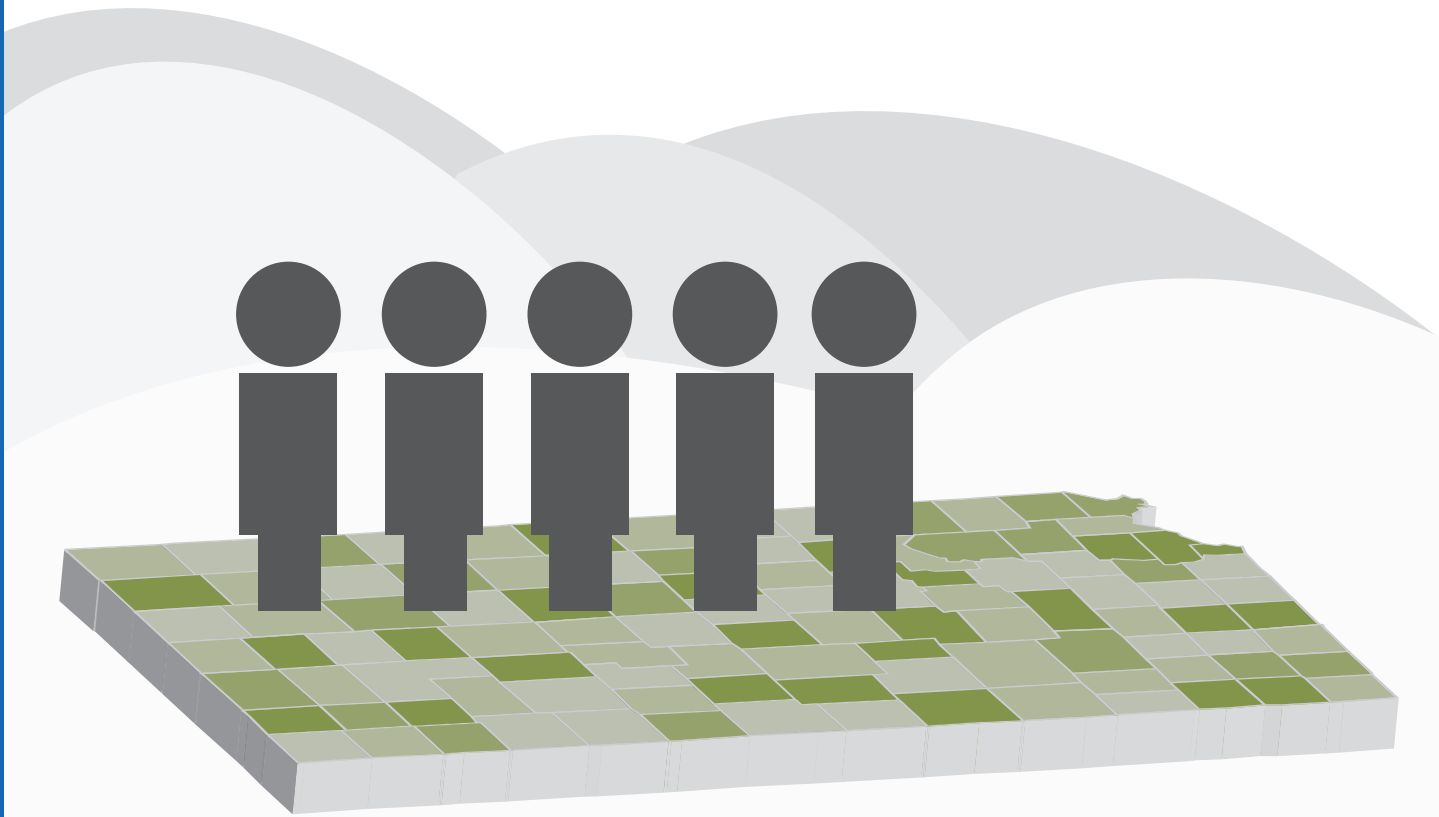




# ANNUAL INSURANCE UPDATE 2014

## *Health Insurance in Kansas*



MAY 2014



*Informing Policy. Improving Health.*

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*212 SW Eighth Avenue, Suite 300 Topeka, Kansas 66603-3936 Telephone (785) 233-5443 Fax (785) 233-1168 [khi.org](http://khi.org)*

# ANNUAL INSURANCE UPDATE 2014

## *Health Insurance in Kansas*

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MAY 2014

### **Authors**

Scott C. Brunner, M.A.

Cheng-Chung Huang, M.P.H.

### **Acknowledgements**

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## How to Use This Report

As efforts to reform the health care system continue both nationally and here in Kansas, the Kansas Health Institute (KHI) has prepared this *Annual Insurance Update*, which explains insurance coverage in Kansas and includes new data and information from the U.S. Census Bureau. The analysis contained here may be used to better understand how the Affordable Care Act (ACA) and other federal health policy changes may affect decision-making in our state.

After an initial overview of insurance coverage — who has it and who does not — the report outlines where Kansans get their health insurance, and identifies the link between employment and insurance coverage. Then, maps will illustrate differences in coverage across the state, including Medicaid participation. Finally, the report includes a look at the important trends in insurance coverage during the last five years, which not only put the current status into context, but also begins to project what the future of insurance coverage in our state might look like.

In addition to providing an overview for all Kansans, the “Current Coverage” section (page 3) of this report examines the major sources of

health insurance for children (age 0–18), non-elderly adults (age 19–64), and seniors (age 65 and older). The section also highlights differences in insurance coverage among Kansans based on their race or ethnicity, income and employment status.

Because nearly all Kansans age 65 and older are covered by the federal Medicare program, much of this report focuses on children and adults younger than 65.

Information about insurance coverage in this report is based primarily on data from the American Community Survey (ACS), collected by the U.S. Census Bureau.

### Changes in the Numbers Behind the Report

For this year’s *Annual Insurance Update*, KHI has purposefully shifted to the ACS as the primary data source for information about insurance status in Kansas. The ACS data are more current, and because of the larger sample size in Kansas, can be shown as single-year estimates. In addition, the ACS data set provides for more detailed analysis of insurance status at county and regional levels.

## A Tale of Two Data Sets

The U.S. Census Bureau publishes data on health insurance coverage from two surveys: the Annual Social and Economic Supplement to the Current Population

Survey (CPS) and the American Community Survey (ACS). The results from these surveys are typically, although not always, quite similar.

### *Why are the numbers different?*

Typically the estimates based on these surveys are within 1 to 2 percentage points of each other. When there are differences, they are likely due to:

- How the data are reported. For example, two-year averages versus year-by-year rates.
- Timing of data collection. CPS gathers data from February to April each year, while ACS gathers data year-round.
- Other methodological differences, such as the number of people surveyed and the phrasing of survey questions.
- The CPS asks about insurance coverage for the prior calendar year and allows respondents to provide all of the sources of insurance that they had. While this is supposed to capture health insurance status throughout the prior year, most analysts treat the responses as a point in time estimate of insurance coverage. The ACS specifically asks about coverage at the time of the survey and is believed to provide a more specific estimate of insurance coverage.

## KHI has moved to the ACS

The ACS is becoming the preferred survey among research organizations like KHI to understand changes in health insurance coverage. The larger sample size and timing of the data releases allow reporting for individual years, rather than two-year averages with the CPS. This will be important for monitoring changes in the health

insurance policy environment, such as those brought about by the implementation of the Affordable Care Act. While the CPS provides valuable information about long-term trends in health insurance coverage, the ACS will improve as a tracking mechanism over time for the types of questions addressed in the *Annual Insurance Update*.



### Insurance Coverage in Kansas

About 359,000 Kansans — or 12.6 percent of the population — were uninsured in 2012, which was consistent with 2011. This was significantly lower than the 14.8 percent of all Americans without insurance in 2012.

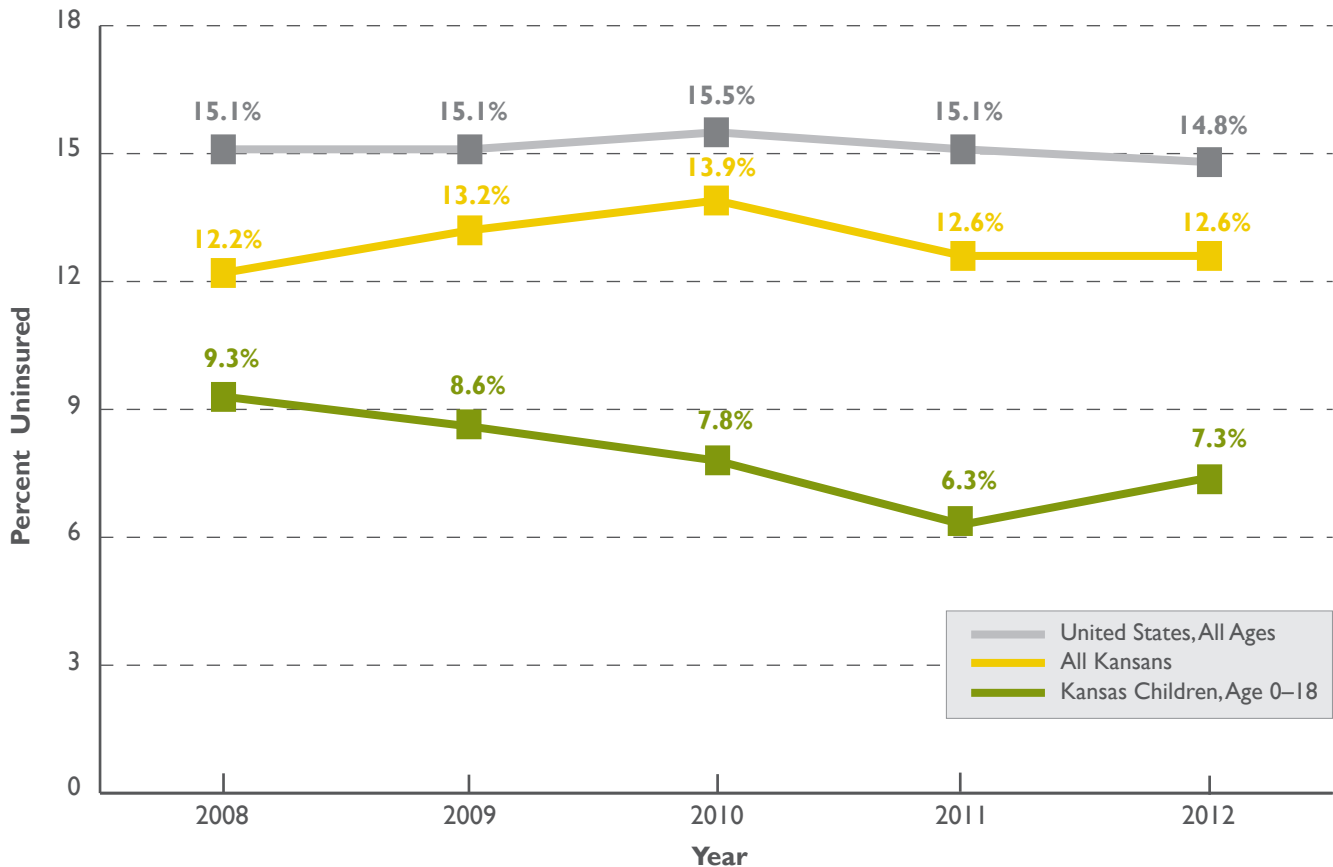
### Uninsured Rate Among Kansas Children, Age 0–18

Approximately 56,000 Kansas children age 0–18 (or 7.3 percent) were uninsured in 2012. This rate was slightly lower at 6.3 percent in 2011; but the overall trend shows a decline in the rate of uninsured children since 2008, as shown in *Figure 1*.

### Uninsured Rate Among Kansas Young Adults, Age 19–25

In 2012, there were about 65,200 young adults (age 19–25) that did not have health insurance. The rate of uninsurance for 19–25 year-olds has declined significantly since 2009 (26.8 percent to 22.3 percent). This follows the national trend in insurance coverage for young adults, as shown by a reduction in the uninsured rate from 31.7 percent in 2009 to 28.2 percent in 2011.<sup>1</sup> Analysts attribute this decrease to a provision in the federal health reform law that took effect in September 2010, which allows dependents to stay on their parents’ or guardians’ health insurance plans until they reach age 26.

Figure 1. Uninsured Rates for Kansas and the United States, 2008–2012

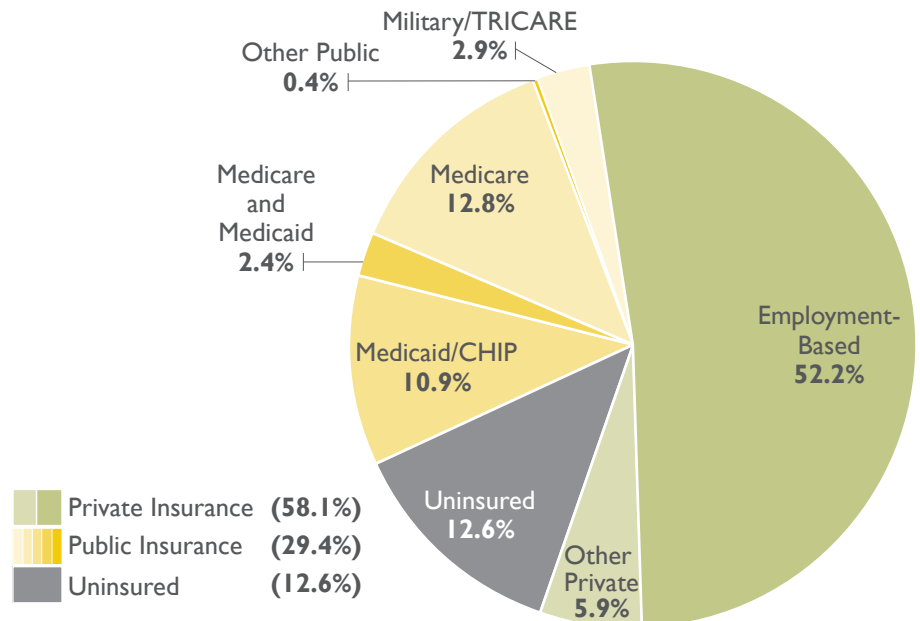


Source: KHI estimates based on 2008–2012 American Community Survey Public Use Microdata Sample.

### All Kansans

More than half — 52.2 percent — of all Kansans are covered by employment-based health insurance and 29.4 percent are covered by a public health insurance program such as Medicare or Medicaid.<sup>2</sup> Kansans who don't have employment-based coverage or public coverage may have other private<sup>3</sup> insurance, but in general, are more likely to be uninsured, as shown in Figure 2.

Figure 2. Sources of Health Insurance: All Kansans, 2012



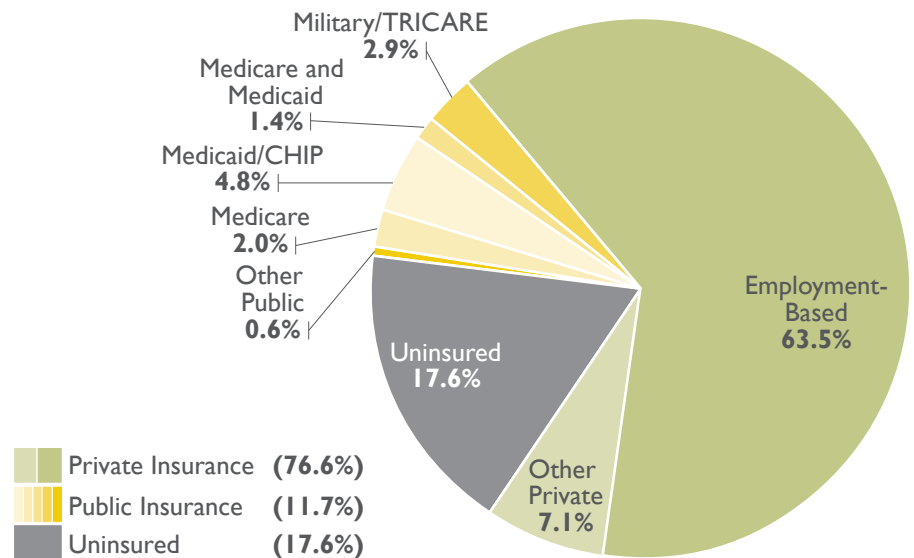
Note: All Kansans = approximately 2,844,400. Percentages may not add to 100 percent because of rounding. *Other public* is coverage through the U.S. Department of Veterans Affairs. *Other Private* is coverage directly purchased by individuals.

