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11-1-2008

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#### Recommended Citation

Ketsche, Patricia; Custer, William; Snyder, Angela; and Landers, Glenn, "The Uninsured in Georgia" (2008). *GHPC Briefs*. 110.

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November 2008

## The Uninsured in Georgia

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### Introduction

Private health insurance, including employer-sponsored health insurance, continues to decrease, while the number of uninsured and individuals with public insurance increases. Simultaneously, an increase in the number of Georgians living in poverty over the past few years has placed additional pressure on the public insurance system. The 18 percent of Georgians left uninsured are more likely to report being in poor health and less likely to receive the health care that they need. Understanding these changes in how Georgians finance and access health care is essential to practitioners and public policy makers seeking to ensure the health and well-being of Georgians.

### Health Insurance Status in Georgia and the United States

Compared to national estimates, a significantly larger proportion of Georgians lack any source of health insurance. In 2007, 18 percent of all Georgians (1.66 million) were without insurance, compared with only 15 percent of Americans (45.7 million). Nationally, the number of uninsured

Americans decreased from 46.9 million in 2006 to 45.6 million in 2007, while in Georgia the number of uninsured remained constant.

From 2006 to 2007, the nation as a whole saw a continued decrease in private coverage and an increase in public coverage. Georgia, on the other hand, saw a slight increase in the population with private coverage and a slight decrease in public coverage. Georgia is currently ranked 11th in the share of its population who are uninsured and 6th in the number of individuals who are uninsured.

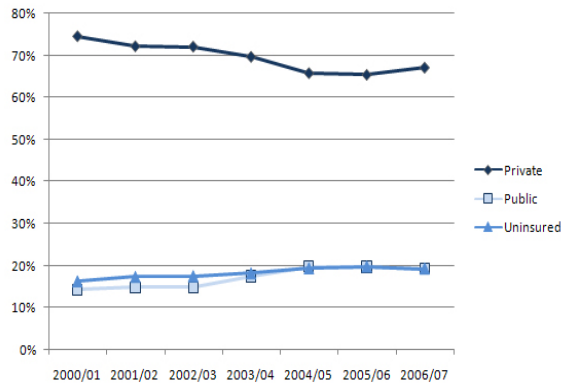
### Health Insurance Status over Time

In both Georgia and the United States, there has been a decrease in private insurance, an increase in public insurance, and an increase in the uninsured over time. Between 2000 and 2007, private health insurance coverage decreased by about eight percentage points in Georgia (Figure 1). This decrease in private health insurance is associated with an increase of about 3.5 percentage points in the share of the population lacking health insurance. The difference can be attributed to an increase in the share of the population with public insurance.

*Private health insurance continues to decrease while the number of uninsured and individuals with public insurance increases.*

*In 2007, 18 percent of all Georgians (1.66 million) lacked insurance compared with only 15 percent of Americans (45.7 million).*

Figure 1  
Change in Coverage Status



## Family Income and Health Insurance Status in Georgia

*Over the last four years, Georgians with incomes below or near poverty were increasingly likely to be uninsured.*

There is a positive relationship between family income and health insurance status (Figure 2). Only one in five individuals living below poverty has private health insurance, and only 16 percent have employment-based insurance. Those individuals whose families have incomes just above or below the federal poverty level (FPL) are more likely to be uninsured than those with higher incomes. Over the last four years, Georgians with incomes below or near poverty were increasingly likely to be uninsured.

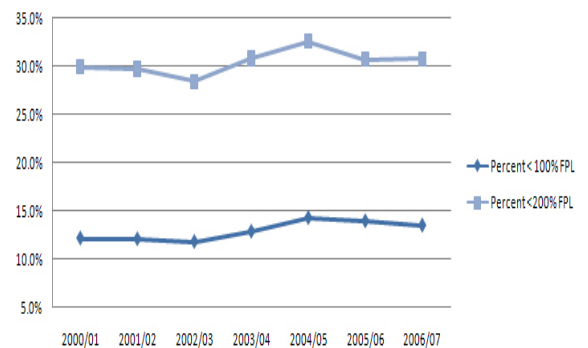
Additionally, the number of Georgians living near or below poverty increased as the population grew. After experiencing a drop during the early 2000s, the percent of Georgians living below 200 percent of poverty increased between 2003 and 2005 and has remained constant since then. This increase in the number of Georgians living in poverty places added pressure on the need for public insurance. In 2007, just under half of Georgians living in poverty received public health insurance and more than 40 percent were uninsured.

