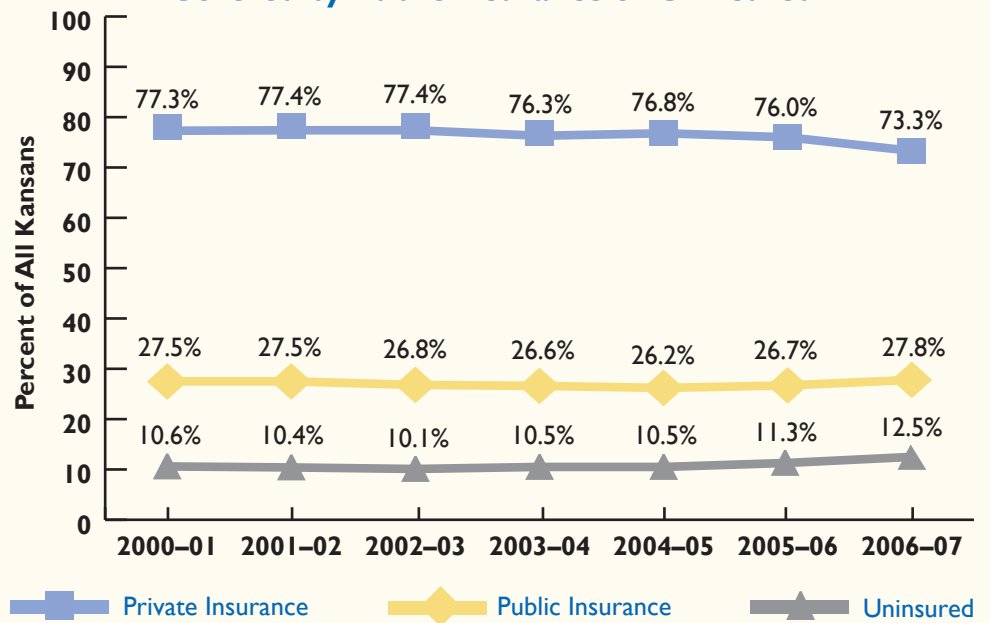
The percentage of Kansans covered by private health insurance was relatively stable until 2004–2005. Since then, it has dropped to 73.3 percent. This decline in private coverage is driven by a reduction in the percentage of Kansans covered by employer-sponsored health insurance (see page 9).

As private insurance coverage has declined, the percentage of Kansans who are uninsured has increased. In 2004–2005, about 10.5 percent of Kansans were uninsured. By 2006–2007, 12.5 percent lacked health insurance — the highest point this decade.

While private insurance coverage has declined, the percentage of Kansans covered by public health insurance programs such as Medicare and Medicaid has not changed statistically since 2004–2005 (Figure 4).⁶ This explains, in part, the increase in the percentage of Kansans who are uninsured.

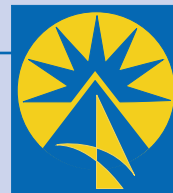
ALL KANSANS
The percentage of Kansans with private health insurance has declined over the past two years.

Figure 4. Percent of All Kansans Covered by Private Insurance, Covered by Public Insurance or Uninsured



Note: These estimates of private and public insurance include respondents who reported multiple forms of insurance during the year.

Source: KHI estimates are two-year averages based on the March Current Population Survey, 2001 to 2008.



EMPLOYER-SPONSORED INSURANCE

Employer-sponsored insurance is the primary form of private insurance in Kansas for both adults and children.

Figure 5 shows how the percentage of adult Kansans covered by employer-sponsored insurance has changed over time.

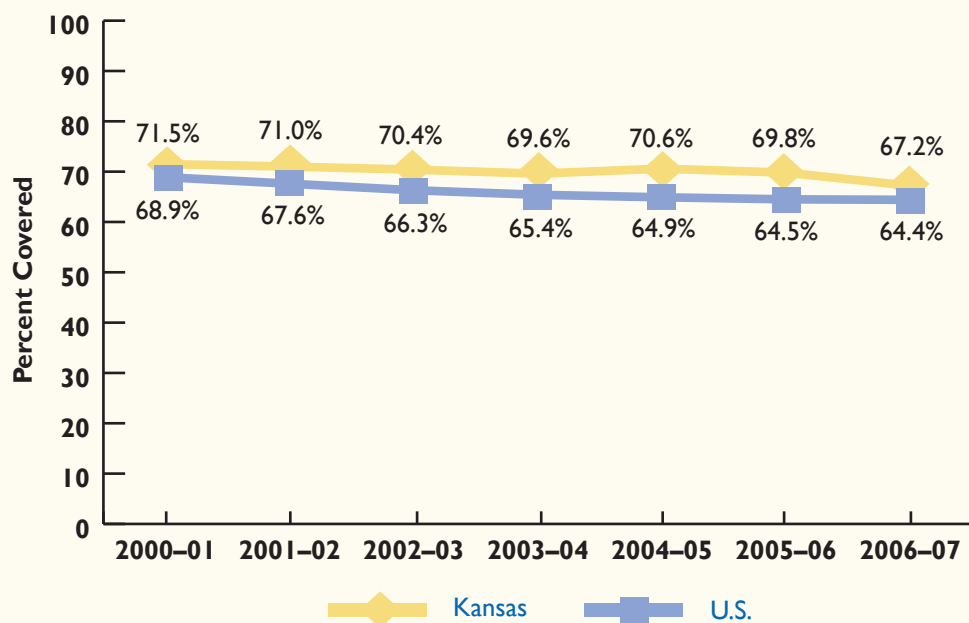
Despite the rising cost of health care, many employers, in particular large employers and those who hire predominantly high-wage workers, continue to offer health benefits as a recruitment tool. Two-thirds of adult Kansans are covered by health insurance through their employer or a family member's.

However, the most recent CPS data indicate that employer-sponsored coverage in Kansas has been slowly eroding (Figures 5 and 6). While the downward trend has not always been consistent, the percentage of adult Kansans covered through an employer has declined by 4 percentage points since 2000–2001.⁷ This mirrors a nationwide decline.

In Kansas, most of the decline in employer-sponsored coverage for adults occurred between 2004–2005 and 2006–2007. During this same period, the percent of adult Kansans who are uninsured increased from 14.2 percent to 17.1 percent (see page 14).

Data from an annual survey of employers suggest some possible reasons for the decline in employer-sponsored coverage. Among all private-sector employees in Kansas, the percentage working for employers that sponsor health insurance dropped between 2000 and 2006. Most of this decline occurred between 2000 and 2004. Moreover, the percentage of employees eligible for health insurance

Figure 5. Percent of Adults Age 19–64 Covered by Employer-Sponsored Insurance



Note: These estimates of employer-sponsored insurance include those respondents who also reported some other form of insurance during the year.
Source: KHI estimates are two-year averages based on the March Current Population Survey, 2001 to 2008.

ADULTS
Employer-sponsored insurance coverage of adults has declined since 2000–2001, both in Kansas and nationwide.



sponsored by their employers also went down. Most of the decline in eligibility occurred between 2004 and 2006.

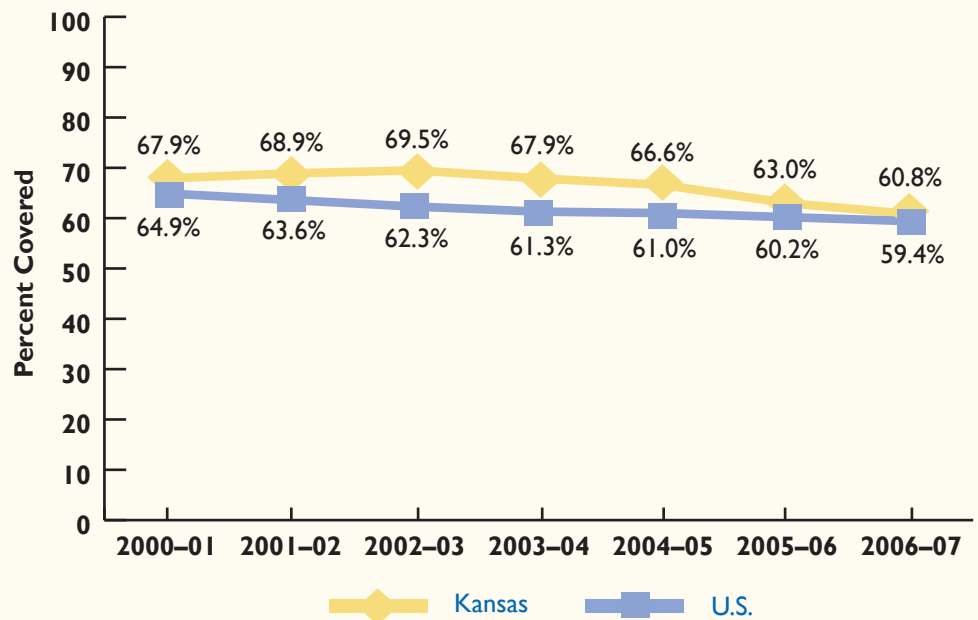
While these findings are informative, they do not fully explain the decline in employer-sponsored coverage. For example, changes in work patterns, such as a shift from full-time work to part-time work or an increase in unemployment, may reduce the availability of employer-sponsored health insurance. It is also possible that increases in the cost of dependent health insurance could have deterred employees from enrolling their spouses or adult children. All of these trends interact with each other, making it difficult to know exactly why coverage is declining.

