



Annual Insurance Update 2010

Health Insurance in Kansas

KHI/10-06 | July 2010



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KANSAS HEALTH INSTITUTE

212 SW Eighth Avenue, Suite 300

Topeka, Kansas 66603-3936

Telephone (785) 233-5443

Fax (785) 233-1168

www.khi.org

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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About the Report

AUTHORS

The following KHI employees contributed to the writing of this report: Andrew Ward, Ph.D., M.P.H.; Gina C. Maree, M.S.W., LSCSW; and Rachel J. Smit, M.P.A. Cheng-Chung Huang, M.P.H., provided primary data analysis.

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ON THE WEB

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Executive Summary

In the United States, health insurance is the primary means by which people gain access to health care services. This report contains information about the sources of health insurance for Kansans and details the demographic characteristics of the uninsured.

Knowing the insurance status of Kansans and which portions of the Kansas population are uninsured is important. With the recent passage of the Patient Protection and Affordable Care Act, policymakers and stakeholders can use the information in this report to inform their planning and implementation of health reform. This report might provide insights into which of the approximately 338,000 uninsured Kansans may qualify for Medicaid, who might benefit from health insurance exchanges and where targeted outreach efforts might be most beneficial.

FINDINGS IN BRIEF

Nearly 88 percent of Kansans are insured, according to 2007–2008 data from the latest U.S. Census Bureau’s Annual Social and Economic Supplement (ASEC) to the Current Population Survey (CPS). In the CPS, a person

is considered uninsured if he/she reports no health insurance coverage for all of the previous year. Of those insured, approximately 72 percent have private insurance, a decrease of about 4 percent from 2005–2006.

The percentage of uninsured Kansans did not change significantly between 2006–2007 and 2007–2008. The 12.4 percent uninsurance rate is either comparable to or less than that of neighboring states: the uninsured make up 12.6 percent of the population in both Missouri and Nebraska, and 16.1 percent of Coloradans and 15.9 percent of Oklahomans are uninsured.

The percentage of uninsured Kansas adults (age 19–64) decreased from 17.1 percent in 2006–2007 to 16.0 percent. This decline follows years of steady increases in the uninsured rate for Kansas adults. Of the Kansas adults that are uninsured, 60 percent work full-time, and young adults (age 19–34) are more likely to be uninsured than any other age group.

The percentage of Kansas children (age 0–18) without health insurance is

approximately 9.6 percent, up from 7.8 percent in 2006–2007. This increase is noteworthy given that there was an almost one percent drop in the percentage of uninsured children in the United States during the same period.

Overall, Kansas families with incomes below 100 percent of the federal poverty level are more likely to be uninsured, as are Hispanic Kansans.

Public health insurance covers some individuals who either can’t afford or don’t have access to private health insurance. Medicaid and the Children’s Health Insurance Program (CHIP) 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. The average monthly enrollment in Medicaid and CHIP during fiscal year 2009 (FY09) increased from both FY08 and FY07 to 301,351. Moreover, the average monthly enrollment of Kansas children in CHIP expanded to over 39,000 during FY09, a number larger than the average monthly enrollment in the previous three fiscal years.

Insurance Coverage in Kansas

SOURCES OF INSURANCE

Most Kansans, about 88 percent, are covered by health insurance. This section examines the specific sources of this coverage.

Private Health Insurance

Most Kansans covered by private insurance receive it as an employment benefit. Slightly over 55 percent of all Kansans have employment-based private insurance, which is the primary form of health insurance in Kansas, as it is nationwide.¹

Another 6.5 percent of all Kansans are covered by other private insurance, primarily individual insurance policies that they purchase directly.²

Public Health Insurance

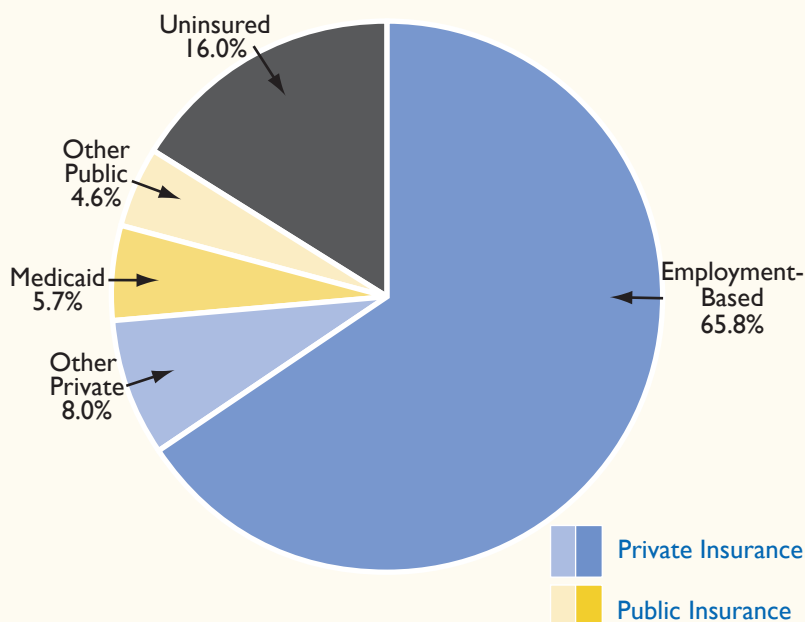
Public health insurance is an option for some of those who lack private insurance and meet the appropriate guidelines. Federal and state programs, such as Medicare, Medicaid and the Children's Health Insurance Program (CHIP), are forms of public insurance.

Almost all Kansans age 65 and older, a group that represents 12 percent of the state's population, are covered by Medicare.³

However, many Kansas adults (age 19–64) — even those with low incomes — do not qualify for public insurance programs. Most of the 11.2 percent of Kansans covered by either Medicaid or CHIP are under the age of 19.

The majority of Kansas adults are insured through employment-based insurance.

Figure 1. Sources of Health Insurance: Kansas Adults Age 19–64 (2007–2008)



Notes: All Kansas adults age 19–64: Approximately 1,647,000. Percentages may not sum to 100 percent because of rounding.

Source: KHI estimates are two-year averages based on the 2008 and 2009 Annual Social and Economic Supplements to the Current Population Surveys.

Uninsured

Approximately 12.4 percent of all Kansans are uninsured. This percentage is approximately the same from 2006–2007, although it is greater than in either 2005–2006 or 2004–2005.

Figure 1 breaks out the sources of health insurance for Kansans age 19–64 (adults), while Figure 2 breaks out the sources of health insurance for Kansans age 0–18 (children).

Children are more likely to be insured than adults, in part because they are more likely to be eligible for public health insurance. Medicaid or CHIP covers approximately 26.7 percent of all Kansas children.

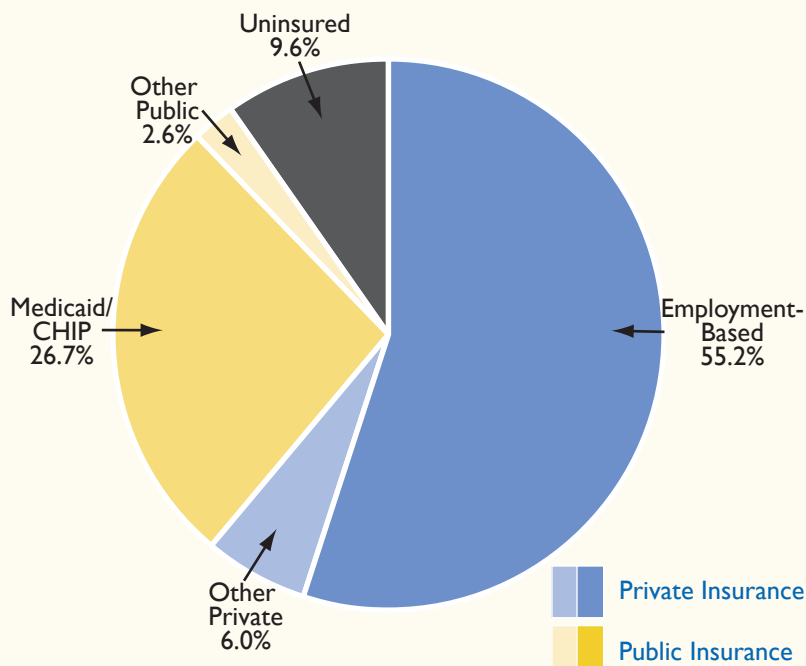
MAJOR TRENDS

Figure 3 (page four) shows how health insurance coverage for Kansans has changed over time. In the figure, those who report multiple types of insurance coverage (i.e., both

private and public) are included in each category.

- The percentage of Kansans covered by private health insurance was relatively stable until 2004–2005. Since then, it has dropped to 72.3 percent from 76.8 percent.
- One of the principal drivers in the decline in private coverage has been a reduction in the percentage of Kansans covered by employment-based health insurance.

Figure 2. Sources of Health Insurance: Kansas Children Age 0–18 (2007–2008)



Notes: All Kansas children age 0–18: Approximately 749,000. Percentages may not sum to 100 percent because of rounding.

Source: KHI estimates are two-year averages based on the 2008 and 2009 Annual Social and Economic Supplements to the Current Population Surveys.

Kansas children are more likely to be insured than adults.

Insurance Coverage in Kansas (continued)

- As private insurance coverage has declined, the percentage of uninsured Kansans has increased.
- The percentage of those covered by public health insurance programs such as Medicare and Medicaid has not changed significantly since 2004–2005,⁴ though the percentage of all Kansans who are uninsured has increased from 10.5 percent in 2004–2005 to 12.4 percent in 2007–2008.

EMPLOYMENT-BASED

Employment-based health insurance is the primary source of coverage for non-elderly people (under age 65) in the United States as well as in Kansas.

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.