## Employment-based Insurance

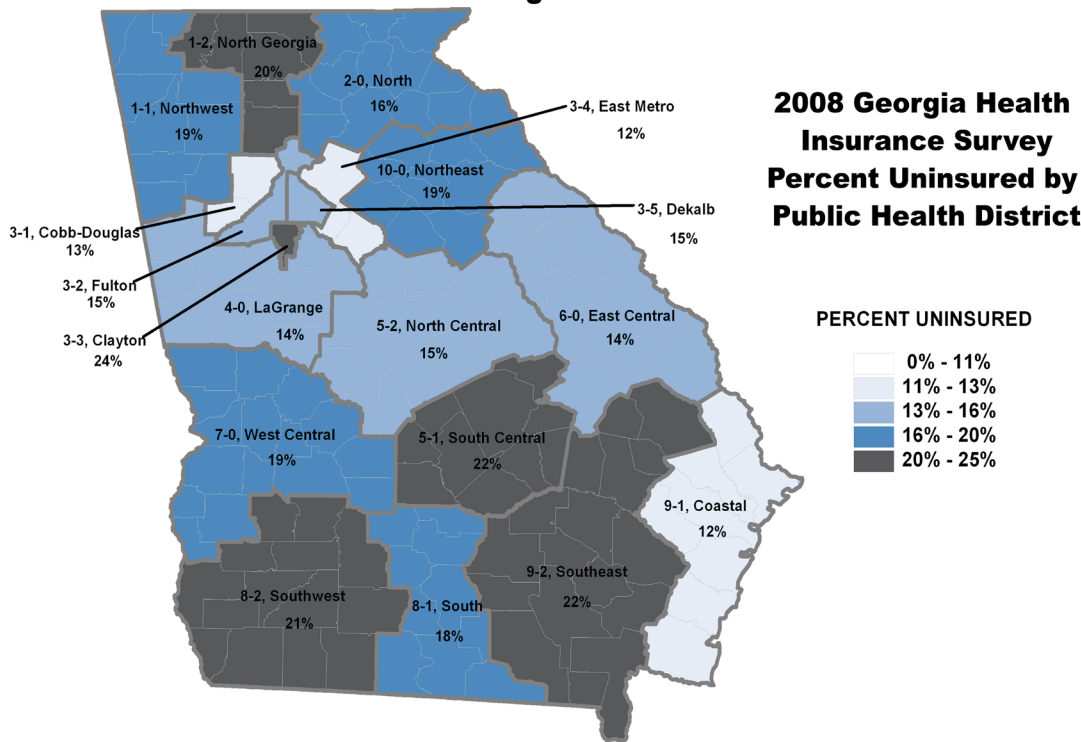
The primary source of health insurance for Georgians remains employment-based plans. More than 90 percent of Georgians with private insurance obtain it through an employment-based plan. Of those non-elderly Georgians who live in a family headed by a full-time, full-year worker, 71 percent have employment-based health insurance. Families headed by non-workers are much more likely to have public health insurance, accounting for 22 percent of all Georgians receiving public insurance.

The size of the family head's employer is also related to an individual's source of health insurance. As the firm size of the family head increases from under 10 to 1,000 or more, the likelihood of having employment-based health benefits increases from under 40 percent to 75 percent. While Georgians whose family head is working at Georgia's smallest firms make up 14 percent of the population, they comprise more than 25 percent of those without health insurance, and they are more likely to be uninsured than Georgians in families whose head is a non-worker. About half of Georgia's uninsured population live in a family headed by a worker at a firm with fewer than 100 employees.

Figure 2: Change in Poverty Rates



**Figure 3**



*Among adults, men are more likely than women to lack health insurance, while women are more likely than men to have public insurance.*

## Gender and Age

An individual's age and gender can also affect their source of health insurance. Children under age 18 are the most likely to have public insurance and the least likely to be uninsured. There is little gender difference among children. Among adults, men are more likely than women to lack health insurance, while women are more likely than men to have public insurance. Women are eligible for public insurance through Medicaid, and children are publicly-covered through either Medicaid or PeachCare for Kids.