Figure 6 shows that for children, as well as adults, employer-sponsored coverage through a parent or guardian has declined. The percentage of children insured by a caretaker's employer has declined by almost 7 percentage points since 2000–2001. Approximately 60.8 percent of Kansas children were covered by employer-sponsored insurance in 2006–2007. This is roughly consistent with national trends.

Most of the drop in employer-sponsored coverage for children occurred between 2003–2004 and 2006–2007.⁷ As noted on page 14, 2003–2004 also marks the year when the percentage of Kansas children who are uninsured stopped declining.

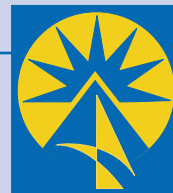
CHILDREN
Employer-sponsored insurance coverage has also declined for children.

Figure 6. Percent of Children Covered by Employer-Sponsored Insurance



Note: These estimates of employer-sponsored insurance include those respondents who also reported some other form of insurance during the year.

Source: KHI estimates are two-year averages based on the March Current Population Survey, 2001 to 2008.



MEDICAID AND SCHIP

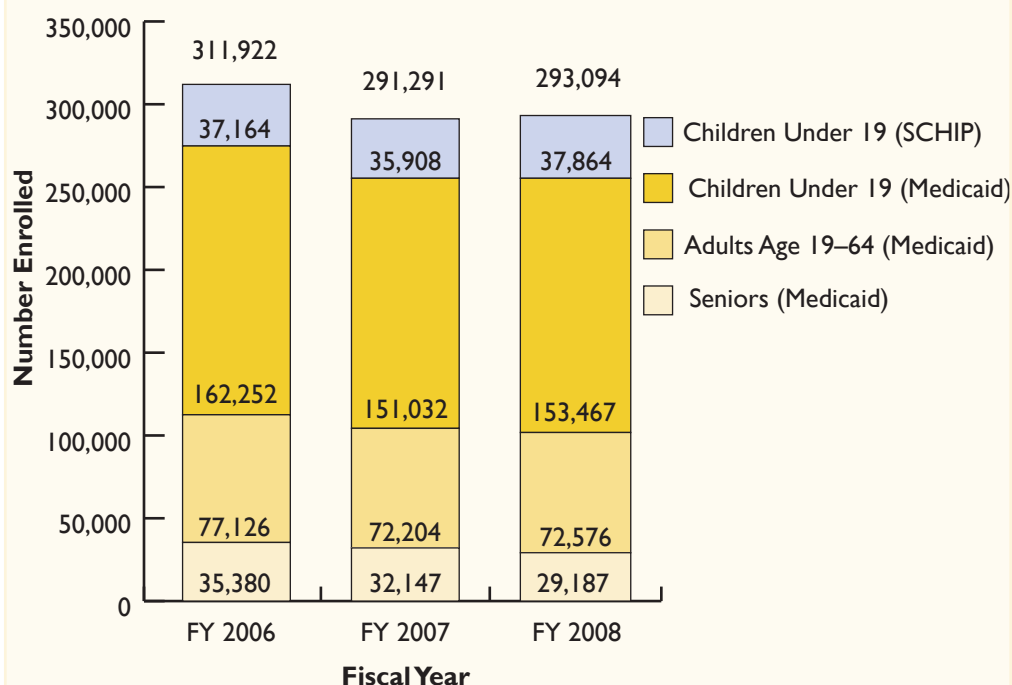
Medicaid and SCHIP are two public health insurance programs that together provide an important safety net for low-income children, pregnant women, disabled adults, and seniors in Kansas. These programs pay for health care services for many who would otherwise be uninsured.

Adults typically do not qualify for Medicaid in Kansas, unless they are both low-income and either disabled or pregnant. Parents of minor children may qualify if they have very low monthly incomes. For example, a single mother with two children typically must have a gross monthly income of less than \$400 to qualify for Medicaid. Kansas is among 10 states with the lowest income eligibility thresholds for working parents.

As illustrated in Figure 7, Medicaid and SCHIP enrollment declined between Fiscal Year 2006 (FY06) and FY07.⁸ The decline coincided with the implementation of new citizenship documentation requirements for Medicaid beneficiaries. These requirements were included in the federal Deficit Reduction Act of 2005 and took effect at the beginning of FY07. They created a backlog in processing Medicaid and SCHIP applications. According to the Kansas Health Policy Authority, the vast majority of those whose eligibility determinations were delayed were eligible citizens.

The backlog in processing applications has since been cleared and SCHIP enrollment in FY08 was higher than in FY06 (Figure 7). However, Medicaid enrollment in FY08 remains lower than in FY06. The reasons for this reduced enrollment are unclear at this time.

Figure 7. Average Monthly Enrollment in Medicaid and SCHIP



Note: Fiscal years are July to June. October enrollment is excluded from the averages.

Source: Kansas Health Policy Authority administrative data.

Medicaid enrollment in FY 2008 remains lower than in FY 2006.



Being uninsured has consequences for the health and well-being of Kansans.

THE UNINSURED

Many uninsured Kansans do not receive the health care that they need. This is born out by a nationwide health survey that shows that the uninsured are much more likely to report problems getting necessary medical care than the insured.

Some uninsured Kansans obtain charity care through private physicians or at hospitals, while others receive care at safety net clinics.

However, the patchwork of services available to uninsured Kansans has some notable deficiencies. For example, some safety net clinics provide mental health services or dental care, but most other specialty care services are typically not provided. Safety net clinics also report that the demand for their services often exceeds their capacity.

A recent study in the *Journal of the American Medical Association (JAMA)* found that uninsured patients use emergency rooms because of a lack of access to primary care. However, the uninsured are not a leading cause of emergency room crowding.

The health of uninsured Kansans would likely be improved if they could obtain adequate health insurance. Studies have found a strong link between health insurance status and specific health conditions such as high blood pressure. Health insurance has also been found to improve the health status of vulnerable groups such as infants and children.

Uninsured Kansans can also face financial hardship due to medical bills. The nationwide survey referenced earlier indicates that uninsured adults are more likely than insured adults to use their savings to pay medical bills. They are also more likely to report that medical bills make it difficult to pay for basic necessities.

To provide a better understanding of the population that is vulnerable to the health and financial consequences of being uninsured, the remainder of this report describes the demographic characteristics of uninsured Kansans.



MAJOR TRENDS

Approximately 340,000 Kansans are uninsured, representing 12.5 percent of the population. These are Kansans who report that they were never covered by health insurance during the previous calendar year.

After years of relative stability, the percentage of Kansans who are uninsured is on the rise. Figure 8 illustrates the growth in the uninsured rate between 2004–2005 and 2006–2007. More than 58,000 Kansans were added to the ranks of the uninsured during this period.

Figure 8 also shows that while the percentage of Kansans who are uninsured is at its highest point since 2000–2001, this percentage remains lower than that for the entire U.S. population.

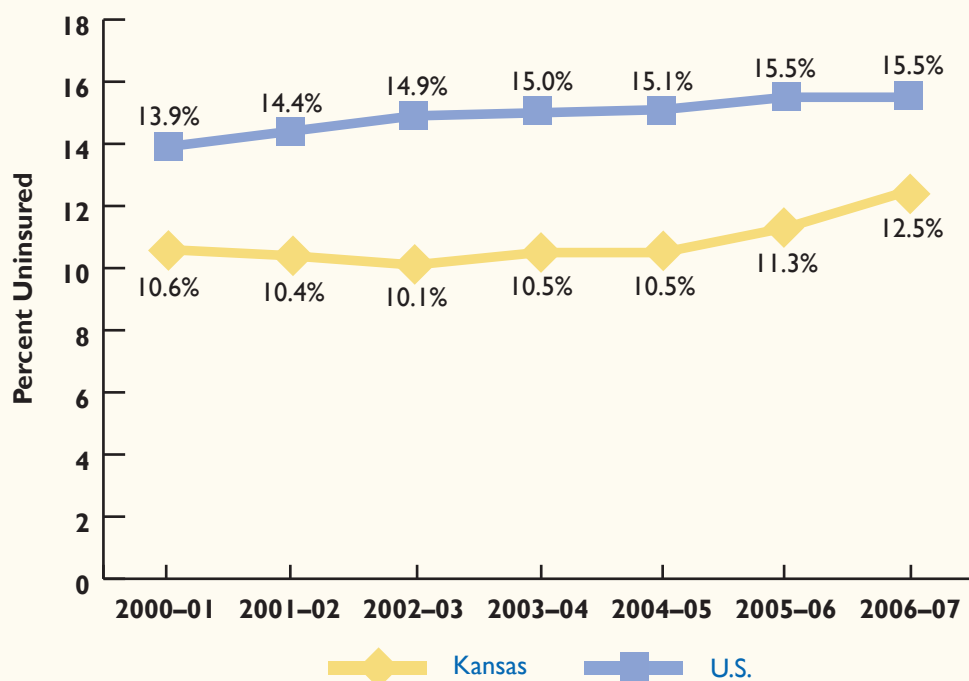
It is important to note that these percentages reflect health insurance status prior to the recent economic downturn. The number of people without insurance typically increases during an economic recession.