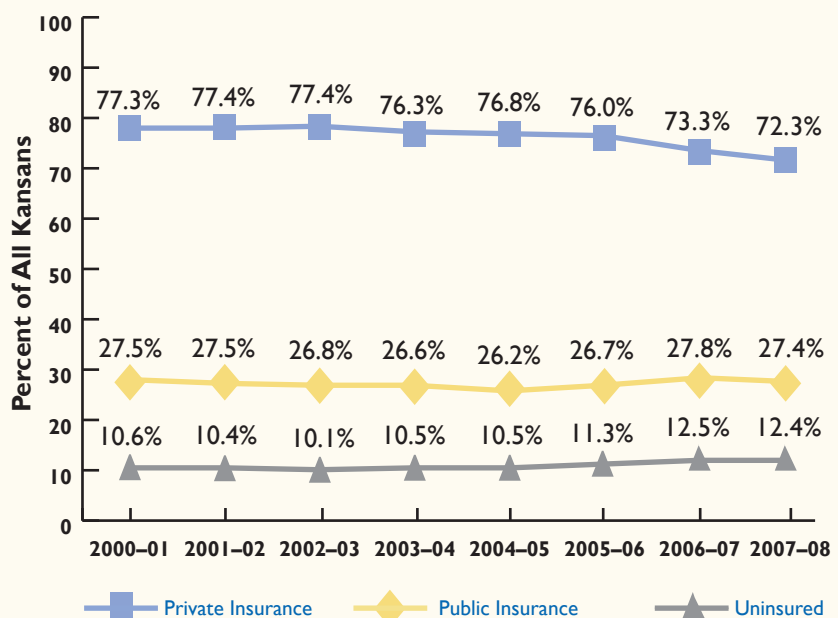
- Approximately two-thirds of adult Kansans (age 19–64) receive health insurance coverage through their employer or a family member's employer.

However, the most recent CPS data indicate that employment-based coverage in Kansas has been slowly shrinking (Figures 4 and 5).

- The percentage of Kansans age 19–64 covered by employment-based

The percentage of uninsured Kansans remains the same as last year.

Figure 3. 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 2001 to 2009 Annual Social and Economic Supplements to the Current Population Surveys.

insurance has declined by approximately 5 percentage points since 2000–2001, a trend that is consistent with national data.

One possible reason for the decline in employment-based coverage is that the percentage of establishments that offer health insurance dropped from 88.1 percent in 2002 to 84.2 percent in 2008. Additionally, 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 employment-based health insurance. It is also possible that increases in the cost of dependent health insurance could have deterred employees from enrolling their spouses or dependent children.

Figure 5 (page six) shows that for children, employment-based coverage through a parent or guardian has declined in the last several years.

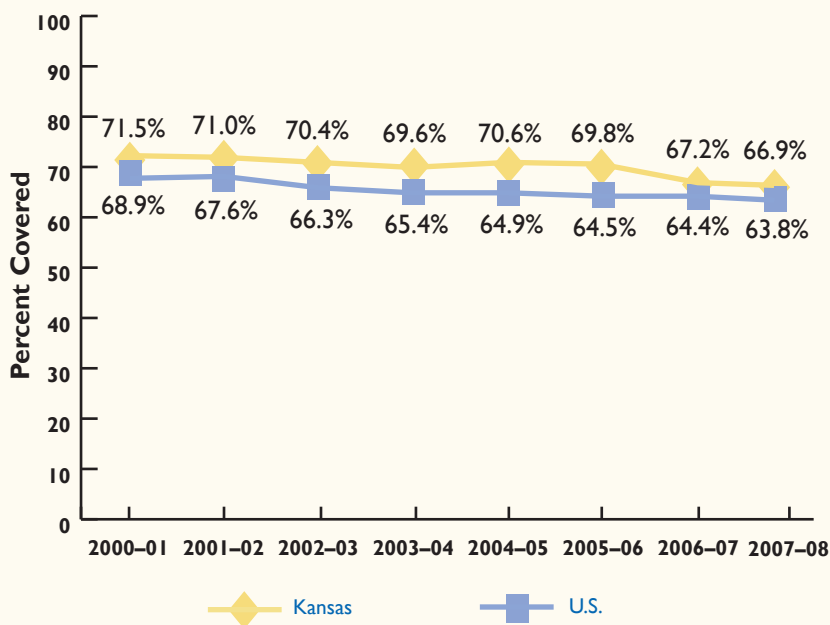
The percentage of children insured by a caretaker’s employer has declined by over

8 percentage points since 2000–2001. This decline is slightly greater than the national trend over the same period.

MEDICAID AND CHIP

Medicaid and the Children’s Health Insurance Program (CHIP) are two public health insurance programs that 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.

Figure 4. Percent of Kansas Adults Age 19–64 Covered by Employment-Based Insurance



Note: These estimates of employment-based 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 2001 to 2009 Annual Social and Economic Supplements to the Current Population Surveys.

Employment-based insurance coverage of adults has declined since 2000–2001.

Insurance Coverage in Kansas (continued)

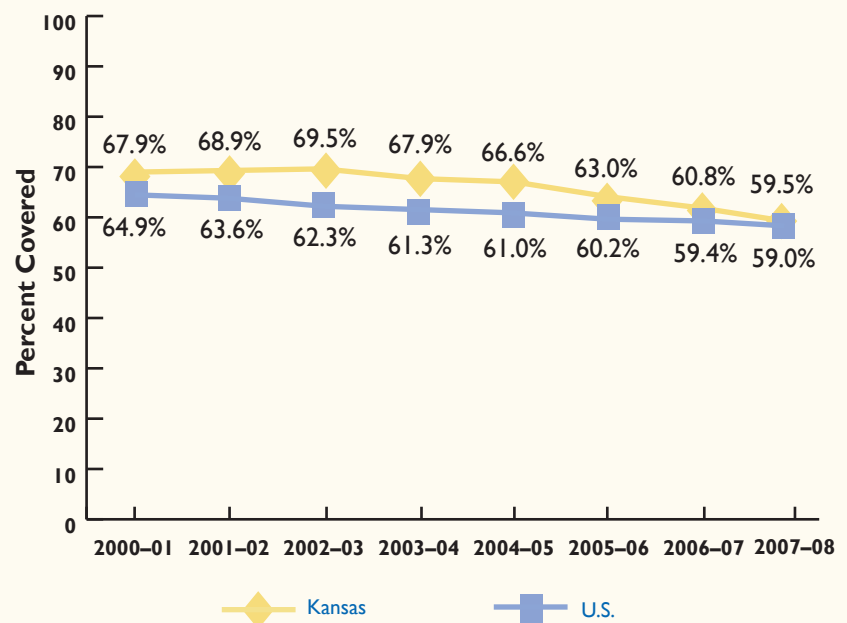
Medicaid is a federal-state partnership that provides health and long-term care services to people who meet certain financial criteria and belong to one of the following groups: children, parents with dependent children, pregnant women, people with severe disabilities and the elderly. Medicaid is the second largest source of health coverage in the nation, following employment-based coverage. It is estimated that in Kansas, Medicaid covered more than 250,000 people in 2008 at a cost of over \$2.4 billion.⁵

- Based on eligibility requirements, Kansas adults typically do not qualify for Medicaid unless they are low-income and also disabled, pregnant or elderly.
- 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 the 10 states with the lowest income eligibility thresholds for working parents.

CHIP, also known as Title XXI and formerly known as the State Children's Health Insurance Program (SCHIP), is a joint federal-state program that provides health insurance coverage to eligible lower-income children whose families earn too much to qualify for Medicaid.⁶

The percentage of Kansas children covered by employment-based insurance has declined slightly more than the national trend since 2000–2001.

Figure 5. Percent of Kansas Children Age 0–18 Covered by Employment-Based Insurance



Note: These estimates of employment-based 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 2001 to 2009 Annual Social and Economic Supplements to the Current Population Surveys.

- Beginning January 1, 2010, the eligibility limit to qualify for the Kansas CHIP program increased to 250 percent of the 2008 federal poverty level.⁷ Children whose families earn up to \$44,000 a year for a family of three, or \$53,000 a year for a family of four now qualify.⁸

As indicated in Figure 6, the FY09 average monthly enrollment in both Medicaid and CHIP is higher than in FY08 and FY07.

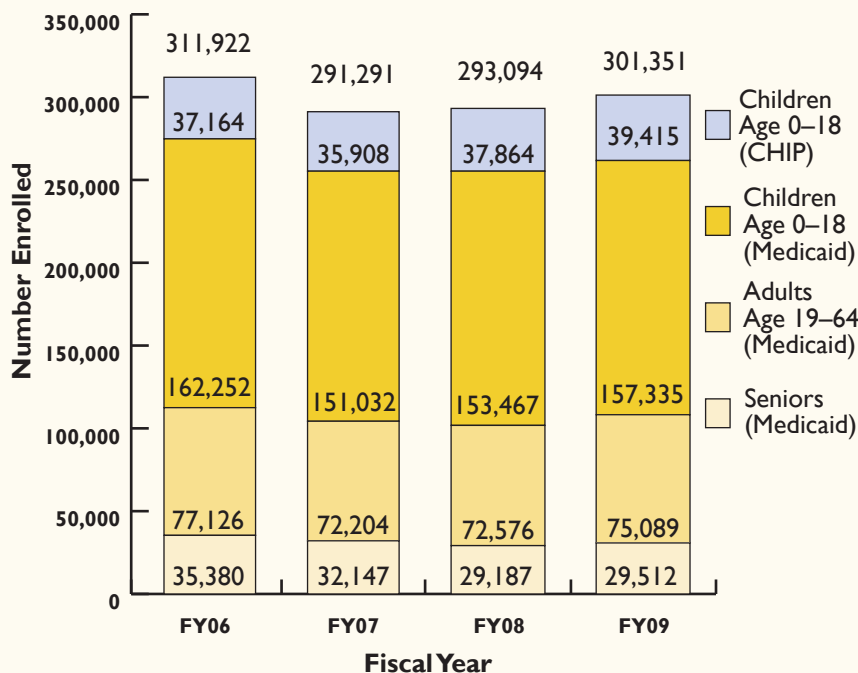
Kansas HealthWave is a state managed care program that combines Medicaid managed care and CHIP to provide health insurance to children in low-income families as well as to some adults. Eligibility is primarily based on the level of family income.

- To qualify for HealthWave, children must have family incomes at or below 250 percent of the 2008 federal poverty level. For a family of three in 2010, this means

a gross monthly income of approximately \$3,667 or less.

Children may be eligible for, but not enrolled in, HealthWave 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 6. Average Monthly Enrollment in Medicaid and CHIP in Kansas



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

Source: Kansas Health Policy Authority administrative data.