Source: KHI estimates based on 2012 American Community Survey Public Use Microdata Sample.

### Adults, Age 19–64

For adult Kansans under age 65, employers are the largest source of insurance. Almost two-thirds (63.5 percent) of 19- to 64-year-olds have employment-based coverage, while 7.1 percent have other private insurance. The remainder has either public insurance (11.7 percent) or no insurance at all (17.6 percent), as shown in Figure 3.

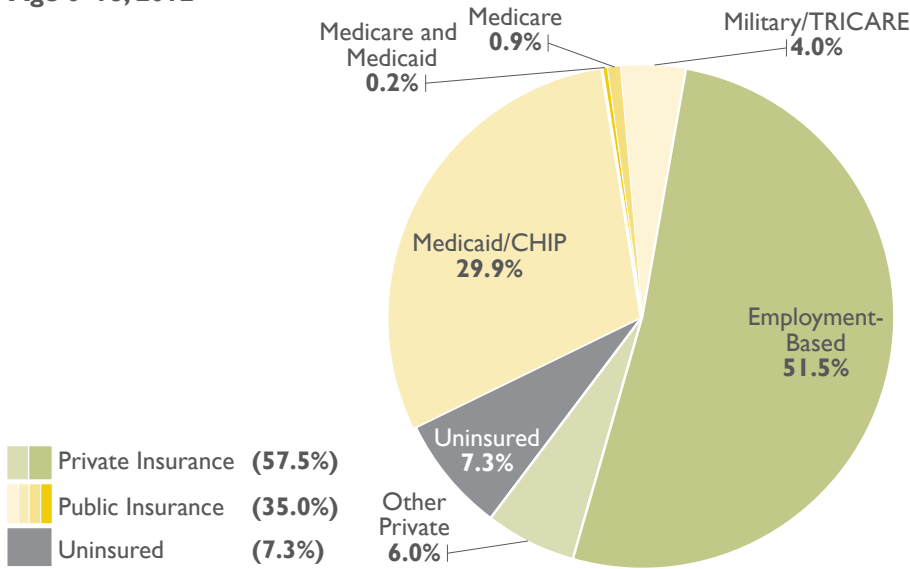
Figure 3. Sources of Health Insurance: Kansas Adults, Age 19–64, 2012



Note: All Kansas adults age 19–64 = approximately 1,708,700. Percentages may not sum to 100 percent because of rounding.

Source: KHI estimates based on 2012 American Community Survey Public Use Microdata Sample.

**Figure 4. Sources of Health Insurance: Kansas Children, Age 0–18, 2012**

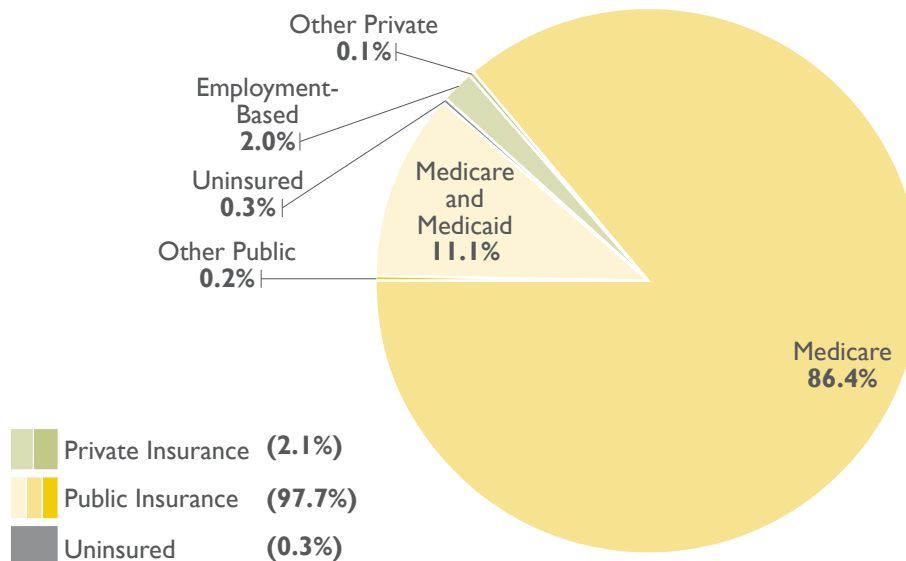


Note: All Kansas children age 0–18 = approximately 762,400. Percentages may not add to 100 percent because of rounding. *Other Private* is coverage directly purchased by individuals.  
 Source: KHI estimates based on 2012 American Community Survey Public Use Microdata Sample.

### Children, Age 0–18

More than half (51.5 percent) of Kansas children are covered by employment-based insurance, typically through a parent’s employer. More than a third (35.0 percent) receive public coverage such as Medicaid, the Children’s Health Insurance Program (CHIP) or Medicare, as shown in *Figure 4*. Children are more likely to be insured than adults (age 19 to 65) because they are more likely to be eligible for public coverage. Children in families with incomes under 232 percent of the federal poverty level (FPL) may be eligible for public programs like Medicaid or CHIP, as shown in *Figure 4*.

**Figure 5. Sources of Health Insurance: Kansans, Age 65 and Older, 2012**



Note: All Kansans age 65 and older = approximately 373,300. Percentages may not add to 100 percent because of rounding. *Other Private* is coverage directly purchased by individuals. *Other Public* is coverage that includes Medicaid or VA and Military/TRICARE.  
 Source: KHI estimates based on 2012 American Community Survey Public Use Microdata Sample.

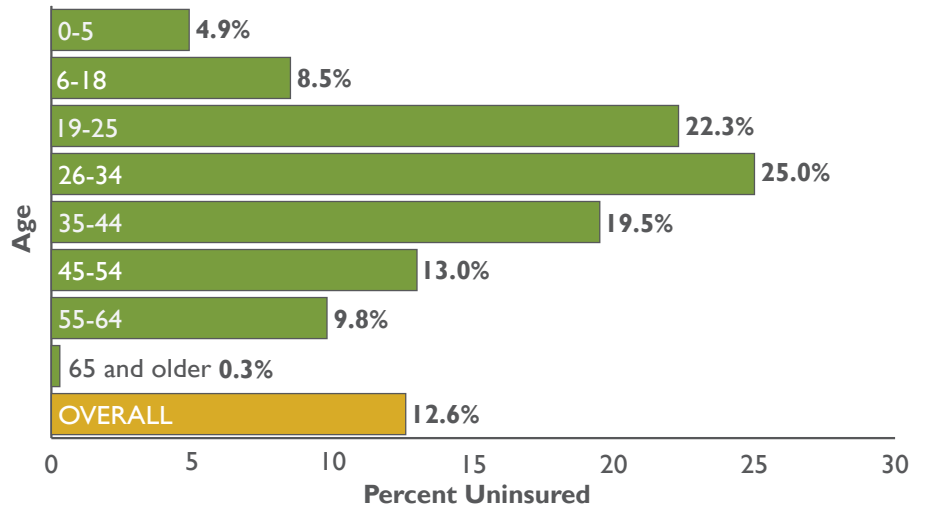
### Older Kansans, Age 65+

Almost all (97.7 percent) Kansans age 65 and older have public health insurance: 97.5 percent have Medicare coverage<sup>4</sup>, including 11.1 percent with combined coverage through both Medicare and Medicaid. An additional 2.0 percent have employment-based coverage only (instead of Medicare), as shown in *Figure 5*. Because so many older Kansans are covered by the federal Medicare program, much of the remainder of this report focuses on children and non-elderly adults.

### Age

Because of the availability of Medicare, few Kansans age 65 and older are uninsured. For those under 65, children up to age five are the least likely to be uninsured, while adults age 26–34 are the most likely to be uninsured, as displayed in Figure 6. The ACA mandate that allows children to be covered by their parents’ insurance until age 26 has likely contributed to a lower rate of uninsured Kansans age 19–25. Of all uninsured Kansans, 60.6 percent are between the ages of 19 and 44, as shown in Figure 7.

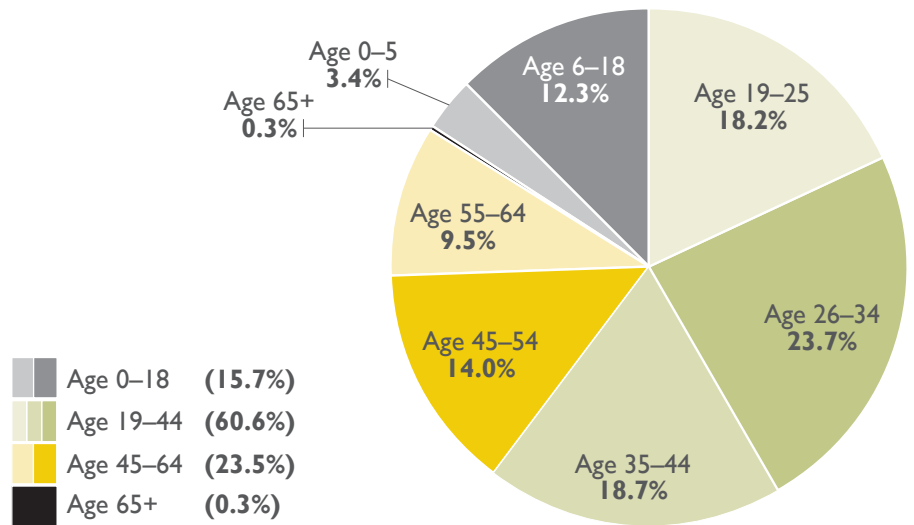
Figure 6. All Kansans: Likelihood of Being Uninsured by Age Group, 2012



Source: KHI estimates based on 2012 American Community Survey Public Use Microdata Sample.

**61%** of all uninsured Kansans are between the ages of 19 and 44.

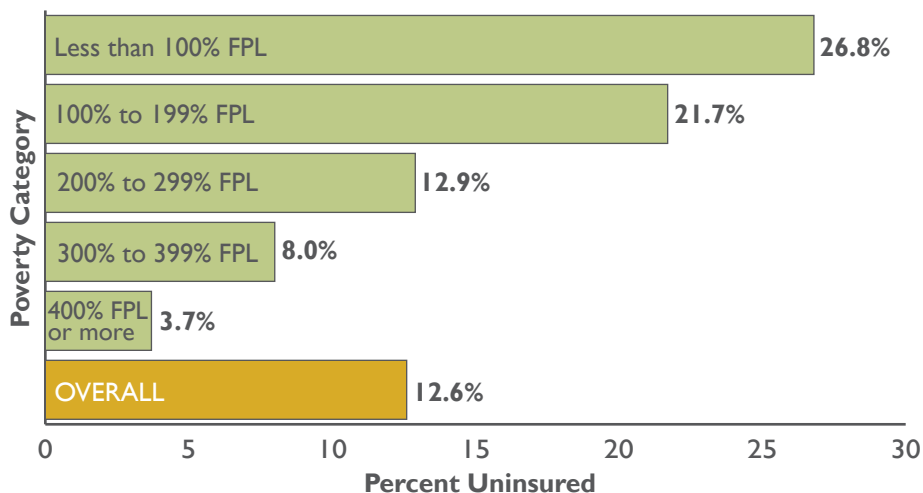
Figure 7. Uninsured Kansans by Age, 2012



Note: Uninsured Kansans = approximately 358,600. Percentages may not sum to 100 percent because of rounding.

Source: KHI estimates based on 2012 American Community Survey Public Use Microdata Sample.

Figure 8. All Kansans: Likelihood of Being Uninsured by Poverty Category, 2012



Source: KHI estimates based on 2012 American Community Survey Public Use Microdata Sample.

## Family Income

Kansans with low incomes are less likely to have insurance. More than one in four (26.8 percent) with incomes below 100 percent of the federal poverty level (FPL)<sup>5</sup>, — \$23,050 for a family of four in 2012 — are uninsured. In contrast, only 3.7 percent of Kansans with incomes above 400 percent of FPL (\$92,200 for a family of four in 2012) are uninsured as shown in Figure 8.

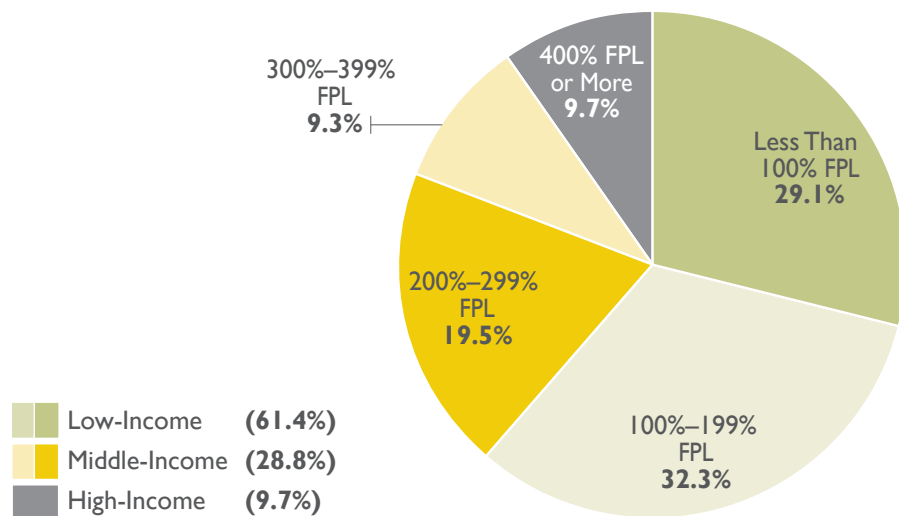
**2/3**

of uninsured Kansans have family incomes above the federal poverty level.

However, more than two-thirds (70.8 percent) of uninsured Kansans are not poor and have incomes above 100 percent of FPL, as shown in Figure 9. These individuals are likely to be employed.

In the Affordable Care Act, people with incomes between 100 and 400 percent of the FPL are eligible to receive tax subsidies to help pay for health insurance. As shown in Figure 9, 61.1 percent of those who are uninsured in Kansas could receive some financial assistance to purchase health insurance through the ACA's health insurance marketplaces.