Figures 9 and 10 on the next page display trends in both the percentage of adults who are uninsured and the percentage of children who are uninsured.

Among adult Kansans, the percentage lacking health insurance has increased over the last two years, as it has for the population as a whole. In 2004–2005, 14.2 percent of Kansas adults were uninsured. By 2006–2007, 17.1 percent — approximately 278,000 adults — were uninsured.

The percentage of Kansas children who are uninsured dropped in the early part of the decade, from 9 percent in 2000–2001 to a low of 6.4 percent in

Figure 8. Percent of Population Uninsured



Source: KHI estimates are two-year averages based on the March Current Population Survey, 2001 to 2008.

Kansas is one of 10 states in which the percentage of the population that is uninsured has increased since 2004–2005.

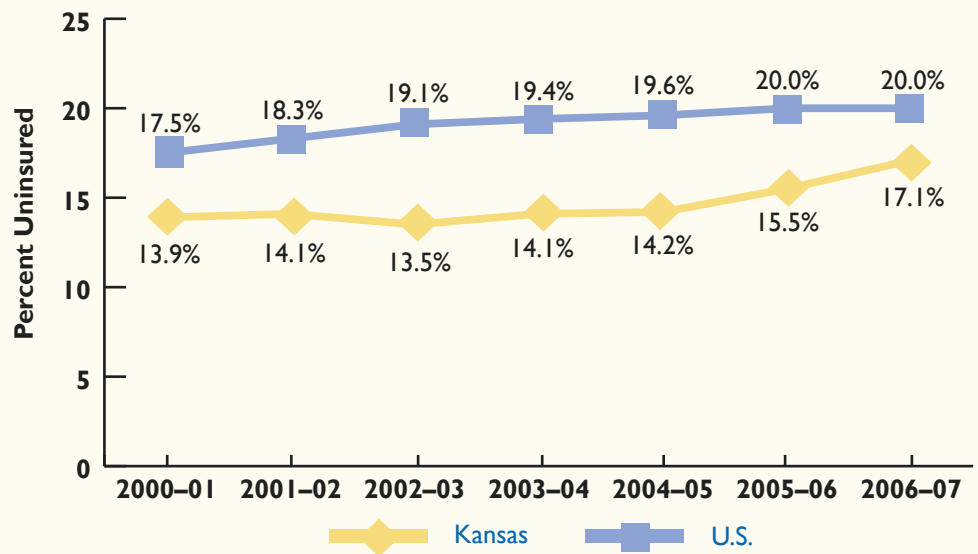


2003–2004. This drop most likely reflects increased participation in Medicaid and SCHIP during this period.

By 2006–2007, 7.8 percent of Kansas children were uninsured. While the increase from 6.4 percent appears substantial, it does not meet the test for statistical significance. That means the apparent change in the rate could be due to random fluctuation in the survey sample. If the percentage of uninsured children is in fact trending upward, that should become apparent over time.

ADULTS
 The percentage of Kansas adults who are uninsured is at its highest point this decade.

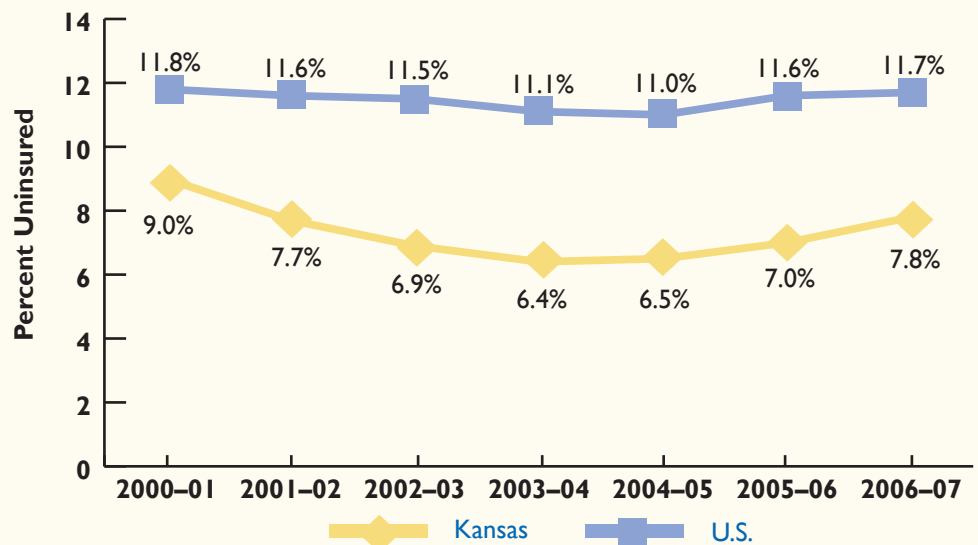
Figure 9. Percent of Adults Age 19–64 Uninsured



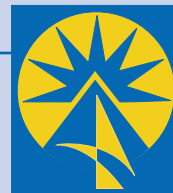
Source: KHI estimates are two-year averages based on the March Current Population Survey, 2001 to 2008.

CHILDREN
 The percentage of Kansas children who are uninsured reached a low in 2003–2004 and has not changed statistically since.

Figure 10. Percent of Children Uninsured



Source: KHI estimates are two-year averages based on the March Current Population Survey, 2001 to 2008.



AGE

Figure 11 illustrates that the likelihood of being uninsured is highly dependent on a person's age.

In general, Kansas children are less likely to be uninsured than adults, in large part because they are more likely to be eligible for public programs. Even so, we know that many of the children who are eligible for Medicaid and SCHIP are not enrolled in either.

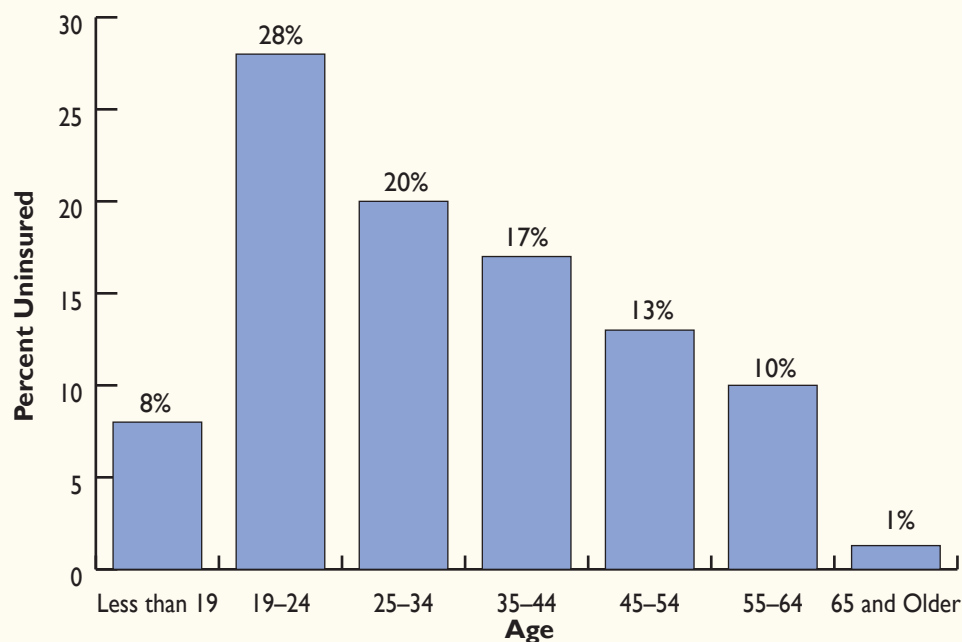
When children turn nineteen, their likelihood of being uninsured increases dramatically. The youngest adults, age 19–24, are more likely to be uninsured than any other age group. Of the more than 227,000 young adults age 19–24 in Kansas, about 28 percent are uninsured (Figure 11). This percentage increased from a decade-low of 23 percent in 2005–2006. Earlier in the decade, the percentage ranged from 24 to 27 percent.

Young adults as a group do not have the same health care needs as older adults, but access to health care remains important for them. In addition to the need for preventive care, some young adults may have chronic health conditions that require ongoing medical attention.