Medicaid and CHIP enrollments in FY09 are slightly higher than in either FY08 or FY07.

Uninsurance in Kansas

As noted by the Institute of Medicine, health insurance coverage “remains one of the most important ways to obtain access to health services.”⁹ For this reason, the lack of health insurance is associated with higher rates of mortality, higher rates of untreated health ailments that adversely affect the standard and quality of life and a generally lower standard of health.

In a 2009 article in the *Journal of the American Medical Association*, authors Joseph

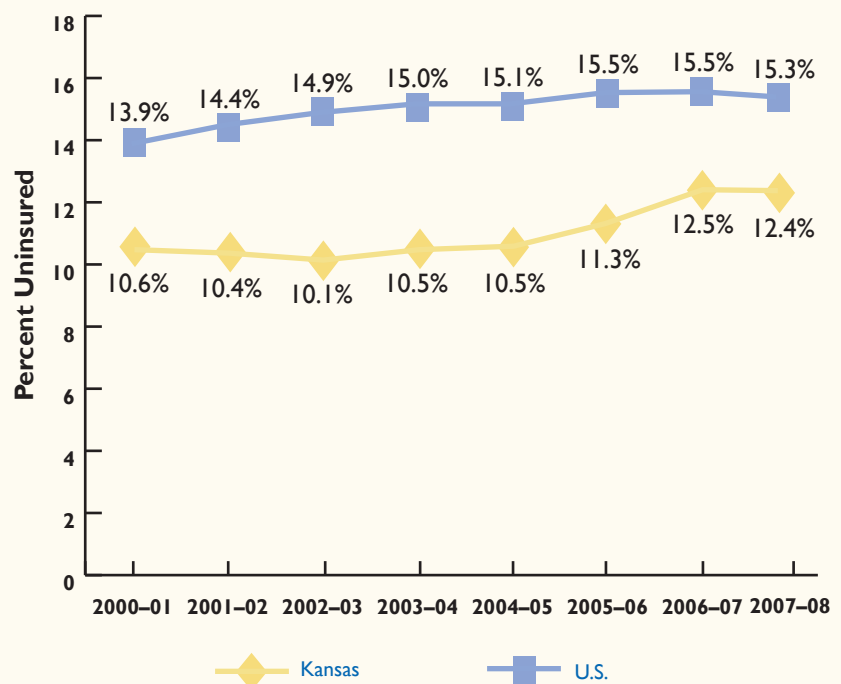
Ross and Allan Detsky write that uninsured persons “are severely limited in all other health care choices. They must either receive charity care or pay for care out of pocket, possibly incurring substantial debt or bankruptcy.”¹⁰ Some uninsured Kansans obtain charity care from private physicians or at 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 other specialty care services may not be provided. Safety net clinics also report that the demand for their services often exceeds their capacity.

Lack of health insurance coverage, even for short periods of time, results in decreased access to care.¹¹ Moreover, the uninsured are more likely to be hospitalized for avoidable health problems, are less likely to receive timely preventive care¹² and are more likely to face medical debt and bankruptcy.¹³

The percentage of Kansans uninsured in 2007–2008 is not statistically different from 2006–2007.

Figure 7. Percent of Population Uninsured



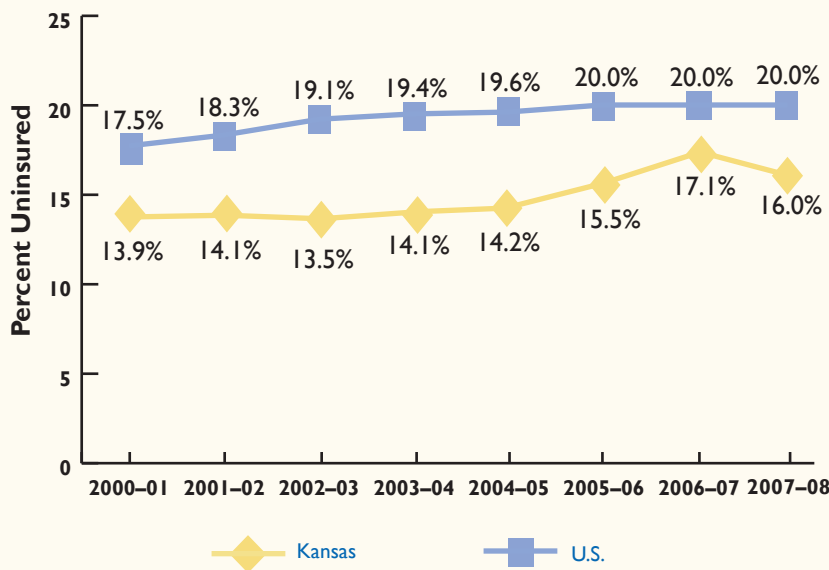
Source: KHI estimates are two-year averages based on the 2001 to 2009 Annual Social and Economic Supplements to the Current Population Surveys.

Thus, disparities in health insurance status are a cause for concern.

MAJOR TRENDS

- Approximately 338,000 Kansans, or 12.4 percent of the state’s population, reported never having health insurance coverage during 2007–2008. This percentage is nearly the same as reported in the previous year, 2006–2007, but it is notably higher than the relatively stable rate of 10 to 11 percent earlier in the decade.
- There was a statistically significant change in the percentage of uninsured Kansans between 2004–2005 and 2007–2008 (Figure 7). However, the percentage of uninsured Kansans remains lower than the percentage for the entire U.S. population. It is important to note that these percentages reflect health insurance status prior to the 2009 economic recession. The number of people without insurance typically increases during an economic recession.
- The percentage of Kansas adults (age 19–64) who are uninsured decreased from 17.1 percent in 2006–2007 to 16.0 percent in 2007–2008. This decline follows years of steady increases in the uninsured rate for Kansas adults. During the same time, the percentage of uninsured adults in the U.S. remained constant at approximately 20.0 percent (Figure 8).

Figure 8. Percent of Adults Age 19–64 Uninsured



Source: KHI estimates are two-year averages based on the 2001 to 2009 Annual Social and Economic Supplements to the Current Population Surveys.

The percentage of uninsured Kansas adults dropped slightly in 2007–2008.

Uninsurance in Kansas (continued)

- Approximately 9.6 percent of Kansas children are uninsured (Figure 9) and, relative to the rate of 6.4 percent in 2003–2004, this is a statistically significant increase. At this time, the reasons for the recent rise in the percentage of Kansas children who are uninsured remain unclear.

AGE

The likelihood of being uninsured is highly dependent on a person's age (Figure 10).

Children (age 0–18) in Kansas are less likely to be uninsured than Kansas adults (age 19–64) because they have a higher likelihood of qualifying for public insurance programs. Even so, many of the children who are eligible for Medicaid and CHIP are not enrolled in either program.

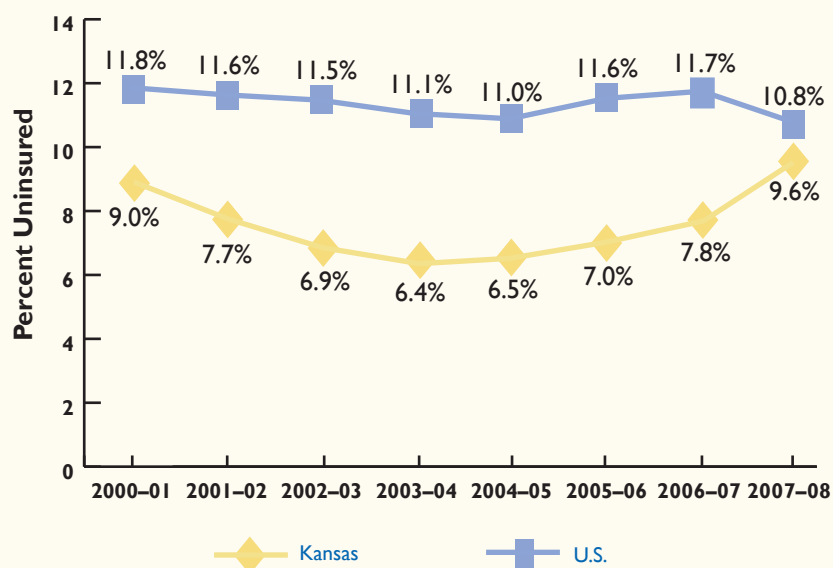
- Children comprise approximately 21.4 percent of the state's uninsured population.

Young adults (age 19–34) as a group do not have the same health care needs as older adults, but their ability to access health care is just as important. While all age groups benefit from preventive care services, some young adults may also have chronic health conditions that require ongoing medical attention.

- Of the more than 617,000 young adult Kansans, approximately 21.9 percent are uninsured.

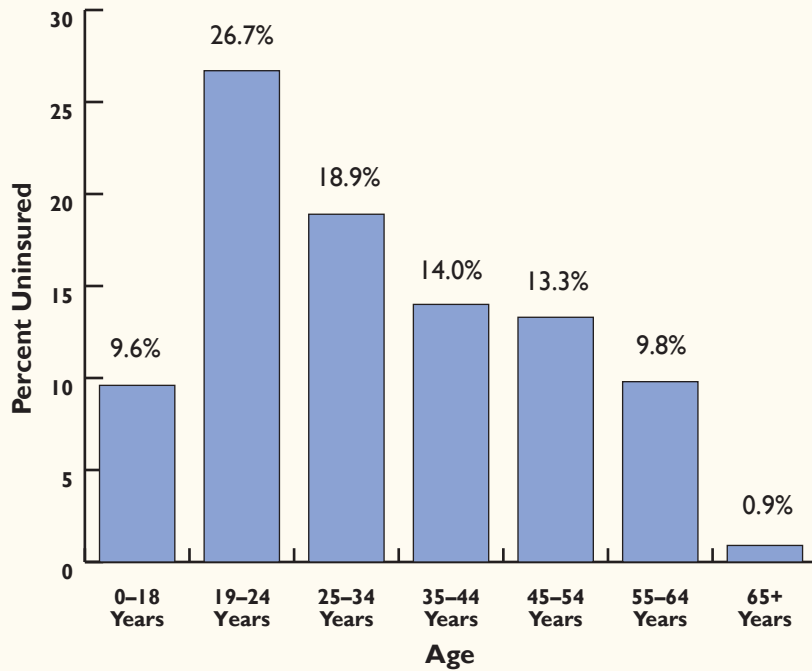
The percentage of uninsured Kansas children jumped in 2007–2008.