Figure 9. Uninsured Kansans by Poverty Category, 2012



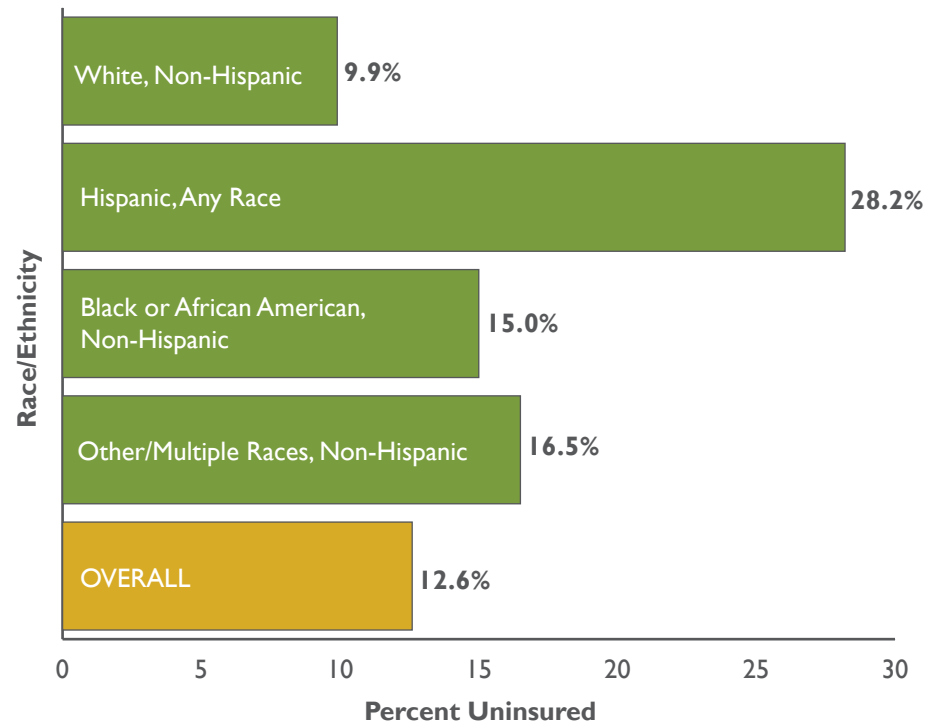
Note: Uninsured Kansans with poverty information = approximately 354,100. Percentages may not sum to 100 percent because of rounding.

Source: KHI estimates based on 2012 American Community Survey Public Use Microdata Sample.

### Race/Ethnicity

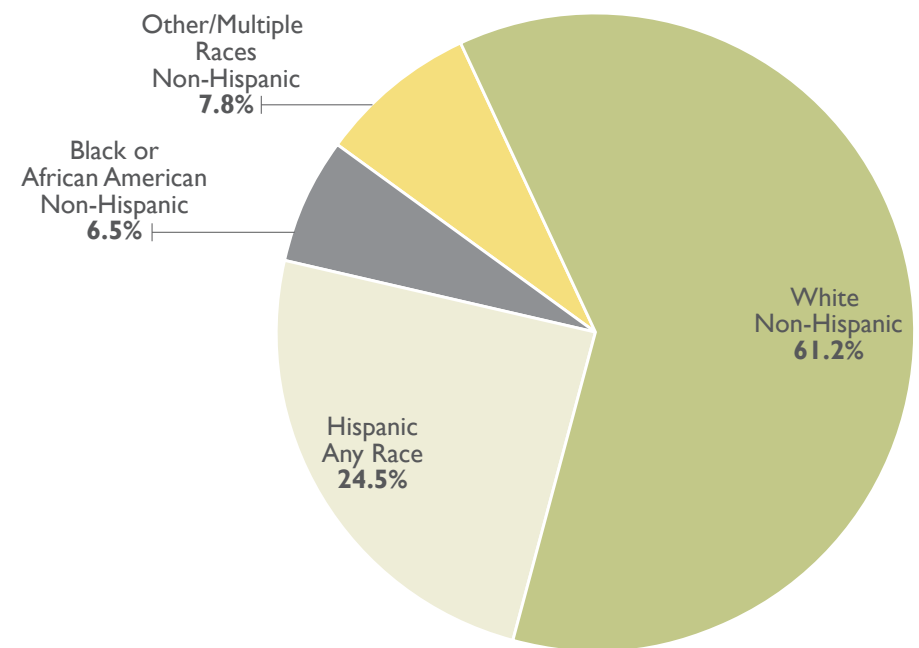
Kansans who are members of a racial or ethnic minority group are more likely to be uninsured than white, non-Hispanics. For example, the uninsured rate for Hispanics is more than two and a half times higher than the uninsured rate for white, non-Hispanics (28.2 percent compared with 9.9 percent) as shown in *Figure 10*. However, most uninsured Kansans (61.2 percent) are white, non-Hispanic, as shown in *Figure 11*.

**Figure 10. All Kansans: Likelihood of Being Uninsured by Race/Ethnicity, 2012**



Source: KHI estimates based on 2012 American Community Survey Public Use Microdata Sample.

**Figure 11. Uninsured Kansans by Race/Ethnicity, 2012**

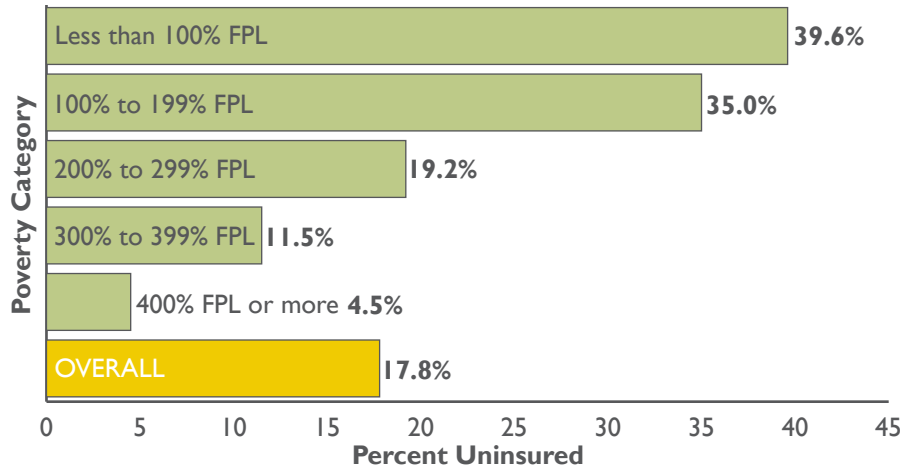


Note: Uninsured Kansans = approximately 358,600. Percentages may not sum to 100 percent because of rounding.

Source: KHI estimates based on 2012 American Community Survey Public Use Microdata Sample.

*Hispanic Kansans are more than 2½ times as likely to be uninsured than white, non-Hispanic Kansans.*

Figure 12. Kansas Adults, Age 19–64: Likelihood of Being Uninsured by Poverty Category, 2012



Source: KHI estimates based on 2012 American Community Survey Public Use Microdata Sample.

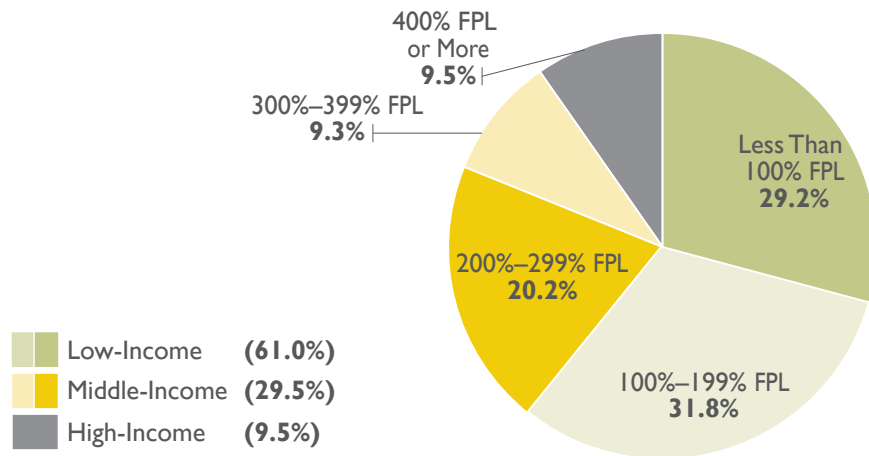
## Family Income

Most low-income, non-disabled Kansas adults are not eligible for Medicaid, and about 40 percent of them are likely to be uninsured. Only parents in families with incomes below 30 percent of FPL — less than \$6,900 per year for a family of four in 2012 — are eligible for Medicaid. Childless adults without a disability do not qualify for Medicaid no matter how poor they are, even if they have no income at all. Nearly four out of ten (39.6 percent) adult Kansans with incomes below 100 percent of FPL are uninsured as shown in Figure 12.

## Health Reform

The Affordable Care Act created several mechanisms to increase the number of people with access to affordable health insurance. One was to set up new health insurance marketplaces that sell private health insurance plans, with the cost of those plans subsidized by tax credits. Another directive was to expand eligibility for the Medicaid program. The U.S. Supreme Court ruling in 2012 that upheld the law's constitutionality also made Medicaid expansion to adults under 138 percent of FPL essentially optional for states. In Kansas, like many other states that have not opted to expand their Medicaid program, there exists a new "eligibility gap." People who make too much to qualify for Medicaid, but too little to qualify for tax credits in the Marketplace, are left without options for affordable insurance. Individuals with income between 100 and 400 percent of FPL are eligible for tax credits to help purchase health insurance through the marketplaces and can benefit from subsidies to help pay out-of-pocket costs for health services. As shown in Figure 13, 61.3 percent of uninsured Kansas adults have incomes in this range.

Figure 13. Uninsured Kansas Adults, Age 19–64 by Poverty Category, 2012



Note: Uninsured Kansas adults age 19–64 with poverty information = approximately 299,200. Percentages may not sum to 100 percent because of rounding.

Source: KHI estimates based on 2012 American Community Survey Public Use Microdata Sample.

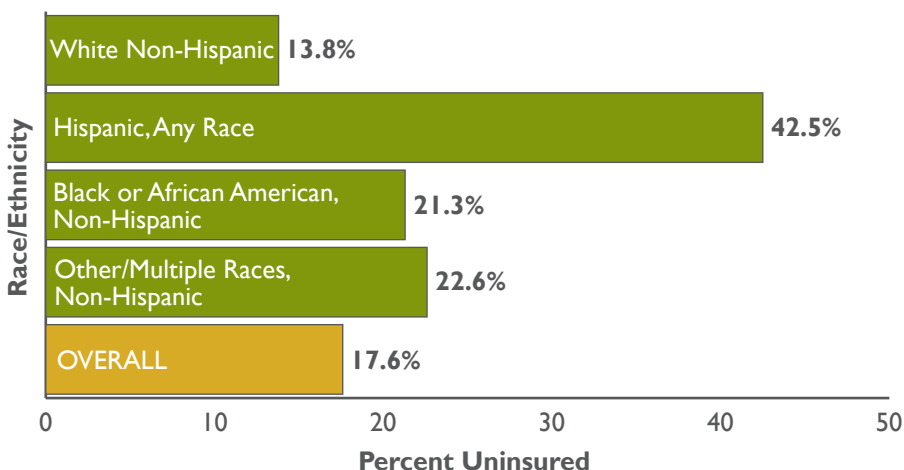
**40%** of adult Kansans with incomes below the federal poverty level are uninsured.

If the state chooses to expand Medicaid as provided for under the ACA, about 315,000 Kansans who earn less than 138 percent of FPL would become eligible for Medicaid. In 2014, 2015 and 2016, the federal government would pay 100 percent of the costs of covering the newly eligible Medicaid population. That federal contribution gradually declines to 90 percent by the year 2020, with the state picking up the remaining 10 percent.

### Race/Ethnicity

Among Kansas adults under age 65, nearly half (42.5 percent) of Hispanics and one in five (21.3 percent) black, non-Hispanics are uninsured, compared with 13.8 percent of white, non-Hispanics, as shown in *Figure 14*. Just as the majority of adult Kansans age 19 to 64 (78.6 percent) are white, non-Hispanics, so are the majority (61.6 percent) of uninsured non-elderly adults in Kansas, as shown in *Figure 15*.

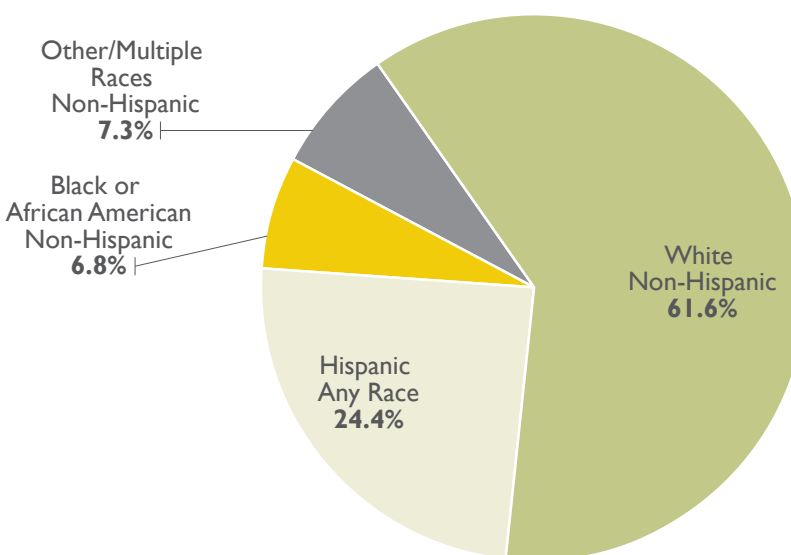
**Figure 14. Kansas Adults, Age 19–64: Likelihood of Being Uninsured by Race/Ethnicity, 2012**



Source: KHI estimates based on 2012 American Community Survey Public Use Microdata Sample.

Although employment improves a person’s chance of being insured, more than **three out of four** uninsured adults in Kansas are working.

**Figure 15. Uninsured Kansas Adults, Age 19–64 by Race/Ethnicity, 2012**

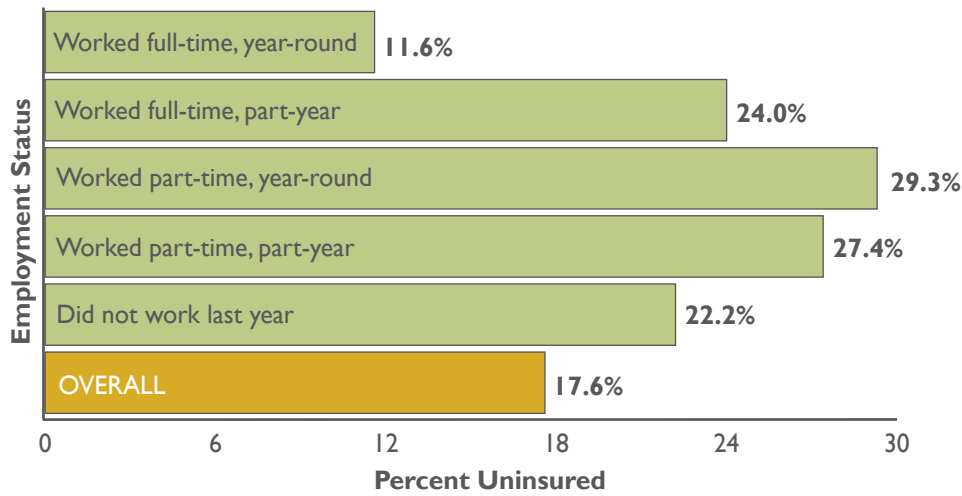


Note: Uninsured Kansas adults age 19–64 = approximately 301,400. Percentages may not sum to 100 percent because of rounding.

Source: KHI estimates based on 2012 American Community Survey Public Use Microdata Sample.



Figure 16. Kansas Adults, Age 19–64: Likelihood of Being Uninsured by Employment Status, 2012



Source: KHI estimates based on 2012 American Community Survey Public Use Microdata Sample.

## Employment Status

Adult Kansans under age 65 who are unemployed are more likely to be uninsured than those who work full-time, year-round (22.2 percent compared with 11.6 percent). Most working Kansans without health insurance are those that work less than full-time or for less than the full year, as shown in Figure 16. It is important to note that 78.5 percent of uninsured Kansas adults are working, as shown in Figure 17.