As adults get older, they are less likely to be uninsured. However, among middle-aged adults the likelihood of being uninsured has increased in recent years, particularly for adults age 35–44 and 45–54.

Among adults age 35–44, 17 percent are uninsured. This percentage has gradually increased from lows of 10 to 12 percent in the early part of the decade.

Figure 11. Percent of Kansans in Each Age Category Who Are Uninsured (2006–2007)



Note: Not all differences between age categories are statistically significant.

Source: KHI estimates are two-year averages based on the March Current Population Survey, 2007 and 2008.

For adult Kansans, the likelihood of being uninsured decreases with age.



About 13 percent of adults 45–54 are uninsured, up from 8 to 10 percent in previous reporting periods.

About 10 percent of adults age 55–64 are uninsured. This is up from 8 percent in 2005–2006, but similar to previous percentages reported this decade.

Even though middle-aged adults are less likely to lack coverage, being uninsured is of particular concern for this age group. Middle-aged adults have an increased prevalence of chronic conditions requiring medical attention.

For seniors age 65 and older, only 1 percent are uninsured. This is because almost all Kansans in this age group are covered by Medicare, a federally funded public insurance program.

Figure 12 breaks down the more than 340,000 uninsured Kansans by age.

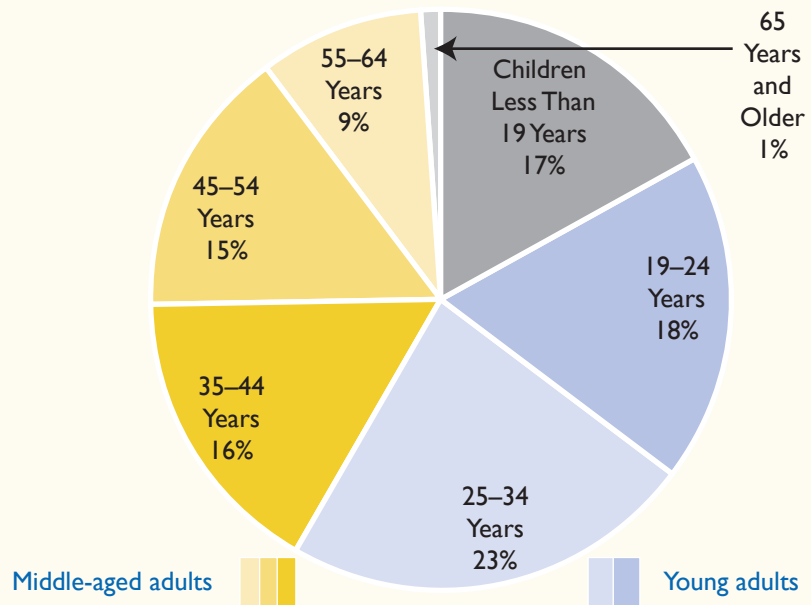
Children comprise 17 percent of the uninsured, even though in general they are less likely to be uninsured than adults.

Young adults constitute a disproportionately large percentage of the uninsured population in Kansas. Adults age 19–24 and age 25–34 together comprise about 42 percent of the uninsured population. They comprise only 23 percent of the entire Kansas population.

Middle-aged adults age 35–64 comprise about 40 percent of the uninsured. Middle-aged adults could constitute a greater share of the uninsured in the future if recent trends continue.

**Young adults
comprise a
disproportion-
ately large
percentage of
uninsured
Kansans.**

**Figure 12. Uninsured Kansans by Age
(2006–2007)**



Note: Uninsured Kansans = 340,000. Percentages may not sum to 100 percent because of rounding.
Source: KHI estimates are two-year averages based on the March Current Population Survey, 2007 and 2008.

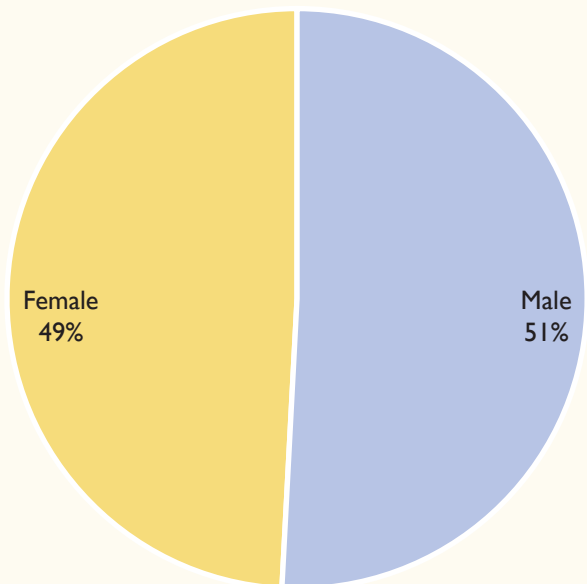


GENDER

Gender does not appear to predict insurance status in Kansas. Male and female Kansans are equally likely to be uninsured and the uninsured population is about evenly split between the two groups (Figure 13).

Males comprise 49 percent of the Kansas population, females 51 percent.

Figure 13. Uninsured Kansans by Gender (2006–2007)



Note: Uninsured Kansans = 340,000.

Source: KHI estimates are two-year averages based on the March Current Population Survey, 2007 and 2008.

The uninsured population is about evenly split between male and female Kansans.



RACE AND ETHNICITY

Existing health disparities among racial and ethnic groups can be exacerbated by disparities in insurance coverage. Figure 14 breaks out the uninsured population by racial and ethnic categories.

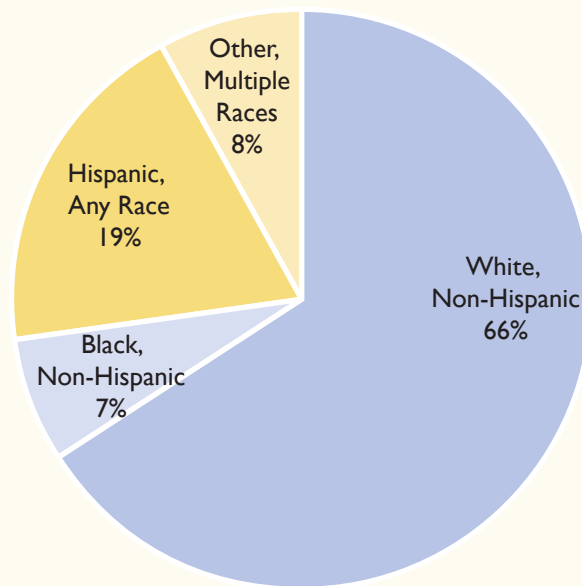
Two-thirds of the 340,000 uninsured Kansans are non-Hispanic and white. Although this group comprises the majority of the uninsured, only 10 percent of all non-Hispanic white Kansans are uninsured.

Hispanic Kansans, along with other Kansas residents in minority racial and ethnic groups, are more likely to be uninsured than non-Hispanic white Kansans. Twenty-nine percent of Hispanic Kansans are uninsured and 16 percent of non-Hispanic black Kansans are uninsured. Among those Kansans who report some other race or multiple races on the CPS, 19 percent are uninsured.

Because a relatively high percentage of Hispanic Kansans are uninsured, they constitute a disproportionately large percentage of uninsured Kansans. Only 8 percent of the Kansas population is Hispanic, but they comprise 19 percent of the uninsured population (see Figure 14). One explanation for this disparity may be that Hispanic residents in the United States, especially recent immigrants, are more likely to have low-wage jobs that often do not provide health insurance.

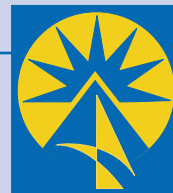
Although two-thirds of the uninsured are non-Hispanic white Kansans, Hispanic Kansans constitute a disproportionately large percentage of the uninsured.

Figure 14. **Uninsured Kansans by Race/Ethnicity (2006–2007)**



Note: Uninsured Kansans = 340,000.

Source: KHI estimates are two-year averages based on the March Current Population Survey, 2007 and 2008.



POVERTY STATUS

Figure 15 indicates that the likelihood of being uninsured decreases as family income increases. Kansans with family incomes that fall below 100 percent of the poverty level are most likely to be uninsured. For a family of three in 2009, this means having a gross monthly income of less than \$1,526. Twenty-eight percent of Kansans living in poverty are uninsured.

Consistent with the increase in the number of Kansans living in poverty since 2000–2001, the number of uninsured Kansans living in poverty has grown to more than 94,000. This represents an increase of almost 28,000 since 2000–2001.

Insurance status is closely tied to family income for a variety of reasons. Higher-wage employees are more likely to have health insurance available to them through their employers, and are more able to afford coverage.

While being uninsured is potentially a problem for Kansans of all incomes, it is a particular problem for those with low incomes. People living in poverty or near-poverty are more likely to suffer health problems due to the social disadvantages that they must contend with, such as job insecurity, unsafe neighborhoods and limited access to healthy and affordable food. Therefore, those that are most in need of health services face the greatest barriers to receiving that care.