Figure 9. Percent of Children Age 0–18 Uninsured



Source: KHI estimates are two-year averages based on the 2001 to 2009 Annual Social and Economic Supplements to the Current Population Surveys.

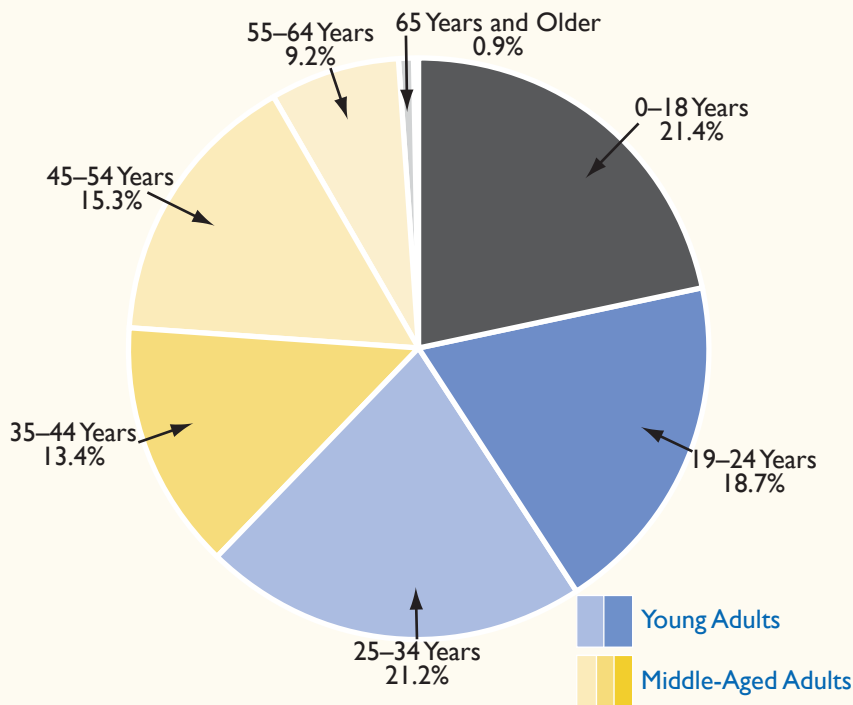
Figure 10. Percent of Kansans in Each Age Category Who Are Uninsured (2007–2008)



Note: Not all differences between age categories are statistically significant.
 Source: KHI estimates are two-year averages based on the 2008 and 2009 Annual Social and Economic Supplements to the Current Population Surveys.

Kansans age 19–24 have the greatest likelihood of being uninsured.

Figure 11. Uninsured Kansans by Age (2007–2008)



Notes: Uninsured Kansans: Approximately 338,000.
 Percentages may not sum to 100 percent because of rounding.
 Source: KHI estimates are two-year averages based on the 2008 and 2009 Annual Social and Economic Supplements to the Current Population Surveys.

Young adults comprise a disproportionately large percentage of uninsured Kansans.

Uninsurance in Kansas (continued)

- Young adults account for 39.9 percent (Figure 11, page 11) of the state's uninsured population, but only 22.7 percent of the entire Kansas population.
- The youngest adults (age 19–24) are more likely to be uninsured than any other age group.

Middle-aged adults (age 35–64) are less likely than young adults to be uninsured; however, the lack of coverage

is of particular concern for this age group because they are more likely to have chronic conditions requiring medical attention.

- Middle-aged Kansas adults are less likely to be uninsured with age: 14.0 percent of those age 35–44, 13.3 percent of age 45–54 and 9.8 percent of age 55–64 are uninsured.
- Middle-aged adults make up 37.9 percent of the total uninsured population in Kansas.

Seniors in Kansas, age 65 and older, are the least likely to be uninsured.

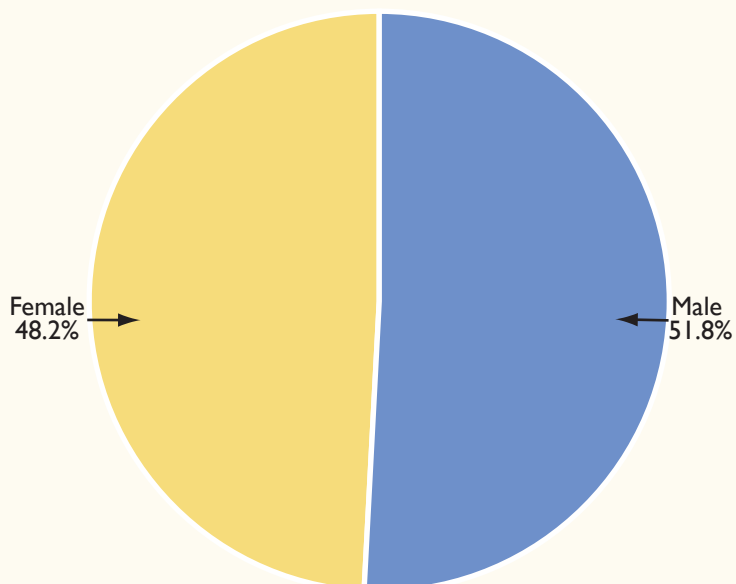
- Approximately 0.9 percent of Kansas seniors are uninsured.
- This low percentage is due to the fact that Medicare covers almost all senior citizens.

GENDER

In Kansas, 51.1 percent of the population is female and 48.9 percent is male. As indicated in Figure 12, gender does not

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

Figure 12. **Uninsured Kansans by Gender (2007–2008)**



Notes: Uninsured Kansans: Approximately 338,000. Percentages may not sum to 100 percent because of rounding.

Source: KHI estimates are two-year averages based on the 2008 and 2009 Annual Social and Economic Supplements to the Current Population Surveys.

appear to predict insurance status in Kansas. Males and females make up approximately the same percentage of the state's total uninsured population.

RACE AND ETHNICITY

Disparities exist in health insurance coverage among racial and ethnic groups in Kansas. Figure 13 breaks down the uninsured population by racial and ethnic categories.

Over 60 percent of the approximately 338,000 uninsured Kansans are non-Hispanic and white. Although

this group comprises the majority of the uninsured, only 9.6 percent of all non-Hispanic, white Kansans are uninsured.

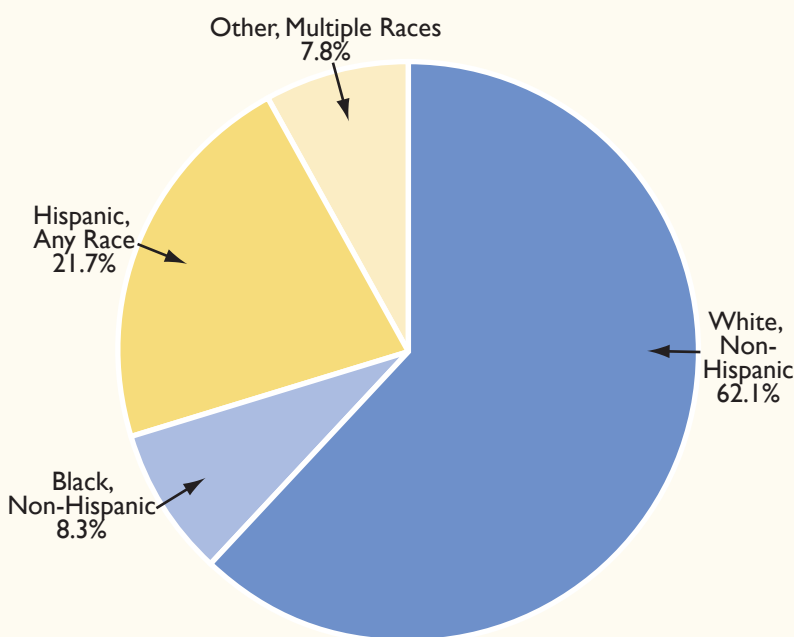
Hispanic Kansans, along with other residents from minority racial and ethnic groups, are more likely to be uninsured than non-Hispanic, white Kansans.

- 31.7 percent of Hispanic Kansans are uninsured.
- 17.9 percent of non-Hispanic, black Kansans are uninsured.

- Among non-Hispanic Kansans who identify as some race other than black or white, or as being two or more races, approximately 18.0 percent are uninsured.

Hispanics make up a disproportionately large percentage of the state's uninsured: Hispanics account for nearly 22 percent of the uninsured in Kansas, yet only 8.5 percent of the Kansas population is Hispanic. One explanation for this disparity may be that Hispanic residents in the United States, especially recent

Figure 13. Uninsured Kansans by Race/Ethnicity (2007–2008)



Notes: Uninsured Kansans: Approximately 338,000. Percentages may not sum to 100 percent because of rounding.

Source: KHI estimates are two-year averages based on the 2008 and 2009 Annual Social and Economic Supplements to the Current Population Surveys.

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

Uninsurance in Kansas (continued)

immigrants, are more likely to have low-wage jobs that often do not provide health insurance.

POVERTY STATUS

Kansans with low-incomes are more likely to be uninsured than those with higher incomes. 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 they also are more able to afford coverage.

The likelihood of being uninsured decreases as family income increases (Figure 14).