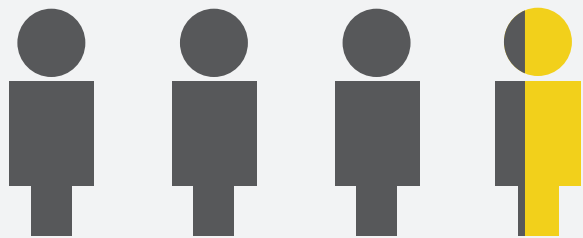
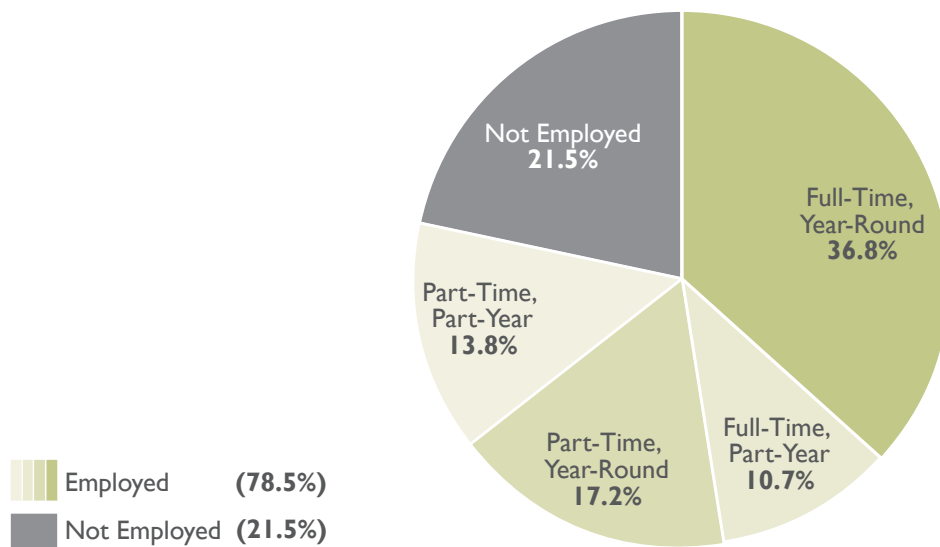


Figure 17. Uninsured Kansas Adults, Age 19–64 by Employment Status, 2012



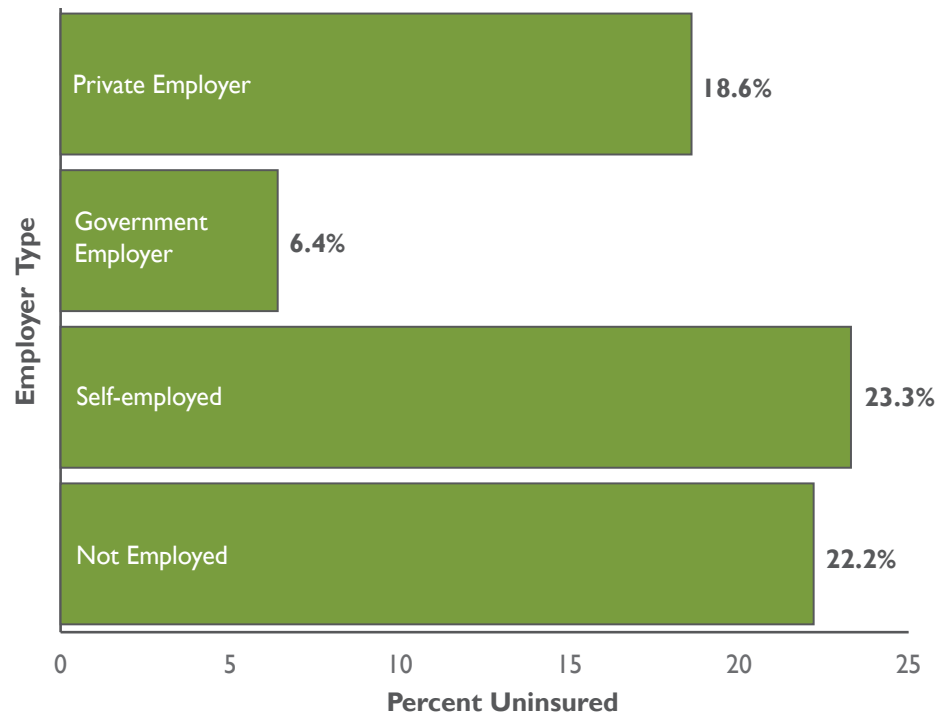
Note: Uninsured Kansas adults age 19–64 = approximately 301,400. Percentages may not sum to 100 percent because of rounding.

Source: KHI estimates based on 2012 American Community Survey Public Use Microdata Sample.

### Employer Type

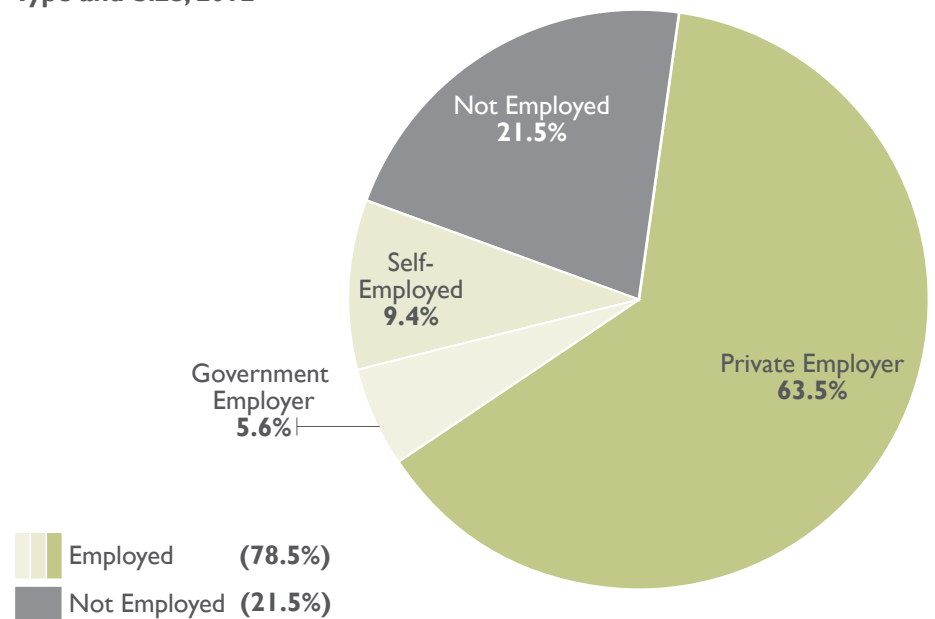
Among employees age 19–64, the self-employed are more likely to not have health insurance as shown in Figure 18. However, since most adult Kansans (under age 65) work for private employers (60 percent), they make up almost two-thirds (63.5 percent) of the uninsured population in Kansas, as shown in Figure 19.

Figure 18. Kansas Adults, Age 19–64: Likelihood of Being Uninsured by Employer Type and Size, 2012



Source: KHI estimates based on 2012 American Community Survey Public Use Microdata Sample.

Figure 19. Uninsured Kansas Adults, Age 19–64 by Employer Type and Size, 2012



Note: Uninsured Kansas adults age 19–64 = approximately 301,400. Percentages may not sum to 100 percent because of rounding.

Source: KHI estimates based on 2012 American Community Survey Public Use Microdata Sample.

## Why Do So Many Working Kansans Remain Uninsured?

Whether an employee receives insurance coverage through their employer depends on several factors. First, does the employer offer health insurance to its employees? And if coverage is offered, is the employee eligible for the insurance? For example,

only one out of five (20.0 percent) part-time employees at Kansas companies that offer health insurance were eligible for coverage in 2012. Finally, employees who are eligible for insurance must decide if the coverage is affordable and meets their needs. The portion of insurance costs that employers pass on to employees can

vary. Typically, employers cover more of the cost for an employee than they cover for family members.

Figure 20 shows the number of Kansas private employers that offer health insurance, the number of employees eligible for that insurance and what proportion actually enrolls in insurance offered through the employer.

Figure 20. Kansas Private Employers and Health Insurance Coverage, 2012<sup>A</sup>

	Firm <sup>B</sup> Size					Total
	Fewer Than 10 Employees	10–24 Employees	25–99 Employees	100–999 Employees	1,000 or More Employees	
Number of establishments <sup>C</sup>	44,107	8,708	5,915	5,972	10,152	74,854
Percent of establishments that offer health insurance	31.5%	55.8%	86.6%	89.7%	100.0%	52.6%
Percent of employees <sup>D</sup> eligible for health insurance in establishments that offer health insurance	82.5%	73.1%	74.5%	80.2%	76.7%	77.5%
Percent of employees eligible for health insurance who are enrolled in health insurance at establishments that offer health insurance	81.4%	70.9%	71.6%	79.7%	72.0%	74.9%
Percent of all employees who are enrolled in health insurance at establishments that offer health insurance	67.1%	51.8%	53.3%	63.9%	55.2%	58.0%

- Note: A. Based on 2012 Medical Expenditure Panel Survey (MEPS) Employer Data.  
 B. “Firm” refers to a unique private sector business that has one or more locations or establishments within the state. The firm size categories are based on the total number of employees regardless of location while the establishment data is limited to Kansas locations.  
 C. “Establishment” refers to unique business locations within the state. For example, Wal-Mart is a single firm with more than 1,000 employees that has multiple locations or “establishments” in Kansas.  
 D. The MEPS data include Kansans of any age that are working.

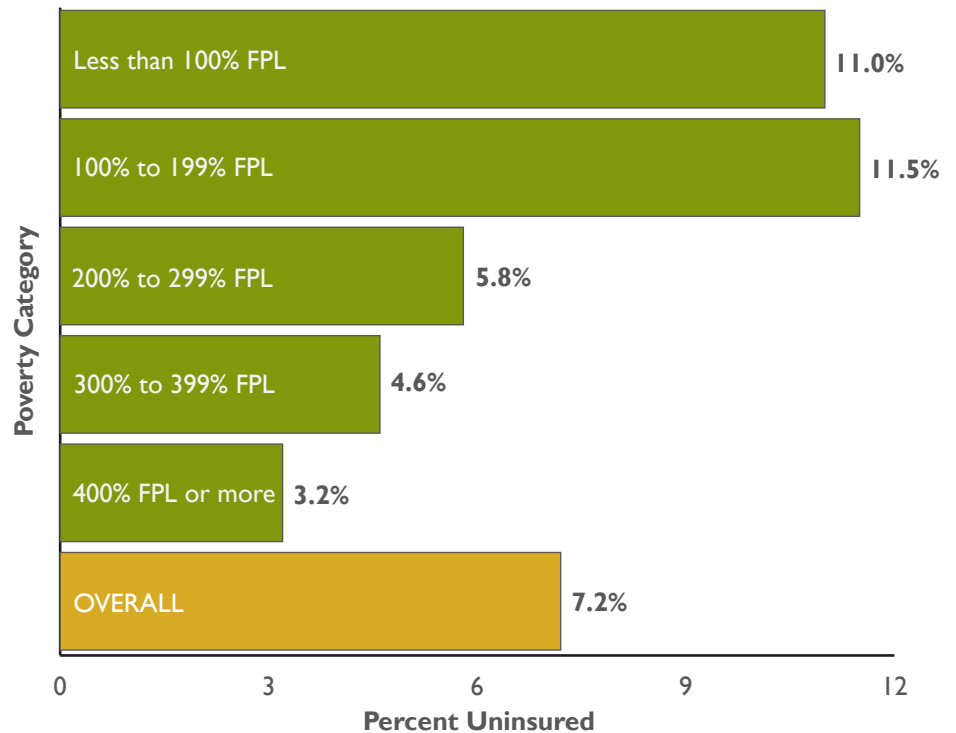
### Family Income

Children in families with incomes below 100 percent of FPL (\$23,050 for a family of four in 2012) are almost four times more likely to be uninsured than those living in families with incomes above 400 percent of FPL (\$92,200 for a family of four in 2012), as shown in Figure 21. The children most likely to be uninsured are living in households with incomes between 100 and 200 percent of FPL as shown in Figure 22.

*Most uninsured Kansas children are eligible for Medicaid or CHIP based on their family income.*

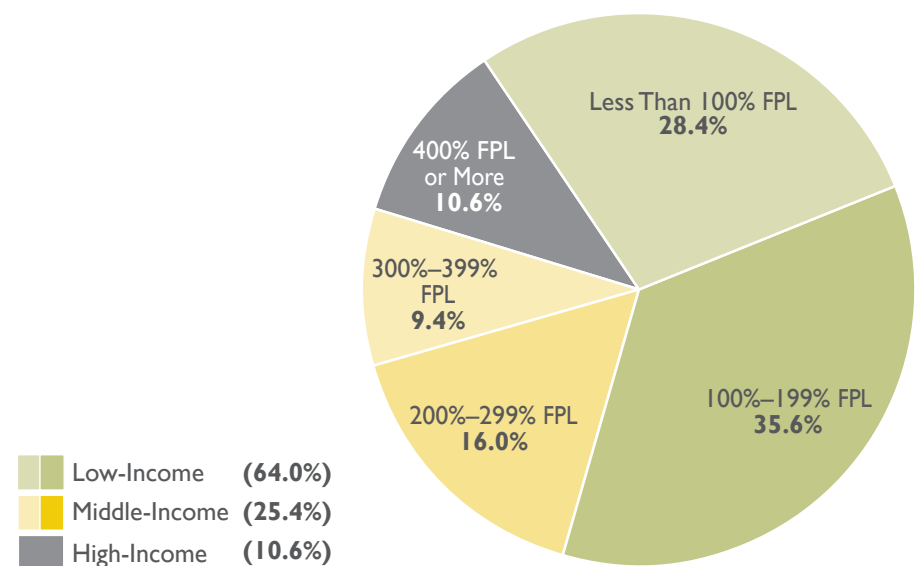
About two-thirds (64.0 percent) of uninsured Kansas children live in families with incomes below 200 percent of FPL. Most of these children would be eligible for health insurance through Medicaid or CHIP. In Kansas, children in families with incomes below 225 percent of FPL in 2012 (about \$51,900 for a family of four) are eligible for Medicaid or CHIP.

Figure 21. Kansas Children, Age 0–18: Likelihood of Being Uninsured by Poverty Category, 2012



Source: KHI estimates based on 2012 American Community Survey Public Use Microdata Sample.

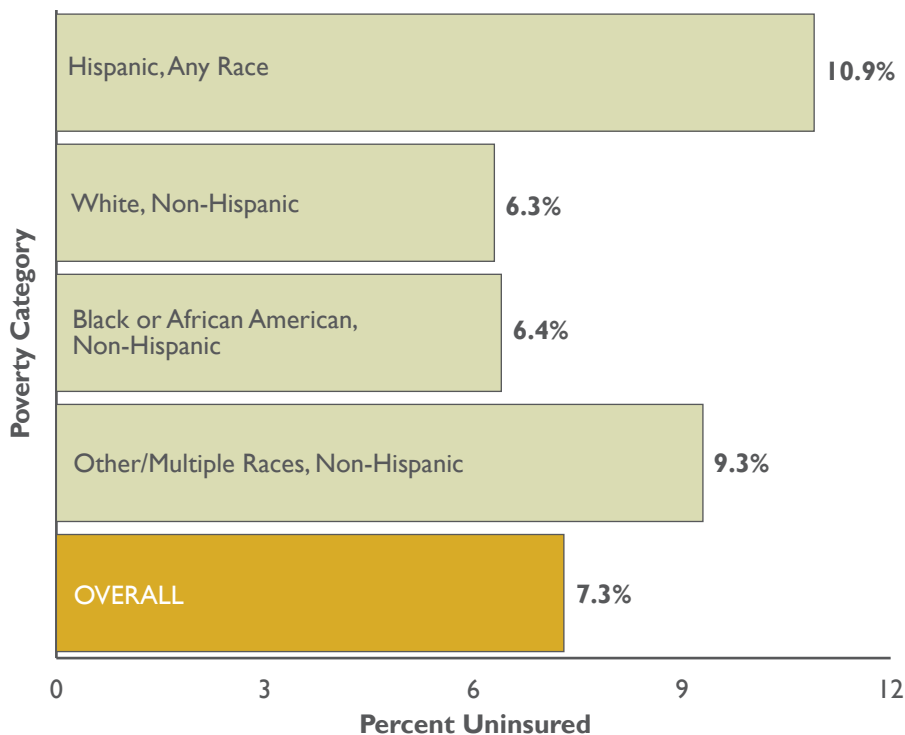
Figure 22. Uninsured Kansas Children, Age 0–18 by Poverty Category, 2012



Note: Uninsured Kansas children age 0–18 = approximately 53,700. Percentages may not sum to 100 percent because of rounding.