Kansans with low-incomes are more likely to be uninsured than those with higher incomes. However, Kansans with family incomes at or above 200 percent of the poverty level are more likely to be uninsured now than earlier in the decade.

Figure 15. Percent of Kansans in Each Poverty Category Who Are Uninsured (2006–2007)



Note: Not all differences between poverty categories are statistically significant.

Source: KHI estimates are two-year averages based on the March Current Population Survey, 2007 and 2008.

The likelihood of being uninsured decreases as family income increases.

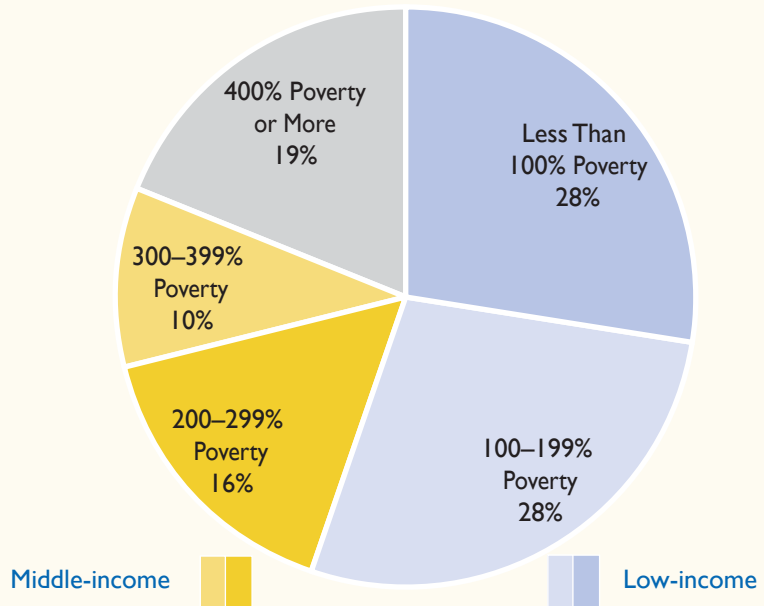


Figure 16 breaks down the uninsured population in Kansas by family income. More than half of uninsured Kansans, about 56 percent, have incomes less than 200 percent of the poverty level.

Twenty-six percent, or about one-fourth, of uninsured Kansans live in middle-income families, those with incomes between 200 and 400 percent of the poverty level. And almost 20 percent of the uninsured have family incomes that are 400 percent of the poverty level or more. The share of the uninsured with family incomes at or above 400 percent of the poverty level increased from 13 percent in 2005–2006.

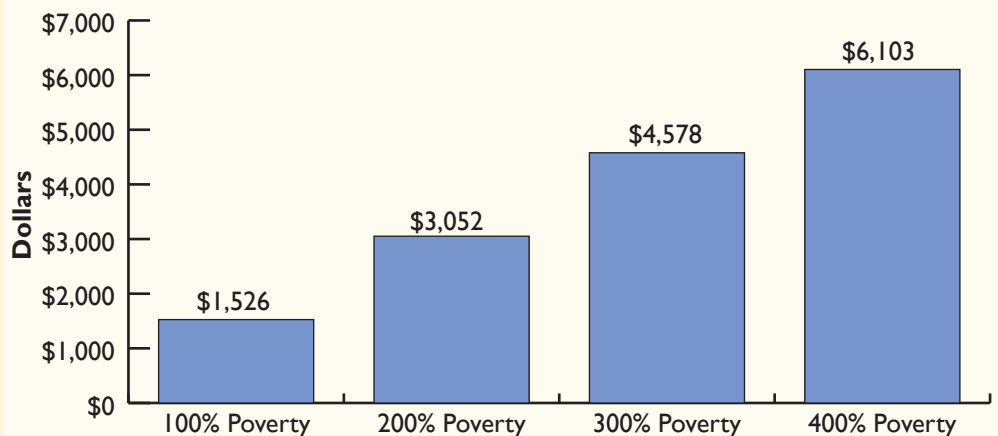
More than half of uninsured Kansans have low family incomes.

Figure 16. Uninsured Kansans by Poverty Category (2006–2007)



Note: Uninsured Kansans = 340,000. Percentages may not sum to 100 percent because of rounding. Source: KHI estimates are two-year averages based on the March Current Population Survey, 2007 and 2008.

Figure 17. Gross Monthly Income for a Family of Three by Percent of Poverty Level (2009)



Source: Federal Register, Vol. 74, No. 14, January 23, 2009, pp. 4199–4201.



UNINSURED CHILDREN BY POVERTY STATUS

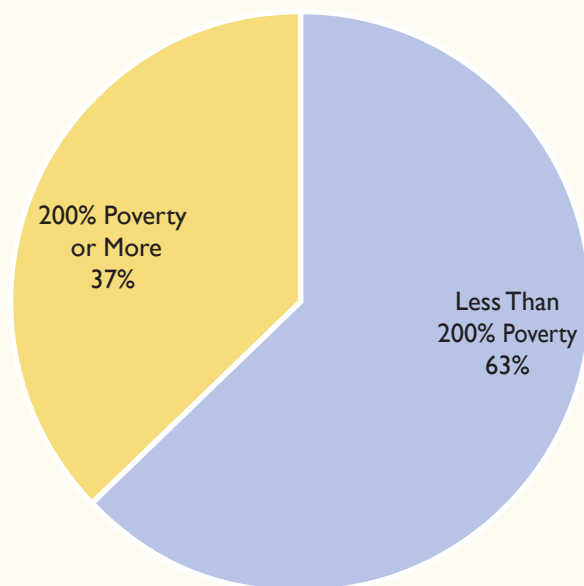
Kansas HealthWave is the state program that combines Medicaid and SCHIP to provide health insurance to children living in low-income families as well as some adults. Eligibility for HealthWave is based on multiple criteria; for children, one of the primary factors is the level of family income. Children must have family incomes at or below 200 percent of the poverty level. As mentioned previously, for a family of three in 2009, this means a gross monthly income of \$3,052 or less.

The 2008 Kansas Legislature raised the income eligibility threshold to 250 percent of the 2008 poverty level, to be phased in contingent on the availability of federal funds. While federal funding for an SCHIP expansion was approved in February 2009, state funds for the expansion had not been appropriated when this report was published.

Figure 18 shows that roughly 63 percent of uninsured Kansas children may be eligible for HealthWave under current income guidelines. This translates to about 36,000 children.⁹

Children may be eligible for HealthWave but not enrolled for a variety of reasons. For example, some parents may not know about the program, others may choose not to enroll their children, while others may be deterred by what they perceive to be a cumbersome enrollment process.

Figure 18. Uninsured Kansas Children by Poverty Category (2006–2007)



Note: Uninsured Kansas children = 58,000.

Source: KHI estimates are two-year averages based on the March Current Population Survey, 2007 and 2008.

CHILDREN
Almost two-thirds of uninsured Kansas children are estimated to be income-eligible for Medicaid or SCHIP.



WORK STATUS

In the next two sections we examine the relationship between the employment status of Kansans and health insurance.

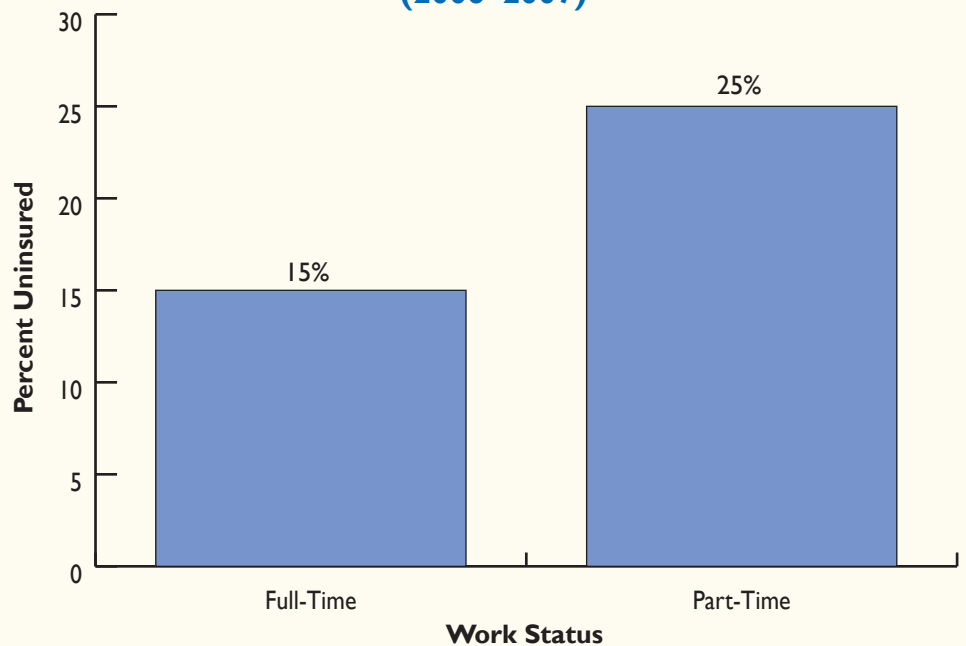
Most adult Kansans are full-time workers (71 percent).¹⁰ Among these workers, 15 percent were uninsured in 2006–2007 (Figure 19). Full-time workers are less likely to be uninsured than part-time workers. However, the percentage of full-time workers who are uninsured has increased by 3 percentage points since 2004–2005, after years of relative stability. This means that approximately 39,000 full-time workers have been added to the ranks of the uninsured.