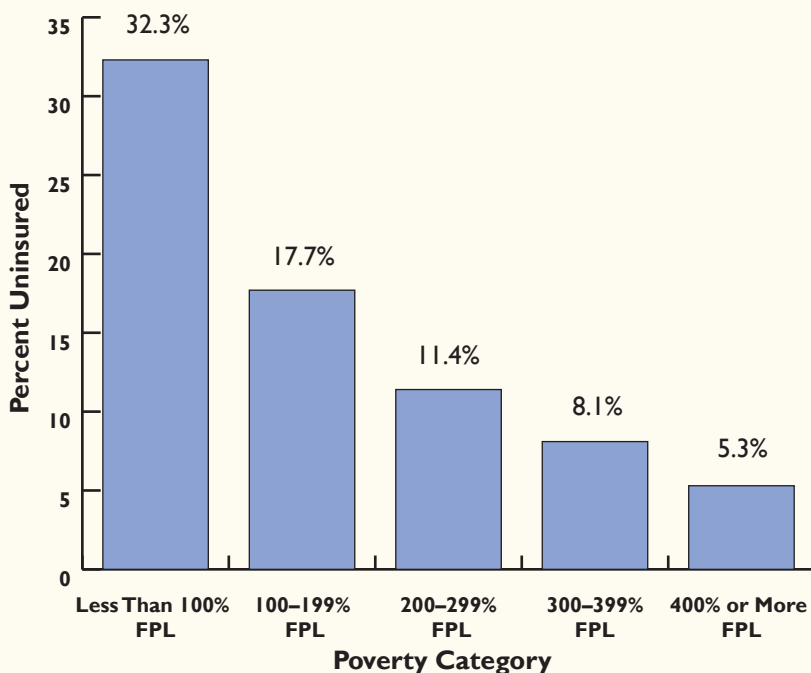
- Kansans with family incomes that fall below 100 percent of the federal poverty level (FPL) are most likely to be uninsured. For a family of three in 2010, this means having a gross monthly income of less than \$1,526.
- Approximately 32.3 percent of Kansans¹⁴ falling below 100 percent FPL are uninsured.

- The number of uninsured Kansans living in poverty has consistently grown since 2000–2001 and reached over 107,000 in 2007–2008.

Figure 15 breaks down the uninsured population in Kansas by family income. While being uninsured is potentially a problem for all Kansans, it is a particular concern 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,

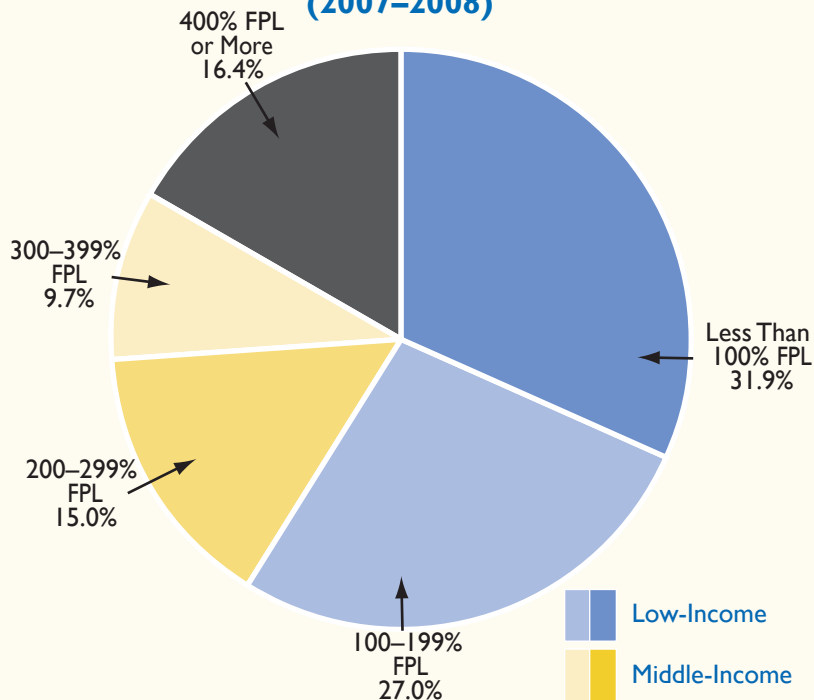
The likelihood of being uninsured decreases as family income increases.

Figure 14. Percent of Kansans in Each Poverty Category Who Are Uninsured (2007–2008)



Note: Not all differences between poverty categories are statistically significant.
Source: KHI estimates are two-year averages based on the 2008 and 2009 Annual Social and Economic Supplements to the Current Population Surveys.

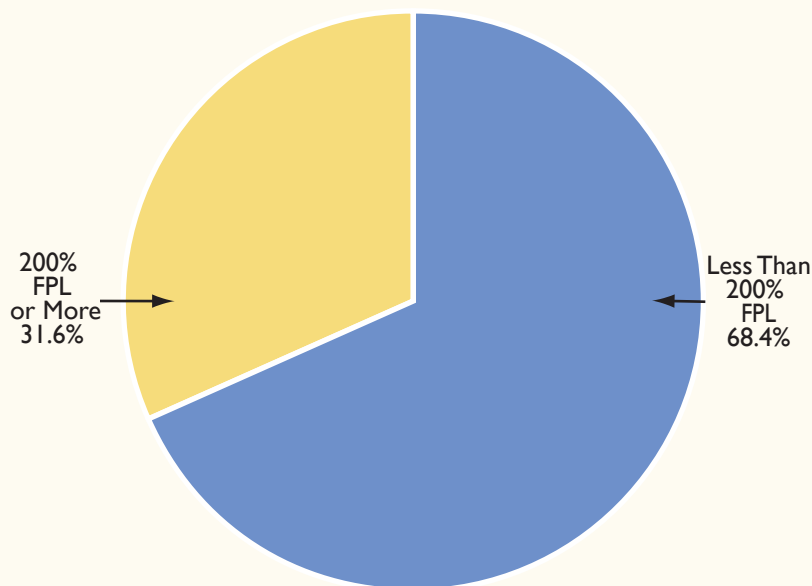
Figure 15. Uninsured Kansans by Poverty Category (2007–2008)



Notes: Uninsured Kansans: Approximately 338,000. Percentages may not sum to 100 percent because of rounding.
 Source: KHI estimates are two-year averages based on the 2008 and 2009 Annual Social and Economic Supplements to the Current Population Surveys.

More than half of all uninsured Kansans earn less than 200 percent of the federal poverty level.

Figure 16. Uninsured Kansas Children Age 0–18 by Poverty Category (2007–2008)



Notes: Uninsured Kansas children: Approximately 72,000. Percentages may not sum to 100 percent because of rounding.
 Source: KHI estimates are two-year averages based on the 2008 and 2009 Annual Social and Economic Supplements to the Current Population Surveys.

More than two-thirds of uninsured Kansas children are estimated to be income-eligible for Medicaid or CHIP.

Uninsurance in Kansas (continued)

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.

Figure 16 (page 15) displays the percentage of uninsured Kansas children at or below 200 percent of the federal poverty level versus those above 200 percent of the federal poverty level. Despite public programs aimed at providing health

insurance coverage to children from families with low incomes, many Kansas children remain uninsured.

WORK STATUS Full-Time Workers

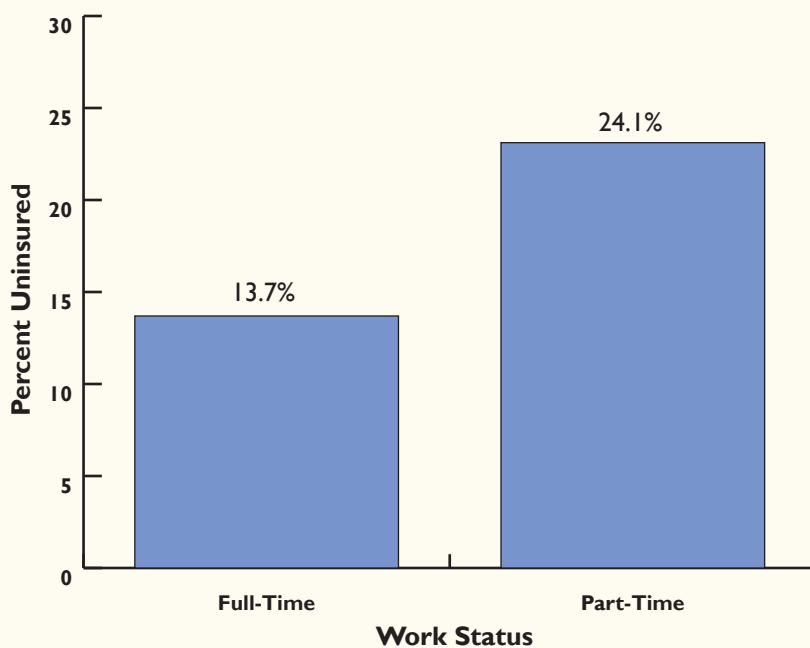
Not all full-time workers have health insurance available to them through an employer. Some may work for employers that do not sponsor health insurance for their employees, some may not be eligible and others may not be able to afford the insurance that is offered.

Other full-time workers may be self-employed sole proprietors who are unable to purchase group health insurance.

- 71.0 percent of adult Kansans work full-time.¹⁵
- Of those full-time workers, 13.7 percent are uninsured (Figure 17).
- Full-time workers are less likely to be uninsured than part-time workers.

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

Figure 17. Percent of Adult Kansas Workers Age 19–64 Who Are Uninsured



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

Source: KHI estimates are two-year averages based on the 2008 and 2009 Annual Social and Economic Supplements to the Current Population Surveys.

When looking at all uninsured adult Kansans, those who work full-time make up more than 60 percent of the uninsured population.

Part-Time Workers

Most part-time employees in the private sector are not eligible for health benefits even if their employer sponsors an insurance plan. However, some part-time workers may be covered under the policy of a family member.

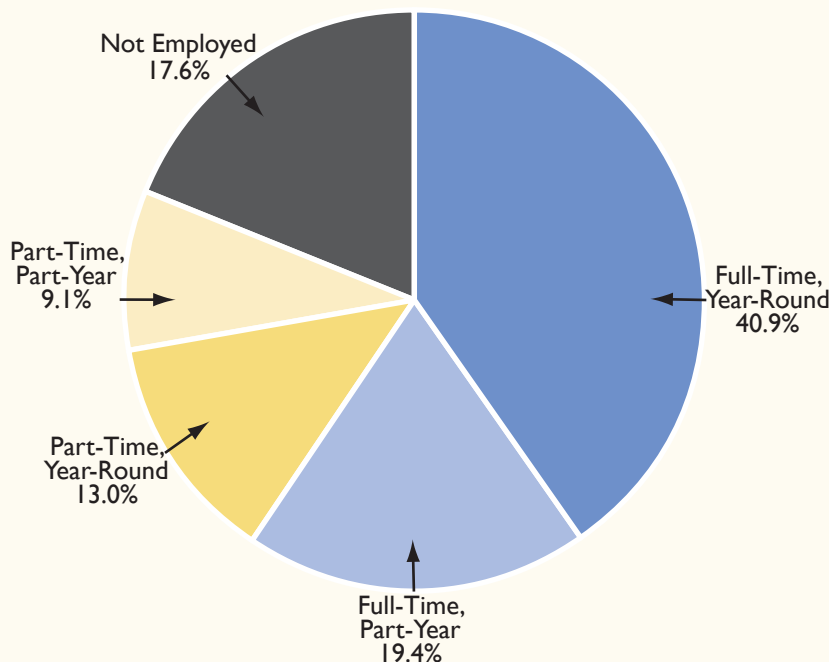
- Approximately 24 percent of all part-time workers, age 19–64, in Kansas are uninsured (Figure 17), close to the nearly 25 percent in 2006–2007, but up from 21 percent in 2005–2006.
- Part-time working adult Kansans are more likely to be uninsured than those who work full-time (Figure 17).
- Part-time working adults constitute about one-fifth

of the uninsured adult population in Kansas (Figure 18).