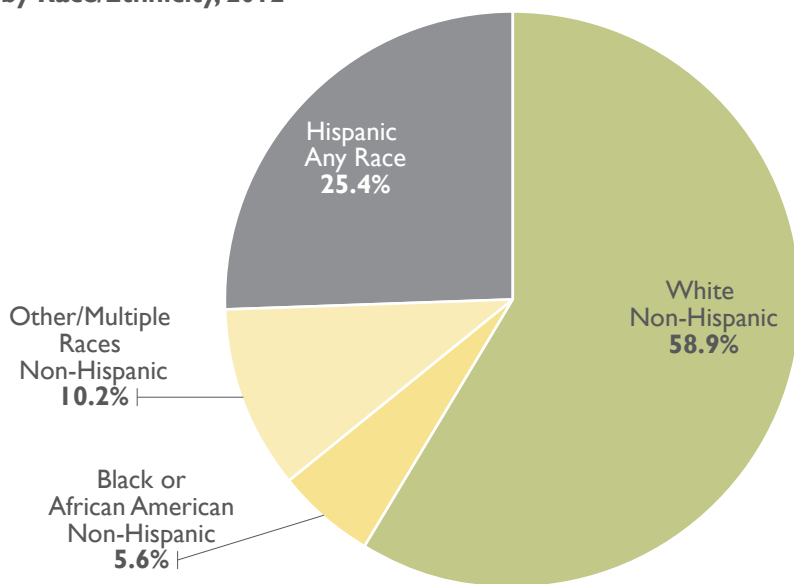
Source: KHI estimates based on 2012 American Community Survey Public Use Microdata Sample.

**Figure 23. Kansans Children, Age 0–18: Likelihood of Being Uninsured by Race/Ethnicity, 2012**



Source: KHI estimates based on 2012 American Community Survey Public Use Microdata Sample.

**Figure 24. Uninsured Kansas Children, Age 0–18 by Race/Ethnicity, 2012**



Note: Uninsured Kansas children age 0–18 = approximately 56,000. Percentages may not sum to 100 percent because of rounding.

Source: KHI estimates based on 2012 American Community Survey Public Use Microdata Sample.

## Race/Ethnicity

Minority children in Kansas are more likely to be uninsured than white, non-Hispanic children. Hispanic children are almost twice as likely as white, non-Hispanic children to be uninsured (10.9 percent compared with 6.3 percent in 2012). As shown in *Figure 23*, the likelihood of being uninsured in 2012 is similar for white, non-Hispanic and Black or African American, non-Hispanic children. Even though white, non-Hispanic children and African American, non-Hispanic children are almost equally likely to be uninsured, the majority of uninsured children in Kansas are white, non-Hispanic, as shown in *Figure 24*.

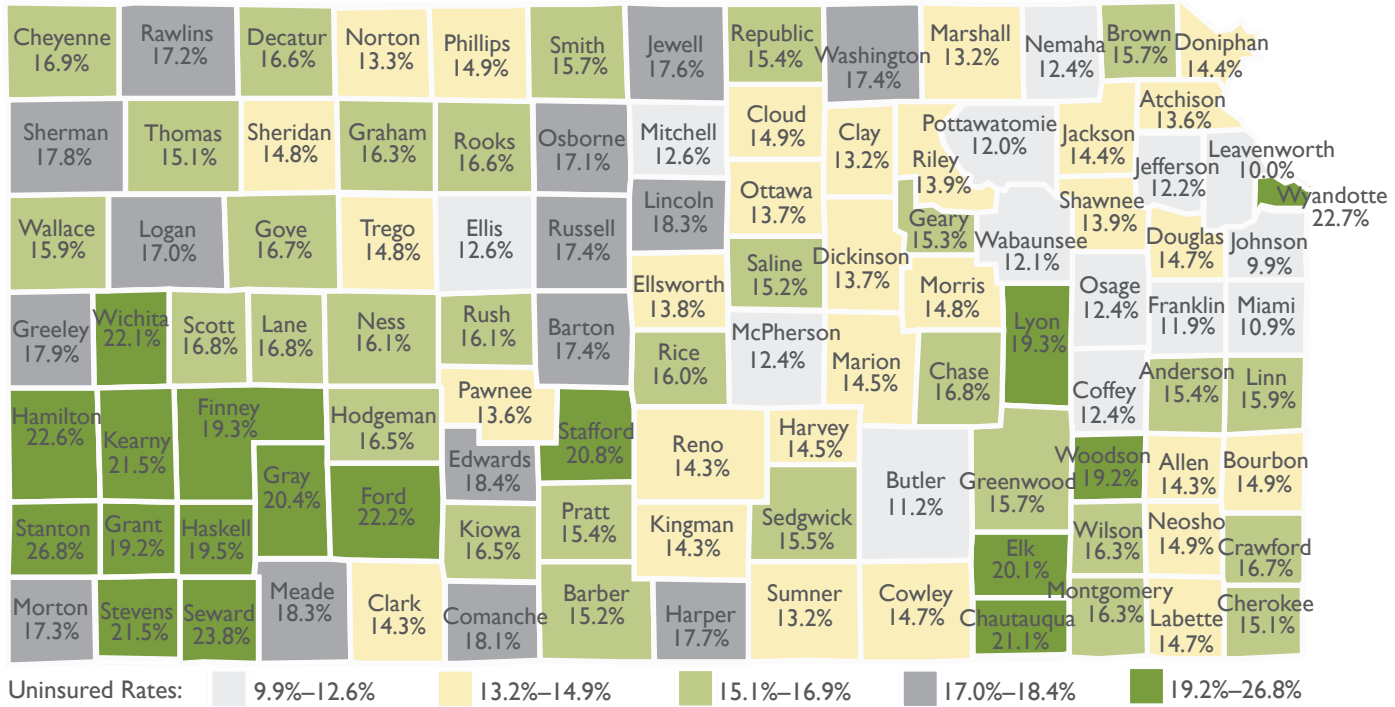
### Uninsured Kansans, Age 0–64

Within Kansas, the uninsured rates for people under 65 vary significantly by county, ranging from a low of 9.9 percent in Johnson County to a high of 26.8 percent in Stanton County.

Generally the more populous, and prosperous, eastern and south-central regions of the state tend to have lower uninsured rates than the more rural, western region. More than half (52 percent) of uninsured Kansans

younger than 65 live in one of the five largest counties: Douglas, Johnson, Sedgwick, Shawnee or Wyandotte. The population of those same five counties make up 53.8 percent of the total state population age 0–64.

Figure 25. Percent of Kansans, Age 0–64 Uninsured by County, 2011



Source: U.S. Census Bureau, Small Area Health Insurance Estimates (2011).

### Uninsured Kansas Children, Age 0–18

Like the adult uninsured rates, there is significant variation among counties in the rates of uninsured children. The overall uninsured rates for each county are lower for children than for adults, but there is nearly a fourfold difference between the highest and lowest rates of uninsured children among Kansas counties (Stanton County at 17.4 percent compared with Johnson County at 4.8 percent). The uninsured

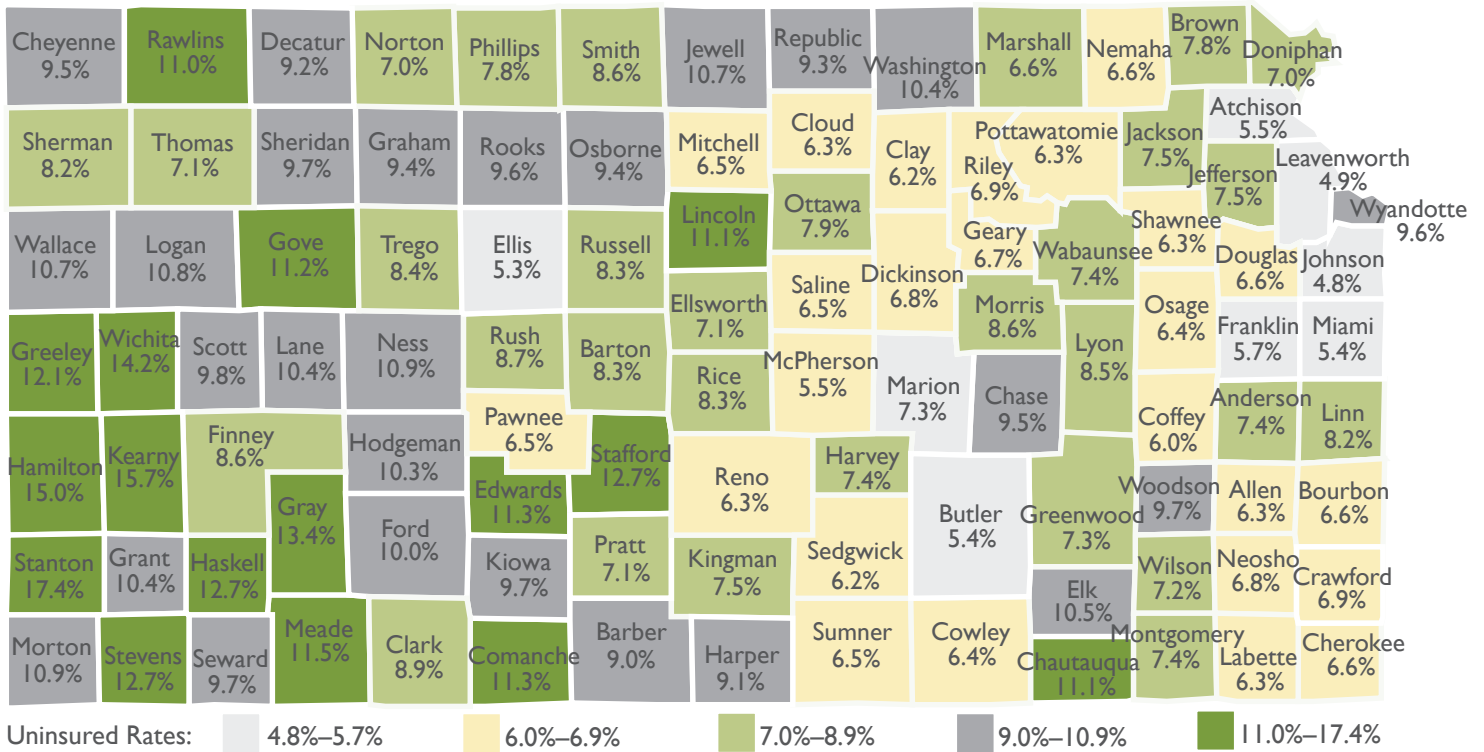
rates for children also tend to be higher in western counties.

### Public Insurance Coverage in Kansas

The number of people enrolled in public insurance programs has increased in the United States and in Kansas. Participation rates<sup>6</sup> in Medicaid and CHIP, the largest public insurance programs for non-elderly Kansans, vary widely across the state. Wyandotte County has

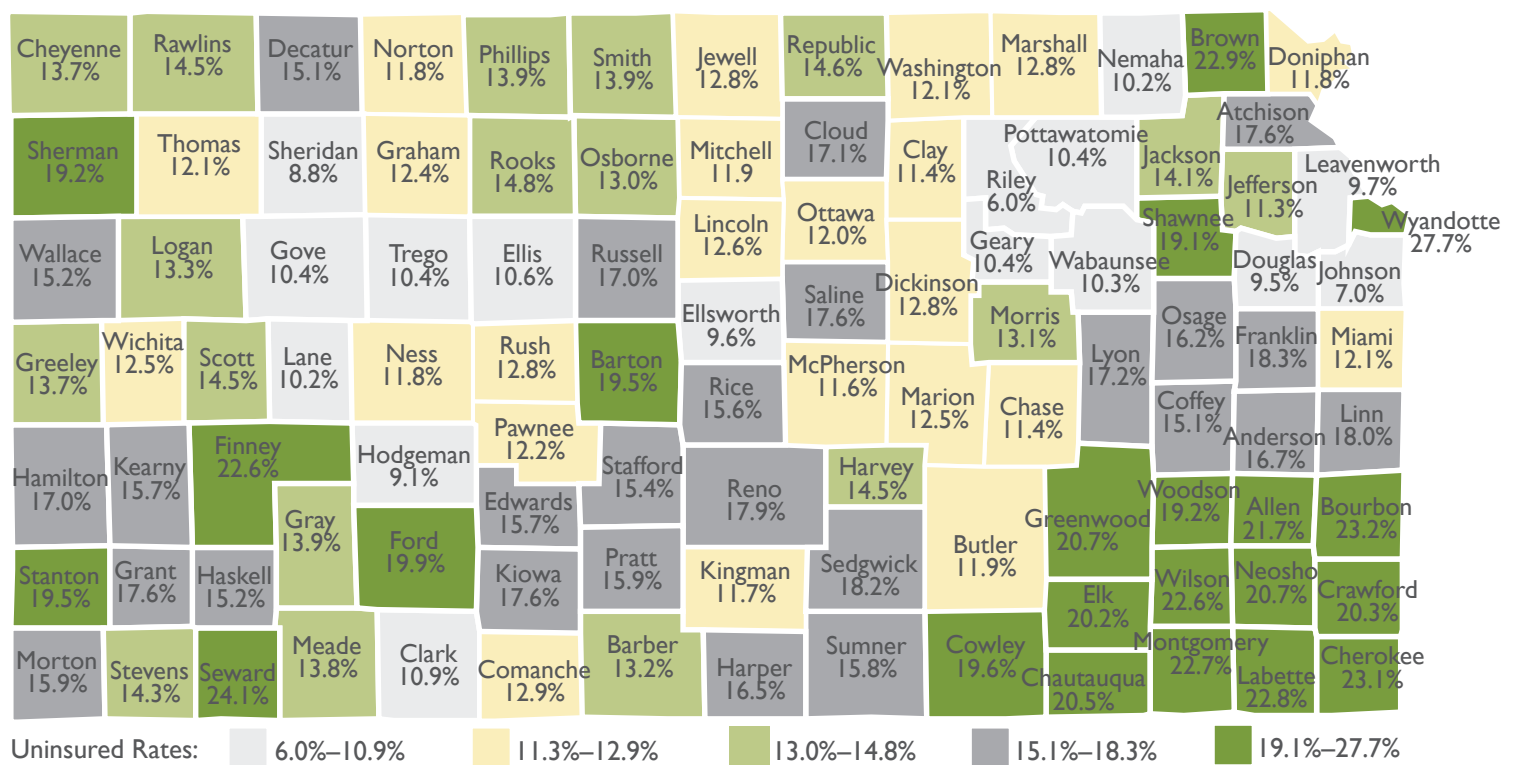
the highest participation rate at 27.7 percent, which is five times greater than the county with the lowest rate, Riley County (6.0 percent). Generally, counties in southeast Kansas have higher Medicaid and CHIP participation rates than northern and western Kansas counties. As with the uninsured, more than half — 52.2 percent — of Kansans in Medicaid and CHIP live in one of the five largest counties: Douglas, Johnson, Sedgwick, Shawnee or Wyandotte.