Among young adults, the decline in private health insurance since 2000 is significant and has resulted in an increase in the uninsured rate of more than eight percentage points. Those aged 45 to 65 were once the least likely to be uninsured, but over the last two years they have been the only age group to experience an increase in the percentage of uninsured.

## Sources of Health Insurance by Public Health District

A closer examination of insurance status by public health district reveals that more than 75 percent of non-elderly Georgians in the districts of Cobb-Douglas and East Metro have private health insurance, while less than half of Georgians in West Central and South districts have private insurance. Public insurance also varies by district, with low percentages in districts in the north to over a quarter of the residents in southern public health districts.

The percentage of uninsured within the district varies considerably as well, but that percentage is not necessarily correlated with either public or private insurance. The North Georgia district has a relatively high percentage of private insurance, for example, but has more than 20 percent uninsured. Conversely, the North Central district has both a relatively low rate of private health

*Among young adults, the decline in private health insurance since 2000 is significant and has resulted in an increase in the uninsured rate of over eight percentage points.*

insurance and a below average rate of uninsurance, in part because of a higher than average enrollment in public programs. Figure 3 shows the percent of the population that is uninsured by public health district.

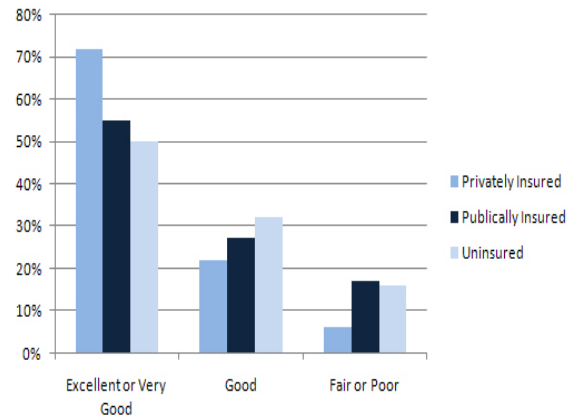
### The Effect of Health Insurance Status on Health Status, Access

Understanding the relationship between health insurance and health status is important because the need for health care services also varies with health status. The uninsured in Georgia are more likely to report their health status as fair or poor and less likely than all Georgians to report their health status as excellent or very good (Figure 4).

In general, the uninsured in Georgia feel less confident about their ability to obtain healthcare than those with insurance. They are 7.5 times more likely to strongly disagree with a statement that they are able to get the healthcare they need. They are also much less likely to have a usual source of care than the insured population (58 percent to 90 percent).

The uninsured in Georgia are also less likely to receive preventive care. Georgia's uninsured population is almost four times more likely than those with insurance to not have had a routine check up in the past two years (26 percent vs. 7 percent) and nine times more likely to have never had a routine checkup (9 percent vs. 1 percent). Additionally, they are almost four times more likely to have not visited a doctor in the past 12 months than those with health insurance (37 percent vs. 10 percent). There is also a relationship between health insurance status and health status when comparing chronic conditions reported by Georgians.

Figure 4  
Health Status



Rates of all major conditions for adults and children are substantially higher for those who are publicly insured versus those with private insurance.

In general, the uninsured report lower rates of chronic conditions than those who are insured. However, the uninsured report depression and asthma more often than the privately insured. Compared to the insured, the uninsured in Georgia are only slightly more likely to miss six or more days of work or school in the past year (11 percent vs. 10 percent) and to have sought care in an ER in the last 12 months (17 percent vs. 15 percent).

### Conclusion

In spite of the apparent stabilization in the number of uninsured Georgians, the fragility of the employer-sponsored health insurance market nationwide and in Georgia is leading to a trend of greater coverage through the public system for some populations, most notably for children.

*This issue brief includes information gathered from two different sources: one that is national in scope and a second that is specific to Georgia. Releasing information from two distinct sources allows a comprehensive analysis of health insurance coverage and its correlates in Georgia.*

*Rates of all major conditions for adults and children are substantially higher for those who are publicly insured versus those with private insurance.*

*This issue brief was funded by a grant from Healthcare Georgia Foundation.*