The Unemployed

Adult Kansans who did not work during the previous calendar year make up approximately one-fifth of the uninsured adult population in the state. These uninsured Kansas adults provided the following reasons for unemployment: taking care of home or family, being sick, disabled or in school.

Figure 18. Uninsured Kansas Adults Age 19–64 by Work Status (2007–2008)



Notes: Uninsured Kansas adults age 19–64: Approximately 263,000. Percentages may not sum to 100 percent because of rounding.

Source: KHI estimates are two-year averages based on the 2008 and 2009 Annual Social and Economic Supplements to the Current Population Surveys.

More than 60 percent of uninsured Kansas adults are full-time workers.

Uninsurance in Kansas (continued)

EMPLOYER TYPE AND SIZE

Figure 19 displays the distribution of the uninsured by employer type and size.

- Almost two-thirds (66.9 percent) of uninsured adult Kansans (age 19–64), about 176,000 individuals, work for private employers.
- Approximately 10.2 percent of uninsured adult Kansans (nearly 27,000 Kansans) are self-employed. An unknown number of these individuals are sole proprietors.
- Approximately 5.4 percent (about 14,200) of uninsured adult Kansans work for local, state or federal governmental entities.

Kansas policymakers are often interested in knowing the percentage of the uninsured

who work for small employers since those businesses that purchase health insurance in the small-group market (defined as businesses with two to 50 full-time employees) face premiums that tend to be more variable than the large-group market. For this reason, many small businesses find that costs and administrative burdens make offering health insurance to their workers difficult.

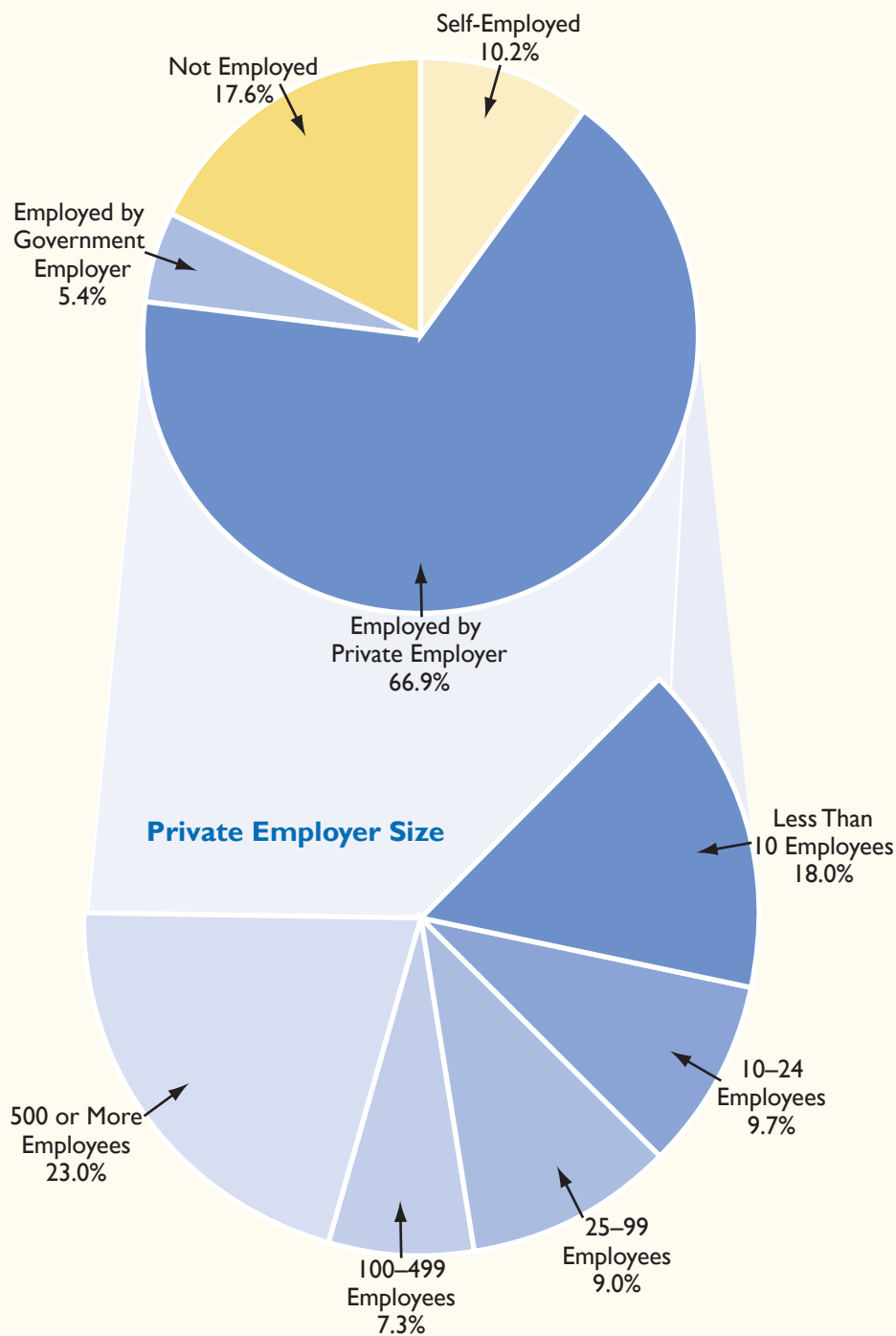
Unfortunately, the CPS employer size categories do not directly match up with the employer size categories used in classifying small- versus large-group insurance markets in Kansas: the CPS category of businesses with between 25–99 workers encompasses employers eligible for the small-group as well as the large-group market.

Despite these definitional issues, Figure 19 indicates that small businesses are not the only

employers of uninsured adult workers.

- Slightly over 30 percent of uninsured adult Kansans work at places of business 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 to those in 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 19. Uninsured Kansas Adults Age 19–64 by Type of Employer and Employer Size (2007–2008)



Uninsured workers are employed by both large and small businesses.

Notes: Uninsured Kansas adults age 19–64: Approximately 263,000. Percentages may not sum to 100 percent because of rounding.
 Source: KHI estimates are two-year averages based on the 2008 and 2009 Annual Social and Economic Supplements to the Current Population Surveys.

Insurance Coverage by County

In August 2009, the U.S. Census Bureau released its model-based small area health insurance estimates that detail health insurance coverage in 2006 for every county in the United States. Figure 20 shows the percentage, in each county, of nonelderly Kansans (under age 65) who were uninsured in 2006. For example, 28.3 percent of Cheyenne County's nonelderly residents were uninsured, or 586 of its 2,074 residents under age 65. Table 1 lists the percentage of the 2006 Kansas nonelderly population that was uninsured by county.

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, 46,250 nonelderly residents of Johnson County were uninsured. However, this represented only 9.8 percent of the county's 471,642 nonelderly people.

Counties with the highest percentages of nonelderly uninsured residents tend to be more sparsely populated. For example, Greeley County had 1,051 nonelderly residents in 2006 and 294 of them (28.0 percent) were uninsured. The counties with a large percentage

of nonelderly uninsured residents are located primarily in the western part of the state, with the largest concentration in southwest Kansas. One of the contributing factors to this distribution may be rural/urban disparities in the availability of employment-based 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 than workers in rural areas to be offered health insurance by their employers.

Figure 20. Percent of the Nonelderly Population That is Uninsured by Kansas County (2006)

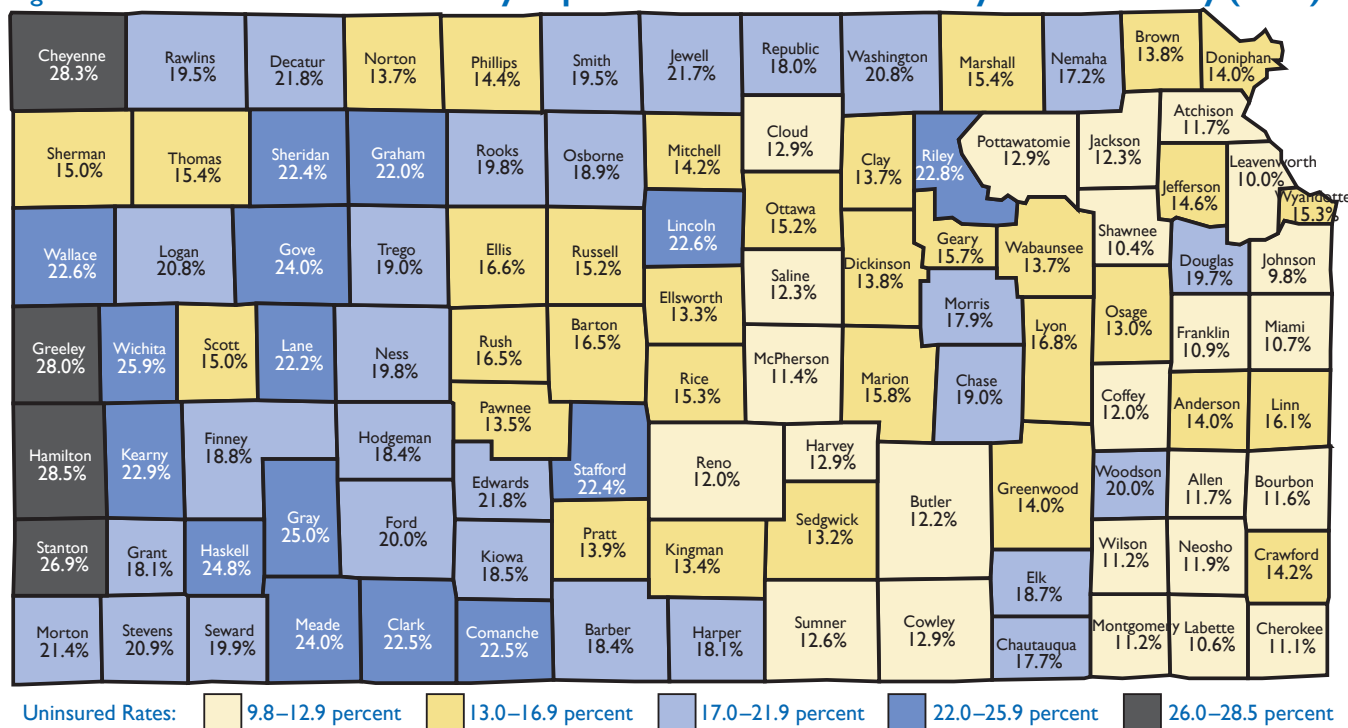


Table 1. Percent of the Nonelderly Population That is Uninsured by Kansas County (2006)