Figure 26. Percent of Kansas Children, Age 0–18 Uninsured by County, 2011



Source: U.S. Census Bureau, Small Area Health Insurance Estimates (2011).

Figure 27. Medicaid/CHIP Participation Rate of Kansans, Age 0–64 by County, 2012



Source: Medicaid Data Analytic Interface (DAI), average monthly Medicaid/Chip enrollment (2012).



## Overview

Examining how insurance coverage in Kansas has changed since the passage of the Affordable Care Act in 2010 provides some insight into how the economy, job market and changes in federal and state health policy affect coverage. The timeframe for studying insurance coverage related to the

ACA is most relevant between 2008 and 2012. This section highlights selected trends in insurance coverage among non-elderly adults (age 19–64) and children (age 0–18) in Kansas, emphasizing the role played by public policy, poverty, employment and employment-based health insurance.

### Kansans, Age 0–64

For Kansans under age 65, several trends in health insurance coverage have emerged during the last five years:

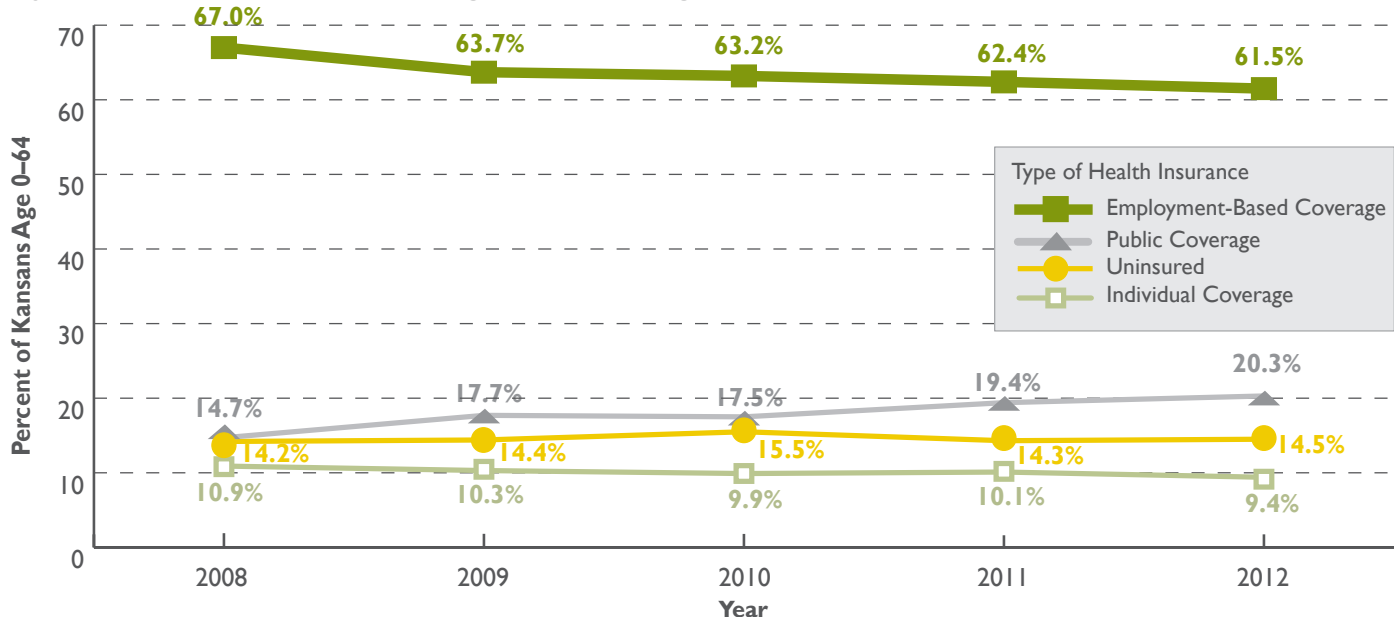
- Fewer non-elderly adults and children in Kansas are covered by health insurance provided through an employer — 61.5 percent in 2012 compared to 67.0 percent in 2008 — as shown in *Figure 28*. Since 2001, there has been a continued decline in coverage by employers.

- While the uninsured rate for Kansas children dropped significantly from 9.3 percent in 2008 to 7.3 percent in 2012<sup>7</sup> (as shown in *Figure 30*), the overall uninsured rate among non-elderly adults in Kansas has remained stable since 2008 (from 14.2 percent to 14.5 percent in 2012) as shown in *Figure 28*.
- The proportion of children covered by public health insurance since 2008 increased from 24.7 percent to 35.9 percent as shown

in *Figure 30*. The increase in public coverage for children corresponds with increased efforts to enroll children in Medicaid and CHIP and increasing the income threshold for CHIP to 238 percent of FPL.

- The rate of Kansans with individually purchased health insurance has been significantly lower since the economic recession began in 2008, from 10.9 percent in 2008 to 9.4 percent in 2012, as shown in *Figure 28*.

Figure 28. Trends in Sources of Coverage for Kansans, Age 0–64, 2008–2012

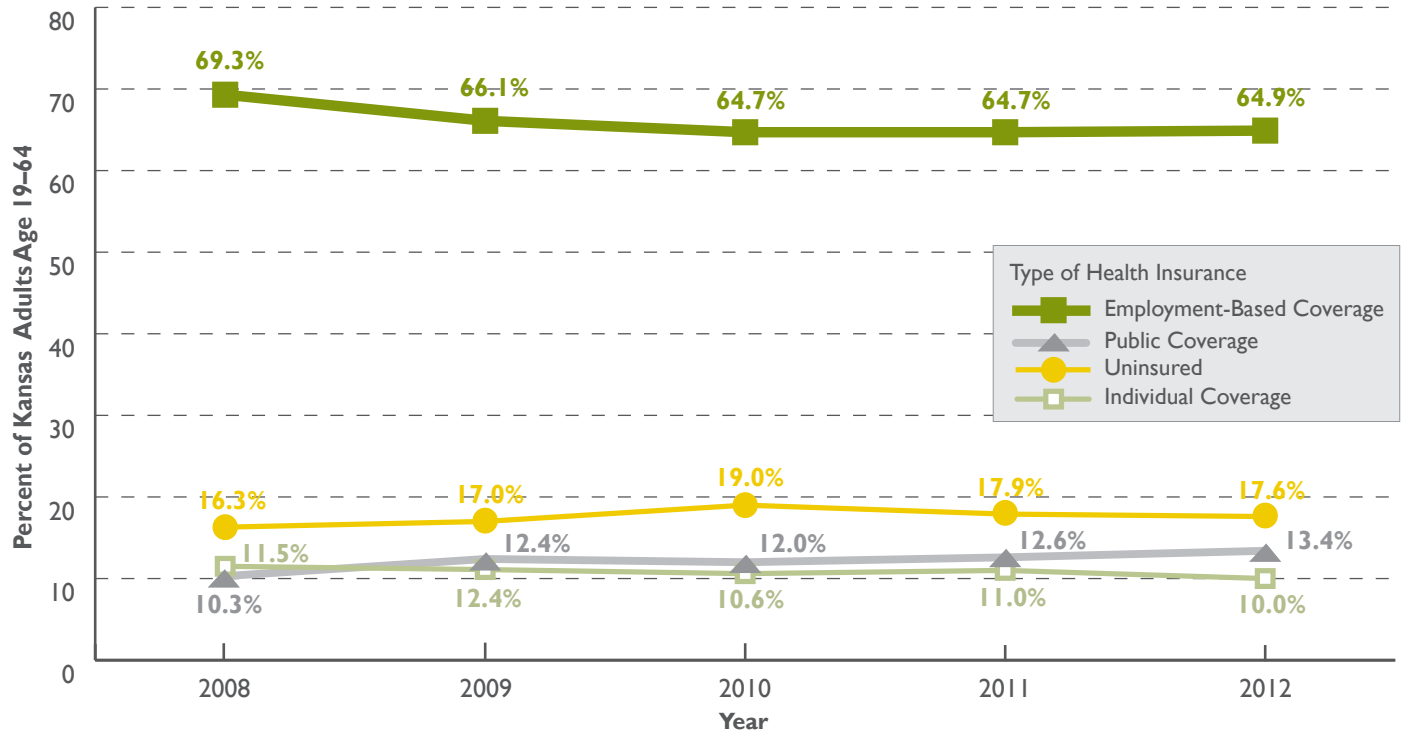


Note: These estimates include respondents who reported multiple forms of insurance and percentages may not sum to 100 percent.

Source: KHI estimates are based on the 2008–2012 American Community Survey Public Use Microdata Sample.



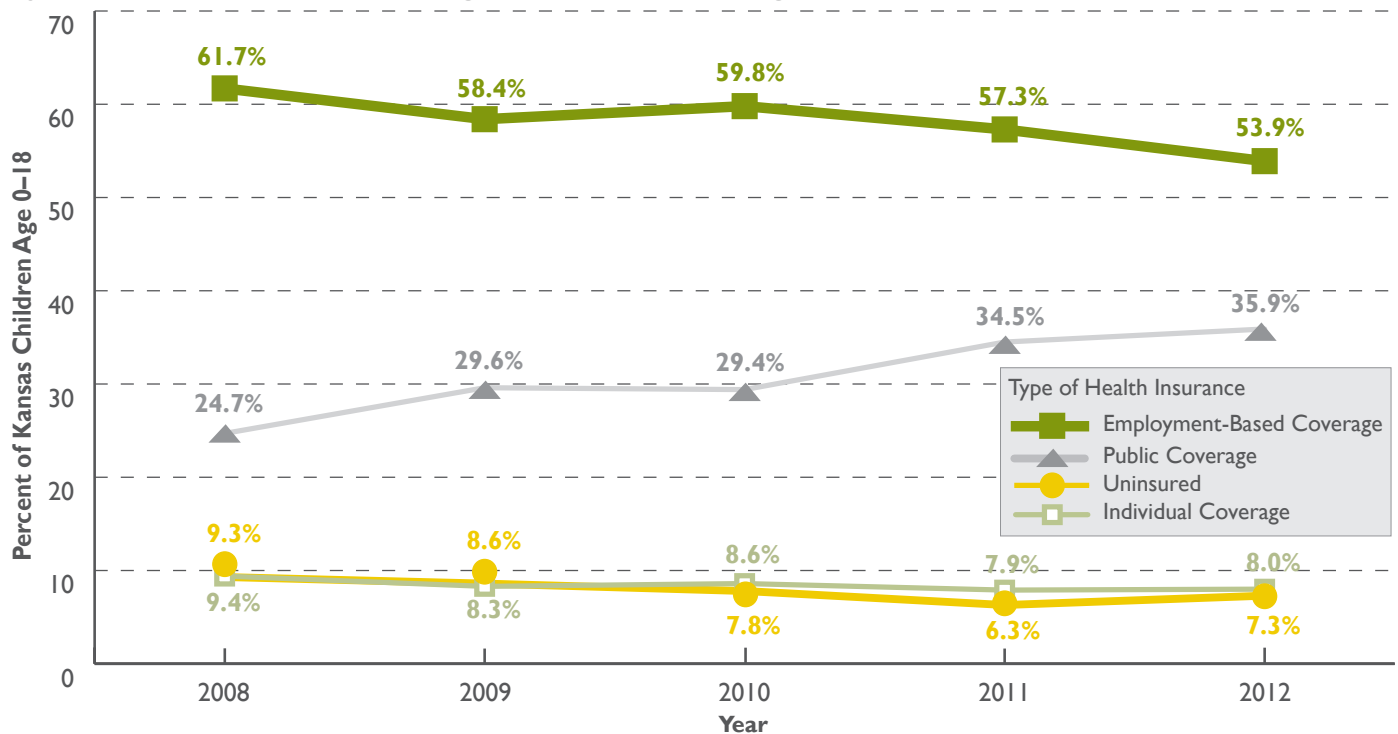
Figure 29. Trends in Sources of Coverage for Kansas Adults, Age 19–64, 2008–2012



Note: These estimates include respondents who reported multiple forms of insurance and percentages may not sum to 100 percent.

Source: KHI estimates are based on the 2008–2012 American Community Survey Public Use Microdata Sample.

Figure 30. Trends in Sources of Coverage for Kansas Children, Age 0–18, 2008–2012



Note: These estimates include respondents who reported multiple forms of insurance and percentages may not sum to 100 percent.

Source: KHI estimates are based on the 2008–2012 American Community Survey Public Use Microdata Sample.

### Role of Family Income

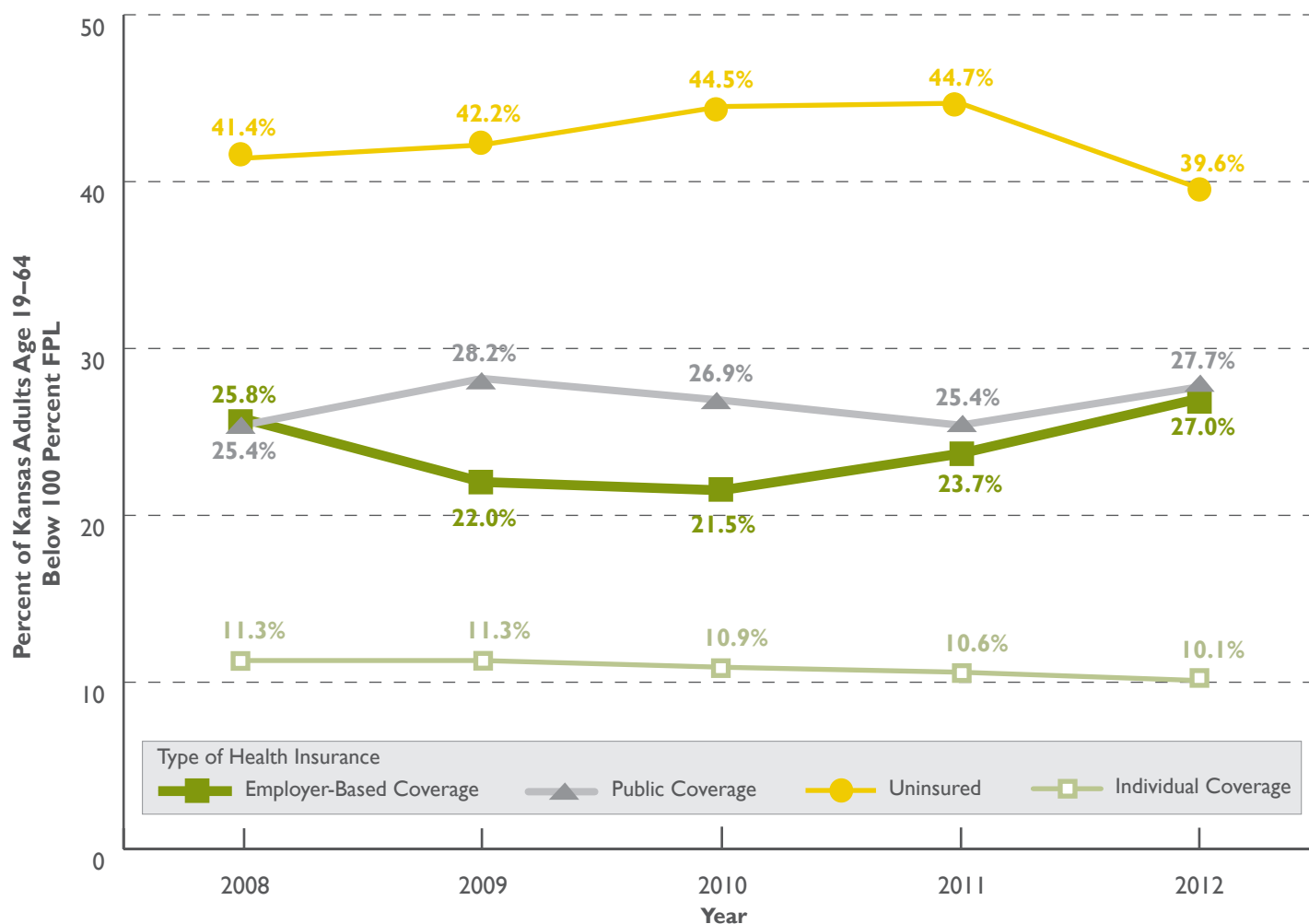
The trends in insurance coverage in Kansas between 2008 and 2012 are different for people of different ages and for families with different incomes. Public policy plays a part in these differences, as does employment status and insurance options. All of these factors affect the insurance coverage available to Kansas families and the affordability of that coverage.