Not all full-time workers have health insurance available to them through an employer. Some may work for employers that do not sponsor health insurance for their employees, some may not be eligible and others may not be able to afford the insurance that is offered. Other full-time workers may be self-employed sole proprietors who are unable to purchase group health insurance.

Part-time workers are more likely to be uninsured than full-time workers. Most part-time employees in the private sector are not eligible for health benefits even if their employer sponsors an insurance plan. While some part-time workers may be covered under the policy of a family member, 25 percent of all part-time workers were uninsured in 2006–2007 (Figure 19). This is up from 21 percent in 2005–2006.

ADULTS
Full-time workers are less likely to be uninsured than part-time workers.

Figure 19. Percent of Adult Kansas Workers Who Are Uninsured (2006–2007)



Note: Most full-time workers work year-round.

Source: KHI estimates are two-year averages based on the March Current Population Survey, 2007 and 2008.

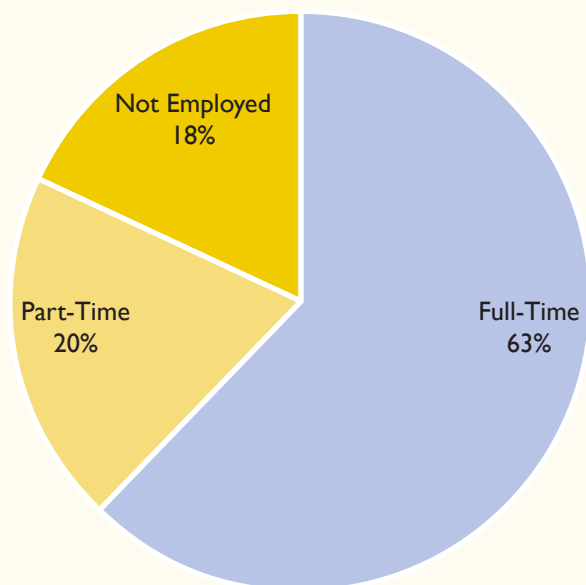


Full-time workers comprise almost two-thirds of uninsured adult Kansans — 63 percent (Figure 20). The percentage of uninsured Kansas adults who work full-time has increased since reaching its lowest point of the decade in 2003–2004 when only 56 percent worked full-time.

Most uninsured adults who worked full-time during the previous calendar year also worked year-round (74 percent of uninsured full-time workers). The remainder worked full-time for part of the year.

Part-time workers and those who did not work during the previous calendar year each constitute about one-fifth of the uninsured adult population. Uninsured Kansans who were not employed gave “taking care of home or family” as the primary reason for not working. Being sick, disabled or in school were other common reasons.

Figure 20. Uninsured Kansas Adults Age 19–64 by Work Status (2006–2007)



Note: Uninsured Kansas adults = 278,000. Percentages may not sum to 100 percent because of rounding.

Source: KHI estimates are two-year averages based on the March Current Population Survey, 2007 and 2008.

ADULTS
Almost two-thirds of uninsured Kansas adults are full-time workers.



EMPLOYER TYPE AND SIZE

Understanding the distribution of the uninsured by employer type and size is critical to crafting effective policy responses.

Figure 21 indicates that about 12 percent of uninsured adults are self-employed. This translates to approximately 33,000 Kansans. An unknown number of these self-employed Kansans are sole proprietors.

Almost two-thirds of uninsured adults work for private employers, about 177,000 Kansans.

An additional 6 percent of uninsured adults work for government employers.

Kansas policymakers are often interested in the percentage of the uninsured who work for small employers. Businesses that purchase health insurance in the market for small groups, defined as two to 50 full-time employees, face premiums that tend to be more volatile than those in the large group market. For this reason and others, many small businesses find it difficult to offer health insurance to their workers.

Unfortunately, the CPS employer size categories do not directly match up with those identified by Kansas policymakers. The CPS uses an employer size category of 25–99 workers, which encompasses employers that might be classified as a small group or a large group. In addition, the categories are based on the number of both full- and part-time workers.

Despite these definitional issues, Figure 21 clearly indicates that uninsured workers are not just employed by small businesses. Twenty-eight percent of uninsured adult Kansans work for employers with 100 or more employees.

Large employers typically offer health insurance to at least some of their employees. However, they may impose restrictions on eligibility, sometimes limiting health benefits to full-time workers or management positions.

Cost is also an issue. Workers who have access to coverage may not be able to afford the premiums or the cost-sharing requirements of the policies offered to them.

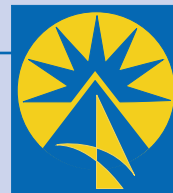
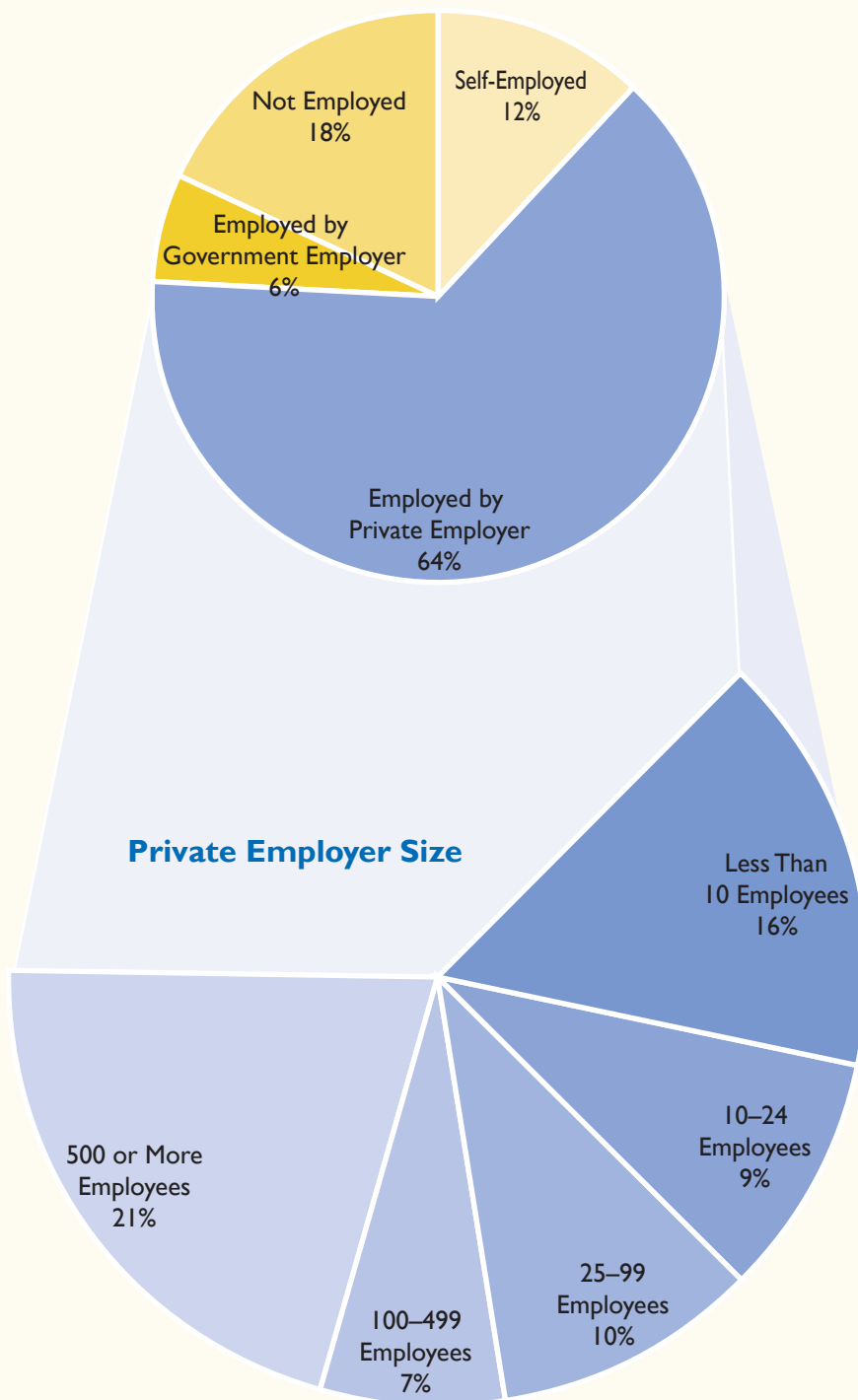


Figure 21. Uninsured Kansas Adults Age 19–64 by Type of Employer and Employer Size (2006–2007)



ADULTS
Uninsured workers are employed by both small and large businesses.