Kansas County	Percent of Nonelderly Population Uninsured	Kansas County	Percent of Nonelderly Population Uninsured	Kansas County	Percent of Nonelderly Population Uninsured
Johnson	9.8%	Anderson	14.0%	Trego	19.0%
Leavenworth	10.0%	Doniphan	14.0%	Rawlins	19.5%
Shawnee	10.4%	Greenwood	14.0%	Smith	19.5%
Labette	10.6%	Crawford	14.2%	Douglas	19.7%
Miami	10.7%	Mitchell	14.2%	Ness	19.8%
Franklin	10.9%	Phillips	14.4%	Rooks	19.8%
Cherokee	11.1%	Jefferson	14.6%	Seward	19.9%
Montgomery	11.2%	Scott	15.0%	Ford	20.0%
Wilson	11.2%	Sherman	15.0%	Woodson	20.0%
McPherson	11.4%	Ottawa	15.2%	Logan	20.8%
Bourbon	11.6%	Russell	15.2%	Washington	20.8%
Allen	11.7%	Rice	15.3%	Stevens	20.9%
Atchison	11.7%	Wyandotte	15.3%	Morton	21.4%
Neosho	11.9%	Marshall	15.4%	Jewell	21.7%
Coffey	12.0%	Thomas	15.4%	Decatur	21.8%
Reno	12.0%	Geary	15.7%	Edwards	21.8%
Butler	12.2%	Marion	15.8%	Graham	22.0%
Jackson	12.3%	Linn	16.1%	Lane	22.2%
Saline	12.3%	Barton	16.5%	Sheridan	22.4%
Sumner	12.6%	Rush	16.5%	Stafford	22.4%
Cloud	12.9%	Ellis	16.6%	Clark	22.5%
Cowley	12.9%	Lyon	16.8%	Comanche	22.5%
Harvey	12.9%	Nemaha	17.2%	Lincoln	22.6%
Pottawatomie	12.9%	Chautauqua	17.7%	Wallace	22.6%
Osage	13.0%	Morris	17.9%	Riley	22.8%
Sedgwick	13.2%	Republic	18.0%	Kearny	22.9%
Ellsworth	13.3%	Grant	18.1%	Gove	24.0%
Kingman	13.4%	Harper	18.1%	Meade	24.0%
Pawnee	13.5%	Barber	18.4%	Haskell	24.8%
Clay	13.7%	Hodgeman	18.4%	Gray	25.0%
Norton	13.7%	Kiowa	18.5%	Wichita	25.9%
Wabaunsee	13.7%	Elk	18.7%	Stanton	26.9%
Brown	13.8%	Finney	18.8%	Greeley	28.0%
Dickinson	13.8%	Osborne	18.9%	Cheyenne	28.3%
Pratt	13.9%	Chase	19.0%	Hamilton	28.5%

Conclusion

The most recent CPS data (2007–2008) indicate that the percentage of uninsured Kansans (approximately 12.4 percent) is not statistically different from the 12.5 percent in 2006–2007. At the same time, a troubling change has occurred: the percentage of uninsured Kansas children (under 19 years of age) climbed from 7.0 percent in 2005–2006 and 7.8 percent in 2006–2007, to 9.6 percent in 2007–2008. This means that approximately 72,000 Kansas children are without health insurance coverage. It is not clear what accounts for this increase, though one possibility is that rising health insurance costs may have led people with family coverage to substitute it with single-person coverage.

Whatever the cause, the problem of uninsurance threatens the health and financial well-being of Kansans. There is evidence that the lack of health insurance coverage is associated with higher rates of mortality, higher rates of untreated health ailments that adversely affect

the standard and quality of life and a generally lower standard of health status. Moreover, being uninsured can lead to medical debt that can, in turn, adversely affect an individual's credit score, make it difficult for a person to receive medical care and in some cases, lead to bankruptcy.

There is a general expectation that recent passage of the federal Patient Protection and Affordable Care Act will reduce the number of uninsured Kansans. In 2010, the Act requires establishment of a temporary national high-risk pool to provide health coverage to people who are not insurable in the private market. Although Kansas already has a high-risk pool, the federal high-risk pool will have cost sharing maximums tied to 2010 health savings account levels, thus incentivizing eligible participants not already in the Kansas high-risk pool to join the national pool. Since it is probable these people were denied health insurance

coverage based on their pre-existing conditions, and so are uninsured, the national high-risk pool will likely decrease the number of uninsured Kansans. Another provision scheduled for 2010 implementation extends dependent coverage for adult children up to age 26 in both individual and group policies. Since the percentage of uninsured Kansans ages 19–26 is over 20 percent, this provision will likely contribute to a reduction in the number of uninsured Kansans. Looking ahead to 2014, the Act requires U.S. citizens and legal residents to have qualifying health coverage and imposes a phased-in tax penalty for those who fail to purchase health coverage. Of all the provisions in the Act that directly affect people who are currently uninsured, this one will likely have the largest impact. However, until 2014, the percentage of uninsured Kansans is likely to remain in double digits, and many challenges associated with health reform implementation will likely occur.

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. The population sampled is the civilian noninstitutionalized population living in the United States. Once a year, the Census Bureau expands the CPS and includes a questionnaire called the “Annual Social and Economic Supplement” (ASEC) to gather additional information, including information about health insurance coverage in the previous year.

Data from the 2009 CPS ASEC represent approximately 3,000 Kansans from the civilian population. Most of the CPS ASEC data were collected in March 2009, with some additional data collected in February and April 2009.¹⁶

The CPS ASEC 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. People are considered insured if “covered by any type of health insurance for part or all of the previous calendar year.”¹⁷ Only those respondents who reported that they were never covered by any form of health insurance during the past year are categorized as uninsured. People covered by only Indian Health Service throughout the year are considered uninsured.

The U.S. Census Bureau intends the CPS estimate of uninsurance to 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 full-year estimates based on data from other surveys, such as the National Health Interview Survey and the Medical Expenditure Panel Survey.¹⁸

Generally, the CPS estimates of uninsurance in 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 currently 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

In August 2009 the U.S. Census Bureau released estimates of health insurance coverage for every county in the United States for 2006. 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 CHIP 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.

Glossary

AGE

Children:

Persons age 0–18 (under age 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 age 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.

FEDERAL POVERTY LEVEL

The federal poverty level (FPL), 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 federal poverty level is determined using the official U.S. Census Bureau poverty thresholds that correspond to the survey year. The Federal Poverty Guidelines, listed on page A-3, are a simplification of the Census Bureau's poverty thresholds. The most recent 2010 guidelines (the same as in 2009) are provided as a reference.

INCOME

Poor:

Family income below 100 percent of the federal poverty level. In both 2009 and 2010, 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 federal poverty level. In both 2009 and 2010, 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 federal poverty level. In both 2009 and 2010, 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.

STATISTICAL SIGNIFICANCE

When conducting the 2009 CPS, the U.S. Census Bureau surveyed approximately 3,000 Kansans. To describe more accurately the insurance status of Kansans, the results in this report are based on averaging two years of data. This method provides a larger sample size of approximately 6,000 Kansans. Using the Kansas CPS data, we estimated and compared the percentages of uninsured Kansans across time and by subgroups of interest (e.g., age groups). We also examined the percentages of Kansans with private and public insurance. The observed differences in the percentages were not necessarily statistically different, particularly when there were a small number of Kansans from a particular group of interest represented in the survey. Therefore, we used 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 used an allowable error rate of 10 percent.¹⁹

Quick Facts

Table A-1. 2009–2010 Federal Poverty Guidelines for 48 Contiguous United States, District of Columbia, Guam and Territories Effective July 1, 2009

Household Size	Annual Income	Monthly Income	Weekly Income
1	\$10,830	\$903	\$208
2	\$14,570	\$1,214	\$280
3	\$18,310	\$1,526	\$352
4	\$22,050	\$1,838	\$424
5	\$25,790	\$2,149	\$496
6	\$29,530	\$2,461	\$568
7	\$33,270	\$2,773	\$640
8	\$37,010	\$3,084	\$712
For each additional family member add:	\$3,740	\$312	\$72

Source: Federal Register. (2010, January 22). Volume 75, Number 14, pp. 3734–3735.

Table A-2. Uninsured Kansans: Age (2007–2008)

Age	Number Uninsured	Total Population	Percent of Group That is Uninsured	Percent of Total Uninsured Population
Children (age 0–18)	71,801	749,376	9.6%	21.3%
Age 0–5	25,718*	248,731	10.3%**	7.6%**
Age 6–18	46,083	500,645	9.2%	13.6%
Adults (age 19–64)	262,973	1,646,633	16.0%	77.8%
Age 19–24	63,211	236,759	26.7%	18.7%
Age 25–34	71,678	380,247	18.9%	21.2%
Age 35–44	45,254	323,199	14.0%	13.4%
Age 45–54	51,711	390,117	13.3%	15.3%
Age 55–64	31,118*	316,312	9.8%**	9.2%**
Seniors (age ≥ 65)	3,085*	326,792	0.9%**	0.9%**
All Kansans	337,859	2,722,802	12.4%	100.0%

Notes: Percentages and counts for subgroups may not sum to the totals because of rounding.