For the approximately 360,000 Kansans living in families with incomes below 100 percent of FPL (\$23,050 for a

family of four in 2012), differences in insurance coverage sources for adults and children during the last five years reflect the potential impact of policies in place.

For Kansas adults (age 19–64) with family income below 100 percent of FPL, the uninsured rate peaked in 2011 and has dropped to 39.6 percent in 2012 as shown in *Figure 31*. This drop in the rate of uninsured Kansans corresponds to increases in employer-based and public coverage. A possible explanation is the ACA’s provision allowing children to stay on their parent’s health insurance through their 26th birthday.

**Figure 31. Coverage Trends for Kansas Adults, Age 19–64 with Family Incomes Less Than 100 Percent of the Federal Poverty Level, 2008–2012**



Note: These estimates include respondents who reported multiple forms of insurance and percentages may not sum to 100 percent.

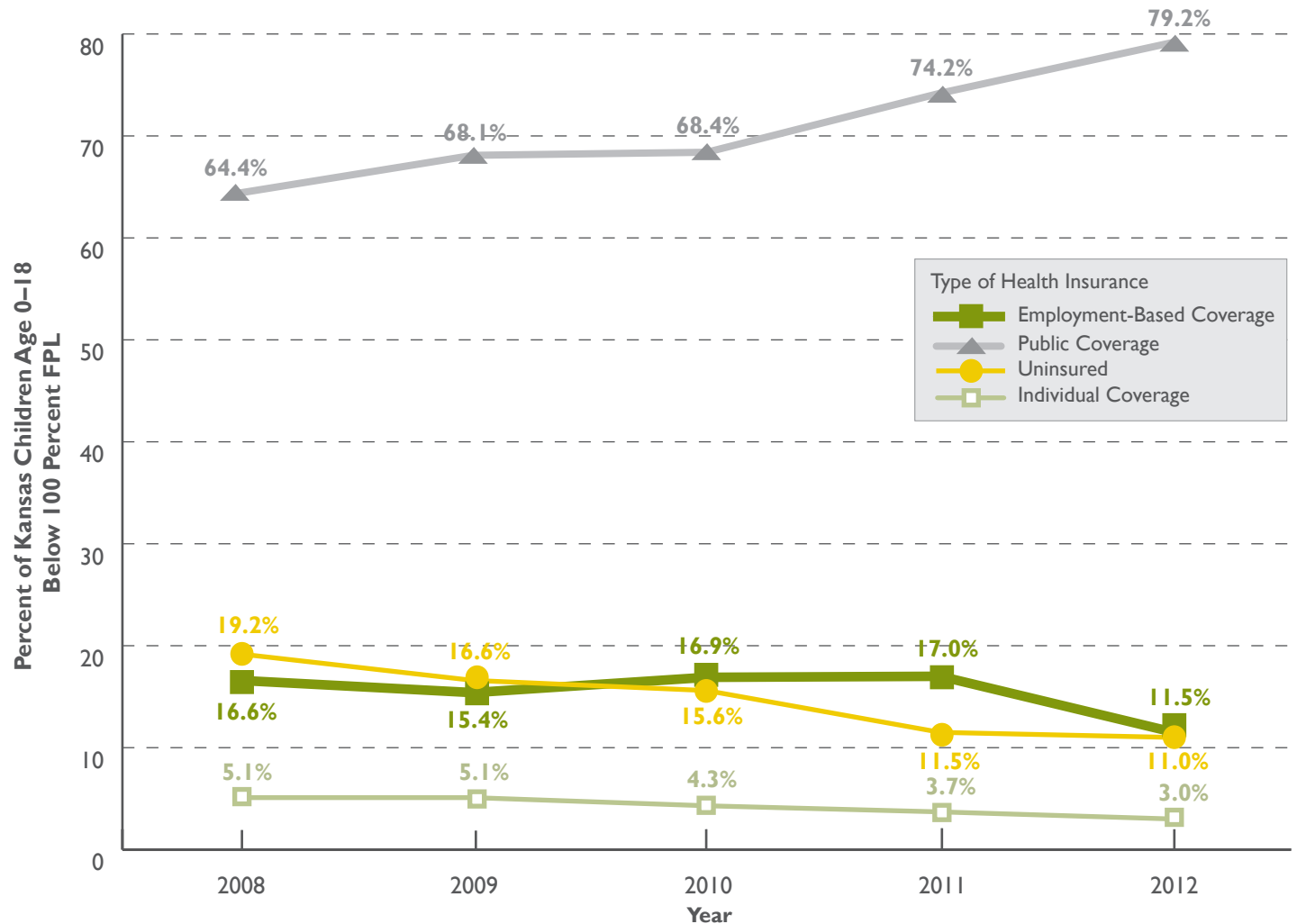
Source: KHI estimates are based on the 2008–2012 American Community Survey Public Use Microdata Sample.

There are few options for public health insurance for low-income adults under age 65 in Kansas today. Only parents in families with incomes below about 30 percent of FPL (about \$6,900 for a family of four in 2012) are eligible for Medicaid, and childless adults are not eligible regardless of income unless they are disabled. In spite of the restrictive eligibility, public coverage rates for poor adults in Kansas during this five-year period increased — from 25.4 percent in 2008 to 27.7 percent in 2012 — as shown in *Figure 31*.<sup>8</sup> Individually purchased coverage dropped from 11.3 percent in 2008 to 10.1 percent in 2012<sup>9</sup>.

The uninsured rate of 11.0 percent for poor Kansas children in 2012 is the lowest since 2008, as shown in *Figure 32*. This rate has been declining since the recession started in 2009, and may reflect the availability of public coverage for poor children.

Public coverage for poor children has increased from 64.4 percent to 79.2 percent since 2008. Employment-based insurance coverage for poor children decreased by almost a third, from 16.6 percent to 11.5 percent, as shown in *Figure 32*.

**Figure 32. Coverage Trends for Kansas Children, Age 0–18 with Family Incomes Less Than 100 Percent of the Federal Poverty Level, 2008–2012**



Note: These estimates include respondents who reported multiple forms of insurance and percentages may not sum to 100 percent.

Source: KHI estimates are based on the 2008–2012 American Community Survey Public Use Microdata Sample.

### Role of Employment

Employment status and employer type are closely linked with whether Kansans are insured. During the last five years, insurance coverage has been quite varied for different types of employees. However, the overall likelihood of insurance coverage has not changed significantly between 2008 and 2012, as shown in *Figure 33*.

Non-elderly adults (age 19–64) who work for private employers have seen a slight decline in insurance coverage since 2008. The uninsured rate increased from 17.3 percent to 18.6 percent between 2008 and 2012.<sup>10</sup> However, in the past two years, the rate has declined from a high of 19.9 percent.

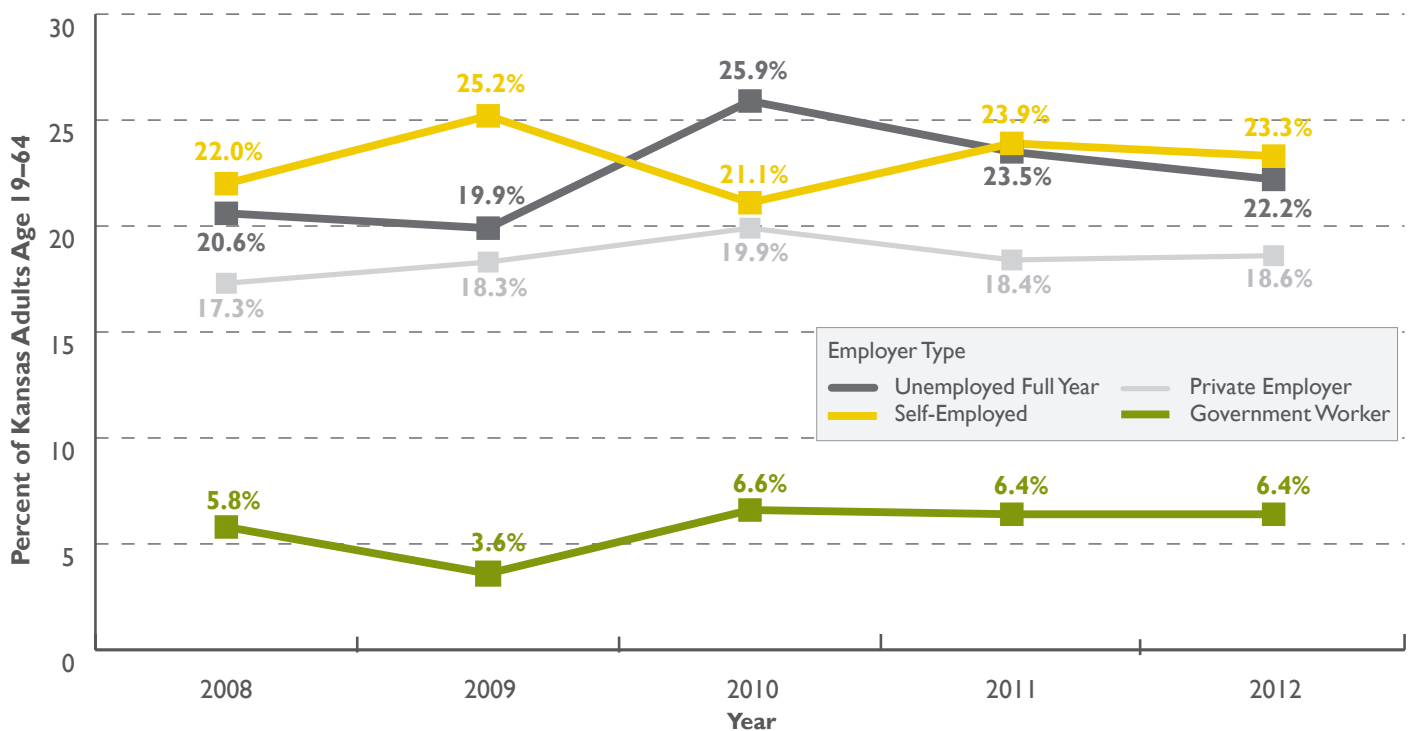
In last year’s *Annual Insurance Update*, KHI reported that the greatest decline in insurance coverage included adults that worked for small private employers with fewer than 100 employees. There are conflicting trends in private employer coverage of health insurance that could change as the ACA

provisions are implemented. Small employers have been more likely to discontinue health insurance benefits to their employees in recent years because of higher insurance costs, irregular year-to-year cost increases and the burden of administering the employee benefit. Large employers continue to be more likely to offer health insurance to their employees in order to remain competitive in the labor market. However, for a variety of reasons — including the trend to pass on a larger share of the cost of health insurance to employees — more employees are opting out of insurance coverage even when it’s available.

Self-employed adults under age 65 are also slightly more likely to be uninsured in 2012 as they were in 2008 — 22.0 percent compared with 23.3 percent — in 2012 as shown in *Figure 33*.<sup>11</sup>

Government workers have experienced relatively stable levels of insurance coverage. In 2008, 5.8 percent of government workers were uninsured compared with 6.4 percent in 2012.

**Figure 33. Kansas Adults, Age 19–64: Percent Uninsured by Employer Type, 2008–2012**



Source: KHI estimates are based on the 2008–2012 American Community Survey Public Use Microdata Sample.

## Types of Health Insurance Coverage

As part of the American Community Survey (ACS), the U.S. Census Bureau collects data about the different types of health insurance coverage and broadly classifies those types as private coverage or public coverage.

**Private health insurance** is coverage by a health plan provided through an employer or union, or purchased by an individual from a private health insurance company. Here's how the U.S. Census Bureau defines the types of private coverage:

- **Employment-based health insurance** is coverage offered through an individual's or relative's employment. It may be offered by an employer or by a union.
- **Direct-purchase health insurance** is coverage through a plan that an individual purchases from a private company.

This report refers to direct-purchase health insurance as other private insurance.

The major categories of **government, or public, health insurance** are Medicare, Medicaid,

and the Children's Health Insurance Program (CHIP).

- **Medicare** is the federal program that helps pay health care costs for people age 65 and older and for certain people under age 65 with long-term disabilities.
- **Medicaid** is a program administered at the state level that provides medical assistance to the needy. Families with dependent children, the aged, blind and disabled who are in financial need may be eligible for Medicaid.
- **CHIP** is administered at the state level, providing health care to low-income children who do not qualify for Medicaid.

### Indian Health Service (IHS)

is a health care program offered through the U.S. Department of Health and Human Services which provides medical assistance to eligible American Indians at IHS facilities. In addition, the IHS helps pay the cost of selected health care services provided at non-IHS facilities. In this report, IHS coverage is included with those who lack traditional health insurance.

**Military health care** includes

TRICARE and CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), as well as care provided by the U.S. Department of Veterans Affairs:

- **TRICARE** is a military health care program for active duty and retired members of the uniformed services, their families and survivors.
- **CHAMPVA** is a medical program through which the U.S. Department of Veterans Affairs helps pay the cost of medical services for eligible veterans, veterans' dependents and survivors of veterans.
- **The U.S. Department of Veterans Affairs** provides medical assistance to eligible veterans of the U.S. Armed Forces.

In this report, the term public insurance means coverage provided through government-sponsored health programs. This includes plans funded at the federal, state or local level. When public insurance is referred to within the *Annual Insurance Update*, it includes Medicare, Medicaid, CHIP, and U.S. Department of Veterans Affairs coverage.

## About the Data

The primary data source for this report was the American Community Survey (ACS). The ACS is an ongoing nationwide survey sent to about 250,000 addresses per month. The survey form is followed with an in-person interview with a smaller number of households. Survey respondents are asked whether they have health insurance coverage at the time they are surveyed or interviewed.<sup>12</sup> The survey results therefore represent point-in-time coverage for a large sample of individuals throughout the year. The 2012 ACS sample of non-institutionalized Kansas residents was 27,833 individuals.<sup>13</sup> Because of the ACS survey size, one year of ACS data can be used to generate estimates for counties or cities with populations of 65,000 or more. Three years of ACS data can be used to generate estimates for counties or cities with populations of 20,000 or more. The ACS started including basic health insurance questions in 2008, and does not provide consistent historical data prior to 2008 on health coverage (as the Current Population Survey (CPS) does)).

### ACS Public Use Microdata Sample (PUMS)

The American Community Survey (ACS) Public Use Microdata Sample (PUMS) files are a set of records about individual people or housing units. The U.S. Census Bureau produces the PUMS files so that data users can create custom tables that are not available through summary ACS data products.<sup>14</sup>

Public Use Microdata Areas (PUMAs) are predefined areas with a population of 100,000 or more residents. PUMAs do not cross state borders and are established based on input from the U.S. Census Bureau's State Data Centers. The U.S. Census Bureau produces one-year, three-year, and five-year ACS PUMS files. The three-year and five-year PUMS files are multiyear combinations of the one-year PUMS file with appropriate adjustments to the weights and inflation adjustment factors.