Note: Uninsured Kansas adults = 278,000. Percentages may not sum to 100 percent because of rounding.

Source: KHI estimates are two-year averages based on the March Current Population Survey, 2007 and 2008.



BY COUNTY

The U.S. Census Bureau recently released county-level information about health insurance status in 2005 for every county in the United States. The following map shows the percentage of nonelderly Kansans who were uninsured in 2005 in each Kansas county. For example, 29.5 percent of Cheyenne County's nonelderly residents were uninsured, or 635 of its 2,155 residents under age 65. Table 2, on page 28, shows the percentage of the nonelderly population that is uninsured in each Kansas county, as well as the legislative districts that are included in each.

Counties with large populations, such as Johnson County and Sedgwick County, had the highest numbers of uninsured residents. However, they also had among the lowest percentages of uninsured residents. For example, 41,381 nonelderly residents of Johnson County were uninsured. But this represented only 8.9 percent of the county's nonelderly population.

Counties with the highest percentages of nonelderly uninsured residents tend to be more sparsely populated. For example, Haskell County had 2,686 nonelderly residents in 2005 and 981 of them (26.8 percent) were uninsured. The counties with a large percentage of nonelderly residents who were uninsured are located primarily in the western part of the state, with the largest concentration in southwest Kansas.

Southwest Kansas is where many of the state's Hispanic residents live and work. Hispanic Kansans are more likely than other groups to be uninsured. One of the contributing factors may be rural/urban disparities in the availability of employer-sponsored insurance.

A 2005 study published in the *Journal of Rural Health* explored the reasons why many rural areas in the United States have relatively high numbers of uninsured residents. It found among other things that urban workers were more likely to be offered health insurance by their employers than workers in rural areas.



Table 2. Percent of the Nonelderly Population That is Uninsured by Kansas Counties and Legislative Districts (2005)

Kansas County	Percent of Nonelderly Population Uninsured	Kansas House District	Kansas Senate District
Allen	11.1%	9	15
Anderson	13.6%	5 & 9	12 & 15
Atchison	10.4%	40, 47 & 63	1
Barber	17.7%	116	33
Barton	15.5%	112 & 113	33 & 35
Bourbon	10.5%	2 & 4	13
Brown	11.9%	62	1
Butler	11.7%	70, 75, 77, 78 & 99	16
Chase	18.4%	70	17
Chautauqua	14.8%	12 & 79	15
Cherokee	9.6%	1 & 2	13 & 14
Cheyenne	29.5%	120	40
Clark	20.7%	115	33 & 38
Clay	13.4%	64	21
Cloud	12.5%	107	21
Coffey	11.6%	9 & 76	15 & 17
Comanche	22.2%	116	33
Cowley	11.9%	78 & 79	32
Crawford	12.2%	2, 3 & 8	13
Decatur	22.6%	120	40
Dickinson	12.6%	64, 68, 107 & 108	24 & 35
Doniphan	14.7%	63	1
Douglas	18.5%	10, 38, 44, 45, 46, 53 & 59	2, 3 & 19
Edwards	21.6%	114 & 117	33
Elk	18.2%	12	15
Ellis	14.4%	110 & 111	36
Ellsworth	12.6%	108	35
Finney	18.2%	117, 122 & 123	39
Ford	19.7%	115, 116 & 119	38
Franklin	9.9%	5, 9, 10 & 59	12 & 15
Geary	13.8%	64 & 65	22
Gove	24.9%	118	40
Graham	20.6%	121	40
Grant	19.0%	124	39
Gray	25.6%	115	38
Greeley	25.5%	122	40
Greenwood	12.7%	13 & 76	16 & 17



Table 2 (continued). Percent of the Nonelderly Population That is Uninsured by Kansas Counties and Legislative Districts (2005)

Kansas County	Percent of Nonelderly Population Uninsured	Kansas House District	Kansas Senate District
Hamilton	28.3%	122	39
Harper	17.9%	80 & 116	33
Harvey	12.4%	72 & 74	31
Haskell	26.8%	122 & 124	38 & 39
Hodgeman	21.6%	117	36
Jackson	12.1%	50	1
Jefferson	13.5%	47	3
Jewell	21.4%	109	21 & 36
Johnson	8.9%	14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 38, 39, 43, 48 & 49	7, 8, 9, 10, 11, 23 & 37
Kearny	24.4%	122	39
Kingman	13.4%	93 & 116	33
Kiowa	16.5%	116	33
Labette	9.2%	7 & 8	14
Lane	20.9%	118	40
Leavenworth	9.4%	39, 40, 41 & 42	3 & 5
Lincoln	26.6%	107	35
Linn	14.4%	4	12
Logan	19.6%	118	40
Lyon	15.5%	60 & 76	17
Marion	15.0%	70	17 & 35
Marshall	14.6 %	106	21
McPherson	10.8%	73 & 74	35
Meade	24.4%	115	38
Miami	9.6%	5 & 6	12 & 23
Mitchell	13.0%	109	36
Montgomery	9.9%	11 & 12	14 & 15
Morris	16.4%	68	17 & 35
Morton	21.0%	124	39
Nemaha	16.5%	62	21
Neosho	11.0%	8	14
Ness	19.2%	117 & 118	40
Norton	14.7%	120	40
Osage	11.7%	59	17 & 19
Osborne	18.6%	110	36
Ottawa	15.8%	107	24



Table 2 (continued). Percent of the Nonelderly Population That is Uninsured by Kansas Counties and Legislative Districts (2005)

Kansas County	Percent of Nonelderly Population Uninsured	Kansas House District	Kansas Senate District
Pawnee	14.1%	114 & 117	36
Phillips	14.4%	120	36
Pottawatomie	12.2%	61	1
Pratt	13.0%	114	33
Rawlins	19.6%	120	40
Reno	10.8%	101, 102, 104, 113 & 114	34
Republic	18.3%	109	21
Rice	14.3%	113	35
Riley	22.5%	64, 66, 67 & 106	21 & 22
Rooks	17.5%	110	40
Rush	17.7%	118	36
Russell	14.6%	110	36
Saline	11.6%	69, 71 & 108	24
Scott	15.5%	122	40
Sedgwick	10.9%	81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 103 & 105	25, 26, 27, 28, 29, 30, 31 & 32
Seward	19.9%	124 & 125	38
Shawnee	9.8%	50, 51, 52, 53, 54, 55, 56, 57 & 58	18, 19 & 20
Sheridan	25.6%	121	40
Sherman	14.2%	121	40
Smith	19.4%	109	36
Stafford	21.2%	114	33
Stanton	27.0%	124	39
Stevens	20.7%	124	39
Sumner	12.0%	79, 80 & 81	32
Thomas	13.6%	121	40
Trego	19.6%	118	40
Wabaunsee	13.3%	51, 61 & 65	18
Wallace	22.2%	118	40
Washington	19.1%	106	21
Wichita	25.5%	118	40
Wilson	11.9%	13	15
Woodson	17.8%	9 & 13	15
Wyandotte	14.2%	31, 32, 33, 34, 35, 36, 37 & 39	4, 5, 6 & 10

Sources: U.S. Census Bureau, *Small Area Health Insurance Estimates (2005)*.
 Kansas Secretary of State, *2009 Legislative Directory*.



CONCLUSION

The most recent data clearly indicate that more Kansans have become uninsured. We reported last year in *Health Insurance and the Uninsured in Kansas* that 307,000 Kansans were uninsured. This year the number has risen to 340,000. These are Kansans who report that they were never covered by health insurance during the previous calendar year.

This means that about 12.5 percent of Kansans were uninsured in 2006–2007. This is a substantial increase over 11.3 percent in 2005–2006 and 10.5 percent in 2004–2005. Kansas is one of 10 states in which the percentage of the population lacking health insurance increased between 2004–2005 and 2006–2007.

Many of those who have been added to the ranks of the uninsured are adult, full-time workers. Many are adults age 45–54. And a surprising number have family incomes that exceed 400 percent of the poverty level.

The increase in the number of uninsured Kansans coincides with a decline in employer-sponsored coverage. While there are many possible explanations for this decline, data from an annual survey of private-sector employers suggest one contributing factor was a drop in the percentage of employees who were eligible for health insurance through their employers between 2004 and 2006. Eligibility for benefits is not guaranteed even though an employer may sponsor a health plan. For example, an employer may restrict eligibility to full-time workers or those in management positions.

The most recent data detail the insurance status of Kansans prior to the economic downturn in 2008. Unemployment in Kansas has increased since 2007 as it has nationwide, and it is likely that the number of uninsured Kansans has increased as well. It is also likely that the number of Kansans living in poverty has grown.