*Unweighted record count <100.

**Percentage calculated using a numerator with an unweighted record count <100.

Source: KHI estimates are two-year averages based on the 2008 and 2009 Annual Social and Economic Supplements to the Current Population Surveys.

Quick Facts (continued)

Table A-3. Uninsured Kansans: Race and Ethnicity (2007–2008)

Race and Ethnicity	Number Uninsured	Total Population	Percent of Group That is Uninsured	Percent of Total Uninsured Non-Hispanic Population	Percent of Total Uninsured (Hispanic and Non-Hispanic) Population
White, Non-Hispanic	209,978	2,187,786	9.6%	79.3%	62.1%
Black or African American, Non-Hispanic	28,188*	157,056	17.9%**	10.7%**	8.3%**
American Indian or Alaskan Native, Non-Hispanic	2,375*	16,633*	14.3%***	0.9%***	0.7%***
Asian, Non-Hispanic	9,395*	51,003	18.4%**	3.5%**	2.8%**
Native Hawaiian and Other Pacific Islander, Non-Hispanic	423*	2,945*	14.4%***	0.2%***	0.1%***
Two or More Races, Non-Hispanic	14,288*	76,412	18.7%**	5.4%**	4.2%**
All Kansans, Non-Hispanic	264,648	2,491,835	10.6%	100.0%	--
Hispanic, Any Race	73,210	230,967	31.7%	--	21.7%
All Kansans, Hispanic and Non-Hispanic	337,859	2,722,802	12.4%	--	100.0%

Notes: Percentages and counts for subgroups may not sum to the totals because of rounding.

*Unweighted record count <100.

**Percentage calculated using a numerator with an unweighted record count <100.

***Percentage calculated using a numerator with an unweighted record count <100 and a denominator with an unweighted record count <100.

Source: KHI estimates are two-year averages based on the 2008 and 2009 Annual Social and Economic Supplements to the Current Population Surveys.

Table A-4. Uninsured Kansans: Gender (2007–2008)

Gender	Number Uninsured	Total Population	Percent of Group That is Uninsured	Percent of Total Uninsured Population
Male	174,890	1,331,594	13.1%	51.8%
Female	162,969	1,391,208	11.7%	48.2%
All Kansans	337,859	2,722,802	12.4%	100.0%

Note: Percentages and counts for subgroups may not sum to the totals because of rounding.

Source: KHI estimates are two-year averages based on the 2008 and 2009 Annual Social and Economic Supplements to the Current Population Surveys.

Table A-5. Uninsured Kansas Adults Age 19–64: Poverty Status (2007–2008)

Poverty (income-to-poverty ratio)	Number Uninsured	Total Population	Percent of Group That is Uninsured	Percent of Total Uninsured Population (Age 19-64)
Less Than 200%	148,969	436,896	34.1%	56.6%
200% or More	114,004	1,209,737	9.4%	43.4%
All Kansans, Age 19–64	262,973	1,646,633	16.0%	100.0%

Note: Percentages and counts for subgroups may not sum to the totals because of rounding.

Source: KHI estimates are two-year averages based on the 2008 and 2009 Annual Social and Economic Supplements to the Current Population Surveys.

Table A-6. Uninsured Kansas Children Age 0–18: Poverty Status (2007–2008)

Poverty (income-to-poverty ratio)	Number Uninsured	Total Population	Percent of Group That is Uninsured	Percent of Total Uninsured Population (Age 0-18)
Less Than 200%	47,757	300,239	15.9%	68.4%
200% or More	22,035*	444,322	5.0%**	31.6%**
All Kansans, Age 0–18	69,792	744,562	9.4%	100.0%

Notes: Percentages and counts for subgroups may not sum to the totals because of rounding.

*Unweighted record count <100.

**Percentage calculated using a numerator with an unweighted record count <100.

Source: KHI estimates are two-year averages based on the 2008 and 2009 Annual Social and Economic Supplements to the Current Population Surveys.

Table A-7. Uninsured Kansans (except unrelated individuals under age 15): Poverty Category (2007–2008)

Poverty (income-to-poverty ratio)	Number Uninsured	Total Population	Percent of Group That is Uninsured	Percent of Total Uninsured Population
<100%	107,184	332,195	32.3%	31.9%
100%–199%	90,713	511,150	17.7%	27.0%
200%–299%	50,257	440,243	11.4%	15.0%
300%–399%	32,552*	401,637	8.1%**	9.7%**
≥400%	55,142	1,032,763	5.3%	16.4%
All Kansans	335,849	2,717,987	12.4%	100.0%

Notes: Percentages and counts for subgroups may not sum to the totals because of rounding.

*Unweighted record count <100.

**Percentage calculated using a numerator with an unweighted record count <100.

Source: KHI estimates are two-year averages based on the 2008 and 2009 Annual Social and Economic Supplements to the Current Population Surveys.

Quick Facts (continued)

Table A-8. Uninsured Kansans: Work Status (2007–2008)

Work Status	Number Uninsured	Total Population	Percent of Group That is Uninsured	Percent of Total Uninsured Population
Full-Time, Year-Round	109,544	1,008,085	10.9%	32.4%
Full-Time, Part-Year	50,948	208,940	24.4%	15.1%
Part-Time, Year-Round	35,697*	170,319	21.0%**	10.6%**
Part-Time, Part-Year	26,586*	178,193	14.9%**	7.9%**
Did Not Work	59,179	564,874	10.5%	17.5%
Under 15 Years (Not Working Age)	55,906	592,390	9.4%	16.5%
All Kansans	337,859	2,722,802	12.4%	100.0%

Notes: Percentages and counts for subgroups may not sum to the totals because of rounding.

*Unweighted record count <100.

**Percentage calculated using a numerator with an unweighted record count <100.

Source: KHI estimates are two-year averages based on the 2008 and 2009 Annual Social and Economic Supplements to the Current Population Surveys.

Table A-9. Uninsured Kansas Adults Age 19–64: Work Status (2007–2008)

Work Status	Number Uninsured	Total Population	Percent of Group That is Uninsured	Percent of Total Uninsured Population (Age 19–64)
Full-Time, Year-Round	107,624	965,812	11.1%	40.9%
Full-Time, Part-Year	50,948	195,200	26.1%	19.4%
Part-Time, Year-Round	34,317*	136,494	25.1%**	13.0%**
Part-Time, Part-Year	23,891*	105,325	22.7%**	9.1%**
Did Not Work	46,193	243,803	18.9%	17.6%
All Kansans, Age 19–64	262,973	1,646,633	16.0%	100.0%

Notes: Percentages and counts for subgroups may not sum to the totals because of rounding.

*Unweighted record count <100.

**Percentage calculated using a numerator with an unweighted record count <100.

Source: KHI estimates are two-year averages based on the 2008 and 2009 Annual Social and Economic Supplements to the Current Population Surveys.

Table A-10. Uninsured Kansas Adults Age 19–64: Employer Type and Size (2007–2008)

Employer Type and Size	Number Uninsured	Total Population	Percent of Group That is Uninsured	Percent of Total Uninsured Population (Age 19–64)
Self-Employed	26,683	100,387	26.6%	10.2%
Private Employer: Less Than 10 Employees	47,314	187,259	25.3%	18.0%
Private Employer: 10–24 Employees	25,426	123,512	20.6%	9.7%
Private Employer: 25–99 Employees	23,648	139,448	17.0%	9.0%
Private Employer: 100–499 Employees	19,060	162,697	11.7%	7.3%
Private Employer: 500 or More Employees	60,430	435,013	13.9%	23.0%
Government Employer	14,220	254,514	5.6%	5.4%
Not Employed	46,193	243,803	19.0%	17.6%
All Kansans, Age 19–64	262,973	1,646,633	16.0%	100.0%

Note: Percentages and counts for subgroups may not sum to the totals because of rounding.

Source: KHI estimates are two-year averages based on the 2008 and 2009 Annual Social and Economic Supplements to the Current Population Surveys.

Endnotes

1. Because CPS respondents can report more than one type of insurance for the calendar year, KHI used a hierarchy 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.
2. 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.
3. Approximately 1 percent of all Kansans have Medicare but are nonelderly. Moreover, many seniors with Medicare are also covered by employer-sponsored insurance or directly purchase individual insurance policies.
4. Public health insurance includes Kansans covered through the military, in addition to those covered by Medicare, Medicaid and CHIP.
5. Kansas Legislative Research Department, & Kansas Health Institute. (2009, February). *Kansas Medicaid: A Primer*. Online at <http://www.khi.org/documents/2009/feb/27/kansas-medicaid-primer-2009/>
6. Kansas Health Policy Authority. (2009, December 31). *Coverage Expansion for Children Takes Effect Jan. 1*. Online at <http://www.khpa.ks.gov/news/2009/download/12312009.pdf>
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9. Institute of Medicine. (2001). *Coverage Matters: Insurance and Health Care*. Washington, DC: National Academies Press.
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12. Ibid.
13. Doty, M. M., Edwards, J. N., & Holmgren, A. L. (2005, August). *Seeing Red: Americans Driven into Debt by Medical Bills*. New York: The Commonwealth Fund.
14. More precisely, all Kansans except unrelated individuals under the age of 15 years.
15. 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.
16. Call, K. T., Davern, M., & Blewett, L. A. (2007, January/February). Estimates of Health Insurance Coverage: Comparing State Surveys with the Current Population Survey. *Health Affairs*, 26(1).
17. DeNavas-Walt, C., Proctor, B. D., & Smith, J. C. (2009). *U.S. Census Bureau, Current Population Reports, P60-236, Income, Poverty, and Health Insurance Coverage in the United States: 2008*. Washington, DC: U.S. Government Printing Office.
18. National Institute for Health Care Management. (2006, August). *A Primer on the CPS Estimate of America's Uninsured*. Online at <http://www.nihcm.org/~nihcmor/pdf/NIHCMPrimer06FINAL.pdf>. Also, State Health Access Data Assistance Center. (2008, August). *Comparing Federal Government Surveys that Count Uninsured People in America*. Online at <http://www.rwjf.org/files/research/082608shadac.census.pdf>
19. We conclude that the percentages in two groups are statistically different when $p < .10$ in a two-tailed test.



KANSAS HEALTH INSTITUTE