## Small Area Health Insurance Estimates

In August 2012, the U.S. Census Bureau released estimates of health insurance coverage for every county in the United States for 2010. The Small Area Health Insurance Estimates (SAHIE) program models county-level insurance coverage by combining data from the 2010 U.S. Census and ACS data with administrative records from other sources, such as Medicaid and CHIP. Rather than using CPS data, as it had for past SAHIE estimates, the U.S. Census Bureau now uses ACS data because it allows for more detailed income group information as well as a higher level of precision in the county-level estimates.

### Medical Expenditure Panel Survey — Insurance Component

The federal Agency for Healthcare Research and Quality obtains data from the Medical Expenditure Panel Survey — Insurance Component (MEPS-IC), through a survey of employers about the number and types of health insurance plans they offer and eligibility requirements for those plans. This information was used in this report to determine the number of private employers of various sizes that offer health insurance coverage, the number of employees eligible for that coverage and the number of employees who enroll.

### Current Population Survey

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. It samples the civilian non-institutionalized population living in the United States. Once a year, the U.S. Census Bureau expands the CPS and includes a questionnaire called the Annual Social and Economic Supplement (ASEC) that gathers additional information.

## Statistical Significance

Using the Kansas ACS data, KHI estimated and compared the percentages of uninsured Kansans across time and by subgroups of interest (such as age groups). We also examined the percentages of Kansans with various forms of private and public insurance. The observed differences in the percentages were not necessarily statistically different, particularly when there was 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 people in each group and the variability in the data. Differences specifically noted in the text are statistically significant at the  $p < 0.05$  level.

Other differences between various numbers in the report may or may not be statistically significant, so caution should be used in interpreting them.

## Quick Facts

The *Annual Insurance Update* is a comprehensive review of available data about health insurance coverage for Kansans. The Quick Facts section (page 27–32) includes supplementary information about terms used to describe age, employment and poverty categories in the report. Also included are detailed tables with the population estimates used to develop the charts and figures included throughout the *Annual Insurance Update*.

Figure A-1. Federal Poverty Guidelines for 48 Contiguous United States, District of Columbia, Guam and Territories, 2012

Household Size	Annual Income	Monthly Income	Weekly Income
1	\$11,170	\$931	\$215
2	\$15,130	\$1,261	\$291
3	\$19,090	\$1,591	\$367
4	\$23,050	\$1,921	\$443
5	\$27,010	\$2,251	\$519
6	\$30,970	\$2,581	\$596
7	\$34,930	\$2,911	\$672
8	\$38,890	\$3,241	\$748
For each additional family member, add:	\$3,960	\$330	\$76

Source: Federal Register (2012, January 26). Volume 77, Number 17, pp. 4034-4035.

## Quick Facts

Figure A-2. All Kansans: Age, 2012

Age	Number Uninsured	Total Population	Percent of Group (Uninsured)	Percent of Total Uninsured Population
<b>Children, Age 0–18</b>	<b>56,028</b>	<b>762,403</b>	<b>7.3%</b>	<b>15.6%</b>
Age 0–5	12,016	244,346	4.9%	3.4%
Age 6–18	44,012	518,057	8.5%	12.3%
<b>Adults, Age 19–64</b>	<b>301,384</b>	<b>1,708,655</b>	<b>17.6%</b>	<b>84.0%</b>
Age 19–25	65,242	292,778	22.3%	18.2%
Age 26–34	84,932	339,753	25.0%	23.7%
Age 35–44	66,953	343,754	19.5%	18.7%
Age 45–54	50,181	384,558	13.0%	14.0%
Age 55–64	34,076	347,812	9.8%	9.5%
<b>Seniors, Age 65+</b>	<b>1,179</b>	<b>373,329</b>	<b>0.3%</b>	<b>0.3%</b>
<b>All Kansans</b>	<b>358,591</b>	<b>2,844,387</b>	<b>12.6%</b>	<b>100.0%</b>

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

Source: KHI estimates are based on the 2012 American Community Survey Public Use Microdata Sample.

Figure A-3. All Kansans: Race/Ethnicity, 2012

Race/Ethnicity	Number Uninsured	Total Population	Percent of Group (Uninsured)	Percent of Total Uninsured Population
White Non-Hispanic	219,487	2,207,757	9.9%	61.2%
Hispanic Any Race	87,816	311,762	28.2%	24.5%
Black or African American Non-Hispanic	23,485	156,814	15.0%	6.5%
Other/Multiple Races Non-Hispanic	27,803	168,054	16.5%	7.8%
<b>All Kansans</b>	<b>358,591</b>	<b>2,844,387</b>	<b>12.6%</b>	<b>100.0%</b>

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

Source: KHI estimates are based on the 2012 American Community Survey Public Use Microdata Sample.



Figure A-4. All Kansans: Poverty Category, 2012

Poverty (income-to-poverty ratio)	Number Uninsured	Total Population	Percent of Group (Uninsured)	Percent of Total Uninsured Population
Less Than 100% FPL	102,879	383,991	26.8%	29.1%
100%–199% FPL	114,504	527,457	21.7%	32.3%
200%–299% FPL	69,154	536,937	12.9%	19.5%
300%–399% FPL	33,032	410,947	8.0%	9.3%
400% FPL or More	34,511	943,101	3.7%	9.7%
<b>All Kansans</b>	<b>354,080</b>	<b>2,802,433</b>	<b>12.6%</b>	<b>100.0%</b>

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 2010 and 2011 Annual Social and Economic Supplements to the Current Population Surveys.

Figure A-5. All Kansans: Gender, 2012

Gender	Number Uninsured	Total Population	Percent of Group (Uninsured)	Percent of Total Uninsured Population
<b>Female</b>	<b>167,399</b>	<b>1,430,007</b>	<b>11.7%</b>	<b>45.9%</b>
Age 0-18	30,429	376,421	8.1%	8.3%
Age 19-64	136,684	833,530	16.4%	37.4%
<b>Male</b>	<b>197,658</b>	<b>1,362,030</b>	<b>14.5%</b>	<b>54.1%</b>
Age 0-18	36,423	381,416	9.5%	10.0%
Age 19-64	161,236	808,229	19.9%	44.2%
<b>All Kansans</b>	<b>365,057</b>	<b>2,792,037</b>	<b>13.1%</b>	<b>100.0%</b>

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

Source: KHI estimates are based on the 2012 American Community Survey Public Use Microdata Sample.

## Quick Facts

Figure A-6. Kansas Adults, Age 19–64: Poverty Category, 2012

Poverty (income-to-poverty ratio)	Number Uninsured	Total Population	Percent of Group (Uninsured)	Percent of Total Uninsured Population, Age 19–64
Less Than 100% FPL	87,235	220,361	39.6%	29.2%
100%–199% FPL	95,072	271,622	35.0%	31.8%
200%–299% FPL	60,397	314,883	19.2%	20.2%
300%–399% FPL	27,969	244,200	11.5%	9.3%
400% FPL or More	28,520	633,283	4.5%	9.5%
<b>All Kansas Adults, Age 19–64</b>	<b>299,193</b>	<b>1,684,349</b>	<b>17.8%</b>	<b>100.0%</b>

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

Source: KHI estimates are based on the 2012 American Community Survey Public Use Microdata Sample.

Figure A-7. Kansas Adults, Age 19–64: Race/Ethnicity, 2012

Race/Ethnicity	Number Uninsured	Total Population	Percent of Group (Uninsured)	Percent of Total Uninsured Population, Age 19–64
White, Non-Hispanic	185,713	1,343,497	13.8%	61.6%
Hispanic Any Race	73,398	172,828	42.5%	24.4%
Black or African American Non-Hispanic	20,355	95,402	21.3%	6.8%
Other/Multiple Races Non-Hispanic	21,918	96,928	22.6%	7.3%
<b>All Kansas Adults, Age 19–64</b>	<b>301,384</b>	<b>1,708,655</b>	<b>17.6%</b>	<b>100.0%</b>

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

Source: KHI estimates are based on the 2012 American Community Survey Public Use Microdata Sample.

Figure A-8. Kansas Adults, Age 19–64: Employment Status, 2012

Employment Status	Number Uninsured	Total Population	Percent of Group (Uninsured)	Percent of Total Uninsured Population, Age 19–64
Full-Time, Year-Round	110,855	953,815	11.6%	36.8%
Full-Time, Part-Year	32,154	133,903	24.0%	10.7%
Part-Time, Year-Round	51,899	177,298	29.3%	17.2%
Part-Time, Part-Year	41,654	152,170	27.4%	13.8%
Not Employed	64,822	291,469	22.2%	21.5%
<b>All Kansas Adults, Age 19–64</b>	<b>301,384</b>	<b>1,708,655</b>	<b>17.6%</b>	<b>100.0%</b>

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

Source: KHI estimates are based on the 2012 American Community Survey Public Use Microdata Sample.

Figure A-9. Kansas Adults, Age 19–64: Employer Type and Size, 2012

Employer Type and Size	Number Uninsured	Total Population	Percent of Group (Uninsured)	Percent of Total Uninsured Population, Age 19–64
Private Employer	191,327	1,030,339	18.6%	63.5%
Government Employer	16,902	265,357	6.4%	5.6%
Self-employed	28,333	121,490	23.3%	9.4%
Not Employed	64,822	291,469	22.2%	21.5%
<b>All Kansas Adults, Age 19–64</b>	<b>301,384</b>	<b>1,708,655</b>	<b>17.6%</b>	<b>100.0%</b>

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

Source: KHI estimates are based on the 2012 American Community Survey Public Use Microdata Sample.

## Quick Facts

Figure A-10. Kansas Children, Age 0–18: Race/Ethnicity, 2012

Race/ Ethnicity	Number Uninsured	Total Population	Percent of Group (Uninsured)	Percent of Total Uninsured Population, Age 0–18
Hispanic, Any Race	14,227	130,296	10.9%	25.4%
White, Non-Hispanic	32,976	522,341	6.3%	58.9%
Black or African American Non-Hispanic	3,130	48,653	6.4%	5.6%
Other/Multiple Races, Non-Hispanic	5,695	61,113	9.3%	10.2%
<b>All Kansas Children, Age 0–18</b>	<b>56,028</b>	<b>762,403</b>	<b>7.3%</b>	<b>100.0%</b>

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

Source: KHI estimates are based on the 2012 American Community Survey Public Use Microdata Sample.

Figure A-11. Kansas Children, Age 0–18: Poverty Category, 2012

Poverty (income-to-poverty ratio)	Number Uninsured	Total Population	Percent of Group (Uninsured)	Percent of Total Uninsured Population, Age 0–18
Less Than 100% FPL	15,229	138,540	11.0%	28.4%
100%–199% FPL	19,113	166,267	11.5%	35.6%
200%–299% FPL	8,608	148,796	5.8%	16.0%
300%–399% FPL	5,063	110,607	4.6%	9.4%
400% FPL or More	5,695	180,545	3.2%	10.6%
<b>All Kansas Children, Age 0–18</b>	<b>53,708</b>	<b>744,755</b>	<b>7.2%</b>	<b>100.0%</b>

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

Source: KHI estimates are based on the 2012 American Community Survey Public Use Microdata Sample.

## Glossary

### Age

**Children:**

People age 0–18.

**Non-Elderly Adults:**

People age 19–64.

**Seniors:**

People age 65 or older.

### Employment

**Full-time Worker:**

Works 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 fewer 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 an income threshold that designates which individuals or families are considered poor by the federal government. In this report, family income relative to the FPL is determined using the official U.S. Census Bureau poverty thresholds that correspond to the survey year. The Federal Poverty Guidelines (Figure A-1) are a simplification of the U.S. Census Bureau's poverty thresholds.

### Income

**Poor:**

Family income below 100 percent of FPL. For a family of four in 2012, it translates to gross annual income of less than \$23,050.

**Low-Income:**

Family income between 100 percent and 199 percent of FPL. For a family of four in 2012, it translates to gross annual income between \$23,050 and \$46,100.

**Middle-Income:**

Family income between 200 percent and 400 percent of FPL. For a family of four in 2012, it translates to gross annual income between \$46,100 and \$92,200.

## Endnotes

1. Health Insurance Coverage of Young Adults Age 19–25: 2008, 2009, and 2011, American Community Survey Briefs, U.S. Census Bureau, Jonathan Rodean, September 2012.
2. Because ACS respondents can report more than one type of insurance for the calendar year, KHI used a standard hierarchy to assign health insurance status. At the top of the hierarchy was Medicaid, followed by Medicare, employment-based insurance, Military and Tricare, other public and other private. Private insurance includes health insurance provided through the military or for veterans. Individuals that mention the Indian Health Service as their only source of insurance are included in the uninsured category.
3. Other private coverage consists primarily of coverage that individuals purchase from a private company.
4. Approximately 1.0 percent of all Kansans have Medicare but are non-elderly. Moreover, many seniors with Medicare are also covered by supplemental employment-based insurance or directly purchased individual insurance policies.
5. This analysis is based on all Kansans including those who aren't included in the poverty universe — i.e. about 5,000 children who are in households with unrelated individuals and are under age 15.
6. Medicaid/CHIP Participation Rate is the average number of Medicaid/CHIP beneficiaries per month in 2012 divided by the U.S. Census Bureau's 2012 county-level (age 0–64) population estimates.
7. The reduction in the child uninsured rate between 2008 and 2012 is statistically significant (9.3% to 7.3%) ( $p < 0.0001$ ).
8. The increase in public coverage for low income adults is statistically significant (25.4 to 27.8 percent) ( $p = 0.3109$ ).
9. The reduction in adult individually purchased coverage is statistically significant (11.3 to 10.1 percent) ( $p = 0.5176$ ).
10. The difference between the 2008 and 2012 uninsurance rates for private employers is not statistically significant ( $p = 0.08$ ).
11. The difference between the 2008 and 2012 uninsurance rates for people who are self-employed is not statistically significant ( $p = 0.5926$ ).
12. United States Census Bureau, About Health Insurance, retrieved on August 7, 2013, from <http://www.census.gov/hhes/www/hlthins/about/index.html>.
13. American Community Survey, Sample Size – Data for Kansas, retrieved on August 2, 2013, from [http://www.census.gov/acs/www/methodology/sample\\_size\\_data/](http://www.census.gov/acs/www/methodology/sample_size_data/).
14. United States Census Bureau, Public Use Microdata Sample (PUMS), retrieved on July 29, 2013, from [http://www.census.gov/acs/www/data\\_documentation/public\\_use\\_microdata\\_sample/](http://www.census.gov/acs/www/data_documentation/public_use_microdata_sample/).

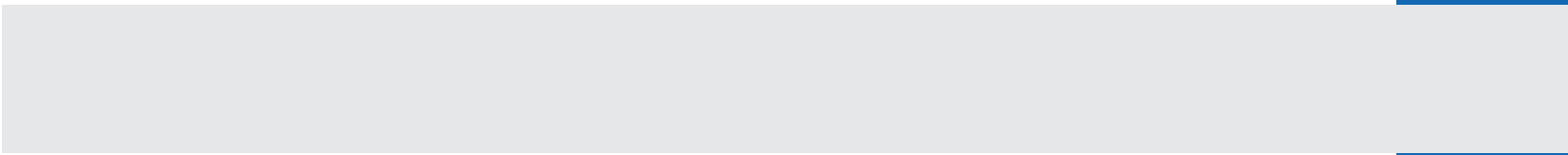
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