Even before the 2008 economic decline, about 94,000 uninsured Kansans were living in poverty. And more than half of all uninsured Kansans had incomes less than 200 percent of the poverty level.

The problem of uninsurance threatens the health and financial well-being of Kansans. Given the challenging economic times, it is perhaps more important than ever that state policymakers consider strategies that prevent more Kansans from becoming uninsured and that help provide those who already are uninsured with access to affordable health care.



ABOUT THE DATA

The Current Population Survey (CPS) is a monthly survey conducted by the U.S. Census Bureau for the Bureau of Labor Statistics to gather information on the labor force characteristics of the U.S. population. Once a year, the Census Bureau expands the March CPS and includes a questionnaire called the “Annual Social and Economic Supplement” to gather additional information, including information about health insurance coverage in the previous year.

Almost 3,000 Kansans from the civilian population were surveyed in the 2008 March CPS. The survey excludes people in correctional institutions and nursing homes.

The March CPS asks respondents about their health insurance during the previous calendar year. Respondents are allowed to report that they were covered by more than one form of health insurance. Only those respondents who reported that they were never covered by any form of health insurance during the past year are categorized as uninsured.

Therefore, the CPS estimate of uninsurance should represent full-year uninsurance. However, because some respondents may misreport their health insurance status, the CPS estimates of full-year uninsurance for the U.S. population tend to be higher than other surveys, such as the National Health Interview Survey and the Medical Expenditure Panel Survey.

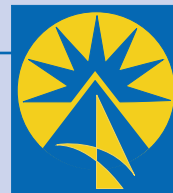
Generally, the CPS estimates of uninsurance for the United States tend to be more similar to estimates of the population that is uninsured at a point-in-time. Some researchers treat both the CPS uninsurance estimates and the CPS estimates of particular types of insurance coverage as point-in-time estimates.

The CPS is the only annual source of state-level health insurance data that allows researchers to examine trends over time for all states. However, the yearly sample sizes within each state are often small enough that state estimates are considerably less reliable than national estimates. For this reason, the Census Bureau recommends that researchers use two-year averages to evaluate state trends over time. This report uses two-year averages.

SMALL AREA HEALTH INSURANCE ESTIMATES (SAHIE)

In 2008, the U.S. Census Bureau published estimates of health insurance coverage for every county in the United States for 2005. The Small Area Health Insurance Estimates (SAHIE) program models county-level insurance coverage by combining the 2000 Census and CPS data with administrative records from other sources, such as the number of IRS tax exemptions, food stamp participation records, and Medicaid and SCHIP participation records.

The SAHIE methodology takes into account the population size of counties. In counties with fewer residents, the estimated uninsured count is not inflated relative to larger counties.



QUICK FACTS

Table 3. Uninsured Kansans by Age (2006–2007)

Age	Number Uninsured	Total Number	Percent of Group That is Uninsured	Percent of Total Uninsured Population
Children	57,511	742,384	8%	17%
Age 0–5	—	228,498	9%	6%
Age 6–18	—	456,376	8%	11%
Adults	277,902	1,626,003	17%	82%
Age 19–24	62,873	227,312	28%	18%
Age 25–34	79,665	397,728	20%	23%
Age 35–44	53,892	324,063	17%	16%
Age 45–54	—	377,899	13%	15%
Age 55–64	—	299,001	10%	9%
Seniors	—	353,880	1%	1%
All Kansans	340,373	2,722,267	13%	100%

Table 4. Uninsured Kansans by Gender (2006–2007)

Gender	Number Uninsured	Total Number	Percent of Group That is Uninsured	Percent of Total Uninsured Population
Male	173,919	1,340,961	13%	51%
Female	166,453	1,381,306	12%	49%
All Kansans	340,373	2,722,267	13%	100%

Table 5. Uninsured Kansans by Race and Ethnicity (2006–2007)

Race/Ethnicity	Number Uninsured	Total Number	Percent of Group That is Uninsured	Percent of Total Uninsured Population
White, Non-Hispanic	225,546	2,216,196	10%	66%
Black, Non-Hispanic	—	150,733	16%	7%
Hispanic, Any Race	63,848	217,540	29%	19%
Other/Multiple Races	—	137,798	19%	8%
All Kansans	340,373	2,722,267	13%	100%

For all tables on this page:

Note: Estimates of the number uninsured that are based on small sample sizes of fewer than 100 respondents are not reported. Percentages and counts for subgroups may not sum to the totals because of rounding.

Source: KHI estimates are two-year averages based on the March Current Population Survey, 2007 and 2008.



QUICK FACTS

Table 6. Uninsured Kansans by Poverty Category (2006–2007)

Poverty	Number Uninsured	Total Number	Percent of Group That is Uninsured	Percent of Total Uninsured Population
Less Than 100% Poverty	94,418	333,717	28%	28%
100–199% Poverty	94,328	478,788	20%	28%
200–299% Poverty	55,005	439,133	12%	16%
300–399% Poverty	—	404,599	8%	10%
400% or More Poverty	63,375	1,063,619	6%	19%
All Kansans	340,129	2,719,857	13%	100%

Note: The estimates in Table 6 exclude a small number of children for whom a poverty status cannot be determined.

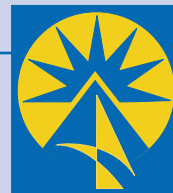
Table 7. Uninsured Kansas Adults Age 19–64 by Work Status (2006–2007)

Work Status	Number Uninsured	Total Number	Percent of Group That is Uninsured	Percent of Total Uninsured Population
Full-Time	174,080	1,161,244	15%	63%
Part-Time	54,356	215,911	25%	20%
Not Employed	49,466	248,849	20%	18%
All Kansas Adults	277,902	1,626,003	17%	100%

For all tables on this page:

Note: Estimates of the number uninsured that are based on small sample sizes of fewer than 100 respondents are not reported. Percentages and counts for subgroups may not sum to the totals because of rounding.

Source: KHI estimates are two-year averages based on the March Current Population Survey, 2007 and 2008.



QUICK FACTS

Table 8. Uninsured Kansas Adults Age 19–64 by Employer Type and Size (2006–2007)

Employer Type and Size	Number Uninsured	Total Number	Percent of Group That is Uninsured	Percent of Total Uninsured Population
Self-Employed	—	138,205	24%	12%
Private Employer: Less Than 10 Employees	—	150,148	30%	16%
Private Employer: 10–24 Employees	—	111,877	22%	9%
Private Employer: 25–99 Employees	—	155,099	19%	10%
Private Employer: 100–499 Employees	—	167,616	12%	7%
Private Employer: 500 Employees or More	59,135	421,964	14%	21%
Government Employer	—	231,843	8%	6%
Not Employed	49,466	248,848	20%	18%
All Kansas Adults	277,902	1,626,003	17%	100%

Notes: A small number of Kansas adults who report that they work without pay are not identified in Table 8, but are included in the total number of Kansas adults. Estimates of the number uninsured that are based on small sample sizes of fewer than 100 respondents are not reported. Percentages and counts for subgroups may not sum to the totals because of rounding.

Source: KHI estimates are two-year averages based on the March Current Population Survey, 2007 and 2008.



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ENDNOTES

1. We conclude that the percentages in two groups are statistically different when $p < .10$ in a two-tailed test.
2. Because CPS respondents can report more than one type of insurance for the calendar year, a hierarchy was used to assign health insurance status. At the top of the hierarchy was Medicaid, followed by Medicare, employer-sponsored insurance, other public and other private. Other public insurance includes health insurance through the military.
3. This category also includes Kansans covered by an insurance policy held by someone outside the household. The CPS does not ask about the type of insurance held.
4. One percent of all Kansans have Medicare but are nonelderly.
5. Many seniors with Medicare are also covered by employer-sponsored insurance or directly purchased individual insurance policies.
6. Public health insurance includes Kansans covered through the military, in addition to those covered by Medicare, Medicaid and SCHIP.
7. It is possible that part of the most recent decline in employer-sponsored coverage in Kansas may be explained by more accurate reporting of Medicaid coverage by CPS respondents. In other words, earlier estimates of employer-sponsored coverage may have been inflated. However, the decline does track with the national data.
8. Because some Medicaid respondents misreport their status in the CPS, administrative data provides a more accurate picture of enrollment. It should be noted that average monthly enrollment figures do not directly correspond to the CPS Medicaid estimates, which in theory represent Medicaid coverage at any time during the calendar year. The monthly enrollment figures presented in this year's report exclude retroactive eligibles, whereas the figures in last year's report included them.
9. For a variety of reasons this analysis likely underestimates the number of children with family incomes that would qualify them for the program. Additionally, this estimate is based on relatively small sample sizes and therefore should be treated as only a rough estimate of the "eligible but uninsured" population.
10. The CPS defines full-time work as 35 hours or more per week, not necessarily for one employer. This designation applies to the self-employed as well.



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